Introduction

Feminist ethics of care theorists have long highlighted the gendered construction of care as feminine and the relationship between these symbolic connections and gendered inequalities in the social division of caring labour. They have sought to destabilise these constructions and to revalorise carework and values associated with care as integral to human lives. As yet, however, there has been relatively little work on ethics of care and their complex symbolic relationship with masculinity (Robinson 2011, 36). To the extent that feminist care theorists have engaged conceptually with this relationship, they have tended to focus on the symbolic severance of masculinity and care (see, for example, Bubeck 1995; Robinson 2011; for a notable exception see Elliot 2016). Similarly, a growing (largely empirical) body of research on men, masculinity and caring/carework, has not yet fully engaged with the sophisticated perspectives on the gendering of care offered by feminist ethics of care theory (Elliot 2016).

This article bridges the gap between theoretical ethics of care perspectives and empirical discussions of caring masculinities, exploring gender and care through masculinities lenses as articulated in the context of fathers’ rights narratives. The case study of UK fathers’ rights group, (Real) Fathers 4 Justice ((R)F4J hereafter) is used to generate theoretical insights about the complex gendering of care and to critically interrogate the gender politics of ‘caring masculinity/ies.’ The article therefore also adds to literature on the gender politics of fathers’ rights groups (see, inter alia, Crowley 2008; Dragiewicz 2011; Collier 2006; Boyd 2008).

My aim is to apply ethics of care perspectives to analyse what masculinised expressions of care in the context of fathers’ rights narratives might mean for feminist analysis of caring masculinities. The analysis reveals how care can be represented as masculinised in complex ways which sometimes transgress dominant gender norms, but also
reinforce them where masculinised care aligns with constructions of masculinity as providing/protecting. I argue that we should be wary of uncritically advocating a project of caring masculinity in isolation from the context within which it is articulated. In the case of anti/postfeminist FRGs, claims to care can perpetuate troubling gender politics. It is also crucial to consider how specific articulations of masculinised care may reinscribe, rather than undermine, dominant gender binaries.

The first section presents my take on common elements of feminist ethics of care to lay the groundwork for considering how ethics of care are articulated (or not) by fathers’ rights groups. To add depth and specificity to this broad engagement with the care literature, Joan Tronto’s (1993; 2013) model of care and her insights into traditionally masculinised elements of care are discussed in detail as her model frames my analysis. In the second part, I also engage in some depth with the work of Andrea Doucet (2006) and Niall Hanlon (2012), who have both produced rich empirical research on ‘new’ and caring masculinities which is particularly relevant to my case study. Insights gained from these studies are used alongside Tronto’s to situate the masculinised forms of care in my case study. The final part of the article outlines the ‘new man/new father’ masculinity constructed in (R)F4J narratives and the three senses in which care was articulated in accordance with this masculinity. I also consider implications of the case study for understanding the relationship between masculinity and care.

**Gender, Masculinity and Ethics of Care**

Moral psychologist Carol Gilligan’s (1982) depiction of the ‘ethic of care,’ an alternative moral voice loosely connected with women’s moral thinking, has been hugely influential. Gilligan questioned the validity of Lawrence Kohlberg’s justice-based model of moral development, which relied on an exclusively male sample. Scored on Kohlberg’s scale, women often fell short of moral maturity. Gilligan argued that justice-based models
arbitrarily excluded ‘different voices’ from the moral domain, such as the ethic of care present in her interviews with women. She characterised justice as emphasizing autonomy, universality/impartiality, equality, and rights, and care ethics as prioritizing the moral value of the relational self, contextual thinking, difference and relationships (Gilligan 1982).

Gilligan’s work received attention from feminist scholars as it illustrated and challenged gendered assumptions. Justice is associated with the masculinized public sphere of autonomy and rationality. Care, in contrast, is symbolically linked with the feminized private sphere of dependent relationships and emotion (Elshtain 1981; Lloyd 1984). This gendered binary opposition is not just analytical, it constructs a power-laden hierarchy, whereby the ‘masculine’ is superior and the ‘feminine’ becomes inferior (Prokhovnik 2002). In this way, Gilligan’s critique of ethics of justice resonates with feminist concerns about the exclusion of the feminine from ‘western’ moral/political thought and of the concrete effects in disadvantaging women through their unequal assumption of caring work.

I draw on specific models of care, rather than treating care ethics as homogenous. Ethics of care can be based in different feminisms, relying on varying ontological and epistemological assumptions (Hekman 1995). In re-considering how care is gendered, I take a “displacement”1 approach which entails challenging “the hold of particular gendered discourses” to make “space for the emergence of alternative […] subjectivities” (Squires 2000, 111). Interrogating the symbolically gendered aspects of care is an important feminist project (Hekman 1995) as it reveals the contingency of the association between women, femininity, and care, troubling binary notions of gender.

I take four themes to be common to diverse feminist care perspectives and to reflect the distinctiveness of ethics of care. These family resemblances are used to locate the ‘everyday’ care-oriented narratives presented in the case study. First, all feminist ethics of care take the basic point of departure that care is gendered along both empirical and
theoretical lines. Second, they advocate a contextual approach to moral/political problems, as opposed to rights-based perspectives which emphasise the abstract and universal. Third, care theorists see the self as relational, as constructed through relationships, rather than as formed prior to social interactions. Finally, there is an emphasis on relationships rather than rights. The themes map on to each other as the focus on context derives from a relational self, which is in turn premised on concrete relationships. The first and second themes shaped my research design, the first leading to the focus on gendered identities, the second influencing the contextual, applied political theory approach (using the case study to extend the theoretical insights and vice versa). The third and fourth themes provided key focal points for the analysis of caring masculinity in fathers’ rights narratives (see below).

The first theme, that care is gendered, demands unpacking as the relationship between sex, gender and ethics of care is central to this article. Feminist care theorists acknowledge that understanding care ethics as ‘feminine’ is potentially problematic and that uncritical care ethics can be objectionable from feminist perspectives (Tronto 1993). They do not claim that care ethics are articulated only by women, nor that they represent a unified ‘feminine’ (or feminist) standpoint. Instead, the association of care with femininity is the product of a specific historical, culturally contingent, context. Care becomes feminized through its symbolic association with constructions of women as caring and through the unequal assumption of carework by women. Men can speak and practice care as this capacity is not biologically, but socially, determined (Bubeck 1995; Doucet 2006; Gilligan and Attanucci 1988; Noddings 2003; Okin 1989; Ruddick 1989, Sevenhuijsen 1998).

Despite this recognition, there has (for good reasons), been a focus on women. The association between women and care is indirectly reinforced by the dominance of this focus and the limited engagement with the masculinity literature by ethics of care theorists. This has essentialist implications and leads to an oversimplified account which under-theorizes the
many ways in which care may be gendered. The taken-for-granted assumption that care is *always* gendered feminine and justice *always* gendered masculine, reinforces, rather than upsets, the power-laden binary oppositions of masculinity and femininity, justice and care.

Whilst some care theorists have used concepts of masculinity, this is often to demonstrate that (hegemonic) masculinity is *oppositional to* care ethics (Robinson 2011). Joan Tronto, however, suggests a more complex picture, arguing that hegemonic masculinity is premised upon *some* elements of care, while excluding other aspects. Tronto (2013) argues that hegemonic masculinity leaves men “care-free” by giving them two “passes” out of feminized household care: “protection” and “production.” The “protection pass” reflects traditional citizenship, where men are “protectors” of the state, women, and children (Tronto 2013, 72). The “production pass” links masculinity to breadwinning and (men’s) public economic activity. Caring as “providing for” is coded masculine: “men are caring husbands and fathers if they are reliable breadwinners, but they do not have to change their children’s nappies or sing them lullabies” (Bubeck 1995, 162). Protection and production are thus ways of caring “at one remove, rather than in the direct and intimate ways usually associated with care” (Tronto 2013, 70). Care-as-providing-for, production, and protection, ultimately reinforce the distance between men and care-work. Masculinised forms of care can sometimes reinforce, rather than undermine, the gendered division of care-labour.

The recognition of care’s many facets are crucial to understanding the gendering of care. In Tronto’s earlier work with Berenice Fisher, they outline four elements of a fully developed ethic of care (Tronto 1993, 106-107). First, “Caring About” entails recognizing needs and acknowledging that the needs should be met. Second, “Taking Care of” requires taking “responsibility for the identified need and determining how to respond.” Third, “Care-giving,” “involves the direct meeting of needs for care” and “requires that care-givers come
into direct contact with the objects of care.” Finally, “Care-receiving,” means considering the responses of the cared-for, and appreciating that all human beings are recipients of care.

Masculinised forms of care as protection and production incorporate aspects of “caring about” and “taking care of,” but ignore and devalue “care-giving” and “care-receiving.” Tronto (2013, 69) acknowledges that she only considers hegemonic masculinity and ignores “other” masculinities, suggesting that the latter are worth exploring. The next sections focus on these ‘other forms’ (new/caring masculinities), contributing to the theorization of masculinities and care. Applying Tronto’s model enables a more nuanced analysis of caring masculinities. In the present context, it reveals the possibility (albeit limited) of alternative caring masculinities which incorporate care-giving and care-receiving.

‘New’ and caring masculinities

The antipathy towards biologically determinist accounts of care/justice as ethics in the feminist literature has already been discussed. The critical masculinities literature is similarly dismissive of crudely biological or otherwise essentialising accounts of gender. This is often expressed in terms of what masculinity *is not*. For example, Raewyn Connell (1995, 45) notes that masculinity is neither attached to men’s bodies, nor is it a stable object ‘out there’ in the world. Neither is it simply an expression of male personalities at the individual level, nor reducible to a list of ‘masculine’ character traits. Instead, masculinities are “configurations of practices generated in particular situations in a changing structure of relationships” (Connell 1995, 81) and men are linked to masculinity by “cultural association,” rather than “by virtue of their anatomy” (Hooper 2001, 41). Masculinity is not singular, but plural, as masculinities are both contextual and related to intersectional identities such as class, age, sexuality, race and disability (Buchbinder 2013; Connell 1995; Hooper 2001; Mac an Ghaill and Haywood 2006; Whitehead 2002). Gender is thus inseparable from other social identities (Crenshaw 1991) and operates as part of “a matrix of other forms of oppression” (Gill 2007, 25).
Multiple masculinities are defined in relation to both each other and in hierarchical opposition to femininity/ies (Connell 1995). The masculinities I analyse are not conceived of as rigid, complete, or universal representations, and are embedded in a specific context. They do resonate, however, with broader, already recognised, masculinities (Hooper 2001).

Unsurprisingly, masculinities scholars have paid the most attention to ‘alternative’ masculinities. The focus on multiple masculinities in this literature has facilitated an open attitude to the possibility of caring masculinities and there has been a burgeoning in recent years of research into men’s caring practices, especially in relation to gender and fatherhood, and particularly in the ‘Nordic’ region (see, inter alia, Bach 2017; Bach and Aarseth 2016; Björk 2013; Bjørnholt 2014; Eerola 2014; Hearn et. al. 2012; Johansson and Klinth 2008). However, examination of the relationship between masculinity, men’s caring and ethics of care remains relatively scarce. Karla Elliot (2016) has recently provided an insightful theoretical discussion emphasising the possibilities for caring masculinities grounded in a feminist ethics of care. I read Elliot’s (2016, 240) article – described as “a feminist exploration of how masculinities might be reworked into identities of care rather than domination” – as presenting a normative model for caring masculinity. My concerns and approach here are different. Rather than presenting a vision of feminist caring masculinities, I analyse constructions of caring masculinity to show the possibilities/limitations of these narratives in relation to FRGs. The analysis suggests interesting links with broader research on the relationship between masculinity and fatherhood in less extreme and/or different contexts. Although a full consideration of this literature is beyond the scope of the article, I sketch some of the connections with research on ‘involved fatherhood’ in the ‘discussion.’

Andrea Doucet (2006) and Niall Hanlon (2012) have also briefly mentioned the potential usefulness of ethics of care to analysing fatherhood and masculinity. I summarise their work here as, although neither consistently uses an ethics of care framework, their
findings resonate strongly with the analysis. Doucet’s (2006, 5) interviews with Canadian stay-at-home and single fathers found that they sometimes spoke “in a language of care.” These men constructed ‘new’ ideas of masculinity, performing “delicate balancing acts of simultaneously embracing and rejecting both femininity and hegemonic masculinity” (Doucet 2006, 238). Doucet’s answer to the question ‘Do Men Mother?,’ however, is ‘no,’ as the fathers re-gendered (child)care, emphasizing ‘masculine’ parenting practices of fathers around play, physical activity, and encouraging children to take risks. Although she does not expand on her comments, Doucet (2006, 238) suggests that studies of new masculinities/care could be enhanced through engagement with ethics of care. The reverse also holds true, namely, that the ethics of care literature could use a more nuanced view of masculinities.

Hanlon’s (2012, 108) interviews with Irish men suggest that it is impossible “to have a caring identity that is not associated with femininity and therefore, feminized.” In the interviews, caring “was said to come naturally to women,” whereas men’s caring abilities are “‘naturally’ limited” (Hanlon 2012, 182). The assumption that masculinity precludes care leaves men “relatively care-free,” benefitting from women’s care-work without sharing it (Hanlon 2012, 63). Caring masculinity was expressed in Hanlon’s interviews in relation to breadwinning, with paid work constructed as expressing “caring masculinity in the public sphere” (Hanlon 2012, 111). This resonates with Tronto and Fisher’s idea of “caring about,” as men emphasised their feelings/intentions around nurturing elements of their work. In addition, there is also the focus on “caring for,” in providing economic security for families. The idea of caring-through-work legitimised men’s distance from hands-on caring, echoing Tronto’s comments on caring-as-providing-for/producing.

Hanlon’s findings also mirror Tronto’s discussion of caring-as-protection as his interviewees saw themselves as pursuing various ‘traditional’ caring roles for men, including disciplining children, protection and education. They also discussed male bonding practices,
another traditional outlet for men’s nurturing, taking place in hypermasculinised contexts and premised on “denigrating ‘Others’” (Hanlon 2012, 151), especially women and gay men. Hanlon’s “Carers,” a small group of male primary carers expressed less essentialist views, de-coupling care from femininity and de-emphasizing the importance of paid work to their masculinity (Hanlon 2012, 203). Overall, however, the constructions of specifically masculine forms of caring reinforced sanctioned dominant ideas of masculinity.

The work of Doucet and Hanlon, alongside that of the care theorists, suggests a complicated gendered landscape of care. To explore care further through masculinities lenses, I examine the masculinised context of the (UK) fathers’ rights movement.

Data and Methods

The one-off, in-depth semi-structured interviews on which the case study is based were conducted with a small convenience sample of eight male and one female group members from one (R)F4J branch. During the research, this branch, along with others, split from the original Fathers 4 Justice and was renamed the “Real Fathers For Justice.” As this was due to disagreement over methods and personal differences, rather than a change of aims/membership, I refer to the group as (R)F4J. Mirroring average demographics of FRGs (see Crowley 2013; Dragiewicz 2010), all participants self-identified as ‘White British,’ most had a professional occupation/background, and ages ranged from early-30s to mid-60s. It would be essentialist to make simplistic claims about how gender interacts with race, class and other identities based on participants’ self-identified characteristics. However, the masculinity/ies reflected in the interviews were consonant with what have been argued to be broader representations of white, middle-class and heterosexual/heteronormative gender identities (Hooper 2001; Gavanas 2004). The research was ESRC-funded and subjected to ethical approval. Informed consent was obtained and data was anonymised on transcription to
safeguard interviewees, their children, and ex-partners from harm. The specific branch is not named for anonymity.

FRGs were selected as a case where justice and care are salient, maximizing scope for (re)articulations of both (Smart 2006). The case is “extreme” (Flyvberg 2006) as fathers’ rights activists articulate ideas of fatherhood for strategic purposes, and their narratives are underpinned by “high-conflict,” post-separation family circumstances (Haux et. al. 2017). It therefore may not reflect broader ideas of caring masculinity/fatherhood. However, there are interesting linkages in terms of the gendering of parenthood/care, as noted in the discussion.

The interview transcripts were thematically analysed using NVivo. The concern was to explore continuities (and disjunctures) across narratives, rather than to understand individual perspectives. The analysis applied themes from the masculinities, care ethics and justice literatures, to explore how care (and justice) perspectives were employed and presented in gendered ways. It was not expected that these perspectives would be articulated exactly as they are in academic texts. Instead, the narratives were examined for everyday notions of care, justice and gender – for example, whether there was an emphasis on relationships and/or on rights, and the extent to which care was linked with masculinity.

Masculinity/ies, Ethics of Care and (Real) Fathers 4 Justice

(R)F4J were founded by Matt O’Connor in 2002 and are (in)famous for their attention-grabbing, colourful, direct action methods (see Collier 2006; Jordan 2014). They are not the only UK fathers’ rights group, but are by far the best-known in that context, claiming to have had a large membership of around 12,000 at their height (Grant 2005). As well as being particularly visible, the group is one of the more extreme in the UK. Families Need Fathers, for example, have existed for decades, but have not attracted the same level of publicity, partly because they are more moderate in their methods, messages, and to some extent their aims, although there are overlapping concerns with both (R)F4J (Families Need Fathers).
(R)F4J have had impact transnationally on FRGs’ aims and protest strategies, and groups use the F4J name/motifs in the USA and Canada (Collier and Sheldon, 2006, p. 6). It is impossible to give an accurate overview of the fathers’ rights movements at any one time as specific FRGs appear and disappear and international and national movements fluctuate (Crowley 2009). However, FRGs are increasing, and are becoming ‘increasingly vocal’ (Collier 2010, 120; see also Collier 2013; Crowley 2013; Crowley 2009; Hacker 2013; Rosen et. al. 2009). FRGs exist in New Zealand, Australia, Canada, France, Germany, India, Israel, Italy, Portugal, Spain, Sweden, Switzerland, UK and USA (Basu 2015, Busch et. al. 2014, Collier and Sheldon, 2006, Crowley 2013, Dragiewicz 2011, Flood 2012, Hacker 2013).

There are differences between FRGs within national contexts and internationally. Alongside cultural differences, this is also due partly to the disparate national legal and policy landscapes FRGs operate within. However, there are also often striking similarities in narratives/concerns which transcend local circumstances and issues around ‘parental rights’ have been in the spotlight internationally since the 1990s (Collier and Sheldon 2006). Along with other FRGs, (R)F4J claim fathers are disadvantaged by a family law system which favours mothers in ‘child arrangement’ (formerly ‘child contact’) disputes (Smart 2006). (R)F4J suggest that the family law system in the UK is financially punitive and that, either in not awarding fathers (enough) contact, or in failing to enforce contact orders, courts fail to operate in the ‘best interests of the child’ (O’Connor et. al. 2005). This purported failure of the system to maintain contact between children and fathers is said to contribute to societal ‘breakdown.’ The group campaign for a legal presumption of shared parenting, a transparent family court system, and enforcement of ‘contact orders.’ There is no clear definition of shared parenting in the UK, nor agreement in academic discussions over terms, so that “‘shared parenting,” “shared care” and “shared residence” are often used interchangeably’ (Haux et. al. 2017, 572). I use ‘shared parenting’ as this is the language of (R)F4J. However,
as discussed below, this often denotes a 50/50 legal presumption of a right to ‘contact,’ rather than equal parenting practices. Debate around a presumption of 50/50 residence/contact after separation continues in the UK policy/legal context, but was recently rejected in favour of an ‘ambivalently worded,’ emphasis on ‘the involvement of both parents’ where it serves the best interests of the child, with “involvement” remaining undefined (Haux et. al. 2017, 573). More broadly, work/family structures in the UK have been changing for fathers (for example, changes to paternity leave). However, the “pace and extent of change is slow,” contributing to a situation where despite some evidence of “taking turns in aspects of caring,” it mostly “remains the mother who is left holding the baby” (Miller 2011, 1107).

(R)F4J are part of a wider ‘men’s rights’ movement which claims that men, not women, are underprivileged in society as a direct result of feminism’s excesses (Messner 2000). Men’s rights is one strand of a diversity of “men’s movements,” which: organise around the identity of being ‘men;’ assume there are distinctive ‘men’s issues/ interests;’ and, take a position, whether hostile or benign, on feminism and its impact (Jordan 2014).

Interrogating the masculine identities which men’s movements mobilise around (Messner 2000) is vital to understand the gendered context underpinning the care perspectives articulated. I have argued elsewhere that three forms of masculinity were prominent in the interviews; the ‘bourgeois-rationalist,’ the ‘hypermascuine’ and the ‘new man/new father.’ However, this previous work did not address feminist ethics of care, nor debates around caring masculinity. The focus here is on ‘new man/new father’ masculinity. The label invokes overlapping, complementary, images of ‘new man’ and ‘new father,’ “modern,” caring masculine identities, contrasting with emotionally distant, or violent, “traditional” masculinity (Hooper 2001, 72). Caring practices and ‘feminine’ care values are (re)constructed as masculine and become central to being a good man/father (Westwood...
representing the “caring, angst-ridden, self-deprecating face of new masculinity” (Woodward 2004, 9).

Below, I analyse the ‘new man/new father’ masculinity which was central to (R)F4J narratives. The case study illustrates how care perspectives are employed by fathers’ rights activists and suggests that certain forms of masculinity incorporate care. I also apply insights derived from existing studies of caring masculinities (including Doucet and Hanlon discussed above), along with those drawn from Tronto’s nuanced ideas on the gendering of care, to extend my analysis of the construction of potential caring masculinities by (R)F4J.

The participants articulated multiple constructions of fatherhood in the data (see Jordan 2009), not all of which resonate with new man/new father masculinity. Rather, it is a specific version of fatherhood as nurturing, cosy and involved which is central to this identity. In addition, new man/new father masculinity incorporates more than fatherhood and childcare, relating, for example, to care between men (as discussed regarding relationships between (R)F4J members below). There are three ways in which the interviews illustrate a care-oriented approach related to new man/new father masculinity. Each was partial, contested and existed in conjunction with justice-oriented approaches. However, as noted, this article concentrates on the extent to which a care perspective was present to facilitate a fuller understanding of the relationship between caring masculinities and ethics of care.

First, interviewees stressed maintaining relationships with their child/ren. Although unsurprising, this emphasis was noteworthy as fathers’ rights groups frequently privilege formal, universal rights (Crowley 2008), rather than specific parent-child bonds. Amongst the interviewees that did foreground rights-language, some argued that (R)F4J should promote children’s rights, as opposed to men’s/father’s rights. Making children’s welfare central in post-separation disputes and empowering children to maintain connections with fathers on their own terms were the focus here. This resonates with care ethics in prioritising particular
relationships rather than abstract justice or a legalistic approach to rights. However, this theme sometimes related to what Tronto (and Hanlon) would describe as “caring about,” as the emphasis was on emotions experienced by fathers at the loss of their children. There was also a “taking care of” element in arguments for children’s rights, represented as a form of masculinised care-as-protection where members saw themselves as “superheroes/warriors” standing up for vulnerable children.

Second, members’ identities as fathers’ rights activists were constructed as derived from their identities as nurturing fathers. Nurturing fatherhood is often represented as contrasting with a historical ideal of the distant patriarch or breadwinner-father. While there is evidence of a broader social shift towards the ideal of the nurturing father, this is not a new form of fatherhood (Dermott 2008; Doucet 2006; Hobson and Morgan 2002; Lupton and Barclay 1997) and the ‘newness’ of both new fathers and new men is contested. Kenneth MacKinnon (2003, 13) suggests the ‘new man’ first appeared in the 1970s and “has been recreated in a variety of forms since then.” This purportedly new species is portrayed as having self-consciously revised his masculinity to be “anti-sexism” and to “form non-oppressive relationships with women, children and other men” (MacKinnon 2003, 13). Interviewees, however, positioned nurturing fatherhood as modern and involving deep emotional father-child bonds equivalent to those expected between mother and child. Emphatic statements of interviewees’ love for their children were common and articulated as integral to fatherhood. This representation of fatherhood resonates with care ethics as it requires a notion of self as constituted through relationships and affective connections.

However, again, these statements mainly emphasised “caring about” children. They overlapped with caring masculinity as presented in Doucet and Hanlon’s studies, as interviewees sometimes asserted the distinctiveness of fathers as opposed to mothers, stressing the masculine nature of fatherhood. One interviewee, for example, suggested that
male role models are essential to children’s well-being (especially male children), emphasising the purportedly superior skills of men as authoritative disciplinarians. Lone mothers were explicitly deemed deficient in providing discipline, therefore contributing to societal breakdown. This narrative was essentialist in that a purportedly masculine style of care was represented as deriving from the ‘fact’ of the ‘maleness’ of the carer and from the biological advantage of men’s greater physical strength. Asserting the need for fathers through emphasis on “the unique qualities of male parenthood” is a strategy employed by many FRGs, often underpinned by essentialist notions of complementarity which reinscribe patriarchal authority (Klinth 2008, 26; see also Boyd 2004a; Boyd 2004b; Collier 2010; Dragiewicz 2011; Gavanas 2004). FRGs frequently stress children’s need for male role models, despite research showing such claims are ill-founded (Bjørnholt 2012).

On the other hand, there was some conception of fatherhood as fundamentally social in nature and as necessitating direct, personal, care, or “care-giving.” The father-child connection was seen here as rooted in intimacy, trust and emotional ties developed through everyday interactions. One interviewee argued that it is precisely direct care-giving that entitles someone to call himself a father and, consequently, it is caring practices which should determine the legal right to see child/ren after separation, not the biological ‘fact’ of paternity. This was connected to the idea of “shared parenting,” a phrase that permeates fathers’ rights perspectives but often reduces to a demand for ‘access.’ The latter was often the case in the interviews, but there was also a minority view that shared parenting was about taking equal responsibility for children, as well as equal participation in caretaking duties. Two interviewees stressed everyday prosaic caring practices such as nappy-changing, bathing, feeding and reading stories. For them, it is not enough simply to care about your children, it is also essential to care for them, looking after their emotional and physical needs consistently as a primary or co-carer. This perspective is similar to that of Hanlon’s “Carers,”
in the focus on immediate care and in that these interviewees were less anxious to define their parenting as inherently ‘masculine,’ seeing their roles as interchangeable with that of a mother. Unlike narratives asserting the distinctively masculine nature of fatherhood, this view upsets binary masculine/feminine forms of care as the nature of the care is not reduced to the sex/gender of the individual providing it.

Finally, there was a conception of (R)F4J as providing a network of caring relationships between members. This was tied up with a new man/new father masculinity where men can express emotion and support one another. Providing practical and emotional backing is a common function of FRGs (Collier and Sheldon 2006). Two strands of support-work were prominent in the interviews. The first was helping fathers through the court process and to maintain contact with their child/ren. The ‘McKenzie friend’ (a non-qualified, voluntary adviser to litigants without legal representation in court) was emphasised here as ‘McKenzieing’ was conceived of as about providing emotional support, as well as legal guidance. The second strand was the consolation of encountering other fathers going through similar experiences. Feeling less lonely was seen as vital during an emotionally traumatic time. Emotional sustenance was sometimes given as interviewees’ primary reason for participating in (R)F4J and most saw it as an important indirect benefit of membership. Here there was a notion of men as both care-givers and care-receivers, in need of nurturing and also responding to each other’s care needs. This relates to the third and fourth elements of Tronto’s model which are precisely the caring aspects that tend to be neglected in masculinised accounts of care.

However, there was a tension around how far this kind of caring was always valued by members. Derogatory statements concerning another fathers’ rights group, Families Need Fathers (FNF hereafter) were common. FNF, a charity set up in 1974 (Families Need Fathers), primarily aims to help individuals through family courts, providing the legal advice
and emotional support that interviewees saw as a positive aspect of (R)F4J’s work. However, FNF were constructed as passive and parasitic on the system because of this focus on self-help and lack of direct action, in a manner reminiscent of F4J founder Matt O’Connor’s (2007, 47) (gendered) characterisation of ‘other’ fathers’ rights groups as “impotent” and “ineffective.” Members also expressed frustration that too much time in (R)F4J meetings was spent offloading anxieties rather than on the ‘real work’ of campaigning. Despite this ambivalence, there was evidence of informal support networks and caring relationships between members.

Men expressing emotion to each other is, of course, not necessarily indicative of a traditionally feminine version of care. As Hooper (2001, 48) suggests, “it is not the actions themselves but the gendered interpretations placed on them that are crucial in determining which activities count as masculine.” Caring ties between men take on a different meaning when they are formed in contexts which emphasise ‘male bonding,’ where “men reinforce their identities as men and remind themselves that they are not women” (Stoltenberg 2004, 42). In the masculinised space of (R)F4J, bonding was premised on exclusion of women (ex-wives, partners, “feminazis”) and the feminine. Hanlon’s study also suggested that male bonding was constructed as masculine caring. Caring-as-male-bonding represents another form of care that is both masculinised and reliant on problematic gender binaries.

To recap, the new man/new father masculinity has been argued to map on to a care perspective. Certain caring practices and values are (re)constructed as masculine. Care was articulated through a new man/new father masculinity in three ways. First, there was the interviewees’ desire to maintain meaningful relationships with their child/ren. Second, the identity of fathers’ rights activist was at times connected with that of the nurturing father. Finally, interviewees emphasised the practice of care between members of the group and
(R)F4J as support network. However, each of these expressions of care was limited and complicated by the existence of competing narratives.

**Discussion: Masculinising Care?**

In the interviews, there was more emphasis on what Tronto and Fisher call “caring about,” than of a focus on direct caring practices. There was also some indication of the “taking care of” stage of their model, consonant with a masculinised form of care-as-protection, as interviewees stated a sense of responsibility for standing up for children. The focus on caring about and taking care of is problematic without a corresponding willingness to participate in caring practices. Increases in positive attitudes towards caring masculinity do not necessarily indicate significant changes in men’s practices in increasing their share of care labour (Björk 2013; Eerola 2014; Klinth 2008). This can be partly due to structural barriers (Miller 2011; Tarrant forthcoming). However, it may also potentially be due to some men’s resistance to change, a possibility frequently obscured in discussions of caring masculinity (Klinth 2008). Drawing on the rhetorical appeal of the new man, strategically employing a care perspective provides a “pass” out of direct care and a privileged irresponsibility for (feminized) care. FRGs, including (R)F4J, fail to acknowledge gendered inequalities in caring duties and do little to consider how care labour might become more equal before separation (Boyd 2004b; Boyd 2008; Collier 2010; Crowley 2008).

Tronto and Fisher’s third stage of “care-giving,” of meeting needs through intimate care-work was less present in the interviews. There was, however, some evidence that direct childcare was seen by a minority as inherent to being a nurturing, ‘new’ father. A recognition by these interviewees that traditionally feminine caring practices need not be done by women led to less anxiety to construct caring fathers as *still masculine*. In this form, caring masculinity challenges gender essentialism as it questions the notion that mothers/women are naturally ‘best’ at caring, a view found in some other FRGs (see Boyd 2008; Crowley 2013).
The fourth stage of “care-receiving,” of seeing from the perspective of the cared-for, was also present in a limited way in calls to judge child contact issues from the child’s viewpoint. Interestingly, both care-giving and care-receiving were seen as important elements of the (R)F4J group itself, in terms of providing emotional support for members. There are caveats here, however, as this was often expressed as a form of care-as-male-bonding premised on the exclusion of women/the ‘feminine.’ Further, the ‘other’ fathers’ rights group, FNF, was feminized for over-emphasising these same elements of emotional care.

The analysis demonstrates the importance of understanding caring masculinity in specific contexts, including the ‘extreme’ case of fathers’ rights as extreme cases are ‘well-suited for getting a point across in an especially dramatic way’ (Flyvberg 2006, 229). However, there are also continuities with broader research into the relationship between constructions of masculinity and involved or ‘new’ fatherhood in less acute circumstances.

First, the analysis supports arguments that ideas of new/involved fatherhood have become more prominent (Björk 2013; Dermott 2008; Eerola 2014; Farstad and Stefansen 2015; Hearn et. al. 2012). Second, it reinforces claims that perceptions of fatherhood embedded in masculinised ideas of provision and/or protection have not disappeared. They continue to sit alongside more hands-on notions of fathering, even where breadwinning and involved fathering may be incompatible (Björk 2013; Eerola 2014; Hanlon 2012; Johansson and Klinth 2008; Miller 2011). Third, much of the ‘Nordic’ research on involved fatherhood demonstrates how narratives of new fatherhood both transgress and re-inscribe dominant gender constructions (Bach 2017; Bach and Aarseth 2016; Björk 2013; Bjørnholt 2014; Farstad and Stefansen 2015; Klinth 2008; Lucey et. al. 2016; see also Miller 2011). Gendered relations of power are thereby simultaneously challenged and bolstered.

In the present case, it is argued that caring masculinities partially upset binary gender when they incorporate, rather than reject, traditionally feminized aspects of care. Just as
gender is “not a synonym for women” (Carver 1996, 19), ‘care’ and ‘women’ are not interchangeable. By applying ethics of care to critically interrogate ‘caring masculinities,’ the analysis enables a more sophisticated understanding of the symbolic gendering of care, revealing possibilities for imagining gender differently.

However, the analysis also illustrates how caring masculinities can remain rooted in gender dualisms. Although care was constructed along differently-gendered lines in these narratives as not all caring practices and values were deemed ‘feminine,’ care was usually perceived as partitioned along oppositional feminine/masculine lines. Interviewees often actively distanced themselves from femininity, redefining forms of care as masculine. Whilst the relationship between masculinity and care and femininity and care is partially destabilized, the masculinity/femininity binary opposition ultimately remains undisturbed. If only some styles of care are ‘masculine’ and these are the only acceptable ways for men to practice care, ‘traditional’ forms of care are left in the feminine realm. Further, masculine care was sometimes mapped onto men’s ‘essential’ nature, and feminine care onto women. Spaces for multiple, alternative, gender/caring identities are effectively closed down at the very moment that they appear to be opened up.

Similarly ambivalent patterns in terms of the gendering of care have been found in broader research on men’s carework and especially on involved fatherhood, with “gender being done and undone, at times simultaneously” (Miller 2011, 1094). For example, Bach and Aarseth (2016) analysed interviews with 22 Danish men. All the men were part of heterosexual couples with a female partner whose career was dominant. The men (“supportive husbands”) had to adapt their lives, work and family patterns around their partners’ work. The atypical family circumstances of the men, and the ‘family/father-friendly’ of Denmark’s welfare policies would suggest a promising context for upsetting conventional gendered care norms. The men espoused commitment to egalitarianism and to
care (which they disentangled from femininity). However, they also reinscribed masculinity through their emphasis on their autonomy, decision-making and ability to choose their work/life patterns according to their preferences, in ways which tally with hegemonic masculinity and fail to challenge gendered power relations. Other studies have shown similar continuities with hegemonic constructions of masculinised identity in men’s emphasis on choice, freedom, self-reliance and control in relation to themselves as involved fathers (Bach 2017; Bjørnholt 2014; Farstad and Stefansen 2015). Swedish research, for example, suggests some (middle-class) fathers reconcile involved fathering with their masculinity by situating their decision to undertake childcare as an act of agency, rather than externally dictated (Björk 2013). Lack of autonomy is often deemed a threat to masculinity even by gender-equality oriented men (Bach 2017), especially in a traditionally feminised realm. Constructions of masculine selves as active choosers reflect a reality where men may be freer to decide how far they wish to prioritise (child)care than women (Björk 2013; Miller 2011).

In addition, in parallel with aspects of the (R)F4J case, there is more research evidence of the partial remasculinisation of care. Men sometimes make their masculine identities intelligible by drawing on essentialist ideas of gendered differences in which women and men perform feminine/masculine aspects of carework and of mothering/fathering (Bach 2017; Björk 2013; Björk 2015). In doing so, they reassert gendered, heteronormative ideals of complementarity. Emphasising complementary notions of gender is problematic as reproduces “traditional notions of gender, contributing to a situation where women and men have different duties and responsibilities” (Klinth 2008, 27), even if the content of these has changed slightly. Inequalities are marginalised through complementarity which “implies harmony and balance – both men and women are given the opportunity to fulfill their [naturally ordained] destiny” (Klinth 2008, 27) without consideration of power relations.
attached to these different responsibilities. In addition, mother’s carework is sometimes
devalued in the process of emphasising the need for fathers (Farstad and Stefansen 2015).

It is the tendency to both destabilise and simultaneously reify binary gender which
makes the question of whether caring masculinity as involved fatherhood is simply the latest
manifestation of hegemonic masculinity (and therefore ultimately maintains patriarchal
relations), a complex and much-debated one (see Hearn et. al. 2012 for an overview). In the
case of Norway, Margunn Bjørnholt (2014) has argued that what were once radical
egalitarian models of ‘new’ masculinity emerging from men’s engagement with 1970s
second-wave feminist movements, have become individualised rather than political.
Egalitarianism is now seen as a desirable individual mindset, rather than a collective project
to bring about gender change. For Bjørnholt (2014, 309) “contemporary egalitarian,
hegemonic masculinity” works “as part of a social closure” where gender equality is
constructed as achieved, serving “to obscure persistent gender inequalities, thus preventing
further change.” Elsewhere, in an analysis of Norwegian family policy, Bjørnholt (2012, 64),
suggests that policy is unclear on whether “men are to contribute to gender equality in the
family” in accordance with feminist claims that women are made unequal through their
disproportionate share of parenting, or, contrastingly, if men “are to be treated more equally
as parents.” She attributes the latter perspective to the influence of FRGs and their
perspectives on family law reforms. The ideas of caring masculinity present in the (R)F4J
often similarly reinforce this social closure by suggesting that women are no longer unequal.
Whether caring masculinity is a ‘modernisation’ of hegemonic masculinity or not (further
research is required to establish this in the UK), it is clear that as articulated in the interviews
caring masculinity is, overall, unlikely to hold out the promise of a more gender-equal society
in relation to care, or to contribute to the dismantling of gendered power structures.
Conclusion

In this article, I have used feminist ethics of care and masculinities theories to examine the promise and limitations of caring masculinity in the context of anti/post-feminist fathers’ rights groups. Suggestions that it may be fruitful to apply ethics of care to understanding “masculine conceptions of care” (Doucet 2006, 238; see also Elliot 2016; Hanlon 2012) are underexplored. To readdress the question of how care is symbolically gendered, this article has explored connections between ethics of care and masculinity. I have investigated the question through the case of (R)F4J as ethics are not gendered in isolation from the context they are deployed within – a perspective which is feminised (that is, care ethics) becomes masculinised when uttered from masculinised subject positions within a masculinised context. Drawing on ethics of care which illustrate the multi-faceted and complex nature of care, is vital to situate what kind of care ethic is articulated and the potential (gendered) implications. In turn, employing a multiple masculinities conceptual framework allows the imagining of alternative constructions of caring masculinities. In combining the masculinities and ethics of care literatures, the analysis provides insights that could not be generated through one of these frameworks alone.

Explicitly acknowledging the caring masculinity helps to decouple care from femininity and illustrate that it is gendered in contingent ways. This article presents an argument for a more nuanced appreciation of the complex and multiple genderings of care. In terms of feminist research around ethics of care, the analysis presented is only a starting point in considering how care may be linked to masculinity in certain contexts. The discussion demonstrates that there is potential for further theoretical work on the gendering of care which could benefit from employing an ethics of care framework. The question of how care is gendered must remain an open one, so it is vital to consider the gendering of care in context. This insight also points to the importance of further empirical work in theorising
ethics of care and vice versa. In particular, using a combined ethics of care and caring masculinities framework to study other contexts where the gender binary may be troubled.

The analysis also demonstrates that further consideration of when care ethics might be considered feminist in the light of debates around caring masculinity is required. Part of such an investigation would lie in exploring whether care is always marginalised and whether this depends on who speaks care and what kind of care they are speaking of. For Elliot (2016, 240), caring masculinities should be imagined as “masculine identities that reject domination and its associated traits and embrace values of care such as positive emotion, interdependence and relationality.” Although my analysis does not necessarily cast doubt on the potential of such a vision, it does illustrate some of the difficulties with disentangling ‘positive’ forms of caring masculinity given that caring masculinity is currently frequently expressed in ways that are far from ideal in feminist terms and may incorporate, rather than reject, domination. This raises crucial questions about the relationship between idealised models of caring masculinity and dominant empirical constructions of caring masculinity in the current gender order, as well as suggesting challenges for revisioning hegemonic masculinity, care, and caring masculinity. The exercise of thinking about caring masculinity can create critical spaces for conceiving gender and care differently and thereby potentially for more egalitarian caring practices (Elliot 2016). The case study helps to illustrate the potential of caring masculinity as well as some of its limitations and suggests the need for greater attention to the contexts within which caring masculinities may be strategically employed.

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Notes
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1 Judith Squires’ (2000) inclusion/reversal/displacement typology is useful for distinguishing between strands of feminist theory and specific paradigms of care ethics. “Inclusion” feminism seeks to add women to existing paradigms from which they are excluded (Squires 2000, 3). For example, care theorist Susan Moller Okin (1989) extended Rawlsian justice to the family, as ignoring the ‘private’ sphere leads to unjust consequences for women. Feminists employing a “reversal” strategy see inclusion as problematic as it privileges ‘the masculine.’ Instead, reversal feminists revalorize marginalized values/practices normally considered ‘feminine’ (Squires 2000, 3). Sara Ruddick (1989) and Nel Noddings’ (2003) ‘maternal’ theories exemplify this strategy as care is made primary rather than secondary to justice. Such approaches are criticised for ultimately reinforcing gendered binaries, thereby also lacking real transformative potential. “Displacement” approaches associated with what Squires calls a “genealogical” epistemology/ontology, therefore try to move beyond binary thinking by revealing the contingency of gender (Squires 2000, 3). Care theorist Susan Hekman (1995)’s work on the symbolically gendered aspects of moral subjectivities can be taken as an example of this paradigm.

2 Despite accusations to the contrary, feminist care ethicists do not uncritically advocate valorizing care/the ‘feminine’ over justice/the ‘masculine.’ Instead, they often argue for synthesizing elements of both perspectives (Baier 1987; Benhabib 1992; Bubeck 1995; Gilligan 1982; Held 2006; Okin 1989; Robinson 2011; Sevenhuijsen 1998; Tronto 1993). ‘First generation’ care theorists such as Ruddick and Noddings are frequently caricatured (Mahon and Robinson 2011, 4). Although there are problems with their maternal models of care, each incorporates aspects of justice and argues that care does not reduce to a ‘women’s morality.’

3 There were F4J websites in Australia, Italy, and the Netherlands, but it is unclear if they were sanctioned (Collier and Sheldon 2006).

4 Evidence suggests “most non-resident parents who apply for contact get it” (Hunt and Macleod 2008, 189).

5 This echoes the UN Convention on the Rights of the Child 1989: “in all actions concerning children […] the best interests of the child shall be the primary consideration” (Lowe and Douglas 2007, 454). UK family law similarly states: “the child’s welfare shall be the court’s paramount consideration” (Children Act 1989, cited in Lowe and Douglas 2007, 450).

6 UK family courts have been open to the media since 2009.

7 Caring relationships with women are also important to theorising caring masculinity, as are other aspects of care beyond childcare/fatherhood. However, care between partners did not arise in this post-separation context.

8 Working-class fathers may be less able to emphasise agency (Lucey at. al. 2016; Tarrant forthcoming).