

EMBRACING A CARING IDENTITY WITHIN THE CAPITALIST DIVISION OF LABOUR

Abstract. *The article critically evaluates the notion of caring masculinity that hypothesises a link between men's involvement in care work and a corresponding change in identity from which emancipatory effects are expected to follow. First, we confront the caring masculinity hypothesis with the theory of social reproduction and then check for evidence of the hypothesised link in empirical data on gender segregation in care work and in a case study of two nursing homes. While in our case study we find evidence of values associated with caring masculinities, their political effects seem more repressive than emancipatory.*

Keywords: *caring masculinities, theory of social reproduction, Marxist theory, care work, capitalist division of labour*

Introduction

After long focussing mainly on women, many recent studies of gender equality are shifting their attention to the role played by men in achieving gender equality (Scambor et al., 2014). Combining Connell's (2005) theory of diversity of *masculinities* with the *ethics of care* (Held, 2005; Tronto, 2015), the notion of *caring masculinities* has emerged as a promising avenue for fostering gender equality and bringing about wider social change (Elliott, 2016). The multiple masculinities theory sets the stage by proposing the historical specificity of *hegemonic masculinity* (said to be central to male domination) that raises the possibility of reorienting male identities away from traditional forms of masculinity and towards less oppressive forms. The ethics of care sheds light on the positive content of this new form of masculinity in terms of moral values and a caring identity. Hence our question: Can a change in moral values and the corresponding reworking of male identities following their involvement in care work bring emancipatory effects?

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Informed by the feminist theory of reproduction and Marxist theory that point to gendered effects of the capital accumulation process that we illustrate with a case study of two nursing homes in Slovenia, our answer to this question tends to be in the negative. The next section presents the theoretical considerations underlying the caring masculinities hypothesis, along with a critical assessment of it. The third section outlines the empirical results while the fourth discusses them in light of the two theoretical approaches. The last section summarises conclusions of the analysis.

Theoretical background and research question

Caring masculinities

The notion of *caring masculinity* can be grasped with an understanding of Connell's theory of multiple masculinities that indicates a potential fracture in the established gender order that could, according to the logic of the argument, be addressed by moral values provided by the *ethics of care*. Connell (2005: 71) defines a form of masculinity as simultaneously "a place in gender relations", the practices that engage it, and the effects of such practices. Various forms of masculinities are hierarchically ordered, with *hegemonic masculinity* occupying the central position in relation to which all other forms, such as complicit, subordinated and marginalised masculinities, are positioned (ibid.). Hegemonic masculinity is conceived as a practice of legitimating the prevailing gender order, the "currently most honoured way of being a man". However, it is contested and subject to historical change as traditional forms of masculinity are being replaced by new, potentially less oppressive ones. The relationship of hegemony might even fail to realise, opening the way for more egalitarian gender relations (Connell & Messerschmidt, 2005: 833, 853).

Since any given form of hegemonic masculinity represents an answer to a specific historical setting, the argument goes, a change in the latter might trigger a change in the prevailing ideal of masculinity. Thus, men's increasing participation in care work (Scambor et al., 2014) has encouraged researchers to explore the *transformative potential of care*, i.e. whether changes in men's involvement in care work are able to instigate a change in the traditional form of masculinity, which is based on "qualities such as being strong, successful, capable, unemotional, and in control" (Hunter et al., 2017: 2), or even lead to the eventual breakdown of hegemony. The content of this new, alternative form of masculinity is sought in *the ethics of care*, a moral theory that not only acknowledges the centrality of care in human life but elevates it to a political ideal (Tronto, 2015). An alternative social bond is proposed, one based on attending and responding to the needs of the dependent that

are not abstract individuals or society in general but *particular others* – a process in which emotions and relational capabilities play a core role (Held, 2005: 10–13).

Researching men's caregiving practice in their homes, Hanlon (2012: 136, 202–210 and *passim*) argues that men undergo deep emotional changes after increasing their involvement in caring. They tend to define men and women in similar terms, develop an other-centred personality and a nurturing and compassionate masculinity, learn to express their emotions without fear and distance themselves from oppressive norms (*ibid.*: 203). According to Hanlon (2012: 2010), this “challenges their identities based on power, independence and commanding” and thus opens the door to deeper social change. In a similar vein, Carla Elliott (2016) elaborates the notion of *caring masculinities* as both a process of reworking *traditional masculine identities* following men's participation in care work and the broader political transformative potential associated with this identity rearrangement. A key aspect of this identity change is the rejection of male domination and integration of values of care, such as “affective, relational, emotional, and interdependent qualities”, and the recasting of traditional masculine values to make them fit with the new, care-oriented identity (*ibid.*: 252–253). The turning of male identities away from traditional hegemonic masculinities and the associated values of domination and aggression, and their reorientation towards caring masculinities responsive to the needs of particular others, is said to give rise to a *broader political change* leading towards a *caring society* that limits commodification and extends “feelings of solidarity” beyond the domain of family and friends, “to fellow members of groups of various kinds, to fellow citizens, and beyond [...] persons who are suffering deprivation in distant parts of the globe” (Held, 2005: 131–132, 137, 157; Elliot, 2016: 248–252, 256).

Several researchers have tested the hypothesis of new male identities and their transformational potential mainly with regard to fathering, but found mixed results (Hanlon, 2012; Hunter et al., 2017; Lee & Lee, 2018; Miller, 2011). The prospects of such liberating potential being found in the field of waged work seems to have received less attention. While many studies deal with the incentives men encounter to enter ‘female’ jobs and the way they relate to hegemonic masculinity when faced with the “feminised” character of their work (Bradley, 1993; Williams, 1995), the emancipatory potential of men doing waged ‘women's work’ has been explored much less (however, see Simpson, 2009; Hrženjak, 2013: 359–360).

To sum up, the “caring masculinity hypothesis” is based on three premises. First, men are increasingly engaged in care work that, second, results in a reworking of the male identity as men embrace affective, relational and emotional values of care. Finally, this identity change holds a certain

transformative, emancipatory potential for gender relations and might also lead to a broader social change.

A systemic approach: the theory of social reproduction

The caring masculinity hypothesis hinges critically on the theoretical link between individual behaviour and social changes. By expecting a broader societal transformation to follow from a change in identity, the caring masculinities hypothesis implicitly locates the problem of gender relations at the individual level, while remaining oblivious to the systemic framework within which these relations take place. To paraphrase Ebert (2005: 33), the caring masculinities thesis seems to have “isolated issues of gender and sexuality from their material conditions”, creating the appearance that patriarchy as a form of oppression and inequality pertains to relations between individuals without inquiring into systemic relations (Burcar, 2015: 41). Indeed, identity changes can only transform gender relations if patriarchy is based on individual relations between men and women.

Expanding the horizon and theorising broader systemic pressures demands a shift be made from caring identity to care work in its relationship with the capital accumulation process as articulated by the feminist theory of social reproduction, which analyses patriarchy as an element of the capitalist relations of exploitation. Thus, the Domestic Labour Debate (Vogel, 2008) places reproduction and gender relations squarely in the heart of capitalist social relations. Insisting that women’s unpaid work liberates “the man from these functions [of social reproduction] so that he is completely ‘free’ for direct exploitation” by capital (Dalla Costa and James, 1975; Luxton, 2009 [1980]), feminists were able to break loose from notions of domestic work as producing mere use values and to show that it is essential in the production of the key capitalist commodity, labour power. By absorbing the costs of maintaining the current and shaping the future power of labour, women’s unpaid work in the capitalist institutional patriarchy contributes to the accumulation of capital (Burcar, 2015: 24 and *passim*).

Yet it was Picchio’s (1992) elaboration in classical political economy terms that provided a general analytical framework by articulating the links between the processes of social reproduction and capital accumulation. In brief, developing her theory with strict reference to the capitalist mode of production, where subsistence of the labouring population is mediated by wages, while “the determining purpose of capitalist production is [...] the greatest possible production of surplus value” (Marx, 1992: 449), Picchio (1992: 9 and *passim*) articulates the following relations between surplus (value) and costs of reproduction:

Surplus = Production – Costs of reproduction.

As a large part of the costs of reproduction are costs of reproducing labour power, the relationship between capital accumulation and social reproduction – including care work, insofar as it involves the reproduction of labour power – is conflictual. Nonetheless, given the separation from the means of production and the general dependence on wage labour in the capitalist mode of production, social reproduction cannot proceed without labour power being exploited and subjected to the process of the expanded reproduction of productive capital, namely, the principal income source for the population and state revenues (Clarke, 2001: 80). The relationship between social reproduction, including care work, and capital accumulation is therefore not only one of antagonism, but also one of dependence.

Given these systemic relations, the antagonism existing between care work *qua* work on reproduction and capitalist accumulation cannot be abolished by a change in identity that prompts men to attend the needs of particular others, but only by way of an anti-capitalist struggle driven by broad-based class politics. In fact, it was precisely the socialist projects that most effectively undermined the basis of institutional patriarchy in Eastern Europe (Burcar, 2015: 42–112).

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The research question

The two theoretical frameworks described above make opposite predictions. Without elaborating on the link between gender relations and capital accumulation in *the caring masculinity hypothesis*, patriarchy pertains to relations between individuals. Here, the potential of an emancipatory change in gender relations and a broader social change leading to a caring society is expected to follow directly from a change in identity at the individual level as men's values transform while attending to the needs of particular others. *The theory of social reproduction* recognises the strategic role of reproductive work in the capital accumulation process and conceives patriarchy as a systemic feature of capitalism. Hence, dismantling the patriarchal patterns at the individual level requires systemic shifts established by class struggles against the dictates of capital accumulation – hence, neither gains in women's liberation nor emancipatory social change can be expected from caring masculinities.

Using statistical data and the results of an empirical study of two elderly care facilities, the next section evaluates the following research question: *is there evidence to support the hypothesised link between men's involvement in care work, their caring identities and progress in gender equality and broader social change?* First, we consider the data in order to establish the

extent to which men in Slovenia are actually involved in care. Second, we test for the presence of caring masculinities among male care workers by examining their relationship with the *particular others* whose needs they attend to. In order to check for any broader emancipatory potential, we finally inspect men's 'lateral' relations with their co-workers and gender relations at the workplace – if the predicted ties of caring and solidarity extending to the whole society are to materialise, these should at least be observable in their immediate (working) environment.

Empirical evaluation of the caring masculinities hypothesis

(De)segregation of care occupations in Slovenia

Paid work is often seen as one of the main sources of male identity (Bradley, 1993; Scambor et al., 2014: 558; Hunter et al., 2017), making it sensible to look for any turn to caring masculinities within this sphere. To the extent that men's involvement in care is crucial for the shift in the prevailing forms of masculinity, data showing gender-segregation trends in paid care work seem an appropriate place to search for signs of this change.

Table 1 presents data on segregation in five major occupational groups in care work in Slovenia (five from the social protection and healthcare sector and two from pre-school education) at four points in time and the corresponding starting wages applicable in 2018. The data initially reveal quite strong segregation in care occupations in Slovenia, although there are considerable differences both between and within the two sectors. There is a very high rate of segregation in the pre-school sector, but a relatively strong desegregation trend is observed after 2006 for both occupations, albeit starting from very low levels. Except for the small group of home-based personal-care workers where the desegregation trend stalled at low levels after 2010, the social protection and health sector offers a similar picture: the biggest share of men is seen in the ranks of state enrolled nurses (vocational higher secondary school) followed by assistant nurses (lower secondary vocational courses). Somewhat lower rates are recorded by state registered nurses (tertiary education). The two main occupations (state enrolled nurses and state registered nurses) account for some three-quarters of all employees in this group and show a strong trend of desegregation. All starting wages¹ listed in Table 1 are well below the average wage in Slovenia

¹ Certain starting wages presented in Table 1 are lower than the minimum wage applying at the time of the interviews (EUR 842.79 gross). While employers are legally bound to pay at least the minimum wage, wage allowances are calculated as percentages of starting wages. Also, certain allowances are added to the worker's starting wage, which effectively means they do not count until the level of the minimum wage is reached.

(EUR 1,681.55 gross in 2018). Still, it should be noted that wages increase with seniority and that the listed amounts represent the lowest rates for the given occupations.

Table 1: TOTAL EMPLOYMENT, SHARE OF MEN AND STARTING WAGES IN MAJOR CARE OCCUPATIONS IN SLOVENIA

	Starting wage in 2018 (€) ⁶		Early 2000s	Mid 2000s	Early 2010s	Mid 2010s
Home-based personal care workers ¹	762.60	Total number	477	NA	1,027	1,353
		Share of men (%)	5.6	NA	8.4	7.9
Assistant nurses ¹	762.60	Total number	2,308	NA	3,011	3,483
		Share of men (%)	7.8	NA	9.8	12.3
State-enrolled nurse ²	964.94	Total number	10,409	11,443	12,583	13,760
		Share of men (%)	8.7	10.7	13.4	15.9
State-registered nurse ^{2,4}	1,320.587	Total number	2,073	1,956	1,395	1,005
		Share of men (%)	2.7	3.2	3.5	3.3
State-registered nurse ^{2,5}	1,320.58	Total number	1,711	1,687	3,062	5,421
		Share of men (%)	6.1	6	7.4	11.3
Assistant pre-school teachers ³	964.94	Total number	NA	3,740	5,023	5,727
		Share of men (%)	NA	2	2,7	3,4
Pre-school teachers ³	1,373.40	Total number	NA	3,606	4,617	5,174
		Share of men (%)	NA	0.4	0.6	1

¹ Source: Statistical Office of the Republic of Slovenia (SURS) SRDAP dataset, author's calculation. ²Source: National Institute of Public Health (NIJZ), author's calculation. ³Source: SURS, collected on ŠOL-PŠV questionnaire, author's calculation. ⁴Higher non-university education. ⁵University education. ⁶Sources: Official Gazette of the Republic of Slovenia (UL RS 60/2008 and 46/2017). ⁷The public sector wage system negotiated in 2008 placed state registered nurses with two different levels of education (one requiring a university diploma and the other non-university higher education) in the same tariff grade (state registered nurses).

Table 2 presents data concerning the main occupations in elderly homes, the sector in which we conducted our case study. The trend of desegregation in elderly care is not particularly strong, but appears stable. The gender structure of various occupations seems to move in different directions. While both occupations closely linked to the relational² “qualities of care” associated with *caring masculinities* (nurses and assistant nurses) had a bigger share of men in 2013 than in 2006, segregation in the lowest-paid jobs (e.g. attendants) persisted at very high levels during the period under observation. Similar trends prevail at the national level – the share of males among low-paid cleaners and helpers was declining between 2000 and 2010 and was largely the same during the 2010–2016 period (SURS).

² For a distinction between “nurturant” care that does and “nonnurturant” care that does not involve relational labour, cf. Duffy (2011: 6).

Table 2: TOTAL EMPLOYMENT, SHARE OF MEN AND STARTING WAGES IN MAJOR OCCUPATIONS IN ELDERLY CARE

	Starting wage in 2018 (€) ²		2006	2009	2013
Attendants and cleaners	651.88	Total number	1,148	1,343	1,304
		Share of men (%)	2.6	3	2.2
Dressmakers, Pressers and Launderers	651.881	Total number	349	408	411
		Share of men (%)	1.4	1.7	1
Servers	626.81	Total number	111	156	166
		Share of men (%)	5.4	5.7	9.6
Assistant dietary cook	733,27	Total number	436	508	561
		Share of men (%)	4.1	4.1	7.3
Dietary cook	824,84	Total number	368	442	475
		Share of men (%)	23.9	26.1	25.7
Assistant nurses ¹	824,84	Total number	1,463	1,837	2,114
		Share of men (%)	5.6	8.1	12.2
State enrolled nurse ²	1.043,68	Total number	1,273	1,524	1,892
		Share of men (%)	5.9	8.7	8.4

Source: SURS, Number of health care and social welfare personnel in old people's homes, Slovenia, annual data until 2013 and UL RS 45/201. ¹Wage given for pressers and launderers. ²Wages for nursing assistants and nurses in elderly care are higher than the lowest starting wages for these occupations at the national level presented in Table 1.

Overall, occupational trends show men's growing participation in paid care work. According to the caring masculinities hypothesis, this should facilitate a turn to caring identities.

Case study – male and female care workers in elderly care

In order to assess the presence of caring masculinities and any emancipatory implications they might hold, this section presents the results of a study of male and female carers in two nursing homes, one in public ownership and accommodating some 400 residents at two locations in a city, while the other is privately-owned and provides a home to around 100 residents in a single location in a small town. Both facilities are unionised and covered by a public sector collective agreement for the health and social protection sectors. The case study is based on 13 interviews of male and female care workers and management (see Hrženjak in this issue for the research methodology and sample description).

Three aspects shape the reality of working life in Slovenian elderly homes. The first is the trend of the rising average age and worse health condition of the residents, placing growing demands on workers (SSZS, 2018: 6–8). Second, the entire long-term care sector is seriously understaffed – on average, there are 3.7 care receivers per worker in the OECD compared to 5.3

in Slovenia (Smolej Jež et al., 2016: 19) – resulting in enormous workloads. This contradiction between social needs and provision is conditioned by the dwindling public resources allocated to long-term care: between 2005 and 2015, the GDP share dedicated to long-term care rose much slower in Slovenia than the OECD average while the share of public funding dropped (UMAR, 2018: 110).

In the rest of this section, we report collected evidence showing male care workers' relations to particular others (caring masculinity) and the 'lateral' extension of the ties of solidarity and care (or lack thereof) in the workplace, with a focus on what this means for gender equality.

The presence of caring masculinities

The first part of the caring masculinities hypothesis postulates that involvement in care work is the start of a shift towards a more caring identity, integrating relational, affective relations and interdependence. The interviewees were asked several questions that enable us to identify how they see these care-oriented values and attitudes.

When asked what care and their work means to them, both men and women expressed feelings of empathy, love, encouragement, attention to others and their needs as well as a desire to help others. Many valued the positive responses of residents, claiming this makes their work worthwhile. There were very few deviations from this general line of thinking, with only one man speaking about care mainly in terms of technical proficiency. Men did not shy away from expressing affective involvement in care. They mentioned feelings of loss and mourning in cases when residents they had cared for had died more often than female carers did. Neither did male carers report any stronger feelings of uneasiness regarding intimate care than the female carers. Most men credited their female colleagues with a distinct attitude to the emotional aspects of work, but valued it differently – while one attributed men with reason and women with emotions, another expressed gratitude to women for teaching him how to act strategically. Women more often than men drew attention to the lack of time for reassuring the residents.

The literature often points to the importance of carers' immediate social environment (peers, family, care receivers etc.) for men's decision to undertake 'women's work' and for shaping gender relations in the workplace (Andersson, 2012; Hanlon, 2012; Kanjuo Mrčela and Revinšek, 2017). Almost all of our respondents reported having received encouraging feedback from their peers and family, but the bases for expressing support were not uniform. For the lowest paid, unskilled workers that mostly took their jobs after a spell of unemployment, the endorsement of family and friends was made on the grounds of the perceived job stability and importance of

having a paid job. Conversely, for those in somewhat better paying care jobs that require a vocational education, the relatives and friends were genuinely proud of their work. Some care receivers initially refused intimate care from men, but these cases were reportedly to be rare. Residents very soon grew accustomed to male carers.

All in all, while examining male care workers' relations to particular others, i.e. the residents, we see considerable evidence of the values and attitudes associated with caring masculinities.

Male and female carers in the labour process

Discursive changes do not necessarily translate into any considerable change in male/female working patterns. The literature on gender relations in the workplace provides explanations of the persisting differences despite the fact that men and women work in the same jobs in terms of organising processes that reproduce inequalities (Acker, 2006). Williams (1993), for instance, argues that men doing 'women's work' experience glass escalators, are treated more favourably and assigned more technical and managerial tasks etc. In order to assess whether inequalities are being reproduced in the labour process, respondents were asked questions about the division of labour in their organisations, the benefits and disadvantages of being a man or a woman in a female-dominated workplace, work-life balance and career advancement.

Two regularities were observed. First, the majority of female and none of the male care workers reported difficulties in reconciling their work with their other obligations which, however, might be because none of the male carers had any children. Second, several respondents, including management, insisted that physical strength was the main advantage of men, but there was no evidence that men had benefited from this fact. Save for lifting heavy items, temporary rejections of intimate care given by men and a few exceptions (e.g. one male home-based carer does not perform home-making activities), by and large the workers reported that they carry out the same tasks, regardless of their gender. Finally, except for one female and one male nurse, the care workers we interviewed do not perform any extra managerial or organisational duties. Most of our respondents had only progressed up the pay scale quite slowly, regardless of gender, since promotions were frozen by austerity measures.

The perceived absence of clear gender patterns in work tasks and progress to higher pay grades does not, however, mean that all workers perform the same work and are paid approximately the same wages. On the contrary, our respondents occupy different workplaces that are formally assigned different work tasks and attract different starting wages.

According to the formal regulation, elderly homes in Slovenia provide their residents with three kinds of care services: *basic care* (accommodation, food, cleaning, changing sheets and laundering etc.); *social care* (dressing, body washing, feeding and assistance in maintaining social contacts etc.); and *health care* (according to national regulation). Educational qualification requirements for most workplaces in basic care are low, demanding only elementary education. Since the public sector wage system in Slovenia bases wage differences on educational qualification requirements, the strongly segregated basic care jobs of attendants and cleaners that *officially lack any component of relational work* are paid the lowest wages. Formally, only nursing assistants and nurses can provide social care while the latter are also authorised to administer and apply medicinal drugs, perform basic diagnostic and therapeutic tasks etc. The starting wages vary accordingly (Table 2).

This segmentation of workers into attendants, assistant nurses and nurses considerably cheapens the labour power required for a given work process by dividing it into elementary tasks, i.e. the capitalist division of labour (Braverman, 1974: 80). Thus, cleaning is almost entirely assigned to low-paid attendants, allowing nursing staff to devote most of their time to direct care of the residents. As one nursing assistant explains, the most important change since starting the job some 10 years before was the introduction of attendants:

J: The only difference is that now we have attendants who help us with cleaning. Floor, vacuuming or whatever.

Q: Before that, was it you who had to do the cleaning?

J: We had to fix them [i.e. the residents], to bathe them and sit them, and also to do the cleaning. [...] Nursing assistants, yes. [...] We did the cleaning, vacuuming – I felt awkward. I said, look, I went to the school to become a nursing assistant. I do not have problems with cleaning. But the time flies.

The imposition of the capitalist division of labour is, however, not the whole story. The interviews clearly show that workers occupying different workplaces actually *perform very similar tasks*. Virtually all respondents confirmed the involvement of attendants in (relational) *social care*. Some claimed there is virtually no difference between the work of attendants and nursing assistants, with one nurse even admitting that attendants are sometimes relied on to administer medicinal drugs, explaining: “*You know that we are dealing with staff shortages*”. As one attendant described her work:

M: Attendant, I am employed as an attendant. But I do more than the attendants do. Unfortunately, such is the system.

Q: Is that because there are not enough staff?

M: Sure, sure. [...] You come in the morning, you wash them, fix them, if they need to sit on the wheelchair you put them on the wheelchair, then you feed them, you change their clothes, then again in the afternoon, you see, and so on.

In a word, while being hired and paid to do low-paid reproductive *basic care*, the attendants actually perform what the Slovenian regulation designates as *social care*. This involvement of attendants in social care is in breach of the formal rules, but appears to be a systemic trait of both elderly homes examined – and of Slovenian elderly care institutions in general, according to a trade union official we consulted. In fact, in the debate on the funding of long-term care the lowering of formal skill requirements that would allow low-paid workers to be hired and given tasks that currently require higher skilled workers has been blankly proposed as a cost-cutting measure.

The contradictions of underfunding and the associated serious understaffing that place all workers in Slovenian elderly care under immense strain are especially detrimental for the low-paid female attendants. If the promise of social change contained in the caring masculinity hypothesis is to be upheld, the ‘lateral’ spread of the relations of care and solidarity should certainly not bypass these overworked and underpaid (i.e. overexploited) female workers.

Neither the male nor female nursing care workers raised the question of the work and pay of the attendants. Quite the opposite, most regarded them as an essential part of the team destined to perform low-skilled tasks and thought they cannot be trusted with ‘proper’ relational care work. Nevertheless, they found them handy enough to assign them some higher-skilled tasks when needed because of staff shortages. As the above quote illustrates, many welcomed the introduction of attendants in the labour process since this allowed the nursing staff more time for nurturing care and reduced their workload. One nursing assistant even regretted the fact that she could not assign care tasks to the outsourced cleaners.

On the other hand, attendants have been officially denied precisely the caring identity that carries both moral and professional acknowledgment and correspondingly higher pay grades. For them, the *caring identity* attached to relational care work had become an object of aspiration, a *moral* recognition earned through their unpaid work. This enabled them to reinterpret their own unpaid labour in terms of promotion and the acquisition

of new experiences, although they were aware of doing tasks they were not being paid for. Admitting that she had taken over tasks pertaining to the sphere of *social care* on her own initiative, one attendant states:

They [co-workers, bosses] have noticed and I have gained experience [...] And that's what I was commended for by the chief of nurses [and] the nursing attendants. My boss noted this interest to [and proposed that I] go to the school to become a nursing assistant [...] I really like to help and this is also why I accepted this [nurturant] caring work.

The management is well aware and quite keen to make use of these ideological effects that make unpaid caring work worthwhile. As the manager of the private-sector elderly home explains:

We all work for wages, I always say, but those who feel that need, who desire some other satisfaction, the pleasure that our users are able to give so much. [...] It is, in fact, gratitude, the feeling that we are helping someone. Here this feeling can be very strong.

In sum, not only were we unable to find evidence of extending the bonds of solidarity in caring masculinities' 'lateral' relations – in our case study, the caring identity seems to have provided an ideological supplement that allows the workers to embrace their respective positions in the capitalist division of labour and endure the exploitative relations existing in the Slovenian elderly care sector. As these positions are deeply segregated, this acceptance inadvertently adds to the reproduction of gender inequalities.

Findings and discussion

Evaluating the caring masculinity hypothesis, the collected evidence appears to support the first two steps of the argument. Although starting from low levels, men's participation in paid care work is gradually increasing. Further, our male interviewers displayed values and attitudes associated with caring masculinities while their friends and relatives also seem to have accepted their occupational choice. However, we find no evidence whatsoever of any emancipatory effects.

This should not come as a surprise. The problem is that *caring identities* do not relate to the systemic problems that workers encounter in the two facilities studied, such as extreme workloads stemming from the understaffing of the Slovenian elderly care sector. Yet it is these pressures that, arguably, produce the gendered effects, as the case of low-paid and heavily segregated attendants clearly shows. As we have seen, the apparent lack of any

relational skills on the attendants' part is readily translated into wage differentials that underpin the capitalist division of labour. However, this official division of labour is contradicted by the situation on the ground where they perform much of the complex work. Marxist theory shows that wage labour is exploited as the value of labour power is less than the value it produces. But even if one accepts the ideology contained in public sector wage grades, female attendants are obviously selling their labour power *below value* and are thus subject to *overexploitation*. Nevertheless, caring masculinities have failed to extend the relations of solidarity to fellow female attendants and have largely accepted their role as low-paid, low-skilled workers who perform complex care work. Admittedly, this attitude has little to do with identity issues, but with the chronic understaffing of Slovenian elderly homes imposed by the systemic contradiction between (reproductive) care work and the accumulation of capital. Still, concerned as they are with *particular others*, caring masculinities (and identities in general) seem ill equipped to deal with these systemic pressures. The struggle against capitalist exploitation on a class basis would seem an obvious candidate for tackling these problems but, from the standpoint of working-class solidarity, caring masculinity appears largely irrelevant. Worse still, it seems that *caring identity* is part of an ideological setting that buttresses the capitalist division of labour and makes exploitation tolerable: for male (and female) nurturing care workers it becomes something that lifts them above the drudgery of cleaning, making their everyday exploitation and heavy workloads more acceptable; it gives the overexploited attendants moral recognition and a hope of career progress; for both, it functions as an ideological supplement that enables them to endure in an unbearable situation.

Instead of counting on an emancipatory social transformation springing from changes at the individual level, a combination of the social reproduction theory and Marxist theory would point to the strategic role played by reproductive (care) work, especially in a small and open economy that is ever more dependent on foreign investment, such as Slovenia. Since the 1970s, researchers have observed that the evolving reorganisation of capitalist production on the world scale, allowed by the development of new transport and communication technologies and the increasing decomposition of the labour process, has enabled capital to organise production globally and to minimise the costs of production and maximise the amount of surplus value extracted by taking global differences in both skills and wages into account (cf. Fröbel et al., 1978). A *new international division of labour* has emerged in which peripheral countries have become sites for manufacturing goods that compete in world markets (ibid.). Labour process decomposition does not mean the complete atomisation of work tasks and related deskilling of labour, but it does mean the fragmentation of the global

collective labourer. While in some countries capital tends to agglomerate work tasks that demand increasingly complex labour with expanded productive attributes (e.g. scientific labour), others tend to concentrate labour processes that require workers with degraded productive subjectivity, while still others become repositories of a consolidated surplus population (cf. Iñigo Carrera, 2014: 564; Starosta, 2016: 87–89). To the extent that capital disperses the labour process globally “according to the most profitable combinations of *relative* costs and productive attributes of the different national fragments of the worldwide collective labourer” (Starosta, 2016: 89), the cost competitiveness and the place a country occupies within the international division of labour is heavily influenced by the *quality and costs of the reproduction of labour power*.

With a liberalised trade policy, like in Slovenia, the prices of wage goods – these account for an important share of the reproduction costs of labour power – are determined on world markets, leaving the services that contribute to the reproduction of labour power (e.g. care work) one of the few areas under the influence of national policies for ensuring that the relative costs of the labour power favourable to the expansion of productive capital on which social reproduction depends. Hence, the lack of funds, the chronic understaffing, the growing workloads along with the intensified exploitation and push for the familialisation of long-term care and other reproductive work. Much of this reproductive work is heavily segregated – a development probably substantially contributed to by the capital restructuring that followed the country’s deeper integration into the international division of labour, especially with respect to the lowest-paid jobs. The restructuring that decimated a huge swathe of industries which had offered women relatively stable and strongly unionised jobs covered by collective agreements (such as the garment industry) caused a sharp rise in female unemployment (Globačnik, s. d.). Lacking the educational qualifications required for the somewhat better paying posts of nurses or assistants, these women took on the jobs of attendants, cleaners, washers and other low-paid jobs in the reproductive sector³ where, as mentioned, gender segregation deepened after 2000. In these circumstances, the effects of the pressure of capital accumulation and national competitiveness on the reproductive labour, including paid care, are strongly gendered. Countering them would require broad, class-based political resistance to the dictates of capital accumulation – something that is conspicuously missing from the caring masculinities hypothesis.

³ For instance, early paid carers at home in Slovenia were women who lost their jobs in large firms during the 1990s and the occupation was one of the first for which the National Vocational Qualification was created in order to facilitate a quick and cheap channel for recruiting and shaping the labour power (Perko, s. d.).

Conclusion

The caring masculinities hypothesis states that men's growing engagement in care work is instigating a change in identity which is pulling men away from forms of masculinity that support male domination and pushing them towards caring masculinity, which is supposed to bring about an emancipatory change in gender relations and beyond. The article provides a theoretical critique of the caring masculinity hypothesis in terms of the theory of reproduction and Marxist theory, while empirically examining this hypothesis in the sphere of paid work by investigating trends in the gender segregation of traditionally feminised care occupations and by analysing the responses to interviews conducted in two elderly homes in Slovenia. The constraints presented by the small scale of the empirical study and the small share of men working in the two organisations under study prevent us from drawing conclusive results and limit the study to illustrative purposes. The evidence collected shows men's increasing participation in paid care work and reveals the presence of values and attitudes associated with caring masculinities. It is, however, in its most important part – the liberating effects of identity change – that we were unable to find any evidence in support of the caring masculinities hypothesis. The results of the study are broadly consistent with the theory of social reproduction where care work as reproductive labour holds a strategic position in the capitalist accumulation process. Instead, regarding caring masculinities we argue for a class-based struggle against the systemic pressures imposed by the imperative of capital accumulation as a promising way of ensuring both gender equality in paid care work and an emancipatory social change.

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