2022-11-19

Masculinities and Affective Equality; the case of professional caring

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Recommended Citation

Hanlon, N. (2022). "Masculinities and Affective Equality; the Case of Professional Caring." Gender, Work & Organization, 1– 14. DOI: 10.1111/gwao.12937.

This is the pre-published version of the article that features in the journal *Gender Work and Organisation* that was initially published online, ref:

Hanlon, N. (2022). "Masculinities and Affective Equality; the Case of Professional Caring." *Gender, Work & Organization*, 1– 14. https://doi.org/10.1111/gwao.12937

Subsequently the article is published in the special issue of *Gender Work and Organisation* titled; *Caring Masculinities at Work: Theoretical and Empirical Perspectives across Europe.* To reference the article please use the journal article publication reference.

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Abstract

Critical studies of men and masculinities [CSMM] aim to advance gender equality by critiquing and deconstructing male hegemony and hegemonic masculinities. Although the implicit value of gender equality is clear in CSMM generally, the conceptualization of equality is frequently vague, implied, and lacks conceptual definition. The problem is compounded in caring masculinities studies which additionally often lack engagement with critical feminist and other socio-political perspectives on caring. These shortcomings hide the complex interrelation of different dimensions to inequality as they intersect with multiple relational identities. Caring practices are also complex having distinct phases that engage different forms of labour within separate relational contexts. In response, this article proposes the model of affective equality (Lynch et al. 2009) and the concept of care as relational social practice (Tronto 1993), as normative perspectives that explicitly link care with equality. The case of professional caring, where the impact of CSMM has been especially limited, is used to illustrate the micro-politics of how men manage their identities within the context of feminized caring. Here men face the precarious task of managing their masculine status whilst navigating emotional expectations. Caring masculinities studies can be advanced with greater theoretical and empirical attention to (i) the i*ntersection of multiple inequalities;* (ii) *the affective circles of caring;* (iii) *the specificity of caring work;* (iv) *the inequalities of caring*; and *(v) the ethics of caring practices.*

Key Words: Affective Equality; Caring Practice; Emotional Labour, Habitus

Introduction

Gender is an organising principle of care that intersects with age, disability, ethnicity, class and other factors (Baker et al. 2016). Varying culturally, historically and intersectionality, the gendered order of caring is founded on the moral imperative on women to care (Lynch and Lyons 2008) and the hegemony of carefree men/masculinities (Hanlon 2009, 2012). Masculinity grants men 'protection' and 'production' passes from caring responsibilities, a 'privileged irresponsibility' (Tronto 2013, 68-70) that is normalised, heightened, and institutionalised within neoliberal capitalism (Lynch 2022; Connell and Wood 2005). Caring

expectations create time inequalities and have opportunity costs that marginalise women from social, economic and political life (EIGE 2019). Lacking economic and political power reinforces women's subordinate status in private and public life. How men are affected by the care gaps, care drains and migrant care chains within globalised neoliberal capitalism needs to be better understood (Locke 2017; Kilkey 2010), but it is clear that women and children (intersecting with class, race etc.), bear the greatest burdens arising from the national and international divisions of care and reproductive labour (Zimmerman, Litt, and Bose 2006; Ehrenreich and Hochschild 2003; Scambor et al. 2015; EIGE 2021; Dowling 2021).

Critical studies of men and masculinities [CSMM] aim to advance gender equality by critiquing and deconstructing male hegemony (Hearn 2004) and hegemonic masculinities (Connell and Messerschmidt 2005). The analysis of caring relations, implicit within the field historically in fathering research and a critique of violent and toxic masculinity, is becoming more explicit with a focus on caring masculinities, a concept encapsulating both scepticism and hope of egalitarian change. There is only limited evidence for the influence of CSMM in studies of diverse caring occupations including teaching, nursing, early childcare, and social work. Yet gender inequalities are deeply embedded within the gendered regimes (Connell 1987) and organisational and cultural contexts of paid and professional caring. Caring work is typically low status work done by low status people (Tronto 1993), though there exist internal hierarchies of pay, status, power, job security and working conditions (Lund 2010; Fudge and Owens 2006). The (gendered) altruistic motivations and vocational dispositions of care workers are exploited because care is devalued as a public good within the context of global inequalities (Folbre and Nelson 2000; England 2005). Masculinities studies have exposed how men face the precarious task of managing masculine status when navigating emotional expectations, but in the process, they can reproduce gender inequalities. However, overall, critical perspectives on gender relations in professional caring are weak, and as in the case of CSMM generally, the conceptualization of both equality and care are frequently vague, implied, and lacking conceptual definition. Greater theoretical engagement with egalitarian and care theory can sharpen empirical insights about (men's) caring practices in both the field of CSMM and in professional educational contexts. This paper responds to this problem by proposing the egalitarian model of affective equality (Lynch et al. 2009) and the conceptualization of care as relational social practice (Tronto 1993). Section one identifies two interrelated dilemmas evident in empirical studies of professional caring masculinities; how men manage their masculine status and navigate emotional expectations. Section two proposes the care-centred, multidimensional, and intersectional approach of affective equality as a grounding to illuminate and evaluate relations of inequality. Caring practices are explained to have different phases that engage different forms of labour within separate relational contexts. A more explicit theoretical focus on care and equality in studies of caring masculinities in specific professional contexts can help in critically analysing the relational, contextual, and embodied dynamics of men's caring practices.

Masculinities and Professional Caring

Paid and professional caring comprises a deep and intricate facet of gender relations and inequalities. Globally the provision of care by state, charitable, community, business and familial actors within different cultural, political and welfare contexts is shaped by complex

processes of marketization, (de)comodification, (de)regulation, (de)familialization, (de)professionalisation and other processes all of which have an impact on equality (Yeandle et al. 2017). Diverse and fluid assortments of caring occupations, varying by role and status even within broadly similar societies (Boddy, Cameron, and Moss 2006), cross the boundaries between (un)paid and (in)formal fields in ways that can be indistinct and complex (Yeandle et al. 2017, 5). Although commodified care services within capitalism are replete with problems (Lynch 2022), and can generate, exacerbate, or reproduce inequalities when unavailable, inadequate, poor quality or when discriminatory, oppressive or abusive, they are also a source of emotional capital (Reay 2000; Lynch et al. 2009, 39) and can play a vital role in protecting, supporting and caring for individuals, groups and families. While the nature, structure and organisation of care services can and should be questioned and requires radical rethinking (Chatzidakis et al. 2020), caring services are central to how welfare states are organised and effect gender and other inequalities (Daly and Lewis 2000). While it is widely acknowledged that caring services should strive to be of good quality, have robust standards, be non-discriminatory and equally accessible, their gendered regimes are rarely acknowledged politically. If a gender equal society is one where the benefits and burdens of caring are shared equally (Lynch et al. 2009) this should include professional care work. However, the dissonance between feminine constructions of care and masculinity means few men choose it and those who do encounter the social expectation to manage their masculine status while doing so.

Managing Masculine Status

The way men overtly and subtlety manage masculine status in feminised caring occupations is a central theme in caring masculinities studies. For example, Holtermann's (2020) survey of German boys occupational preferences concluded that caring was simply not on their 'occupation map'. Their vocational and gendered habitus was closely aligned with dominant cultural representations of masculinity; the more feminised the work the less likely the boys chose it. Although teachers, parents, and exposure to caring work during childhood influenced some boys to develop a caring orientation, they tended to choose higher professional settings. Similarly, Hrženjak (2019), comparing elderly, disability, and early childhood care in Slovenia, while noting the role of pay and conditions in attracting men, found elderly care the least attractive because it involved low status feminized 'dirty' personal caring. Although early childhood care had the best pay and conditions men were deterred by it's mothering status and negative sexualization. Even with moderate pay and conditions men preferred disability care because it provided a caring identity least threatening of hegemonic norms.

Despite its feminine status small numbers of men enter caring professions for diverse personal and occupational reasons based on various push and pull factors in ways that can be complex and contradictory (Simpson 2004, 2005). This includes wanting to escape masculine career expectations, labour market opportunities, role models, and genuine caring aspirations (Bagilhole and Cross 2006). However, rather than advance equality in caring work men can colonize and dominate as they infiltrate, invade or takeover (Simpson 2004; Bradley 1993; Simpson 2009). Research reveals how men strategically manage, negotiate, accommodate, accomplish, recuperate and affirm their (heterosexual) masculinity within the context of doing feminised work. Masculinity becomes marked and visible when caring disrupts men's

privileged invisibility and exposes them to scrutiny, surveillance and negative evaluation (Simpson 2009). The 'daily 'gender work' to maintain a masculine identity can be contradictory, fragmentary and incomplete' and involves competing discourses including those of care (Simpson 2004, 365). Identity management can take various forms including selecting more masculinised caring occupations, such as psychiatric or paramedic nursing or secondary school teaching, or specializing in gendered roles and tasks, or refraiming roles as masculine (Simpson 2009; Cross and Bagilhole 2002; Lupton 2000). Careerist strategies propel men into leadership and management, roles and occupational titles can be redefined to deemphasise femininity (Simpson 2009). While these strategies typically embed gender differences (Williams 1995), they can vary from ones that attempt to redefine caring as masculine, resulting in greater gender segregation, to ones that reconstruct masculinity to bring it in line with occupational identity, producing less dominant versions of masculinity (Lupton 2000). Managing the danger and risk of accusations of sexual inproprietry often forms part of men's gendered caring practices by careful self-monitoring of interactions and managing feelings of vulnerability and trust especially in the context of personal bodily care. These strategies for managing sexualisation, Evans (2002) notes include (de) emphasizing heterosexuality, avoiding intimate care work, and using humour to manage anxiety.

Race and migrant status add further nuances to how masculinity is managed. In a study of male migrant care workers in Canada and Sweden, Storm and Lowndes (2019) demonstrated how low status elderly care work in nursing homes offered migrant men opportunities for paid work even with few qualifications. Yet this highly feminised care sector associated with low status body work resulted in men emphasising masculine aspects of physical care and protection within a context of a gender regime that valued these practices by the men. Discourses of familial caring obligations associated with home societies helped the men manage the dissonance between masculinity and care. Professionalization status can also enable minority men to manage masculine status without necessarily erroding a caring identity (Hrženjak 2013). Wingfield's (2009) research on black male nurses in the United States demonstrated how the men constructed masculinity within the context of the gendered racism. The men experienced blocked pathways to promotion because they were perceived by patients, colleagues and supervisors to be incompetetent. While their occupational status as nurses offered them a source of masculinity respected by their community given their restricted employment prospects, they lacked the same opportunities as white male nurses to construct hegemonic masculinity within the profession (Wingfield 2010). Lacking the racial privilege to construct hegemonic masculinity in conventional ways, the men appropriated a feminized caring position to shore up their masculinity. Wingfield's studies have shown how in the face of racism the men sought to prove themselves as nurses, often by being technically proficient, but also by appropriating traditionally feminized caring traits and managing the imagined threat of black masculinity. In light of their low status in society, and since climbing the ladder was restricted, they highlighted their status as professional nurses. In contract white male nurses inhabait a lower status as nurses than their overall racial status in society. Nonetheless, Wingfield notes that even though the way some men assume hegemonic masculinity in caring work is the product of racial privilege, marginalised black men still persued it even while appropriating femininity.

These studies highlight intersectionality and the nuances of how men manage the ambivalent relationship between masculinity and caring. The concept of hybrid masculinity

(Bridges and Pascoe 2014) is useful in showing how men navigate this precariaty by selectively appropriating non-hegemonic performances of gender in order to navigate gender relations and maintain and obscure power inequalities. Hybrid masculinities are a means for men to navigate and accommodate the contradictions and tensions of managing caring and masculinity. Eisen and Yamashita's (2019) study of racially and ethnically diverse middle-class heterosexual men in Hawaii and Oregon suggests men develop a hybrid masculinity when seeking recognition by co-opting feminised caring attributes and disavowing aspects of hegemonic masculinity. By Othering disrespectable aspects of dominant masculinity, the men identified their masculinity as progressive, caring and emotional. Similar with Coles' (2009) observation that men maintained their dominance over women whilst also negotiating relations within hierarchies of masculinities, Eisen and Yamashita (2019) showed how the dominance of masculinity was maintained even when being caring because they accumulated 'man points' from other masculine settings. Similarly, in a study of male nurses in Poland, KluczyŃSka (2021) showed how men performed hybrid masculinities as they strategically negotiated a position between masculinity and care. While their occupational identity aligned them with subordinated masculinity, they discursivly positioned themselves as masculine by distancing themselves from subordinated feminine roles which was facilitated by the institutionalised advantages available to them.

Navigating Emotional Expectations

Feminist care scholars have transformed our understanding of the role of emotion in the reproduction of inequality. Hochschild (1983 [2003]) identified the significance of the currency of respect whereby people are socialised to navigate the hierarchies of the emotional exchange system. Higher status individuals (e.g. based on class, race, gender) learn they are more important than others and more deserving of having their feelings acknowledged and respected. A lower status in society leaves women with a weaker 'status shield' against having others displace feelings on them or having their perspectives acknowledged. Because women are socialised in the skills of managing emotion in private life, Hochschild claims they develop greater proficiency and sensitivity to nonverbal communication and the micro-politics of feelings than men. However, this leaves women exposed to have their emotional labour exploited in the markerplace where they risk estrangement in the service of 'being nice' where women become more dependent on their emotional, sexual or aestetic labour in 'affirming, enhancing, and celebrating the wellbeing and status of others' in the performance of being a 'seriously good girl' (Hochschild 1983 [2003], 165). The situation is different for men who learn to rely on women's emotional work with white, heterosexual, middle-class, able-bodied males especially privileged. Men are trained, Hochschild claims, to be emotionally inexpressive with a less developed capacity to manage feeling, for example, finding it more difficult to cry without losing respect.

Caring masculinities studies have tended to focus on how men manage masculine identities within the context of caring, but a compelling issue is how men manage emotion within the context of masculinity. The emotional capital and emotional labour of relational caring are moreoften recognised as emotional intelligence and related skill sets and attributes. However, although good caregivers possess an other-centred disposition, are emotionally intelligent and relationally skilled, and morally caring, the emotional relations of caring remain

ambivalent, not least because of its feminised status (Hanlon 2021). Emotional care is increasingly subordinated to instrumental, technical, and task-based practices within neoliberal capitalism (Atkinson and Lucas 2013; Davies 1995; Warin 2013). Emotional attributes can be assumed and taken-for-granted without being formally acknowledged in ways that hide their economic and emotional value. They also present as gender-neutral but are encoded in terms of a gendered (and racialised) caring habitus. The invisibility of gendered emotion in caring can flow from the gender-blind ideology of professional education. For example, Hellman's (2018) study of Sweedish preschool teachers identified the emphasis on a gender neutral professional position, within the context of markedly feminised caring practices modelled on an idealised femininity. Gender went unscrutinised and workers were unreflective and ill prepared to challenge essentialist concepts engendering traditional stereotypes and norms. The emotional ambivalence of caring is exacerbated by organisations when they 'mobilize masculinities' as Cottingham (2014, 140) found in the recruitment of male nurses in the United States. Both hegemonic (e.g. toughness, independence and emotional stoicism) and alternative images invoking an ethic of care were used to entice recruits in 'manvertizing' campaigns aimed at reducing the stigma of nursing for men and promoting diversity within the occupation. However, Cottingham argues this double-edged logic relies on ideals that reproduce gender hierarchy. In an ethnographic study of male kindergarten workers in Germany, Buschmeyer (2013) underscores the significance of men's gendered and gendering habitus and the ways men are deeply and mostly unconsciously socialised into gender in how they then socialise children, in how they walk, talk and undertake tasks. Buschmeyer stresses the importance of practitioners understanding how gender is socially constructed because those holding a more fluid conception of gender identity were more distanced from hegemonic ideals and more comfortable with physical closeness and touch than men believing gender differences are important and natural. More broadly, the disregard and low status of emotion in education, Baker et al (2016, 157-8) suggests, is because it is associated with women and domestic service and represents a form of gendered 'cultural imperialism' that also impoverishes men by denying people the opportunity to develop caring capabilities.

The low status and ambivalent position of emotion can have complex and contradictory implications for male and female workers. Working class women can find their caring habitus and emotional labour skills marketable in caring work but having little political, economic or cultural value (Vincent and Braun 2013). Huppatz (2009) explored the currency of female (body) and feminine (disposition) capital revealing how women gained and maintained care work because their capital was symbolic of trustworthiness and caring in ways which men did not. Although a maternal habitus enabled the women to know and play the game of caring when interacting with clients and managers, it proved double-edged by having little currency to exchange for power and money where masculine and male capitals prevailed. By investing in feminine cultural capital the women gained advantages over men within the field of paid caring work, but were disadvantaged when competing for authority, power and money, whilst an appropriation of masculinity risked nullifying their caring femininity. Though varying by intersectional factors such as class and race (Harvey Wingfield and Myles 2014), men can benefit by their token status in feminised occupations as they experience a glass escalator effect channelling them into leadership and management and reproducing the glass ceiling for women (Williams 1992). Hochschild (1983 [2003], 163) claims men are more likely assigned the task of 'mastering fear and vulnerability' in emotional labour that requires them to be 'nasty' in controlling rule breakers. Unlike women who tend to be disadvantaged, men benefit from their

'token' status through the granting of authority, special consideration, career advancement and development opportunities (Simpson 2004). Aligning with Hochschild's (1983 [2003], 171) suggestion that men in feminine occupations seek to maintain their status shield as men, Cottingham, Erickson, and Diefendorff (2015) argue that masculinity sheilded male nurses from having to do emotional labour as frequently as their female colleagues. The men's cultural status and internalised beliefs account for the differential effects of emotional labour; they felt less subject to emotional display rules, were less negatively affected by their surface acting, and felt improved job satisfaction arising from their deep acting. Whereas female nurses are perceived simply to embody gendered expectations, male nurses are perceived to break the mould. By reframing emotional labour in terms of instrumental and technical competence the men affirmed their masculine identity as well as their dominant position in relation to women. Andersson's (2012) study of public elderly care in Sweden also suggested that men were shielded from some feminized physical tasks because of gendered expectations of workers including those of the older care recipients, but interestingly in a way that facilitated the men to inconspicuously engage in relational building with clients. While these dynamics can advantage men they can be complex and they can also experience marginalisation when trying to navigate their gender preformance amidst feminine caring gender norms (Sedgwick and Kellett 2015). Homophobia and suspicion surrounding masculine sexuality can result in sexual stereotyping and stigmatization and men who transgress gender norms may be suspects for paedophilic, sexually predatory and abusive intentions (Evans 2002; Warin 2018).

These studies suggest that men can take advantage of gendered caring expectations in shoring up traditional masculinity but also present obstacles to men developing caring capabilities. Another way to perceive an alternative to the doing masculinity paradigm is evident in McDowell's (2015) linguistic study of male nurses in Northern Ireland. When observed within their community of practice (CoP), the men's linguistic strategies were about affirming a nursing identity rather than affirming hegemonic masculinity and distancing themselves from femininity; practices which could be interpreted as performing femininity, or performing nursing which happens to be feminine. Similarly, Jordal and Heggen's (2015), research on Norwegian nursing students is more sympathetic of how men are marginalised in nursing and suggests that men's strategies also enable them to identify with the profession and learn how to care.

If the broad effect of doing gender or difference in caring work is to to undermine men's emotional labour skills (Simpson 2004) then research that considers how men resist of embrace emotion is crucial. Cottingham's (2016) research emphasises the significance of gendered emotional capital for men in nursing. Emotional capital, as part of an individual's habitus, is accumulated, embodied and activated as a rigid or dynamic resource to engage emotion. Cottingham suggests emotional capital is more determinatively acquired through primary socialisation but secondary socialization permits more agency. She notes emotional capital can be both conscious and unconscious, embodied, managed and strategic in diverse fields including the maintenance of power and privilege (see also Pease 2012; Korobov 2011). Importantly, she argues, men do not possess less emotional capital though it may take different forms based on different social locations and expectations. The potential dissonance between masculine habitus and feminised care work can throw light on what can be invisible and unconscious. Emotional capital can be embodied and not activated for varying reasons including emotional experiences and emotional management, and may be activated differently

in distinct contexts. Suggesting emotion practice involves the enactment of emotional capital available across situations, Cottingham proposes an 'emotion-as-practice approach'; emotional capital is developed through practice within particular contexts of care and relational settings through the alignment of habitus and the rules of the game (Cottingham 2017). Cottingham (2017) argues that contemporary ideals of masculinity as emotionally adept represent a reconfiguration, rather than an alternative to, hegemonic masculinity and suggests men's caring practices involve hybrid masculinities that appropriate elements of femininity in ways which obscure dominance rather than inclusive masculinities which undermine it. However, she suggests research needs to tease out the ways emotional capital can be rigid arising from primary socialisation and that which can be malleable. Research like Cottingham's is important in exploring the dynamics of emotion and how masculinity and power are maintained as well as their potential for transformation.

Critical Studies of Caring Men/Masculinities

How men develop caring practices that are compatible with gender equality is a key question for CSMM. Research demonstrates the instability and uncertainty of masculinity as well as the resilience of gender hierarchies when men undertake caring as they manage their identities whilst performing the gendered expectations of care work. However, both care and equality are complex and not necessarily the same thing, as Scambor et al note (2014, 570) 'Some caring men are not particularly gender equal…[and] some gender-equal men are not particularly caring'. Simpson and Pullen (2009; 2009) argue men in caring occupations 'do' and 'undo' gender in complex ways demonstrating varying degrees of conformity and rejection of traditional gender practices. Men demonstrate practices which reproduce, reform, and modernise hegemonic masculinity and gain patriarchal dividends through hybrid practices which colonise and appropriate femininity. Any simplistic notion that doing caring equates with equality and destabilises hegemonic masculinity is untenable. Nonetheless, the research also portrays complexity: masculinities are dynamic, relational, geographical, historic, and intersectional, internally contradictory and subject to change and contestation (Connell and Messerschmidt 2005). Many men are embracing forms of caring identity and subjectivities that in various ways undermine and destabilise hegemonic masculinity and model more fluid and less binary notions of gender. Although masculinities studies have been astute in exploring the hierarchical dynamics and micro-politics of gendered status, like the neglect of care in social sciences generally (Lynch, Kalaitzake, and Crean 2020), CSMM can be advanced with greater engagement with feminist and other critical ethical, political, and sociological perspectives on equality and care.

Affective Equality of Condition

Affective equality builds on feminist theory, critical disability studies and other critical perspectives in recognizing the historical marginalisation of care in social and political thought. Feminist care theory is especially important and although containing differing viewpoints these perspectives have highlighted the centrality of an ethic of care, interdependence, relational identities, and emotional bonds, not only in making life worthwhile and meaningful, but recognising that without them no cultural, political, or economic life is possible (Tronto 1993;

Bubeck 1995; Kittay 1999). Human beings need care and intimacy and the capacity to care for others (Nussbaum 1995). Affective equality is a profoundly important matter of social justice because so much of life's prospects rest on the quality of peoples affective relations, the extent they satisfy or frustrate their needs, and whether they are reciprocal or asymmetrical (Baker et al. 2016, 28). Affective equality forms part of a wider interdisciplinary normative model of equality that offers a coherent approach to analysing multiple intersecting inequalities in empirical studies of rich democracies (Baker et al. 2016). This *equality of condition* perspective maintains inequalities in the conditions of people's lives are generated by interfacing economic, political, cultural, and affective systems, which, though mutually constituted, are conceptually discrete. These systems are dominated by gendered, classed, racialized, disabling, and other relational structures of oppression that systematically affect people's life prospects. Experiences of discrimination, oppression, and privilege manifest in complex ways through the intersection of multiple-relational identities. For example, the gender inequalities within EU countries are measured in the domains power, health, money, time, and knowledge but vary between states and intersect with structural factors such as 'race'/ethnicity, class, sexuality, disability, and the experience of violence (EIGE 2020). Equality of condition is a substantive version of equality that recognises conflicts between different types of equality and considers basic equality and liberal egalitarianism as both necessary and insufficient egalitarian goals. Equalising people's circumstances or life prospects depends on transforming unequal (but changeable) social structures underpinning relations of dominance and not just in providing for equality of opportunity and non-discrimination. Enabling people to live a good life and pursue the things they value requires people having 'real choices among alternatives of similar worth' (Baker et al. 2016, 51). The model identifies five major dimensions of inequality which most strongly affect people's prospects of achieving the things they value, namely equality of: (i) resources; (ii) respect and recognition (status); (iii) representation (political power); (iv) working and learning, and of central importance here; (v) love, care, and solidarity.

Lynch (2022, 23, italics in original) defines affective equality as '…both an *interpersonal* and a *structural* matter; it is about maximising the capacity of peoples *and* societal institutions to create, maintain and resource the affective relations that produce love, care and solidarity'. Love, care and solidarity refers to the nurturing labour involved in reproducing, maintaining and sustaining affective relations within primary, secondary, and tertiary care relations respectively (Lynch et al. 2009). Affective inequalities are evident in how people can have unequal access to, and unequal benefits from, meaningful love and caring relations on the one hand, and unequal obligations and unequal burdens to undertaking love and care related work on the other. Society should seek to create the conditions where affective relationships thrive, and this also demands greater equality in other dimensions including working and learning because these dimensions are central to how people to develop their capacities and engage in satisfying and worthwhile occupations (Baker et al. 2016, 38, 51 and 62). Although a matter of relational and contributive justice (Lynch 2022, 21) as well as distributive justice, affective equality espouses the normative demand of equal access or ample prospects for doing and sharing of care related work but in a way which does not reduce equality to a matter of sameness (Baker et al. 2016) and recognises that love cannot be forced or contracted (Lynch 2007). It espouses everyone's freedom to give and receive care and develop caring relationships, promoting circumstances so that everyone has ample prospects to form meaningful human attachments (Baker et al. 2016, 34).

The ways affective systems (such as family and welfare systems) affect inequalities are generally deep, complex and difficult to map and mariad forms of care services (interfacing with health, education, social care etc.) generate, mitigate, and reproduce (in)equality complex ways (Baker et al. 2016, V111-ix). However, the implications of affective equality for gender and caring are that society should be structured in such a way that creates the conditions where people of all genders have meaningful access to affective relations and that the burdens associated with caring are more equally distributed and supported. The achievement of affective equality rests on our ability to change the social structures and institutions that systematically prevents people developing opportunities to develop meaningful affective relations. Affective equality goes beyond minimum standards, non-discrimination, and equality opportunity in recognising peoples caring needs and developing capabilities. Beyond the basic minimum of care, affective equality demands change in the gendered division of labour, the organization of work, transformed attitudes to social caring roles and caring institutions. Care relations are also entwined with structures of power and ideology (Tronto 1993) and affective equality aims to eliminate or minimise control and domination exercised by caregivers of dependant recipients and exercised by recipients in terms of the moral obligations placed on caregivers (Lynch et al. 2009). Given that no model of equality can command others to love (Lynch 2007), it would in the first instance appreciate the significance of affective deprivations underpinning the wellbeing of individuals and groups in society and take a much more critical view of the separation of spheres (Tronto 2013). Inequalities arising from the gender division of caring affect women's power, resources, learning, and status. While this may benefit women by offering greater access love relations, it also places on women much greater burdens in caring. While women experience greater inequality than men, including exposure to violence and the burdens of caring, they often have greater access meaningful caring relations (Baker et al. 2016, 9). Without presuming there is a zero-sum relationship, it is important to acknowledge the care deficits in the lives of many men and how hierarchical relations of masculinities can be brutal and brutalising for both men and women. The way caring sensibilities and capabilities are written out of masculinity has significant implications for men and their capacity to develop an intimate, fulfilling, and meaningful relational life.

Researching Men's Caring Practices

In its broadest sense caring has been defined (Fisher and Tronto 1990, 40) as '… a species activity that includes everything we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible'. Central to this concept is the notion of care as a form of practice (Tronto 1993). The emotional-relational practices of care are fundamental for our sense of identity, belonging, importance, sense of trust and confidence and in cultivating collective capabilities that are passed down as nurturing capital and invested in others as the foundation of social life (Lynch et al. 2009, 39). Caring practices have been differentiated in terms of *caring about*, an other-centred emotional disposition or subjectivity, and *caring for*, the practical element of tending to others needs (Rummery and Fine 2012; Graham 1983; Finch and Groves 1983). Lynch et al (2009, 40-43) make the point that caring work takes time, effort, and energy, requiring physical (practical), cognitive/mental (thinking and planning), and emotional skills in completing multiple tasks and achieving numerous goals. Tronto (1993) identifies care with the attributes of attentiveness, responsibility, competence, responsiveness and integrity. These relate to the distinct phases of *caring about* (recognising the need for care),

taking care of (assuming responsibility and determining how it is met), *care giving* (giving competent care), and *care receiving* (the responsiveness of the care recipient to their care). Good care depends on the integrity of these phases within the context of thrust but there are many ideological, individual, and institutional/structural barriers to care. People engage variably throughout the life course in different phases of caring but dominant cultural constructions of care and gender have given men a free pass to disengage (Tronto 2013). Men evade the burdens of primary caring by drawing on discourses that rationalise caring as unnatural, dysfunctional, abnormal, or impractical but in ways that can deny them access its benefits (Hanlon 2012). Men are mostly engaged as care commanders, or in limited ways as breadwinners, supporters, or secondary carers (Lynch and Lyons 2008; Gallo and Scrinzi 2016; Hanlon and Lynch 2011).

The existing body of caring masculinity studies have provided a grounding to further the analysis of caring masculinities, but they also hide complexity and lack an explicit normative evaluative position. Men's gendered caring practices in diverse relational contexts must be better understood if we are to realize more caring masculinities (Elliott 2015) and this requires a critical theoretical analysis of caring and masculinity (Ruby and Scholz 2018). Empirical studies could be better guided by theory that explicitly links care with equality in ways that recognise *(i) the intersection of multiple inequalities; (ii) the affective circles of caring; (iii) the specificity of caring work; (iv) the inequalities of caring; and (v) the ethics of caring practices.*

(i) *The intersection of multiple inequalities* - The egalitarian theory highlighted in this paper shows that in equality is experienced in terms of how multiple identity statuses affect people's access to resources, power, respect and recognition, working and learning, and love, care and solidarity. The respect and recognition of masculine status is also negotiated within the context of differing dimensions of inequalities including pay, authority and affect. Rather than referring to equality in a generic sense, CSMM could be mindful of what sort of inequalities are relevant in a particular case or context. This could help identify which sort of inequalities that are most problematic and indeed ones less so as well as patterns of change. All studies need to pay continued attention to men's power relations and to the gendered hierarchies of masculinities but they also need to consider intersectionality and other facets of the micro politics of identity management (Simpson 2009, 166) and develop our capacity to appreciate more complex and non-binary gendered identities (Jordal and Heggen 2015; Santos 2020).

(ii) *The affective circles of caring* - Lynch (2007; 2022) maintains there are important differences between the nurturing care work that occurs within primary (love labour), secondary (care work), and tertiary (solidarity work) care relations with each being subject to different levels and sorts of intimacy, obligations, and commitments. The commodification and commercialisation of care work is an especially important feature that affects many aspects of paid and professional care and makes it qualitatively distinct from love labour. Lifecourse and life history studies can help in identifying the way men are (dis)engaged in caring at different points in their life across primary, secondary, and tertiary relations and this can help us understand why men seek out caring occupations. Men's caring within the context of friendship, voluntary, community and solidarity work is poorly understood as is the way men experience

being caring within other occupational contexts such as business or manual occupations.

(iii) *The specificity of caring work* - Caring occupations are diverse in many ways, not least their roles and objectives, professional status, bureaucratic and organisational context, relationship with state governance and regulation, commercial interests, and the type and variety of caring work they involve. In addition to the effects of education, qualifications and professional ideologies, the way different forms of caring interface with health and mental health care, education, social and emotional care, or intimate bodily care has significant implications for practice. Teaching is markedly different from nursing, as is home help caring from residential work. Caring occupations are also differently integrated within market capitalism, charitable and welfare state structures in complex ways that affect their role in inequality and relation with gender in complex ways. As Pease (2017) recommends for social work, more contextual studies about the specific culture and organisation of diverse paid and professional contexts are required.

(iv) *The inequalities of caring* - When applied to the context of gender inequality in professional caring, an obvious question presented by the model of affective equality is how services operate as gendered regimes in creating, maintaining, or challenging unequal access to, and unequal benefits from, meaningful love and caring relations on the one hand, and unequal obligations and unequal burdens to undertaking love and care related work on the other. This question applies both to the gender division of labour of workers and to their gendering work with service users. Although many studies have focused on the gender constructions of workers, few have focused on the gendering work of workers in terms of the role, objectives and job management. Studies are needed to investigate the relational dynamics of gender in practice between colleagues, service users and workers, and within occupational hierarchies, managerial and governance structures. Caring masculinity studies would benefit from a broadening of methodological approaches, including a diversity of qualitative approaches from life history, and narrative to critical discourse analysis. Many studies pay attention to the gender constructions between interviewee and interviewer and women's perspectives on masculinity are often absent in studies. Focus groups, observational and ethnographic studies would help to gain a deeper insight into the gender relations, patterns and dynamics of caring in practice. Surveys and time use analysis could help confirm the actuality of practice. Studies are also required the capture the the way gender is organised and structured within professional caring regimes, at the legal, regulatory and policy levels. So too is research about the gendered basis of professional care education and the way it is thought (or absent) within schools and colleges.

(v) *The ethics of caring practices* - While there are competing debates and disagreements, decades of feminist care scholarship have established care as a complex form of ethical social practice based on nurturing rationality and relational interdependence which is central to social life but in ways which are profoundly, though in most conceptualizations not innately, gendered. If this is the case, then when, how and under what conditions can men escape instrumental forms of rationality and engage in caring practices, to become *homo curans* (caring humans) (Tronto 2017). What factors affect how men learn how to care and develop a caring subjectivity and identity? We need to understand how men engage in caring practices and its various phases and how the various forms emotional, physical and cognitive/mental caring practices are shared.

This can be advanced by theories that place human interdependency and caring practices at the heart of social life. This is true of caring masculinities studies in general and in respect of studies about paid and professional caring. Perhaps most of all we need to understand how men engage emotion (Cottingham 2017) and how this relates to power (Seidler 2007) without automatically presuming that greater emotional expressiveness equates to greater equality (de Boise and Hearn 2017). We need care studies that engage the theoretical dillemma whereby masculinity is understood to be embodied unreflectively and habitually through the deep labour of socialization (Bourdieu 2001), and one that emphasises the way it is actively managed, performed and embodied through bodily reflective practice (Connell 1995). It is important to understand how men can exert affective rationality. Theory needs to understand the role of gendered caring practices in shaping social relations and constraining and enabling the advancement of affective equality. This means appreciating the dynamic, relational, contextual, and embodied ways care labour is enacted and performed or indeed avoided and disembodied.

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