ARTICLE

CAREFREE MASCULINITIES IN IRELAND; GENDER CONSERVATIVISM AND NEO-LIBERALISM

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Abstract: The feminisation of care is an embedded feature of the Irish gender regime limiting women’s participation in economic, political and cultural life and constraining men’s engagement in caring. There is little recognition of importance of men taking on equal responsibility for caring. This article explores the social construction of men’s role in caring in Irish society. Caught between a deep history of gender conservativism and contemporary neo-liberalism, the hidden cultural ascendance and institutionalisation of caring femininities and carefree masculinities shapes caring practices. Equality in caring depends on deinstitutionalizing care as a primary obligation for women only and deconstructing the hegemony of carefree masculinities.

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Introduction

Gender relations in modern Ireland have been transformed radically; women are equal to men before the law, equality of opportunity is widely supported, and many traditional patriarchal structures have been deinstitutionalised. However, males in Ireland continue to receive a ‘patriarchal dividend’ and in many ways Ireland remains a man’s world (Connell 1987, p. 87; O’Connor 2000). European indicators show Ireland is only marginally above half way to achieving gender equality with inequalities in men’s command of decision-making processes and the unequal division of time and care especially pronounced (European Institute for Gender Equality 2015). Caring in Ireland is ‘culturally constructed as women’s work’ (Cullen, Delaney, and Duff 2004, : 18) and while fathers are expected to be more involved with their children there continues to be a ‘stubborn lack of change in the gender division of labour in Irish homes’ (Richardson and Rush 2006, : 199). Women’s implicit and explicit caring responsibilities in Ireland are hidden advantages for men in the labour market, politics and other areas (Drew and Humbert 2010, 2010; Drew and Humbert 2011; Bacik and Drew 2006; Lynch 2010; Lynch, Grummell, and Devine 2012; Devine, Grummell, and Lynch 2011; Grummell, Devine, and Lynch 2009; Collins and Wickham 2004).
Gender equality cannot be advanced without transforming structures of power marginalising women as well as realising a more equitable sharing of time and care between men and women. While men’s resistance to gender equality is part of the problem (Hearn 2001; Levtov et al. 2014), men’s role as allies and advocates for gender equality are now recognised as part of the solution (Connell 2014). Engaging men in gender equality is increasingly endorsed by the United Nations, within the European Union and by many international NGO’s (Connell 2003; Ruxton and GB. 2004; European Institute for Gender Equality 2013; Fabiano et al. 2003; Edström et al. 2015). Internationally (see Kato-Wallace et al. 2014) and especially in Europe, caring masculinity is supported as an alternative ideal for men (Scambor et al. 2014) and strategies are beginning to call on men to share care (European Commission 2006, 2010) with specific initiatives adopted in several countries (Langvasbråten and Teigen 2006). Men’s relationship with caring is highly ambivalent and contradictory when caring is seen to undermine masculine identity and the performance of hegemonic masculinities (Hanlon 2012). Nonetheless, there is a mounting interest in how men’s caring practices may represent an alternative to hegemonic masculinities (Hanlon 2012; Elliott 2015).

This article concentrates on men’s informal family caregiving practices (as opposed to paid and professional caring) in Ireland within the context of historical conservativism and contemporary neo-liberalism. Men’s caring practices are constrained by conservative and neo-liberal ideology; both construct caring, either explicitly or in practice, as a primary obligation for women.

Gendered Work in Irish Families

Care and domestic labour in Ireland is highly gendered (O'Sullivan 2007, 2012; Keogh and O'Ly nn 2007). The least gendered scenario of unpaid family caring is that of informal Carers who look after adult dependents or children with disabilities. Mirroring international research (see Kramer and Thompson 2005), men in Ireland comprise a significant and increasing minority of family Carers (39% recorded in the 2011 census, a 16% increase since 2006) (CSO 2012). However women in Ireland comprise the vast majority of people looking after home and family (CSO 2010, :10; 2012) and are far more likely to be sole carers for children only or combined with adult dependents than is true for men (Lynch and Lyons 2008). Women comprise over 86% of lone parent families and men just over 13% though only 4.7% of lone fathers were listed as homemakers compared to 24.6% of lone mothers (CSO 2012), with stepmothers also more likely to assume a caregiving role (Hadfield and Nixon 2012). Over the course of a week women do 86% of child supervision, 69% of playing with and reading to children, 82% of care to adults, 80% of cooking, 86% of cleaning, and 70% of shopping. On average, men spend far more time on paid work and women spend far more time on caring and domestic work but women do not spend less time caring at weekends whereas men’s work time declines giving rise to a gender gap in time devoted to leisure (McGinnity et al. 2005; McGinnity and Russell 2007; 2008, : x-xii). Women do the majority of physical care and supervision as well as domestic work such as cleaning, cooking and shopping while men are more likely to be involved in social and emotional caring and traditional masculinised tasks such as home repairs and maintenance (ibid.). Women are almost 5 times as likely to work long hours caring than is the case for men (Lynch and Lyons 2008, p. 171). Women who additionally spend time in paid labour are unfairly compensated given that their total workload is higher than men’s (on average around 40 minutes longer per day than men) (McGinnity, Russell, and Smyth 2007). In traditional male breadwinner households the overall time spent on work (both paid and
unpaid) is similar for men and women, while within dual-earner households women do slightly less and men slightly more care and domestic work. Nevertheless, amongst dual earner couples women still have on average a higher workload than men do, especially where there are young children. Parenthood is associated with a more traditional reallocation of time for men and women with women doing more care and men more paid work. We cannot conclude on the basis of current evidence that men are getting progressively more involved over time; a recent international survey locates Ireland at the bottom of the class in a survey of 37 countries with just 7% of unpaid childcare done by men rated below countries such as Pakistan, Japan and Ghana (Samman, Presler-Marshall, and Jones 2016).

Children’s lives in families is also highly gendered. The higher valuation afforded to male interests and pursuits in ways which devalues caring associated with femininity results in children and young people living in gender differentiated cultures (O’Connor 2006, 2009). Reflecting conventional ideals of masculinity and femininity, Irish families are key sites where young people learn to ‘do’ girl and ‘do’ boy (O’Connor 2014) in how children and young people experience, and are engaged in, caring and domestic work in traditionally gendered ways (Leonard 2004).

Conservative ideology suggests the gender division of labour within households is founded on innate differences between men and women based on reproductive function and natural role in the family. Neo-liberal ideology suggests these differences merely reflect gendered preferences based on rational economic choices of workers. In contrast I have argued caring practices are strongly influenced by gender ideology and the structure of the Irish gender regime (citation removed for anonymity) which in contemporary Irish society blends elements of both conservative and neo-liberal thought.

The Hegemony of Conservative and Neoliberal Ideology

The cultural marginalisation of men from caring in Ireland is the flipside to the cultural exaltation of women as essentially and innately caring. Nation-building rhetoric in post-colonial Ireland celebrated the domesticity of femininity and women’s prescribed role as carers and moral guardians of the family (Inglis 1998; Wills 2001). Women were held responsible for child care and protection (McIntosh 2014) whilst men were defined as breadwinners ill-suited to primary caring (Considine and Dukelow 2009, : 20). The father was the protector, provider, disciplinarian and moral educator but it was considered unmanly for a father to be overly concerned about a child’s welfare (Luddy 2014). The Irish Free State further institutionalised a familial culture of care based on conservative gender ideology, rationalising women’s role as mothers and primary caregivers within the family as the foundation of social order upon which the good society rests (Kiely 1998). This patriarchal notion of family (Barrett and McIntosh 1982) based on a strong gender division of labour between the instrumental breadwinning father and a expressive homemaking mother was perceived as a functional necessity (Parsons and Bales 1953) and often as a source of consolation from intrusive modernity (Lasch 1995). These ideological constructions of care and family romanticised the notion of the marital heterosexual familial ideal based on a complementary companionate spousal relationship between the patriarchal breadwinner and devoted mother (Considine and Dukelow 2009, : 34-35).

The ideological framing of caring as women’s responsibility was written into the Irish Constitution (Government of Ireland 1937). Excluding the notion of care as a wider social obligation or a responsibility for men ‘the State recognises that by her life within the home,
The dramatic increase in separate spheres roles, and the deinstitutionalization of patriarchal family toward the latter end of their children to have increased ‘informalization’ of relations between parents and children as a deeply patriarchal institution, and also a less patriarchal side to men’s lives. Ryan (2012, : 161) suggests Irish fathers were sometimes more than distant patriarchs and an increased ‘informalization’ of relations between parents and children permitted men to have ‘...a high degree of involvement with their children’. The deinstitutionalization of the patriarchal family toward the latter end of the 20th century further reduced inequality between women and men (Bacik 2004; Kennedy 2001) and men’s attitudes to equality and caring began to change especially in terms of their involvement with their children (Hillard 2007; Fine-Davis 2014). However, trends toward a diversity in family practices in Ireland, including individualization, and informalization (Inglis 2014), have not significantly undermined the prominence of the heterosexual marital two-parent family (Fahey 2014), nor the persistence of traditional gendered values and inequalities formed by gender (Connolly 2014) or class (Hannan 2014). From a equality perspective, change in how gender and care are practiced in Irish families can be characterised as slow and uneven (O’Sullivan 2004) and a stalled revolution (Hochschild 1983 [2003]).

Whether motivated by a desire to provide or by career interests, the breadwinner model, though modified, continues to frame men’s relationship with caregiving (Dermott 2008; Brannen et al. 2014; Goodwin 2002). The cultural ascendance and institutionalization of contemporary carefree masculinities in Ireland is epitomised by the hegemonic model of the transnational business man (Ferguson 2002; see also Connell and Wood 2005); high status, globalised risk-taking masculinity free from primary caring responsibilities. In contrast, emphasised femininity in Ireland is based on the maintenance of relationships and the acquisition of feminine cultural capital (O’Connor 2014).

Reluctant even to commission data on the gender division of labour (Hearn and Pringle 2006, : 62), among European societies, the Irish state has taken a particularly conservative approach by considering care a private issue for families (Daly and Rake 2003; Daly and Clavero 2002). Irish family policy is caught between a historical conservatism in privileging maternal childcare with income maintenance for lone mothers and the neoliberal ‘maximum private responsibility model’ of Anglo-Saxon welfare states favouring market solutions, workfare and welfare retrenchment (Richardson and Rush 2006). In practice this has meant safer policies that do not pit working women against women in the home (Russell, O’Connell, and McGinnity 2009) at the expense of developing rights based services (Timonen and McMenamin 2002). Nonetheless, the dramatic increase in women’s participation in the labour market combined with an aging population within the context of State policies that presume a female carer at home has placed pressure on the reconciliation of work and care (McGinnity,
Russell, and Smyth 2007). While fracturing the traditional ideology of women as sole primary carers, women’s entry to the labour market has merely placed a double burden on women as both workers and caregivers (Murphy-Lawless 2000). Family caring ‘choices’ are negotiated within this context of lower pay for women, expensive and poor quality care services and a range of hidden advantages for men and constraints for women based on caring obligations (Collins and Wickham 2004). Beyond minimal attempts to improve the quality and quantity of childcare the state has failed to address shifting context and responsibilities of parental caring (Canavan 2012). Whilst there is support within policy circles for the State to take on greater responsibility for caring and to value and support the diversity of family caregivers (The Equality Authority 2005, : 5) social policy has failed to reframe fathering in terms of ‘universal social citizenship’ and equality (Rush 2015) and there is little explicit will to redefine caring as a joint obligation for men and women.

Policies on fatherhood in Ireland since the 1990’s have broadly adopted a neo-liberal and neo-conservative residual approach to welfare rather one based on Nordic principles of universal entitlement and gender equality (Rush 2011; Rush 2015). Compared to other European countries care leave in Ireland rates poorly being rigid, limited, and inflexible (Russell, O’Connell, and McGinnity 2009). Current Leave entitlements include paid and unpaid Maternity Leave available to mothers, and unpaid (non-transferable) Parental Leave as well as Adoption, Force Majeure and Carers Leave available to men and women. Mirroring international trends showing men are reluctant to take unpaid leave to care (Holter 2007) men’s uptake of Parental Leave is poor (Russell, O’Connell, and McGinnity 2009; Drew 2011). Despite strong support among mothers and fathers for paid paternity leave and for one month’s non-transferable paid parental leave (Drew and Watters 2014), there is no statutory right to Paternity Leave paid or unpaid though at the time of writing the government has proposed to introduce two weeks paid paternity leave in Autumn 2016. Currently, an expectant father of a child is only entitled to time off from work without loss of pay on a once off basis to attend the last two antenatal classes in a set before the birth if employed under a contract of employment. Male dominated employers and farmers organisations have strongly opposed statutory paid parental and paternity leave (Richardson and Rush 2006). The minimalist nature of leave entitlements means Ireland a long way from tackling the persistence of the gender division of labour.

Negotiating Caring Practices and Masculinities

Families in Ireland have to negotiate caring practices and make complex formal and informal care arrangements (‘combination care’) (Richardson and Rush 2006). The limited scope of leave entitlements, the absence of a right to work part time, the poor quality and expense of services, all result in a greater reliance on informal care and flexible working arrangements (McGinnity and Russell 2008; Russell, O’Connell, and McGinnity 2009; Redmond, Valiulis, and Drew 2006; Drew 2007) and therefore the generosity of their employers. Though carers may make positive and active resolutions to care for dependents out of a sense of duty, love and relational interdependency, their decisions occur within a conservative culture that privatizes caring as a primary obligation for women (O’Riordan, O’Hadhmaill, and Duggan 2010). To facilitate this working women depend on the support of male partners when managing the interface between work and care (Byrne-Doran 2012) but ultimately men tend to organise their family commitments around their work and women tend to organise their work around their family commitments (Cullen, Delaney, and Duff 2004, p. 46). Evidence suggests
gendered attitudes to care and career in Ireland are narrowing but men prioritise career far more than women (Kirrane and Monks 2008). Fathers in Ireland are more likely to work unusual hours than mothers with their work patterns influenced by their employment status and their partners earnings (Pringle et al. 2011, -65). Women are far more likely to take up on flexible working arrangements (part-time hours, job sharing and flexitime) than men, although men are much likely to work from home (O’Connell and Russell 2005; Russell, O’Connell, and McGinnity 2009; Russell and Banks 2011).

Qualitative research in Ireland has shown how men struggle to negotiate a sense of caring masculinity within the context of competing norms based on gender equality, traditional gender conservativism, and competitive neo-liberal labour market expectations defining men as workers. Whilst some researchers emphasise men’s lack of agency as a result of cultural and structural obstacles to their engagement in caring (Bailey 2014) this fails to fully distinguish between involvement and equal engagement. Others have suggested men have more agency based on norms that position men as workers first (Hearn and Pringle 2006). Hanlon analysed how men define masculinity in relation to caring and found men variously defined primary caring to be either unnatural, dysfunctional, impractical or abnormal for men; thus subordinating and excluding caring as a central script of masculinity (Hanlon 2012). This research shows the power of hegemonic masculinity as a central narrative in Irish men’s lives overriding caring rationality. While men do want to be more involved in the care of their children they are not typically prepared to renege on legitimated methods of constructing their identity as men in the public sphere to do so. There are particular affective disadvantages of this for men but men are more likely to seek to negotiate love and intimacy without resigning their masculinity.

We know little about men’s experiences as Carers (see McAuliffe, O’Connor, and Meagher 2014). While studies have identified significant social and psychological burdens associated with unpaid family caregiving (Coen et al. 2002; Collins-Hughes 2001; Department of Health 2012) including that of male Carers (see DHC 2008) there is little recognition of the role of gender in the experience of caring and inequality. Male Carers, just like female Carers, may struggle to cope and access support, but can be especially isolated and feel inadequately recognized as carers and use destructive coping mechanisms such as alcohol (Care Alliance Ireland 2015). International studies have shown how male caregivers can find the transition from work to a primary caring role especially difficult given their association between masculinity and paid work. Male caregivers can find the experience of doing work defined as feminine challenges their identity as men and may experience isolation and a sense of invisibility (Applegate and Kaye 1993; Russell 2007, 2007) and additionally can find it difficult to seek help and support because it contradicts norms of autonomy, power and invulnerability (Brown et al. 2007).

Doing caregiving is part of a process of doing and redoing gender (Björk 2015). Men’s caring work involves the performance of masculinities at odds with hegemonic ideals though in itself this does not necessarily destabilize of threaten hegemonic masculinity (Campbell and Carroll 2007). Men in caring roles may adopt strategies to shore up a sense of masculinity by gravitating to more physical, technical, and managerialist aspects of the work. They may distance themselves from stereotypical aspects of masculinity (such as by being emotionally expressive) but identify with others (such as taking charge) (Campbell and Carroll 2007). Campbell and Carroll suggest that despite the alternative presented by caring men, their reaffirmation of dichotomous and essentialist concepts of gender in their caring practices means the
The underlying hegemony of masculinity is naturalised and preserved. Hegemonic masculinity works within the context of men’s caring in how it can assume greater importance and status than women’s (Brandth and Kvande 1998; Doucet 2007). Though some studies have found that male caregivers denigrate their job, dissociate from the emotional work of caregiving, and pick and choose among more desirable activities, other studies have found men fully engaged in embodying a caring role (see Campbell and Carroll 2007). There is also a growing literature on how men are successfully negotiating more gender equal care practices (Deutsch 1999).

There has been a good deal of attention afforded to the experiences of vulnerable fathers in both the media and policy circles in Ireland. The caring duties, responsibilities and rights of parents are historically tied to the marital status of parents (Hamilton 2012). Though discrimination against the children of non-married parents was ‘largely eliminated’ with the Status of Children Act 1987, and Courts are recognising the de facto family more in guardianship, custody and access disputes there continues to be limited recognition for the non-marital families (O’Mahony 2012; Walsh and Ryan 2006; : 114). Married parents have ‘co-equal rights of guardianship’, but fathers who are unmarried have no automatic right, though they may acquire such rights if they meet certain cohabitation requirements (Government of Ireland 2015). Where a dispute exists, they often have to seek the sanction of the courts to settle guardianship and other issues unless there is agreement with the mother (Walsh and Ryan 2006; : 114). In forming decisions courts still abide by ‘tender years principle’ which presumes that young children are generally best cared for by their mothers and even in joint custody awards the mother is usually granted ‘primary care and control’ (Hamilton 2012). Within this context there is greater moral and social pressure on non-resident fathers to be breadwinners and little support in fostering active parenting in day to day care (Department of Social and Affairs 1998) despite the importance of their involvement in daily caregiving activities in strengthening emotional bonds (Nixon, Greene, and Hogan 2012). Trumping values recognising and supporting the caring obligations of fathers as well as mothers (Department of Social and Affairs 1998) the Irish State, with its traditional view of non-resident fathers as ‘absent family breadwinners’ and maintenance a private matter, has shifted toward a right wing neo-liberal concern with maintenance recovery (Rush 2005, p. 177) in line with international neo-liberal trends defining fathers as breadwinners rather than carers (Hobson 2002).

The issue of non-resident fathering and fathering within the context of relationship breakdown raises complex issues and challenges. Non-resident fathers can experience significant challenges to the day to day involvement in caring who even when very committed may find it difficult to carve out a fathering role in the face of economic, social and institutional obstacles such as accommodation problems, poor support networks and in the face of suspicion and stigma (NESF 2001; : 103; McKeown, Ferguson, and Rooney 2000; Corcoran 2005). The institutionalization of the intact nuclear marital family and the lack of alternative models of family life mean non-resident fathers have no cultural model to emulate (Nixon, Greene, and Hogan 2012; Barker 1994). We need to develop policy and practice beginning with the presumption fathers are capable caregivers and not just breadwinners or ‘deadbeat dads’ and arrive at innovative and sensitive approaches to complex family structures. We need to revisit the terminology of guardianship and custody to include a broader definition of parental responsibility and day to day care within the context of complex family formations (Law Reform Commission 2010).
Care agencies and professionals can reproduce gender inequality through the everyday assumptions and practices (Pringle 1995; O’Toole 2013). Fathers in Ireland are inadequately educated about many aspects of primary caring and tend to be overlooked by policy makers and health professionals (Kenosi M 2011; Ferguson and Hogan 2007). Social services supporting marginalised and vulnerable families are often culpable, whether consciously or unconsciously, of reinforcing women’s role as carers and men’s as carefree. In contract to women who are generally held accountable for child welfare, men are primarily treated with suspicion as dangerous or abusive and their responsibility and resource as caregivers has been marginalised (Mulkeen 2012; Ferguson and Hogan 2004). Social service professionals expect mothers to carry the load by ignoring and marginalising fathers who could otherwise prove a valuable resource in child care and protection (Ferguson and Hogan 2004). While failing to adequately problematize the relationship between masculinities, abuse and violence (Keenan 2011, 2011), we too easily dismiss men as dangerous and uninterested, not making the distinction between the risks posed by men and the resources they can provide (Mulkeen 2012; Featherstone et al. 2009; 2007; Cavanagh and Cree 1996; Deeney et al. 2012). When fathers are included they tend to be understood primarily as providers or through a developmental lens, which perceives fathering as intrinsic to normative socialisation and social control, rather than as primary caregivers using a gender equality framework (Featherstone 2009; McKeown, Ferguson, and Rooney 2000; Rush 2015).

Conclusion

The hegemony of carefree masculinities and caring femininities is deeply engrained in Irish society. The conservative ideology of gender still resonates within the culture, though neoliberal discourse equally imposes care free norms on men. Care is privatised as an individual family choice within the context of tokenistic services and weak rights and labour market regulation.

Caring masculinity is associated with values and practices which reject domination in gender relations and embrace attributes of interdependence, relationality and positive emotion and critically engage with gender equality (Elliott 2015). Male caregiving is also imbued with counter-hegemonic tendencies for individuals involved because it forces men to critically reflect on their gender and do caring and gender differently in ways counter to dominant norms of men (Hanlon 2012). It can promote gender equality among men (Morrell and Jewkes 2011) and can enable men to transform harsher forms of masculinity (Ranson 2015).

Multiple pathways are required to engage men in caring. We need to reconceptualise fathers as carers as well as workers and providers (Caracciolo di Torella 2014). This includes transforming public and organisational policies about care and gender and institutionalizing paid non-transferable paid leave models (Brandth and Kvande 2009; Levtov et al. 2014), and developing educational, training and publicity campaigns aimed at changing men’s practices (MenEngage 2015; Johansson and Klinth 2008). Given how gender equal practices within one’s childhood home are associated with holding positive attitudes and practices to gender equality as adults (Levtov et al. 2014), particularly in respect of the division of household and caring labour (Kato-Wallace et al. 2014), boys and men need to be engaged in caring from an early age (Kato-Wallace et al. 2014). All of these measures form part of a revaluation of caring citizenship for men and women.

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