

Caring Masculinities: Theorizing an Emerging Concept

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Karla Elliott¹

Abstract

A space has emerged for theorizing “caring masculinities,” as the concept has increasingly become a focus of European critical studies on men and masculinities (CSMM). In this article, I present a practice-based framework of the concept. I propose that caring masculinities are masculine identities that reject domination and its associated traits and embrace values of care such as positive emotion, interdependence, and relationality. I suggest that these caring masculinities constitute a critical form of men’s engagement and involvement in gender equality and offer the potential of sustained social change for men and gender relations. I draw on CSMM and feminist care theory to construct the framework proposed here. In doing so, I offer a feminist exploration of how masculinities might be reworked into identities of care rather than domination.

Keywords

caring masculinities, masculinities, critical studies on men and masculinities, relationality, care, domination

Introduction

A focus on caring masculinities has begun to emerge in critical studies on men and masculinities (CSMM), particularly in European literature where it is suggested that

¹ Monash University, Australia

Corresponding Author:

Karla Elliott, School of Social Sciences, Monash University, Wellington Rd, Clayton, Victoria 3800, Australia.
Email: karla.elliott@monash.edu

men are already beginning to adopt forms of caring masculinities (Scambor et al. 2014). This increasing focus raises questions of what caring masculinities are and how they might be understood and conceptualized. In this article, I aim to construct a theoretical framework of caring masculinities, drawing on existing approaches from CSMM and feminist care theory. I suggest that the central features of caring masculinities are their rejection of domination and their integration of values of care, such as positive emotion, interdependence, and relationality, into masculine identities. By turning to feminist care theory, I take up Berggren's (2014, 231) recent call to draw more feminist theory into CSMM, which, he argues, suffers from a "feminist theory deficit." I therefore offer a feminist consideration of how feminist care theory can help illuminate issues of masculinities. Questions of morality have been central to much feminist theorizing of care. However, here I propose a practice-based model of caring masculinities. By "practice based," I refer to men's actual practices of care work, which, I will suggest, have the potential to change men and gender. I discuss caring masculinities here, as Connell (2005) suggests masculinities and femininities are better understood as plural. Furthermore, my framework is constructed in relation to minority world societies and cultures because it is largely from these that work on caring masculinities is emerging. Nevertheless, the framework is not intended as a homogenizing character description of the "new man." It is an attempt to conceptualize caring masculinities theoretically and to open up debate and discussion around the concept of care in men's lives.

I begin this conceptualization with a feminist consideration of gender equality, upon which, I argue, this caring masculinities framework is most usefully constructed. Next, I chart men's engagement in gender equality since the 1950s in CSMM and the shift toward caring masculinities in Europe in the present. I continue on by outlining some of the central contributions of CSMM, including the concept of hegemonic masculinity, a focus on men's lived, emotional lives, the costs of masculinity, and barriers to men's engagement in gender equality. I then turn to feminist care theory where issues of emotion, dependency, interdependence, and relationality emerge. Drawing on these two bodies of literature, I propose my conception of caring masculinities, that is, a practice-based framework that involves the rejection of domination and the incorporation of values of care into masculine identities. Finally, I explore caring masculinities as a critical form of men's engagement in gender equality and the potential of men's practices of care to lead to change.

Gender Equality

This proposed caring masculinities framework rests on a feminist recognition of the potentials of gender equality. Feminist philosopher Eva Feder Kittay (1999, 9) traces the early problematic conceptualization of sexual equality, where it was assumed that achieving equality would involve women becoming more like men. As Kittay (1999, 9) writes:

[t]hroughout women's struggles many have assumed that expanding the possibilities for women clearly necessitated demanding that which men had hoarded for themselves. But this seemingly obvious proposition overlooks the ways the standards of equality are established by the hopes, aspirations, and values of those already within the parity class of equals. They become the reference class for what is understood as human, and for what benefits and burdens are to be shared. In this way, the presumption of humanity as male—and of a certain class and complexion—underlies much of what is striven for in the name of equality.

As well as this “sexual equality,” problematic for its assumption of men as the reference class upon which equality is based, Kittay (1999) outlines four other feminist critiques of gender equality: the difference critique, the dominance critique, the diversity critique, and the dependency critique. The difference critique, also known as “gender equity,” involves treating women and men as different but equivalent. Citing MacKinnon (1987), Kittay defines the dominance critique as focused on the problems of subordination and domination. The diversity critique, originally developed by women of color, stresses intersectionality and the inequalities between people based not only on gender but also on issues such as ethnicity, class, sexuality, ability, and age. The dependency critique highlights the necessity of care work, or as Kittay names it “dependency work,” and the historical role of women as caregivers. However, there is nothing innate in women to suggest this role has to be theirs. Kittay demonstrates that there are different possible formulations of equality rather than one, strictly delineated version of the concept.

In demonstrating this diversity, Kittay illuminates the potential for rescuing the notion of equality from its current problematic formulations rather than doing away with it. Exploring the criticisms of equality as an aspiration based on men as the central reference group, she poses the challenge:

one wants to know, is this a charge against all and any conceptions of equality, against the *concept* of equality itself, or against some particular conception? The *question of equality* fragments into *questions of equalities*. Equality *for whom*? Equality *by what measure*? Equality *of what*? Equal *to what*? Equal *to whom*? (Kittay 1999, 5, original emphasis).

Kittay suggests that not all formulations or understandings of equality are necessarily problematic, while Baker et al. (2004) posit equality as a plethora of diverse ideas rather than a single, unified conception. Equality does not have to mean the elimination of difference, which Kittay (1999, 17) sees as “unavoidable and even desirable in human intercourse.” Rather, she argues that a conception of equality is needed that includes “the values and virtues of care” (Kittay 1999, 18). In her conception, equality and care must become compatible, and she leaves open the possibility of reformulating equality into a more useful concept. I therefore refer here to “gender equality” with full acknowledgment of the ambivalences and contestations

around the term but also without disavowing it. As I will discuss, caring masculinities can be seen as a gender equality intervention (Hanlon 2012) that seeks to integrate values and practices of care and interdependence, traditionally though not unescapably associated with women, into masculine identities.

Engaging Men—Past, Present, and Future

The discussion of men's engagement in gender equality has its roots in a longer history of men's participation in gender and feminist struggles. Kimmel (1998a) for instance traces men's support for feminism in the nineteenth and early twentieth centuries in the United States. Connell (2003) outlines men's past engagement in gender equality around the world through advocacy, alliances, campaigns, and work with men and boys. Yet Whitehead and Barrett (2001) point out that CSMM emerged as a field of sociological enquiry only in the 1950s, largely from the United States. In 2001, they outlined three theoretical waves of CSMM. The first wave, they suggested, "was concerned with the problematics of male role performance and the cost to men of attempting to strictly adhere to dominant expectations of masculine ideology" (Whitehead and Barrett 2001, 15). The second wave, beginning in the early 1980s, focused on "the centrality of male power to dominant ways of being a man" (Whitehead and Barrett 2001, 15). This second wave of CSMM saw the emergence of Connell's (1987) concepts of the gender order and hegemonic masculinity. The third wave of CSMM drew influence from feminist post-structuralism and looked at "how men's sense of identity is validated through dominant discursive practices of self, and how this identity work connects with (gender) power and resistance" (Whitehead and Barrett 2001, 15).

An important moment in this history was a debate in the 1990s about whether men could be feminists. This dialog is captured in volumes from the United States such as Schacht and Ewing's (1998) *Feminism and Men: Reconstructing Gender Relations* and Digby's (1998) *Men Doing Feminism*. In *Men Doing Feminism*, Hopkins (1998) argued that feminism should be about "feminist positions" based on feminist ideologies, beliefs, and politics rather than "women's experiences," thereby opening up a space for men to identify as feminists. Kimmel (1998b, 68), on the other hand, argued in the same volume that profeminist men are "necessary but not sufficient elements in feminism's eventual success." He suggested that profeminist men are auxiliaries to feminism, charged with bringing feminism to men, while it must be women who spearhead the feminist movement (Kimmel 1998b). Kimmel (2010, 222) still prefers to use the terminology of "profeminist men," suggesting that "feminism as an identity also involves the felt experience of [...] inequality. And this men do not have, because men are privileged by sexism." Regardless of terminology, these debates recognized the necessity of men's participation in gender equality. In modern minority world societies, as masculinities become increasingly problematized, men's involvement on a larger scale becomes even more critical. Connell (2003) points out that certain groups of men control the

primary resources—economic, political, cultural, and military—needed to achieve gender equality. Therefore, gender equality will not progress far without the involvement of men and boys (Connell 2003).

The European Union (EU) has also recognized the importance of men's engagement. Recent EU policies, debates, and directives have called for men's engagement as a crucial strategy in achieving gender equality (see, e.g., European Commission 2006, 2010). Furthermore, in 2006 the European Commission's Advisory Committee on Equal Opportunities for Women and Men recognized the importance of aiding the emergence of new forms of masculinity (Advisory Committee on Equal Opportunities for Women and Men 2006; Scambor, Wojnicka, and Bergmann 2013). More specifically, researchers from the EU have recommended strategies of engagement that fall under the umbrella of "caring masculinities." Hearn (2001) for instance suggests that policies should encourage boys and men to participate in care. The avoidance of care, Hearn argues, has traditionally been seen as a feature of "being a man." He suggests that "[n]urturing can be redefined as normal for boys, young men and men" (Hearn 2001, 17). Scambor, Wojnicka, and Bergmann (2013, 11) also recommend that gender equality policies be developed that "encourage men to devote more time and priority to the reconciliation of care, home and paid work." Caring masculinities have recently been discussed as "a European vision [...] framing 'care' as an important issue in gender equal societies" (Scambor et al. 2014, 570). A focus on caring masculinities can therefore be viewed as one of the next, positive steps toward engaging men in gender equality. It can perhaps also be viewed as part of a new wave of CSMM focused on men's caring and nurturing.

This focus in CSMM is emerging largely from the EU, though it has wider applicability. Articulations of caring masculinities have recently started to enter European academic discourse and research. These studies have been focused on the important task of exploring expressions of men's caring rather than on framing the concept theoretically as I do in this article. Hanlon's (2012) work on men's caring in the home in Ireland is one of the most comprehensive accounts of caring masculinities. The EU's *The Role of Men in Gender Equality* study explores men's involvement in gender equality across a number of fields, suggesting caring masculinities as an important way forward (Scambor, Wojnicka, and Bergmann 2013; Scambor et al. 2014). The *Fostering Caring Masculinities* (FOCUS) project conducted in Germany, Iceland, Norway, Slovenia, and Spain is another key contribution to the field of caring masculinities. It aimed to "examine and improve men's opportunities for balancing work and private/family life in order to encourage the preparedness of men to take over caring tasks" (Langvasbråten and Teigen 2006, 3). The project includes a strong component of encouraging men to engage in caring practices.

In a study of German social researchers, trainers, and gender experts run as part of the FOCUS project, Gärtner, Schwerma, and Beier (2007) importantly suggest that caring masculinities are not entirely new in men's lives. They write "the perspective is, that there are already caring masculinities in various forms—they have to be fostered, and maybe modified. But it is not necessary to invent them from scratch"

(Gärtner, Schwerma, and Beier 2007, 6). This claim is also supported by Scambor et al. who suggest that in the EU “[c]aring masculinity is increasingly realized in the everyday lives of men” (Scambor et al. 2014, 555) and “[m]en’s attitudes have slowly shifted from clear breadwinner roles toward care-integrating models (especially fathering) over the past few decades” (Scambor et al. 2014, 560). The increasing focus on caring masculinities in empirical research opens up a space for a theoretical framing of the concept. It is in this space that I propose my practice-based framework of caring masculinities based on CSMM and feminist care theory.

CSMM—Some Key Insights

Several key insights from CSMM are integral to this caring masculinities framework. These include Connell’s (1987; Connell and Messerschmidt 2005) influential concepts of the relational gender order and hegemonic masculinity. Connell promotes the view of gender as relational, showing that the diverse gendered constructs of masculinities and femininities exist in relation to one another. The simplest expression of the hierarchical gender order is the domination of men over women. Yet the notion of multiple masculinities is one of the central features of Connell’s (1987) concept, demonstrating that there is also variation among men and expressions of masculinities. Hegemonic masculinity, at the pinnacle of the gender order, works to legitimize and maintain patriarchal relations. It is the masculinity that is most dominant and culturally exalted at any given time, though its ascendancy is not fixed. Rather, hegemonic masculinity responds to societal changes and challenges and mutates accordingly. It subordinates men who embody devalued forms of masculinity, such as gay men (subordinated masculinities) and marginalizes men based on axes such as race, ethnicity, class, and ability (marginalized masculinities). Men who are complicit in the hierarchical gender order can benefit from the subordination of women without having to embody hegemonic masculine ideals themselves (complicit masculinities). In practice, few men are able to live up to the ideals of hegemonic masculinity. Yet hegemonic masculinity, spearheading the gender order, remains a normative force in gender relationalities (Connell 1987).

Connell’s concepts of the gender order and hegemonic masculinity, while highly influential, have been critiqued and debated since their introduction into CSMM. Connell’s early conceptualization of the gender order was criticized as being simplistic, reductionist, and essentialist. Connell and Messerschmidt (2005) reformulated the concept in 2005 to incorporate issues that complicate the gender order such as costs, benefits, challenges, compliance, and resistance. However, Seidler (2006) argues that this conceptualization of masculinities limits the ability to think about young men’s subjective masculinities, experiences, practices, and possibilities for change. He suggests “[a]s long as we think of masculinities as locked into relations of power with each other, it is difficult to understand how men can change through processes of transforming masculinities in specific cultures, histories and traditions” (Seidler 2006, 12). He goes on to argue that the overarching, objective

categories of the gender order “[make] it particularly difficult to explore the contradictions in young men’s experience and the transitions they make during their teenage years” (Seidler 2006, 12). Seidler suggests that the concept of the hierarchical gender order is too rigid to capture the nuances of men’s experiences and emotions.

Hanlon (2012) analyzes this divergence of Connell and Seidler’s ideas about masculinities as an issue of power versus vulnerability. He suggests “Seidler has argued that the understanding of men’s lives only in terms of power makes it difficult to theorise men’s experiences of powerlessness and vulnerability, nonetheless it is also true that theorising men’s vulnerability can make it difficult to theorise men’s power” (Hanlon 2012, 66). Hanlon (2012, 66) argues that both perspectives are relevant and important, stating “[w]e cannot appreciate masculinities without understanding relations of power and dominance, but we cannot understand power and dominance without also appreciating men’s emotional lives. Moreover, we cannot deconstruct male power without reconstructing the emotional lives of men.” Here, Hanlon begins to demonstrate that masculinities and values of care and emotion, which will be explored subsequently, are not antithetical to one another. Rather, they are already intertwined, though in need of reconstruction.

Even if the concept of hegemonic masculinity on its own precludes a comprehensive understanding of the lived realities of men’s emotional lives, it can still provide important insights into the constructions or cultural ideals of masculinity that are most valued in a society. Meuser (2003, 136) argues that while hegemonic masculinity may not be an accurate description of the daily practices of younger men, “its importance lies in being an interpretive pattern for locating oneself in the gender order.” Ideals of hegemonic masculinity can still provide cultural reference points for the kinds of ideologies and expectations young men face in constructing their masculine identities and practices.¹ The recognition of situational or context-specific masculinities is important in this respect. Hegemonic masculinity is not an unchanging constant across the world or even across minority world societies. Local specificities shape the kinds of masculinities that are most valued in a particular location, culture, period of time, or tradition. As Hanlon (2012, 88) argues “[u]nderstanding how men engage in social practices at the intersection of complex and dynamic multiple identities and material social locations is key to perceiving the operation of power in practice.” Furthermore, Connell (2005) argues that analyses of masculinities need to take into account both local formulations of masculinities and globalized processes of gender.

Context-specific ideals of hegemonic masculinity may not be lived by the majority of men, but they do exact a high price best expressed as “the costs of masculinity.” Decades of feminist and masculinities research has demonstrated the harmful costs of hegemonic masculinity for both women and men. For men, these costs include violence (against others and self), high-risk behavior, lack of self-care, poor health, and impoverished relationships. Hanlon (2012) links the arenas of masculinities and emotion again when he delves into an array of the costs of masculinity for both women and men, analyzing these costs in relation to men’s

emotional lives and needs for intimacy. He suggests that hegemonic masculinity promotes shame in men when they cannot live up to hegemonic ideals and encourages men to deny their needs for emotion and intimacy (Hanlon 2012). For women, the costs of masculinity include violence and aggression directed toward women, wage disparities, unequal opportunities, harmful stereotypes, and responsibility for the main burden of care work (see, e.g., United Nations Department of Economic and Social Affairs 2010). Dominating, aggressive forms of hegemonic masculinity may currently be culturally ascendant, but they are not meeting the needs of men or women in minority world societies to live nurtured, emotive, interconnected lives.

These high costs of masculinity, which serve to limit both women and men, suggest that men stand to benefit from working toward gender equality and developing new forms of masculinities. Connell (2003), Hearn (2001), Kimmel (2010), Messner (1997), and Scambor, Wojnicka, and Bergmann (2013) outline several good reasons for men to engage in a transformation toward gender equality. A reduction in the harmful costs of hegemonic masculinity can lead to benefits for men, including increased physical and psychological health, longer life expectancy, increased quality of social life, better familial relationships, and reduced violence between men. Messner (1997) and Kimmel (2010) furthermore argue that men's engagement in gender equality will have a "humanizing" effect on men. As Messner (1997, 110) eloquently argues "[i]n rejecting hegemonic masculinity and its rewards, we may also become more fully human. For I am convinced that the humanization of men is intricately intertwined with the empowerment of women." Kimmel (2010, 11), addressing men, avows that "[t]ransforming masculinity will enrich our lives immeasurably, deepening our capacity for intimacy with women, other men, and children, and expanding our emotional repertoire."

Messner (1997) and Kimmel (2010), however, trace the politics of guilt that has often surrounded profeminist men's movements in the United States in the past and find that it ultimately hinders the process of engaging men in gender equality. As Messner (1997, 54) suggests, discourse that only focuses on men's privileges in society without acknowledging the costs of masculinity "contribute[s] to a politics of guilt in which men's major reason for challenging patriarchy might appear to be altruism toward women." Kimmel (2010, 11) notes that while this stance might be noble, "privileged men, straight and white, wracked by guilt, do not necessarily make great political allies." Therefore, encouraging, supporting, and persuading men to engage in gender equality will likely produce more effective and affective male allies than a continuation of a politics of guilt. Connell (2003, 29) argues this when she states "[a]n active process of debate, persuasion, and contestation is required. Masculinity politics should be thought of as a dialectic, not an expression of fixed identities or positions." Gärtner, Schwerma, and Beier (2007) also support the idea of encouragement. They point out that some men feel incapable of doing care work and may therefore need more encouragement to engage in gender equal and caring practices.

There are barriers to men's participation though, even if the value of encouragement, persuasion, and debate for engaging men in gender equality is taken into account. These barriers often stem from the sense of power and entitlement hegemonic masculinity appears to hold out to men. Hearn (2001, 10), focusing on power, states:

[r]esistance to positive involvement in gender equality comes from men for a wide variety of reasons: patriarchal practices, sexism, maintenance of power, complicity in current arrangements, definition of gender equality as 'women's business' and not the 'main or most important issues', preference for men and men's company, as well as less conscious psychological ambivalences and resistances.

Hearn (2001, 10) goes on to contend that "[a] specific challenge to men in developing gender equality is changing the ways in which men generally relate to power and gendered power." Kimmel (2010) focuses on the sense of entitlement many men feel they have to jobs, power, and success, and their defensiveness at the proposition from feminism that they should give up these entitlements.

However, despite resistance by some men to gender equality, Connell (2003) provides documented evidence from around the world of men's support and capacity for gender equality, showing that men can engage and do often want to change. Some men are willing to engage while others can potentially be encouraged and persuaded to change unequal practices and work toward caring masculinities and gender equality. Before investigating caring masculinities further, I turn to an exploration of care because, as argued above and outlined below, caring masculinities involve not just the rejection of domination but also the integration of values and practices of care into masculine identities.

Feminist Care Theory

Research on, and studies and theories of care, policy initiatives and programs concerning care and carers' advocacy groups have emerged in abundance since the 1970s due to feminist engagement with the topic of care (Fine and Glendinning 2005; Ungerson 2006). Originally, this feminist concern focused on issues such as the unpaid care labor women provide in the shape of child care and housework, equal rights and social justice for women and men, and the extant and limiting assumption that care work is the natural preserve of women alone (Fine and Glendinning 2005; Ungerson 2006). Today, as well as a continuing focus on these issues, considerations of care have been raised in arenas such as aged care, child care, self-care and, to some extent, care work performed by men. The distinction between caring *for* and caring *about* is often an important consideration in feminist work on care (see, e.g., Ungerson 2006; Lynch, Baker, and Lyons 2009). Ungerson (2006, 277) defines caring *for* as "the practical tasks of care" and caring *about* as "the affective relations of care." Both can be seen as important components of care, but I suggest below that

it does not matter if men do not care *about* initially because when men care *for*, they can begin to develop the affective, emotional aspects of care.

From a feminist perspective then, care can be seen as not just practical but also relational, emotional, intimate, and affective. Maher, Wright, and Tanner (2013), for example, formulate the notion of relational responsibility, where care practices and responsibilities are affectively negotiated in relation to the needs, desires, tastes, and individualities of the care receiver, with varying degrees of acceptance of or resistance to dominant discourses of care. Lynch, Baker, and Lyons (2009) consider love, care, and solidarity work in their exploration of the concept of affective equality. Affective equality involves both the equal distribution of these forms of work and equality of possibilities for developing relationships of love, care, and solidarity (Lynch, Baker, and Lyons 2009). Lynch, Baker, and Lyons (2009) posit the affective system as one of the main social systems, along with the economic, political, and sociocultural systems, from which equality or inequality emerge. Another common aspect of feminist work on care is its identification of care as an essential and inescapable part of human life, as something integral to human survival (see, e.g., Gilligan 1982; Tronto 1993; Kittay 1999; Held 2006; Lynch, Baker, and Lyons 2009; Hanlon 2012). All people will require care at some stage of their lives, or as Kittay (1999, 16) formulates it, “the work of caring for dependents [...] must be done by someone.”

Current feminist work on care has also been strongly influenced by “the feminist ethic of care.” The feminist ethic of care emerged from a strand of feminism in the United States that attempted to highlight the positive features of care (Fine and Glen-ning 2005). Carol Gilligan (1982) became one of the most well-known theorists of the ethic of care from the United States through her work to bring women’s voices into human development theory. She identified two “conceptions of morality”: “the morality of rights” and “the morality of responsibility.” The morality of rights she described as based on qualities traditionally associated with the masculine such as autonomy and independence. The morality of responsibility, on the other hand, encompasses so-called feminine characteristics such as care, nurturing, relationality, and interdependence. Gilligan argued that these two moral principles of rights and responsibilities, though seemingly disparate, are actually complementary and compatible. Her idea of care as compatible with and equal to rights and justice is what Kittay (1999) later called for in her conceptualization of equality as compatible with care.

Tronto (1993) is also concerned with a feminist ethic of care. She, however, finds the concept of “women’s morality” troubling. She argues that this concept has failed to carve out a place for women in civic society and has worked to exclude certain women such as migrant, lesbian, and working class women. Tronto (1993, 3) argues that “we need to stop talking about ‘women’s morality’ and start talking instead about a care ethic that includes the values traditionally associated with women.” She develops a moral and political ethic of care by suggesting that the practice of care is a political ideal. As she puts it, “the practice of care describes the qualities necessary

for democratic citizens to live together well in a pluralistic society, and [...] only in a just, pluralistic, democratic society can care flourish” (Tronto 1993, 161–62). In formulating care as a political ideal, Tronto diverges from the idea of two separate but compatible ideals of rights and responsibilities, suggesting instead that they are one and the same, though not yet recognized as such.

Held (2006) contributes to the further development of the feminist ethic of care by centering emotion in the discussion. Again writing from the United States she suggests “the ethics of care values emotion rather than rejects it [...] such emotions as sympathy, empathy, sensitivity, and responsiveness are seen as the kind of moral emotions that need to be cultivated” (Held 2006, 10). Held (2006, 30–31) casts a broad net with her conception of care, arguing that it extends well beyond close familial and friendly relations to domestic workers, teachers, welfare states, social ties, “the bonds on which political and social institutions can be built, and even to the global concerns that citizens of the world can share.” She supports this broad conception of care because an ethos of care can motivate in individuals “the willingness to support such [broad, institutional caring] efforts and to see that they are carried out effectively” (Held 2006, 31). In other words, Held suggests that care, at least an ethic of it, can make people care more.

Dependency is another central concern of the feminist ethic of care. Tronto (1993), addressing the issue of dependency, submits that all people need care and that this necessarily places everyone at one stage or another in a position of dependence on others and, therefore, in a position of inequality. Tronto contends, however, that the perceived threat of this inequality has been exaggerated and argues that the ethic of care seeks to address dependency and inequality. “Rather than assuming the fiction that all citizens are equal,” writes Tronto (1993, 164), “a care perspective would have us recognize the achievement of equality as a political goal.” This dependency Tronto identifies is also central to Kittay’s (1999) work and indeed, as Kittay argues, central to human life.

The presumed inequality caused by this dependency has led to some concern in feminist theories of care. Kittay (1999, 33, original emphasis), however, distinguishes between “the *inequality of power* in a relation of dependency, and the exertion of *domination* in a relation of inequality.” She states, “[t]he inequality of power is endemic to dependency relations. But not every such inequality amounts to domination. Domination involves the exercise of power over another against her best interests and for purposes that have no moral legitimacy” (Kittay 1999, 34). This domination can be on the part of the caregiver but can also stem from the care receiver if they demand more of the caregiver than what they need (Kittay 1999). For Kittay, power can only be used in the care relationship by the caregiver if it is for the good of the care receiver. According to Kittay, the condition of dependency, when devoid of domination, does not position the dependent person as unequal. As she argues, “[i]nequality of power is compatible with both justice and caring, if the relation does not become a relation of domination” (Kittay 1999, 34). In this circumstance, an inequality of power emerges, not an inequality of people. Kittay points

out that an inequality of power is not necessarily negative. Rather, she sees it as a necessary aspect of the care relationship. As she argues, “[t]he dependency worker who is in charge of the dependent must have the power and authority necessary to meet the responsibilities of the work” (Kittay 1999, 31).

For Kittay, this terminology of dependency is important in establishing her dependency critique of equality, outlined above. Held (2006), on the other hand, contends with the issue of dependency through a focus on interdependence. Like other feminist theorists of care, Held acknowledges the human need for care and moves away from rationalist and liberal ideas of the independent, autonomous individual and toward ideas of interdependence. She suggests that human dependency can be addressed through the ethic of interdependent care. Writing about dependency, she states, “[t]he ethics of care attends to this central concern of human life and delineates the moral values involved” (Held 2006, 10). These moral values for addressing dependency that stem from the ethic of care include those also outlined by Gilligan (1982) in her delineation of the morality of responsibility. They are, then, values such as responsibility to self and others, sensitivity, empathy, and interdependence. Exploring the notion of interdependence, Held (2006, 12, original emphasis) writes, “[t]hose who conscientiously care for others are not seeking primarily to further their own *individual* interests; their interests are intertwined with the persons they care for.”

Interdependence involves this idea, stressed by Held, of relationality and the intertwining of interests in the care relationship. The concept of interdependence acknowledges that care relations are not linear ones where care is simply given to the care receiver by the caregiver. Rather, the notion of interdependence highlights that everyone is dependent at different times and in different ways and that everyone exists within reciprocal networks. Hanlon (2012, 29) argues that “as social and emotional animals we necessarily subsist within webs of emotionally reciprocal relations,” emphasizing the reciprocal, emotional, and social aspects of interdependence.

Reconceptualizing the care relationship as one of interdependence is not, however, uniformly accepted by care theorists. Kittay (1999), for instance, though she agrees with the principles and realities of interdependence, finds it important to maintain a focus on the issue of dependency in her work. Drawing heavily on Kittay, Fine and Glendinning (2005) argue against the use of the term interdependence, preferring instead to rehabilitate and reconceptualize the term “dependency.” They accept the lessons about care and dependency to be learned from a focus on interdependence, but they argue the term interdependence is based solely on interpersonal relations between friendship and family networks, thus obscuring the role and responsibility of the state in providing care (Fine and Glendinning 2005). However, returning to Held’s (2006) broad idea of care as incorporating both familial and friendly ties but also domestic workers, teachers, welfare states, social and political bonds, and global concerns demonstrates that interdependence does not have to involve only interpersonal relationships. Interdependence can exist and intertwine

between individuals, paid workers, states, politics, and global issues. Furthermore as Held argues, such a broad, societal ethic of and support for care can motivate more care. I return to this theme of motivating and supporting care in the next section, where I develop my framework of caring masculinities and discuss the changes they can engender.

Caring Masculinities

The practice-based model of caring masculinities I propose here is based on insights from my investigation above of CSMM and feminist care theory. I offer a feminist analysis of how masculine identities can be reworked into caring ones and explore the potentials of caring masculinities for change and equality. The rejection of domination and the integration of values derived from the realm of care such as positive emotion, interdependence, and relationality are, I suggest, at the core of caring masculinities. These values of care have been traditionally, though not accurately, associated solely with women, whereas my framework incorporates these into masculine identities. As established in the discussion above, local specificities shape patterns of hegemonic masculinity according to issues such as location, history, and culture. So too will context shape formulations of caring masculinities. Nevertheless, here I present the central values, taken from the joint focus on CSMM and feminist care theory, that I suggest characterize constructions of caring masculinities.

The rejection of domination, a characteristic so integral to traditional hegemonic masculinity, is of central importance to this model of caring masculinities. As Kittay's (1999) work reveals, when domination is present in a relationship, it is a relationship of inequality. On the other hand, still following Kittay, in a dependency relationship of caregiving such as caring masculinities, the power the male caregiver possesses as a result of his status as male does not mean an inequality of people as long as domination is absent from this relationship. Caring masculinities therefore need to ensure the absence of domination to ensure the presence of equality. hooks' (2004) conception of nondominator culture is illuminating in considering the importance of the rejection of domination from masculine identities. Outlining nondominator culture, hooks (2004, 115) asks men not to relinquish their maleness but to "become disloyal to patriarchal masculinity in order to find a place for the masculine that does not make it synonymous with domination or the will to do violence." She writes, "[r]ather than assuming males are born with the will to aggress, the culture would assume that males are born with the inherent will to connect" (hooks 2004, 117). hooks' ideal of a connected, peaceful culture that rejects domination also captures the core of caring masculinities: the rejection of domination and the adoption of values of care. Her vision also suggests that masculine identities do not have to include the exercising of domination.

Likewise, I propose that caring masculinities can be seen as masculine identities that exclude domination and embrace the affective, relational, emotional, and interdependent qualities of care identified by feminist theorists of care. There is no place

for these positive emotions in dominating hegemonic masculinity. As hooks (2004, 5–6) laments, “[p]atriarchal mores teach a form of emotional stoicism to men that says they are more manly if they do not feel, but if by chance they should feel and the feelings get hurt, the manly response is to stuff them down, to forget about them, to hope they go away.” In my model of caring masculinities on the other hand, positive emotions are valued. This is the case not just from a theoretical perspective but also on a practical level. In interviews with his male study participants for instance Hanlon (2012, 137) found that “[c]aring was believed to offer common rewards, including feeling loved and respected for doing it, experiencing emotional intimacy, and feelings of self-esteem, respect, and competence.” The men reported that “[d]oing caring made [them] feel ‘responsible’, ‘competent’, ‘proud’, ‘challenged’, ‘joy’, ‘fantastic’, ‘happy’, ‘brilliant’, and wanted, especially—although not exclusively—in respect of the care of children” (Hanlon 2012, 137).

Caring masculinities recast traditional masculine values like protection and providing into relational, interdependent, care-oriented ones (Morrell and Jewkes 2011). The feelings and emotions reported by Hanlon are related to caring masculinities, not to traditional, dominating hegemonic masculinity. “Competence” here, for example, does not mean “mastery” over one’s family or of a skill, but rather “ability” to care, in this case for children. “Respect” is coupled with “love” here, not with “fear” of the patriarch’s authority. The “responsibility” is for looking after a young life rather than for bringing home a family wage. “Pride” is taken in caring for a child, rather than the men being “too proud” to do care work. Maher, Wright, and Tanner (2013), investigating relational responsibility and mothers’ food provision for their children, describe the resistance of mothers to dominant discourses of health and nutrition through remaking or subverting problematic aspects of these discourses. Similarly, caring masculinities revolve around an incorporation of positive, relational, interdependent emotions and a rejection of domination and its associated traits.

Affective, relational caring masculinities that value positive emotions have important, positive implications, both for men and more broadly. Caring masculinities can provide more nourishing and satisfying models of masculinity for men than hegemonic masculinity. With caring masculinities, the costs of hegemonic masculinity decrease while the benefits to men of caring increase. Kimmel (2010), for instance, outlines a host of benefits for men who do more child care work and work in the home, including improved physical and psychological health, decreased use of alcohol and recreational drugs, longer life span, and more intimate, nurturing relationships with their children. Caring masculinities can therefore enrich men’s lives in myriad ways, emotionally, psychologically, and physically. Care work done by men should also be valued more broadly though, as something absolutely necessary and life preserving. As feminist theorists of care point out, care is a human necessity essential to human survival. Care work is work that must be done by someone.

This value, however, must also extend to women’s care work. Care continues to be seen as “women’s work” and women continue to perform the majority of care

work, and through this association with women, who are also undervalued in society, care loses much of its assigned value too (Tronto 1993). It is also necessary to acknowledge the extra praise men receive when they do care work. As Hanlon (2012) suggests, in minority world societies caring is a choice for men but a moral and social imperative for women. Care work performed by men should nonetheless be valued, as care in general is essential to the survival and nurturance of all people. This valuing of care also ought to extend to the broader political and social context. Gärtner (2005) argues that structural change and support for care work done by men are necessary to make men's caring a viable option at the microlevel. Affective, relational caring masculinities are, then, crucial for men and more broadly. Another important insight from CSMM, however, is that shaming men into caring masculinities is not likely to be an effective way of recruiting caring male allies. Caring masculinities can instead be recognized as positive, enriching masculine identities that men can be encouraged, persuaded, and supported to adopt.

Caring masculinities are, furthermore, a critical form of men's engagement in gender equality because doing care work requires men to resist hegemonic masculinity and to adopt values and characteristics of care that are antithetical to hegemonic masculinity. Hanlon (2012) outlines several reasons for the absence of care from traditional constructions of masculinities. First, following Hanlon (2012), this is because care is defined as feminine, and therefore the position of carer is seen as a subordinated one. Second, doing care means enacting a feminized identity. Third, care is seen as something men are bad at, and finally, care means relinquishing the power associated with traditional masculinity, a notion that, as Hearn (2001) argues, is difficult for some men to accept. Thus, the rejection of domination involved in caring masculinities and the inclusion of care means giving up the privileges and power of hegemonic masculinity and risking social ostracism by not conforming to expected masculine roles. Hanlon (2012, 209) calls this resistance heroic and something that "itself is emotional labour." Drawing on Morrell and Jewkes (2011), Hanlon (2012, 209) argues that for all these reasons "men's caring should be supported as a gender equality intervention itself." Scambor et al. (2014, 570) also suggest that "[c]aring masculinity is a term that meets many of the demands for more gender-equal participation, though not all."² In my model, caring masculinities as a gender equality strategy revolve around the incorporation of values and practices of care and interdependence identified by feminist theorists of care into masculine identities.

Caring masculinities have further important potentials for engendering change. "Work changes gender" suggest Puchert, Gärtner, and Höyng (2005), studying the effects of changes in economic and waged work structures on gender relations and vice versa. In the same project, Scambor, Schwerma, and Abril (2005) assess that when men have sufficient resources and all goes well, from a psychological perspective caring work changes gender. Extending this by drawing on Hanlon (2012), I also suggest that from a practical perspective care work changes gender. An ethos of affective, relational, nondominating care like the one described here can, as Held

(2006) argues, motivate people to support care. In other words, an ethos of care helps to cultivate more care in people. Care begets care. Hanlon (2012) argues that this also operates at the level of practice and that doing care work actually changes men. He writes, “[d]oing caring work is associated with having a more flexible definition of masculinity, men’s roles, and men’s caring capabilities” (Hanlon 2012, 202). Hanlon (2012, 203) observes the changes that doing care work evoked in the men he interviewed, writing:

[d]oing caring [...] appeared to support men to develop a ‘softer’ masculinity, to reform their lives and construct other-centred sensibilities, and to engage with fears surrounding vulnerability. It also enabled them to identify women’s caring burdens and appreciate how difficult, complex, and underappreciated caring work can be.

These men confirmed the suggestion that doing care work helps men develop caring forms of masculinities and more nurturing identities.

The findings from Coltrane’s (1996) research suggest further evidence for the development of caring masculine identities through the practice of care work. He conducted interviews with dual-earner couples in the United States, who shared parenting. He found that for his male participants, doing child care work led them to develop so-called “maternal” traits such as sensitivity, attentiveness to emotional cues, reciprocal communication, and a connection to emotional and feeling aspects of family life. Similarly, Doucet (2006, 237), investigating men and masculinities in the context of Canadian fathers as primary caregivers for children, suggests “[f]athers [...] are actively reconstructing masculinities to include aspects of traditional feminine characteristics.” Coltrane (1996, 83) states, “both fathers and mothers reported that the practice of child care, in itself, transformed the men [...] My findings suggest that when domestic activities are shared equally, ‘maternal thinking’ develops in fathers as well as mothers, and the social meaning of gender begins to change.” As suggested above, it does not matter, then, if men do not “care about” (have nurturing attitudes and emotions) to begin. By “caring for” (doing care work), nurturing attitudes and emotions can develop in men.³ In this way, men’s care can effectively change gender.

Conclusion

The practice-based model of caring masculinities I have developed in this article has important implications for change and gender equality. As I began by discussing, however, the concept of equality cannot be taken for granted. The theme of equality was further explored through the idea of men’s engagement in gender equality in CSMM in the past and the shift toward caring masculinities in Europe in the present. Key insights from CSMM were highlighted, as were issues of care, emotion, dependency, and interdependence from feminist care theory. The incorporation of feminist care theory into CSMM helps to address the lack of feminist theory in CSMM,

reveals new ways of thinking through masculinities, and has formed the basis of my framework of practice-based caring masculinities. The insights from these two bodies of literature inform the central features of this framework: the rejection of domination from masculine identities and the incorporation instead of values of care such as positive emotion, interdependence, and relationality. Caring masculinities are, then, a refiguring of masculine identities away from values of domination and aggression and toward values of interdependence and care. As feminist theorists of care point out, care is crucial for all people. Both caring masculinities and women's care are, then, critical at an individual level and more broadly. The theoretical framing of caring masculinities I have proposed here is not intended as a homogenizing typology of men. How the lived, affective lives of men and women interact and intersect with this framework and even how they might challenge it remain to be explored. Nevertheless, this framework establishes the central features of a practice-based model of caring masculinities devoid of domination. These nurturing, caring identities constitute a form of men's engagement in gender equality and have the potential to positively change both men and gender.

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Notes

1. Connell and Messerschmidt (2005, 842) stress, however, that hegemonic masculinity "should not be regarded only as a cultural norm. Gender relations also are constituted through nondiscursive practices, including wage labor, violence, sexuality, domestic labor, and child care as well as through unreflective routinized actions."
2. An important caveat is that not all men's caring practices necessarily support gender equality (Morrell and Jewkes 2011; Scambor et al. 2014). Again, the reconfiguration of values like protection and providing into ones centered on relationality and interdependence is crucial for caring masculinities as a gender equality strategy. The issue of when men's caring practices support gender equality and when they do not deserves further consideration in future work.
3. This potential stands in contrast to essentialist conceptions of women's natural disposition toward care work and caring, which have historically relegated care work to women alone. If the practice of care work develops more nurturing identities and attitudes in the people

who do it, then I suggest that women's presumed greater emotionality, nurturing, and caring dispositions can be seen as the result of women having traditionally done care work rather than as innate or biological features of women.

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Author Biography

Karla Elliott is a PhD candidate, research assistant, and teaching associate with the School of Social Sciences at Monash University, Australia. Her research interests include critical studies on men and masculinities, feminist care theory, friendship, and narrative methods.