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Chapter 21

Masculinities and Affective Equality: Love Labour and Care Labour in Men's Lives

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Masculinities studies and affective inequality

Critical studies of men and masculinities implicitly acknowledge, and sometimes explicitly address (e.g. McMahon, 1999, Gerstel and Gallagher, 2001, Coltrane and Galt, 2000), how the unequal gender division of love and caring work is a significant source of gender inequality (Lynch, 1989; Lynch and Lyons, 2008; Lynch et al., 2009; Lynch and McLaughlin, 1995). However, masculinity studies have neglected the affective in its analysis of gender domination. Instead the focus is on the construction of dominant and hegemonic masculinities in the public sphere (Connell, 1987; Hearn, 1992; Bourdieu, 2001). Those studies that do focus on men, masculinity and caring tend to research specific groups of male caregivers either within paid or informal unpaid sectors (Applegate and Kaye, 1993, Kramer and Thompson, 2005, Russell, 2007a, 2007b) or in respect of men's investments in paid work (Holter, 2007). Moreover, even though leading theorists such as Connell ([1995] 2005) define emotional relations as a structure of gender orders there is a reluctance generally within the field to focus centrally on affective relations as a key source of gender domination (Seidler, 2006, 2007). Often this reluctance is based on the fear (perhaps well-grounded) that focusing on caring and emotional relations risks empathising with men's *pain* at the expense of exposing the oppressions and domination of men's *power*.

The neglect of affective relations in the construction and constitution of inequality is being addressed by innovative approaches to contemporary egalitarian theory. Baker et al (2004) have devised a model for conceptualising inequality that defines cultural, political, economic and affective relations as generative sources of inequality. These systems of social relations give rise to five interrelated sets of inequalities: inequalities of resources, respect and recognition, representation, working and learning, and love, care and solidarity. Alongside the traditional focus within sociology and egalitarian theory on economic, cultural/symbolic

and political relations, Baker et al. (2004: 28) argue that affective relations are also generative sources of inequality and injustice, especially in generating inequalities of love, care and solidarity:

‘...[I]t is an important issue of equality, and therefore of justice, to ask who has access to, and who is denied, relations of love, care and solidarity, whether these relations are reciprocal or asymmetrical, and whether the ways societies operate help to satisfy or frustrate these human needs’

Inequalities arise in the ways that love, care and solidarity labours are accessed and produced with some people having less access to caring relations and/or by undertaking disproportionate burdens of affective work (Baker et al., 2004: 60, Lynch et al., 2009).

Masculinities, love labour and caring labour

Caring has been an important dimension to egalitarian research in Irish society (Lynch et al., 2009). My own research proposes that masculinities are central to understanding how caring relations are configured and that the affective is central to how hegemonic masculinity operates (Hanlon, 2008, 2009a, 2009b, 2010). This research involved 8 in-depth interviews with key members of diverse men’s groups (*Care Conversations*) as well as a purposeful sample of 21 diverse men (*Care Stories*) based on major inequalities in Irish society (Government of Ireland, 2000). The research hypothesised that dominant definitions of masculinity write love labour and care labour out of men’s lives and posed the question ‘how do different men in Irish society define their masculinity in relation to love and caring work?’ A critically reflective profeminist standpoint was used using research diaries and psychotherapeutic reflexivity (Jackson, 1990; Hearn, 1989; Kahn, 2008; Harding, 1998; May, 1998).

The *Care Conversation* research with men from diverse men’s groups drew three conclusions (Hanlon, 2009a, 2009b, 2010). Firstly, the dynamics of masculinity preoccupy men with practices which are at least in ongoing tension with caregiving. Secondly, breadwinner discourses and practices, whilst potentially drawing men into limited amounts of caregiving, are more likely to restrict the amount and types of care that men undertake. Thirdly, there is considerable uncertainty among men about their role in ‘feminised’ caregiving and the value of ‘feminised’ attributes in their lives. Affective relations were found to be a significant source of tension as men struggle with what it means to be men.

These themes were elaborated within the *Care Story* interviews with individual men. The dominant way that masculinity was defined in relation to caring was in opposition to the ideal-type of *maternal femininity*. Ideal-type caring was defined as dependency work which is focused on the physical and practical needs of care recipients. The caregiver was seen to embody a nurturing capital (Reay, 2000, Allatt, 1993, Lynch and Lyons, 2009b) resulting in one who is especially emotionally and cognitively skilled at caring, sacrificially other-centred based on a strong sense of family duty and highly trustworthy and devotional. On the other hand the ideal-type of men's caring was defined as breadwinning, preventing many men from having a deeper reflection on the nurturing they provided.

Paid work was found to be a major field where men accumulate the symbolic capital they require to compete for hegemonic masculinity in the public sphere. Yet, primary care relations were also a significant source of meaning and identity in men's lives. Breadwinning is the dominant way that men balance their investment in these two aspects of their identity. This tension between paid work and love labour gives rise to a symbolic and affective trade-off between men's investments in love labour and investments in paid work. Their pursuit of symbolic capital in the public sphere through paid work clashes with love labouring when love labour obligations result in men having to sacrifice the time, effort and energy they invest in paid work.

Research demonstrates that men's involvement in caring is contingent on the women in their lives (Gerstel and Gallagher, 2001). My research found that few men are willing to neglect their masculinity by sacrificing paid work to love labour, but then again, few men are placed in a position of having to make this choice. Caring responsibilities were something that most of the men feared, resented and avoided.

Nonetheless, the research identified three configurations of masculinities in relation to love and caring labour. The men defined their masculinity in relation to caring either in terms of having a *Conventional*, *Sharing* or *Caring* masculinity. *Conventionalists* define their masculinity most strongly through paid work through their roles as breadwinners. They have not had to sacrifice paid work to caring nor did most of them experience these in conflict, either because they had no caring responsibilities, or because the women in their lives did the caring work. Their investments in paid work to the detriment of love labour were generally justified because of their economic contribution. They express only minor regrets for not being more involved in nurturing yet they had a strong sense of duty to family that included a paternalistic and commanding attitude to caring and a view that nurturing is women's work.

Sharers, on the other hand, had a strong sense of caring identity and responsibility and were involved in all aspects of caring. They did not define their caring exclusively through their roles as breadwinners, although breadwinning was very important for many of them. Paid work remained a major way that masculinity was defined and they therefore had to balance paid work and caring responsibilities to maintain a sense of themselves as men. They had more negotiations and compromises around caring and paid work than *Conventionalists*. *Sharers* described aspects of caring as rewarding but were very aware of its burdens and none willingly chose to do caring in replace of paid work.

In contrast to both *Sharers* and *Conventionalists*, *Carers* did not define masculinity strongly through paid work. They had a strong sense of caring identity and caring responsibility and were involved in all aspects of caring. They defined caring more in terms of nurturing. They also experienced negotiations and compromises around paid work and caring demands. However, noting that caring could be rewarding, more so than other men they highlighted its emotional burdens. There were two sorts of carers based on the small research sample. *No Choice Carers* were faced with the women in their lives being unwilling or unable to do the caring. They therefore felt that they had no choice but to become primary carers to protect and care for their children and therefore sacrificed having a full-time commitment to paid work. *Nothing to Lose Carers* on the other hand did not have a traditional masculinity constructed through paid work to lose in the first place when they became carers. Their caring identity was related to experiences of neglect as children and their having developed a caring life-project in order to heal past pains in their life.

Family dynamics were very important in how men constructed gender and caring in their lives but caring identity cannot be read off in any simple way from these experiences. Multiple social and emotional factors intervened in shaping later caring identities and practices. Nonetheless caring masculinity was generally defined in terms of a default traditional gender division of labour within ones family of origin with fathers and sons having to do very little caring. The research found that the gender order of caring in families was disrupted because of experiences of abuse and neglect. *Caregivers* were more likely to have negative care experiences that affected their ability to construct a *conventional* masculinity but these experiences could also affect their ability and interest in constructing themselves as caregivers.

The study also identified how men resisted the imposition of caring obligations on their masculinity by drawing on five care-free discourses. Doing primary caring was perceived to be *unnatural-for-men* because it went against men's evolutionary and biological nature and as *abnormal-*

for-men, because it went against dominant social norms and conventions. It was also perceived to be *dysfunctional-for-men* because it was said to disrupt a ‘properly’ functioning social order and *impractical-for-men* because it went against economic and practical constraints of paid work and family life. Finally, doing primary caring was perceived to be *different-for-men* because men were said to have different interests, identities and orientations to caring.

Conclusion: Hegemonic masculinities as care-free

The research found that masculinity is defined in relation to love labour in terms of being Conventional (based on a traditional division of labour), Sharing (based on the more equal sharing of caring), or Caring (based on primary caring). Masculinity is also defined in opposition to the ideal-type caring identity characterised by maternal femininity which is constructed in opposition to the symbolic, political, and economic (and many affective) aspirations of hegemonic masculinities. It is also defined in relation to dominant heteronormative familial gender orders within families of origin wherein women are primary carers and men are primary breadwinners and where boys and men come to depend on and expect being cared for by women. Caring inequalities are negotiated and rationalised and dominant masculinities defended using five care-free discourses of masculinity.

Dominant definitions of masculinities as care-free write out primary love and caring from men’s lives because dominant masculinities are defined in terms of the men’s accumulation of symbolic capital in the public sphere in contrast with the time, dedication, and other-centred practices and identities that define love labour. However, I am not so much arguing that there are uncaring configurations of masculinity that are dominant. More fundamentally I am suggesting that hegemonic masculinity, as well as being power-pursuing (Connell and Messerschmidt, 2005; Hearn, 2004), is also constructed as being care-free. Instead of the focus on identifying dominant models or types of masculinity, it is, I suggest, the underlying processes and logic that is important to analyse. Masculinity, including different types of oppressive masculinity, carries a care-free assumption as its default position. The masculine privilege of being care-free is invisible and taken-for-granted by men. Men consent to being care-free because it is not in their interests to undertake primary caring. Being a caregiver is an illegitimate position for a man because it precludes one from constructing hegemonic masculinity within the public sphere; masculinity cannot be legitimated through primary caring. These expectations are institutionalised within a masculinised public

sphere. This occurs explicitly when women are defined as primary carers as, for example, within the Irish Constitution:

‘[T]he State recognises that by her life within the home, woman gives to the State, a support without which the common good cannot be achieved. The State shall, therefore, endeavour to ensure that mothers shall not be obliged by economic necessity to engage in labour to the neglect of their duties in the home’ (Government of Ireland, 1937: Article 42.2).

It also occurs within a neo-liberal environment that writes caring out of social and economic equations (Harvey, 2005; Hearn and Pringle, 2006) with the citizen defined as a producer consumer rather than as an interdependent carer (Walby, 1997: 4; Lanoix, 2007; Rantalaiho and Heiskanen, 1997; Fineman, 2008). Caring obligations are especially privatised for men because of the moral imperative on women to be carers (O’Brien, 2007). Patriarchal values of the zero-load worker are encoded within the structure of employment and the concept of the citizen (Lynch and Lyons, 2009a).

Hegemonic masculinity is constructed in opposition to feminised caring identities. Men deny responsibility for care and yet expect to be cared for. Nonetheless, different masculinities are not equally care-free; dominant masculinities are subject to change and contestation. Masculinity studies needs to interrogate the affective dimensions of gender relations, with all their contradictions and tensions, to deconstruct male domination and hegemonic masculinity. The theoretical and political space left unfilled by marginalising the affective is all too easily taken up by reactionary voices who would ignore men’s power and responsibility (except as conceptualised in patriarchal terms), emphasise only men’s pain, and thereby construct men as oppressed. “O”

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