

Don't Men Care?
Emotion, relationship,
and individual
masculine identity

Thesis submitted in accordance with the requirements of
the University of Liverpool for the degree of Doctor of
Philosophy by James Michael Robert Milton

April 2013

Contents

Abstract, p.2

Acknowledgements, p.3

Chapter One: Don't Men Care? An introductory chapter, pp.4-14

Chapter Two: Theorising masculine identity in professional care - the meaning of 'difference', pp.15-55

Chapter Three: Researching masculine identity in professional care - a narrative-based methodology, pp.56-91

Chapter Four: Adam and Richard - compensatory masculine strategies in nursing care, pp.92-124

Chapter Five: Dan and Luke – homosexualisation and the 'young male nurse', pp.125-164

Chapter Six: Joe and Theo - managing gendered expectations and 'male aggression' in emotional care relationships, pp.165-204

Chapter Seven: Patrick and Martin - working with the after-effects of men's sexual violence, pp.205-232

Chapter Eight: Psychological continuity, biography, and identity - continuing the stories of Adam, Dan, Joe, and Martin, pp.233-276

Chapter Nine: Don't Men Care? A concluding chapter, pp.277-290

Appendix: Example of information document sent to potential interviewees – version for nurses, pp.291-292

Bibliography, pp.293-313

Abstract

This thesis seeks to explore questions of 'individual masculine identity', with reference to hegemonic gender norms concerning men's participation in interpersonal relationships characterised by 'caring'. In the form of empirical research involving in-depth narrative interviews with eight men working in care-related professions (four nurses, three counsellors and a youth mentor), the study considers how gender norms interplay with personal meaning-making in interviewees' constructions of self and gender *vis-à-vis* their involvement within a 'feminised' area of social life.

In this respect, the concept of '*notions of difference*' emerges as providing a salient angle on the formation of masculine identity. As interviewees recount their experiences of providing care in an occupational capacity, they are situated in relationship to certain 'public' *stereotypic discourses* 'about' care-giving men, each discourse underpinned by one of two distinct notions of 'difference'. Stereotypic discourses such as 'Male carers are feminine' and 'Male carers are gay' are based on a cultural logic of the individual man as being '*different as a man*' – and 'gender atypical' – for working in care. In contrast, stereotypic discourses such as 'Male carers, as men, pose a sexual risk' and 'Male carers, as men, serve to provide carees with a 'male role model' are underpinned by a cultural logic of the individual man as being '*different as a carer*' (that is, 'gender typical'), with 'implications' for his role and his relationships with others. Across all the interviews, 'difference' – in these various and varying discursive forms – is present in how each man organises, and attaches gendered signification to, his care-giving experiences. Importantly, these notions of 'difference' 'act' as both a constraint upon identity (as a source of disempowerment for the individual and of potential subordination with concern to gender norms) and a resource for identity (as a source of self-empowerment and agency, whether this involves resistance to or complicity in the sustenance of gender convention).

In order to highlight the specific nature of interviewees' relationships to notions of 'difference', discussion of the data takes the form of five main data chapters. Each of the first four of these chapters is divided between the narratives of two interviewees, who have been 'paired up' based upon apparent similarities in their situation (e.g., similar work environment, the raising of similar issues), as well as them both invoking particular stereotypic discourses. Here, a psycho-social theorisation of subjectivity (see, for e.g., Hollway and Jefferson 2000) is applied to the data, whereby the *biographically unique* nature of each interviewee's experiences is emphasised. It is sought, in this application, to consider something of the individually specific anxieties and desires that may inform the construction of masculine identity within, and in respect of, the care-giving context. The fifth data chapter builds on these ideas by unpacking matters of biography, that is, analysing narratives concerning interviewees' broader (non-care-giving, and personal-historical) relations to gender and gender norms; in this context, the potential of a psycho-social perspective for studies of masculine identity is further explored.

Acknowledgements

Writing this thesis has meant spending more hours on my own than is perhaps strictly healthy... At the same time, this work would have been a lot harder without the numerous people who provided me with encouragement, inspiration and support along the way:

My fantastic, thoughtful supervisors: Karen Evans and Dave King.

My generous and candid interviewees: 'Adam', 'Richard', 'Dan', 'Luke', 'Joe', 'Theo', 'Patrick' and 'Martin'.

Inspiring and supportive friends and colleagues (aka fellow-masochists):

Sam Caslin-Bell, Victoria Foster, Gesa Kather, Laura Kelly, Dave Ellis, Menna Jones, Lindsey Metcalf, Peter Millward, Steph Petrie, and Stephen Yusuff, amongst others.

My family: for believing in me (and for helping to make me the analytical person I am...).

And last but not least: my partner, Neil, for his endless, endless, endless support, patience and kindness, and without who really none of this would be possible.

Thank you.

Chapter One: Don't Men Care? An introductory chapter

1.1. Masculine identity, professional care-giving, and gender norms: the context and aims of the research

1.1.1. *The research context: introducing 'care-giving men'*

This thesis is concerned with questions of *identity* - or, more precisely, questions of masculine identity formation. Working from within a critical-theoretical framework, the research seeks to explore empirically the ways in which men may experience and construct their gender as individuals. A salient area of interest here concerns ideas of men's *emotionality* (their experience and expression of emotion) and *relationality* (or 'other-orientation') with regard to their participation, and their propensity to participate, in relationships characterised by *caring* for and about other people. A vast body of literature exists documenting the cultural prevalence of 'commonsense' (normative) assumptions about gender differences in emotionality and relationality. Men are typically viewed as relatively lacking in 'positive' emotional, 'caring' qualities in their social interactions with people, being instead associated with ideals of rationality, stoicism, autonomy, and individualism. Women, regarded as more emotionally literate than men (and as more emotional in general), are, in turn, believed and expected to possess a greater capacity for empathy, concern and responsiveness; they are defined primarily in terms of their relationships with, and concrete responsibilities towards, others (Seidler 2007; Whitehead 2002; Petersen 1998; Galasinski 2008; Peel *et al.* 2007; Collinson and Hearn (eds) 1996; S. Williams 2001; C. Davies 1995; Whitehead and Barrett 2001; Anderson 2003). The equation of

emotionality and relationality with women, and its cultural disconnect from men, is indicative of the persistence in contemporary Western societies of gender-based power differentials which see the devaluation of roles commonly associated with women, and the relegation of these to a status of 'trivial' and 'a given' – as not as 'important' to society as participation within more 'masculine' arenas such as politics, science, business and sport (e.g., Baines *et al.* 1992; Canican and Oliker 2000; Dalley 1988; Finch and Groves (eds) 1983; Hochschild 1989). One of the many ways in which this gendered dichotomisation is reflected is in the continued disassociation of men from care-giving as a 'formal' set of emotional and relational practices and roles existing in the 'public' sphere: that is, as an occupation or profession.

It is true to say that recent decades have seen a gradual increase in the numbers of men working within care professions in general (e.g., McLean 2003; Murray 1996; Sargent 2000; Meadus 2000). The reasons for this increase are presumably multifarious and not reducible to any one (type of) explanation; but it is not contentious to suggest that changes in gender relations since the 1960s, precipitated by feminist critiques of women's oppression and of rigid notions of masculinity and femininity, are at least partly significant factors (e.g., Canican and Oliker 2000). Importantly, however, despite their increasing presence, men make up but a small percentage of the total workforce in any given care profession.¹ *They constitute a numerical minority relative to women.* This can be witnessed in the areas of professional care-giving upon which this study focuses – namely, nursing, counselling, and youth mentoring (see Chapter Three for details of the sampling process). Concerning nursing, recent figures indicate that just over ten per cent (10.69%) of registered

¹ This is with the notable expectations of the traditionally 'male-dominated' healthcare professions of medicine and dentistry (Adams 2000).

nurses are male (The Nursing and Midwifery Council 2008)². Meanwhile, the gender composition of membership for the British Association of Counsellors and Psychotherapists (BACP, the official body responsible for issuing accreditation to persons trained or training as counsellors) is made up primarily of women (at 86%), with less than a quarter (14%) of its members being men (BACP 2010; personal correspondence).³ With regard to youth mentoring, there is evidence to suggest that here also men are underrepresented. For instance, the Mentoring and Befriending Foundation (MBF, a national organisation providing support to, and information about, youth mentors) claim: “A general view gained from anecdotal feedback across the sector is that male mentors are harder to recruit and research that MBF⁴ commissioned on youth mentoring and befriending backs this up” (MBF 2010; personal correspondence).⁴ Significantly, however, the gendered nature of care exists not only in terms of percentages but in an ideational and normative sense too: “Caregiving is also gendered, of course, because nurturance is something that is stereotypically associated with femininity in our culture” (Campbell and Carroll 2007: 493).

² In the 2002 version of this NMC document (‘Statistical analysis of the register’), when the figure for men on the register is at 10.21%, the authors highlight as a significant trend “[t]he fact that men now represent more than one in ten of those on the register *for the first time*” (emphasis added). This is accompanied by a table containing statistics for the 1990s which show a steady increase in male registered nurses (RNs) over the course of the decade (in 1993, the first year for which these statistics are given, the figure is at 8.77%). This suggests that while the number of male RNs is still significantly lower than female RNs, and any increase in intake of men into the nursing profession is small and gradual (thus in a real sense they can be said to constitute ‘a gender minority’), there is nonetheless a pattern of consistent growth.

³ While not all counselling practitioners in the UK are members of BACP, a significant number are (as of June 2010, the organisation had 34,200 individual members and 1,127 organisational members – BACP 2010; personal correspondence). Thus, the gender composition of BACP membership is used as an *indicator* of the possible actual percentage of UK counsellors who are male, in the absence of feasible alternative sources of data. These figures are also consistent with the observations of various counselling hand/textbooks which note that a majority of counsellors are women (e.g., Mearns and Thorne 2007; Sanderson 2006).

⁴ MBF⁴ also quote from a report produced by Philip and Spratt (2007), in which the findings of published research on mentoring and befriending are synthesised: “Clearly schemes have identified difficulties in recruiting and retaining particular groups of mentors: male mentors are highly sought after but with a few exceptions, have proved elusive”.

In this context, there emerge certain, common cultural meanings or representations of care-giving men, which are deployed and perpetuated at a societal level – as signifying something ‘negative’. On the one hand, those men who work in occupational fields like nursing and counselling may be viewed and presented as being ‘different’ *as men*, even as having transgressed the accepted boundaries of ‘masculine’ behaviour, in displaying the ‘soft’ kinds of emotions often required of such work (e.g., Evans 2002; Gillon 2007). The cultural image of the ‘effeminate male nurse’, for example, is a pervasive one (e.g., Meadus 2000). Alternatively, these men may be considered ‘different’, not as men but *as carers*: that is, being somehow unsuitable or lacking, on grounds of gender. For instance, the sexual suspicion which exists around men closely tending to the needs of others - particularly women, children and young people (and especially if this involves unsupervised, one-to-one work, such as in counselling) - is well documented (e.g., Gillon 2007; McLean 2003). Men may also be perceived as missing the warmth or compassion, or intuitive responsiveness, of their female colleagues (e.g., Mullan and Harrison 1998). These meanings and representations of men’s ‘difference’, thus, all place emphasis upon the ‘incompatible’ or ‘incongruous’ fit of men and masculinity with emotionality and relationality, i.e., as ‘the reason’ for the comparative absence of men working in care. They are gender stereotypes, or stereotypic discourses, accentuating and ultimately ‘naturalising’ men’s ‘minority status’ (see Chapter Two for more detail). However, the flipside of such stereotypic discourses is that men’s participation in what is culturally coded as ‘female work’ amounts to something of a challenge to dominant gender norms – despite and even because of its relative rarity (e.g., Simpson 2009).

All of this finds such men situated in a complex position in respect of competing cultural ideas of what it means to 'be a man' involved in professional care provision. Some of these ideas emerge from the specific requirements of the job, and potentially offer 'new', 'caring' models of masculinity: for example, in rejecting the notion that it is 'wrong' for a man to show tenderness or to value open communication. Other ideas, meanwhile, reference more 'traditional' and culturally 'legitimate' versions of masculinity, whether this is explicitly (for instance, in placing premium on certain, less relational aspects of care work for men) or implicitly (in accepting at some level, for example, the 'sexual inappropriateness' of men providing physically intimate care to women). In the terms of Connell's theory of hegemonic masculinity (1987, 1995; see Chapter Two for fuller discussion), these competing ideas can be said to represent different relations to dominant, or hegemonic, gender norms. On the one hand, there are relations of *subordination*, in which care-giving men may be rendered 'illegitimate' as men for 'going against the grain' *vis-à-vis* masculinity. On the other, there are relations of *complicity*, in which care-giving men may themselves reproduce conservative and inequitable notions of gender. These relations to hegemony – of subordination and complicity - will find unique expression in the masculine identities of individual care-giving men. Moreover, these relations are not of necessity mutually exclusive at the level of subjectivity; an individual may potentially embody elements of both subordinated and complicit (not to mention other) forms of masculinity as they construct their gender in respect of their participation in care-giving.

Thus, this research takes professional care-giving as a site of emotional and relational activity, directed towards the welfare of others and disproportionately performed by women, and seeks to explore what care-giving actually *means* to those men who are involved in such activity. The professions of nursing, counselling and youth mentoring serve to supply an analytic and empirical 'backdrop' against which to study the meanings of masculinity for specific individuals, and the relationship of these subjective meanings to cultural meanings – including normative stereotypic discourses - of care-giving men's 'difference'. It is in this context that we can consider how and why particular men may come to be 'who they are', as men who care.

1.1.2. Research aims: exploring 'care-giving men'

This research aims to explore individual men's constructions of masculine identity in the context of their involvement in care-giving occupations. Deploying an in-depth interviewing method - and applying a psycho-social theorisation of male subjectivity to the data thus gathered (see Section 1.2.) - the study seeks to understand the specific nature of the meanings with which men may invest 'being a carer' as it connects to gender and gender norms; and to grasp something of the 'purposes' these investments might serve at the level of the psyche. To this end, three main, inter-related, research questions are posed:

1. What gendered meanings do individual men ascribe, consciously and unconsciously, to their experiences of professional care-giving?
2. What is the relationship for a given man between these personally specific meanings, and broader normative understandings of men in care as a relative minority?
3. Exactly how is such meaning-making (as described in 1 and 2) informed by aspects of biography?

1.2. An analytic framework, and the shape of the thesis

The research aims as outlined (in 1.1.2.) clearly concern issues of meaning, motivation, and subjectivity. They seek potential answers to ‘why’ (or motivational) questions alongside ‘how’ (or processual) questions regarding the unique ways in which men experience and construct their gender as individuals. While the ideational tensions within which individual care-giving men may be located (see 1.1.1.) suggest the culturally complex framings of identity (e.g., Segal 1999), they cannot *on their own*, I argue, suggest how and why masculine identity might be constructed in a particular way by a particular man. To focus on the cultural or the social alone downplays the subjective nature of meaning-making: in other words, the personal (personally emotional) resonance of gender (see, for instance, Chodorow 1999). What is required is a conception of identity sufficiently able to engage with “the nuances of subjective conflict and ambivalence” (Segal 1999: 157) which help to shape the individual and their relation to the world. This means thinking of gendered subjectivity as *psycho-social*, as involving mutually constitutive psychic and social processes (Hollway and Jefferson 1997, 2000; also see, amongst others, Redman 2000, 2005, 2009, Gadd 2000, Clarke 2002, Finn and Henwood 2009, Gough 2009).

In this connection, this study deploys an analytic framework through which to view and highlight the potential for a psycho-social perspective on individual masculine identity construction. This framework consists of three separate but related concepts, derived both from the literature and from my analysis of my interview material: ‘emotional meanings of masculinity’ and ‘notions of ‘difference’/‘stereotypic discourses of men’s differential capability and capacity to care’. Chapters Two and Three of the thesis provide an understanding of how these concepts developed

during the course of my work. **Chapter Two** situates my research within existing bodies of literature relevant to questions of masculine identity construction, and details how ‘emotional meanings’ and ‘notions of ‘difference’/‘stereotypic discourses’ emerged from my engagements with this literature: namely, Connell’s (1987, 1995) well-established ‘masculinities’ paradigm, along with writings specifically exploring men, masculinity and care-giving (particularly the research of Campbell and Carroll 2007, Russell 2001, and Simpson 2009), and work integrating psychoanalytic and sociological approaches useful for the study of identity. **Chapter Three**, meanwhile, focuses on the empirical process of researching identity, and the matter of conducting in-depth, narrative-based, interviews as a way of ‘capturing’ individual men’s gendered meaning-making *vis-à-vis* care-giving. I explain how the ideas constituting the aforementioned analytic framework were generated from, and applied to, interviewees’ narratives, seeking in the process to provide a clear overview of the (in some ways, concurrent) data collection and analyses stages of my research.

Chapters Four to Nine comprise my discussion of the empirical ‘findings’ of the thesis, or the data chapters, whereupon we see the framework of ‘emotional meanings’ and ‘notions of ‘difference’/‘stereotypic discourses’ being put into action – that is, the application of a psycho-social theorisation of subjectivity to my data on ‘individual masculine identity’. In **Chapter Four**, interviewees Adam and Richard recount their experiences of a gendered work setting to which they respond with ‘compensatory masculine strategies’ – that is, by attempting to ‘favourably’ differentiate oneself from colleagues in the provision of nursing care. **Chapter Five** sees interviewees Dan and Luke both provide narratives of constructing masculine identities as younger, gay-identified, men at the start of a nursing career; both relate being subjected by colleagues (and others) to ‘homosexualisation’ – feminising *and*

masculinising assumptions and stereotypes about the ‘young male nurse’ as gay. **Chapter Six**, meanwhile, concerns interviewees Joe and Theo (a counsellor and youth mentor respectively), both of who offer narratives of constructing care-giving masculine identities in and through management of the care relationship – and more exactly, the gendered expectations of aggressive (male) carers. **Chapter Seven** similarly focuses on counsellor interviewees Patrick and Martin *vis-à-vis* narratives of constructing masculine identities in and through the care relationship; but this time, it is with regard to the especially gendered nature of providing emotional care and support to survivors (and perpetrators) of men’s sexual violence. **Chapter Eight** then represents a departure from the ‘thematic’ direction of Chapters Four to Seven, by focusing upon interviewees’ biographies in far greater depth than hitherto. Using four illustrative case-studies (Adam, Dan, Joe, and Martin), I argue the salience of ‘the past’ - *but not its explanatory priority* - for better understanding personal, gendered, meaning-making in the present-day (i.e., specifically, within an individual’s narratives of care). **Chapter Nine** concludes the analysis – and the thesis – by pulling together the main ideas discussed in the previous five chapters, in the context of considering the contribution of a psycho-social perspective on individual masculine identity to the existing literature on ‘men and masculinities’.

1.3. A brief note on terminology

Across the thesis, the terms ‘masculine identity’ and ‘masculinity/ies’ are used in a more-or-less interchangeable manner, to refer to the phenomena of men’s gender identity. However, ‘**masculine identity**’ is used the majority of the time as the preferred term for this research, in order to be explicit about my particular focus upon subjective processes of (gender) identity construction at the level of the individual: that is, my focus on the psychological continuity involved in the practices of ‘doing masculinity’ (see Chapter Two for a discussion on Connell’s reluctance to grant the individual a genuine ‘inner world’).

The term ‘**stereotypic discourses**’ is used to signify specific manifestations of broader, and more abstract, normative discourses of gender (this including norms of ‘what men are and should be like’ *vis-à-vis* emotionality and relationality). Importantly, however, while the content of particular stereotypic discourses will vary across different social settings (including settings of care), they are not (for my purposes) treated as context-specific, *in the sense of ‘originating’ from within care institutions per se and being exclusively intelligible in the terms of such settings*. Rather, they comprise stereotypes connected to men’s care-giving which can be said to be in *common circulation across society* - e.g., through the media and ‘the popular imagination’, through other public institutions, through families, friendships, peer groups, and so on - linked as they are to the reproduction of masculine hegemony *at a wider, societal level*.

Chapter Two: Theorising masculine identity in professional care - the meaning of 'difference'

2.1. Introduction

This chapter contextualises the key theoretical ideas of the thesis with regard to existing and relevant literature. Specifically, I seek here to illustrate something of the development of the analytic framework to my empirical study (introduced in Chapter One): 'emotional meanings of masculinity' and 'notions of "difference"/ "stereotypic discourses of men's differential capability and capacity to care'. To this end, the chapter is structured into a discussion of three main parts. In each part, I engage with and focus on aspects of the literature that help in the acquisition of the conceptual tools necessary for addressing my overall research aim⁵ – that is, exploring individual men's constructions of masculine identity within the 'feminised' situation of working in professional care.

The first part of this discussion (Section 2.2.) largely serves to provide context for what follows - that is, the subsequent presentation (in Sections 2.3. and 2.4.) of the concepts informing and comprising my analytic framework. In the first place, I situate an interest in 'masculine identity' within Connell's critical-theoretical approach of 'masculinities'. I unpack here the idea (introduced in Chapter One) of gendered power relations operating *between men*, with different forms of masculinity positioned relative to each other in a hierarchy of cultural legitimacy; masculine identity is conferred with more, or less, legitimacy according to its correspondence with, or

⁵ In reality, this represents an on-going dialogue between theory and practice – or between readings of the literature and analyses of the data.

departure from, culturally exalted practices and representations of masculinity. However, while Connell utilises psychoanalytic ideas in order to capture the complexities of men's differential relationships to gender norms and so avoid a deterministic portrayal of the (male) subject, I argue that her theorisation of subjectivity ultimately reduces 'psyche' to 'social practice'; implicitly, she denies a genuine interiority to the person. In contrast, a 'psycho-social' theorisation of subjectivity is proposed (see, for e.g., Hollway and Jefferson 1997, 2000), which, being informed by object-relations and Kleinian strands of psychoanalysis, centralises the inherent sociality - or intersubjective nature - of a subject with a nonetheless irreducible 'inner world'. In this fashion, it is possible to explore the ways in which gender norms assume *meaning*, and thus efficacy, at the level of individual identity construction.

The next part of the discussion (Section 2.3.) does, in a sense, form the chapter's centrepiece. Here, the main ingredients of my analytic framework are introduced – 'meanings of masculinity'⁶ and 'notions of 'difference''/ 'stereotypic discourses of men's differential capability and capacity to care' – as I engage with various literature on men's involvement in providing care as an explicitly gendered object of study. I illustrate the point (made in Chapter One) that care-giving men are subjected on many counts to normative stereotyping based upon the cultural association of women and femininity with relationality, and of men and masculinity with autonomy. I also suggest that these diverse gender stereotypes are underpinned by two main cultural logics, or notions of 'difference': 'different as a carer' and 'different as a man'. Importantly, it is then the argument that these notions of 'difference' serve not only as a constraint *vis-à-vis* the possibilities for masculine identity construction, but

⁶ Reformulated as 'emotional meanings of masculinity' in Section 2.4. (See below.)

simultaneously as a resource, a source of empowerment. In line with Connell's framework of 'masculinities', I am precisely interested in exploring the interplay between the (agentive) subject and gender norms. On this score, focus is placed specifically on the work of Simpson (2009), who shows "how men may draw on, resist and play with difference" (: 36) as they undertake the gender-atypical work of caring for others.

The final part of the discussion (Section 2.4.) returns to the territory of Section 2.2. – that is, the matter of a psycho-social theory of subjectivity – in a bid to further develop 'meanings of masculinity' as a concept in my analytic framework. Crucially, I seek to move past the 'rationalist' and 'presentist' bias implicit in the studies of caregiving men mentioned in Section 2.3, by emphasising the affective, unconscious and defensive dimensions to meaning-making, as well as its personal, psychological history, i.e., the role of the past in shaping on-going investments in discourses and practices (e.g., those of professional care, as taken-up by the individual). It is in this connection that I refer to '*emotional* meanings of masculinity', drawing in particular on Chodorow's (1995, 1999, 2003) object-relational account of gender identity as "an inextricable intertwining, virtually a fusion, of personal and cultural meaning" (1999: 70), and as "intensively imbued ... with ... characteristic defensive patterns..." (1995: 541). It is thus possible (as per my stated wish above) to explore the interplay between an agentive subject and gender norms; but this is a subject whose agency can be considered to be expressly underscored by biographically unique anxieties and desires. In this context, due attention is placed upon the 'motivated' nature of masculine identity construction, and upon looking to understand 'up-close' how and, to some extent, *why* individual men may construct empowering gender identities in a

gender-subordinated arena, how and why they (to reuse Simpson's quote from above) "may draw on, resist and play with difference".

2.2. Critical contexts: masculine hegemony and a genuine 'inner world'

This section seeks to contextualise the exploration of masculine identity within a broader trajectory of feminist-inspired scholarship, in which men, as a social category, have in recent years become problematised and subject to critical analysis. Specifically, I outline here Connell's (1987, 1995) theory of 'multiple, hierarchical, masculinities'. Since its emergence in the 1980s (largely in response to the limitations of the 'sex role' paradigm⁷), the 'masculinities' perspective has become extremely influential in gender-related research, being utilised across a variety of disciplines⁸ and on a range of substantive issues.⁹ At a theoretical level, it provides an effective account of the social production of masculinity, and of the relationship of

⁷ The idea of the 'male sex role', dominant in 1970s writings on men (by men), focuses on social proscription arguably at the expense of acknowledging men's agency in the sustenance of gender inequalities. Here, the formation of gender identity for men is treated as heavily circumscribed by cultural expectations and the threat of sanctions (physical and symbolic). In the process of growing up, boys learn, through various socialising agents - including parents, teachers and peers - to suppress the spontaneous expression of emotion, to mask what they are feeling, to 'be a man about it'. This carries consequences for the 'final product' of adult male subjectivity: "The eventual result of not expressing emotion is not to experience it" (Pleck and Sawyer 1974: 34; see also Jourard 1974 [1971]: 22), or else to experience a painful inconsistency, or strain (Pleck 1981), between who one is and who one 'should be' - that is, to find oneself wanting in the very act of feeling. However, while the male sex role concept was certainly an attempt at critically examining men's emotionality and relationality, its proscriptive formulation ultimately obscures the emotional complexities of men's lives. The content of 'masculine identity' is reduced to a matter of whether one 'succeeds' or not in connection to a static conception of 'manhood' as 'hard' and instrumental; 'non-conformity' is conceivable only in terms of 'deviance' or 'failure', ignoring the possibility for 'active resistance' to the constraints of a monolithic role. (Segal 1990, Messner 1998, Connell 1987 and Kimmel 1987, 2000 all provide thoroughgoing critiques of the male sex role concept and sex role theories more generally; also see Jefferson 1994 and Brod 1994.)

⁸ These include cultural and media studies (e.g., Beynon 2002; Buchbinder 1994; Hanke 1998; Mort 1988), sociology (e.g., Hearn and Morgan, eds., 1990; Brittan 1989; Brod and Kaufman, eds., 1994), criminology (e.g., Messerschmidt 1993; Newburn and Stanko, eds., 1994; Jefferson 2002; Gadd 2000), anthropology (e.g., Cornwall and Lindisfarne, eds., 1994), feminist research and theorising (e.g., Bird 1996), discursive psychology (e.g., Wetherall and Edley 1999; Speer 2001), and sociolinguistics (e.g., Coates 2003).

⁹ Just a few of these issues are: the gender dynamics of school life and education (both from students' and teachers' perspectives: Mac an Ghail 1994; Haywood and Mac an Ghail 1996; McGuffey and Rich 1999; Francis 1998, 2000; Sargent 2000, 2005; Brown 1999; Lindgard and Douglas 1999); sexual harassment in the workplace (e.g., Lee 2000); men's institutional and interpersonal violence (e.g., Kaufman 1987; Brienes *et al.* 2000); sport and the body (Miller 1998; Lilleas 2007); issues of racial and ethnic identity (e.g., Chen 1999); and young men's identities (Wetherall and Edley 1999) and sexualities (e.g., Redman 2001).

masculinity to the sustenance (and transformation) of unequal gender relations. This perspective therefore offers important conceptual tools, and serves as the critical backdrop, for my study of individual masculine identity. However, as shall shortly be seen, there are issues for a study of individual identity with how Connell theorises 'subjectivity' in relation to masculinity and gender relations; in short, she works with an over-socialised conception of the gendered subject.

A key premise of Connell's (1987, 1995) theory is an acknowledgement of necessary *differences* between men: that is, the reality of masculinity in the plural – of *masculinities* - in contrast to commonplace assumptions of an authentic or monolithic masculinity or 'male sex role' (*cf.*, for example, David and Brannon, eds., 1976). There are myriad possibilities for how men may live their lives as men, for how they may 'do masculinity'. Importantly, however, these possibilities do not co-exist in a society as 'different but equal', but instead are linked by definite power relations. Different ways of 'doing masculinity', then, must be conceived of in terms of hierarchy. Some forms of masculinity are more prized than are others, carrying the most cultural legitimacy and 'sway' in their associated ideas and imagery; they constitute a dominant cultural ideal of 'manhood' - or a *hegemonic* form of masculinity. This notion of 'hegemonic masculinity' reworks the Gramscian theory of hegemony, originally referring to ideological dominance and struggle in the context of class inequalities, and applies it to the domain of gender relations (Connell, e.g., 1987). Thus, it offers a thoroughly socio-cultural understanding of masculinity; contrary to popular discourses of sex and gender, gender is not reducible to individual properties (Connell 1995; Haywood and Mac an Ghail 2003). Rather, masculinities are constructed through the institutionalised practices and discourses of different – inherently gendered – arenas in society: for example, politics, sports, business, and

the mass media (see Beynon 2002; Lorber 1998). Both at a societal level, and in specific local contexts (for instance, particular organisations), a hegemonic form of masculinity is that which is most successful, within a given situation, in shaping the possibilities for being a man – that is, in setting the perimeters of cultural legitimacy. Importantly, this finds its foundation in the continuation of the ultimate structural and cultural advantage of men over women. While the exact contents of masculine hegemony are variant, being, of course, historically and contextually specific, a feature common to these different gendered arenas in contemporary society is the marking of men as (i) a group wholly distinct from women (B. Davies 2002 [1989]) and (ii) exclusively heterosexual (Brittan 1989; Coates 2003). (See also Cockburn’s (1988) notion of the ideology of heterosexual complementarity.¹⁰) These cultural markers of ‘distinction’ serve to propagate a dichotomy, and a relation of inequality, between men and women on the one hand, and on the other, ‘proper’ men and other, ‘lesser’, men - those to be presumed gay or bisexual or else insufficiently ‘straight’ in their masculinity. Indeed, ‘alternative’ forms of masculinity are symbolically equated with femininity and ‘lack’, and thus the men who ‘do’ them are denied full legitimacy as men; like women before them, they are afforded a *subordinated* status in society: “The interplay between different forms of masculinity is an important part of how a patriarchal social order works” (Connell 1987: 183).

¹⁰ Cockburn argues thus: “[A] key mechanism contributing both to domination by one sex of another and the reproduction of that domination over time ... is heterosexual *complementarity*. Gender is essentially a relation. ... [M]asculinity by definition cannot be thought even for a moment without femininity. Femininity is formed *as and only as* a complement to masculinity. It has no other meaning. ... Gender complementarity is an artefact and underpinning of male power and multiple masculinities have a linking thread: the ‘otherness’ of women” (1988: 320-21; original emphasis).

It is important to clarify the point that hegemonic masculinities precisely find their form through efforts to prescribe, rather than them accurately reflecting, the content of lived experience. Gendered subjectivity for perhaps the vast majority of men does not correspond in any wholly conformant or inclusive way to gender norms – and this refers not only to those men constructing alternative, or subordinated, forms of masculinity:

[T]he winning of hegemony often involves the creation of models of masculinity which are quite specifically fantasy figures, such as ... film characters ... Or real models may be publicized who are so remote from everyday achievement that they have the effect of an unattainable ideal ... As we move from face-to-face settings to structures involving millions of people, the easily symbolized aspects of interaction become more prominent. Hegemonic masculinity is very public. (Connell 1987: 184-85)

Arguably, most men thus stand in a relationship of *complicity* to hegemonic masculinities, rather than personifying their imageries *per se*. This means that they benefit from the collective advantages that come from the sustenance of masculine hegemony, without necessarily practising oppression in a directly dominating fashion. At a certain distance, then, from overt displays of ‘male authority’, these men nevertheless routinely support and engage with discourses and practices that ensure gender convention is largely reproduced (Connell 1995).

It is clear, then, that in talking about various kinds of masculinity, the intention is not to codify fixed male character types, but to emphasise the social dynamics of gender. While masculine hegemony can be considered in terms of external constraint, comprising a set of norms which all men are obliged to engage with at some level, the contents of ‘masculinities’ are not static; they are worked at, negotiated and maintained through social interaction (Brittan 1989). Their activity-dependence implies that hegemony is not only reproduced, but also challenged and resisted;

meanings around 'being a man' are shifting and contested (*ibid.*; Beynon 2002; Cornwall and Lindisfarne, eds., 1994).¹¹

In the above, Connell provides an account that is thoroughly connected to the power relations of society; gender and masculinity are socially produced, occurring at the level of discourses, structures and institutions. Within this formulation, however, individuals are not insignificant or mere receptacles of cultural norms, straightforwardly internalising gender relations as they construct their masculinity. Yet nor are they entirely free agents in the shaping of self and society (even those men who most closely embody a hegemonic form of masculinity). Rather, Connell draws on psychoanalysis to present the person – and (gendered) subjectivity – as multi-layered, contradictory and emotional, rather than unitary and wholly rational. In so doing, a strict division between 'individual' and 'society' is transcended: Connell argues that this understanding of subjectivity is not merely an additive to an otherwise social theory; rather, psychoanalysis is a thoroughly social analysis of the subject which "forces one to recognize that the social is present in the person – it does not end at the skin – and that power invests desire in its very foundations" (1994: 34).

Whilst across the course of her work (e.g., 1987, 1994, 1995, 2000) Connell draws from myriad strands of psychoanalysis to conceive what the 'links' or 'overlap' between society and the person might exactly look like in particular circumstances, it

¹¹ Furthermore, this struggle for cultural legitimacy is based in a set of logics internal to the relations of gender. Changes in masculinities and gender relations occur from *within*, possessing a relative autonomy *vis-à-vis* other, 'external' social processes (e.g., the economy); for example, hegemonic masculinity is not of necessity synonymous with the masculinity 'done' by men in the political or economic ruling classes (Connell 1995; cf. Donaldson 1993). Of course, this said, men's engagement with power, or 'masculine privilege', is one that is necessarily lived out in diverse ways, not least according to the interplay of gender with other aspects of a given man's identity – for example, class, sexuality, age, and 'race'.

is through the existentialist psychoanalysis of Sartre that she offers perhaps her most systematic attempt at detailing subjectivity (1987: 211-14, 220-21; see also 1994, 1998, 2003). More precisely, she explores “personality” in the context of a theory of practice – that is, as a particular ‘site’ of gender practice. She argues in this vein that personality is a unification of practices over the course of a life; personal history is “a construction, something made. What is ‘made’, specifically, is the coherence, intelligibility, and liveability of one’s social relationships through time” (*ibid.*: 220). In this sense, the psychic and the social become melded together intractably – experientially and analytically. Without a notion of unification, Connell insists, “social analysis reduces a life to a collection of roles learnt, expectations enacted or structural locations occupied” (*ibid.*: 221). This version of the subject is not, of course, a contentious one in sociological terms, being consonant with many social theories of identity construction. ‘Unification’ is certainly a useful way of understanding the continuity, the on-going nature, of selfhood. However, the ability of this formulation to adequately capture – on both a theoretical and empirical basis – the psychological and emotional complexities of individually lived and gendered experience, *of individual masculine identity construction*, is open to question.

As said already, Connell does talk of the subject in terms of layering and contradiction. With reference to Sartre specifically, she appears to concede the arguably rationalist assumptions underpinning the notion of unification by asserting that, in the reality of lived lives, “‘unification’ is often hard and may be impossible. The evolving pattern of a person’s life often involves disjunction, incoherence or schism. Sartre does not consider that the practice of unification, like all other practices, may fail” (*ibid.*: 222). However, this argument is still made against a backdrop of subjectivity as ultimately explainable *at the level of social practices alone*. In

her keenness to emphasise the social production of masculinity (rather than masculinity being an individual or essential property), Connell downplays the analytic worth of the notion of 'identity' as an aspect of gender construction; she appears reluctant to afford ontology to the psyche as an 'object' shaped through, but *not wholly defined by*, patterns of practice. There is, thus, in her account a neglect of a real 'inner world' to the subject.¹² To argue this is not to seek to reinstate the 'individual/society' dualism, but to claim that its transcendence should not equate with submerging the psychic under the social, with reducing identity to practice; these two elements of subjectivity exist in a densely interwoven but *irreducible* form, a vision that the masculinities framework offers us potentially if not in actuality.

In this context, it is important to highlight the *intersubjectivity* of the subject. Connell, of course, consistently emphasises the relational structure of human affairs:

Lives are not monads closed from others. People experience themselves as having shared pasts and sharing the present In a strict sense there is no such thing as 'individual practice' ... the phrase is an abstraction from a tissue of relational conduct (1987: 222).

Yet, the way in which she conceives relationship is not psychologically rich. For instance, there seems little place for *individuality* alongside – or rather in tension with – the necessarily relational nature of social life (see Hollway 2006b for discussion on this aspect of intersubjectivity, and also Layder 1997 for the dialectics of 'separateness' and 'relatedness'). Moreover, throughout Connell's work, 'relations' appear to be theorised with regard to social structures (and rightly so, as an aspect of social reality), but only intimated at or referred to almost 'colloquially' – rather than

¹² For instance, Connell sees Sartre's notions of 'choice' and 'commitment' as useful for explaining 'subjective constraint'. We are constrained in our choices in life by the outcome of past choices – our prior commitments – but we always retain room for transcendence of the present situation; choice is a fundamental aspect of what makes us human. However, this seems to refer only to commitments as *external*/experiential circumstances affecting and constraining the scope of future choices. That is, following his denial of the unconscious and of different regions of the mind (Connell 1987; Layder 1997; Crossley 1998), Sartre's argument does not acknowledge *internal* constraint as a real dimension of social (and gender) relations.

formally theorised - in terms of intersubjective exchanges and dynamics between self and concrete others. Indeed, some writers have argued that hegemonic masculinity, as a concept in the 'masculinities' framework, is problematic in failing to provide a specific account of how men actually conform to, or indeed resist, gender norms *at the level of interaction* (Wetherall and Edley 1999; Speer 2001; Jefferson 2002; see also Collier 1998). As the first of these critics enquire: "What happens psychologically?" (Wetherall and Edley 1999: 337). Connell's approach does not let us adequately see how norms 'get inside our heads' via everyday interactions and relationships, how they are formative and indicative of an on-going sense of self and gender – of identity.

Engaging with this critique, Jefferson (2002) argues for an approach to the study of masculinity which specifically focuses on identity. Here, he draws on object-relations and Kleinian schools of psychoanalysis¹³ to provide a psycho-social theory of the subject, in which attention is paid to intersubjectivity as a constitutive but non-determining aspect of subjectivity. (See also the work of Hollway 2000, 2004, 2006a&b, and together, Hollway and Jefferson 1997, 2000, for general discussions of theorising and researching the psycho-social subject.) The subject's 'inner world' exists in dynamic relationship to an 'outer world' of external objects: 'objects' here refers to both cultural discourses and to other members of society, i.e., people.¹⁴ Selfhood finds its form precisely through emotional processes of *identification* (and counter-identification) with objects, identification implicitly staking a claim to

¹³ Jefferson claims that an exclusively *discursive* psychology such as Wetherall and Edley offer takes us no closer to a genuine sense of interiority to the self than does Connell's over-emphasis on practice: "For all its sophistication, this is a social psychology without an authentic (and irreducible) inner world" (2002: 74).

¹⁴ See Section 2.4. for discussion on the mediation of discourse through interpersonal relationships. Objects *qua* contents of discourse largely assume emotional efficacy for the individual through his or her relationship with objects *qua* specific persons.

‘sameness’ (and counter-identification to ‘difference’). Such identifications are largely unconscious, motivated by efforts at anxiety-containment and desire-fulfilment pertaining to the individual, but necessarily taking place within and with reference to social contexts. This idea of identification, *contra* (I would add) the ironically individualistic connotations of ‘unification’, thus provides an intersubjective framing for exploring the ways in which men may conform to or resist hegemonic gender norms.

If, as was argued earlier, masculine hegemony can be characterised by a ‘lack of fit’ between gender norms and the subjectivities of a vast majority of men, then it is precisely necessary to unpack this ‘difficult’ relationship by focusing on what gender *means* for the individual – importantly, not addressing this solely at the level of contemporary cultural representations and ideas of masculinity, but also taking into account biographically unique psychological processes, and their interplay with practice and discourse.¹⁵ By acknowledging that subjectivity possesses a genuine (always socially embedded) interior, I am able to not only ask *how* men may ‘do masculinity’ in certain ways, but also consider something of *why* they might do it like this, that is, possible motivations for engaging with or rejecting (or enjoying some other relation to) particular gendered practices and discourses: psycho-socially, “what purposes ... [are being] serve[d], what anxieties are actively being defended against, what aspirations fulfilled” (Frosh *et al.* 2003: 41). In short, these are questions orientated towards the exploration of individual identity construction; and, for current purposes, this refers to the masculine identity of individual men who ‘choose’

¹⁵ As Jefferson (2002: 73) argues: “the idea of a range of masculinities – subordinate, marginalized and complicit – constantly competing with hegemonic masculinity would seem to make unavoidable the question how actual men, with their unique biographies and particular psychic formations, relate to these various masculinities”.

to work in a socio-cultural arena highly subject to gender-normative stereotyping: the care professions. The next section (Section 2.3.), thus, shall focus on the meanings of masculinity for male carers, specifically in relation to ideas about men's differential capability and capacity to care, as I consider work that can furnish my study with some of the concepts necessary for researching identity.

2.3. 'Being a man who cares': 'difference' as constraint and resource in constructing identity

This section is an engagement with the relatively thin literature that exists regarding the study of care-giving men *qua* men. If Connell's framework of 'multiple, hierarchical, masculinities' serves to provide us the general means for researching masculine identity in critical terms (see Section 2.2.), I now consider how the masculinities perspective has been specifically applied to, or has otherwise influenced, the study of male carers. Here, discussion centres upon the idea of gender-normative notions of 'difference' in seeking to address my research questions (see Chapter One) – that is, exploring what masculinity *means* to individual men in the nexus between their concrete experiences of providing care, and normative cultural ideas and representations of 'care-giving men' (i.e., gender stereotypes, or what I shall refer to as stereotypic discourses). Russell (2001) argues that male carers are confronted by different (contradictory) notions of difference as a result of their situation and status as a numerical minority: potentially, they are judged to be both 'different as a man' *and* 'different as a carer' in the emotional and relational content of their care. I begin by considering the form these conflicting cultural 'logics' - these different notions of difference - may actually take, by documenting the many stereotypes which exist relating to men's (presumed differential) capability and capacity to care (as evidenced in studies of men working in care-based professions including nursing, counselling, and youth mentoring¹⁶). I then introduce Simpson's (2009) research, in which notions of 'difference' are viewed, in contrast to the above, in terms of the *agentive* formation of masculine identity, and explicitly connected to

¹⁶ Nursing, counselling, and youth mentoring are the three professions from which the sample in my empirical research was drawn (see Chapters One and Three regarding the study's target group and sampling procedure). However, the discussion here also includes mention of men in related and comparable areas of work – namely, social workers, nursery and childcare workers, and teachers.

care-giving men's potential engagements with masculine hegemony (more specifically, men's relations of complicity and of subordination/resistance regarding normative ideas of gender). I conclude this section by briefly stating the need to consider the individual's specific positionings *vis-à-vis* 'difference' in terms of potentially unconscious underpinnings to agency – that is, of meaning-making motivated, at least in part, by psychological defences against anxiety and attempts at fulfilling desire - an argument which will then be developed in the subsequent (and final) part of the chapter (see Section 2.4.).

In the first instance, it is true to say that a vast body of feminist-inspired scholarly work has emerged over the past few decades, arguing, exploring and seeking to tackle the gendered nature of care. Unsurprisingly, the primary focus of this literature has been upon women's participation in care-giving, with reference to both domestic and public or professional care contexts.¹⁷ While, at times, men have also entered the equation as carers (as opposed to appearing solely as the recipients of women's care), their participation here has been examined largely in a comparative sense (Campbell and Carroll 2007). In other words, such studies have tended to treat 'gender' simply as a variable in the provision of care, with a view to ascertaining particular differences (and similarities) between men and women in the amount of care they provide and in the nature of this care (see, for example, Chang and White-Means

¹⁷ This literature can be classified into two very broad areas. 'Practical issues of women's care provision' includes empirical research into women working as paid carers (e.g., C. Davies 1995; Porter 1992; Olesen and Bone 1998) and unpaid carers (England and Folbre 1999; Bittman and Pixley 1997; Dempsey 1994; Finch and Mason 1993), as well as work on welfare provision and social policies regarding care (Pascall 1986; McLaughlin and Glendinning 1994; F. Williams 2002; Lewis 2006, 2007). Meanwhile, 'philosophical and theoretical understandings of the relation between women and care' covers feminist theories of care and interdependency, with especial reference to the gendering of morality and ethics (Tronto 1993; Noddings 2003; Sevenhuijsen 2003; Anderson 2003; Paoletti 2002), and the constitutive role of ideologies or discourses of caring and gender in women's lives (Baines *et al.* 1992; Harrington Meyer 1994, 2000 (ed.); Dodson and Zircavage 2007; Sulik 2007). In their different ways, these writings take as their critical starting point the exploration of the general situation of women in society as 'automatic' or 'natural' providers of care, and/or women's experiences of care-giving in this context of inequality.

1991; Gerstel and Gallagher 2001; Gerstel 2000; Craig 2006; Herd and Harrington Mayer 2002; Detinger and Clarkberg 2002; Zhan and Montgomery 2003; Gerson 2002; Blair-Loy and Jacobs 2003; McDowell 2004). However, as Campbell and Carroll (2007) argue, while this literature is critical in aiming to problematise women's burden of care, it fails to fully engage with and incorporate the insights offered by existing critical theories of gender (theories being fruitfully employed elsewhere in research looking at a wide variety of social phenomena) – such as Connell's writings on masculinities. If these studies document 'difference' (and 'similarity') at the level of practice - e.g., male carers, in a given piece of research, being shown to provide less (or the same amount of) emotional support to carees than do their female counterparts - they do not connect this with matters of *identity*. Indeed, absent in this literature are questions about how men's gender identities may be actively shaped and maintained through – and with regard to – the actual experience and practice of caring for others (*ibid.*). For present purposes, this equates to a neglect of the role of 'difference' – or, more exactly, different notions of difference - in the masculine identity construction of individual care-giving men.

Despite this lack of focus on 'individual identity' in writings on men and care, some work - largely sociologically informed - has recently attempted to explore the relationship between care-giving and (heterogeneous) constructions of masculinity. This includes Campbell and Carroll (2007), Russell (2001, 2007), Brandth and Kvande (1998), and Doucet (2004), writing about domestic care contexts (i.e., care of children and elderly relatives); and the work of Simpson (2009), Holter (2005), Evans (1997, 2002), and Sargent (2000, 2005), in respect of professional care contexts (e.g., nursing, and education and pastoral care). In viewing male carers through the

theoretical lens of 'masculinities', such writings draw attention to how gender is lived and experienced - or what Campbell and Carroll (2007) refer to as the '*meaning of masculinity*'. There are multiple ways in which masculine identity may be constructed, including through an involvement in care. This perspective also evokes the existence of culturally hegemonic gender norms which will, in no small part, frame men's experiences and practices of care provision; importantly, these gender norms are antithetical to any pairing of 'masculinity' with 'caring'. Indeed, Russell (2001: 354), writing specifically about men who provide elder care in the home, but making a point with a far wider applicability, claims that "men are caught in a type of double jeopardy":

that they are judged to be deviant *as caregivers* if they offer types and amounts of care that differ from women and deviant *as men* if they care in the same manner as women. Such men are perceived as ineffective if they care differently from their women counterparts and "unnatural" if they do not appear to adhere to traditional standards of masculinity... (Original emphasis.)¹⁸

This, then, is to clearly highlight the representational element to gender norms. It is also to stress their extrinsic character, and to suggest precisely how they may impact upon the subjective experience of 'being a man who cares'. In the first place, care-giving men are "judged to be deviant" (by society/others), and thus find themselves discursively positioned in ways ultimately not of their own choosing – that is, with reference to reductive cultural images concerning the incompatibility of masculinity

¹⁸ Russell is paraphrasing here an earlier argument made by Thompson (1997) regarding unfavourable depictions of men who provide eldercare within the care literature; echoing normative stereotypes and assumptions found in society more generally, men are judged by many researchers according to a 'feminine yardstick' to care-giving. Russell - whose own research concerns older male retirees and their subjective experiences of being men who care for spouses with dementia - draws on Thompson's ideas to argue against understandings of male carers which obscure gender-specific and legitimate, 'alternative' approaches to caring. He claims that the men in his study provide care to their wives in a way which "jointly utilizes management and nurturing" (2001: 358) - the former comprising a set of skills which extend on the 'traditional male' paid work role in which they were incumbent prior to retiring.

and care-giving, or *gender stereotypes*. Cover (2004) describes cogently the constraining effects of such stereotyping upon identity construction:

... a stereotype ... will reduce a set of ideas into an easily communicated and culturally intelligible image, stemming the flow of signification and constraining the possibilities for diverse subjective performances. This occurs through the coterminous panel between *image to ideas* and *body to action* (or *body to attributes*, *body to behaviour*, *body to desire*), whereby a given, identifiable, recognizable body [i.e., a male/man's body (in the care-giving situation)] is expected to behave in particular ways, much as a stereotypical visual image is expected to provide particular ideas (*ibid.*: 84; emphasis in the original).

Moreover, the argument of “double jeopardy” emphasises that the content of this stereotyping is varied and contradictory, as opposed to uniform and internally consistent; men who care face being gender stereotyped within the terms of two distinct (and opposing) forms of ‘deviancy’, or, to use my preferred term, *notions of ‘difference’*. (Hereafter, I will refer exclusively to ‘difference’/‘notions of ‘difference’” in place of the more proscriptive term ‘deviancy’. While both terms highlight the normative conditions under which men provide care, ‘deviancy’ has connotations of the ‘male sex role’ paradigm (see Section 2.2., footnote 3), which arguably risks portraying men almost as if they are victims of gender arrangements rather than capturing the *correlative* agentive dimensions to identity that a focus on meanings (of masculinity) surely warrants.¹⁹) ‘Different as a carer’ is premised on a cultural logic of gender-continuity or typicality, with men being viewed as essentially unsuited to the task of care, as per general representations of masculinity as unemotional and non-relational. ‘Different as a man’, meanwhile, is based on a logic of gender-departure or atypicality, with men being viewed as akin to women, as displaying femininity in the place of masculinity, in doing the ‘soft’, ‘sensitive’, ‘receptive’ work of caring for others. In sum, care-giving men are subject to gender stereotypes which, in their

¹⁹ Indeed, this foreshadows an important point I make further along in this section when I discuss research, which similarly to mine, utilises the term ‘difference’ (Simpson 2009). As I will argue, Simpson’s approach provides a way of understanding of how gender norms, including normative representations of men in care, interact with – and so do not simply impact upon – subjective experiences of ‘being a man who cares’. (While I draw on Simpson’s work in this sense, I have not derived the concept of ‘notions of ‘difference’” from her research; this was developed independently – inspired in the first instance by Russell’s ‘double jeopardy’, above – in the context of my own empirical work.)

different ways, arise from a hegemonic masculine ideology of an 'exclusively female' capability and capacity to care.

Indeed, the literature on male carers identifies many such examples of gender stereotyping, particularly with regard to those men who 'choose' to care 'in public' and who thus enjoy greater visibility relative to domestic carers, i.e., within the female-dominated arenas of professional care. (In my analysis I refer to specific examples of 'stereotypic discourses of men's differential capability and capacity to care', which were identified in my data – see Chapter Three – alongside my reading of the literature below. I hereafter use the term 'stereotypic discourses' in preference to 'stereotypes' in order to emphasise that these are external, *normative* phenomena, mediated by the psyche, as opposed to originating from and mirroring ('faulty') psychological processes. Additionally, and in similar fashion to my preference of 'difference' over 'deviancy', I use the term to convey the idea of care-giving men's *agency* (and potential complicity) in the face of gender norms; men may be positioned discursively in ways not of their own choosing (as argued overleaf), but as my research suggests, they may also invest in or reproduce discourses themselves, intentionally or otherwise.) For instance, there are several ways in which men may be perceived in terms of the cultural logic of 'different as a carer'. One such form of stereotypic discourse (what I refer to in my analysis, in variant form, as the 'Male carers are less able than female colleagues' discourse) involves the notion that men necessarily lack the attributes and attitudes required for effective care provision - for example, emotional literacy and a responsive, 'caring' demeanour. In this context of men as 'detached' from relationship, there is evidence to suggest that male carers may be perceived by others as delivering a standard of care which is inherently deficient

or 'second-best' to that provided by 'naturally caring' women (e.g., Russell 2001, 2007; Taraborelli 1996; Chang and White-Means 1991; Turnipseed 1986).

Another way in which men are stereotyped as 'different as a carer' relates not to a lack of 'positive' qualities *per se* but rather the presumed possession of 'negative' emotional and relational qualities pertaining specifically to 'being a typical man'. These are qualities which distort or hinder the ability to care for others - what is captured in my analysis through the stereotypic discourses of 'Male carers, as men, are aggressive' and 'Male carers, as men, pose a sexual risk'. The first of these discourses references a 'male' propensity towards interpersonal domination - for instance, through combative behaviour and the threat of resorting to physical force with 'difficult' carees (see Gillon 2007 and Whittock and Leonard 2003). The second discourse, meanwhile, references sexual objectification and 'conquest' by men (i.e., being sexually inappropriate to varying extents with carees). For example, Evans argues that male nurses' use of touch in the delivery of sometimes intimate physical care tasks routinely risks being afforded a sexualised meaning: "Unlike women's touch, which is considered a natural extension of women's traditional care-giver role, men's touch is surrounded with suspicion that implies that men nurses' motives for touching are not care-orientated, but sexual in nature" (2002: 446; see also Evans 1997; Whittock and Leonard 2003). Similarly, men working with children may find themselves pushed away from the nurturing aspects of the job, at risk of being otherwise deemed sexually suspect (see Sargent 2000, 2005; Hansen and Mulholland 2005; Murray 1996).²⁰

²⁰ These 'qualities' - of physical and sexual aggression - hold a certain cultural ambivalence more generally, being both valorised and sanctioned in society as 'typical of men'; but with regard to care-giving specifically, they are considered in a resolutely negative light, as signs of men's incompatibility with the identity of carer.

Finally, another way in which men may be stereotyped as ‘different as a carer’ once more concerns the ascription of certain gender-specific qualities, but this time ones which are considered an asset or benefit – as opposed to a liability or threat – to caring. However, ‘asset’ is conceived here in a largely gender-normative fashion, with capability and capacity to care being viewed as present in (care-giving) men but ‘necessarily’ (and narrowly) configured as commensurate with certain ideals of masculinity. This is represented in my analysis through the stereotypic discourses: ‘Male carers, as men, serve to provide carers with a ‘male role model’” and ‘Male carers are ‘something special’’. For example, in occupations such as childcare, mentoring and social work (alongside others involving working with young people), men may be stereotyped as offering, precisely in their capacity as men, ‘something unique’ to the care situation. Typically, this relates to ‘traditional’ notions of the man who is ‘strong’, ‘authoritative’ and ‘independent’, these being qualities which are (re-)cast both as useful for the relational demands of caring and as desirable for *carers* to experience, and perhaps themselves acquire, through interaction with male workers. Indeed, in this latter sense, men in care may be specifically viewed as offering a ‘father figure’ to their carers (e.g., Cameron *et al.* 1999; Sargent 2000; McLean 2003; Blazina 2001; Totten 2003; Abrams *et al.* 2008).

Consonant with Russell’s argument about the ‘double jeopardy’ faced by men providing care, the literature also documents the existence of gender stereotyping underpinned by a cultural logic of ‘different as a man’. Sometimes this perception of difference appears in the form of insinuations of ‘masculine lack’, through vaguely articulated ideas that it is somehow ‘not quite right’ for a man to do ‘women’s work’. It may, however, involve the very specific and direct ascription of tangibly feminine, or effeminate, characteristics to such men; this typically includes a symbolic blurring

between femininity and male homosexuality (see, for example, Simpson 2009 regarding men in female-dominated jobs, and also Clatterbaugh 1990). This is represented in my analysis in the form of two closely related stereotypic discourses: 'Male carers are feminine' and 'Male carers are gay'. Perhaps the most striking example of an area of (professional) care-giving within which such discourses hold 'currency' is nursing, which has been and continues to be strongly equated with a female workforce (see, amongst others, Pizurki *et al.* 1987; Davies and Rosser 1986; Bush 1976; Evans 1997, 2002; Meadus 2000; Whittock and Leonard 2003; Turnipseed 1986; Mullan and Harrison 2008; Greenberg and Levine 1971). Meadus (2000) argues that there are many different cultural images associated with those who work in the nursing profession (including "the angel", "the battle-axe", "the sex-symbol" and "the doctor's handmaiden") but all of these relate to a common understanding of 'the nurse' as *woman*; they intrinsically connect, indeed they conflate, nursing care practices with 'feminine' 'traits' or 'personality types': "it is assumed by society that in order to be a nurse, female attributes such as a capacity to serve, empathize, and nurture are required. Hence, men who nurse must be "feminine" and *are regarded as gay*" (*ibid.*: 8; emphasis in the original; see also Evans 1997 and Villeneuve 1994). Although men in other care occupations do not seem to be subjected to such strength of stereotyping on this count, many of the basic requirements of their work are still culturally coded as feminine - and thus see male practitioners at 'risk' of being cast as 'different as a man'. For instance, counselling and psychotherapy are premised upon communication and receptiveness; they involve the centralisation of *talk*, something which has traditionally been regarded in society as the province of women and subsequently trivialised, "counterposed to purposeful [qua masculine] activity" (McLeod and Wright 2009: 126). Moreover, they

involve efforts at emotional exchange and support as an 'end goal'. As Gillon (2007: no page number; see also Millar 2003; Waterhouse 1993; Bondi 2006) argues:

Counselling and psychotherapy as activities are strongly aligned with 'feminine' attributes such as emotional expression, intimacy, and, of course, the acknowledgement of vulnerability and weakness. The very act of counselling may, in certain respects, be regarded as an extension of the traditional feminine roles of caring for and nurturing another ...

In summary, Russell's (2001) claim of 'double jeopardy' helps us to catalogue the many stereotypic discourses which exist 'about' male carers, and to do so with reference to underpinning (contradictory) notions of 'difference'. As stated earlier, men are positioned by ideas of 'difference' that are, in a real sense, extrinsic to them - i.e., stereotypic discourses pre-exist any given individual. However, this emphasis on subjection to stereotyping might lead us to the conclusion that 'being a care-giving man' automatically equates with a subordinated gender identity *vis-à-vis* masculine hegemony. (Indeed, some writers have appeared to take this approach to studying male carers (e.g., Sargent 2000, 2005).²¹) In contrast to any such depiction, I argue it is essential to consider the influence of gender norms on men's experiences and practices of care not only in terms of constraint but also as a *resource* for constructing identity. I need to explore what *meaning* different ideas and representations of 'care-giving men' might have for the individual man (how stereotypic discourses may surface in, or act as 'reference points', in subjectively held meanings of masculinity), and his role in the sustenance and transformation of notions of 'difference'.

In this vein, I briefly consider now the work of Simpson (2009; see also 2004 and Pullen and Simpson 2009) who has conducted extensive interview research with men in "non-traditional" occupations, including nursing and teaching. Here, she discusses

²¹ In the interests of accuracy, Russell's (2001) argument, whilst obviously stressing cultural constraint, is ultimately about the judgement of men's identities - in the terms of my research, 'different as a carer', 'different as a man' - *by reference to (interpretations of) their actions* ("if they offer types and amounts of care that differ from women"; "if they care in the same manner as women"). Taken along with his (omitted here) discussions of the strategies to care that the men in his study take relative to women, this is to recognise, and not to downplay, male carers' agency.

the diverse ways in which masculine identities are constructed in response to subordination and 'difference'. Her starting point is the recognition of care-giving men's agency and power: while subordinated as a 'minority group' *vis-à-vis* masculine hegemony, they still have access, as men, to discursive positions which reference, and which may confer upon them, (elements of) masculine privilege. In the first place, male carers may precisely seek to emphasise their difference from women (in the terms of my research, seek to position as 'different as a carer', such a difference being conceived here by these men as 'positive' rather than 'negative'). For instance, some men engage in "compensatory gendered practices" - practices which thus allow men to "restore a dominating position" in the workplace (*ibid.*: 30). An example of this is what Simpson refers to as the "colonization of the feminine", where men engage with, but then attempt to reconfigure the meanings of, 'female' work in order to make the role (or aspects of it) more congruent with a 'conventionally' masculine identity - for instance, re-framing "discourses of care to privilege the masculine by presenting rationality and emotional distance as desirable for effective performance" (*ibid.*: 36). She cites from her research numerous other examples of men's efforts at distancing from 'the feminine' but is keen to stress that 'difference' should not just be seen in these terms of separation (as an opposite to 'passive acceptance of alterity' perhaps). Rather, she argues, we should also "consider how men may draw on, resist and play with difference" (*ibid.*).

This includes in terms of men actively embracing the 'female' associations of care work, as a method of "resistance to normative conceptions of gender" (Simpson 2009: 29-30; also 38) – conceptions which deny as 'masculine' the intrinsic rewards that can come with caring for others, of participating in interaction which is altruistic in motive and 'non-instrumental'. Here, men both resist 'difference' (from women

and, again in the terms of my research, the positioning of 'different as a carer') and reinforce it (the positioning of 'different as a man', conceived here by such men 'positively'). Simpson describes instances from her research of the resistance which men in non-traditional jobs may take to 'difference (from women)' - for instance, using 'camp' humour to disrupt the 'dominating' behaviour of male colleagues, or by claiming "distinctiveness in their caring skills and attributes, to be in touch with their 'feminine' side, unlike other men of their acquaintance" (*ibid.*: 37). However, again, this is not to over-simplify the complexities of identity construction, to paint a picture of relationships to 'difference' as automatically needing to be mutually exclusive. For example, care-giving men may position themselves in such a way that they both reinforce *and* resist 'difference' on the same count; indeed, Simpson refers to men who, through their involvement in care, "emphasize traditional masculine traits such as assertiveness or by being blatantly sexist ... while at the same time they can reconstruct a different masculinity, embracing their feminine side to become what they see as a more 'complete' person" (*ibid.*: 30).

From this brief discussion of Simpson's (2009) work, two main points emerge that are especially germane to my research. The first is that 'difference' can be conceptualised in terms of its *empowering*, as well as its *disempowering*, qualities for men. Simpson provides examples of how male carers may actively engage in the context of the workplace with masculine hegemony, whether this is in the form of complicity in its sustenance (e.g., compensatory gendered practices) or resisting its constraints (e.g., emphasising values antithetical to 'traditional' masculinity). Thus, she illustrates how notions of 'difference' can be, in different ways, drawn on as resources for building and maintaining gender identity. In line with Campbell and Carroll's call for more research on the "meaning of masculinity" for care-giving men,

this is an approach that foregrounds agency in relationship to gender norms – including stereotypic discourses of men’s differential capability and capacity to care. Rather than simply highlighting ‘judgements’ (of deviancy, or ‘negative’ differences) *as made by society/others* (a la Russell’s reference to ‘double jeopardy’), Simpson allows us to see something of the ‘judgements’ that care-giving men *themselves make about self* (and about others), as they construct a masculine identity, i.e., in staking a claim to be ‘different to’/ ‘the same as’/ ‘better than’ women and other men in terms of the form of one’s care-giving. The second point follows on from the first: in her agentic account, Simpson draws attention to care-giving men’s *manoeuvres between* different notions of ‘difference’ in the occupation of a “feminized space” (2009: 25). Thus, it should be realised that subordination, resistance, and complicity, as relations to hegemony, are not entirely self-contained nor self-identical and homogenous for any given man; rather they suggest *degrees* of engagement and departure from gender norms in the construction of identity.

In summary, Simpson’s (2009) analysis avoids reducing care-giving men to a general, socio-cultural situation of subordination, instead allowing us to consider how meanings of masculinity may inform these men’s (diverse) practices and experiences a la ‘difference’. Nevertheless, her approach has its limits in the exploration of *individual* identity construction. Similarly to Connell (1987, 1995; see Section 2.2.), Simpson implicitly works with an over-socialised conception of subjectivity; ‘meaning’ and ‘identity’ are theorised here purely in sociological terms, leaving us unable to address questions of psychological motivation. For instance, *why* might a particular individual respond to the ‘feminised space’ of care-giving by involving himself in ‘compensatory gendered practices’, rather than embracing ‘the feminine’ - and vice versa? For my purposes, it is essential that I connect the matter of notions

of 'difference' to a psycho-social theorisation of the subject, as anxious and desiring (as outlined earlier; see Section 2.2.). Hence, this shall be the focus of the next section (Section 2.4.). Looking to get past an approach which views 'identity' exclusively in terms of 'the present', I seek here a way of capturing the 'motivated' and biographically specific dimensions to meaning-making, that is, concerning the gendered meanings which individuals ascribe to their experiences of care-giving - and the relationship of this to stereotypic discourses of men's differential capability and capacity to care.

2.4. Identifying with others: a personal history of meaning-making

In the previous section, I discussed some of the existing literature concerning studies of care-giving men. A thread running through this discussion was the salience for research such as mine of understanding what Campbell and Carroll (2007: 495) have referred to as the “meaning of masculinity”. This relates to an empirical and theoretical focus on men’s subjective experiences of care-giving, and the relationship of this to masculine hegemony – and, more specifically, to cultural gender norms concerning the involvement of men in the emotionality and relationality of care, of care-giving men’s ‘difference’. I concluded the discussion by arguing the need to connect these normative notions of ‘difference’ – ‘different as a carer’, ‘different as a man’ – with a theorisation of subjectivity that would allow us to capture the *psychologically motivated* (the anxious and desiring) nature of meaning-making *vis-à-vis* masculine identity construction: that is, a psycho-social theory of the subject. This section now seeks to conduct this undertaking by explicitly (re)conceptualising ‘meanings (of masculinity)’ with reference to literature offering object-relational and Kleinian accounts of society and subjectivity. Chiefly, this refers to the work of Chodorow (1995, 1999, 2003), whose focus on meaning-making in terms of often unconscious processes has informed the development of a concept central to my thesis and my analytic framework: ‘emotional meanings of masculinity’. I argue that in adopting a psycho-social theorisation of subjectivity, it is possible to grasp something of the ways in which cultural norms may assume their potency, and may hold a very specific emotional resonance, at the level of the individual.

Following Chodorow (1995, 1999, 2003; see also Rudberg and Nielsen 2005, and Nielsen 2001), a central contention of the thesis is that ‘meanings’, as subjectively held, are largely emotional (i.e., non-cognitive and non-rational) in form and content, and are frequently ‘experienced’ unconsciously (i.e., outside an individual’s full awareness and without conscious direction). Importantly, meaning-making in this formulation does not simply reference the present (i.e., the specific social context in which it occurs) but actively invokes and engages with the individual’s past, with the ‘sum’ of their previous experiences and involvement in social practices. In other words, I emphasise the personal history to meanings. Such a perspective involves viewing masculine identity formation as pertaining to an irreducible ‘inner world’ - a psyche - from which the (male) subject experiences himself as possessing a distinct and characteristic selfhood, continuous across time and across different social contexts and practices.²²

Importantly, this is a ‘inner world’ which exists and is formed in interplay with an ‘outer world’ of external objects, i.e., other people, and, more abstractly, ideas, beliefs, values, and norms which derive from cultural systems of meaning (i.e., discourses). The psyche is ‘organised’ in terms of one’s *object-relations* - that is, individually unique relationships to particular objects which have become part of a (male) subject’s inner world and, in so doing, have assumed degrees of emotional (and gendered) significance.²³ Moreover, these object-relations are received from but also impact upon the individual’s participation within concrete social scenarios; they involve both the *introjection* of culturally derived meanings (the taking in, working over

²² Or what Edley (2006: 606) refers to – albeit pejoratively – as “sense of “bounded” subjectivity”.

²³ ‘Objects *qua* people’ principally concerns those with who the individual enjoys face-to-face interaction, but especially those where the relationship has particular resonance; in the early years at least, this would include parent/s or an equivalent care-taker figure.

and ‘personalisation’ of these meanings through unconscious emotional fantasy) and the *projection* of personal meanings onto society/discourse/other people (‘pushing out’ meaning onto the outer world, thus mediating perception of new experiences, situations, practices and relationships through the prism of existing object-relations). (See Rudberg and Nielsen 2005.) In this sense, meaning-making can be seen as inherently a *transferential* process: “Transference is the hypothesis and demonstration that our inner world of psychic reality helps to create, shape, and give meaning to the intersubjective, social, and cultural worlds we inhabit” (Chodorow 1999: 14). Gender here is resolutely a construction that is at once personal *and* cultural: “Each person’s gender identity ... is an inextricable intertwining, virtually a fusion, of personal and cultural meaning” (*ibid.*: 70).

In talking of transference, I thus move past culturally deterministic explanations of masculine identity, where ‘meaning’ is vacuously internalised by the individual; while identities are, of course, constructed through the cultural resources or discursive positions available in society, they are not reducible to these. I also avoid relying on an abstracted or voluntaristic understanding of agency, à la studies of identity in which the current context of action is the sole focus, divorced from any consideration of the biographical context to present meaning-making (for instance, Simpson 2009; see Section 2.3.). In contrast to both such stances, I argue that for the individual there are areas of ‘sedimentation’ in psychological and emotional experience which condition and which are evoked in the on-going process of constructing self and gender. However, in emphasising the role of the past here, it is important that I make clear I am not, of course, advocating any type of psychological determinism. Indeed, Chodorow explicitly argues against versions of psychoanalysis in which present actions are assumed to be wholly explainable with reference to

particular points of an individual's psychological history (1995: 5, and elsewhere). The idea of transference does *not* then indicate a crude causal link between the past and the present. In this vein, I am not arguing for the existence of a relationship between men's meanings of masculinity and their involvement *per se* in professional care-giving, i.e., my research does not seek to make a claim, explicit or otherwise, of the order that certain 'types' of men become carers based, for instance, on the content of childhood experiences. Instead, focus ultimately must be on how the past (represented in object-relations) emerges, and is reworked to take on new accents of meaning, *in and through current instances of social interaction*, e.g., in respect of the 'here and now' (Chodorow 1999) of the care situation: "Interactions are important, as it is through embodied encounters and practices that transference takes place – making emotional meaning of both self and gender through cultural discourse as well as through the object relational history of the subject" (Rudberg and Nielsen 2005: 145-46; see also Redman 2009).²⁴

This emphasis on social interaction for understanding the interplay between 'past' and 'present' *vis-à-vis* gender identity construction returns us to an important concept introduced in Section 2.2.: namely, that of identification. As I have just argued, object-relations take their form through a person's introjection and projection of meanings; *these are exactly identificatory processes*. Cultural systems of meaning (including gender norms) are objective in the sense of existing over and above any one member of a society, but they are also intersubjective, the contents of discourse necessarily mediated for and by the individual through their relationships with others: "any label (man, woman, mother, father, sister, brother, feminine, masculine) gains meaning not

²⁴ It is in this context that Chodorow stresses "the transference-projective-introjective here and now of psychic meaning" (1999: 5).

just from language, once learned, but from personally experienced emotion and fantasy in association with [specific] person[s]” (Chodorow 1995: 533; see also 1999: 71-72). Indeed, it is in the form of identifications or counter-identifications with objects *qua* specific persons that norms assume their *emotional* efficacy in shaping identity. At a largely unconscious level, individuals perceive themselves as being ‘the same as’ or ‘different to’ those persons who – to them - very concretely ‘embody’ particular cultural meanings, including those relating to masculine hegemony. This, then, is not a wholly agentive and calculated self-positioning in respect of abstract ideals; however, nor is it a case of the individual being ‘influenced’ by objects (specific persons) in a ‘unilateral’ fashion, as if devoid of agency and any kind of reciprocal impact. Rather, it constitutes a process of emotional communication (again, it should be stated that this is, in large part, unconscious) between two or more people who are situated together in a relationship; the ‘parent-child’ relationship is perhaps the most potent example of this in terms of its obviously emotionally charged character, but importantly - as I have argued - relationships formed later in life (in the ‘here and now’) are also salient with regard to meaning-making and the mediation/accommodation/transformation of earlier object-relations. As claimed in Section 2.2., the subject is inherently intersubjective, and individual identity, as an on-going but not amorphous construction, emerges in this relational dynamic.²⁵

²⁵ Hollway (2006a&b) argues that within face-to-face social contexts, there is an *intermingling* of subjectivities between the people involved. Relationality is, thus, not strictly to do with social interaction between completely separate parties, but necessarily encompasses processes and changes occurring in each person at a psychological level, through often unconscious processes of communication. This idea of ‘unconscious intersubjectivity’ calls into question the idea of self as an entirely ‘bounded’ entity, without then diminishing its ontology, i.e., ‘individuality’ and ‘intersubjectivity’ co-exist in dynamic tension in the construction of identity.

In this context of discussing identificatory processes and gender norms, I expressly turn now to the matter of normative notions of care-giving men's 'difference' ('different as a man' and 'different as a carer', both connected to stereotypic discourses of men's differential capability and capacity to care) - and of joining this to a psycho-social theory of subjectivity. In Section 2.3., I discussed Simpson's (2009) work on men working in 'non-traditional' occupations such as nursing, and argued that her approach to 'difference' ultimately focuses on the relationship between self and norms through a lens of (voluntaristically conceived) agency. However, I argue now that useful for current purposes is the fact that she does in the first place provide a *relational* template for understanding individuals' investments in respect of 'difference'. Care-giving men are not only subject to social judgements as a gender minority but they also *make* 'judgements' concerning self in the construction of identity: for instance, about the 'kinds' of 'carer' and 'man' they consider themselves to be (or not be). Importantly, this is a necessarily *comparative exercise*, involving claiming, if not always explicitly, one's sameness and difference to others - an idea consonant with, but not equivalent to, a psychoanalytic concept of identification. What is required in order to grasp care-giving men's relationships to 'difference' in terms of identification/counter-identification is an explicit address of the psychological motivations potentially underpinning these men's 'judgements', and to consider in this the efficacy of norms upon identity via the intersubjective dimensions to subjectivity. In short, it is necessary to emphasise the emotional and often unconscious - and, in this context, the *defensive* - nature of meaning-making as it occurs within social interaction.

A Kleinian approach to the psyche (as utilised by Chodorow, Hollway, Jefferson and others working broadly from within object-relational perspectives) places centre stage the role of *anxiety* and *desire* in social relationships. Meaning-making – an individual’s mediation (via introjection and projection) of an ‘outer world’ of external objects – is frequently a defensive effort, an unconscious striving to protect the self from feelings of anxiety (old and new) provoked by current events. The individual’s construction of masculine identity (as marking his absolute difference from ‘women as a group’, for instance) thus ‘speaks’ of the deployment of defences (such as splitting; see below for more discussion on ‘splitting’ as a concept relevant to my analysis). While defences are not fixed at the level of the psyche, they do indicate points of relative stability (of transference) realised within one’s social interactions with others: “... all [persons] have intensively imbued or constructed their gender with ... characteristic defensive patterns...” (Chodorow 1995: 541). Alongside serving this defensive function, meaning-making may be also an unconscious effort to fulfil personally empowering desires: desires which, in similar fashion to anxiety, pertain to a personal history of meaning; desires which also thoroughly relate to the experience of individuality (*qua* the intersubjective subject) and “what we broadly conceive as *our ability to chart out a life that is our own*. Simply put, when psychoanalysis speaks of individuation it should not be conflated with individualism” (Cornell 2003: 145; emphasis added).

This perspective of ‘anxiety/desire’ is particularly useful for analysing the meanings of masculinity for men working in care professions. As argued in Section 2.3., notions of ‘difference’, appearing as they do against a (relational) backdrop of ‘men as gender minority’, revolve around a principle, normative, axis of:

- ‘Masculinity’ = ‘negative’ in respect of care-giving, and ‘positive’ in respect of masculine hegemony;
- ‘Femininity’ = ‘positive’ in respect of care-giving, and ‘negative’ in respect of masculine hegemony.

While Simpson’s (2009) research allows us to view care-giving men’s experiences of ‘difference’ in terms not only of subordination but also empowerment (see Section 2.3), I believe it is important to conceive of this with reference to the anxious and desiring subject to avoid risking an implicitly rationalistic portrayal of meaning-making. There is certainly plentiful evidence of gender inequalities within the care professions, of material manifestations of men’s ‘difference’ (as carers; read, their *societal advantage as men*) (see, for example, Holter 2005; Hansen and Mulholland 2005; Dahlberg 1994; C. Davies 1995; C. Williams 1995; Porter 1992; Trnobranski 1997; Colliere 1986; Smith 1992; Bullough 1975²⁶). Yet, just as it is theoretically naïve to portray care-giving men as representing a uniform ‘subordinated masculinity’, it is neither useful nor accurate to then take the fact of ‘men’s collective advantage’ (across society and thus inclusive of professional care institutions in a general sense) and assume from this an alternative but equally homogeneous understanding of identity construction. Some men working in the care professions (certainly in terms of nursing) will and do benefit, sometimes directly and strategically, at the expense of female colleagues, for example, in terms of career progression (*ibid.*); but this does not diminish from - in fact it further adds to – the call for an approach which steers clear of reducing ‘meanings of masculinity’ to ‘self-evident social interests’; empowerment for the individual, and his involvement within relations of complicity

²⁶ For instance, studies suggest the existence of gendered hierarchies of area specialisation within the caring professions where disproportionate numbers of men occupy management positions – arguably via the ‘glass escalator’. Dahlberg (1994: 399) argues that health care structures are hierarchical and patriarchal: “The higher we get in the pyramid, the more men occupy the organizational posts ... By contrast, most of the working people in the base of the structure are women.”

(and subordination), is far more complex than would be allowed for in such a formulation. It should be remembered that while 'difference' is a resource for masculine identity, it is simultaneously a constraint. In this context, there are ambiguities and tensions – *vis-à-vis* ideologies of masculine hegemony – inherent to a situation where men 'choose', *as a means of constructing an empowering (gender) identity*, to take-up social practices which are gender-subordinated. Whether the individual rejects or embraces the 'feminine' connotations of care (or indeed responds or positions in some other fashion), it is important to explore the specific interplay of anxieties and desires which potentially motivate such meaning-making, i.e., the personal history to his *emotional* meanings of masculinity.²⁷ 'Difference', while obviously socially produced and existing externally as both 'resource/constraint' for identity construction, is mediated at an individual and often unconscious level, through biographically unique object-relations, identifications and defences.

A salient way of capturing the biographical dimensions to meaning-making for care-giving men - and of what Chodorow refers to (above) as "characteristic defensive patterns" in gender identity – involves Klein's conception of the process of *splitting*. Here, Klein posits two main ways in which defences against anxiety may be organised at the level of the psyche: the *paranoid-schizoid position* and the *depressive position* (Alford 1989; Chodorow 2002; Craib 1989; Elliot 2002; Hinshelwood 1994; Hollway and Jefferson 1997; Hood-Williams 2001; Jefferson 1998, 2002). Typically, an individual will – in early life - move from occupying the former (destructive)

²⁷ This is not to pathologise men's involvement in care as requiring an automatic explanation but to point out that the 'unusualness' of the situation at the level of gender - not to mention the general other-orientation of care, the greater degree of emotionality and relationality involved than in other areas of work - provides a particularly useful challenge to instrumental and rational ('conventionally masculine') conceptions of agency (Seidler 1991; also see Sevenhuijsen 2003 and Tronto 1993).

position to occupying the (reparative) latter. Moreover, it is argued that it is precisely in this psychological shift that sociality emerges, i.e., the ability to form and participate in interpersonal relationships characterised by care, empathy and concern for others²⁸(*ibid.*).

According to Klein, paranoid anxieties and defences derive from the internal fantasy life of earliest childhood. The paranoid-schizoid position is characterised by a sense of omnipotence on the part of the individual/infant, an inability to properly distinguish between self and others, between inner and outer worlds (e.g., Alford 1989; Elliot 2002; Hinshelwood 1994; Jefferson 2002). Instead, unconscious fantasies originating in the self (including anxieties about self-annihilation) are projected onto external objects - principally, the infant's primary carer as the main source of interpersonal contact - and experienced as 'real', as originating from these objects. In the case of the infant's projected anxieties, "other persons become invested with persecutory powers" (Elliot 2002: 80); the infant thus seeks to destroy – in the context of unconscious emotional fantasy – that which is a 'threat'. One way of dealing with the ambivalence of experiencing as a threat one's primary carer (i.e., that person on who one is most dependent for the meeting of needs) is for the infant to resort to the paranoid defence of splitting. The same object (the primary carer) is split into two parts – 'good' and 'bad' – and these parts are conceived as pertaining to entirely separate entities or objects, so there is felt to be a 'good primary carer' and 'bad primary carer': "The good object is idealized, granted supreme and unquestionable legitimacy, and felt to be a refuge from persecution. The bad object is feared as a terrifying, destructive persecutor or denigrated as worthless and illegitimate..." (Born 1998: 374).

²⁸ Broadly, what is defined in this thesis as 'emotionality and relationality'.

In contrast to the ‘fantastical’ elements of the paranoid-schizoid position, depressive anxieties and defences derive from the infant’s growing distinction between inner and outer worlds, and thus they represent attempts to accommodate social reality. The depressive position expressly concerns the recognition of the subjectivity of others and of the ambivalent nature of interpersonal relationships; most notably, there comes the realisation that there are not two primary carers – one ‘good’, one ‘bad’ – but one person who (like the self) is not all-powerful but is vulnerable to ‘attacks’ from others. Indeed, depressive anxiety is profoundly social and other-orientated; it involves the infant’s growing feelings of guilt - and thus of concern and empathy for others - regarding previously conceiving the (bad) primary carer as a ‘threat’ in need of destroying. It is in this melancholy context of unconsciously seeking reparation, that sociality, *qua* relationality and ‘positive’ emotionality, finds its first basic mode of expression (Alford 1989; Elliot 2002; Hinshelwood 1994).

Although in Klein’s framework, psychological and emotional experience is typified by an infant’s progression from the paranoid-schizoid to the depressive position, it is important to realise that this is conceptualised as an accomplishment which, for any one individual, is never wholly achieved. Even while sociality depends on the management of depressive anxieties, this does not represent the ‘end point’ in a fixed route of progression from one stage of development to the next. While the continuation of extreme persecutory fantasies in the individual is considered by Klein to be a sign of psychic ill-health, paranoid (alongside depressive) anxieties and defences are, to some extent, recurrent aspects of adult subjectivity and social relationships: “... quite normal [sic.] individuals may manifest an ego organization characteristic of the paranoid-schizoid position when confronted with stress and loss, a manifestation that is not comparable with regression to a previous developmental

stage” (Alford 1989: 29). To formulate this in more definite psycho-social terms, ‘stress and loss’ can be substituted in my analysis with *events in the individual’s life which induce tensions at the level of identity* and which are thus anxiety-provoking (this anxiety potentially given its particular shade from past object-relations). For instance, aspects of participation within the ‘feminised space’ of professional care-giving may be, at certain times for a given man, a source of paranoid anxiety regarding gender. More specifically, normative conditions of gender stereotyping, as they are experienced in the context of concrete social interactions, may reanimate - give new expression to - ‘characteristic defensive patterns’ in the individual’s construction of masculine identity. Paranoid anxieties, borne of biographically unique meanings of masculinity,²⁹ are projected onto (and exist in interplay with culturally derived meanings of) the current situation. This might lead to a defensive splitting off of ‘femininity’ from ‘care-giving’, with the former object (femininity) ‘dispelled’ from the self and potentially denigrated, and the latter object (care-giving) becoming heavily invested with ‘positive’ meanings of being ‘different as a carer’. This is an implicit restating of one’s feelings of *sameness* with ‘other, typical, men’, and of one’s difference, even superiority, to ‘typical’ carers, i.e., women; arguably, the tensions of ‘choosing’ to enter a gender-subordinated arena of work are thus ‘resolved’. Of course, this not to claim or suppose that splitting is a common form of defence for men working in ‘non-traditional’ occupations such as care; indeed, as I have argued consistently, there are surely various relationships, and degrees of response, which care-giving men may have to notions of ‘difference’. I merely seek to provide in the above an illustration of how biographically derived anxieties might motivate particular relationships and responses, and might motivate certain instances of gendered (emotional) meaning-making.

²⁹ Ultimately, referring back to earlier unconscious fantasies of (self)annihilation.

I having now outlined the analytic framework for the research – of ‘emotional meanings of masculinity’ and ‘notions of ‘difference’/stereotypic discourses of men’s differential capability and capacity to care’ - in terms of its theoretical situation and history, it is now the intention to also embed this framework and its development in the empirical process of the thesis, that is, the narrative study of care-giving men. To this end, the following chapter considers how, and at what stages of the research, these ideas were generated from *and* applied to my interview data.

Chapter Three: Researching masculine identity in professional care - a narrative-based methodology

3.1. Introduction

This chapter explains why and how my empirical investigation of ‘masculine identity construction’ has taken the form of a narrative interview study, and embeds this in the theoretical themes of the previous chapter (Chapter Two): namely, the analytic framework of ‘emotional meanings of masculinity’ and ‘notions of ‘difference’/‘stereotypic discourses of men’s differential capability and capacity to care’. The first section of the chapter provides a brief history of the early part of the research process (including the pilot stage of the study when my focus on ‘care-giving men’ specifically emerged), before discussing in detail how data collection and data analysis were completed within the context of the study proper (comprising the second and third sections of the chapter respectively).

3.2. Using 'narrative' to research masculine identity: a story of my research

It is true to say that while the final articulation of my research questions (as expressed in Chapter One) did not occur until I had completed my collection and analysis of data, there have been particular, principal, ideas and themes underpinning and driving the direction of the study from its inception onwards – ideas and themes which can be said to constitute 'emotional meanings' and 'notions of 'difference'/ 'stereotypic discourses' in embryonic form. Not least here has been my consistent interest in researching 'masculinities' (Connell 1987, 1995) at a 'subjective' level. Since the very early stages of the thesis, I have been concerned to explore what 'being a man' *means* for the individual and, through this, to investigate the nature of the relationship between 'self' and the socio-cultural realities of 'masculine hegemony'. Importantly, in upholding the analytic import of 'meaning', I have made three, interconnected, assumptions, which are as follows:

- Masculine identity, as a subjective phenomenon, is constructed through the meanings that an individual (man) ascribes to his lived experiences;
- People exist (have experiences concerning self and others) necessarily within social *contexts* – thus, meanings ascribed to individual experiences are framed by (and so are, at least in part, derived from) cultural, frequently normative, systems of meaning, including those of gender;
- Masculine identity (as indicative of the person-in-context, as indicative of a relationship between 'self' and 'masculine hegemony') is therefore 'knowable' by grasping the meaning-making of the individual.

This emphasis on knowing identity through 'grasping meaning-making' has meant, from near enough the start of the thesis, I have been aware of needing a method that would allow me to focus intensively on 'individual experiences', and the meanings ascribed to those experiences. I quickly realised the most suitable research tool in this respect was the qualitative interview, concerned as it is with understanding how people perceive and construe the world around them (e.g., Mason 1996, Robson 2002.) Moreover, it was clear that an interviewing approach orientated towards eliciting narratives would be especially salient for these purposes. As 'storied' recounts of events in the life of the individual interviewee, narratives constitute concrete meaning-making devices; they serve to provide relatively coherent ways of processing, ordering and communicating, to self and to others, the complexities of first-hand experience (both experience which is recent and that which is long past in a person's biography) (e.g., Brockmeir and Carbaugh 2001, Bruner 2001, Elliott 2005). In this sense, they can be considered to be a formative aspect of 'identity' at the level of the individual:

Experiences acquire meaning only when they are 'fused with' stories ... As we tell stories about ourselves, the experiences of our lives acquire a certain coherence. Human beings are both authors of, and actors in, self-narratives ... Through our careful selection of what parts of our past we conjure up, we sculpt a 'narrative identity' ... for ourselves which lends a congruence to our past, present and future selves. (Andrews 2000: 77)

As outlined above, one of the fundamental assumptions of my research has been that personal meaning-making is framed by, and infused with, cultural systems of meaning; in 'knowing' identity, we also, in some sense, 'know' society. Indeed, I felt it was precisely a strength of narrative interviewing as a method that it would enable me to keep the individual (male) interviewee situated in context in this way - i.e., within a 'reality' of masculine hegemony - rather than risk presenting him as an abstracted individual, as if divorced from social and power relations (see Connell 1995). This follows the argument that the authoring of narrative, the 'fusing' of

individual experiences with stories (as conventionalised modes of understanding and articulating experience) involves the interviewee engaging with available discursive resources (those current in social circulation) in order to 'make sense' of 'what happened' in terms which are culturally intelligible (Elliott 2005, Plummer 2001).

Initially, my concern with exploring the interplay of 'self' and 'gender norms' in this way emerged from a general theoretical interest in the 'masculinities' framework.

Importantly, it was as I began the 'pilot stage' of my interviews that my specific focus on men working in professional care – *vis-à-vis* gendered norms of emotionality and relationality – was to emerge. The idea of doing 'test runs' was partly to give me the opportunity to practise my interviewing skills. As importantly, however, it was to help establish what questions I 'should' be asking, not least in terms of the broad areas of enquiry it would be useful to cover in an interview. As I began the process of doing interviews, I was interested in researching 'men' much more broadly, including in terms of questions of (hetero)sexual identity.³⁰ In the vein of Connell's (1995) life history approach, I was concerned to hear stories pertaining to individual biography. Believing that it may prove fruitful to pursue interviews with men who were in life situations which could be considered 'gender atypical' – following a logic that in such situations, issues of 'masculinity' might be brought more closely to the surface than if I was to select interviewees from or in respect of more 'gender conventional' scenarios (where men *as a gender* are less visible exactly because they constitute 'the norm'; see for example, Morgan 1992: 47-48, 99-100 on the idea of 'gender salience') - this involved interviewing student nurses from my university, as men who were training to work within a 'female-dominated' profession. As I

³⁰ This interest coming from earlier, undergraduate, research concerning the masculinities of gay-identified men and issues of heterosexism.

interviewed these men, certain themes emerged, both in terms of a sense of the 'cultural unusualness' of the interviewee's situation *vis-à-vis* gender (as had been anticipated), *and* in terms of the interpersonal and gendered complexities, ambiguities and demands of *providing care to others*. Indeed, the emotionality and relationality of care-giving was something which quickly became of growing interest to me, particularly when I considered this with reference to an argument common to much of the critical gender literature – that gender identity for men is defined largely in relation to dominant cultural systems of meaning which emphasise as 'masculine' certain 'personal qualities' (emotional detachment and control, rationalism, autonomy, individual(istic) achievement) while simultaneously 'denying' for men as 'feminine' other personal qualities, such as (positive) emotional expression, connectedness, and caring (see Chapter One). The 'gender atypicality' of men providing care, and the gendered issues which caring raises around 'emotionality and relationality', taken together thus suggested 'care-giving' specifically as an empirical site within which exploring matters of 'masculine identity' might be particularly interesting and worthwhile. A relative dearth of existing literature on masculinity construction in care situations (see Chapter Two) strengthened my drive to take the study in this direction – and to focus specifically on men providing care in a professional capacity, this being where studies were most scant. ('Professional care-giving', of course, included here men in nursing, but I decided to broaden my scope to include men in other care-related professions; see Section 3.3.1. for discussion on the sampling process and the composition of my final sample).

At the same time as narrowing my analytic focus to men working in professional care, I was keen to also retain the original biographical components of my research. From my concurrent engagements with the methodological literature, I became increasingly convinced of the value of taking an approach to my research that would specifically highlight and attempt to address questions of *motivation* and *psychological continuity* in men's construction of (narrative) identity *vis-à-vis* care-giving. For instance, in my interviews it had become clear that some of the discursive resources in which interviewees engaged within their narrations of work pertained to the existence of gender stereotypes and other normative ideas and assumptions concerning 'masculinity' as a signifier of 'difference' in the care situation. (See Section 3.4. for related discussion in the context of an overview of the coding process and the generation of the concepts 'notions of "difference"' and stereotypic discourses.) Following Hollway and Jefferson (1997, 2000) and others, I wanted to explore not only *how* identity is formed through such discursive engagements (including those relating to '(gender) difference'), but also something of *why* the individual might construct 'self' in this particular way. In other words, I was drawn to a psycho-social theorisation of subjectivity with its accent on the 'motivated' nature of meaning-making, i.e., the interviewee's partly unconsciously shaped efforts to manage, through particular positionings in narrative/discourse, *biographically specific anxieties and desires*.

My interest in considering this 'psycho-social' framework (that is, a psycho-social theory of the male subject) in terms of future interviews and analysis had important epistemological implications for how I subsequently viewed narrative. According to Hollway and Jefferson (2000), narratives should be treated as constituting *ambiguous representations* of an individual's real-world experiences. This is *contra* strong social constructionist stances which reduce 'the living' to 'the telling' (whereupon 'identity'

is considered the sum total of discursive positions which a person occupies during the course of an interview), or, conversely, empiricist assumptions to have, through interviewing, a clear view onto the complex reality of an interviewee's life (see, for example, Czarniawska 2004). Indeed, in line with Hollway and Jefferson, alongside Redman (2005) and Mauthner and Doucet (2003), I regarded the interviewee and his (masculine) identity as non-reducible to narrative (certainly at an ontological level), but always, ultimately, only knowable to me through my *interpretations* of his narratives. My concern in using narrative interviewing, therefore, lay not in the idea of somehow accessing knowledge of events in the interviewee's life exactly as they occurred (i.e., with the 'truth status' of recounts *per se*), but rather with the apparent significance of such narrations of events for the individual and so for my understanding of 'individual identity construction', i.e., the meaning-making processes which were therein suggested. This meaning-making included explicit and implicit claims on his part to 'sameness' or 'difference' to (or identifications and counter-identifications with) the other 'characters' in his narrations: so with other people in his life, past and present. This seemed consonant to me with a particular take on psychological continuity and meaning-making which - as I engaged with pertinent theoretical literature alongside the methodological - came to inform my 'final' position on narrative identity: that is, against any kind of psychoanalytic or cultural determinism, the notion of "the tranferential-projective-introjective *here and now* of psychic meaning" (Chodorow 1999: 5; emphasis added; see also McNay 2000). (See Chapter Two for more discussion on the concept of the emotional meanings of masculinity, and Section 3.4., 'Stage Three', for explanation of its deployment, alongside the concept of stereotypic discourses, in the analysis of my data. Also see Chapter Eight, Section 8.2., for more on the 'holistic' dimensions to my approach.)

However, what were the methodological implications of this epistemological take on 'narrative (masculine) identity'? For instance, how and to what extent did a psycho-social theorisation of subjectivity influence the practical business of how I did my interviews with my final sample of eight care-giving men? This is the subject of the following section.

3.3. Collecting narratives: hearing what ‘being a (care-giving) man’ means

This section is divided into two main parts. The first part (3.3.1.) outlines the procedure I followed for drawing a sample of interviewees once the focus of the study had definitively shifted towards ‘care-giving men’ (see Section 3.2.), while the second part (3.3.2.) discusses key aspects of the interview procedure itself, following my having identified suitable men willing to participate in the research.

3.3.1. Hearing whose narratives? On accessing interviewees

The sampling procedure

The target group for my research comprised individual men working (or training to work) in a professional care role. Using this basic criterion, I drew a final sample of eight such men: four nurses, three counsellors, and one youth mentor. Importantly, the size of this sample was purposefully kept small. As the theoretical interests informing my research relate foremost to understanding ‘individual identity’³¹, it has never been the intention, in doing an empirical study, to attempt to make generalisable claims about data. The procedure I have taken to achieving my sample can be, thus, characterised as a non-probability form of sampling – that is, as opposed to a sampling procedure concerned with issues of representativeness. In the first instance, my intensive approach to interviewing (for more details, see 3.3.2 and also Section 3.2.) clearly means I have not sought to produce data with empirical generalisability (with the reach to move from ‘the particular’ to statistical generalisations, from talking about specific individuals to offering ‘explanations’ about whole populations of men). Nor have I been driven by concerns with *theoretical*

³¹ Although this is always ‘the individual’ *qua* the ‘psycho-social subject’, or ‘the individual located in context’; see Section 3.2.

generalisability, in the sense of theory building or development *per se*, i.e., producing a new theory, or systematically amending or elaborating certain elements of an already existing theory (see, for example, Silverman 2000, Robson 2002, Mason 1996).

However, while the sampling procedure I have used was not directed along lines of grounded theory (or theoretical sampling, e.g., selecting ‘particular cases’ to test a working hypothesis), it *was* orientated by the theoretical context of the study – that of ‘masculine identity construction’. In its final empirical ‘output’, then, the research seeks to contribute to understandings of individual masculine identity (as an under-developed aspect of a sociology of masculinity), via the ‘gender atypical’, and emotional/relational, site of professional care. Concern, therefore, lies with the theoretical *pertinence* of the study within, and to, existing critical explanatory frameworks regarding ‘men and masculinities’.

The above has meant working with a sampling procedure that was positioned somewhere between opportunity sampling and purposive sampling (Silverman 2000, Robson 2002). This procedure resembles opportunity sampling in the relative flexibility deployed in exactly who has been approached, in the first instance, as a potential interviewee. At the ‘pilot stage’ of interviewing I spoke to men who were student nurses, who told me about their experiences on the ward (mostly in the context of undertaking work placements, although one interviewee, who was undertaking a postgraduate qualification, had worked in nursing for years); and I was now interested in doing so again as these interviews had proven to be theoretically interesting (see Section 3.2.). Alongside nurses, however, I also wanted to approach men from other care professions (see the paragraph below for my reasoning here) and, in this respect, I deliberately worked with an inclusive understanding of what constitutes ‘professional care’, targeting employees, volunteers and students in

various fields of care work: this included counselling, youth work, residential care, nursery and childcare, and support work. This flexibility was necessary, as I suspected a relative scarcity of suitable interviewees (and this was to be repeatedly confirmed to me in many of the responses I received from different organisational 'gatekeepers'; see 'Approaching potential interviewees' below), i.e., *precisely because of men being a minority in respect of whichever area of work was in question!*

At the same time, the procedure I followed also resembled purposive sampling in the marking of a distinction between nursing and other, 'emotional care', interviewees. All of the nursing interviewees had referenced in their interviews, some very heavily, the physicality of care delivery, and it was of interest to also secure interviews with men who, in contrast, worked in less 'physically orientated' roles – with care instead being focused specifically³² on the provision of emotional, practical and/or psychological support. Importantly, this distinction was motivated not by a desire for a systematic analysis across 'care-giving types' but, rather, to thus achieve possible points of similarity and difference between individual interviewees that may be informed by occupation: *thematically, in terms of the cultural content of personal meaning-making*, e.g., with regard to gender stereotypes. (While the research is concerned with exploring the processes which shape individual identity - and not, for instance, with exploring the social structure of specific care institutions - it was not my aim, when analysing and writing up my research, to present a collection of completely isolated case studies with no theoretical pertinence to, or resonance with, each other. One particular way of contextualising the gender identity construction of individual men within a wider (psycho-social) reality of masculine hegemony *vis-à-vis* care was to

³² (Of course, nurses are involved in emotional care too; they are expected to (or at least appear to) care *about* their patients at the same time as caring *for* them (i.e., while tending to specific physical ailments) (James 1992).

‘classify’ individuals according to occupational area, even if always the ultimate focus was to be upon ‘care-giving men’.) In this vein, once I had secured an interview with a man in a particular care role - namely, counselling – I was keen to speak with more men working in this, or a comparable, role: as this eventually transpired, the ‘emotional care’ interviewees comprised three men working in counselling roles and one man in youth mentoring, these two areas of work, whilst obviously distinct from each other in many ways, sharing a broad focus on the meeting of emotional (non-physical) care needs.

Explaining the research

Potential interviewees were approached in the first instance via the institutions in which they were working or training within a care role – that is, I wrote to or telephoned relevant points of contact in various different organisations that had been located through desk research and by word-of-mouth. Amongst others, these included: universities running courses and modules relating to particular care professions (such as nursing and early years education); nurseries and children’s daycare centres; residential and nursing care homes and day care centres; hospices and NHS trusts; counselling organisations; and support agencies (working with various different client groups, from older people to people with learning disabilities, mental health problems or drug and alcohol misuse issues). I explained something of the research to these points of contact (or ‘gatekeepers’), framing the study clearly in terms of its broad focus on ‘care-giving’ and ‘what it means to be a man’; this was so they were aware that the research was not ‘just’ about nursing or whichever area of care work the organisation represented. The gatekeepers were then asked if they would be willing to pass on a written communication to any potential interviewees in their organisation – an invitation containing very brief information about the study

(as per the information already supplied to gatekeepers) coupled with the request that anyone interested in being interviewed contact me for further information.³³ Once potential interviewees had got in touch, I sent them a further information document, which talked through in an informal manner (intended to be friendly and as accessible and ‘non-jargonistic’ as possible) what being interviewed would involve. Alongside addressing practical matters (likely length of time an interview would last – estimated at an hour and a half – and venue), the document provided broad suggestions of what I would be interested in hearing about from interviewees in respect of their care work; I also made clear the biographical slant of the research, and the opened-ended nature of the interview process. Finally, the document briefly addressed issues of confidentiality and anonymity (see, for instance, Plummer 2001, Bell 1999). (See the appendix for an example of this document as supplied to nursing interviewees; the content of this for ‘emotional care’ interviewees differed only in that it instead referred to their specific area of work.)

³³ Importantly, it was impressed on each gatekeeper that they were not being asked to encourage or persuade potential interviewees to get in touch, or to facilitate contact beyond passing on my invitation. For instance, I did not wish them to break employee confidentiality by supplying me with a list of the names and addresses of potential interviewees; nor did I wish to use their involvement to add ‘weight’ to my invitation – that is, to place any kind of organisational pressure on potential interviewees to ‘comply’ and participate. (This appeared to be clear to the vast majority of gatekeepers. Nonetheless, on a couple of occasions, I was given direct contact details for potential interviewees without being sure if the people concerned had been informed first about the research, so I decided not to make use of these details.)

The final sample

The final sample consisted of eight men: Adam, Richard, Dan and Luke (the nursing interviewees); and Joe, Theo, Patrick and Martin (the 'emotional care' interviewees).³⁴

These men were of different ages, socio-economic backgrounds, and (to a lesser extent) of different sexualities and ethnicities. Six of the men had come to their current care role having worked in other occupational areas, often for a number of years. It is important to note, however, there was no methodological imperative or drive on my part to capture a particular range of demographics in the sample (in terms of 'social characteristics' or backgrounds): it was never the intention to intensively explore any aspect of masculine identity construction other than that of gender. At the same time, sexuality and age did, in certain cases, come to assume a degree of theoretical salience in my final analysis. For instance, in the case of Chapter Five (consisting of the narratives of nurses Dan and Luke), gay sexual identity, coupled with 'being young', emerged as a key aspect of being a gender minority for the interviewees in question. (In a less immediate fashion, matters of (hetero)sexual identity were implicit to the narratives of counsellors Patrick and Martin (Chapter Seven) as they talked about their experiences of caring for survivors of male sexual violence.)³⁵ In this connection, I include a table below which presents each of the interviewees in terms of his care profession, his current role and his last previous job, his age, and his sexual identity. It is, though, necessary to reiterate that the empirical focus of the study has been upon gender *per se*, my research does not represent an effort to formally theorise the links or interplay between gender and other aspects of

³⁴ Each interviewee was ascribed a pseudonym (as above) at the transcription stage of my analysis.

³⁵ Class, too, was implicit as an aspect of identity construction throughout my analysis (perhaps especially with Theo, Chapter Six, and his normative examples of 'informal chat' with young, working-class, male carees), but this was certainly less of a *thematic* focus than were the examples (above) of sexuality and age. (However, see Chapter Nine, Section 9.2.3., for a brief, speculative discussion on how class and gender may have intersect in the case of interviewees narrating their involvement in care as a form of 'social advancement'.)

(masculine) identity (nor, of course, to make generalisable claims relating to caregiving men and class, or 'race', or age, or sexuality, or occupational background).

Table 3.1. Composition of the final sample

<i>Interviewee</i>	<i>Care profession</i>	<i>Current role, and last previous job</i>	<i>Age</i>	<i>Sexual identity</i> ³⁶
Adam	Nurse	Student; former market researcher	Early 40s	Het.
Richard	Nurse	Team manager; 20 years nursing experience	Mid-40s	Gay
Dan	Nurse	Student; former care work	Early 20s	Gay
Luke	Nurse	Student; former bar management	Mid-20s	Gay
Joe	Counsellor	Charity volunteer; former engineering manager	Late 40s	Het.
Theo	Youth mentor	Programme leader; former construction worker	Early 50s	Het.
Patrick	Counsellor	Hospital-based practitioner; former teacher	Mid-60s	Het.
Martin	Counsellor	Hospital-based and private practitioner; former and concurrent IT worker	Late 40s	Het.

³⁶ It is true to say that only two of the eight interviewees expressly referenced their sexual identity – both of these self-identified as gay. However, while the remaining interviewees did not expressly mention their sexual identities, their likely identification as heterosexual was indicated in talk of wives or female partners and through the use of other similar identity ‘markers’ (this was with the exception of one interviewee, who intimated being gay in correspondence after the interview). Arguably, the foundation for this assumption of heterosexuality is strengthened if we consider that, as the ‘norm’, heterosexual men are perhaps less likely to ‘need’ to directly mention their sexual identity, as opposed to the interviewees who identified themselves as being gay: heterosexuality is ‘non-problematic’ in the first instance.

3.3.2. Doing the interviews: 'asking about' masculine identity

Research setting

As I made arrangements for a given interview, the interviewee was given the choice of whether he wished to come to me (to an office in the university where I work and study) or for me to come to him. My main concern was to arrange a time that was convenient for the interviewee, and to ensure that the space in which the interview took place was suitably private, quiet, and free of likely sources of distraction and interruption (and, of course, that it would be available for when he was free – on a couple of occasions interviews took place in the evening) (see, for e.g., Plummer 2001). As it transpired, three of the interviews (all with nursing students) took place in my office at the university (with interviewees having their travelling expenses reimbursed as soon as they arrived), while the remaining five interviewees were interviewed 'on location', i.e., in quiet spaces within the places where they worked or studied (one of these was the interviewee's house, and the room there in which he conducted private practice as a counsellor). All interviews were recorded (with interviewees' permission), either on a mini-disc recorder or mp3 player, for later transcription.

Pre-interview

Typically, I chatted with the interviewee for a few minutes on (his or my) arrival at the interview venue, as we settled in and I set up the mini-disc/mp3 recorder; in those cases where the interview took place in my office, I offered refreshments and gave the interviewee a choice of where he would sit. Primarily, I was keen to make the interviewee feel comfortable and relaxed, and 'ice the break', in the interests both of ethical practice and of establishing rapport; but I also found this 'pre-interview'

chat useful as a potential 'source' of information. Sometimes here the interviewee would casually refer to some specific aspect of his situation (for example, one student nurse mentioned that he had come to my office straight from his work placement on a hospital ward), something which I might then subsequently come back to (after briefing had been completed; see the paragraph below), to use as a 'spring-board' into the interview proper, referencing what he had said and asking him for further details. (In the case of the student nurse above, interviewing commenced with a request to hear about what he had done on the ward that morning. This was in line with my methodological desire to elicit interview material concerning concrete experiences; see 'The interview' below.)

Before interviewing began, however, the research was again explained to the interviewee, as was the interview process: I reiterated who I was and why I was interested in interviewing him, *as per the initial letter and details document*, and the length of time an interview would likely take. I then asked if there was anything else he wanted to know (in practice, none of the interviewees asked me questions at this stage) and gave him a consent form to sign, to formally demonstrate his voluntary participation in the research. It was also made clear to him, however, that signing this form in no way obligated him to answer any given question or to complete the interview should he wish to stop, for whatever reason, at any point. (See, for e.g., R. M. Lee 1993, Plummer 2001, and Robson 2002.)

The interview

Interviews typically began with the request being made on my part to hear more about what an interviewee did at work: in some cases, I focused on a particular aspect of the care role which may have been mentioned to me already in written

correspondence or during the pre-interview chat (see above); in other cases, the simple confirmation of an interviewee's job or course title served as a starting point for questions orientated towards hearing about specific experiences at work. Influenced by the methodological writings of Hollway and Jefferson (1997, 2000; see also Hollway 2000, Gadd 2000 & 2003, Clarke 2002), I focused on eliciting stories about events the interviewee had actually experienced (i.e., not asking about what an interviewee 'typically does' in his capacity as carer, but instead inviting him to tell me about what he '*has done*', e.g., today/on his last placement/when he first started his job), and which were thus more likely to be reflective of his (narrative) *meaning-making* at an emotional and potentially unconscious – rather than at a solely rational or 'rehearsed' – level. In other words, and as Hollway explains:

The closer the account stays to events, the more it can elicit emotional meanings than an exclusively cognitive account. If interviewees stay faithful to what they actually did, as part of what happened, then their actions are available as data for interpretation, albeit through linguistic accounts. (2000: no page number)

Interviews would sometimes, and (I argue) necessarily, produce material which was general or abstract in its focus – i.e., not always consisting of a story about one particular event. Importantly, however, I avoided asking about or dwelling on hypothetical scenarios. As long as an interviewee's expression of ideas, feelings, opinions or beliefs pertained in some way to actual experiences and relationships, or acted as the precursor to concrete examples of *when* he had thought/felt 'that way', such 'generalised speech' was treated as useful for understanding identity construction. (If it was sometimes not clear whether or not an interviewee was referring to actual experiences in what he was saying, I would probe this further, seeking to achieve specificity. For example, one interviewee - youth mentor Theo; see Chapter Six - talked about the problem of aggressive young people 'knowing' that if they hit a member of staff at the college where he worked, there was no threat of retaliation from the worker. I asked him, "Have you been hit?", to which he

responded by clarifying that he had been spat at - rather than hit - in the past. This then immediately led onto a story concerning a particular student, with whom he had been embroiled in a physical altercation.) Importantly, I also avoided asking an interviewee to 'tell me why' about events he mentioned; I did not directly or explicitly ask to hear about the reasons or motivations for his actions (e.g., "Why did you become a counsellor?"; "Why do you think you did that?"), although sometimes he might offer such accounts of his own accord; my focus, instead, was on inviting him to 'tell me more', that is, at the level of detailed description – and, arguably, emotional meaning-making. (See Section 3.4.2 for a description of how such specific and concrete accounts were analysed, including in terms of possible unconscious processes.)

Given my focus on *gendered* meaning-making specifically, and on masculine identity, I sought to ensure that I had a way of 'gendering' the interview. One way of doing this was through my pre-interview correspondence (the aforementioned 'further information' document as well as my briefing upon meeting, both of which concerned making purposefully vague reference to "what it means to be a man in the contemporary world of" nursing/counselling/mentoring). As it transpired, in almost all cases the interviewee would 'introduce' gender himself based on his own interpretation of what the interview 'was about' (as framed by this pre-interview correspondence), which, in line with my 'individual-led' methodological approach, was what I preferred. However, I also did prepare a couple of questions which I could ask to get the interview 'talking about gender' should I need to; this was only necessary once, when I asked the interviewee (student nurse, Luke, in Chapter Five) a rather dry question about the gender composition on his nursing course, from which he proceeded to talk about his experiences on work placement as a 'gender minority'

(and to which I responded with individually specific questions). With the other interviewees, 'gender' would emerge in various different ways. Sometimes it would be explicitly reflected upon by an interviewee, in relation to self and the situation of 'being a man' – for instance, about minority status. Other times, 'gender' was more implicit in its presence: e.g., other 'characters' in a narrative being referred to in gendered terms, but without direct reference being made to the interviewee being a 'male carer' *per se*. (As an example of the latter: one interviewee - counsellor Joe in Chapter Six - did not talk explicitly in his interview about his 'situation' as a man in care, but did speak in some detail about working with a client who was "trying very openly to be alpha male" – and, elsewhere, about another aggressive (male) client - and the consequences of this for the care relationship.)

As explained in Section 3.2., I have been interested in matters of biography from the study's inception. I have also said about the fact that, as the research proceeded, I developed an interest specifically in exploring the personal history to (gendered) meaning-making. Thus, I aimed in each interview to capture something of the interviewee's gender identifications with figures in his life outside of the care-giving situation (as per my concern with "the tranferential-projective-introjective here and now of psychic meaning" (Chodorow 1999: 5)). A common starting point across interviews related to 'parental identifications', or relationships with parents, as strong examples of 'real relationships' formative of identity (a la object-relations theory; such identifications are perhaps particularly salient with regard to gender (Nielsen 2001) and, I would add, care). Sometimes such information emerged organically from other, 'care work', narratives, for instance, an interviewee volunteering an overview of his work history and alongside this, details about other aspects of his life. Other times, I would specifically need to pose questions (articulated in an open-ended

fashion as per all other questions) about his family background (e.g., growing up/his relationships with his parents/time at school); usually this was done later in an interview, once rapport had been properly established.³⁷

Ethics and the research relationship

Over the course of the research, I became increasingly aware of particular epistemological tensions underlying my relationship to and with the interviewees, tensions which I came to refer to as ‘interpretation-critique-empowerment tensions’. While these tensions related to epistemology, they also raised very real ethical and political issues concerning both my motivations in conducting this research – why was I doing it and who was it for? – and the nature of my relationship with interviewees: basically, the vexed question of ‘detachment’ versus ‘involvement’.

In doing critical research on care-giving men, a central tension resides in the fact that while, *as men*, my interviewees are members of a group which is at a collective advantage *vis-à-vis* women, as *care-giving* men, they are also in a complex, potentially ‘disadvantaged’, position *vis-à-vis* other men. Given this, it could well be asked why I would want to spend time *critiquing* those men who *are* actually involved in caring. Surely I should be focused on hearing about their experiences, giving them a voice to push ‘the care agenda’, and, at the level of gender specifically, helping to challenge

³⁷ Questions about background usually, although not always, resulted in fairly detailed information about parental relationships (Dan – see Chapters Five and Eight - is notable in this respect in mentioning his family only in passing, his biographic narratives instead focusing upon his experiences of school life and friendships - and bullying - in this context). Importantly, on a separate but not altogether unrelated note, I acknowledge that it is not possible through a research interview to achieve the breadth or depth of data necessary to empirically capture or explore the full complexity of subjectivity – that is, the multiple and shifting identifications which necessarily go towards shaping, stabilising and changing an individual’s identity: identifications which would take months, even years, to understand in the context of a clinical relationship (e.g., Rudberg and Nielsen 2005; see also Gough 2009). However, it is certainly possible, I believe, to gain sufficient biographical material from a given interviewee to be able to meaningfully, if tentatively, work with and theorise connections in the data between ‘the past’ and ‘the present’ at the level of gender identity. (See Section 3.4.2., ‘Stage Three’.)

the stereotypes and barriers they may face as a relative minority – in essence, working to *empower* them? Certainly, to the extent that men’s increased participation in care has the potential to challenge popular notions of ‘what a man can and, indeed, *should* be’, and, crucially, that the burden of care may be lessened for women if it is no longer treated as an exclusively female domain, it perhaps seems counter-productive to do anything less than ‘champion’ my interviewees. Yet, of course, the reality is much messier. I felt it was important not to valorise ‘care-giving’ if this meant simply representing these men in a sympathetic manner while ignoring their possible engagements with masculine hegemony - whether these engagements occurred within the care situation or across wider social relationships.

This is not to then suggest doing research which undermines, as opposed to supports, its participants, and which paints a picture of ‘all men as the same’. Rather, it was to seek to capture the nuances and ambiguities of these men’s lives - as *men*, as *carers*, as *psycho-social subjects*. Being a male researcher, I ran a particular risk of unthinkingly legitimising men’s structural advantages – including my own - by producing research which downplays these advantages, even if this were through a naïve attempt to ‘help’.

This said, my aspiration for a certain degree of detachment from my interviewees has not, in practice, played out in a straightforward way; indeed, the dilemma around ‘empowerment’ was to largely emerge *in response to the research process* rather than being something which troubled me ‘in advance’. Quite simply, in conducting interviews, I was spending time with interviewees listening to their stories; with each interview, I was struck by the sheer ‘hard slog’ which being a carer involves, and found myself admiring the interviewees for what they do. Moreover, in line with my interest in

biography, they also told me about their lives more generally. Of course, what they divulged here can only be partial and possibly 'interested' representations of their entire life histories, 'edited snippets' brought about by the various necessary constraints of the interview situation. Yet, I was getting to know these men in a sense which goes beyond that of most everyday 'first meetings'; I was certainly being told things which people do not typically share with relative strangers. In this connection, I was encouraged to *empathise* with the interviewees as they trusted me to hear about aspects of their lives, including sometimes sensitive or upsetting stories, and this made 'involvement' unavoidable to some extent, even if this is not to collapse all distinctions between the research relationship and other forms of relating – for instance, counselling or friendship. Ultimately, it left me with some uneasy (and not easily answerable) questions concerning how I used the stories shared with me.

What this highlighted, then, is the inherent relationality of the research relationship (e.g., Hollway and Jefferson 2000, O'Connell Davidson and Layder 1994, Silverman 2000, Mason 1996, May 1993, Schwalbe and Wolkomir 2001); as researcher, I am a thinking, feeling, 'motivated' person relating to other thinking, feeling, 'motivated' persons, and my attempts at maintaining a degree of critical distance should be understood in this context. This was not to 'romanticise' interviewees' accounts, nor to treat data collection and analysis as a wholly 'subjective' enterprise without means of checking the validity of the knowledge produced. Rather, it was important to reflect upon the implications of relationality for knowledge production. For instance, my investments, as researcher and as person, in particular positions in discourse (in pro-feminist discourses, say, or discourses of care) shaped how I engaged emotionally with interviewees – that is, whether or not I *identified* with the discursive positions in which *they* engaged. This, in turn, has had an inevitable influence on how

I regarded their narratives when it came to analysis, and it is crucial to acknowledge this. However, identificatory processes are part and parcel of the research process, just as they are with any type of social encounter, and, importantly, they are not in themselves problematic or something which can be 'controlled' for. Nevertheless, left unexamined, without some degree of 'objectivity' and reflexivity on my part, such processes would have risked having a detrimental effect on the focus of my analysis. 'Detachment' and 'involvement', then, have been competing tensions in research rather than being mutually exclusive stances; this point holds definite salience for a critical study of care-giving men.

3.4. Analysing narratives

This final section of the chapter is again divided into two main parts. The first part (3.4.1.) considers the structure of my final analyses: in other words, I explain the common form which my four data chapters take in terms of how I present my findings, and my reasons for electing to take such an approach. This serves to provide a frame of reference for a subsequent discussion of the coding process (3.4.2.), where I relay my treatment of interview data - in the shape of three, discrete stages of analysis - as pertaining to a psycho-social theory of the subject.

3.4.1. Context: why an approach of 'two interviewees per chapter' in the study of individual identity?

As the core of the thesis, the final analysis of my data appears in the form of four 'thematic' chapters, all with a similar presentational structure. (Additionally, there is a fifth 'illustrative' chapter which completes the analysis by seeking to explore in more depth biographical aspects of gendered meaning-making; see Section 3.4.2., 'Stage Three' and Chapter Eight.) Here, I have sought to combine a focus on 'the individual' (as the fundamental unit of my analysis) with the address and exploration of thematic continuities *across interviewees*, that is, the emergence - recurrent over different individuals' narratives - of particular themes relating or pertinent to masculine identity in the care situation. To this end, each of these four chapters centres upon two interviewees, who have been placed together on the basis of their: (i) both belonging to the same care profession³⁸; and (ii) not unrelated to this, sharing

³⁸ Or in the case of Joe (a counsellor) and Theo (a youth mentor), the interviewees in Chapter Six, a comparable area of work.

in common a specific set of thematics which frame their recounted experiences of care-giving. In this capacity, both individuals are explored in the chapter as separate case-studies, but with this book-ended by discussion analytically linking their experiences as male carers. (These thematics have a pertinence not just to the chapter in question but to the research in its entirety, with all interviewees being compared and contrasted according to the analytic framework of ‘emotional meanings of masculinity’ and ‘notions of ‘difference’/‘stereotypic discourses of men’s differential capability and capacity to care’.)

To elaborate, although the analysis is ultimately ‘individual-led’, I have been concerned to ensure that chapters do not present the interviewees in total isolation from each other, but rather with regard to a ‘common situation’ (emergent from or responsive to the data) of certain cultural stereotypes which perpetuate a disconnect between ‘masculinity’ and ‘caring’, and which hold relevance to the question of personal meaning-making *vis-à-vis* gender norms. Although a single case-study approach can be useful in illuminating the ways in which discourses and social relations structure subjective experience (see, for instance, a related discussion in Hollway and Jefferson 2000; and Connell 1995),³⁹ it was always the intention of the research (starting life as a ‘purely’ sociological project) to conduct analysis in a way which centralises the similarities and differences between concrete interviewees *vis-à-vis* responses and relations to masculine hegemony. Such an approach, I argue, helps to enrich understanding of the contingencies and possible ‘common’ factors involved in identity construction, *without* making absolute truth claims concerning *the* reality of care-giving men’s lives - instead ‘simply’ aiming to offer theoretically pertinent

³⁹ And such an approach would be consonant with my argument in Section 3.2. that interview narratives pertain the ‘individual-in-context’ rather than the ‘abstracted individual’.

interpretations of data (see Sections 3.2. and 3.3.; also 3.4.2., ‘Stage Three’). Indeed, in deploying and generating an overarching analytic framework (of ‘emotional meanings’ and so forth, as outlined above) in respect of all eight interviewees’ data, the analysis is *suggestive* of a ‘bigger picture’ theoretically – that is, how and, to some extent, why particular men, working in ‘joint’ scenarios of ‘gender atypicality’, may be stood in different (or similar) relationships to notions of ‘difference’.

3.4.2. Coding for meaning: themes and narratives

We turn now to an overview of our coding and analysis. This is a process which can be considered as comprising three main stages: Stage One: Initial Coding and Stage Two: Selection and Refinement, which occurred while data collection was still on-going; and Stage Three: Full Analysis/Write-up.

Stage one: initial coding

Coding began when, upon having produced a full verbatim transcription based on my recording of an individual’s interview (see Section 3.3.), I set about analysing the transcript in terms of gendered meanings. (In preparation for this coding process, the lines of the transcript had been numbered chronologically (see Seale and Kelly 1998), which helped to bring some immediate sense of order to what was invariably large amounts of data.) This involved several successive readings whereby I thoroughly familiarised myself with the interview text⁴⁰, and during which time I began coding in a two-fold fashion.

⁴⁰ This also involved using post-interview and transcription notes.

Firstly, I coded text with regard to *the generation of basic descriptive themes*, this serving to provide a summarisation of a transcript's content – for me, its 'main points' - and so get me thinking theoretically about this content: for instance, around the interviewee's relationships at work, how they constructed the emotionality and relationality of care provision, and their 'accounting' for working in care. Although this was largely done for the purpose of providing a method of analysing *across interviewees* (see 'Stage Two' below for details and rationale), the emphasis was always on coding in an individually responsive way, generating themes which were based on the interviewees' own words (see Gough 2009) and so which tried to accurately encapsulate the contents of given sequences of text; for instance, one interviewee, Dan, when talking about being a minority as a man in nursing, referenced colleagues making assumptions that he is gay – this generated the basic descriptive theme *Minority: Assumed To Be Gay By Colleagues*.

Secondly, and concurrently, I coded text with regard to *the identification of narrative material* – that is, locating and marking out the presence of narratives within the interview, as specific and discrete instances of meaning-making, for subsequent analysis at the level of the individual interviewee. In this, narratives were defined as follows: text constituting (at least fairly) detailed recounts by the interviewee concerning his experiences of particular events, from which descriptive themes were typically drawn, and which followed a clear or approximate sequence of 'beginning/middle/end', i.e., a self-contained plot-line (e.g., McCormack 2004). However, as said in Section 3.3., I also saw value in interview material which referred, in a more general sense, to ideas, feelings, opinions and beliefs – as long as this included some reference to specific events or relationships, and was not

completely limited to presenting ideas and so forth in the abstract.⁴¹ Of course, ordering of interview text into ‘neat’ narrative blocks has been very much an interpretative exercise, involving certain important decisions being made on my part. Not least has been the marking of a story’s length (where it begins and ends) and, in this context, its ‘main point’, or narrative thrust, which obviously has implications for the shape of subsequent analysis (see, for e.g., Riessman 1993).

Stage two: selection and refinement

This stage involved working further with the descriptive themes and identified narratives of the initial round of coding, in preparation for my eventually undertaking a more intensive analysis of the interviewee and his involvement in care-giving in relation to masculine hegemony. This included producing/honing the analytic framework of ‘emotional meanings’ and ‘notions of ‘difference’/ ‘stereotypic discourses’, which subsequently would be explicitly and systematically deployed at the final stage of the analysis (see ‘Stage Three’ below).

As I coded transcripts at Stage One of the analysis, it had become apparent (ever more so with each successive interviewee) that there were certain continuities in individuals’ experiences regarding the gendered nature of professional care-giving, or ways in which their experiences were at some level comparable. As said, the generation of descriptive themes had given me a method by which to analyse across interviewees – that is, to systematically compare and contrast between the contents of different transcripts. As I did this, I focused on developing further, inclusive,

⁴¹ Indeed, with some interviewees, narratives would sometimes ‘begin’ with general talk about an issue, this then followed, either at my request or by the interviewees’ own accord, with the provision of a concrete example of this issue in terms of his personal experiences, i.e., a detailed narrative. In other cases, interviewees’ narrating styles sometimes saw the focus of a given piece of text see-saw between the general and the specific.

themes: themes attempting to capture and to explore degrees of commonality, alongside the necessary multitude of variation, in the gendered experiences of my interviewees. Most significant here is the recurrence of certain descriptive themes across interviewees engaging with normative presentations of gender, such as *Minority: Assumed to be Gay By Colleagues*, *Minority: Not Allowed to Catheterise Female Patients*, and *Men Are Good Role Models*, which saw me produce the more encompassing term of *Gender Stereotypes*.⁴² These descriptive themes, being drawn from the accounts of separate interviewees at Stage One, were all distinct from each other (particularly when viewed in their narrative context), but they also shared common features in emphasising, or otherwise implicating, ‘gender difference’ (‘different as a carer’ or ‘different as a man’; see Chapters One and Two) with regard to some aspect of care-giving. Certainly, not all recounts relating to ‘gender’ (explicitly or implicitly; see Section 3.3.) concerned ‘difference’ in this sense; however, it was the case that all interviewees did at some point/s invoke this in their interview, whether this was through stories of being subjected by others to gender stereotyping, or through engaging with - even perpetuating or bolstering - normative ideas of masculinity. (Accordingly, I worked with *Gender Stereotypes*, in dialogue with relevant theoretical literature, to eventually develop the interrelated concepts ‘Notions of ‘difference’/ ‘Stereotypic discourses’ for deployment at Stage Three of my analysis.)

Identifying thematic commonalities across interviewees in this way was an essential element to my analysis of *individual* identity construction. Methodologically, my concern was with exploring interviewees’ unique relationships to the ‘common situation’ of caring under masculine hegemony (see 3.4.1.). In following this

⁴² A procedure also known as clustering (e.g., Hollway and Jefferson 2000).

approach, I acquired a clear (theoretical and practical) focus for working with what were large, and potentially overwhelming, amounts of data. Specifically, based on the aforementioned generation of the broad theme of *Gender Stereotypes*, I was able to select from each transcript (this having been ‘divided’ into discrete narrative form at Stage One) certain, thematically pertinent, narratives around which to later centre our analysis (at Stage Three).

Stage three: full analysis/write-up

This stage involved the analysis of key narratives and, from this, the write-up of Chapters Four to Seven, in which I applied to the data the aforementioned analytic framework (‘emotional meanings’ and ‘notions of ‘difference’/ ‘stereotypic discourses’).

From the coding done at Stage Two, I was able to identify certain commonalities between particular interviewees: commonalities in situation and in terms of engagement with certain stereotypic discourses. Given my desire to conduct a level of thematic analysis whilst retaining focus on the individual subject, and so my decision to work with two ‘case studies’ per chapter (see Section 3.4.1.), Stage Three essentially began with the ‘pairing off’ of the eight interviewees to form the basis of four separate chapters. Each of these chapters was to place a particular thematic emphasis on aspects of ‘professional care-giving’ – and so provide a ‘shared’ context for exploring ‘masculine identity construction’ for the two men involved. For instance, it was notable with two of my interviewees, Dan and Luke, that both had narrated incidents involving colleagues’ assumption-making and humour surrounding male nurses’ sexuality (captured at Stage Two *for both of them* under the descriptive theme *Minority: Assumed To Be Gay*), as well as incidents involving colleagues’ actual or

anticipated reactions to the interviewee reporting the experience of sexual harassment by a male patient (captured under the descriptive themes *Harrassment: Is It Me?* and *Harrassment: You Probably Loved It!*, respectively). The former 'type' of incident involved the interviewee's engagement with the stereotypic discourse 'Male nurses are gay', while the latter 'type' saw a discourse of 'Male nurses, as men, pose a sexual risk' being invoked. From this interplay of cultural ideas around gay male sexuality, an analytic theme of 'homosexualisation' emerged, pertaining to the simultaneously 'feminising' and 'masculinising' insinuations of being ascribed a gay identity in the care situation, as well as the possible impact upon this of both interviewees' relatively young age.

Once interviewees had been paired thematically, analysis and write-up occurred as follows. The first part of the chapter was focused specifically on one interviewee, and the second part on the other interviewee (although typically, in this second part, some cross references to the first interviewee appear in order to highlight points of commonality or divergence in the two men's narrations - and so in their respective constructions of masculine identity). In this connection, I focused my prime attention on those narratives of the individual which related to a chapter's specified thematics – these were formally identified as the interviewee's key narratives. These key narratives were then read 'up-close' in order to explore the intricacies of gendered meaning-making for the individual, particularly in terms of relationships to and with other 'characters' in the story, that is, *his apparent identifications (claims to 'sameness') and counter-identifications (claims to 'difference') regarding such characters*, including on the basis of gender. So, for instance, while Dan's experience of homosexualisation was explored using the aforementioned 'Gay' and 'Sexual risk' stereotypic discourses as frames by which to interpret 'what was going on' (including in terms of being able

to formally theorise potential linkages with Luke's experiences), I also sought to centralise the particularities of the situation for Dan – the specifics of identity and of relations to notions of 'difference'. In this context, the deployment of particular rhetorical devices were noted (e.g., featuring characters in a particular way to cast oneself in a certain light), as well as the apparent emotional (and potentially unconscious) 'logics' at play in a narrative in terms of its overall tone and in its ordering of 'information' (e.g., seemingly isolated points taking on a clearer meaning when viewed in the context of that which preceded or succeeded them in the narrative). (See, amongst others, Hollway and Jefferson 2000, Gadd 2003, Gough 2009, Frosh and Emerson 2005.) These 'logics' of narrating also pertained to aspects of recounts where a particular 'defensiveness' and/or emotionality was evident, with the interviewee seeming to express particularly strong feelings about a matter, for instance, or a hesitancy not present in the rest of his narrative (e.g., Hollway and Jefferson 2000). In short, I sought to identify particular 'points' of a narrative where 'anxiety' and 'desire' could be identified as potential motivators for identity construction – importantly, these were always relational, being anxieties and desires *about something or, often, about someone*. For instance, I explored Dan's engagements with the stereotypic discourses of 'Gay' and 'Sexual risk' in terms of his ambivalent feelings towards the 'female majority' (as the 'source' of these stereotypes), where he expressed an almost wistful sense of longing to be a fully integrated member of 'the nursing culture'; this became conceptualised in terms of a notion of the *emotional meanings of masculinity*.

A focus on 'identity' and 'biography' from the start meant that I wished to embed 'gendered meaning-making' within a holistic analysis; and my gravitation during the course of the research to an explicitly psycho-social theorisation of the subject

certainly demanded it. 'Emotional meanings of masculinity' (derived of my readings of the literature and especially Chodorow) thus supplied me with a way of *formally conceptualising the links between 'the parts' of an interview represented by the key narratives and the interview as a whole*. Whilst, of course, analysis of interview material is not a 'hard science', there are ways of judging the value, or plausibility, of interpretations (see Hollway 2006c, Frosh *et al.* 2003, Frosh and Emerson 2005, Gough 2009, Chodorow 1999). In the first instance, at all times, I strived to keep my interpretations of key narratives as evidence-based and nuanced as possible, i.e., rooted in what – to my mind – 'was there' in the data, and acknowledging, indeed working with, contradictions and 'complicating factors', and not subjecting material to theory-heavy 'wild analysis' (e.g., Clarke 2002). Arguments emerging from the analysis have been made in tentative terms, with the implicit understanding that they comprise 'just' one possible, *if systematic and careful*, reading of the data. Importantly, my familiarisation with an individual's entire transcript at Stage One of the analysis was critical in this respect in enabling me to construct a sense of '*individual context*', from within which to 'test' my interpretations - and my conceptualisations of meaning-making - for a given individual, i.e., in terms of their resonance with material from across the rest of the interview (as a form of triangulation; see Hollway 2006c). In this way, I was able to construct a relatively coherent picture of 'who an interviewee was' (albeit as circumscribed by the research situation) – including in terms of his biography. I was thus afforded a means by which to integrate aspects of both a thematic and holistically orientated analysis; and it is to this analysis that we now turn our attention, and the first of my four data chapters. (See Chapter Eight, Section 8.2., for a discussion on how biographic data was also subsequently used in the case of four selected interviewees to further illustrate and develop my general argument about the 'motivated' – anxious and desiring – nature of masculine identity construction, and a

relative psychological continuity to self: that is, by specifically exploring in greater detail 'the past' at the level of personal, gendered, meaning-making.)

Chapter Four: Adam and Richard – ‘compensatory masculine strategies’ in nursing care

4.1. Introduction

This chapter explores masculine identity formation in relation to the care profession of nursing, through the stories of two interviewees, Adam and Richard. Both these interviewees offer accounts of being a nurse which implicate men’s ‘minority status’ in the profession, and the existence of normative ideas of ‘the male nurse’ as a figure of ‘difference’ (both as a man and as a carer). Notably, both men narrate their nursing experiences in ways which see them perpetuate this sense of ‘difference’, by elevating the value of their contribution – as male nurses specifically - to the work environment: that is, they deploy what I refer to here as ‘compensatory masculine strategies’ (see, for example, Holter 2005, Simpson 2009). Moreover, in this connection, Adam and Richard place emphasis on *physicality*, on issues of possessing a male body and a ‘physical masculine presence’ in a ‘feminised space’; in so doing, their narratives not only reflect a desire for self-empowerment at the level of identity (through casting this physicality as advantageous), but also serve to highlight some of the ambivalences and ‘risks’ of occupying this space as men.

4.2. Adam's story

4.2.1. Introduction

Adam is in his early 40s, and is heterosexual and married with a step-son. Originally from the Southeast region of the UK, he has now lived in the Northwest (in his wife's home town) for approximately two years. In the past, he has worked in retail and in market research, and in a change of career, he is currently retraining to be a nurse. He has just completed the second year of his nursing degree and has already undertaken a number of work placements as part of the course. This has involved him working with a range of patients and care professionals across different healthcare settings, including hospital wards and clinics. He also undertakes occasional bank nurse work to supplement the income he gets from the course's bursary scheme. Prior to starting the degree, he worked briefly as a part-time healthcare assistant.

An interesting aspect of Adam's interview concerns the emphasis he places on the idea of nursing as a skilled profession. At various different times in the interview, Adam makes reference to the 'skill' which being a nurse involves, at one point describing nursing as being "the most skilful job there is out there". Moreover, when talking about his entry into nursing and – unprompted – his reasons for this, he speaks largely in terms of a desire to learn a skill. He recounts the time when he was working as a healthcare assistant in order to 'top up' his insufficient earnings as a self-employed research executive – it was then that he decided that a nursing career was an option he wanted to pursue:

[...] I was, er, dreading [working as a health care assistant], because I had no idea of what it would involve. Um, but I got the job there and really enjoyed it. Because I'd been working on my own for about five years [...] And to work in a team of people, who were really friendly, it was really good. I thought, 'Yeah, I'm sticking with this.' And, er, only four months later, people were saying, 'Why don't you do training, to be a nurse?' And I looked into it, and I thought, 'Yeah, I'll go for this.'

On having “looked into” nurse training, Adam discovered that there were bursary schemes available to students, which, he says, provided him with a definite incentive to apply for a place on a university course. The desire to “learn a skill”, which he then proceeds to refer to as influencing his decision to become a nurse, is framed within this relatively ‘instrumental’ context of a concern to achieve a more reliable source of income – something which, interestingly, he contrasts (not without humour) with perhaps more ‘altruistic’ motivations for entering the profession:

[...] And I was thinking, 'Well, um, we're [my wife and I] planning to move up here [to the Northwest area]. Er, I don't really want to do market research forever. Um, I want to learn a skill.' Which I didn't ever really, um, I don't think I've ever learnt a skill, you see. Er, and I thought, 'Nursing's a real skill.' [...] I thought I'd walk into a job. So, um, that's why I went into it. Um, so although I, I think that not everybody can be a nurse, um – I think you've got to be a certain type of person – um, my, I became interested in it because it was job more than anything else, you know. I didn't say <said with a slightly mocking, ironic tone> 'Well, I'm a caring person; I'll go into a caring profession.' Er, I thought, 'Well, it's just another occupation that you get paid for. Er, this is how you learn how to do it; right, I'll go and do it.'

It is as Adam recounts his experiences on placement that the idea of nursing as skilled⁴³ starts to explicitly connect to issues of gender and, more specifically, of ‘being a male nurse’ *qua* a gender minority. These two narratives suggest efforts on his part to counter the ‘feminising’ implications of working on the ‘feminised space’ of the ward. In the first narrative, Adam talks about other male nurses he has met as a nurse and health care assistant, ascribing to these men emphasised ‘skilful’ qualities, which, in turn, he appears to ‘deny’ to female nurses as a ‘group’; nursing is thoroughly ‘masculinised’. In the second narrative, meanwhile, Adam connects the exercise of ‘skill’ to issues of ‘sexualisation’ by talking about his dissatisfaction with the practice of ‘chaperoning’ - i.e., being accompanied by female colleagues when

⁴³ And as offering fulfilment of an unmet desire to ‘learn a skill’.

providing physically intimate care to female patients. Again, women are separated off from 'positive' associations of 'being a nurse' in the constraint they represent for his practice.

4.2.2. Analysis

Adam's first 'compensatory' narrative: "So not your typical, not your stereotype of a male nurse": 'good role models' and 'good nurses'

In this narrative – hereafter referred to as *Not Your Stereotype* – Adam talks about his experiences of other men at work, or more specifically, other male nurses. This emerges from him recounting a scenario involving team work in which he expressly refers to other nurses on the team as *female* nurses. He is asked - for the sake of clarification, and as a probe - whether the majority of the nurses on this team were female; confirming that this was the case, he then adds: “But you always find, um, every ward I’ve worked on, there’ll be a male nurse.” In this, Adam references the fact that men are a numerical minority within the nursing profession, while also claiming the universality of their presence (in his experience at least). Moreover, as he continues the narrative, he reveals the personal significance of this idea of there “always” being male nurses around at work *alongside himself*:

Um, and, um, they’re good role models as well. I’ve always found them to be good nurses. It’s probably one of the reasons I went into nursing as well is that I had good male role models in hospitals when I started. [JM: “Right”] Because if they, if there were no male nurses, then I probably wouldn’t have gone into it.

Here, Adam refers to the period of time when he worked as a health care assistant (prior to becoming a nurse; see Section 4.2.1.), indicating that the male nurses he met then played at least some part in his subsequent decision to pursue a nursing career. These men are positioned as exerting a ‘positive influence’ on him. While the *content* of this influence is not elaborated upon at this point (however, see the paragraph below), the coupling which occurs here of two distinct notions - that male nurses are “good role models” and that male nurses are “good nurses” - is worth noting. As we shall shortly see, it suggests both his strong positive valuation of male nurses *on the*

basis of gender (minority) specifically, and the importance of this valuation for how he understands - and wishes to narrate - his own involvement in an area of work otherwise comprised of a 'female majority'.

Adam continues his narration by providing some detail about the actual, individual, male nurses he encountered during his time as health care assistant – thus expanding upon the content of their 'positive influence' upon him. This elaboration occurs in a fashion which is strikingly gendered, and on numerous counts:

Um, and they, and the nurses, the male nurses who were working there, worked in [hospital where Adam used to work] were formally a pub manager from [city in South of England]. About my age as well, you know, older. And another guy who used to work in a factory, who was now a charge nurse. Um. So not your typical, you know, not your stereotype of a male nurse. [JM: "Yeah."] You know. And, um, they were good; they really knew what they were doing. [...] [T]hey were good role models. Um, I thought they were better – I mean, there are more female nurses so I'm obviously going to say 'Well, there's a lot of negative female nurses out there who are not good at their jobs,' um, but I've not found a male nurse yet who I've felt isn't good at his job. I've found plenty of female nurses who are - I think are not very good; some are hopeless.

In the first instance, Adam's deployment of the idea of a 'male nurse stereotype' is noteworthy, the two male nurses from his old work place appearing in this connection as 'conventionally masculine' ('non-stereotypical') figures – figures with whom he clearly identifies. While, as we have seen, Adam does not explicitly state here the contents of this 'male nurse stereotype', there is reason to believe that he equates the stereotype with notions of 'femininity', not least due to the fact that elsewhere in the interview he makes the following claim: "[...] before I went into nursing, um, and before I was probably more open-minded than I am, am now, um, I would have probably said the stereotype is probably, you know, a gay man, er, who is particularly effeminate." Viewed in this light, his focalisation in the extract above, of ('non-stereotypical') male nurses' work histories (of their previous involvement in areas of employment outside of nursing and care-giving), is particularly interesting, suggesting as it does an effort by Adam to 'masculinise' male nurses' (and, by extension, his own) involvement in a profession which, to him, does to some extent 'hold'

'feminising' insinuations. The 'male nurse stereotype' emerges in the narrative as a man who has 'only ever' been a nurse (perhaps also being young in age; consider Adam's reference to the pub manager being "older") and so who is 'lacking' the experience and 'credibility' of having 'first' worked in a more 'gender conventional' job, i.e., a job *not* associated with a predominantly female workforce or with the 'feminine' emotionality and relationality of professional care. In other words, Adam forefronts his experience of meeting and being impressed by (male) nurses who, to his mind, have 'already proven' a disconnect from 'femininity', and their 'typicality as men', by dint of a non-nursing work history (akin to his own; see Section 4.2.1). Thus, in this identification with such 'non-stereotypical' male nurses, Adam engages with and distances himself from a key stereotypic discourse relating to men in the profession: 'Male nurses are feminine'. He rejects the underlying assumption of this discourse, that a man fulfilling a 'gender atypical' role is 'different as a man'.

If Adam 'masculinises' his involvement in nursing by emphasising male nurses' 'typicality' or 'ordinariness' as men, this 'ordinariness' is then intimately linked to a sense of their '*especial goodness*' - as professional carers. As can be seen in the extract above, he follows his description of the two nurses from his old work place in terms of their past employment, by praising their performance as nurses ("they were good; they really knew what they were doing"); they are equated here with the demonstration of a high level of nursing proficiency. Adam then accentuates their direct influence upon his own entry into nursing (by reiterating the 'role model' thematic: "they were good role models"), suggesting a wish to highlight his identification with their nursing performance – and, in turn, suggesting that 'high proficiency' is, for him, an important aspect of 'being a nurse' *qua* 'male nurse'. Indeed, Adam proceeds to mark a contrast between these two men and other,

specifically *female*, nurses, with ‘high proficiency’ gaining resonance here as an ever more ‘masculine’ quality (“Um, I thought they [the male nurses] were better - I mean, there are more female nurses so I’m obviously going to say ‘Well, there’s a lot of negative female nurses out there who are not good at their jobs’”). This is to the extent that it then comes to apply to *all* male nurses in Adam’s experience (“Um, but I’ve not found a male nurse yet who I’ve felt isn’t good at his job”). Male nurses thus represent for him a ‘distinct group’ relative to the heterogeneity and ‘*mediocrity*’ of the ‘female majority’ (“[In contrast] I’ve found plenty of female nurses who are - I think are not very good; some are hopeless”). Although a claim of the order ‘With greater numbers, comes a greater mix of abilities’ is not of necessity a contentious one, the way in which it is made here⁴⁴ clearly works to achieve a sense of ‘(gender) difference’ in which the ‘status’ of one ‘group’ (male nurses) is raised *to the detriment (symbolically) of another ‘group’* (female nurses). Whilst distancing himself from the aforementioned ‘Feminine’ stereotypic discourse, Adam invokes another stereotypic discourse: ‘Male nurses are ‘something special’’. This time, however, he embraces rather than rejects the cultural ‘logics’ which underpin the discourse, self-positioning as ‘different as a carer’ (as ‘positively’ conceived) in his casting of male nurses as a minority comprised of ‘ordinary’, ‘highly proficient’, men.

In this context of ‘especial goodness’, Adam’s definition of nursing in Section 4.2.1 should be remembered - as “a real skill”, indeed as “the most skilful job there is out there”. It is there that he also cites there his desire to “learn a skill” as a ‘driver’ for his entry into nursing. If being a nurse, a role predominantly undertaken by a ‘female

⁴⁴ The ‘negative’ qualities of *some* ‘female nurses’ is given exclusive attention (with no mention of the proficiency of female nurses or just nurses generally) precisely as a point of reference by which to illustrate and emphasise the ‘positive’ qualities of *all* male nurses. The opinion that the two nurses (the former pub manager and factory worker) “were better” than female colleagues seals the deal.

majority', is a "real skill" to Adam's mind, then *Not Your Stereotype* sees this ascription of 'skill' become ideologically detached from women, to some degree at least, in the exclusivity of his identifications with male nurses *qua* nurses – and the pairing of 'good role models' and 'good nurses'. In this vein, Adam continues the narrative by linking the idea of (male nurses) 'high proficiency' with the idea of nursing as "a practical job" – this being a 'practicality' which he then *expressly* associates with men:

[...] There's less male nurses out there. Er. But again, you know, just they *do* seem to do the job pretty well. And it's a practical job, erm, er.⁴⁵ I don't see why men, more men don't go into the job really, because I don't see it as a feminine job at all. [JM: "No."] (Original emphasis.)

Moreover, this 'practicality' directly evokes images of 'physicality':

It's, erm, it's physically demanding. There's always an element of lifting involved, although they say you shouldn't lift the patient, there's always some degree of lifting. Erm, erm, and, you know, men can care for patients as well as women, you know. Obviously some people, some men can't, but then some women can't, you know, care for patients, um. [JM: "Yeah."] I don't see it as a female profession.

While Adam concludes *Not Your Stereotype* by making reference to the "care" aspects of nursing (presumably relating, in this context, to nurses' efforts at meeting patients' *emotional* care needs rather than 'just' physical care needs), priority appears to have been given to emphasising the job's "physically demanding" character. Importantly, the claim he makes about men's emotional capacity to care is a modest one ("men can care for patients *as well as* women"; emphasis added) when viewed against his general ascription to men of 'high proficiency' (and his impression that the two male nurses in his old work place were "*better than*" female nurses; emphasis added).⁴⁶ It is also telling that he uses the example of 'lifting the patient' to unpack

⁴⁵ Leading into this part of the narrative, Adam has been reflecting on why it seems to him that there are plenty of female nurses who are "not very good" while he has, in contrast, been struck by male nurses' proficiency - reiterating here as a 'possible explanation' the larger numbers of female nurses and smaller presence of male nurses - when he suddenly makes the aforementioned linkage between proficiency and practicality ("There's less male nurses out there. *But again*, you know, just they *do* seem to do the job pretty well. *And it's a practical job*" (emphases added)).

⁴⁶ We should consider also Adam's descriptions elsewhere in his interview of his day-to-day experiences at work. Here, he paints a decidedly 'practical' and 'physical' picture of nursing, one which admits emotion and relationship, but with reference to the autonomous achievement of the care professional operating in a stressful environment: "[A] lot of ward work is hard because you're making beds in the morning, you're washing patients, um, it's a real practical job [unclear word]. And then

what he means by “physically demanding”, this example arguably implying the necessity or benefit of ‘greater muscular strength’ for nursing proficiency – that is, as opposed to him drawing on less ‘gendered’ ideas of, for instance, nurses’ need to maintain (physical *and* emotional) energy levels, or display durability, over the course of a long and busy shift. Thus, Adam’s engagement with the “Something special” discourse largely pertains to (re)defining the nursing role in terms of those aspects which are perhaps most easy for him to equate with ‘conventional masculine’ identities, as illustrating male nurses’ ‘especial goodness’ in a context of ‘gender typicality’. Arguably, *he compensates for the relatively low number of men in nursing* (which he presents above as something which is both puzzling and regrettable: “I don’t see why men, more men don’t go into the job really”) *by amplifying their presence*. In other words, a compensatory masculine strategy is deployed where the value and, moreover, the import of ‘(other) men’ become centralised in an otherwise threatening-to-be ‘feminised space’. Adam can thus be said to invest his involvement in nursing with personal, or emotional, meanings of masculinity relating to a desire for - and anxieties regarding - ‘ordinariness’ at the level of gender identity.

you’re looking after patients and giving out medication, which can be stressful, um, dealing with relatives, dealing with patients shouting and screaming and demanding and complaining. I mean, I’ve never seen anything like it [unclear word] - I mean, I think it’s the best thing I’ve ever done because I really do think it’s the most skillful job there is out there because, um, everything’s so important; your communication skills, your, um, just everything really.” This talk of ‘hard work’ serves to present Adam-as-nurse in a very particular way - as involving him learning to skilfully tackle the multiple demands of the ward. The emotional and relational aspects of nursing at which he hints (for instance, the emotion work of “dealing with” patients, and the importance of communication skills) are framed in these (practical) terms; nowhere in his interview does he relay concrete, face-to-face, emotional interactions between nurse and patient, in notable contrast to other nursing interviewees (see Richard in Section 4.3., and Dan and Luke in Chapter Five).

Adam's second 'compensatory' narrative: "I can associate more with men":
'agency' and 'identification' on the ward'

This narrative – hereafter referred to, respectively, as *Associate More With Men* – continues the theme of compensatory masculine strategies, and of Adam's desire for 'ordinariness' as a male nurse. Here, however, focus is on the issue of *patients'* gender as it intersects with the issue of nurses' gender. More precisely, it emerges that the exclusivity of men as identificatory figures (in *Not Your Stereotype*) extends here to include not only male nurses, but male patients too. Thus, this narrative chiefly concerns the matter of Adam expressing, and 'justifying', a marked preference for providing nursing care to other men rather than to women.

At one point of the interview, just after he has been talking about his entry into nursing with regard to a desire to 'learn a skill' (see Section 4.2.1.), Adam is asked about his experiences thus far on work placement, in terms of this idea of looking to learn a skill. While his initial response is to emphasise the positives of his experiences on placement, and of his progress on his course more generally (e.g., "[...] although even now I don't feel that I'm exceptional with what I've done so far in terms of nursing, the feedback I've got says, well, maybe something different, you know, maybe I am good"), he continues by suddenly - of his own volition - switching focus to more 'negative' aspects of his experiences on the course:

And I certainly feel comfortable with what I do. And I feel, well, I felt comfortable with the course; I was very comfortable on the course last year. I wouldn't say I've struggled this year. Um, I've moved up to a degree [from a diploma]. Er, haven't struggled. Um, they say that on your second year in the middle of the course, students tend to get a bit down, and they get, er, and bogged down with the work as well and everything.

In this regard, he articulates his disappointment at the 'drop' in the standard of the written work he has produced recently, compared to the assignments he completed last year, before then mentioning that he did not enjoy his last work placement:

[...] I was conscious of the mistakes [in my latest assignments] [JM: "Hm."] but I just said, 'Well, I haven't got enough time to finish. I'll get them out the way.' So, um, last year I was all 'As', all the way through, and this year, er, it's not, 'As', 'Bs' and 'Cs', and it's disappointing. But, er, that's the way things go. But yeah, I feel, I felt fine really. I haven't enjoyed the last placement; it was a general med – Um, it was a medical placement. Um, that's not an area I want to go into. It was a general medical ward; it was a women's ward. Um, er, I wouldn't be going back for a job there [...]

Adam accounts for this lack of enjoyment here in terms of his lack of *interest* in the nursing work involved in this 'type' of placement ("it was a medical placement").

While this is couched in terms of 'personal work preferences' ("Um, that's not an area I want go into"), it very quickly becomes apparent, as Adam supplies further details of the placement ("It was a general medical ward; *it was a women's ward*"; emphasis added), that these 'preferences' are expressly 'gendered'. He distances himself rhetorically from the work of caring for patients on the medical ward *qua* (exclusively) female patients, as being something which is 'obviously' not 'enjoyable' or 'interesting'; moreover, this distancing is made not 'only' in respect of the placement specifically, but also with regard to his long-term interests and intentions (as currently conceived) within nursing ("Um, er, I wouldn't be going back for a job there").

Indeed, after being asked for confirmation of his reasons for not enjoying the placement, Adam proceeds to elaborate thus:

Um, *it was a women's ward*, and I don't really want to work for women, um, with, with women, because, um, <clicks> although there were other, there was one other male nurse there, um, staff nurse and, er, health care assistant, er, so there's two men working on the ward, um, you need chaperoning, er, if you're carrying out procedure that's, er, intimate. If you're a man you need a chaperone, so you need a woman to, to, to come and help you. And although I can see the reason for that, um, to me it's, er, <clicks> you know, you're not free to do what you want [JM: "Hm."] in terms of your nursing skills. (Emphasis added.)

He begins not only by reiterating but by placing full attention on the 'problematic' of gender *vis-à-vis* the placement (the repeated statement/explanation of "it was a women's ward"). Here, he introduces the idea of 'chaperoning': as a man, he formally requires the presence and assistance of a female colleague (a nurse or, possibly, a health care assistant) to be able to carry out physically intimate care tasks with a given

female patient. (Elsewhere in the interview, he uses the example of not being allowed to wash “down there” when cleaning female patients, “down there” presumably denoting areas close to and including the genitals.) In citing his experience of needing to be chaperoned on the female medical ward as a reason for not enjoying the placement, Adam thus also implicitly invokes, and positions himself away from, the stereotypic discourse ‘Male nurses, as men, pose a sexual risk (to patients)’ – that is, he references the existence of a tacit understanding of male nurses as being somehow ‘more likely’ than their female counterparts to sexually harass, molest, approach, or respond to a patient in their care, particularly in scenarios involving the nurse tending to ‘easily sexualised’ parts of the body. (In this, he also invokes again gendered issues of ‘physicality’ surrounding the nursing role – see *Not Your Stereotype* – but, here, this is not in terms of the ‘advantages’ but rather the ‘risks’ which may come with occupying a male body.) However, while later in the interview, Adam exactly expresses his unease about the sexual insinuations of chaperoning⁴⁷, it is noteworthy that in the narrative extract above, his concern lies not so much with these insinuations as with the limits he feels this requirement - that he be assisted with conducting intimate care tasks - places on *the exercise of his “nursing skills”*.

Adam’s emphasis at this point on the impediment of ‘nursing skills’ is particularly interesting when considered with regard to his aforementioned claim (in Section 4.2.1.) to have entered the profession largely because of a desire to ‘learn a skill’ – and the connections of ‘skill’ to his elevation in *Not Your Stereotype* of male nurses

⁴⁷ For example, in interview text which appears not long after *Associate More With Men*, Adam says: “Um, I just feel in a hospital, it’s [the requirement of chaperoning] kind of, um, I, they, I think they would say it’s there to protect you as a nurse, but, erm, I, I’m, I’m unhappy with that kind of policy, that, the way they, er, approach it. When they say it’s - I’m not sure if it’s to protect the nurse or to protect the patient; I suppose there’s a bit of both. But if it’s to protect the patient, *it means that, er, male nurses are going to be prone to doing something to that patient.* [JM: “Hm.”] *And that’s what I’m not happy with.*” (Emphases added.)

'over' female nurses as identificatory figures. Although another feature of Section 4.2.1. is Adam's mention of enjoying the team aspect of ward work (in relation to his first time working in a hospital setting), in the current narrative he distances himself from an area of nursing which involves 'too much' reliance or dependency on colleagues: the female medical ward. Significantly, 'dependency on colleagues' on this particular kind of ward pertains to a uniquely 'one-sided' arrangement based upon institutional, and wider cultural, perceptions of men's inherent 'unsuitability' for certain aspects of the nursing role ("you need a woman to, to, to come and help you"). Likewise, the *patients* themselves, by virtue of being women and 'thus' vulnerable to the threat of sexualisation by male nurses, represent for Adam a sense of gender-specific constraint, or the curtailment of his ability as a man to practice nursing 'freely'.

This interpretation concerning Adam's reported lack of enjoyment on, and interest in, the female medical ward placement - that women represent constraint - is strengthened when he continues by talking about his comparative enjoyment of a work placement on a *male* surgical ward (as a placement where chaperoning was not a requisite):

Um, so, and I can associate more with men as well. I've worked in a men's surgical ward, um, <clicks> and I felt more comfortable there. And I'm more interested in men's health [JM: "Right."] because you can associate with it. Um, it's, um - Although men and women have similar illnesses, some illnesses are particular to men. [JM: "Yeah, sure, sure."] And so I like that kind of angle. And I'm still interested in learning about *my* health as well, which is kind of the reason I went into nursing as well. Um, so I've learnt more from working with men and with male patients than, er, with female patients. (Original emphasis.)

In this account, as with *Not Your Stereotype*, relationships with other men *per se* appear integral to the construction of an empowering nursing identity; Adam prefers working with male patients because he identifies with them specifically on the basis of 'shared' gender. This is to the extent that not only does he refer to having "felt more comfortable" on this placement, but he also cites an interest in gender-specific

health issues as a motor for him becoming a nurse in the first place (“men’s health” being equated with an interest in “learning about *my* health”). Thus, Adam’s presentation of the male ward as a workplace clearly evokes his *agency* as a (male) nurse, and the feeling of being able to exercise and develop one’s skills - in marked contrast to his presentation of the female ward. (The reference to “men’s health” as a motivation for nursing is yet another example of Adam accounting for his entry into the profession in a way which is ‘masculinised’ and which hinges on an implied sense of ‘difference’ from women – a la his reported desire to ‘learn a skill’.)

In line with *Not Your Stereotype*, Adam again arguably invests his involvement in nursing with emotional meanings of masculinity relating to ‘ordinariness’. He makes a point of distancing himself from women – and emphasising his ‘sameness’ to other men - as an apparent compensatory strategy for his minority status in the profession. However, there is, in this particular instance, an additional level of complexity at play, in that the stereotypic discourse of ‘Sexual risk’ which Adam invokes is premised (insofar as it relates to female patients) on an assumption of male nurses’ ‘gender typicality’ - on cultural conceptions of ‘ordinary’ male sexuality, as easily aroused, as difficult to contain, and as heterosexually orientated, i.e., the male body here is cast as always a potential ‘threat’. Indeed, while Adam explicitly rejects the ‘Sexual risk’ discourse in his objections to chaperoning, his concurrent, symbolic, rejection of ‘female patients’ ironically suggests an introjection on his part of *elements* of the said discourse - it relying upon and reproducing a notion of ‘emphasised gender difference’ where a man caring intimately for a woman (whether on his own or with assistance) is ultimately regarded as ‘sexually inappropriate’. (Indeed, in a subsequent point of the interview, Adam expressly says: “*I just feel, um, as a man caring for another man, it’s just, it’s considered more appropriate.*”)

4.2.3. Adam: a brief concluding discussion

As narrations of 'being a male nurse', *Not Your Stereotype* and *Associate More With Men* chiefly convey Adam's concern with realising a desire for 'ordinariness' (or 'gender typicality') in respect of his involvement in a 'gender atypical' profession. Given precisely that most of his colleagues on his course and work placements are women, it is not unfeasible that some of the people he would identify with *as a nurse* (in training) would be female (consider also how in Section 4.2.1. he expresses his enjoyment of team work when he first started on a hospital ward) - *but* this is never apparent within his interview recounts, which instead rest on a notion of 'emphasised gender difference'. Here, men are elevated 'over' women as identificatory figures, to the extent that it can be argued that the narratives constitute a 'compensatory masculine strategy', in which a defensive process of *splitting* may be at play. In other words, these narratives are suggestive of Adam experiencing the nursing role as a source of paranoid anxiety in relation to gender. Seemingly unable to accept the certain ambivalences of being a man in a 'feminised' space, and in an effort to manage his anxieties about being 'ordinary enough', he might instead split off 'femininity' from 'the nursing role' at the level of the psyche. (Indeed, Adam's case illustrates the hypothetical scenario concerning 'splitting' discussed in Chapter Two; see Section 2.4.) In this framework, 'female nurses and patients' represent a 'femininity' 'safely' dispelled from self-as-nurse, which is then symbolically denigrated as 'the bad object' of 'the nursing role'. This denigration takes the form of 'femininity' being associated with potential, specifically gendered, obstructions to one's participation and 'well-being' in the profession - that is, it is perceived by Adam wholly in the terms of an external threat, à la his particular 'articulations' of the 'Feminine' and 'Sexual risk' stereotypic discourses. Meanwhile, 'male nurses and

patients' is, here, 'the good object', representing an investment of 'the nursing role' with a symbolically idealised 'masculinity', i.e., with exclusively 'positive' meanings of being 'different as a carer'. Through this idealisation, Adam is able – or seeks – to achieve potency as a minority presence: and at the symbolic expense of 'the female majority'. (See, for example, Redman 2005.)

4.3. Richard's story

4.3.1. Introduction

Richard is in his mid-40s, self-identifies as gay, and has recently come out of a long-term relationship. While he is a similar age to Adam and is also currently undertaking a nursing course (studying selected modules from a post-graduate diploma), he is at very different point of his care work trajectory, having been employed in the health service for most of his adult life. At present, he is the manager of a community nursing team within an area situated in the Northwest region of England, a role in which he responsibility for more than twenty nurses working with patients in the district (often people who are terminally ill and receiving palliative care in their own homes). Richard helps to care for such patients and their families, as well as overseeing and supporting the nurses in his charge. This is a post he has held for the past eighteen months, and is the latest stage in a rich and varied nursing career: a career which has included working in numerous hospital environments, from operating theatres to accidents and emergency, to a female palliative care ward.

Throughout his interview, Richard consistently references the idea of 'showing compassion' as an integral aspect to being a nurse, at one point neatly summarising his position thus: "I think sometimes *compassion* really is all about a fundamental *understanding* of [a] person's predicament" (original emphases). He draws on the breadth of his approximately twenty year career – and a variety of roles, workplaces and people – to illustrate what 'showing compassion' means to him in terms of nursing practice. A striking (and somewhat ironic) feature of many of these narrative examples, however, concerns the attention placed therein on the conduct of 'other

nurses’, for the purposes of *drawing comparisons in his favour*. In other words, ‘showing compassion’ is frequently illustrated with regard to how Richard’s practice ‘differs’ to ‘the norm’ – and ‘for the better’. For instance, he provides a detailed narrative concerning the case of a patient who had gone home to die against the wishes of his family, with who he (the patient) had a complicated history; Richard describes striving to provide the patient’s wife and daughter with adequate support (so they could cope with the responsibility of caring for someone they felt ambivalent about) whilst also avoiding for himself the pitfalls of ‘over-involvement’ (e.g., after being told stories about the patient’s “unsavoury” background). At one point of the narrative, he suddenly mentions a former colleague and ‘chides’ her for a lack of professionalism in equivalent situations:

I worked with someone, and er, very nice person that she was, a little bit of a, a, a chatterbox and sometimes I would think to myself, ‘You’ve come out of that person’s house and you’ve left no professional indentation in that person – They just treat you as someone who comes in for a bit of a gossip.’ And, you know, that isn’t what caring’s about; caring is about having no, er, being non-judgmental, having no influence [not being influenced], er, by anyone in practice, and it’s walking away from it. And it’s walking away with it, the knowledge that you’ve done your best for that person.

In the analysis which follows, I focus on two particular instances of Richard’s tendency to favourably compare self against others (while ‘describing’ compassion) – where this is embedded in an explicit reference to being a male nurse *qua* ‘gender minority’. In the first narrative, Richard claims the advantage of ‘being a man’ (and thus a level of ‘difference’ to female nurses) when it comes to dealing with certain ‘difficult situations’ involving male aggression; here, he invokes his ‘successful’ pacification of a patient’s partner who was creating a disturbance. In the second narrative, meanwhile, he talks again about the advantages of ‘being a man’, and how he meets and exceeds a gender-specific ‘requirement’ for ‘good’ self-presentation. Significantly in both of these narratives, he marks not ‘only’ a distinction between

himself and female colleagues, but also, expressly, between himself and *other male nurses*.

4.3.2. Analysis

Richard's first 'compensatory' narrative – "I think that is very much, I don't know, maybe that's the male carer in me": the 'advantage' of being a man when dealing with male aggression'

The following narrative – hereafter referred to as *Maybe the Male Carer* – is concerned with Richard's perceptions of how his gender might influence his experiences of nursing and his approach to his work as a 'compassionate' carer (see Section 4.3.1). Here, he relays a time when he worked in an accident and emergency department of a hospital, some years prior to his current post in community nursing, and was confronted by the aggressive and "volatile" behaviour of the male partner of a (female) patient. Richard's description of how he contained this 'difficult situation' occurs in the context of him making a claim that he finds being a man to be an *advantage* in enabling him to handle particular care scenarios with 'more success' than female colleagues. However, as his recount of managing the 'aggressive male partner' goes onto reveal, he *also* self-positions as being 'different', in his approach to work, to 'typical' male nurses.

As the first part of the interview which is explicitly about 'gender', *Maybe the Male Carer* emerges from a more general set of narratives concerning Richard's relationship to his work and to his staff on the district nurse team; as he talks about his experiences of being a manager in the community, he marks a degree of contrast (of a seemingly non-gendered nature) between himself and some of the other nurses on his team:

[I]t's very much about looking at the person [the nurse]; I think it's very much looking at their ethos to life; I think it's very much looking at their way of working, of communicating. [...] And I think it's very much looking at, 'Am I a well-rounded person?' And I'd like to think that sometimes I am more than others, and I think it's very much, um, <pause> being sympathetic, being understanding and <pause> being compassionate. I think being compassionate is the key to being a carer.

It is at his point that Richard starts to reflect upon potential links between his self-proclaimed "well-rounded" approach to nursing and 'being a man':

And being a male carer, which is something we haven't touched on, as it's own – [Text omitted as interview very briefly interrupted by telephone ringing. Richard continues thus] It has its own, er, little social problem - Not social problem, you know. You're working very much in a, er, a female dominated area. I think that you're, um <pause>, I think that as a man sometimes in a caring environment, you are sometimes looked at, particularly when you start your training, er, aaa, you're looked at in, you know - There's a great thing in the health service <says unclear couple of words> always says, 'Well, men go up the ladder a lot easier than women do.' I've never known that and I've never really seen it. I think it's very much an equal opportunities based environment. <Intake> But I do think that, um, <sniffs> <pause> I think that sometimes really men can get away with, with things that maybe a woman couldn't.

He thus suddenly introduces to the interview, as an issue, the minority status of men in nursing, framing this issue in terms of 'men's advantage'. Significantly, however, as he attempts to establish to the listener his meaning here, he explicitly distances himself from the idea that male nurses have an advantage over female nurses *at a structural or institutional level* (with regard to career progression, as reflective of wider gender inequalities in society). Rather, 'men's advantage' for Richard relates to commonplace perceptions of 'what men are like' *at an interpersonal, or face-to-face, level* (of what men "can get away with" relative to women, in the context of concrete social interaction). He elaborates as follows:

And an example of that is going into someone's house where there might be a partner who was quite loud and abrasive and difficult. And I think that as a man you can go in and say, 'No, no. We're not having that. We come in here and you treat us with the respect.' And I think coming from a man, you can get away with that a lot more than, say, a woman could get away with it. I think it might be understood but not completely, um, adhered to.

In this hypothetical example, then, 'advantage' centres upon the idea that are men are 'better able' than women to handle a 'difficult situation', here, involving a patient's partner who threatens to disrupt the provision of patient care. Men in nursing are immediately equated with confrontational (and potentially violent?) scenarios which 'require' the assertion of one's authority as a healthcare professional; Richard's 'male

nurse' directly challenges the partner - he demands, and, importantly, he *secures*, "respect" for the job he and his colleagues are trying to do. This is in contrast to Richard's 'female nurse', who is 'less likely' to be taken seriously in her efforts to assert her authority ("I think it might be understood but not completely, um, adhered to"). Whilst he does not expressly raise issues of gendered corporeality, there is arguably a connection being made here between 'authority' and 'embodiment' in his engagement with 'commonsensical' ideas of 'what men are like' (*vis-à-vis* the imagined perceptions of the hypothetical partner). Here, 'the male nurse' is advantaged over 'the female nurse' simply by virtue of occupying or representing a male body: that is, a body which is ascribed cultural meanings of 'natural authority' 'because' of being 'bigger', 'stronger', 'more powerful' (e.g., Bordo 1999; Lilleaas 2007). In other words, for Richard, men seem to enjoy a '*physical masculine presence*' in their successful demands for respect.

Richard then considers this 'physical masculine presence' directly in terms of his own experiences of nursing. Here, he draws upon his pre-community nursing days, and a time when he worked on an accidents and emergency ward, to relay the (actual rather than hypothetical) case of managing a confrontational situation with a patient's partner:

Whereas I think, you know, lots of, lots of examples in casualty when people would come in. And I remember one night this bloke who was bringing his wife who was unwell, and the GP had been out and she, she'd done various bits and pieces and said, 'Oh well, if you need me, give me a shout'. And they came in. And he was very, very volatile, and he was very, very abrasive, and very, very loud. And we had, er, a lady who'd come in a road traffic accident and okay, she was round the corner, but her family were near by and they were absolutely devastated and they didn't want to hear his language, the way he spoke. And I just went over to him and I said, 'You continue doing this, you will have to leave. Your wife is priority; she is being seen, she is being looked at. There are other people here. If you feel that way, you will have to leave. You will have to go out of here, because we can not put up with the, with your manner'. And, you know, he quietened down.

Significantly, in the above, Richard invokes the stereotypic discourse 'Male nurses are 'something special''. By emphasising the *successful* nature of his work (he asserts his

authority with the partner, in a manner comparable to ‘the male nurse’ in the earlier hypothetical scenario, resulting in the partner’s pacification), he draws attention not only to the idea that there is an area in nursing in which men are ‘advantaged’, but also to the idea of male nurses offering, in this context, a unique (gender-specific) contribution to the profession. In a similar vein to Adam (see Section 4.2.), Richard thus engages with the discourse’s underpinning cultural ‘logic’ that he is ‘different as a carer’, as ‘positively’ conceived. He departs from Adam, however, in subsequently complicating the extent of his identification with ‘male nurses’ as a collective; as we see now, he self-positions as ‘different’ to female nurses in his ‘physical masculine presence’ but, crucially, he regards himself as *‘different’ to male colleagues* too:

And I’ve seen other male nurses do it and they have raised the stakes and they’ve started shouting. And someone else will start shouting. There is nothing to be gained from shouting. If you speak to people in a quiet manner and listen to them and just, you know, take onboard what they’re saying – I did understand. He was frustrated; he was annoyed; he was concerned about his wife. It was all obvious: in his demeanour, you know, in the way he was shouting and this type of thing. But on the other hand it wasn’t conducive to the environment that I was wanting to have. We had someone round the corner, very, very poorly; we had a young family; we had them very upset; we had his wife.

In his talk of the ‘unsuccessful’ efforts of ‘other male nurses’ to manage comparable situations, Richard invokes – *and distances himself from* – another stereotypic discourse, this time one which suggests a *‘negative’*, rather than ‘positive’, conceptualisation of men’s ‘difference’ as carers: ‘Male nurses, as men, are aggressive’. He thus clarifies that, for him (in the terms of his own practice), his idea of the ‘natural’ authority of being a man in nursing does not equate with a confrontational, vaguely retaliatory, approach to dealing with ‘difficult’ people. Instead, Richard marries ‘authority’ with ‘compassion’, and the end result of this with ‘success’; ‘being authoritative’ means keeping calm, being responsive, and (in this connection) ‘knowing what one is doing’ – in contradistinction to the ‘emotionally immature’ efforts to ‘take back control’ shown by ‘other male nurses’. (Consider here the evaluative claim, almost a reprimand of his male colleagues, “There is nothing to be gained from shouting”,

followed by the offering of an alternative – ‘better’ – option, this being the one he took: “If you speak to people in a quiet manner and listen to them”; and, importantly, the suggestion of the (*caring*) motivation underpinning this course of action: “I did understand [the partner’s reaction].”)

Indeed, as Richard continues *Maybe the Male Carer*, he further complexifies the narrative (and his construction of self and gender), by questioning and reflecting upon – unsolicited – the actual extent of his earlier-posed ‘advantage’ over female colleagues:

You know, that is something that, and I just wonder whether - I suppose really you could take the argument and say that, well, there isn’t an argument, is it, really? Maybe a stronger female could have got away with what I did; maybe if some little blonde staff nurse had gone round there all done, all done up and, you know, dolly trolley type of thing, he would have completely dismissed that. So I don’t know. I think again it’s getting back to you; it’s getting back to the way you handle the situation; it’s getting back to the way you prioritise something. [JM: “Hm.”] And I think that is very much, um, I don’t know, maybe that, that’s the male carer in me. Who knows?

The two hypothetical figures (or ‘types’ of female nurse) – “a stronger female” and “some little blonde staff nurse [...] trolley dolly type of thing” – are extremely salient here for better understanding Richard’s presentation of his ‘compassionate’ approach to nursing. On the one hand, Richard ‘masculinises’ his involvement in a “female-dominated” area of employment by emphasising an aspect of care-giving which, for him, is evocative of the benefits, to the individual (male) nurse, of possessing or offering a ‘physical masculine presence’. (In its (implicit) focus on work ‘especially’ relating to physicality or gendered corporeality, this does share some similarities with Adam’s compensatory strategy, particularly a la *Not Your Stereotype*; see Section 4.2.) Here, the “trolley dolly” female nurse represents an extremely potent example, perhaps ‘the epitome’, of a ‘physical *feminine* presence’ as signifying ‘disadvantage’ - because rendered ‘helpless’ and ‘trivial’ by certain ‘demands’ of the job (asserting authority and securing respect). However, as we have seen, Richard’s

'masculinisation' of his involvement in nursing is not a straightforward affair. For example, unlike Adam, he does not appear to seek in his narration to invest 'being a gender minority' with 'favourable' meanings *at the absolute expense of the 'female majority'*. In fact, not only does he counter-identify with the aggressive demeanour of 'other male nurses' but he also expresses his potential continuity, *and identification*, with female nurses as he reflects on the 'truth or not' of 'men's advantage' - in the shape of the "stronger female" nurse who "maybe [...] could have got away with what I did", that is, impressing her authority on the patient's partner, and compassionately so.

Thus, it can be seen that Richard simultaneously 'genders' and 'individualises' his approach to nursing. He puts forward the idea of 'men's advantage'; but in engaging with the 'Aggressive' discourse, and marking a 'difference' from 'other male nurses', he reconfigures the "Something special" discourse to pertain not ('just') to men *per se* but to his 'successful' conduct in particular, *relative to (potentially all) other nurses*: he is *both* 'different as a carer' and 'different as a man' in being 'compassionately authoritative'. Arguably, he thus invests his role as nurse with emotional meanings of masculinity relating to a desire to appear 'not quite the norm' in how he cares.

Richard's second 'compensatory' narrative – “As a male nurse [...] I've always felt that there was a high standard”: on presenting yourself 'properly'”

In this narrative – hereafter referred to as *A High Standard* – Richard again invokes the idea that having a 'physical masculine presence' within nursing is a source of an 'advantage' for him. In *Maybe the Male Carer* this referred to the specific issue of managing male aggression. In the current narrative, meanwhile, attention is on the notion of '*self-presentation*', and, in this context, the male body as a bearer of certain meanings concerning one's *ability* in the care work environment. As Richard talks about a 'scruffy' male colleague with who he used to work and who he feels was judged negatively by others for his physical appearance, he again marks himself as 'different' to 'other nurses' in his particular approach to nursing.

A High Standard emerges during the interview after Richard is asked if there are aspects of the profession where he feels being a man may be a disadvantage (this is in direct response to *Maybe the Male Carer*, and the heavy emphasis therein – as introduced by Richard - concerning 'men's advantage'⁴⁸). Reflecting on this possibility, he considers a recent experience regarding a male member of staff on his community nursing team:

<Stretched out – relaxed sounding> Ummm. <Pause> No, I don't think there is [any aspect of disadvantage to being a man]. I have a chap who works, er, in the evenings for me, and he's just come onboard. And he went to do a treatment of someone and she said, 'No, I want a female nurse to do this.' <Intake> Which I find quite <pause> strange in this day and age because I thought all that had gone, and you know. But she was an older lady and I think that sometimes you do have to respect that person's wish.

Here, the patient is portrayed as displaying a certain attitude which - it is the suggestion - is disadvantageous for anyone who is 'just trying to do their job': an

⁴⁸ This was in conjunction with a methodological sensitivity on my part to the idea of 'gender stereotypes', as a concept emergent from interviews already undertaken with other men (see Chapter Three).

attitude which arguably rests upon, or risks perpetuating, a form of ‘negative’ gender stereotyping concerning men in nursing. (This objection by the patient to receiving care from a man seemingly relates to ideas of ‘appropriateness’, and what the staff member in question might *do* when working alone with her – i.e., the stereotypic discourse ‘Male nurses, as men, pose a sexual risk (to patients)’ – but it might instead, or also, pertain to ideas of what he *cannot do* in terms of the standard of his nursing skills, i.e., to assumptions of men’s lesser capability or capacity to care, or the stereotypic discourse ‘Male nurses are less able than female nurses’; see paragraph below.) Importantly, however, to the extent the patient’s attitude may amount to a stereotyped view of male nurses, such ‘negative’ gender stereotyping constitutes an area of ‘disadvantage’ in nursing *the personal impact of which Richard diminishes*: firstly, by him presenting this patient as ‘old-fashioned’ in her objection and thus as uncommon (“I thought all that had gone”); and secondly, significantly, by him being focused - in the use of this example in the first instance - on the ‘stereotyping’ experienced by a colleague *and not* (directly, at least) *by himself*.

Indeed, as the narrative progresses, Richard reiterates the disconnect he feels between the idea of ‘men’s disadvantage’ and his own experiences of being a male nurse. He emphasises instead a feeling of relative ‘*advantage*’. Talking about the early days of his nursing career, he refers to receiving a degree of ‘preferential treatment’ from older female colleagues when he was starting out:

[...] I think that as a young chap I got away with an awful lot <sniffs> that possibly they wouldn’t do today. And I don’t mean as in, I mean sometimes occasionally you might have a situation of, um, <pause> you had books to go to the library or they’d let you leave that a little bit earlier or, or that type of thing. I don’t know really somehow. I think that sometimes they quite liked a young male nurse being on the ward; I don’t know wha, what it was about the situation, but I’ve never come across that [being a man as a disadvantage]. In fact, I’ve always come across it quite, um, I’ve always come across it as an advantage really.

He then switches focus from these ‘early days’ to consider his career more generally.

Here, he explicitly ‘genders’ his (‘compassionate’) approach to nursing (as per *Maybe*

the Male Carer) by linking the idea of ‘men’s advantage’ with the import of communication and relationship skills, or “rapport”:

I’ve always had a very good rapport with – Or I’d like to think, maybe I haven’t, maybe it’s just, um - I’ve always had a very good rapport with patients; I’ve always had a very good rapport with relatives. Um. <Pause> A, junior doctors, um, and consultants. And I’ve never felt that, you know, that they were side-lining me for someone else. Again *I think that that is an awful lot sometimes about presentation*. And I think that if you turn up to duty presented properly, you’ll get that respect. (Emphasis added.)⁴⁹

Importantly, he not only claims to have “always had a very good rapport” - with patients, with relatives, with colleagues - but also directly connects this to presenting himself well as a (male) nurse, and others’ consequently favourable perceptions of him (“if you turn up to duty presented properly, you’ll get that respect”). This accent on personal appearance and deportment, as a physical aspect of ‘being a nurse’, has continuities with the ideas expressed in *Maybe the Male Carer* concerning a ‘physical masculine presence’ in nursing and its ‘advantages’. Although Richard never explicitly states it in these terms, there is the implication here (not least in the fact that the extract above immediately follows his talk about ‘preferential treatment’ from colleagues when a younger man) that being a ‘gender minority’ renders one more *visible*, and prone to the attention of others, than the ‘female majority’ – and that this, in Richard’s experience, has been to his ‘advantage’.

At the same time, however, ‘self-presentation’ seems to carry with it a certain risk for male nurses, implicit to Richard’s use (above) of a conditional sentence regarding favourable perceptions of him (“And I think that *if* you turn up to duty presented properly [...]”; emphasis added). In this account, Richard turns up to duty “presented properly” and is thus ‘advantaged’; but the idea is alluded to here that

⁴⁹ This is actually the first time in the interview that Richard uses the term ‘presentation’, despite prefacing it here with “Again” (as if it was a theme to which he was returning). This suggests, perhaps, that the notion of ‘presentation’ is something which has so far been on his mind when discussing – i.e., it has been covertly framing the narration of - his approach to nursing. In other words, it is a significant theme.

there are 'negative' consequences for instances of 'less acceptable' self-presentation, consequences which may be heightened for members of a visible minority. Indeed, Richard continues the narrative by exactly making reference on this count to the case of a 'scruffy' male colleague:

I used to work with a guy who were a very, very good nurse. <Intake> And he used to come in and he hadn't had a shave and he would sometimes reek of garlic <JM laughs> and his uniform wasn't always as clean. And I sometimes used to think, 'You are being sidelined.' And *he was being sidelined not because he wasn't a good nurse, but because he didn't have that presentation.* And he genuinely didn't have that presentation. <Intake> And, you know, I remember him applying for a job and I said to him, you know, 'If you want me to give you a suit –' 'Oh, no, no, no. I'll be fine.' And he turned up at this job in a pair of, at an interview, in a pair of jeans and a mobile phone that kept ringing. (Emphasis added.)

He then explicitly introduces the notion of a "high standard" for men in nursing, something which the colleague 'fell short' of in his appearance and deportment:

And, you know, you could argue that he wouldn't have got the job anyway under those circumstances. But I think that sometimes, *as a male nurse, you do have to present yourself very, very well.* I think that it's quite – Well, I suppose it's important for a female nurse, but as a male nurse, you know, you are a – Well, *I've always felt that <pause> there was a high standard. And I think that that high standard, you constantly have to keep upping it that little bit more.* (Emphases added.)

This talk of 'needing' to meet, and, moreover, to *exceed*, a gender-specific standard concerning self-presentation is significant because it further evokes issues of men's visibility and *necessarily presupposes* their 'vulnerability' in the profession to 'negative' stereotyping: here, concerning their *ability*. Indeed, Richard's *narrated* 'success', and felt 'advantage', as a (male) nurse (e.g., his enjoyment of a "very good rapport" with everyone with who he works) does, *in these terms*, represent a compensatory masculine strategy – responding to the potentiality of being subjected to gender stereotypes (such as the aforementioned 'Less able' discourse) by staking a claim to 'especial goodness'. By telling a story about the 'bad' experiences of the 'scruffy' colleague (as per the colleague on the community nursing team to who a female patient objected; see earlier), he distances himself symbolically from the effects of 'men's disadvantage' and so the 'threat' of being positioned by others as 'different as a carer' (as 'negatively' conceived). Moreover, in marking his departure from other male nurses

in this respect, he is able to construct an empowering sense of (masculine, nursing) identity in a fashion consonant with his narration in *Maybe the Male Carer*, i.e., he once again draws upon a version of the 'positive' stereotypic discourse "Something special" that specifically relates to his *individual* conduct as a male nurse, and to the 'advantages' attached *for him* (and, seemingly, not for 'other men') to offering a 'physical masculine presence' in nursing.

4.3.3. Richard: a brief concluding discussion

In both *Maybe the Male Carer* and *A High Standard*, Richard arguably invests his involvement in nursing with emotional meanings of masculinity pertaining to a desire to appear 'not quite the norm (in his caring)'. Moreover, these narratives can be considered to constitute a 'compensatory masculine strategy', representing (anxious) efforts at self-empowerment in the context of being a gender minority. In contrast to Adam (see Section 4.2.), however, this strategy relates *not* to attempts to counter the 'feminising' implications of working in a 'female-dominated' environment, i.e., through emphasising one's membership of a 'male nurse' collective (and so one's 'gender typicality', as 'positively' conceived). As almost the mirror opposite of this, Richard's strategy instead concerns distancing himself from the potentially disempowering elements of 'gender typicality' (à la the 'Aggressive' and 'Less able' stereotypic discourses), precisely by emphasising its 'negative' connotations *in reference to others (various male colleagues) and their 'comparatively unfavourable' conduct and consequent reception*. Thus, the notion of 'physical masculine presence' as being an 'advantage' to Richard, while an obvious signifier of his 'difference' to 'the female majority', is invoked in his narrations in a way which sets him apart from 'the norm' *qua* 'men' and 'male nurses' - that is, in terms of how he deals with particular 'difficult situations' (i.e., authoritatively and compassionately, rather than aggressively) and how he presents himself, and relates to others, at work in general (i.e., exceeding the felt gender-specific 'standard' regarding self-presentation and enjoying a "very good rapport" with patients, relatives and colleagues alike).

4.4. Compensatory masculine strategies in nursing care: Adam and Richard in summary

This chapter has explored the masculine identity construction of two nurses, Adam and Richard, with reference to their deployment of 'compensatory masculine strategies', i.e., their elevation of the value of their contributions to the work environment in the context of being a gender minority. Both interviewees, as they recount certain experiences emphasising the 'physical' dimensions of being a nurse, have engaged with the (self-empowering) stereotypic discourse 'Male nurses are something special'. In this sense, Adam and Richard both can be considered as self-positioning as 'different as carer'. They differ, however, in the nature of these positionings, in a fashion indicative of biographically unique processes of gendered, emotional meaning-making. Adam's narratives reflect a concern with achieving or maintaining continuity with other, 'ordinary' and 'skilled', men - an identification with 'male nurses' occurring at the seeming expense, symbolically, of 'female nurses'. Richard's narratives, meanwhile, see him *also* position as 'different as a man' through his 'connection' of other male nurses with the content of negative stereotypes (alongside him largely distancing self from (female) colleagues in general); they reflect a concern with him establishing his individuality as a care practitioner.

Chapter Five: Dan and Luke – homosexualisation and the ‘young male nurse’

5.1. Introduction

This chapter considers the construction of masculine identities in nursing through the stories of two male student nurses, Dan and Luke. Significantly, both interviewees offer narratives of being marked as ‘different’ for their participation in nursing in a fashion which explicitly connects gender to sexual identity (and to a lesser extent age), and to pervasive stereotyping of the (young) male nurse as gay – what I refer to here as ‘homosexualisation’. Moreover, Dan’s and Luke’s personal accounts of being homosexualised relate primarily *to their relationships with colleagues*, and to a *work culture* in which they experience themselves, as male nurses, as a gender minority; in the context of recounting colleagues’ assumption-making and ‘exclusionary’ humour concerning matters of sexual identity, both men ‘reveal’ their individual anxieties and desires concerning ‘social integration’ in the ‘feminised space’ of nursing.

5.2. Dan's story

5.2.1. Introduction

In his early 20s, Dan is currently coming towards the end of his studies on a postgraduate nursing diploma course, having first completed an undergraduate degree in a related but non-vocational discipline, and having prior experience of care and pastoral work. He lives in student accommodation in an area of the Northwest region of England not far from where he grew up and his family still reside.

A significant feature of Dan's interview relates to issues around 'communication'.

Firstly, Dan claims a preference for the relational and interpersonal dimensions of 'being a nurse', and accounts for his entry into the nursing profession with reference to the idea of being a particular 'type' of person, i.e., a 'caring' one.⁵⁰ Throughout his interview, this 'caring' position is illustrated *vis-à-vis* several concrete examples of communicating and working with patients and relatives in an 'open' and 'informal' manner.⁵¹ Secondly, also recurrent throughout the interview is Dan's ready

⁵⁰ Here, Dan draws on a currently prevalent set of discourses within nursing education, grouped under the name of 'holism', in which is emphasised the importance of recognising the 'wholeness' of the patient, their individuality, their 'family' and life relationships, and the multiplicity of their care needs – including the emotional, psychological and social dimensions to health and well-being (May and Fleming 1997; Trnobranski 1997). At one point in the interview, he narrates how he learned early on in his training (whilst tending to a seriously ill patient whose "visibly upset" family was present) that patients' relatives also require the care and attention of nurses in the form of communication and "psychological input". He implies the empowering element he 'finds' in the relational opportunities of nursing when he thus concludes: "and it just really makes me, if you think about just general life concepts that you take for granted, to be a nurse you're sort of in quite a privileged position, to do quite a lot, to make a lot of good." Furthermore, while discourses of holism exist as a 'reality' for all student nurses, it is apparent that Dan, as an individual, invests in these ideas in a way which is specific to his self-positioning of 'caring'; at another point in his interview, he contrasts his approach to nursing with that of colleagues who "make quick, off-the-cuff assumptions about patients and say, 'Oh, they're not in pain!' or 'They're just being mad!' [...] I think, 'We'll consider it; speak to them. Just look at it a different way'".

⁵¹ Albeit, while recognising the necessity of certain, professional parameters; for example, see the narrative of a 'sexually suggestive' patient (mentioned below).

articulation of concerns about his situation as a student nurse, as someone relatively new to what he feels is becoming an increasingly challenging area of employment. While these concerns do not relate solely to being a *male* nurse⁵², the gendered matter of his minority status is nonetheless a prominent feature in his accounts of nursing training. Indeed, he expresses his apparent vulnerability as a minority to the extent that he risks leaving himself open to ‘scrutiny’, perhaps especially as a man speaking to a male interviewer – that is, in contrast to him offering narratives which are more confident, ‘pragmatic’ and ‘upbeat’ in character, and so perhaps more obviously self-empowering at the level of (masculine) identity construction (see, for instance, Coates 2003, and Schwalbe and Wolkomir 2001). However, in reflecting upon and sharing his experiences in this way, in communicating his anxieties about gender stereotyping as it affects him, I would argue that Dan does at the same time convey a certain ease with the relational demands of the research encounter, and, more precisely, an emotional literacy that is consonant with his claims to enjoy most the interpersonal components to nursing.

This ‘communicating of anxieties’ is also the context in which Dan most often talks about matters of gender explicitly, and in the analysis which now follows I thus focus on two particular narratives, both of which concern his experience of ‘homosexualisation’ in the workplace (of being assumed by others to be gay). In the first narrative, Dan describes how he is subject to assumptions and stereotypes about his sexual identity from his (largely, female) colleagues. Here, we see him self-position in and away from the stereotypic discourse ‘Male nurses are gay’ as he strives to negotiate ‘difference’, as imposed upon him by a “chatty, girly” work

⁵² Dan references job shortages along with the threat he feels is posed to the care relationship by ‘litigation culture’ as sources of anxiety too.

culture. In the second narrative, we again see Dan encountering the constraints of the 'Gay' discourse, when he shares his concerns about colleagues' perceptions of him in relation to a time when he was sexually harassed by a male patient.

5.2.2. Analysis

Dan's first 'homosexualisation' narrative – "As a younger guy, you do have to explain yourself or set boundaries": dealing with assumptions and stereotypes as a younger, gay male nurse'

This narrative – hereafter referred to as *As A Younger Guy* - emerges in response to Dan being asked an explicit question about the 'gay stereotype' in nursing. Here, he engages with the stereotypic discourse 'Male nurses are gay', in the sense of discussing how people's assumptions that 'male nurse' equals 'probably gay' have impacted on him as a gay-identified man working in a 'feminised' profession; these are assumptions which are manifest and fostered in the cultural conditions of the ward, an environment where he feels he is marked by his (female) colleagues as being 'different', on the basis of his gender and (suppositions about) his sexual identity.

In the first instance, Dan draws a link between the gay stereotype and his relatively young age. In this connection, he accentuates his 'vulnerability' as a younger male nurse - this vulnerability being presented in terms of the need for him to *justify* to others his presence in nursing:

It's, it's, it's difficult. I, like I said before, a lot of males now that go into nursing are mature students. [...] [I]n general sort of nursing, um, I mean the older males are sort of left alone, but I think as a sort of younger male nurse, you've got a bit more explaining to do sometimes. [JM: "Right."] Sometimes I don't really care what people think. But at other times it can be quite, quite nasty, like I said before. First you have, you know, 'You're a young man; what are you doing going into nursing?'. And then you have the stereotypes.

Of course, this 'need to explain oneself' is meant largely, if not entirely, in a rhetorical sense; it serves to convey how Dan experiences training within a profession where, he feels, he is a minority on several, interrelated, counts. He continues, detailing the various "nasty" ways in which his colleagues can and do highlight this 'minority

status' by invoking the gay stereotype; this refers to assumptions being made about him *as a person/man* rather than about him as a nurse *per se*.

And people are entitled to their opinions, but when people start thinking they can take the piss, they can have a laugh and pry into your personal life, just assume certain things about you, I, I think that's not very nice. But [JM: "Hm, hm"] but as, as a young, younger guy, you do sometimes have to deal with it or explain yourself, or set boundaries.

Again, Dan references his age as a point of vulnerability in connection with the gay stereotype. Yet, importantly, in his mention of 'setting boundaries' - which perhaps at first appears to be merely an additional descriptor to the constraints of 'explaining oneself' - there emerges a degree of agency, an *alternative* to 'putting up' with the feeling that his presence in nursing is subject to the need for justification, i.e., there are other ways to respond to this 'negative' situation, and that is through 'setting boundaries' on what one is willing to discuss with colleagues about one's personal life.

This agentic positioning becomes clearer as the narrative continues. However, this is agency as circumscribed by external gender conditions and cultural meanings of 'the male nurse'. Dan suggests that the terms of the stereotypic 'Gay' discourse - that is, that being a (younger) gay man in nursing makes you 'fair game' for the attention and 'gossip' of (presumably heterosexual) colleagues - cannot be completely 'side-stepped'. In this context, he provides a 'cautionary tale' of a friend who attempted to completely avoid his colleague's questions about his personal life:

I know, er, a friend of mine, he, one morning, the staff - [...] one morning at break, they started to say things like 'Ooh, do you have a girlfriend? Do you have a wife?' And he didn't because he was gay, but he didn't want to confess to that because he knew if he did that he'd get more questions. So he said, 'Look, I just don't want to talk about any of that.' But that was worse because nursing's a very chatty, girly sort of environment and by doing that, it gives people more, more sort of ammunition really, I find.

Significantly, colleagues here are presented as an impersonal collective, and, moreover, as acting as 'inquisitor' to the friend in the narrative ("the staff"; "they started to say things like 'Ooh, do you have a girlfriend? Do you have a wife?'").

Here, Dan genders the work culture of nursing as 'feminine', and couples the meaning of this with 'threats' to privacy ("But that was worse because nursing's a very chatty, girly sort of environment"). Hence, he positions *himself*, as gay male nurse, as outside of the 'majority culture' of nursing – or, at least, as not an entirely 'integrated' member.

Dan continues, outlining his own (partly) agentic response to the constraints imposed by the gay stereotype, in contrast to his friend who 'came a cropper':

So in my case, it's, um, people have *assumed* things and, and, I kind of decide what I tell and to whom, and it seems to be okay, touch wood. Touch wood, I've nev – I've had, I've had a couple of bad experiences, but generally, generally it's been okay. But to sum it up, you do have to tread carefully. (Original emphasis.)

Dan's approach is to (try to) *choose* who 'knows' him as a person (including his sexual identity) and to what degree. The constraint of the gay stereotype thus can be managed to some extent. Nevertheless, Dan indicates that it remains a constraint; as a gay-identified man in nursing, he can only position himself away from the 'Male nurses are gay' stereotypic discourse up to a point - that is, without resorting to outright denial. The frequent equation of male nurses with male homosexuality, and of male homosexuality (it is implied) with 'having a laugh' at male nurses' expense, means for Dan he feels unable to 'be himself' in the way 'the majority' can take for granted. Indeed, at another point in the interview, he comments:

[B]eing a female nurse is generally more accepted [than being a male nurse], so maybe they feel more <sighs>, I don't know if easy is the word, but more able to do the job without worrying about stereotypes and concerns. I don't know. I'd not thought of that before, but yeah, they can be a bit more, because it's like a, mostly girls, they can all have a good chat together and they talk about their holidays and their boyfriends [...]

Importantly, *As A Younger Guy* thus provides in 'female nurses' - *collectively, as a 'normative' 'culture'* - a point of reference against which Dan constructs a masculine identity *vis-à-vis* the nursing workplace. Here, he is stood in a complex relationship to the 'Gay' stereotypic discourse and its underpinning cultural 'logic' of 'difference' - that is, the notion that, in training to be a nurse, he is 'gender atypical', or '*different as a man*' (i.e., with 'negative' significance attached). In his 'complaints' about his colleagues' engagement with the gay stereotype, he clearly distances himself from this, their imposition of 'difference'. In this sense, he counter-identifies with 'the (female) majority' for 'judging' him and, by extension, 'excluding' him; arguably, he invests his involvement in nursing with emotional meanings of masculinity which relate to '*being an outsider*'. At the same time, Dan invokes the "chatty, girly" nature of the work culture not only in terms of 'threats (to privacy)' - being on the receiving end of this 'culture of chattiness' through 'intrusive' questioning and 'piss-taking' - but also in a way which draws attention to the culture's advantages or benefits for those who are its properly integrated members: as a man in nursing, he is subject to "stereotypes and concerns" that the majority of his colleagues, being women, are not; and they, in turn, are able to partake in 'social (integrative)' behaviours which are seemingly not (as) open to him ("they can all have a good chat together and they talk about their holidays and their boyfriends"). While this could be read as Dan simply seeking to present women as a 'gender-advantaged group' in nursing (a la Adam in Chapter Four), what is most notable is the implication on his part of a positive evaluation of these 'integrative behaviours'; here, 'chatting' fulfils a useful and desirable 'function', as a form of emotional and social support: "they can all have a *good chat together*" (emphasis added). Moreover, his tone as he speaks here is reflective, even wistful, further implying his positive evaluation of such 'mundane' communications - and suggesting that he views 'the majority culture' not only from

the perspective of counter-identification, but also of *identification*. Alongside meanings of 'being an outsider', then, Dan also arguably invests nursing with emotional meanings of masculinity concerning anxieties and desires about 'communication'.

Indeed, it can be argued that, following his 'complaints' about being subjected to colleagues' homosexualising assumptions and stereotyping, and his consequent inability to 'be himself', Dan is precisely expressing regret at not being able to be more *a part of the 'informally communicative' aspects of the work culture* - aspects which appear (in Dan's eyes) to convey and confer *a nurse's 'normalcy' and 'legitimacy'*. As the 'norm', female nurses have the 'unquestioned' ability to 'be themselves', by communicating with each other about elements of their personal lives; this includes being able to indirectly, *and without remark*, reference their (hetero)sexual identities ("they talk about [...] their boyfriends"). Thus, Dan's gendering of the work culture as 'feminine' (mentioned earlier) is not exclusively to do with 'negativity' and 'constraint' - with the 'threats to privacy' posed by colleagues' 'chattiness' - but also pertains to the empowering dimensions of 'informal communication' (including the opportunities for mutual support among colleagues). This is in line with my earlier statement (see Section 5.2.1.) that Dan, more generally, expresses a preference for the communicative and interpersonal aspects of 'being a nurse', and across his interview, he emphasises such 'qualities' with regard to his nursing practice with patients, i.e., exactly those 'qualities' which are most commonly associated with the 'femininity' of care-giving. Clearly, Dan does not reject *per se* the notion of being 'different as a man', even while he distances himself from its 'negative' imposition by colleagues; *A Younger Guy* is not a narrative defensively marking a distinction between self and female 'others' (again, cf., Adam, Chapter Four). Rather, it records the ambivalences which Dan appears to face in his efforts to construct an empowering sense of

'alternative' masculine identity within the context of a work culture in which he is homosexualised - a work culture in which he seeks, as a man, to be *'just another nurse'*: one who can legitimately engage in the emotionally supportive dimensions of the role *vis-à-vis* patients, and who can expect, in the process, the emotional and social support of his colleagues.⁵³

⁵³ Possibly, when Dan refers to female colleagues talking with each other about their personal lives, this also refers to such talk occurring on the ward, in front of - or even including - patients. If this were the case, it carries the implication of a further case of 'being an outsider' for him, including in terms of how he relates (or feels able to relate) to patients. *However*, given the centrality of the 'cautionary tale' about the friend *on morning break*, and the absence of explicit mention in the narrative generally of nurses chatting on the ward in this way, there is good reason to believe that Dan is specifically and exclusively thinking here of the 'staffroom'/'behind the scenes' dynamics of the work culture.

Dan's second 'homosexualisation' narrative – “You're thinking 'God, is it me? What have I done?'”: dealing with sexual harassment as a younger, gay male nurse'

In this narrative – hereafter referred to as *Is It Me?* - Dan invokes the 'Gay' stereotypic discourse in a fashion comparable to *As A Younger Guy*, i.e., to convey his anxieties over his position as a gay-identified male nurse in relation to his colleagues. While *Is It Me?* is concerned with the care relationship, with its central story-line being an incident where Dan was sexually harassed by a “suggestive” male patient, the narrative primarily pertains to his relationship not with patients but to the 'majority culture' in nursing (of female nurses), and to issues concerning the nature of the informal support 'mechanisms' available to him (as a gender-stereotyped 'minority') following the episode of harassment. In the context of relating his anxieties about this particular scenario, Dan also invokes two additional stereotypic discourses: 'Male nurses are feminine' and 'Male nurses, as men, pose a sexual risk to patients'.

Dan has been talking about how, as a male nurse, he is not able to provide physically intimate care to female patients because it is seen as 'inappropriate', when he suddenly exclaims: “I had a male patient who was suggestive with me actually <laughs>, not a female.” Dan shift of focus here – from the perceived 'inappropriateness' of him caring intimately for women, to drawing attention to the risks which patients (of either gender) could pose to *him* - is interesting. On the surface, this seems to be a conflation of two potentially separate issues (i.e., Dan's statement “not a female [patient]” follows mention of a male patient being suggestive towards him, even though talk preceding *this* concerned the perceived 'inappropriateness' of caring for female patients, *and was not about patients being*

suggestive), but this slippage arguably serves a rhetorical purpose. Here, Dan forges a link between the two issues, seemingly in order to imply that while male nurses are ‘commonly’ thought of as potential ‘harassers’ of patients, in his experience the converse is true: he was harassed by a patient. Moreover, the (heterosexist) assumption all men are a ‘sexual risk’ to women is ‘subverted’ by the fact that not only was he harassed by a patient but by a *male* patient – the irony of this perhaps conveyed in his laughter (above) as he introduces the subject of him being harassed. Dan continues, however, by directly articulating concerns over situations where patients are being sexually suggestive and how this might be viewed from the outside looking in: “You’ve got to be so sensitive, I think, is the general consensus. People might presume that *you* might do things. They’ll less presume that patients might do things to you.” (Original emphasis.) Importantly, this linkage of the two issues (being a risk to patients/being at risk from patients) is of an *emotional*, as well as a rhetorical, significance to Dan: he is not only ‘making a point’ (of a sexual-political order) but giving voice to anxieties about how he is perceived as a (gay) man in nursing. At this point, his worry over being potentially considered ‘the harasser’ appears to speak of his vulnerability as a nurse *per se*, rather than as a man and as a gay male nurse. (Just before this narrative, he expresses his regret at the power held by patients over nurses in general, referencing the ‘frightening reality’ of ‘litigation culture’.) Later, however, when he elaborates on the case of the ‘suggestive’ male patient specifically, his anxieties emerge here with a decidedly gendered flavour – and, notably, making reference to his relationship to female colleagues, as per *As A Younger Guy*.

Dan begins by providing some background to the incident involving the ‘suggestive’ male patient:

[...] I was just aware that a particular patient, um, in the other group of patients that I was looking after, was very, perhaps friendly, perhaps was over-friendly, particularly with me. You know, he’d ring the buzzer; someone else would go over and he’d say, ‘Oh no, I want Dan to come.’ And, um, you know, I’m always, I can be friendly with patients but I know where to draw the line, and there’s things they might ask me and I’m like, you know, ‘I don’t really want to talk about that.’

Here, the patient is cast as “perhaps [...] over-friendly”, this being encapsulated in his conspicuously singling out Dan from other members of staff, as someone to provide him care/attention (“he’d ring the buzzer, someone else would go over and he’d say, ‘Oh no, I want Dan to come’”). Dan then goes on to define his general approach to working with patients in terms similar to his attempts to manage his relationships with colleagues (as described in *As A Younger Guy*), i.e., involving the setting of certain boundaries. That is, he is “friendly” with patients but *there are limits on what information about himself he is willing to share with them* (“there’s things they might ask me and I’m like, you know, ‘I don’t really want to talk about that’”). The care relationship is thus marked here as ‘professional’ and not (too) ‘personal’.

Dan continues the narrative to outline the actual details of the incident with the patient – and its emotional ‘aftermath’:

[...] [W]e were chatting at one point and he started to be very, very suggestive and, um, just I kind of thought, ‘Okay, this is a patient getting a bit too full-on now.’ *And it was very clear that he probably could, he’d weighed me up and he’d made decisions based on that, and I just thought, ‘Oh, my goodness!’* And like I said even before with the other scenarios [of working with physically violent patients – mentioned elsewhere in the interview], there’s like a guilt; you’re thinking, ‘Oh god, is it me? What have I done?’ And I started blaming myself. Now to, to get some back-up, I told the sister on the ward what the situation was, and she said, ‘Oh yeah. He’s like that.’ But still I felt very, very uncomfortable and as a result I didn’t go in there again. And <laughs> it was actually laughed about, talking about it with other nurses, I said, ‘Oh god, I feel awful. You know, is it me?’ <unclear word> and they said, ‘No, don’t be so stupid!’ But, um, that’s, that was my little experience of that. (Emphasis added.)

Significantly, despite his efforts at boundary setting, Dan feels there are ‘things’ about him as a person that the patient ‘knew’ from making *assumptions* - about Dan’s sexual identity – and this was to subsequently inform his (the patient’s) ‘suggestiveness’.

'Over-friendliness' is implicitly equated in this narrative with the transgression of 'personal information' boundaries. In a manner akin to *As A Younger Guy*, Dan's identity as a gay man in nursing - and the knowledge/assumptions of others surrounding this identity - is made problematic, i.e., it emerges within the narrative as a source of anxiety. Here, Dan refers explicitly to experiencing some guilt in the wake of the incident, feeling he might be somehow to blame for what happened ("you're thinking, 'Oh god, is it me? What have I done?"); he appears concerned that the 'friendly approach' that he takes to patients in general may have been misconstrued in this particular case as meaning 'something more'.

Significantly, this concern about being misconstrued exists in relationship to colleagues and their perceptions of the situation. In the first instance, Dan speaks with other nurses to seek reassurance that he is not to blame for what happened. While he is partially successful in this effort (receiving feedback along the lines of "Oh yeah. He's like that"; "No, don't be so stupid!"), the accompanying laughter of his colleagues ("it was actually laughed about") seems to be something of a double-edged sword: it confirms perhaps that the incident was not his fault, but it also serves to minimise what happened and its impact upon him. Dan's feeling that he was perhaps not taken seriously 'enough' by colleagues following the incident is a theme which continues for the rest of this narrative; and as he starts talking about how *female* nurses might deal with 'suggestive' patients, it becomes an explicitly gendered theme. He draws a contrast between his situation and that of female colleagues, saying he imagines that they would have "better ways" of managing the situation than he did, by virtue of being the majority - and by extension 'the norm':

[...] I bet that's quite common [female nurses getting sexual attention from patients], because, you know, a lot of them are bright and bubbly and very pretty, and I think maybe they get quite a lot of attention. But maybe they have better ways of dealing with it; you know, it's mainly female nurses and they can laugh about it and just think: 'Oh, it's Mr, Mr Smith' or someone. But when it's males, there's so much like I have to learn [?], you know, it's, it's, it's such a particular area, you know, and you think, 'I really want to steer clear of this.' It's so scary.

It is in this context of being a minority that Dan, again, relates some anxiety over the possibility of being thought to have been 'leading on' the patient. However, even as he invokes both the 'Gay' and 'Sexual risk' stereotypic discourses - these manifest in his partial 'self-blame' and worries over how he is perceived - he clearly attempts to self-position away from such stereotypes; his concerns, with their negative insinuations, find 'safe' articulation precisely in the narrative context of denouncing them as "bizarre":

[...] I thought, you know, in the stupidity of my mind, 'What happens if somebody saw me and this patient talking and they thought *I* was leading the patient on?', you know. How bizarre is that? But still, it entered my head. It's, yeah, a difficult area. (Original emphasis.)

Yet, as with *As A Younger Guy*, Dan ultimately emphasises the constraining and 'subordinating' effects of stereotypic discourses:

[...] I think maybe there's a consideration that if it happens to a male, there's, firstly, there's the guess that the male nurse is gay anyway. And he's probably a bit camp. [...] And you would have, well, (a) it would have been laughed off and the nurse could laugh it off, or (b) <said hesitantly> which is, don't bear thinking about, is people may think that that male nurse may act on it more than a female would.

Sexual identity becomes salient expressly on this score; the (hypothetical) male nurse who is subject to sexual harassment will also likely be subject (Dan believes) to colleagues' assumptions of him being gay. Here, 'being gay' is directly equated with a 'feminine' masculine self-presentation ("probably a bit camp"), a commonsensical linkage (an engagement with the related/conflated stereotypic discourse 'Male nurses are feminine') which Dan supposes these colleagues will make (hypothetical colleagues but presumably resembling his own co-workers). Further, he suggests two 'possible, undesirable, outcomes' to this hypothetical nurse's situation. On the one hand, the situation may not be taken seriously by colleagues ("laughed off"), the

implication being perhaps that the male nurse is 'just' an 'effeminate', so 'amusing', gay man - and, in turn, ultimately 'harmless'. In such a case, this nurse is positioned as 'different as a *man*', his concerns being 'trivialised'. On the other hand, however, the nurse may be principally positioned as 'different as a *carer*', his gender and sexuality being treated as factors impeding his ability to care in a professional and ethical fashion for a potentially 'attractive' patient - that is, without him responding to (or even precipitating) a sexual advance. In this case, the situation may be taken very seriously indeed by colleagues, in a particularly 'uncomfortable' coupling of ideas about 'the typical male sex drive' and an 'effeminate'/'slack' male identity (i.e., the cultural image of 'the gay male slut'). Importantly, through outlining the 'double-bind' in which this hypothetical nurse finds himself, Dan is thus able to elaborate upon his feeling that he was, in his own actual experience of being harassed, at danger of gender-specific 'risks' – and he does so in a way which mirrors his more general concerns about what colleagues 'know' and assume about him as a gay male nurse.

In common with *As A Younger Guy*, the narrative *Is It Me?* does, then, arguably see Dan invest his involvement in nursing with emotional meanings of masculinity relating to 'being an outsider' (in respect of the 'majority culture' of female nurses). Moreover, this is in a fashion which once again seems to convey certain, gendered, anxieties and desires around 'communication' – here, regarding how 'best' to manage the scenario of being harassed by a patient. Of course, 'managing the scenario' does precisely involve Dan's anxieties regarding communication *in the care relationship itself*, and the perceptions of others about his capability and capacity to care as a male nurse (the notion of 'different as a carer'). Certainly, he is concerned about the risk of attribution of a sexual motivation to his 'friendly approach' with the patient, this

posing an obvious threat to his legitimacy as a nurse and (see Section 5.2.1.) to his general commitment to the relational and communicative, and overtly ‘caring’, dimensions of nursing. (Indeed, Dan’s reference to feelings of guilt immediately after the incident arguably serves a ‘defensive’ purpose in the narrative, by demonstrating his reflexivity and self-awareness, and protecting, even bolstering, his position as ‘caring’ and not ‘a risk’. Whilst none of this is to say that these feelings were not actually experienced as recounted, his subsequent distancing in the narrative from ‘guilt’ - by qualifying “...in the stupidity of my mind” and “How bizarre is that?” - does remind himself and the listener that such feelings were ‘ill-founded’; essentially, his guilt was ‘good’ guilt, based on not having done anything really, and not ‘bad’ guilt, based on actually having done something.) However, it is of prime interest to me now – as a theme continuous with *As A Younger Guy* – to explore ‘managing the scenario’ with particular regard to the matter of *communication with colleagues* and Dan’s apparent feelings of being ‘trivialised’ on the basis of his gender and sexual identity, of being positioned as ‘different *as a man*’.

In this context of ‘communicating with colleagues’, it is interesting to consider again Dan’s talk of seeking reassurance from “other nurses” about the incident with the ‘suggestive’ patient (“I said [to them] ‘Oh god, I feel awful. You know, is it me?’”).⁵⁴ Arguably, ‘managing the scenario’ in this way indicates a desire to be part of the ‘(majority) culture’ of emotional and social support which he regards as being taken-for-granted by female colleagues - including those who have been in an equivalent situation of being harassed (“it’s mainly female nurses and they can laugh about it and just think: ‘Oh, it’s Mr, Mr Smith’ or someone”); this is reminiscent of his

⁵⁴ That is, reassurance from other nurses following speaking with the charge nurse (or sister), who, as Dan’s institutional superior, represents a formal, rather than informal, channel of support.

remarks in *As A Younger Guy* concerning colleagues' ability to have a "good chat together"). As with the aforementioned narrative, Dan is not self-positioning against 'the majority' *per se*, i.e., simply counter-identifying with 'female nurses'. Rather, he is indicating his complex and difficult relationship to this 'culture' as 'a minority' who is homosexualised. More specifically, here, Dan again presents himself as a nurse who is 'communicative', 'self-aware' and thus 'caring' - as someone who shares self-doubt and vulnerability not only in an interview situation, but also with colleagues. Hence, again we see his attempts to construct an empowering sense of an 'alternative' masculine identity through his involvement in nursing, to 'positively' reconfigure the meanings of being 'different as a man'.

However, while Dan is able, through his emphasis on relationality as a nurse⁵⁵, to resist hegemonic definitions of masculinity to a point, he ultimately presents himself as experiencing 'constraint' by virtue of the gender-normative character of the 'majority culture'. In this vein, I note again Dan's description of his colleagues' response to him as he sought their support: that of laughter and a 'dismissive' kind of

⁵⁵ Firstly, Dan presents himself as being someone emotionally mature enough to 'ask for help' from others - not dissimilarly to his presentation of 'good guilt' earlier and of being reflexive. (This similarity extends to the phrasing of his 'request' to colleagues and the phrasing he uses when discussing his internal reflection about the incident.) Secondly, and as noted in the analysis of *As A Younger Guy*, he aligns himself throughout the interview with nursing qualities which, in stereotypic parlance, could be coded as 'feminine'. Indeed, at one point in the interview, he talks about his interest in the interpersonal areas of nursing with direct reference to 'being gay'. While Dan acknowledges here the generalisations he is making in referring to differences in skill and motivation between male nurses on the basis of sexual identity, he nonetheless implicitly equates his 'strength' of "talking to patients" with being 'different as a man', by contrasting it with the more 'traditionally masculine', 'technical' interests of heterosexual male nurses: "[...] I mean, you find, you find, men in there who've been builders and who are perfectly good at nursing. But there are subtle personality differences, I find, between the gay nurses and the straight male, the straight male nurses; there does seem to be a difference in how they are with patients. [...]. I mean, I kind, I like talking to patients and, er, getting, getting close to them and being <unclear word>, talking through things in a nice, English language, when the doctors say some waffle, I'll get down and we'll talk and I'll make sure the families have got chairs and a cup of tea and you know. If they say they've got pain, I'll say, 'Alright, I'll go and get some painkillers straight away.' But it seems, and I'm stereotyping here again which is not very good of me, but the straight male nurses they're a bit more into their technical things, all the machines and the biology and, er, you know, er, physiotherapy and blood results and - Which is great because you need someone like that. And I think that, that's what makes a good team, that somebody can be interested in that area. Er, but that's where my strengths are."

reassurance. As mentioned earlier, this appears to have made him feel that the significance of the incident, and its impact upon him, was being minimised and that this was the consequence of colleagues' gender stereotyping - the connection in his mind between minimisation and homosexualisation becoming apparent in his subsequent deployment of the figure of the 'camp gay male nurse', whose sexual harassment by a patient 'is' (similarly) trivialised ("it would have been laughed off [by colleagues] and the nurse could laugh it off"). Importantly, from Dan's perspective, 'laughing it off' is only really a 'feasible' option for female nurses experiencing harassment ("they can laugh about it [...]: 'Oh, it's Mr, Mr Smith'[...]"). He does not seem to believe he has access, as a man, to the same cultural resources - the same informal support 'mechanisms' - that these nurses do for dealing with being harassed, and which would allow 'laughing it off' to occur in the context/as a form of 'social integration'. Instead, his colleagues' laughter (at his worry about the incident being somehow his fault) acquires a differential, even an opposite, meaning to that of 'integrative behaviour'; and throughout the narrative, he gives voice to feelings of gender-based isolation concerning knowing how 'best' to manage the scenario of (same-sex) sexual harassment (for example, "it's mainly female nurses and they can laugh about it [...]. But when it's males, [...] it's such a particular area, you know, and you think, 'I really want to steer clear of this.' It's so scary").

5.2.3. Dan: A brief concluding discussion

A focal point in Dan's narratives concerns his experiences of homosexualisation in relation to a gender-normative work culture. In this connection, I have suggested that he invests his involvement in nursing with emotional meanings of masculinity relating to 'being an outsider' and to anxieties and desires concerning 'communication'. As we have seen, this 'majority culture' in nursing is referred to in terms of its 'informal communicativeness', explicitly gendered by Dan as 'feminine' ("chatty, girly"), and which appears for him as both a source of anxiety (in its perpetuation and circulation of stereotypic discourses) and an 'object' of desire (in offering, for 'the majority', emotional and social support). Dan presents himself as not being a fully integrated member of this work culture but (the implication is) as desiring greater 'integration': *'being an outsider' is, for him, disempowering*, and not about staking a claim to 'autonomy' from, or 'being better' than, (female) colleagues. Rather, from this position of 'outsider', he finds it difficult to successfully and 'positively' reconfigure the 'negative' significations of 'different as a man', difficult to construct an 'alternative' masculine identity which is *wholly* (rather than only partly) empowering through participation in care-giving.

5.3. Luke's story

5.3.1. Introduction

It is true to say that Luke shares with Dan certain 'demographic features', as well as certain similarities in situation. Both men are in their 20s⁵⁶; both self-identify as gay; and both were born and continue to reside in Northwest England. At the time of interview, Luke is – similarly to Dan - due to complete a nursing course (his course is an undergraduate degree rather than a postgraduate diploma), and he has also previously worked in a care-related role, as a care assistant. Unlike Dan, however, he has experience of other jobs outside of care, namely, within the service sector, where he worked for a number of years after leaving school.

Interestingly, when talking about his past role as a bar manager, Luke links this thematically to his involvement in care, both areas of employment constituting for him an interest in people - or forms of 'people work'. He also draws continuities between his (busy) social life ("I'm a *very* social person"; original emphasis) and this interest in 'people work', claiming that his sociability/sociality - or what he refers to as his ability to "talk for England"¹ - is something which 'crosses over' to the workplace and shapes his approach to care-giving. For example, at one point of the interview, he provides a lengthy narrative about the time he encouraged an older female patient to join him in 'ball-room dancing' around the ward, an impromptu act which subsequently won him popularity amongst the other patients there: "every time I walked on the ward, they were all smiling. It made them laugh and it made them smile, because I was the one who for at least one night in their six months of

⁵⁶ At 25, Luke is the older of the two, by two years.

being in hospital made them smile and <pause> <laughing> gave them a good time!” With regard to his nursing colleagues, meanwhile, he also references his popularity and his connection to the workplace (this feeling perhaps accentuated for him because of the fact that all of his work placements have been at the same hospital, something which is unusual for student nurses who typically do placements at a number of institutions during their training).⁵⁷

The main thrust of Luke’s interview concerns his sense of accomplishment in arriving at the end of his degree. As he recollects and details various different points from his time in training, from his first day on placement, to a particular shift when he was confronted with the challenge of having to help to save a patient’s life in a corridor, he does so from the largely ‘upbeat’ perspective of someone who is currently enjoying his achievement. It is not until relatively late in the interview, when a question is posed to him about the gender composition of his course, that he starts to raise issues (of his own accord) about being a male nurse and gender stereotyping. Whilst the emotional tone of Luke’s narratives here do appear - in line with his interview more generally - to be relatively ‘light-hearted’ in the routine use of humour which accompanies them, they are nonetheless very suggestive of certain anxieties on his part relating to being a (younger, gay-identified) man in the ‘feminine space’ of nursing. In the first two narratives, Luke (like Dan) tells of being the recipient of certain comments and ‘piss-taking’ referencing the cultural image of the ‘camp gay male nurse’. Another narrative relates to Luke’s experience of sexual harassment by a

⁵⁷ At one point early in the interview, Luke says: “I feel I knew everyone in the hospital [where I did placements]. So sometimes it was a bad thing, you know, because you’d end up just wanting to just go to pharmacy and you couldn’t because you’d end up stopping every two seconds in the corridor <laughing> to talk to someone. That, that’s how well I knew people there. But, um, I did my last day of placement there, I think it was about four weeks ago, about a month ago now. And, um, the matron who worked in the hospital basically took me aside and said, ‘I’m really sorry to see you go. I think you’ve been a fantastic student. Everyone loves you in the hospital. But there are, <said comically> there are no jobs <laughing>, so you’re going to have to look elsewhere.”

male patient. Again in common with Dan, he invokes in this account his colleagues - and their possible perceptions of him as a male nurse - as compounding his feelings of concern regarding this situation.

5.3.2. Analysis

Luke's first two 'homosexualisation' narratives – "I definitely got given some stick when I had long hair" and "I am gay myself but it doesn't mean that people can just assume": dealing with assumptions and stereotypes as a younger, gay male nurse'

Luke offers two narratives – hereafter referred to, respectively, as *Got Given Some Stick* and *Doesn't Mean People Can Just Assume* - in which he describes being 'homosexualised' through 'humorous' comments and 'banter' relating to his gender and sexual identity as a man in nursing.⁵⁸ Both narratives evoke the stereotypic discourse 'Male nurses are gay'; and in both, Luke conveys the symbolic blurring which exists in the popular imagination between gay men and femininity, and between the 'effeminate gay man' and 'women's work' such as nursing. Importantly, while in the main, these narratives are presented by Luke in a characteristically 'upbeat' fashion – he talks with some degree of humour about his experiences and implies his engagement with the 'humour' of others in the moment of interaction - we should also consider the presence of more ambivalent feelings (about what has been said by others) emerging alongside his jocular approach to narration.

In *Got Given Some Stick*, Luke talks about a time when he used to have shoulder length hair, an aspect of his physical appearance which was associated by some of the (male) patients with which he worked with femininity, and in quite a potent way:

I definitely got some stick when I had that, I tell you! Um, just things like, you know, some of the guys on the ward, patients like, would be like, 'Excuse me, love!' and stuff like that, knowing full well <laughing> they're taking the piss out of you.

⁵⁸ Although Luke does not mention age in the way that Dan does, his being a younger man is similarly likely to be relevant in numerous ways to his construction of 'homosexualisation', as we shall see in the discussion that follows.

Luke is reminded by these patients' 'quips' that nursing is work which is normally done by women, and that his long hair of the time is given a 'feminine' meaning expressly in this context - that is, *contra* the long hair of (young) men in other cultural contexts, e.g., particular music scenes or 'youth sub-cultures'. That Luke says "some of the guys on the ward", almost as if they were friends or acquaintances rather than patients, suggests this "taking the piss" occurred in the context of '(male) banter'. However, the strength of his language here also indicates that Luke did, in part way at least, experience what was being said as a 'put-down'. It is perhaps telling that he proceeds to explicate the above scenario with reference to stereotypes about homosexuality (as held by certain, older, patients): "[A] lot of the older generation people still see it [nursing] as a pansy job, if you catch me. Um. So I've had some stick over stuff like that in the past." Again, there is something of the 'banter' in Luke's choice of words here ("pansy job", "stick over stuff like that"), an indication that he is part of this 'joking' work culture. Yet, while Luke may experience the patients' comments with some genuine amusement, there is reason to believe he also holds more ambivalent feelings, even given the light-hearted tone of his narration. This idea is given more credence when he then immediately discusses yet another scenario in which he has been the brunt of 'feminising' jokes, and where he clearly expresses his regret that such comments have been made:

I might meet someone new in a group of friends or something, and they'll be like, 'So what do you do?' and I'll be like, 'Oh, I do it, I'm a nurse.' And they'll go <putting on a high-pitched voice> 'Ooh, one of them are you?' It's like, well, iiiit's a shame that people think like that really.

Here, the stereotype of 'Male nurses are gay' is clearly invoked by social acquaintances ('friends-of-friends') upon hearing Luke is a nurse. Again, this occurs

in a 'joking' context but Luke more explicitly distances himself from these comments ("a shame that people think like that really").⁵⁹

It is only when Luke talks about 'joking' comments coming from his colleagues, in the later narrative *Doesn't Mean People Can Just Assume*, that he appears to more directly challenge such stereotyping – even then, he cannot resist making one or two light-hearted comments himself:

It [stereotyping] happens quite a lot, though, I think. Um, the stereotype, definitely. Um, I, it doesn't help either that, that there's a lot of feminine, you know, like nurses. I mean, I *am* gay myself, but, um, it, er, doesn't mean that people can just assume, do you know what I mean? It is unacceptable for people to just make comments. Like, er, I've started on wards and, like, people who worked on the ward have said, 'Ooh, Matron', you know, that kind of thing. And I've just thought to myself, 'What the hell is that? One, I've never seen that movie <laughs>, and two, just don't insinuate.' Do you know what I mean? It doesn't give people the right to <pause> a, just, just to stereotype it just because of the job you're doing; it's rubbish. And also I find that in the hospital that I, I've worked in, like I've said on each ward they'll probably be about six males, each, six wards in the hospital, and I'd say that two or three of them probably *are*, like, you know, renowned, you know, homosexual. And the others are just feminine, regular guys who are married and have got kids and - Do you what I mean? [JM: "Yeah."] So that is the prime example of don't judge people because you're actually wrong, because there's another twelve male staff out there who are just, you know, normal, family guys with the reg - The three kids and all that stuff. So, you know, it is rubbish. (Original emphasis.)

What these two narratives - *Got Given Some Stick* and *Doesn't Mean People Can Just Assume* – share in common, besides 'negative' engagement with the 'Gay' stereotypic discourse, is the matter of humour: both in the shape of the 'feminising' quips to which Luke is subjected as a male nurse ("Excuse me, love!"; "Ooh, one of them, are you?"; "Ooh, Matron!")⁶⁰, and in his response to these quips as he recounts his experiences. It seems clear, from his voicing of regret and (in *Doesn't Mean People Can Just Assume*) annoyance, that Luke rejects the imposition of gender-normative stereotypes (of being 'different as a man'); the presence of an element of humour to his 'complaints' does not negate this, nor does it automatically mean he feels less

⁵⁹ The 'public image' of men in nursing is presented as subordinating to the extent that is equated (in a later point in this narrative) with a lack of acceptance.

⁶⁰ Here, Luke is identified by others as a *male* nurse and in a very particular way: as being 'different as a man'.

concern about what is being said than someone deploying a more 'serious' narrating style (a la Dan; see Section 5.2.) (e.g., Fraser 2004; McCormack 2004). Indeed, Luke's use of humour here arguably serves some important defensive 'functions', not least in allowing him to narrate his experiences of homosexualisation, and articulate feelings of concern, in a fashion which makes him 'appear' less vulnerable than a more 'straight-forwardly' expressed 'complaint' might do (see, for instance, Coates 2003).

Interestingly, with regard to *Doesn't Mean People Can Just Assume* specifically, it is here that Luke's recounts appear most comparable (although far from identical) to those of Dan, relating to comments from work colleagues specifically and prompting from him a similarly 'emotive' response, not least in his final evaluatory statement of "It is rubbish". Indeed, if it is considered that this is also the only part in the entirety of his interview where Luke explicitly references/'draws attention to' the matter of his own sexual identity ("I mean, I *am* gay myself [...]" ; original emphasis), there is reason to believe that colleagues' perceptions perhaps carries more weight, or have a greater emotional resonance for him (*vis-à-vis* his 'place' in nursing as a (younger) gay-identified man), than do those of the patients and 'friends-of-friends' referred to in *Got Given Some Stick*. Arguably, there is 'more at stake' for Luke in being 'homosexualised' through this set of relationships, and yet there is still the presence of 'moderating', and potentially 'defensive', humour in his narrating; as with the implication of him entering into 'banter' with 'piss-taking' patients, the internal dialogue ('with' colleagues) which features in *Doesn't Mean People Can Just Assume* takes on something of the tone of banter ("And I've just thought to myself [regarding colleagues saying 'Ooh, Matron!'], 'What the hell is that? One, I've never seen that movie <laughs>, and two, just don't insinuate.'"). In this, he communicates to the

listener – very likely unintentionally - the idea that he is part of the ‘joking’ work culture which he is criticising, i.e., ultimately, an integrated member who is ‘humorous too’. (Consonant with this interpretation, elsewhere in the interview Luke identifies himself as a nurse *qua* collective expressly in terms of displays of humour: “Because you can’t get any more crude than nurses; <gently laughing> we do have very crude senses of humour”. His allusions to social popularity more generally should also be remembered; see Section 5.3.1.)

In this context of a concern with ‘social integration’, Luke arguably invests his involvement in nursing with emotional meanings of masculinity relating to certain tensions around ‘*belonging*’ in a gender-stereotyped profession. His ‘defensive’ humour, in this connection, has definite gendered aspects – pertaining, as I now argue it does, to his attempts to resolve the tensions caused by stereotyping, through emphasising significant degrees of ‘gender conventionality’ at the level of personal identity. Following this line of thought, Luke’s ‘claim’ of being integrated *vis-à-vis* the ‘joking’ work culture of nursing should not be seen as being entirely equivalent to him ‘claiming’ identity with (or to be ‘the same’ as) his colleagues *qua* ‘*female* nurses’. Rather, he demonstrates his ‘integration’ from the perspective of ‘(gender) difference’ – by ‘masculinising’ himself as a male nurse in the interview. In part, this ‘masculinisation’ occurs through his use of humour as a means of ‘safely’ expressing vulnerability in relation to homosexualisation (as argued above); but primarily, ‘masculinisation’ refers to his self-positioning in relation to the ‘gender minority’ that are other *male* nurses, on the basis of sexual identity. Luke understandably seeks to distance himself from the constraints of the ‘Gay’ discourse, but the way in which he does so – by seeming to consequently align himself with the “normal, [heterosexual] family guys” who he claims comprise the majority of male nurses – is perhaps

surprising for someone who self-identifies as gay (consider these extracts: “[...] it doesn’t help either that, that there’s a lot of feminine, you know, like nurses. I mean, I *am* gay myself, but, um, it, er, doesn’t mean that people can just assume, do you know what I mean?”; “on each ward they’ll probably be about six males, each, six wards in the hospital, and I’d say that two or three of them probably *are*, like, you know, renowned, you know, homosexual. And the others are just feminine, regular guys who are married and have got kids”; “So that is the prime example of don’t judge people because you’re actually wrong, because there’s another twelve male staff out there who are just, you know, normal, family guys with the reg, the three kids and all that stuff”; all original emphases). Here, in his efforts to illustrate the redundancy of the gay stereotype, he (ironically) perpetuates a notion of ‘gay’ as implicitly ‘not normal’ and as conforming to *‘the male nurse stereotype’*.⁶¹ While he may be ‘simply’ trying to present himself as a ‘non-stereotypical’ gay man, i.e., the male nurse ‘who just happens to be gay’ (again, perhaps understandable in the face of the caricatured ideas of ‘gayness’ being perpetuated by colleagues and others), it is noteworthy that this appears to be done at the (ideational) expense of ‘other gay male nurses’: by implicitly valorising heterosexual masculine identity in nursing. This is yet another indicator of Luke’s potentially defensive relationship to ‘integration’ or ‘belonging’, suggesting as it does that he holds certain normatively informed (heterosexist) anxieties about how he is perceived by colleagues.

⁶¹ The meaning of Luke saying “And the others are just feminine, regular guys [...]” is slightly ambiguous. On the one hand, he may be correcting himself here (i.e., after having started to say “just feminine [guys]” by mistake, he changes this to “[just] regular guys”), this kind of correction being something he seems to do a few times in his interview (for a less ambiguous example, see his next ‘homosexualisation’ narrative). On the other hand, “feminine, regular” may be intentionally linked descriptors, where he is making the point that heterosexual men can be ‘feminine too’. While the lack of any speech disfluencies between the two descriptors (e.g., ums or ers, which would indicate him noticing he had made a mistake in need of correction) perhaps strengthens the latter interpretation, it does, however, seem unlikely that Luke would claim that all male nurses are feminine at a self-presentational level. In any event, what *is* clear is that Luke is equating heterosexuality with ‘non-stereotypicality’, which, in turn, is *contra* the “two or three” gay (or “renowned [...] homosexual”) male nurses. This raises the question: Where does he see himself fitting into this ‘order of things’?

Luke's second 'homosexualisation' narrative - "I didn't bother telling anyone, 'cos I know quite well that it's going to be, 'Oh well. You probably loved it!"; dealing with sexual harassment as a younger, gay male nurse'

In this narrative – hereafter referred to as “*You Probably Loved It!*” - Luke introduces the theme of sexual harassment. Unlike Dan, whose equivalent narrative (see Section 5.2.) clearly alludes to harassment but without using the actual term, Luke explicitly refers to being harassed, although this is with a characteristically flippant tone: “I’ve had a *male* patient harass me <laughs> as well, definitely.” (Original emphasis.) He elaborates on the situation thus: he was performing a physically intimate care task when the patient he was caring for made a sexual comment:

[...] I think I was taking a catheter out or something like that. Um, and he just made a comment of, ‘And while you’re down there.’ And I just said that, a, I think the exact words were, ‘Sorry, but you’ve had a bypass and I don’t find that too attractive.’ <Laughs> And that just shut him up! <Laughs> And I thought it was great actually, ‘cos, um, it was quite quick-witted for me – <Speeding up> Anyway, yeah, just little things like that have happened over the years; just <pause> and it just makes you think as well, like, it’s two-way; it’s not just the female staff, other patients can do it as well.

Again, Luke offers a ‘light-hearted’ style of narration. In the first place, there is the humour of Luke’s actual response to the patient (a no-nonsense ‘put-down’ which implicitly, and ironically enough, references his own sexuality), but there also is a humorous note to how he narrates this, when he reflects upon how he handled the situation (“And I thought it was great actually, ‘cos, um, it was quite quick-witted for me”). Alongside this, however, Luke conveys a serious perspective on the incident; he concludes the extract above by stating that harassment is “two-way” (meaning that it can happen to men as well as women), something which he then reiterates as he provides an (unsolicited) explanation on why he “didn’t bother” to report what happened with the male patient:

[...] [I]n modern society I do think it goes both ways, doesn't it? I think. [...] But if I was to have gone to the sister and said, 'Oh, by the way, he said that to me', she probably would have laughed. Seriously. I didn't bother telling anyone, 'cos I know quite well that it's going to be, 'Oh well. You probably loved it, Luke' and it's like, 'Well, actually, I didn't.' <Laughs> Yeah.

Essentially, Luke is 'arguing' here a sexual-political point akin to that raised by Dan in his equivalent narrative (see Section 5.2.2): he feels that as a (gay) man he would not be believed as a 'real victim' of sexual harassment. He imagines that 'reporting to sister' - or indeed "telling anyone" - about being harassed would have been met not with action, but instead with minimisation of the incident's seriousness; indeed, (he feels) he may have been cast by his colleagues as a 'willing participant' in the scenario, being assumed to have "loved it [the sexual attention]". While Luke talks of this as colleagues 'making jokes', he invokes two intersecting stereotypic discourses: 'Male nurses are gay' and 'Male nurses, as men, pose a sexual risk to patients'; he can be 'feasibly' conceived of in terms of 'easiness' and 'promiscuity' as a gay male nurse.⁶²

Although this situation, as recounted, is almost entirely hypothetical (Luke was harassed, but he did not report the incident so he – and we – cannot know how his colleagues *would* have actually responded), it nonetheless does suggest that Luke holds a perception of the nursing work culture as 'gender-inequitable' *to his disadvantage*, he believes he would have received markedly different treatment to a female colleague reporting harassment:

[...] Just like the patients might pinch a female, you know, a female member of staff's bottom, they go and report it and it gets taken very seriously you know [...] If it happened to me, they'd, they probably wouldn't care. I think if I, if I showed that I was really, really serious about it and like it was a huge issue, that they'd have to do something about it, wouldn't they? But just if I was to tell them or someone about it, I think they'd not take it as seriously as they would if it was a male, um <clicks, correcting himself>, a female member of staff. [...] Which isn't very healthy <laughing slightly>, is it? For an equal opportunities employer.

⁶² As per Dan's hypothetical 'camp gay male nurse' (Section 5.2.2), this sees an intersection of the different cultural 'logics' which underpin these two orders of stereotype, i.e., the 'trivialisation'/'feminisation'/being 'different as a man' of the 'Gay' discourse, combined with the 'sexualisation'/'negative masculinisation'/being 'different as a carer' of the 'Sexual risk' discourse ("[...] "Oh well. You probably loved it, Luke" [...]).

Luke then refers back to the moment of the incident with the male patient, elaborating his thoughts on how he handled the situation. He claims the patient tried to pretend the sexual comment he had made was not serious: “[...] [T]he patient afterwards was just very jokey about it: ‘Oh, I was only joking’, you know <put-on, silly, sardonic, laugh>, ‘Hahahaha’. And it’s like, ‘Well, you weren’t’ <laughs> ‘We all know that you weren’t.’” Interestingly, this follows Luke’s aforementioned concerns about ‘minimisation’ (by colleagues). He feels the patient is similarly minimising the incident, and this is something that he (Luke) wishes to directly counter.⁶³ What happened *is* a serious incident, he feels, and this is ‘backed up’ by the fact that it happened to someone else too:

Um <pause> so, and I think that male patient had also done it with another male member of staff. So it gets a bit more serious, doesn’t it? So it’s, like, it’s not just a one-off joke, it’s like a, a perverted patient in a way. So you, I don’t know what *he* did about it; I know that when it happened to me, I just thought, “Oh, forget about it, you know; it happens.” <Intake of breath> You know, as long as you know what to say and the right, the right things to say and the right way to deal with it. Because when I said that to the patient, I wasn’t even looking at him; just to say, you know, ‘I’m really not interested.’ Um, so long as you know how to deal with it, you’re alright; but I know the other male member of staff didn’t take it too well. But then again, I don’t think he reported it, so it makes me think like if you have, you know, if you do find it really a bit disturbing, then why aren’t we reporting it? Why don’t we feel comfortable enough, reporting it to people? (Original emphasis.)

In referencing and discussing ‘another victim’ of the patient, Luke seeks to clinch the deal that the patient’s comment to him *was* serious and not something to be laughed away (“So it gets a bit more serious, doesn’t it? So it’s, like, it’s not just a one-off joke”). Here, he also appears to want to ‘de-individualise’ events. The incident is presented clearly as not being “just a one-off”, and therefore Luke is further distanced from the aforementioned stereotypic discourses of ‘Gay’ and ‘Sexual risk’ – and the claim (which he feels his colleagues would make) that he might have been ‘involved’ or ‘to blame’ for what happened. He also ‘normalises’ his non-reporting of

⁶³ Albeit, this may be in the form of an ‘internal dialogue’ rather than necessarily representing an actual conversation with – and ‘telling off’ of – the patient (“And it’s like, ‘Well, you’re weren’t’ <laughs> ‘We all know that you weren’t.’”)

the incident, even as he problematises it; the other male nurse was ‘the same’ in saying nothing. This implies that Luke is thinking about this situation (as he reflects on it in the interview) as a ‘social problem’ and not just a matter of what happened to him (“Why don’t we feel comfortable enough, reporting it to people?”). Yet, as he reflects on his own motives for not reporting the incident, he seems to treat what happened as being serious *but not serious ‘enough’*:

[...] [I]’s making me think like, a, maybe I should have broke the mould by reporting it. But then I was thinking, ‘Well, no, if it hasn’t bothered me that much, I shouldn’t just do it for the sake of doing it.’ <Laughs> To try and break a mould. I should wait until it has happened and it is quite serious.

Interestingly, however, Luke’s narrative also implicitly serves to contrast himself and his actions with those of the other male nurse. In the first place, this occurs in the earlier extract where he says about not knowing how this other nurse responded to being harassed and then talks about his *own* response in favourable terms. This theme develops when Luke proceeds to elaborate on what he does know about what happened to this other nurse:

[...] [W]hen he said to me, well, I know when he said to me, it, it was word, word for word, he got exactly the same thing the patient said to me said to him. <Pause> And it was like, this is just gross. <Laughs> It really is. It’s just like a regular thing that the patient’s got going on obviously, whenever he goes into hospital <laughs>. Which is just wrong, isn’t it? <Laughs> Um, but you know, the, this other male nurse was a lot more, more <pause> is the word flamboyant, than, than me and was a bit more dramatic: ‘Ooooh, I can’t believe he just said that to me’. And so, wa - A lot of people would, a, I think a lot of people would take it a lot more serious than I did.

Significantly, Luke casts himself not being ‘usual’ (seemingly in a positive sense) in refusing to take the situation (too) seriously; he refers to the other male nurse as “flamboyant” and “dramatic” in how he talked about the situation in contrast. This suggests a certain distancing from the ‘effeminacy’ – and ‘triviality’ - of this other nurse.

What is perhaps most striking about *"You Probably Loved It!"* is precisely this way in which, across the course of the narrative, Luke shifts from one position to another in relation to the 'seriousness' of the incident with the patient. As we have seen, the bulk of the story is used to establish that sexual harassment of a nurse is indeed a serious matter and one worthy of reporting – as something Luke has experienced but not reported because (he believes) his (female) colleagues will not have taken him seriously. This becomes couched in the terms of a 'social problem' when he invokes the near identical experience of 'another victim'/the other male nurse and subsequently reflects, "if you do find it really a bit disturbing, then why aren't we reporting it?". Towards the end of the story, however, we see Luke start to reposition his experience of being harassed as 'not worth reporting' because what happened was 'not *that* serious'. Informing this shift in position from 'Worth reporting; but not taken seriously enough (by others)' to 'Not worth reporting; not taking it too seriously (himself)' are Luke's efforts to manage the perceived threat of homosexualisation as it relates to his 'integration' within the work culture of nursing. In other words, it is to his 'benefit' as a narrator (although not something he necessarily realises himself consciously) that he sets up the gravity of the situation, only then to minimise it. As with his two earlier narratives (*Got Given Some Stick* and *Doesn't Just Mean People Can Just Assume*), Luke again appears to invest his involvement in nursing with emotional meanings of masculinity concerning tensions around 'belonging' within a gender-stereotyped arena. Again, he attempts to manage these tensions through emphasising integration through 'gender conventionality' – and, by logical extension, being 'different as a carer', in a 'positive', self-empowering, sense. The character of the other male nurse is central in this respect, providing Luke with simultaneously an identificatory *and* a counter-identificatory figure at the level of gender and at the level of perceptions of 'seriousness'.

In the first instance, Luke presents the other male nurse as someone who is, in certain senses, the 'same' as him: another (young?) man working in the same gender-stereotyped profession, who has not only also experienced sexual harassment by a patient but by the very same patient, this patient, moreover, using on him the same 'humorous' approach ("word for word"). Luke says that while he is not sure, he thinks the incident, like in his own situation, was not reported (in any event, he treats it as if 'non-reporting' was the case in his talk of "why aren't we reporting it?"). There is also the strong implication, in Luke's description, that the other male nurse similarly self-identifies as gay (although it should be said that this is not explicitly stated). In this connection, the presence of this nurse in the narrative serves to strengthen Luke's 'claim' about the seriousness of what happened – and, moreover, to clearly position Luke as part of a 'gender-disadvantaged group' in being unable to, or facing difficulties in, seeking redress and the support of colleagues. Yet, the presence of this nurse also allows Luke to demonstrate his 'gender conventionality' - and distance himself from the 'feminising' stereotypes which may accompany being a gender minority (see *Doesn't Mean People Can Just Assume*) - via his trivialisisation of the nurse's response to being harassed. The descriptors of "flamboyant" and "dramatic" are suggestive of overt, 'excessive', displays of emotion, with 'feminine/ising' connotations; Luke, meanwhile, appears to treat his own experience of being harassed with a 'masculine' resolve ("I think a lot of people would take it a lot more serious than I did"), perhaps even stoicism, that is 'probably' 'desirable' relative to this nurse's 'histrionics' – of course, this impression being accentuated by Luke having firmly established in the 'build-up' to this point the exactly serious nature of harassment.

It could be argued that Luke's ultimate position of minimising a 'serious incident' is a defensive measure against the constraints of being/feeling unable to challenge harassment without the risk of minimisation from colleagues (the anticipated reply from the charge nurse of "Oh well. You probably loved it, Luke") – a situation which would, through the intersection of the 'Gay' and 'Sexual risk' stereotypic discourses, mark his 'difference' in a personally disempowering manner, both as a man and as a carer. By raising, in the first place, the issue of not reporting sexual harassment, and then using the narrative as a chance to reflect upon his thoughts about this, his voicing of the idea that being harassed is 'serious' is probably not just a matter of rhetoric, i.e., simply and deliberately an exercise in enhancing his masculinity by telling his story in this particular way. Rather, the incident and his responses to it are something which seem to produce in him mixed and conflicting feelings, concerning what he 'could' and 'should' have done – feelings which in part relate back to his apparent desire to maintain his sense of 'integration' within nursing, in the 'less-than-ideal' conditions in which he finds himself as a gender minority.

Luke is perhaps highlighting in the other male nurse's clearly vocal (and support-seeking?) response to harassment, those qualities which he is most anxious about having attributed to *self*, i.e., it could be argued that in the contrast of 'flamboyancy' and 'drama' with his own conduct/attitude, he locates the 'trivial(ised)' associations of femininity in a tangible (male) figure and defensively 'separates' these from himself. (This interpretation is strengthened if we remember the normatively informed anxieties Luke appears to have about colleagues' perceptions of him, *vis-à-vis* 'other gay male nurses', and his implicit equation of 'gay' with 'stereotype', in *Doesn't Mean People Can Just Assume*.) It is worthy of note that there is a consonance here between the position of 'masculine resolve'/'not taking it too seriously' and the

'defensive' humour which Luke deploys throughout the interview, both of which arguably indicate a desire for some degree of detachment whilst communicating anxiety; he positions as 'humorous', or he engages with humour, on his own 'masculinised' terms, to preempt the threat of being seen as 'humorous' in his colleagues' (so he fears) 'feminised' terms. In this context, it is reasonable to suspect that while Luke may be anxious *also* about the 'negative masculinisation' of being cast as 'different as a carer' - i.e., through being conceived, however flippantly this may be, as sexually eager or 'up for it' with a patient⁶⁴ - it is the insinuations of 'different as a man' which might pose, for him psychologically, the greatest 'risk' to his sense of 'belonging' in nursing. (Indeed, Luke's impersonation of the other male nurse's response to harassment - "Ooooh, I can't believe he just said that to me" - even while it may (or may not) be tongue-in-cheek, does not look altogether dissimilar to the 'feminising' quips to which he was subjected himself in his earlier two narratives: for example, "Ooh, Matron!".)

⁶⁴ At the end of the narrative, Luke suddenly asks if he has been 'going on' superfluously in talking in detail about this incident. When he is assured he has not been 'going on' and that he is welcome to continue speaking, he says: "[...] Because I rumble on. [...] [B]ecause I don't want *you* who I'm talking to about it now to think, 'Oh god, he's got problems!' And by secretly talking about it, you know, I *am* into all that kind of stuff because - [...] [I]t's so common in hospitals and it happens all the time, every male member of staff has it said to us so often that it becomes such an issue, that you end up talking to other people about it. But then you've got those other people who are judging you by the fact that you're talking about it. But it is an issue in the hospital so that's why you end up talking about it." (Original emphasis.) In this, Luke is (anxiously) attempting to locate the narrative (and his other talk about 'sexual issues' in nursing) in a 'legitimate' context, i.e., as a relatively commonplace problem. He even refers to the 'worst case scenario' of how he might be perceived by the listener in raising these issues, that it is him who is 'perverted' and not the patient. Interestingly, in expressing anxiety over the 'negative' insinuations of 'different as a carer', he more strongly positions as 'typical as a man' - it is a commonplace problem for "*male members of staff*" specifically.

5.3.3. Luke: a brief concluding discussion

A significant theme which has emerged from Luke's narratives is his specific relationship to 'difference' in terms of 'gender conventionality'. In this context, I have suggested that Luke invests 'being a nurse' with emotional meanings of masculinity concerning desires and anxieties about his sense of 'belonging' in a profession and work culture which is gender-stereotyped and, moreover, experienced as gender-stereotyping - in particular, as 'feminising'. In my introduction to the analysis of these narratives (see Section 5.3.1.), I referenced Luke's 'social integration' within the hospital where he has undertaken all of his work placements, claiming that it is for him a site - continuous with his more general interest in 'people work' - in which he enjoys interaction, and (he alludes to) popularity, with patients and colleagues alike. While he engages with humour precisely as a way of demonstrating this 'integration' in the ('joking') work culture of nursing, and, as such, this is to do with continuity with (largely, female) colleagues and not about gender/'difference', humour is also (as we have seen) part of his personal presentation of 'gender convention' - in the scenarios of nursing and being interviewed. There is, in the first instance, a certain gendered ambiguity around Luke's 'claims' to popularity; his self-professed tendency/ability to "Talk for England" (see Section 5.3.1.) is one which could be culturally coded as 'feminine' (particularly in an already 'feminised' occupation), perhaps equated with 'purposeless' 'chatting' or 'gossiping'.⁶⁵ In

⁶⁵ And, in relation to colleagues specifically, this quite possibly being 'chatting' and 'gossiping' *with the girls* (women comprising the majority of his peers). In relation to patients, meanwhile, spending time on 'social activities' which are not about the instrumental delivery of care might be 'feminised'; for instance, Luke's ball-room dancing with an older female patient (also mentioned in Section 5.3.1, as an incident of emotion work and relating to patients) may have definite 'heterosexual' meanings in the form of the 'nice young man' who "gave [the female patients] a good time!", but it also, arguably, carries with it not just 'feminine' but also 'camp' connotations, in the 'frivolous' nature of the activity itself and in Luke's choice of words (a double entendre) to describe the favourable outcome of this activity!

contradistinction to this, and any imposition of 'different as a man', he seems keen to emphasise his continuity with 'normal' men in nursing, i.e., that he 'belongs' on the ward, not as a 'feminised' figure - this being, to his mind, something of a 'figure of fun' in the eyes of others - but in 'positively' 'masculinised' terms.

5.4. Homosexualisation and ‘the young male nurse’: Dan and Luke in summary

This chapter has analysed individual masculine identity construction in the specific thematic context of homosexualisation, that is, gender-normative stereotyping of men in nursing connected to cultural images of ‘the male nurse’ as automatically gay. As we have explored the ‘homosexualisation’ narratives of two student nurses (Dan and Luke), focus has been upon the work culture of the hospital ward, and on both interviewee’s efforts to manage ‘social integration’ in the context of being a ‘gender minority’. Communicating their experiences of heterosexist assumption-making and humour, and their anxieties concerning minimisation and trivialisation (of ‘not being taken seriously’ as young gay men), Dan and Luke, thus, can both considered to be positioned in a relationship of subordination to masculine hegemony: of being positioned as ‘different as a man’ and ‘different as a carer’ in disempowering senses. Of course, these stories are also about *responses* to homosexualisation (and are not simply records of ‘constraint’), and, moreover, in their individual character, these agentic responses are suggestive of the interviewees’ biographically unique meanings of masculinity. Dan’s articulation of his anxieties exist in interplay with his efforts to carve out an *empowering sense of being ‘different as a man’* through care-giving and to become fully part of the ‘majority culture’ of nursing, i.e., without symbolically ‘masculinising’ his involvement in the profession. Meanwhile, Luke’s response to ‘being subordinated’ is more ambivalent; in his attempts to construct himself *as ‘normal’, as ‘popular’, as ‘belonging’* (as ‘always already’ an integrated member of the work culture, and in the terms of ‘gender conventionality’), there is the suggestion of him being situated in a defensive relation of engagement with masculine hegemony.

Chapter Six: Joe and Theo - managing gendered expectations and 'male aggression' in emotional care relationships

6.1. Introduction

This chapter explores the formation of masculine identities in the context of emotional care work, through the stories of two interviewees, Joe and Theo. While these interviewees are drawn from different areas of professional care, with Joe being a person-centred counsellor (in a charity supporting people affected by HIV/AIDS) and Theo being a youth mentor (in a community college working with 'disengaged' young people), both men tell narratives of their work lives which raise issues concerning the gendered nature of the care relationship, and which say something of the construction of masculinity in and through the *management* of this relationship. More precisely, Joe and Theo both relate instances of providing care to 'difficult', sometimes aggressive, male carees against a setting of various, and often seemingly conflicting, gendered expectations of the care role – expectations reflective of broader, normative ideas and stereotypes of '*the male carer*' as 'different' (both as a man and as a carer). In this context, both men demonstrate their efforts to *understand*, and so care for, carees in and across this imposed sense of 'difference'.

6.2. Joe's story

6.2.1. Introduction

Joe is in his late 40s and is in a long-term heterosexual relationship, in which he and his partner are raising his children from a past relationship (his previous partner, the mother of his children, died several years ago). He self-identifies as a Buddhist, and comes from what he describes as “a very working-class background” in the West Midlands region of the UK; he currently resides in a more affluent and rural area of the region. Joe trained to become a person-centred counsellor following his redundancy from an engineering firm where he had worked in a managerial position for 11 years. It was at this time that his partner suddenly passed away, leaving him with sole responsibility for their children but with no job. He decided to go back into education to retrain, choosing in counselling a course which would fit around his family responsibilities as a now lone parent. He was also drawn to counselling because of his experiences at the engineering firm, when he and many members of the team he led were facing the prospect of redundancy; colleagues would come and talk to him privately about their fears and worries over the situation: “And somebody actually said to me at the time, ‘You’re very good at listening, very good at being able to be accessible and talk to. Have you thought of doing it for a living?’”. On starting college, he found that the ethos of person-centred counselling (the model of counselling used on his course), also appealed to him spiritually as a Buddhist, further piquing his interest and motivating him to progress his studies. Joe is now qualified to diploma level and is looking for paid employment in counselling. At present, he works in a voluntary capacity as a person-centred counsellor for a charitable organisation offering support to people affected by HIV/AIDS.

While Joe provides many examples across his interview of his counselling work with clients, with person-centred counselling clearly providing an empowering sense of identity for him, there are two such instances in particular that stand out for their gender salience, and so which will now form the focus of my analysis. These narratives tell of Joe's efforts to manage the care relationship when working with male clients who display 'dominating' behaviours in respect of the counselling situation. Both narratives involve Joe invoking and distancing himself from the expectations which these clients hold of him as a counsellor specifically on the basis of his gender – and as such see him engaging with two stereotypic discourses concerning men who work in care-based roles such as counselling: 'Male counsellors, as men, serve to provide clients with a 'male role model' and 'Male counsellors are feminine'. The first narrative concerns Joe's experiences with a client who often 'brags' about being involved in acts of physical violence; in both the content and the manner of his 'bragging', the client poses a challenge to Joe to respond to 'aggression' and 'violence' as 'negatively' 'masculine' forms of emotionality and relationality. The second narrative, meanwhile, relates to a client who, having been largely uncommunicative in counselling sessions, one day shocks Joe with a sudden, and aggressive, verbal outburst - an outburst which directly holds Joe to task for not 'playing the part' of (masculine) 'expert' expected of him by the client.

6.2.2. Analysis

Joe's first 'managing' narrative – “Just calming him down by being calm myself, by showing him how he needed to be”: managing aggression and gendered expectations in the counselling relationship'

The following narrative – hereafter referred to as *By Being Calm Myself* – describes Joe's management of the counselling relationship in respect of a male client's aggressive behaviour. The main focus of this narrative is the way in which this client “challenged” Joe by attempting to ‘dominate’ the relationship. This came through the client routinely recounting his involvement in fights - that is, acts of interpersonal physical violence, including, in this case, the carrying of a dangerous weapon as well as ‘beating people up’.⁶⁶ Joe tells how these recounts of violence (concerning events outside of the counselling scenario) were accompanied by aggressive displays of body language (directed towards him, as listener). Significantly, this ‘dominating’ behaviour in the counselling context is explained by Joe with reference to his belief that the client held particular, gendered, expectations of him: firstly, as someone who would feel and act threatened by his recounts and the manner of his recounting; and secondly - in seeming contradiction to this - as someone who would respond favourably to the recounts and thus validate his involvement in violence. Joe self-positions in his narrative with regard to the client's expectations as he relates how he successfully managed the client's efforts to ‘dominate’, and so was able to continue providing him care but on terms congruent (Joe feels) with a counselling relationship.

⁶⁶ Although it is never explicitly stated, the evidence suggests that this is male-to-male violence, i.e., the way in which Joe presents talk of violence as ‘bragging’ on the client's part and implies such bragging is the client's attempt to ‘jockey for position’ relative to other men, in use of the descriptor “alpha male” (see below).

Central to *By Being Calm Myself* is the idea that clients may define the counselling situation in ways which cast the (male) counsellor in a 'problematic' light *vis-à-vis* certain stereotypic discourses about men's differential capability and capacity to care. This theme first emerges as Joe talks about the potential for clients to 'sexualise' a counsellor's care, particularly given the intimate, one-to-one, nature of the counselling situation. He refers to the need to be aware of this possibility, especially when working with female clients coming to counselling having experienced abusive personal relationships:

[A]re they going to transfer some of that onto you? Um <coughs>, are you going to be seen as a potential abuser? If they are someone who is emotionally needy, is your genuineness and openness going to be perceived as overtures for a relation – *For a different relationship*, you know. (Emphasis added)

At this point, Joe further highlights the importance of, and difficulties attached to, managing the relationship between client and counsellor in the face of such possible, 'problematic', definitions by the client of the counselling situation, i.e., as pertaining to the existence of "a different relationship" to that which is actually being offered by the counsellor. 'Successful' management of the counselling relationship in this ('basic') respect is equated by Joe with (his) counselling identity *per se*, in the process, he implicitly stakes for himself a claim to professionalism:

This is what, what it is to be a counsellor, to be aware of these things, to be in control of these things. Whilst also trying to be able to give them some sort of movement and therapy at the same time. And if you can't manage that relationship, then you're not <said laughing> professional.

It is when he is asked for a specific example of having become aware of a client perceiving the existence of "a different relationship" (to that which Joe was offering as care professional) that Joe introduces the case of the 'aggressive male client', and so ushers in the start of *By Being Calm Myself*. Here, he elaborates the notion of 'problematic' definitions of the counselling situation, with the related idea of

'problematic' *expectations of the counsellor*, i.e., the client's (pre)conceptions about the role Joe *'should'* be playing specifically as a *male* counsellor:

Um, I haven't actually had any <pause> sort of sexual thing come into the relationship. [JM: "Right"] Um, but I was sort of working with, er, a gay client who <pause> had lost his father some years before. And he challenged me on, two ways; one, that was trying very, um, openly to be alpha male. [JM: "Right"] He would quite often stand up and stand over me <pause> when, when telling me about things. And he would also <says unclear word> kind of seeing me as his father and seeking validation as well, because he would talk about getting into fights and how he'd beaten somebody and – He'd be quite celebratory about that, and sort of expecting me to go, 'Oh, well done. You stuck up for yourself. Bully for you.' <Small laugh> And this, this was accompanied by this posturing and standing and all the rest of it, you know.

Right away the client is presented in gendered terms: most notable is the designation of the label "alpha male", a colloquial or 'pop-psychological' expression used in this specific context seemingly as short-hand for certain stereotypical 'male' behaviours and ways of relating to other men - that is, 'dominating'. Another way in which the client is gendered concerns Joe invoking the salience of the client's (deceased) father *vis-à-vis* his aggressive recounts of violence. Significantly, Joe feels he is being positioned by the client as a substitute father, or father figure, who has the ability and the desire to lend his endorsement to boasts of fighting; by extension, the client self-positions (according to Joe) as 'son' needing 'masculine' approval.

However, Joe's response is not to condone the clients' recounts of violence, or to in any other way support or facilitate his aggressive behaviour in the counselling scenario:

And I just didn't enter that with him. I remained seated and calm and sort of distant from entering this sort of pal-y, 'Oh, well done!', you know. And <pause> he would very quickly sort of realise that I wasn't going to enter that kind of relationship; I was going to stay where I was. And he would actually come back to the relationship, if he wanted me to talk to him, and that was how I managed that, you know. Rather than sort of following him down the path that he wanted to take. <Pause>

Interesting here is the choice of words to convey the precise dynamics of managing the relationship, his narrative presenting a 'purposefully passive', or 'resistant', approach to the client trying to direct interaction (e.g., "I just didn't enter that with him"; "he would actually come back to the relationship"; "Rather than sort of

following him down the path he wanted to take”; and especially “*I was going to stay where I was*”).

This suggests not only Joe distancing himself from the client’s expectations of ‘an approving father’, but also from the (other) expectation that he ‘be threatened’.

However, this is not to say Joe did not *feel* at all threatened. Rather, he worked in the moment to not allow these feelings to ‘get the better of him’ or become obvious to the client – a distinction which becomes apparent when he is asked to elaborate on what happened:

Yeah, well, if you imagine yourself in my role in that room <coughs>, as sitting as I am now, relaxed in the chair, so – And then somebody’s standing up and tell, telling you quite forcefully about how they hurt someone and kicked them and started to make them bleed and pulled a knife. And miming those actions in front of you, standing over you <pause>, it would be very easy to feel threatened. [JM: “Hm, hm.”] And to close down and to sort of allow him to be the big dog. And what I was very much aware of doing was remaining constant; staying in the chair, staying relaxed, keeping my voice the same as it had been when he was sat down across from me. Keeping my posture very open. Not allowing him to see that I felt in any way threatened.

Here Joe details the bodily aspects of emotion work (namely, consistency in voice, posture, and position in the counselling room) which accompanied his purposefully passive approach to managing the relationship. This is presented in direct contrast to a possible alternative response to the situation, posed hypothetically and characterised by being overwhelmed by the client’s aggressive recounts and thus being ‘successfully’ ‘dominated’ (“to close down and to sort of allow him to be the big dog”).

Interestingly, as Joe concludes his account of how he worked to contain the client (and himself), he infantilises the client’s attempts to ‘dominate’ the relationship. In the process he (Joe) is located within a particular relation to the client – arguably, as *quasi-parent*.

And almost how you would deal with a child, if you like. That comes in and starts posturing. And trying to do that, just saying, 'Calm down. You can tell me sitting over there. I will listen to you.' And, you know, and just calming him down by being calm myself, by showing him how he needed to be. In order for that relationship to continue.

Not only is Joe's approach – of consistent, resistant calmness (“just saying, ‘Calm down. You can tell me sitting over there. I will listen to you’”) – explicitly equated by him with “almost how you would deal with a child”, but he suggests in this approach ‘guiding’ the client through ‘showing by example’ (“just calming him down by being calm myself, by showing him how he needed to be”). Ironically, whilst Joe refuses the client's efforts to position him as ‘father figure’, he still takes on something of this in how he presents here his role as (male) counsellor.

In its description of relationship management, the narrative of *By Being Calm Myself* thus invokes Joe's construction of masculine identity in concrete relation to the aggressive and violent figure of the “alpha male” client. In this context, Joe experiences himself as being positioned by the client in respect of two gender-specific (and contradictory) sets of expectations concerning the (male) counselling role: that he ‘be threatened as a man’ by the client's aggressive recounts, and that he play ‘the condoning father figure’ with regard to the client's recounts of violence. Importantly, as we have seen, despite its themes of ‘constraint’ (of Joe being positioned in discourse), the narrative serves throughout to demonstrate Joe's agency as a care-giving man: his self-positioning regarding notions of ‘(gender) difference’. In this process, he constructs an identity which emerges not only as being largely distinct from, but also *resistant* to, the client's engagements with normative conceptions of ‘masculine emotionality’ - i.e., aggression as an ‘expected’ form of emotional expression for men, with physical violence extending from this, as ‘legitimate’ and moreover ‘self-empowering’.

With concern to the expectation of ‘the condoning father figure’, it could be argued that Joe (implicitly) engages with the stereotypic discourse ‘Male counsellors, as men, do serve to provide clients with a ‘male role model’’. Here, this concerns the idea of him offering ‘something unique’ to the care scenario by virtue of his gender – that, as a man working in counselling, he is ‘different as a carer’ (see Chapter Two). More specifically, as we have seen in *By Being Calm Myself*, this ‘something unique’ would be the possibility of Joe conferring ‘paternal’, or authoritative, approval upon the “alpha male” client for his (recounts of) violence (““Oh, well done. You stuck up for yourself [by fighting]. Bully for you’.”⁶⁷) Of course, Joe’s arguable engagement in this discourse is not a ‘positive’ one; rather it involves him imparting his belief that the ‘condoning father figure’ is unhelpful or inappropriate for a professional counselling relationship (it representing a client’s desire for “a different [non-counselling order of] relationship”). Meanwhile, with regard to the expectation that he ‘be threatened as a man’, Joe might here be implicitly engaging with another stereotypic discourse: ‘Male counsellors are feminine’. This discourse, in contrast to his (potential) use of the “Male role model” discourse, would be underpinned by the cultural ‘logic’ that Joe is ‘different as a man’, i.e., the idea that, given the intensively emotional and discursive nature of counselling in the first place (as a form of one-to-one care, typically taking place over an extended period of time), male counsellors are ‘already’ ‘soft’ and ‘weak’ for their interest in (facilitating) talk about emotional life, and, thus, they may provide an ‘easy target’ for further ‘feminisation’ - through a (male) client’s intimidating behaviours (see, for e.g., Gillon 2007). Again, Joe’s arguable engagement with this stereotypic discourse is one of distancing himself from its suppositions, by

⁶⁷ With the implication of Joe justifying the client’s actions and thus comforting him as a ‘parent’. In other words, ““You stuck up for yourself”” not only indicates condoning fighting *per se*, but condoning doing it for the ‘right reasons’, that is, the client protecting himself - i.e., the idea of ‘sticking up for oneself’ is *defensive rather than offensive*.

describing how he manages the counselling relationship in his resistant approach of 'purposeful passivity'.

However, whilst resisting the imposition upon him of 'difference' (of being 'different as a carer' and being 'different as a man'), Joe clearly does not reject 'difference' *per se* as an aspect of identity construction. Indeed, in actively distancing himself from *being related to* by the "alpha male" client in terms of aggressive "posturing", Joe precisely marks his 'positive' 'difference' to the client at the level of 'masculine emotionality' – as a man who is able to utilise the 'soft' skills of reflexivity and emotional literacy to 'maintain control' within a charged and challenging scenario. Here, he intimates to the listener some feelings of vulnerability, while explicitly describing his efforts to remain *calm* in the face of the client's aggressive demeanour, and, moreover, to 'induce' calmness in the client by *reasoning* with him ("“You can tell me sitting over there. I will listen to you.”"). This presentation of self as 'maintaining control' is consonant with Joe's general conception of the 'ethos' of person-centred counselling and its emotional care aims (consider the beginning of the narrative and Joe's stress on the centrality of managing the relationship to being a professional). Thus, relationship management - by being 'calm' and by 'reasoning' (i.e., through 'purposeful passivity') - is indicative of Joe's implicit self-positioning as 'different as a man' in relation to the client. 'Maintaining control' is care-orientated and not a display of 'masculine authority' *per se*⁶⁸, being motivated by Joe's efforts (manifest in

⁶⁸ As argued earlier, Joe may well take on something of the 'father figure' in his explicitly stated intention to 'lead the client by example'; here, the client's displays of masculine emotionality – in contradistinction to Joe's emotionally literate stance of 'purposeful passivity' - are cast in unavoidably 'infantile' terms at the level of masculine emotionality. However, from its context, this position of "just calming him down by being calm myself" appears primarily, if not entirely, motivated by relational concerns on Joe's part: to ensure that his involvement with the client continues along the lines of a professional care relationship. Of course, the appeal to 'professionalism' which Joe makes in the narrative is also interesting on this score (i.e., of exercising 'masculine authority'). 'Calmness' and 'reasonableness' potentially bring to mind ideas of the 'cool', 'detached' (masculine) professional who keeps emotions in check (their own and those of others) through the application of reason. Again

his detailed and thoughtful analysis of the situation) to *understand* the client. In turn, Joe is motivated, in 'maintaining control', to accept the ambivalences of occupying a work role where the emotionally intensive, and gendered, nature of care provision sees him being the 'target' of certain 'expectations' (a la the stereotypic discourses of "Male role model" and 'Feminine') – and to accept, while not condoning, the client's relationship to violence, in the interests of continuing to provide him with emotional care ("I will listen to you").

however (and the obvious fact aside that care work almost inevitably involves some degree of emotional detachment as a self-preservation strategy), *Just Being Calm Myself* is not about Joe limiting emotional connection with the client in the interests of care provision (a la certain medical professionals), but *is* about him responding to a challenging care situation in a way which will facilitate the continuation of emotionally intensive, one-to-one, care. None of this is to deny the possibility for the narrative to comprise (or conceal) elements of engagement by Joe with 'masculine authority'; rather, it is to re-emphasise what the data suggests in the main.

Joe's second 'managing' narrative - "Showing him I was just as vulnerable as he was": the 'expert role', and working through a (male) client's verbal assault in the context of institutionalised emotional support'

Similar to Joe's first 'managing' narrative, the following narrative (hereafter referred to as *Just as Vulnerable*) concerns a male client's aggressive behaviour - although, this aggression manifest very differently to the more blatantly dominating "alpha male" posturing referred to in *By Being Calm Myself*, emerging in the form of a 'sudden outburst' or 'eruption' on the part of the client. Also in common is Joe's conveyance here of managing the counselling relationship through assuming a 'purposefully passive', or 'resistant', approach to the situation - that is, in respect of the 'erupting' client's attempts to define Joe's role as counsellor in certain (what could be argued are 'conventionally masculine') ways, i.e., expecting him to play 'the expert'. The most prevalent theme of this narrative, however, relates to the matter of clinical supervision. Here, Joe foregrounds the general environment of support and guidance in which he works. As presented, it is in this context of (seeking) support from his supervisor that Joe is able to undertake his 'resistant' emotion work *vis-à-vis* clients' expectations of the (male) counsellor's role, and 'challenge' such aggressive behaviour as displayed by the 'erupting' client.

Just as Vulnerable begins with Joe talking about his experiences of receiving clinical supervision. He describes how he will seek input from his supervisor on how he is handling his work with clients, using the specific example of the "alpha male" client from *By Being Calm Myself*. Here, he provides additional details about 'what happened', referring to the supervisor's suggestion that he may need to "challenge" this client about his behaviour:

There was, you know, 'Am I doing the right thing in not entering into that? Do I need to challenge him when he does it? Or is my <short pause> passive, just not allowing it to be part of our relationship, enough?' You know. And, as it turned out, she said, 'Well <short pause>, at the moment it seems to be enough. But be aware that if it gets – If his behaviour becomes more pronounced, you may have to challenge him. You know, you may have to bring it into the room and deal with that'. And as it happened, that's what had to happen. I did have to <short pause> challenge him. And fortunately, because I'd taken it to supervision, she'd given me some ideas of how to, to frame that challenge and how to deal with it. <Pause> So it was very useful.

A significant factor here is Joe's positioning of his supervisor: as someone who provides him feedback and practical guidance. In this case at least, she offers Joe advice that he clearly values, with him going on to integrate her ideas into his counselling practice and so successfully handle a difficult situation.

The concurrent *emotional* dimensions to the supervisor's support are then highlighted with reference to another (aggressive male) client – the 'erupting' client. Joe begins by explaining how he felt following a particular incident that occurred in a session involving this client, and how he consequently turns to his supervisor both for practical guidance and for 'comforting':

But yeah, there, there is, um – There has been an occasion where I had to call and seek supervision because of the impact that a client has had on me. [JM: "Right."] That completely unbalanced me. And I've felt, 'Oh my god!' <laughs> 'This doesn't feel comfortable. This isn't how I want to feel.' And immediately sort of getting on the phone to the supervisor and saying, 'Look, this is what happened in the session. This is how it it's impacted on me. <Laughing> What, what do I do?'

He continues, outlining the precise nature of the incident. This concerns the client (cast as generally fairly uncommunicative) suddenly launching a verbal assault in which Joe's legitimacy as counsellor is expressly challenged:

Er. <Pause> Yeah, I think – I, aaa was working with a chap who was very quiet, very, um, difficult in a way to get him to, to say very much. And there was a lot of silences in the relationship. <Pause> And he talked but, but that's okay <says unclear word> for a reason and not to always just chip in and offer something to end that silence. And we were working together the one day and he went quiet and <pause> I was quite okay with that. And I thought at the time that he was, because it seemed like a natural silence. And he came back from that with, 'What the fuck am I doing with you? You just never say anything! What bloody use are you?', you know. <Laughs>

The unexpected and intense nature of this outburst is emphasised:

And I was like 'Woah!', and it was a bolt from the blue; completely caught me off guard. And that was something I had to take to supervision and say, 'This is – Just the ferocity of him, seemed to come from nowhere.'

Joe goes onto detail his subsequent discussion with the supervisor. Together, they spend some time reflecting on and 'theorising' about the potential reasons for the client's outburst - for instance, the possibility that Joe's silence (the brunt of the attack) could have been perceived as threatening; or that the client may have been left unsettled by issues which had been raised in a previous session, "and the only way that he'd dealt with feeling unbalanced was to be aggressive": "And just basically we were trying to get to work to understand what might be the motivation behind the outburst and, as with a lot of things, with greater understanding comes more acceptance."

Gaining an intellectual handle on the incident, with the supervisor's assistance, serves to provide Joe with the (emotional as well as practical) support he needs in order to accept the client but feel able to challenge his verbal assault. When he next sees the client, he shares with him his feelings on the outburst and of its possible implications for their relationship:

Well, the next session, I opened with my experience of what had happened. And I actually said to him, 'I'm aware that in the last session, um, for me things went badly wrong. <Pause> And you seemed very upset at how we've been working together. And, myself, I found that very difficult'. And actually, to put it out into the room my own vulnerability at that moment. And sort of presented that to him and waited to see what he did with it.

Joe's challenge hence comprises a 'purposefully passive' approach to the client's (previous occasion of) aggression; he deliberately hands over a measure of control in the hope of achieving an open and honest dialogue. This is presented as leading to a successful 'outcome':

[JM: "Right."] <Coughs> And again, it was a turning point for that relationship <pause>, that what was difficult for the client was he was perceiving me as the expert. And waiting for me to give him the answers. And that was where the frustration had built up because the answers weren't forthcoming. And for me to show him that I was just as vulnerable as he was, <pause> we were then on a level and were able to work more constructively from that point forward [JM: "Right. Yeah."]. [...] So quite often, the more difficult things in, that happen in the counselling relationship, can be the most productive.

Here, as with his first ‘managing’ narrative (*By Being Calm Myself*), Joe implicitly engages with the two stereotypic discourses “Male role model” and ‘Feminine’. This time, the “Male role model” discourse takes its form in the client’s expectation that Joe be ‘more directive’ in his role as counsellor, i.e., the idea that he ought to be offering concrete advice, and not ‘just’ facilitating the client in talking about his issues. This connects with the ‘Feminine’ discourse, in how the client responds to the ‘failure’ of Joe to ‘measure up’ to these expectations. The client’s ‘highlighting’ of Joe’s ‘lack’ of overt pragmatism or expertise (““You just never say anything! What bloody use are you?””), whilst directly an attack on his legitimacy as a counsellor and care professional, can be read as simultaneously constituting an attack on his legitimacy *as a man*, i.e., on Joe’s masculine identity, as (not) an immediate and ‘authoritative’ provider of help and guidance.

Joe’s response to this imposition of ‘difference’ - as in *By Being Calm Myself* - is to distance himself from both stereotypic discourses, and to self-position in relation to a ‘positive’ conceptualisation of ‘different as a man’, whereby he demonstrates (and is equipped with) reflexivity and emotional literacy. In this connection, Joe again marks his ‘difference’ to – and his gendered counter-identification with - another man at the level of ‘masculine emotionality’. *Contra* the aggressive ‘challenge’ articulated by the client concerning Joe’s role, Joe adopts a direct but non-confrontational (i.e., a ‘purposefully passive’) approach to challenge the client’s ‘erroneous’ expectations of him. More precisely, he shares with the client his feelings of vulnerability; in the process, he appears to be successfully ‘re-positioned’ in the eyes of the client – that is, as ‘legitimate non-expert’.

Of course, central to this – to Joe’s recount of challenging of the client - is his relationship to his (female) supervisor. She appears here as a key identificatory figure *vis-à-vis* ‘being a professional counsellor’, and, in the sense that he focalises her role in proceedings (that of providing practical and emotional support and guidance), she is a further indicator of his self-positioning as ‘positively’ ‘different as a man’. *Just As Vulnerable* comprises a detailed level of self-analysis, with Joe articulating for the listener not only the formal purpose, but also the emotional (personal) necessity, of seeking support when faced with ‘difficult’ client situations. With regard to his work with the ‘erupting’ client, Joe emphasises his feelings of disconcertion or anxiety immediately following the client’s outburst; one ‘point’ of the story is to illustrate his shift from this ‘negative’ starting point towards an intellectual stance *and* emotional attitude whereupon he is able to understand the client and accept the ambivalences of providing care in the face of his aggressive behaviour (“as with a lot of things, with greater understanding comes more acceptance”). However, this process, as recounted by Joe, is clearly accomplished in the relational context of supervision. As we have seen, Joe refers to time spent with his supervisor discussing possible motivations for the client’s behaviour. It is the ‘understanding’ that they achieve together concerning this which frames the emotion work he subsequently performs on himself and the client, i.e., articulating his vulnerability (to the previously frustrated – or suspected to be - client) and so managing the care relationship. Here, he further conveys to the listener his ‘renouncement’ of the ‘expert’ position, and arguably, implicitly, his rejection of idea(l)s of men at work as wholly autonomous practitioners (something which potentially ‘threatens’ to impinge upon the role of one-to-one counsellor, which, despite its ‘other-orientation’, is necessarily without the continued co-presence of colleagues). He makes clear that in counselling, and in

the relationship management it involves, he is not completely on his own; in this sense, he is ever more distanced from the notion of being 'different as a carer'.

In both *Just As Vulnerable and Just Being Calm Myself*, Joe thus accentuates the gender(ed) ambivalences of his work role; arguably, he invests his management of the counselling relationship with emotional meanings of masculinity relating to a desire to be 'accepting of ambivalence'. This desire to 'accept' refers not only to accepting the ambivalence of the male counsellor/male client relation (as detailed in both narratives), but also the potential ambivalence of the male counsellor/female supervisor relation. Supervisor/supervisee relationships - of any gender combination - specifically occur in an organisational-hierarchical context; the counsellor, in being supervised, must, by definition, defer some of their own professional judgement to an/other(s). For men wishing to emphasise their autonomy as a practitioner, the image of 'deference' to a female supervisor might then constitute a source of gender anxiety concerning its 'feminising' insinuations. (In this light, consider the counselling interviewee, Patrick, in Chapter Seven, and his flippant defiance of his female supervisor's advice.) Joe, in contrast, distances himself from a position of '(masculine) expertise', focusing in his narrative upon the role of supervisor in his acquisition or development of the 'right' emotional attitude to be able to work with the client. His introjection of those parts of the supervisor which are relevant in this respect - the content and presence of her support and guidance - demonstrates his identification with a counselling colleague *across* gender, the supervisor's actual gender for him being an 'irrelevance'.

6.2.3. Joe: a brief concluding discussion

Joe's narratives of relationship management are chiefly, arguably, characterised by his 'positive' relation to the notion of being 'different as a man', that is, his implicit and inadvertent distancing of 'self' from 'gender norms' at the level of masculine emotionality. This is manifest in his particular approach to managing male clients' gendered and aggressively 'articulated' expectations of the counselling situation: namely, that of 'purposeful passivity'. Here, he uses 'calmness', 'reasoning' and – in the case of the 'erupting' client – a degree of emotional frankness, to work with and challenge these clients' aggressive behaviour and, in this connection, to apparently resist the constraints of the "Male role model" and 'Feminine' stereotypic discourses. He also situates his agency here within his relationship with his (female) supervisor, as a source of support and guidance. In summary, it can be argued that Joe constructs a self-empowering and 'alternative' sense of masculine identity precisely through embracing the relational contexts and character of counselling, and the 'caring', 'non-expert' qualities of being a person-centred counsellor. Emphasis in his 'managing' narratives is on him *understanding*, and working to understand, his clients *across* 'difference' *vis-à-vis* masculine emotionality: across their expectations that he play either an explicitly authoritative or subordinated role in the care relationship.

6.3. Theo's story

6.3.1. Introduction

Theo is in his early 50s and married with children. He comes from a background of what he terms “abject poverty”, having been brought up, one of four siblings, in one of the poorest urban areas in the UK – a city in North West England with a particular history of socio-economic problems, and the place where he still lives and now works as a youth mentor. Having left school with no qualifications and limited work opportunities, Theo claims he initially became involved with “some dodgy people, dodgy things”. However, he decided to leave the area to stay with relatives in North America, where he found work driving heavy goods vehicles; but while he drove trucks and lorries for several years (both in the USA and on his subsequent return to the UK), this was work which, in its restricted nature, quickly left him feeling bored and unfulfilled. Realising “I couldn't do this forever”, he re-entered education in a bid to learn and acquire other skills, completing first his O-Levels, followed by a higher national diploma, and eventually a degree. In this context of education, Theo became involved in youth work and more specifically mentoring. He is currently employed on a community project that is an outgrowth of a local youth services organisation. Based in a college which offers vocational training for young people (largely but not exclusively in respect of the construction industry), Theo, as mentor, provides pastoral care to a number of the students; many of these students have been referred to the college by schools or other agencies, and attend it in place of school or sixth-form due to a perceived lack of engagement with academic achievement, and their involvement in absenteeism or ‘disruptive’ behaviour.

Two central ideas emerge in Theo's interview concerning his relationship to students' 'disengagement' and their sometimes 'disruptive' behaviour: firstly, that he is 'anti-disciplinarian' in his attitude towards young people; and secondly, that his role as mentor involves guiding them towards 'achievement'. As Theo talks about his experiences of mentoring, he draws on 'liberalised' discourses of 'the care professional' to contextualise student 'misbehaviour' within 'difficult' home lives and backgrounds often characterised by poverty and a lack of opportunity. Indeed, on this score, he presents himself as coming into conflict with members of the teaching staff at the college, some of whom appear to take a more 'traditional', 'hard-line' approach to instances of 'misbehaviour'. At the same time, he considers an important part of his role to be encouraging his students to develop "a good work ethic"; he describes how he tries to get students interested in learning and work placements, emphasising to them the benefits of bringing in a wage, with the aim of 'helping them to help themselves'. It is clear that Theo identifies to a significant extent with the young people in his care, their situations appearing as comparable to his own past of 'under-achieving' (which eventually, as has just been said, was to be succeeded by '(academic) achievement').

Notably, at some points of Theo's interview, this matter of identifying with students displays a definite gendered aspect. This is especially true of how he narrates his interactions with male students – and, more precisely, his own and others' expectations of his role as (*male*) mentor in relation to these students. Here, he implicitly engages with certain stereotypic discourses concerning men's differential capability and capacity to care: namely, 'Male mentors, as men, serve to provide young people with a 'male role model'' and 'Male mentors are feminine'. This engagement occurs in the context of two narratives, which now form the focus of

my analysis, and in which Theo relays his experiences of managing the mentoring relationship in the face of 'threats' to its continuation. In his first narrative, Theo describes dealing with incidents involving aggressive, even violent, behaviour, as directed towards him by male students – behaviour from which he distances himself (as its recipient, and as a youth worker expected to care not 'fight') *and* with which he identifies at some level (as a signifier of 'conventional' masculine emotionality, *contra* the 'feminine' role of carer). Meanwhile, in the second narrative, Theo inadvertently perpetuates ideas of 'emphasised gender difference' as he chats 'informally' with 'disengaged' students', working to pique their interest in the advantages of earning a wage. (This narrative does, in its very title - its full title being 'Thinking at a similar level to a young person' - imply a difference between mentor and student across age/generation and experience; but in its details, it shows assumed continuities - with male students - at the level of gender.)

6.3.2. Analysis

Theo's first 'managing' narrative - "A lot of the young people know your limitations": frustration, aggression, pacification, and 'impotence' in the youth mentoring relationship'

This narrative – hereafter referred to as *They Know Your Limits* – concerns Theo's management of the mentoring relationship in respect of the aggressive, even violent, behaviour of male students.⁶⁹ Such behaviour includes altercations between students but, more significantly, it refers to aggression and violence *directed towards Theo*. Ultimately, the narrative conveys Theo's 'success' at containing potentially inflammatory situations through the practice of 'pacifying techniques'. In this sense, it illustrates his construction of a masculine identity associated with peaceable resolution. At the same time, the narrative also suggests that Theo, while surely committed to 'pacification' as a care professional, experiences some feelings of ambivalence in relation to aggressive younger males and their attempts to 'dominate' the mentoring relationship. This is manifest in his consistent 'articulation' of felt 'impotence' in the face of institutional constraints on being able to deal with such situations in a less 'passive' (and so, it could be argued, more 'conventionally masculine') fashion; and hence, this forms the focus of my discussion.

⁶⁹ While Theo talks generically about student aggression, never expressly mentioning the matter of gender, there is good reason to believe these cases relate primarily if not exclusively to male students. *Across his interview*, Theo only ever explicitly genders female students (as "girl", "she", "her"), referring to male students in 'default' terms (e.g., "young people", "somebody", "they", as well as the indirectly gendered "kid"); consonant with this, the aggressive students in this narrative are only ever referred to in such 'default' terms.

They Know Your Limits starts with Theo expressing his feelings of frustration at an incident involving a particular (female) student. However, this concerns not aggressive behaviour but rather her consistent 'no-show' on a work placement that Theo had arranged on her specific request. He presents such scenarios as not at all uncommon in his work: "Because you do get, constantly you get put into these situations, all the time. Um, I'd say be prepared to be let down many times." He continues, however, by contextualising 'being let down' within the long-term nature of the mentoring relationship; an eventual positive outcome to his interventions ultimately makes any feelings of frustration in the short-term 'worth it' - in a sense, it is 'the nature of the beast': "<Short pause> Um, and generally, you, you, generally, overall you don't mind it if eventually you get there. You know, I don't mind. But at that moment in time, there is a lot of frustration." And it is with reference to dealing with 'frustration in the moment' that Theo suddenly moves from talking about incidents like work placement absenteeism, to his experiences of managing aggressive behaviour in students; perhaps such behaviour represents to Theo a particularly potent example of 'being let down', of feeling frustrated:

You know, you, you find yourself in situations where someone's being aggressive towards you, someone's sort of fronted you. Um, a lot of the young people *know* your limitations as to what you're going to do and what you could do about it. In other words, they - You know, if they *hit* you, they know you're not going to hit them back. They know that. <Sighs> (All original emphases.)

It is true to say that across his interview, Theo typically presents his students in a favourable and sympathetic light; while never 'romanticising' in his accounts, his investment in working with young people (who are often not 'well behaved' by virtue of their disengagement with education) is very clear. Indeed, he frequently positions himself as mentor in seeming opposition to other professionals involved in student welfare - most notably, teachers but also college officials and social workers - on the basis of him having a 'better' understanding of the students. (see Section 6.3.1.).

(While this is not explicitly linked by him to his past, Theo does, towards the end of his interview, talk about his own background and suggests both the insight and motivation this gives him concerning helping young people – as shall be seen in Section 6.3.3.) However, in contrast to this stance of identifying with young people, Theo’s presentation in *They Know Your Limits* of aggressive students ‘fronting him’ does suggest a certain level of counter-identification. This is particularly apparent when he refers to “a lot of young people” being ‘knowing’ in their aggression and violence – and, he seems to be implying, assuming a position of advantage (“if they hit you, they know you’re not going to hit them back. They know that”). The fact that this is an issue which Theo raises almost instantly upon starting to talk about student aggression indicates not only the presence of certain feelings of ‘impotence’ on his part, but arguably also the strength of these feelings.

While it transpires that Theo has never actually been hit by students⁷⁰, he has been subject to physical violence in the form of being spat at and having objects thrown at him. He was also once involved in a physical struggle when he attempted to remove a particular student from college premises:

I’ve had to grab somebody and then when they’ve struggled, I’ve realised, ‘Ah. This could get awkward here.’ <Pause> [JM: “I mean, what’s happened with that, when that’s actually -?”]
<Intake of breath> Well, I’ve had to get somebody off the premises who just refused. And you start trying to say, ‘Come on’, and you sort of grab them by their shoulder and the next minute they start retaliating; the next minute you’re shoving and then you think ‘Wait a minute’. <Pause> This kid runs off and says ‘I’ve got a bruise on my shoulder’ and then suddenly it’s a whole old different situation. Um, it’s a situation you don’t want to be in.

⁷⁰ Theo’s reference to students who “if they hit you, they know you’re not going to hit them back” contains a measure of rhetoric, it emerges, when he is asked to elaborate on the precise nature of the violence he has faced: “And some of them, you know, saying that, um – [JM: “Have you been hit?”] I’ve had all sorts of things thrown at me. I’ve been spat at, um, um <pause>”. This question is posed not as a challenge to Theo’s veracity, but rather with the aim of eliciting a specific narrative about such incidents if they have happened (in keeping with the interviewer’s preference for recounts of concrete events). Importantly, the fact remains that Theo *has* at some point been subject to physical violence.

Theo continues, elaborating on the undesirable content of this “whole old different situation”; it is here that his feelings of ‘impotence’ become most apparent:

And although everyone goes, ‘Oh yeah!’, you know, everyone about young people will go <mock-horrified tone> ‘Ohhh!’. Your mates will go, ‘Yeah, it’s okay’, but the boss will go, ‘Oh no, you know under sub-section so-and-so you can *never* do that!’ You’ve just got to stand there and be spat at, shouted at and everything else. But in the real world, nobody does it. (Original emphasis.)

In the first instance, Theo implies that this specific case saw him being ‘reprimanded’ for his actions. Whether this took the shape of real or imagined disapproval, an informal warning or even a formal investigation, is, however, unclear. What is more significant for my purposes is Theo’s evident feeling of having transgressed the bounds of ‘acceptable’ mentoring practice, even while ‘challenging’ such definitions by appealing to ‘common-sense’ (“You’ve just got to stand there and be spat at, shouted at and everything else. But in the real world, nobody does it”). Indeed, rhetorically, he sets up a dichotomy between ‘youth workers’ (as condemnatory: “everyone about young people will go ‘Ohhh!’”; and “the boss will go ‘Oh no!’”) and ‘everyone else’ (as understanding: “although everyone goes, ‘Oh yeah!’”; and “Your mates will go, ‘Yeah, it’s okay!’”), in order to portray the difficulties he faces in his position. For Theo, these are competing tensions at the level of identity. More generally in his interview, the institutional context of mentoring appears as a source of self-empowerment, allowing him to fulfil a care-related role in respect of ‘disengaged’ young people (by providing them with guidance, along with opportunities for increasing their employability; see, for instance, the narrative *Thinking Similarly*). However, in the particular scenario of student aggression and violence (and, more especially, the specific case of the ‘physical struggle’ student), the institutional context is connected by Theo with the ‘imposition’ of certain gendered expectations in relation to this role.

Here, Theo implicitly engages with and distances himself from the stereotypic discourse 'Male mentors, as men, do serve to provide young people with a 'male role model''. Importantly (in contrast to how I refer to this discourse both in the analysis of Joe's 'managing' narratives – see Section 6.2.2. and the idea of the 'father figure' and 'expert' – and in the analysis of Theo's second narrative; see later), the discourse in this instance does not work with or serve to perpetuate the notion of 'different as a carer', i.e., the institutional context is *not* invoked by Theo as imposing expectations of 'gender typicality' concerning the mentoring role. Instead, as we have seen, Theo conveys his ambivalent attitude regarding what (he believes) is being expected of him by his colleagues/the work culture when he is faced with the 'provocation' of overt, unrestrained, aggression from male students – namely a 'passive' response consonant with 'being a care professional'. He is thus referencing the 'imposition' of certain 'alternative' ideas of masculine identity (as one which he equates with 'inaction' and 'humiliation'), *contra* the idea of a 'traditional male role model' and thus 'gender typicality' (see Chapter Two). Following on from this, he can be said to be implicitly engaging with - and again distancing himself - from another stereotypic discourse: 'Male mentors are feminine' (also with the underpinning 'logic' of 'different as a man'). Theo's distancing of 'self' from the 'feminising' notion of being 'different as a man' is evidenced by his apparent anxieties concerning 'impotency'.

Importantly, this issue of 'impotency' can be directly linked to gendered concepts of interpersonal and social *power*. arguably, Theo conceives the students, in their embodiments of a 'negative' but 'gender typical' masculine emotionality, as attempting to exercise a degree of power within the mentoring situation – power over, or at the expense of, another man (i.e., him). This is an idea which is implicit to his centralisation of these students as 'knowing' and 'at an advantage' *vis-à-vis* the

institutional context and his 'possible' responses as (male) care-giver. In this connection, Theo arguably invests his presentation of relationship management (*vis-à-vis* 'difficult' male students) with emotional meanings of masculinity relating to a desire on his part to '*overcome feelings of powerlessness*' – a desire, as will by now be clear, which might very well be one that is motivated, to some degree, by anxiety containment.

Theo's apparent anxiety here is borne of his own subscription to ideals of 'gender typicality' while working in a 'feminised space'. As argued earlier, his narration is characterised by competing tensions at the level of identity regarding the 'best' way to 'take (back) control' when working in such particularly gender-salient care work scenarios as the one involving the 'physical struggle' student - these tensions being represented by the opposing figures of 'youth workers' (his investments in the here 'feminising' but *otherwise* self-empowering context of youth care work) and 'everyone else' (his concurrent investments in certain 'common-sensical', gender-normative, ideas about how men should/can respond and relate to 'male aggression', i.e., his 'understandable' use of physical force in an attempt to manage the relationship with the student⁷¹). This impression of competing tensions is strengthened as Theo concludes *They Know Your Limits* by describing how he has dealt with student aggression on occasions following the case of the 'physical struggle' student - that is, through the pacification techniques of *talking* and *seeming to relinquish control*. More specifically, he claims, "You sort of try and talk your way out of it [the aggressive/violent situation]. [...] I try and make the young person sort of come out a winner if anybody. If you can't make a win-win, let them think they've won this battle. If it diffuses the situation". By switching focus here from an attempt at

⁷¹ As later sanctioned by his (male?) "mates".

relationship management involving physical force (with its ambivalent outcome), to the 'successful' deployment of these particular pacifying techniques, Theo is implicitly distancing himself from another stereotypic discourse which, up until to this point, the narrative may have been 'at risk' of invoking in respect of his conduct (as recounted): that of 'Male mentors, as men, are aggressive' - with its underpinning cultural 'logic' of being 'different as a carer' in a 'negative' sense. He is indicating a 'lesson learnt' in how 'better' to respond and relate to younger males' aggression and violence in the youth care context. However, it is perhaps a lesson learnt grudgingly. Indeed, despite the comparative 'passivity' of his 'subsequent efforts' at managing the mentoring relationship, and their ultimate care-orientation (i.e., being geared towards continuing to work with, and so help, 'difficult' students), it is notable that he uses 'masculinised', essentially *combative*, terms to describe his approach here (not least, his reference to letting "them [the young person] *think* they've *won this battle*"; emphases added). The idea of '*seeming* to relinquish control' - especially given the narrative context of this immediately succeeding the example of the 'physical struggle' student - appears indicative of unquelled anxious feelings concerning the 'threat' of 'powerlessness' or 'impotence', and of a consequent desire to (re)assert power over 'difficult' (male) students *at the level of representation*. In and through his narration, Theo attempts to demonstrate that he is 'really' 'back in control' 'despite' the constraints of institutional expectations.

Theo's second 'managing' narrative - "Thinking at a similar level to a young person":
gender norms and the 'work ethic' in the youth mentoring relationship'

This narrative, hereafter referred to as *Thinking At A Similar Level*, follows on from *They Know Your Limits*, both literally - in directly succeeding it in the interview - and, in a sense, thematically. While it offers examples of working with students which are far more 'positive' in tone than those provided in the first narrative (being here concerned not with student aggression but rather student engagement), the narrative's focus is nevertheless on the 'difficulties' of mentoring work and the need for Theo to manage the relationship towards meeting particular 'ends'. As was said earlier (see Section 6.3.1.), a central facet of Theo's identity as a mentor concerns his desire to empower students to realise (in both senses of the word) what they 'want from life'. Essentially, this involves inspiring in them an interest in achieving the vocational qualifications they will need to gain employment. In this context, *Thinking At A Similar Level* relates Theo's efforts to 'promote' a "work ethic" in students through informal, one-to-one, talk, in which he uses something he believes they are interested in (for instance, owning a car or fashionable clothes) as a tangible goal they can work towards; the point is to make the idea of 'earning a wage' a desirable and achievable one for (underachieving and 'misbehaving') students.⁷² In the process, Theo also inadvertently reveals his relationship to particular normative ideas of gender and masculinity.

⁷² Toward the end of the narrative, Theo summarises his position thus: "You're constantly setting them something that they can visualise in the future and puts them in a *nice* position. Bring them back to where they are and say, 'Okay, we can get you there.' And we, you know, I'm not talking about a yacht that travels round the world like the Abramovich; you know, let's be realistic. 'But, hey, you know what, you can do a lot with 500, 300 quid a week? Um, and be realistic and tangible; definitely within your reach, without a whole lot of skills. Just a good work [short pause] ethic.'" (Original emphasis.)

Thinking At A Similar Level begins in the interview where *They Know Your Limits* left off. Having just outlined how he manages the mentoring relationship with respect to students' aggression (through pacification), Theo frames this in terms of the necessity of having 'the right mind-set':

Um, but I think just constantly, um, <intake of breath> it's sort of being, <said loudly> not a-step-ahead, but just being – Thinking at a similar level as a young person. Trying to put yourself into their shoes and sort of wh, wh, what are they likely to do next in this situation. With this particular approach.

He then links this notion of "thinking at similar level to a young person" (and so understanding them) to the idea of getting to better know individual students through chatting about things in which they have an interest:

And <pause> because – I mean, aaa, I think a lot of it is gut feeling you get when you know a person sort of on the surface, you get to know them a little bit more. And some of the things I was saying early on where, okay, you might emphasise on <short pause> certain aspects of growing up. A car; you say: 'I know this kid's always looking at cars. So, you know, I can use that sort of thing', saying, 'You want a car. What car do you want? What's your favourite car? Your Merc? Your blacked-out windows Merc? Okay. And what's your limit? 40 grand? Okay. This is what we're going to aim for. This is what we're going to have by the time -'

Here, chatting, whilst necessarily relational, emerges as having a distinctly 'instrumental' character, in that it connects with Theo's commitment to empowering students to 'achieve'; an 'object of desire' is invoked in the form of a "blacked-out windows Merc", something which a particular student might conceivably strive to own in the (not too distant) future. Significantly, this example, this 'object', is quite heavily gendered, as well as 'aged' and 'classed'. Theo, as he presents this narrative, appears to be engaging with certain signifiers for 'young working-class masculinities' as he chats to the student/s in question; his use of the descriptor "kid" (in the place of explicit mention of a student's gender) is also indicative in this sense.

Theo's implicit and normative gendering of students (in the narrative) as male becomes increasingly apparent when he provides another example of an 'object of desire' for which he believes they might be motivated to work: namely, the ability to

‘impress women’. In terms of the style and content of such efforts ‘to relate’ to students, this example further illustrates – but more potently so than the previous case of the ‘Merc’ - Theo’s self-positioning in relationship to certain gender norms:

Where with someone else they’ll be like, ‘I’m not interested. I can’t stand cars.’ So you know, so I’ll say, you know <pause> ‘You like the girls though, don’t you? I’ve seen you looking at the girls.’ You know. ‘Do you know any girls that like fellas with no money?’ You know. And they’ll go, <putting on a ‘dopey’ voice> ‘Huh?’. I said, ‘You know, when you got to – Um, you’ve got this beautiful babe and, um, when it comes to Saturday night, you’ll say, “Oh, we’ll stay in and watch a video”.’ I say, ‘You can only do that for so many weeks’, I say, ‘Cos the lad who drives the, er, Scirocco up the road, he offers to take her out to a club in town, he’s going to win the day, isn’t he?’ <Again assuming ‘dopey’ voice> ‘Yeah! Yeah! Yeah! ‘Cos no girl wants a fella with no money!’ <Laughs>

Here emerges a tacit assumption of Theo’s about (relating to) his students – that, as males from backgrounds akin to his own, they will share with him particular frames of reference concerning gender and masculinity. Chat with students appears to comprise notions of emphasised gender difference (for example, “you know any girls that like fellas with no money?”), along with the automatic supposition of heterosexuality. This point is further highlighted when Theo continues the narrative by explicitly referencing the matter of student gender (tellingly, in the form of female students) and its impact on his efforts ‘to relate’:

So, you know, obviously I’m not going to – I wouldn’t use that one with a girl. B, but you know, you, you think they’re going out to town and your fashion <says unclear word> stuff. Um, ‘You want it. You want all the, you know, the nice little <short pause> designer gear. You don’t want all your stuff from Primark, do you?’ And they all can relate to that. And, you know, um, ‘Yeah, I want something from Miss Selfridge.’ ‘You’re not going to get it on £37.50 a week or whatever it is you get on the dole.’

Theo concludes the narrative by summarising his approach, whereby the point for him is ‘guiding’ the students towards goals which are individually meaningful and, moreover, realistically attainable. However, despite him focusing on the ‘success’ of his attempts at relating with students in the examples above (e.g., the ‘dopey’ male student ‘catching on’: “‘Yeah! Yeah! Yeah! ‘Cos no girl wants a fella with no money!’”); and the claim that fashion-conscious female students “all can relate” to his

talk about “designer gear”), he does then emphasise the ‘ambivalent’ nature of such relational work:

Um <intake of breath> and sometimes, you know, you can just sort of see it dropping for them and it’s like that; a little piece in the jigsaw that goes, ‘You know what? We can put it there’ <says unclear word> <laughs> because I don’t know the answer for everybody, what their sort of – The trigger is for somebody. But you keep constantly, over time, you spend that little bit of time with them and sometimes you catch them off-guard.

The metaphor used here of a jigsaw suggests the relationship between Theo and his students is one of gradually building towards a more complete picture of students’ individual goals; it is not a matter of ‘one quick chat’ with any given student. Theo’s final words “sometimes you catch them off-guard” are perhaps illuminating in this respect, implying that ‘jigsaw building’ is not a process without some measure of ‘resistance’ on the part of (at least some) students: it reveals the mentoring relationship as one which is necessarily managed (by Theo) - in this case, with respect to the ‘threat’ of student disengagement.

Thinking Similarly, thus, continues a key theme of *They Know Your Limits*: that of relationship management, and the dynamics of working with ‘difficult’ young people, *vis-à-vis* Theo’s construction of masculine identity. Again, we see Theo self-position as being ‘different as a carer’ in respect of certain expectations of the mentoring role. This time, however, ‘different as a carer’ does not emerge from and result in conflict or tensions between ‘self’ and (the ‘feminising constraints’ of) ‘institutional expectations’ (cf., *They Know Your Limits*), but rather takes shape in Theo’s articulation, to the interviewer, of his *own* expectations concerning his role as (male) mentor. These are gendered expectations which are indirectly given voice as he outlines instances of his actual mentoring practice, i.e., managing the ‘threat’ of disengagement by means of ‘informal chat’.⁷³

⁷³ His own ‘expectations’ here do, of course, *indirectly* reference student expectations. The narrative, being framed, as it is, in terms of an assumed shared understanding of gender and masculinity between

Importantly, to the extent that ‘chat’ may be considered - in stereotypical parlance - a ‘feminine’, and so ‘trivial’ and ‘purposeless’, activity (see Chapter Two), and, moreover, to the extent that *Thinking Similarly* represents an example of a man who strives, through spending time chatting, to *understand* young people, Theo could be said to embody elements of an ‘alternative’ masculinity. However, as we have seen, ‘chatting’ and ‘understanding’ here involves for Theo apparent identification with (male) students specifically at the level of gender. I now argue that such identifications inadvertently, and perhaps unavoidably, reference his own background as a disengaged younger man, and his own piecemeal shift from ‘disengagement’ to ‘achievement’ – that is, in a way which demonstrates his seeming commitment as a (male) mentor to a self-presentation of ‘gender typicality’. While Theo talks about his work with both male *and* female students (and his efforts to relate to them, and help them to relate to him, in order to engage them in education and work placements), it is also true to say that the perpetuation of ‘emphasised gender difference’ as he does so – concerning the ‘objects of desire’ he references as student motivators - is indicative of a construction of masculine identity along lines of an assumed ‘similarity’ between self and male (student) others. To be sure, his identifications with young people are not, of course, exclusively limited to these intra-gender identificatory processes. Yet, the taken-for-granted, unspoken, emphasis which is placed on the case of male students suggests at least an element of ‘the homosocial’ in his narration of the mentoring environment.

mentor and students, *implicitly* stakes a claim on Theo’s part to know how students perceive him – and how they *expect* him to behave (and relate to them) as a man.

Significantly, however, male students are not only 'similar' to Theo but also necessarily 'different', as *younger* men: that is, in continuing to represent 'disengagement' and 'non-achievement', and in currently lacking the experience which Theo himself now has as an older man. In this connection, Theo self-positions as 'more experienced', his chats with younger men orientated around 'commonsensical' reference points concerning the 'desirability' of entering the world of social adulthood of which he is a part, i.e., that of employment/employability and 'earning honest money', but this also including, 'consequently', other aspects of 'normal' adult masculinity (namely, cars and women). Here, as with *They Know Your Limits*, Theo implicitly invokes the "Male role model" stereotypic discourse. This time the discourse does, of course, refer to Theo subscribing to ideas of 'gender typicality'. He is thus stood in a 'positive' relation to this discourse, with his account of mentoring here conveying his (implicitly) 'masculinised' role in managing the 'threat' of (male) students' disengagement – through maintaining over time an 'informal', 'understanding' relationship with students, with the purpose of thus guiding them towards realising achievement.

This emphasis on understanding students, and its implied concordance with a 'gender typical' masculine identity, is not, of course, to say that *Thinking Similarly* is a narrative devoid of any apparent gender anxieties. Indeed, continuous with *They Know Your Limits*, there is reason to believe that here Theo invests his relationship management with emotional meanings of masculinity relating to 'feelings of powerlessness' and a desire to overcome them. While in this case, there is an absence of the obvious 'competing tensions' in identity construction which characterised the other narrative, Theo still implicitly distances himself from the 'Feminine' stereotypic discourse. This is manifest in the fact that understanding students for Theo is not

only gendered with reference to his identification with, and perpetuation of, ideas of 'emphasised gender difference', but also, interestingly, in it carrying a definite flavour of '*masculine authority*' (despite Theo's explicitly 'anti-disciplinarian' stance in general; see Section 6.3.1.). In other words, as he narrates the scenario of chatting with students, he draws upon (likely, unwittingly so) certain cultural meanings of older men as exercising a 'natural' authority, *by dint of their greater life experience*, in relationship to younger men. This engagement with 'authority' is apparent not only in talk of 'the work ethic' and of gendered 'objects of desire' *per se*,⁷⁴ but, as Theo relays a particular example of a conversation in this vein (about being able to impress women by earning), it is realised in the telling utilisation of the figure of the '*dopey*' male student. Here, the student is presented as 'amusingly' naïve or 'clueless' - being at first unable to 'get' what Theo is saying as he tries to guide him, before finally 'catching on' with an earnest expression of sudden comprehension, again portrayed humorously. In the form of this figure, Theo conjures up a particular set of gender relations between men in the youth care context, in which he (Theo) is ultimately positioned as 'superordinate': that is, relative to a caricatured version of 'an inexperienced younger man'.

In this sense, the figure of the '*dopey*' male student - be it one person or an amalgamation of several students - is largely a rhetorical device; importantly, this is rhetoric arguably informed, at least in part, by unconscious defensive motivations regarding 'power(lessness)'. The narrative starts with talk of possessing 'the right mind-set' in connection to young people, something which (rightfully) implies Theo's

⁷⁴ That is, a la 'the paternal role', with Theo acting for (male) students as "a bridge to the outside world" (Blazina 2001: 51), seeking to guide or facilitate their departure from a 'troubled background' (akin to his own), and their move towards 'self-improvement' (again, in a manner akin to his own construction of adult masculine identity along lines of an involvement in education).

focus upon empathetic understanding; but it should be remembered that this also immediately follows on from him detailing, at the end of *They Know Your Limits*, his pacification of aggressive (male) students, using combative metaphors – *as an attempt to (re)assert power (over these students) at the level of representation*. While the ‘dopey’ male student of *Thinking Similarly* is not aggressive (and, as such, does not embody such an obviously gender-salient and emotionally resonant scenario for Theo as being faced with younger men’s confrontational and potentially violent behaviour), he nevertheless does still represent a case of relationship management. Moreover, in terms of gender specifically, his appearance in the interview is preceded by the ‘antagonistic’ portrayal of male students in *They Know Your Limits* - something which, arguably, ‘shapes’ or gives flavour to the way in which Theo subsequently characterises him. (Certainly, Theo’s general engagement in *Thinking Similarly* with ideas of ‘emphasised gender difference’, while seeming to be purely about intra-gender identifications between mentor and student, also helps bolster a notion of male students as being ‘essentially the same’ (as each other).) With this in mind, the figure of the ‘dopey’ male student, and his ‘belittlement’ in the context of narration (appearing to the listener as the ‘complement’ to an older man’s ‘natural authority’), can be viewed as another expression of Theo’s aforementioned efforts to overcome feelings of powerlessness in the ‘feminising’, and so anxiety inducing, institutional environment of youth care work; this is even as the figure also serves to provide a tangible example of Theo’s equally real investments in care-giving *qua* understanding.

6.3.3. Theo: a brief concluding discussion

Central to Theo's narratives of relationship management is his arguable (indirect) communication of anxieties about 'impotency', i.e., with regard to working with and caring for 'difficult' male students within the 'constraints' of 'institutional expectations'. To be sure, he indicates an overtly 'anti-disciplinarian' approach to his work, with emphasis throughout the interview being upon him *understanding* young people. *Thinking Similarly*, of course, serves as an example of this, in relation to engaging students in college and work placements using 'informal chat'. Here, 'understanding' involves Theo identifying with his students: that is, as 'disadvantaged' young people who, he believes, need understanding, not disciplining, in order that they might be empowered to achieve in life. However, as this particular narrative has also shown, such identifications with students may contain gendered components, with Theo self-positioning as 'different as a carer' partly through his perpetuation of ideas of 'emphasised gender difference' – and, in this context, his apparent identifications with male students *qua* males. This implicit 'claim' to 'similarity' here has salience for how Theo's relationships to male students (more generally) are viewed, including in terms of the other 'managing' narrative, *They Know Your Limits*, with its ambivalent content. I argue that while Theo counter-identifies with aggressive male students from his perspective of care-giving adult, he also identifies, to some extent, with aspects of their 'conventionally masculine' confrontational behaviour – as suggested in his own 'physically forceful' response to a student's refusal to leave the premises, as well as his casting of such students as 'knowing' (and thus, in a sense, 'adversaries'), and his use of combative metaphors when describing taking more 'passive' approaches to relationship management. In this connection, Theo strives to overcome feelings of powerlessness, 'caused' by 'institutional

expectations' of an 'alternative', pacifying, masculine identity, by ultimately representing the male students in *both* his narratives in ways that enable him to (re)assert his power (over them) as an older man - who cares.

6.4. Managing gendered expectations and ‘male aggression’ in emotional care relationships: Joe and Theo in summary

This chapter has explored masculine identity construction against the thematic backdrop of relationship management – that is, in connection to Joe’s and Theo’s efforts to manage the complex social dynamics of care relationships *vis-à-vis* gendered expectations relating to the ‘role’ of ‘the male carer’. Both interviewees, through the telling of ‘managing’ narratives, communicate the imposition of ‘difference’ which comes from being men situated in a specific (care-orientated) relation to other, often aggressive, males. More precisely, here Joe and Theo are potentially ‘feminised’ by the expectation that they should ‘take’ or ‘comply with’ (male) care aggression, whether this ‘expectation’ is sourced to the institutional setting of care work (pacifying techniques being in the interests of meeting certain standards of care provision - by not responding to carees ‘inappropriately’ or ‘unhelpfully’), or sourced to the psychological motives of the individual caree (i.e., the caree’s seeming desire to ‘dominate’ the relationship). In this connection, both men arguably confront the ‘Feminine’ stereotypic discourse. Meanwhile, Joe and Theo, are *also* ‘masculinised’ through being ‘expected’ to play the role of ‘guide’ for ‘directionless’ or ‘troubled’ (male) carees, in the form of ‘father figure’, ‘expert’, or ‘older man who’s been there himself’ - whether this ‘expectation’ is experienced as something imposed from without, or it pertains largely to personal desires and engagements with cultural norms. Both men, in this connection, might confront the “Male role model” stereotypic discourse.

In this context of 'difference' – and of different gendered expectations – Joe and Theo both construct a masculine identity which can be *broadly* characterised as 'alternative' with regard to normative conceptions of 'masculine emotionality'. It is 'alternative' in being expressive of a commitment to the idea of '*understanding*' 'difficult' (male) careers: of appreciating or anticipating the other person's (gendered) subjectivity, and of responding - or managing the relationship - accordingly.

However, whilst 'understanding' is a theme common to both Joe and Theo, it is obvious that the way each man 'deploys' this idea within his 'managing' narratives is individually specific and thus indicative of biographically unique, emotional meaning-making at the level of masculinity. For Joe, 'understanding' involves rejection (of certain aspects of negative masculine emotionality in others) but also acceptance (of these self-same others as individuals who are in need of his care). In this sense, he arguably demonstrates a positioning as 'different as a man' in respect of a particular, interpersonal, manifestation of gender normativity. For Theo, in contrast, 'understanding' involves engaging with gender norms to a notable degree, through his (over-)identification with the conventionally masculine identities of male students. At the same time, this engagement with masculine hegemony at the societal level – this positioning as 'typical as a man' - exists in tension for him with the felt presence of 'institutional expectations'.

Chapter Seven: Patrick and Martin - working with the after-effects of men's sexual violence

7.1. Introduction

This chapter, as with Chapter Six, is concerned with the construction of individual masculine identity in the context of emotional care provision. More particularly, I explore here the ways in which two interviewees self-position as (male) counsellors in relation to notions of 'difference' (different as a carer; different as a man), within the narratives each tells about his relationships with clients. Patrick and Martin both work in a hospital counselling unit in the capacity of one-to-one, person-centred counsellors, having come to this role relatively recently from other areas of work. While they typically see clients on a diverse range of problems, for the purposes of this chapter, I narrow the scope to cases relating specifically to matters of sexual violence. For both interviewees, this emerges from their stories as an important theme in connection to interlinking issues of the counselling relationship, gender, and identity construction. What is most significant here for understanding 'masculine identity' is that Patrick and Martin, as they relate their experiences of care-giving, both heavily emphasise the 'successful' nature of their interventions with their clients. In this connection, it will be the argument that both men demonstrate, in different ways, narrating techniques involving 'self-exaltation', that is, presenting 'self' as 'especially successful', as almost 'heroic' (Wetherall and Edley 1999) - here, in working as a (male) counsellor on the sensitive issues connected to the aftermath of sexual violence.

7.2. Patrick

7.2.1. Introduction

Patrick is in his mid-60s, heterosexual, and married with children. He has lived in the Northwest of England for the past 40 years, originally coming from an isle off the British coast, where he grew up against a background of what he describes as dire poverty, before moving to the mainland in his 20s. Much of his younger adulthood (from late teens through to early 30s) is accounted for in terms of suffering severe mental health issues. Patrick believes that his condition of bi-polar disorder - undiagnosed for much of this period – was instrumental to his involvement in violent incidents and consequentially to his involvement with the law, including him receiving custodial sentences. He was eventually given the medical and emotional support he needed, and with some sense of control over his now-diagnosed condition, he trained to become a teacher, working in the profession until health problems (unrelated to his bipolar disorder) forced him to take early retirement in his 50s. Six years ago he became a volunteer at an advisory service, before beginning a counselling course at university. He successfully completed his counselling training, and he has been working in a hospital unit as a person-centred counsellor (chiefly on a voluntary basis but also taking on some paid bank work) for the past four years.

While narrating his counselling experiences on a range of client issues (including mental health and bereavement), the issue which appears most prevalently in Patrick's interview is that of sexual violence. This is significant for current purposes not because of the relative frequency of such narratives, but because of the fact these are near enough the only narratives concerning the counselling relationship in which

Patrick explicitly situates his gender *per se*. In this context, the following analysis explores two such narratives, both of which see Patrick invoke and then subvert the stereotypic discourse, 'Male counsellors, as men, pose a sexual risk (to clients)'. In his first narrative, Patrick details working with a female rape survivor; significantly, the narrative has a 'positive' outcome which is located expressly in his gender. In his second narrative, meanwhile, he recalls an 'inner debate' he once had concerning the role of touch in counselling, this being specifically with regard to comforting a "distressed" woman who had been subjected to sexual violence; again, the resolution is 'positive'.

7.2.2. Patrick's 'sexual violence' narratives

Patrick's first 'sexual violence' narrative – “The strangest thing was because I was a male”: gender as an 'advantage' in counselling a female survivor of rape'

This narrative - hereafter referred to as *Because I Was a Male* – concerns Patrick's relationship with a client (a woman in her early 20s) who came to counselling following a rape attack. Its focus is the positive role played by counselling in respect of the often very sensitive and complex issues with which clients must deal, such as the aftermath of sexual violence. In essence, *Because I Was a Male* functions as a neat 'success story': by attending counselling, the client, whose emotional health and personal relationships were deeply affected by the rape, is empowered to 'cope' – and strikingly quickly, to Patrick's mind; she represents for him a potent example of witnessing “some speculator changes”, “some speculator results” through the counselling process. Moreover, this is a 'success story' both for counselling *per se* (as a form of emotional care) and for Patrick specifically (as counsellor). Most significant, for present purposes, is the fact that his position as a *male* counsellor is centralised in the account as a contributory factor to this 'success' – this is despite Patrick holding reservations about working with this client precisely on the basis of his gender.

Patrick begins by explaining his initially 'reluctant' involvement on the case. The client was referred to the hospital unit at which he works, but the only times she could attend counselling sessions were at the weekend when the sole counsellors on duty were Patrick and another male counsellor. Feeling this would be an unsuitable arrangement for her given the nature of the referral, Patrick offered (in a telephone conversation with the client prior to meeting) to refer her to another organisation

where she could instead see a female counsellor; the client responded, however, by expressing a wish to still attend the unit, and with Patrick as her counsellor. He outlines their first session thus:

Er [intake of breath] the session went <short pause> well. Very traumatic. <Said softly> Poor kid. She, she'd been *conned* into, into going into a hotel room by this swine of a <laughing> bastard that she worked with. He told her he was booking a room for his parents for a surprise for their anniversary or something. And he raped her. <Sniffs> And, um – <Pause> Her issues were all about her relationship with her boyfriend and how she couldn't touch him, after the rape. And she hadn't told him she was raped. And how her relationship with her father had dissolved. Because she couldn't even sit with him, in the room. She just felt sickened by men. (Original emphasis.)

Patrick's gender emerges here as apparently more salient than he had perhaps at first anticipated. In recounting the gendered 'after-effects' of the client's rape (her being left "sickened by men", to the detriment of relationships with men in her life), he is necessarily located in relation to her 'globalising' feelings of disgust – as a man working closely with her and on the exact issue of the rape. Indeed, he subsequently comments: "And at the end of the session, she'd been telling me all this and I thought, 'Oh Christ. <Laughs> How's she feeling with *me*?'". In this sense, Patrick clearly invokes the stereotypic discourse 'Male counsellors, as men, pose a sexual risk to clients'; although he does not explicitly refer to issues of gender stereotyping, his involvement in this case is rendered problematic on the basis of the threat he 'may' pose to the client as a man, his presence risking at the least the likelihood of causing her discomfort. Yet, it is exactly in this context, of problematising his gender, that he is able to construct an empowering identity – as we shall now see.

Patrick's concern about "How's she's feeling with *me*?" led him to reassure the client that the unit would definitely find her another, more 'suitable' (i.e., female), counsellor:

And so I said that to her, you know: 'It must be terrible for you with me', I said, 'I do hear what you're saying', I said, 'And I promise you we will find you a female counsellor.' And she said, 'No, I think actually I'd like to go on because I've got to get over this, haven't I?' <Pause> So I said, <unassuming tone> 'Yes, I suppose so. <Slight pause> If that's the way you want to do it.'

However, his empathetic ‘reading between the lines’ was, in this instance, rendered superfluous and the counselling relationship continued, with a ‘fortunate outcome’:

At the end of this six or seven sessions – We had, I think, seven sessions – She was so spectacularly changed, and she said it was because I was a man. <Said quickly> And because I was lot older than her. Um, I was even older than her dad; quite a bit older than her dad. And she said, ‘Just talking with you made me, er, realise that <short pause> my perspective, that this was *all* men, after, after the way I’d been treated, was wrong.’ And, er, she said, ‘If I’d had a woman, it wouldn’t have worked.’ So <short pause> that was useful. <Pause> (Original emphasis.)

Again, Patrick’s gender becomes salient here in a way which he does not seem to have initially expected, but this time it is ‘positively’ so, rather than ‘negatively’. In this account, it is precisely *because* Patrick is a man that the client is empowered to move away from her feelings of disgust at men in general (“And she said, “Just talking with you made me, er, realise, that my perspective, that this was *all* men, after, after the way I’d been treated, was wrong”). Patrick is positioned as empathetic; he listens and is presumably ‘safe’. Indeed, he concludes⁷⁵ the narrative by marking his ‘difference’ to other men on this score:

But the real thing was the recognition that, er, *I* [original emphasis] wasn’t being judgemental as well and *I wasn’t like the other guys* [emphasis added], and, you know, it helped her form a bond back again with her dad as well, which had been impossible. She couldn’t even sit in the room with him. <Pause> So you do get, as I said, some spectacular results.

Because I Was a Male, thus, clearly holds implications for understanding Patrick’s construction of masculine identity, and his relationship to ‘(gender) difference’. The ‘problematised’ (and ultimately self-empowering) aspects of Patrick’s involvement in this particular case depend on him evoking (and then, of course, subverting) a commonplace assumption that it is in some way an ‘undesirable’ situation for a man to provide care and emotional support to a woman who has recently been subjected to sexual violence, i.e., by framing the narrative within the terms of the ‘Sexual risk’ stereotypic discourse – a discourse necessarily underpinned by the cultural ‘logic’ of

⁷⁵ This is after Patrick first talks a bit more about how the client had been affected by the rape – and how he feels her boyfriend played an instrumental part in helping her to deal with what had happened. (This is an extract which we consider immediately below.)

'different as a carer', of male carers' 'difference' to their female equivalents (see Chapter Two). Indeed, it can be argued that while Patrick does explicitly claim, in the extract above, that he "wasn't like the other guys" in his relationship with the client as he "wasn't being judgemental" about her (i.e., he appears to self-position here as being 'different as a man', equated by him with the display of empathetic behaviour as a counselling professional), it is with reference to *some of these "other guys"* – namely, male figures in the client's life - that we see a way in which Patrick constructs a 'positive', empowering, masculine identity around (the otherwise potentially ambivalent notion of) being 'different as a *carer*'. Across the narrative, three male figures are specifically mentioned (aside from Patrick himself): one is the client's work colleague who committed the rape attack; the other two are the client's boyfriend and her father, with who her relationships had 'broken down' following the attack. In evoking his gender as a salient factor in the counselling scenario (and, by extension, his potential to "sicken" the client), Patrick is positioned in relationship to each of these men; in other words, identificatory, and thus identity-formative, processes are at play. In the case of the work colleague, Patrick quite obviously counter-identifies with him. In the case of the boyfriend and father, however, Patrick presents both of these as being people important to the client, despite her feelings of disgust at men; the boyfriend is given particularly sympathetic 'billing' in the narrative, appearing as a 'key player' in empowering the client, as can be seen in the following extract:

And that was a spectacular thing [the client's change], because she had been, as so many rape victims do, er, actually physically harming herself, seriously, afterwards with scrubbing. You know, she'd taken a scrubbing brush to scrub herself, every night; she was bleeding and everything. And of course she wouldn't have any relationship with her boyfriend and she hadn't told him. He turned out to be a *brick* actually, when she did tell him; he was *fantastic*. He actually said to her, er, 'Okay, we won't make love', um, you know, 'We just won't go to bed anymore.' And, er, he was fantastic. I met him afterwards and shook his hand; a great fella. Only a young guy too; only 20 himself, but yeah, he was part of what made her better. (Original emphases.)

Patrick's identifications with these two men (especially the boyfriend) emerge thus: firstly in his empathetic imaginings of how the client might feel working with him,

akin to her rejection of her boyfriend and father (e.g., of the father "...she couldn't even sit with him in the room"; "I thought 'Oh Christ. <Laughs> How's she feeling with me?"); and then in his outlining of these men's eventual 'safeness' and 'significance' to the client, *akin - or so he would seem to believe - to his own 'safeness' and 'significance', as the (specifically male) counsellor who helped to empower her*. Thus, despite the remark "I wasn't like the other guys", Patrick's identity construction in this narrative is based upon implying his continuity with, and not a difference from, male figures important to the client and her 'recovery'. This implied continuity is congruent with his earlier claim that the client said of his intervention, "... 'If I'd had a woman, it wouldn't have worked'..."; Patrick's 'success' rests on him being 'typical as a man' (and thus, to reiterate, him being 'different as carer'), as conceived in a 'positive', self-empowering, sense.

Patrick's second 'sexual violence' narrative – "I had a very strong feeling that she needed comforting": the role of touch in counselling a client who has been subject to sexual abuse'

This short narrative – hereafter referred to as *Needed Comforting* – shares in common with *Because I Was a Male* a concern with empathetic practice in the context of a potentially '(hetero)sexualised' scenario. It is part of a larger narrative in which Patrick discusses the role of touch within counselling, which starts with him talking about the need to ascertain clients' wishes and feelings on the subject; here he mentions having recently conducted a questionnaire with his clients to establish their views on touch as part of their counselling experience, before stating that (as counsellor) he has "found it [touch] immensely beneficial" in his work. He continues by offering an example, where he talks about counselling a male client who had recently been released from prison after serving several years for the attempted murder of his (abusive) father:

He stabbed him repeatedly in the head and stomach with a knife. <Sniffs> And, er, he talked a lot about being distant from people and not wanting – 'Nobody these days,' he'd said, 'Hugs you' and stuff like that. You know. And at the end of the session, I felt this *very, very* strongly that he was saying, 'Nobody hugs me. I'm, I'm still a little boy'. He was massive; he was bigger than me even, about 25 stone. And he stood up and I just went like that <opens arms>, just spread my arms, and he *fell* into my arms. And he was hugging me, you know, nearly crushing me to death. <Short pause> Very useful to *him*; very useful to him. Because nobody had ever hugged him. Simple as that. His dad had, had only ever beat him up, you know, and all that sort of stuff. Which is why he'd attacked him. Um, but it is a dodgy issue. Um, I wouldn't normally <short pause> instigate it. (Original emphases.)

In this, Patrick is recounting perhaps a particularly memorable case, one which is striking in its content and imagery ('the big man' with a violent past who is 'really a little boy', falling into the arms of the perceptive/receptive male counsellor and "nearly crushing" his body with the intensity of the hug). This theme of perception and empathy (of Patrick positioning as responding to the client's need – he invited the hug in a 'passive' fashion, by opening his arms to the client, not by putting his

own arms around him) is then linked to themes of ‘danger’ in using touch in anything less than a responsive and ‘measured’ manner (“Um, but it is a dodgy issue. Um, I wouldn’t normally instigate it.”).

Patrick’s reluctance to ‘instigate’ physical contact is elaborated on thus, when he raises the issue of ‘comforting’ and implies a distinction between the counselling relationship and other, ‘everyday’ relationships in terms of the use of touch to provide comfort:

Um, if a client is clearly upset and sobbing, I wouldn’t for example touch them or try and comfort them in that way. <Short pause> Maybe as close to that as I’d get would be to put my hand on top of theirs, something like that. But, er, very rarely. <Pause. JM starts to speak, but is ‘interrupted’> Yeah, um.

This leads into *Needed Comforting* proper, when Patrick evokes the ‘main danger’ (perhaps for him) associated with touch by citing an example in which he sought to provide comfort to a client who he felt needed it, within a situation which was highly gendered:

There was girl who’d been <short pause> raped. And she had actually been raped and abused several times. And <short pause> I had a very strong feeling that she needed comforting. Er, physically. *But*, because it was a rape case, *now*, no, I wasn’t going to do that in any instance, you know. But she was sobbing her heart out and she was telling me something one time. And we were in the other room [to that where the interview took place] where armchairs, we have armchairs, not settees like this. And we were quite a bit closer to each other, so I was able to go just like that on top of her hand <demonstrates on his own hands>. And she put her other hand on mine and squeezed it, you know. And that was as far as it came. But it was, it was needed. By the client. It was not needed by me. (Original emphases.)

Here, we see engagement with the ‘Sexual risk’ stereotypic discourse in a similar fashion to *Because I Was a Male*; whilst Patrick does not reference his gender here as explicitly as he did in this previous narrative, the mention of him having reservations about comforting the client through touch (“because it was a rape case”) presumes the listener will automatically understand that, for a male counsellor, this is a ‘tricky’ - because a potentially ‘sexualised’ - scenario. Moreover, in this recounted experience of ‘being a man’ working with the effects of sexual violence, we again witness

Patrick's construction of a masculine identity as empathetic, but additionally, as we shall shortly see, a masculine identity as autonomous, even *defiant*, of certain ideas which would prevent him from counselling in the way he best sees fit. (These ideas connect, at least in part, to gender norms around the use of 'touch'.)

In the first instance, Patrick's positioning as empathetic is demonstrated in an initial responsiveness to the client ("I had a very strong feeling that she needed comforting"), followed by reflection in light of certain aspects of the situation ("*But*, because it was a rape case, *wow*, no, I wasn't going to do that in any instance"); in turn, this is followed by a modified response because of perceiving the client's continued need, this being accompanied by the 'careful' use of touch (through Patrick placing his hand on her hand) with the aim of providing comfort ("But she was sobbing her heart out and she was telling me something one time. [...] And we were quite a bit closer to each other, so I was able to go just like that on top of her hand"). Crucially, as with *Because I Was Male*, this 'intervention' is presented as having been *successful* ("And she put her other hand on mine and squeezed it [...] But it was, it was needed. By the client"), and here he demonstrates the aforementioned 'defiance'. Despite the potential 'dangers' in using touch (of upsetting clients, of being misconstrued), Patrick self-positions as a counsellor who not only sees the value in occasionally using touch with clients, if this is done carefully and responsively, but will use it even in situations where his gender puts him at increased 'risk'. Indeed, he immediately follows *Needed Comforting* with a mildly mocking reference to other counsellors who do not use touch in their practice for fear of litigation⁷⁶:

⁷⁶ This is after Patrick first talks briefly about the risks of identification, or of relating to clients as if they were one's own children, as in wanting to provide comfort physically in an 'everyday' rather than a counselling fashion.

I know lots of, er, counsellors and psychotherapists who wouldn't *dream* of touching a client, no matter what happened. Because they're afraid [laugh] of their professional ethics code and, you know, their, their how, having, <laughing> having suits against them. (Original emphasis.)

The 'Sexual risk' stereotypic discourse is implicit here, providing a frame for his expressions of empathy and defiance, and for his relationship to 'difference'. Like in *Because I Was a Male*, he is marked 'different as a carer' in both a 'negative' and 'positive' sense. He is 'different as a carer' because as a male counsellor he is potentially subject to sexual suspicion in the use of touch, particularly under certain, especially sensitive, circumstances. At the same time, Patrick seems to invest this constraining notion of 'difference' with 'positive', self-empowering, emotional meanings of masculinity; he demonstrates both (a 'feminine') empathy and (a 'masculine') defiance in (his recount of) his use of touch with the client in question. In this sense, he willingly marks himself as being 'different' to "lots of [...] counsellors and psychotherapists". While the gender of these other counsellors is not mentioned, the fact that Patrick deploys them here as a rhetorical device (to contrast their 'fear' or 'impotence' in the face of "their professional ethics codes", against his 'empathetic defiance') does carry gendered insinuations, suggesting as it does a degree of engagement with hegemonic ideas around the desirability of masculine self-exaltation (see Section 7.1.) – of presenting as 'especially successful' and 'heroic' in one's endeavours. In other words, despite the clear relational content of Patrick's narrative here, *Needed Comforting* also summons up something of the image of the autonomously achieving (male) individual. Moreover, his empathy becomes '*masculinised*' within the terms of an 'independent-minded' and pragmatic approach to the care relationship: 'doing his own thing' by responding to the client; and responding to the client by 'doing what works'. (Elsewhere in his interview, this emphasis on practicality and autonomy are echoed when Patrick mentions that while he works from a person-centred perspective to counselling, he also uses additional

techniques - for instance, elements of cognitive-behavioural therapy and, on occasion, some debt management advice from his days as an advisory worker - in response to the individual circumstances of a given client. While this is not perhaps remarkable in itself (see, for example, Mearns and Thorne 2007 on mixed methods for primarily person-centred counsellors), each time Patrick discusses this matter, it is noteworthy that he speaks in a tone which is ironic and adversarial in equal measure; for instance, he references conversations with his female supervisor (his “boss”), who reminds him of his departure from person-centred philosophy in some of his practice: “she frowns deeply and says, er, ‘Is that client-centred?’ And I say, ‘No, but it’s fucking useful, you know!’ <Both Patrick and JM laugh> ‘The client says it’s useful.’ So it gets done. I don’t know if the NHS would approve, but my boss accepts my little <laughing> idiosyncrasies.”) If these ‘fearful’ (*contra* ‘empathetically defiant’) counsellors are supposed to be women, it further marks Patrick as being ‘typical as a man’ and ‘different as a carer’. If these ‘fearful’ counsellors are supposed to be men, as one might expect given the narrative context of ‘risk’ and ‘sexual suspicion’ (of the ‘threat’ Patrick felt he might be seen as presenting to a female survivor of male-inflicted sexual violence), then Patrick here could be implicitly ‘feminising’ them; at the very least, he is elevating himself as being ‘more’ ‘successful’ in his particular approach, and is thus able to accentuate his ‘achievement’.

7.2.3. Patrick: a brief concluding discussion

I have argued that Patrick constructs an empowering sense of masculine identity by positioning himself as being ‘different as a carer’. In his ‘sexual violence’ narratives, Patrick presents his work with his (female) clients in terms of ‘success’; and this success is ascribed to his ‘difference’ from other counsellors, or his continuity with (‘typical’) men: expressly so in *Because I Was a Male*, while in *Needed Comforting* such gendering occurs more implicitly. On the surface, this equation of ‘typical as a man’ with achieving self-empowerment - through the telling of ‘sexual violence’ narratives - may seem counter-intuitive. Indeed, Patrick’s engagement with the ‘Sexual risk’ stereotypic discourse precisely highlights his gender as a constraint upon the counselling role, that is, it does so *initially*. However, as we have seen, the discourse ultimately serves a ‘positive’ function at a rhetorical level, with ‘risk’ providing the narrative conditions for Patrick’s self-empowerment. In this context, I have argued that he invests his care-giving with emotional meanings of masculinity relating to *empathy* and *defiance*: gendered meanings which, for him, are interlinking; gendered meanings which appear to find expression within his stories in the form of self-exaltation and an approach to providing emotional care framed by hegemonic masculine ideals of autonomy and pragmatism.

7.3. Martin

7.3.1. Introduction

Approximately 15 years younger than Patrick, Martin is aged in his late 40s and is divorced with children. He self-identifies as a Christian, is heterosexual, and comes from Northwest England, where he still resides (albeit in another part of the region from that which he grew up). As a counsellor, Martin shares in common with Patrick both a workplace - he also works in a hospital unit, where he has been for the past two years - and a philosophical orientation: namely, a person-centred framework. He came to counselling through his work as a hospital chaplain, a role that he took on seven years ago and one in which he remains incumbent. He is concurrently involved in a completely separate field of employment as a computer technician, having worked in information technology almost continuously since leaving college 30 years ago, and this serves as his main source of income. He is, however, presently aiming to become a counsellor on a full-time basis, having also recently set himself up in private practice alongside his hospital work.

A consistent theme of Martin's interview is a claim that, in his emotional care-giving, he deals with cases which are 'out of the ordinary', in that the issues they raise are 'especially' challenging. For instance, in setting the scene for explaining his counselling role in the hospital unit, he outlines the 'severe' nature of the vast majority of referrals he receives, situating this in contradistinction to "your run-of-the-mill [...] bread-and-butter client":

Most of our referrals come from the crisis team, which is people who've been in basically mental health crisis [JM: "Right.,"], usually suicidal or attempted suicide. But it can be other things but mostly suicidal. So that probably accounts for something around 60 per cent of the clients. The remaining 40 per cent is mostly alcohol issues or drug issues. Er, domestic violence. Some, um, sort of trauma of different sorts, following or after bereavement or whatever. I've got one girl who's been bereaved five times in ten years. And – One by murder, one heart attack of a guy in his 20s, one a helicopter crash. So all [JM: "Hm."] major bereavements rather than your routine stuff. [JM: "Hm."] And, so it was all pretty, you know, nasty stuff. So we don't get your run-of-the-mill, sort of, you know, bread-and-butter client; they're much more the extreme sort of situations really.

Although Martin discusses working with clients on various issues (including bereavement, domestic violence, physical scarring, and mental health issues), connecting these with 'extremity', it is on the matter of sexual violence that he provides the most narrative material (two detailed stories which form the basis of my upcoming analysis; see below). Here, sometimes the connection between 'sexual violence' and 'extremity' is made directly, as in a narrative where the client concerned (a man arrested for possessing sexualised images of children and facing imprisonment) is referred to as an "extreme *extreme*" case. Other times, the connection occurs indirectly - as in a narrative where talk of Martin's work with an adult survivor of childhood abuse forms the concluding part of a broader narrative thread of facing 'daunting' scenarios as a chaplain *en route* to becoming a counsellor. Together, these two narratives suggest that 'sexual violence', *as a topic in the interview*, has perhaps a particular emotional resonance for him as well as fulfilling certain rhetorical 'functions', i.e., serving to illustrate Martin's relationship to 'difference' *vis-à-vis* the construction of a (male) counselling identity as 'different as a carer': that is, as being somehow 'special' (compared to colleagues) in the 'particularly extreme' nature of his work.

7.3.2. Martin's 'sexual violence' narratives

Martin's first 'sexual violence' narrative – “She was a lot of what got me into counselling”: working with an adult female survivor of childhood sexual abuse

This narrative – hereafter referred to as *What Got Me Into Counselling* – describes Martin's involvement on a mental health unit where he worked for a period of time in the capacity of chaplain. The narrative is primarily concerned with emphasising the idea of emotionally 'therapeutic' processes of 'talking' and 'sharing information' in the context of a certain kind of relationship – one in which Martin facilitates such talking and sharing, self-positioning as a figure of trust. In providing an account (albeit fairly brief) of his relationship with one particular patient and his role in her 'recovery', he also accounts for the beginning of his entry into the counselling profession – an entry characterised (much like his counselling career more generally) by an involvement in 'extreme cases'.

Martin came into contact with a hospital chaplaincy team via his involvement as part of a Christian group who dispensed bibles to patients. He recounts having initially regarded the chaplain role as a daunting one – albeit (importantly) not so much so that it would prevent him 'giving it a go':

I said [to the team], 'If I came to you as a volunteer, what would you want me to do?' 'Go and talk to people at their bedside.' 'Eek. I don't know if I can do that, but I'll give it a go.' And to my complete astonishment, I actually enjoyed it.

For the first 18 months or so, he worked on wards with patients suffering from facial disfigurements, before moving onto work on a mental health unit. In both cases, these scenarios are presented as being in some way 'extreme' by virtue of their imagined 'undesirability': with the disfigurements wards, Martin says he was asked to

work there “because other people didn’t like doing them really. <Pause> And it didn’t bother me; I said, ‘Yes, I’m quite happy to do it’. So I really enjoyed doing that”; with the mental health unit, he remarks:

[A]gain that was a bit, ‘Oh, not great. I’m not sure about doing this. You know, raving loonies and padded cells. What am I going to find?’ But again to my complete astonishment, I found I absolutely loved it and I got on well with people.

Of course, in both cases, Martin claims to have found the experience extremely positive. However, whilst enjoying working with patients on the facial disfigurements wards, he regretted the necessarily short-term nature of his involvement with them (the majority of these patients were only in hospital for a few days). In contrast, the fact that patients on the mental health unit were typically there for a prolonged period of time meant “you got an opportunity then to build relationships with them.” Significantly, this ‘welcome chance’ to form relationships leads Martin into providing a concrete example of ‘relationship building’ with reference to a patient he met whilst working on the unit: a woman in her 20s suffering from mental health issues who had been sexually abused as a child.

In detailing the relationship he formed with the patient, Martin emphasises its unhurried and ‘organic’ nature. He introduces the patient as being “quite a little mouse to begin with and wouldn’t kind of communicate”, and continues by explaining the process whereby communication between the two of them increased over time:

I’d pass her in the corridor and say hello and it gradually built up. I spent five minutes talking to her, I spent ten minutes talking to her, I spent half an hour talking to her; it just varied week to week, depending on what she felt.

And it is against this backdrop of relationship building that Martin brings in the theme of ‘sexual violence’:

[O]ne day I was just going past her room, she sort of caught me up and asked if I'd have a chat with her and <sounding tender – a little upset> she told me she was raped when she was eight years old. <Voice cracks slightly> And she'd never told anybody that she was raped as a kid. And I was the first person she'd *ever* told. And within six months of her beginning to talk about it, she'd been released. (Original emphasis.)

He concludes thus:

And that was one of the main things that got me into counselling. That girl and the responsibility of being there for her and listening to her and building up that trust <says unclear word>. So she was a lot of what got me there.

For current purposes, it is notable that, despite the potentially anxiety-provoking features of *What Got Me Into Counselling* (being a man providing one-to-one emotional support to a psychologically vulnerable, younger woman – and concerning what transpired to be the highly sensitive matter of childhood sexual abuse), and despite the story's location as the concluding section of a broader narrative thread in which Martin faces 'daunting' scenarios as a chaplain *en route* to becoming a counsellor, there is an apparent absence here of engagement with the 'Sexual risk' stereotypic discourse (*contra* Patrick's 'sexual violence' narratives; see Section 7.2.). Martin does not explicitly raise issues of 'gender' and certainly never directly evokes, even momentarily, the idea that being a man in this scenario might be perceived (whether by self or others) as 'problematic'; indeed, he is cast exclusively and most definitely as the patient's 'confidante'.

Rather than the 'risk' of 'sexualisation' which characterises Patrick's narratives (Section 7.2.), a significant theme of *What Got Me Into Counselling* is instead that of 'specialness'. More specifically, in the patient talking about 'what happened', in her sharing this information with Martin, she is presented as having reached (or begun to reach) a level of mental health where she can gain independence from the hospital unit; in the fashion of psychology, her acknowledging 'the past' is key to her understanding and dealing with 'the present'. In this sense, Martin, as 'confidante', is

both 'privileged party' and '(at least partial) route to recovery'; by implication, he is 'different' to other care professionals who have also had interactions with this patient. (Although he does not expressly attribute the patient's release from the unit to his interventions, there is, in his sequencing of events, the very strong implication of a 'causal link' of some kind between the patient confiding in him - in the context of his relationship building efforts - and her release.) For the patient, Martin-as-chaplain plays a 'special' role in her subsequent departure from the hospital; emergent from this, the patient is ascribed a 'special' role with regard to Martin's eventual entry into counselling. Arguably, Martin has introjected the patient (or parts of her – her confiding, 'successfully therapeutic' aspects) as a 'good object' in terms of his personal (long-term) investment in professional care-giving. Indeed, alongside the verbal claim he makes to have been largely influenced in his career choice of counselling by encountering and working with this particular patient, the *tone* of Martin's narration is further suggestive of the emotional significance of their relationship at the level of his identity; he is not only likely upset or moved at remembering the patient's talk of distressing events in her life, but he also (perhaps foremost) appears touched or impressed at being - or, at least, so he believes - "the first person she'd *ever* told" about these events.

Although *What Got Me Into Counselling* is not explicitly about gender in its content, its theme of 'specialness' is implicitly gendered and has consequences for understanding Martin's masculine identity construction *vis-à-vis* notions of 'difference'. In the first place, 'different as a carer' (i.e., 'specialness') is a self-positioning which is *indicated* in the narrative, rather than it finding articulation in the direct drawing of comparisons and contrasts between self and others (a la Patrick's 'female colleagues' and 'counsellors who are too "afraid" to use touch'; Section 7.2.). Martin does not

expressly claim to have been ‘*more* successful’ (than others) in his interventions, but nonetheless, as I have said above, the narrative carries this implication (e.g., “the first person she’d *ever* told”).⁷⁷ Furthermore, this implied ‘difference’ from other carers appears to occur purely on the basis of an assumed and emphasised sense of *individuality* (alongside Martin being, in the capacity of chaplain, a virtual outsider to the unit) - i.e., there is absolutely no mention of his gender or that of members of the hospital staff. However, similar to the assertion regarding Patrick in his narrative *Needed Comforting* (Section 7.2.2.), it can be argued that Martin’s covert emphasis on his ‘successful’ individuality sees him engaging in a masculine self-exalting strategy (see Section 7.1.), in line with certain gender normative ideas of men presenting as autonomous achievers and as particularly efficacious in meeting challenges. For instance, Martin-as-chaplain necessarily spends time on his own with the patient, and it is in this context that the ‘favourable outcome’ of her relatively speedy recovery and release is reached; his interventions, in their independent and ‘successful’ character, cast him in almost a heroic light.

At the same time as this self-exalting arguably occurs (or the ‘positing’ of ‘success’ in an ‘extreme’ situation), *What Got Me Into Counselling* is clearly not exclusively about autonomy and individuality, in either its content or emotional tone. While Martin might well invest his care-giving with implicitly gendered meanings concerning self-exaltation, he evidently privileges, in this recounting of events, an ultimately *relational* focus. Firstly, this is apparent with regard to the patient specifically: for instance, Martin’s account of working on his own with the patient, as I have just mentioned,

⁷⁷ Alongside this is the story’s location in the broader narrative thread about his entry into counselling, where he takes on chaplaincy work on the facial disfigurements wards *contra* ‘uncomfortable’ colleagues who ‘were not able/willing to’ (“because other people didn’t like doing them really. <Pause> And it didn’t bother me; I said, ‘Yes, I’m quite happy to do it’”).

portrays him as independent of other care workers, but it is also framed in terms of emphasising the relational dynamics of working with a care recipient over a period of time in this one-to-one capacity (“I spent five minutes talking to her, I spent ten minutes talking to her, I spent half an hour talking to her; it just varied week to week, depending on what she felt”). Secondly, this relational focus appears in respect of Martin’s subsequent entry into counselling and his development/on-going construction of a masculine identity geared towards interpersonal concerns (“[...] the responsibility of being there for her and listening to her and building up that trust [...] So she was a lot of what got me there”). Moreover, self-exaltation, for Martin, is not accompanied or facilitated by a distancing or distinguishing of self from *specifically female* counterparts, or positioning as ‘typical as a man’ (cf., Patrick; Section 7.2). Care-giving, here and elsewhere in Martin’s interview, is presented in ‘gender-neutral’ terms – that is, he barely mentions issues of gender at all in relation to counselling and care work. This suggests that, for Martin, positioning as ‘different as a carer’ is not about ‘masculinisation’ *per se* of his involvement in care-giving (again, cf., Patrick). Rather, it concerns ‘succeeding’ at being relational.

Martin's second 'sexual violence' narrative - "I'm not there to say, 'Yes, life's great'":
working with a male client facing imprisonment for possessing sexualised images of
children'

Similar to the first narrative, this narrative – hereafter referred to as *Not There to Say* – is chiefly about relationality and communication, although in this case it concerns counselling *per se* (as opposed to relating chaplaincy to counselling). The main point of departure between the two narratives, however, concerns the difference in their flavour: *What Got Me Into Counselling* is a piece which, despite containing upsetting material, is 'positive' *vis-à-vis* Martin's relationship to emotional care-giving; *Not There to Say*, in contrast, is focused on – from Martin's perspective – ambivalent, even 'negative', elements of emotional care as it looks at caring for a perpetrator rather than a survivor of child abuse: a client whose issues concern his arrest for owning pornographic material involving minors (hereafter, the client or 'arrested client'). The emphasis here is on Martin's efforts at relationship *management* – as opposed to themes of relationship building a la *What Got Me Into Counselling* – in the context of a scenario which is, for him, potentially anxiety-provoking. Importantly, Martin is presented as being 'successful' in his efforts here, despite his evident feelings of counter-identification with 'arrested client'.

This narrative emerges in the context of Martin's talk of clinical supervision, whereby counsellors routinely discuss issues emerging from their practice with a supervisor: "And if I have any issues, I'll take those [to supervision]. So issues like my interaction with the client, how I feel about them; um, if I've got any particular strong feelings, one way or another." That Martin immediately follows this sentence with talk of 'arrested client' does, of course, frame all that follows (on this client) with a notion of

‘handling strong feelings’ - and, it is implied, these feelings are ones which are at least in part ‘negative’:

And I got a client who’s been arrested for child pornography. And so dealing with issues that raised in me. And my acceptance of them and, you know, things like that really, when, whatever comes up. I’ve got a client who’s been involved in a serious crime and that had to be dealt with. So all sorts of issues that come up with different clients.

The last line (“So all sorts of issues that come up with different clients”) is typical of Martin’s seeming efforts in this narrative to move from the specifics of the case, to talk in more general or abstract terms. Perhaps this is because this counselling relationship is still on-going and so its ‘outcomes’ are still not yet defined; but this possible generalisation ‘tactic’ also may be indicative of an anxiety over discussing in concrete detail the ‘arrested client’, a figure who to many might be considered ‘uncomfortable’ subject matter, even without the framing issue of ‘managing strong feelings (in relationship to him)’. However, this does not prevent Martin from using some dark and ironic humour in his following comments about the client:

It was interesting because I seem to get – I know we at the hospital get extreme clients, but I seem to get the extreme *extreme* clients. <JM laughs> It’s just the way it’s turned out <slight laugh>; it’s not by design. So it was quite entertaining in a sense that I’d got another one. (Original emphasis.)

The rest of *Not There to Say*, a sizeable chunk of text, continues on the matter of Martin’s emotion work (“Separating out kind of my feelings really regarding what they’d been doing from my feelings regarding them as a person”), before moving onto dealing with ‘arrested client’’s resistance to talking about the ‘real’ issues which brought him to counselling – for instance:

[A]fter the first two or three sessions, [the client] went away really upset and pretty much torn apart in a sense because they’d spent a week building up nice masks to protect themselves from what they’d done. And I’d spent minutes taking them down again.

Martin continues, talking about supporting the client while challenging such ‘self-deceptions’, which he argues were preventing the client from addressing the matters at hand: his alleged offence and his feelings about his impending trial. Essentially,

Martin sets out the terms of the relationship in very clear terms, and this is presented as having been effective in getting past the client's various 'masks'. When Martin is asked about the nature of these masks, he explains thus, outlining here (in common with *What Got Me Into Counselling*) the 'therapeutic' importance of communication, i.e., of talking, of sharing information – in this case, with especial emphasis on the need for honesty:

Oh very deliberately, very knowingly, very wilfully, choosing to say, 'Well, life's hunky-dory and I'm going to find a way to help people. Everything is fine,' you know, 'I'm not going to end up going to prison. It's not going to happen,' um, 'I can get on with people. My job's great.' But knowing that, inside, they were scared shitless. And that they, they were almost inevitably going to go to prison. And they'd have to deal with the consequences of what they've done. [JM: "Mm."] But pretending life's great, you know. I'm not there to say, 'Yes, it is'.

Arguably, in *Not There To Say*, Martin is again involved in a strategy of self-exaltation. Although the narrative is obviously infused with relational meanings (as well as it suggesting – as noted – a degree of anxiety on the part of Martin), it also serves to demonstrate Martin's individual 'success' in working with what he refers to (above) as one of his "extreme *extreme*" clients: as presented, he manages the relationship, both handling his 'strong feelings' about this client (at least to the extent that the relationship is still on-going) and 'getting past' the client's 'mask building' (otherwise a barrier to the relationship). This is in a work environment which already offers/presents him and his colleagues the challenge of 'extreme cases', but where he is marked as particularly liable to receive cases that pose 'even greater' challenges – in this, the theme of 'specialness' is again present ("I know we at the hospital get extreme clients, but I seem to get the extreme *extreme* clients"). Importantly, as with *What Got Me Into Counselling*, there is an apparent absence of themes relating to the threat of 'sexualisation' – despite the suggestion of this being in some ways an anxiety-provoking scenario in which he was required, as noted above, to separate "out kind of my feelings really regarding what they'd been doing from my feelings

regarding them as a person". For instance, he neither says nor implies that he fears being 'tainted' – whether in reputation or psychologically speaking – by his association with the client; nor is his 'resistance' to the client's efforts to 'normalise' himself ("[...] 'I can get on with people. My job's great' [...]") couched in terms of gender, i.e., articulated as a wish to avoid 'male collusion' in this client's defensive strategies (e.g., Gillon 2007). Indeed, this latter example (Martin's attempts to 'resist' the client's self-obscuring, 'mask-building', exercise) precisely suggests that any anxieties he feels about working on this case arise not only from the nature of the client's issues⁷⁸, but also from the especial challenges it poses to his – Martin's – identity as a relational worker. He must reconcile the responsibility to care as a counsellor with apparent, and arguably almost inevitable, feelings of disapproval about the client's alleged actions regarding possession of illegal material; but, moreover, he must handle his feelings of disapproval at the client's *subsequent* actions, i.e., within the counselling situation, in initially denying his (Martin's) intervention ("But pretending life's great, you know. I'm not there to say, 'Yes, it is'."). It would, of course, be artificial to present the challenges posed by working with 'arrested client' as distinct at an experiential level; but by us considering these challenges in terms of 'relationship management', rather than 'sexualisation' *per se*, it further situates self-exaltation (Martin emphasising in his narratives his 'extremity', his 'specialness', as an individual practitioner) in a commitment to relational concerns.

⁷⁸ Indeed, if we take into account that elsewhere in the interview, Martin talks about the fact that he has an adopted son who was subjected to sexual abuse before coming to live with him and his family, we might well expect him to experience some level of conflict, even distress, in this respect.

7.3.3. Martin: a brief concluding discussion

As in the case of Patrick (Section 7.2.), it has been the argument that Martin self-positions within his 'sexual violence' narratives in terms of being 'different as a carer'. In contrast to Patrick, however, Martin's 'difference' is not explicitly gendered by him but rather concerns highlighting his 'success', his 'specialness', *as an individual practitioner*. Additionally, he self-exalts in this fashion in the context of narrating his experiences of working with the aftermath of sexual violence by emphasising themes of relationship building and management; this is as opposed to presenting his interventions on these cases as 'success stories' in some other fashion, e.g., him 'achieving' despite the 'risk' of potential 'sexualisation'. In short, Martin appears here to invest his care-giving with emotional meanings of masculinity concerning both a desire for 'extremity' and for 'relationship' – meanings which mark him distinct from colleagues/other carers *without evoking gender*, while still covertly engaging with 'masculine' ideals concerning presentations of self in the recounting of his care provision.

7.4. Working with the after-effects of men's sexual violence: Patrick and Martin in summary

This chapter has examined individual masculine identity construction with reference to the emotional care scenario of 'working with the after-effects of men's sexual violence'. Analysing the narratives of two counsellors, Patrick and Martin, we have seen that as each interviewee relates his experiences of care provision, he presents himself in a particular, favourable, way, drawing attention to the 'successful' nature of his interventions and emphasising his individual autonomy as a relational worker – he is 'different' to his colleagues, to other carers, in his work in these sensitive situations. Arguably, both men deploy a 'self-exalting strategy' in the form their narrations take, even while they communicate their demonstrations of 'positive' emotionality and 'other-orientation' in the care relationship.

However, there are significant points of departure between Patrick and Martin with regard to this self-exaltation, in accordance with each interviewee's biographically unique meanings of masculinity. For Patrick, self-exaltation appears as an explicit feature of his narratives insofar as he draws direct contrasts between himself and his peers as he recounts his work with clients. Alongside this, he explicitly 'genders' these narratives, invoking the 'Sexual risk' discourse to set the conditions of 'risk' for his 'heroic' actions. With Martin, meanwhile, self-exaltation is implicit; he is only suggestive of difference to others. Similarly, the 'gendering' of his narratives is implicit or even non-existent; he does not engage with the 'Sexual risk' discourse, instead portraying his 'heroism' purely in terms of his individuality rather than his gender.

Chapter Eight: Psychological continuity, biography, and identity - continuing the stories of Adam, Dan, Joe, and Martin

8.1. Introduction

This chapter seeks to build upon the analyses of the preceding data chapters – concerning interviewees’ constructions of masculine identity through and within gendered narratives of care-giving – with reference to matters of *individual biography*. Continuing the story of four of my eight interviewees (Adam, Dan, Joe, and Martin; see Section 8.2. for more discussion), my interest now lies in analysing narratives about events outside of the professional care scenario; more precisely, these are narratives which relate to gendered experiences and relationships in the context of ‘the past’ - for instance, regarding family, school and early work life. I aim here to illustrate the point that the dynamics of identity construction can be usefully considered as involving elements of a relative *psychological continuity* to self. It is my argument that, in highlighting and elaborating upon ‘psychological continuity’ through detailed analysis of biographic narratives, we can better grasp the ‘motivated’ nature of interviewees’ self-narrations in respect of the care situation – and so more fully appreciate the emotional complexities and personal meaningfulness of ‘being a man’ *vis-à-vis* a ‘feminised’ arena of social life.

8.2. Context of the chapter

Chapters One to Three have argued the case for a psycho-social theorisation of subjectivity in the study of masculinities. More precisely, in exploring the interrelation between ‘the individual (man)’ and ‘gender norms’ within scenarios of care-giving, my work has sought to centralise questions of *personal meaning* and *motivation*, namely, regarding the ‘purposes’ which may be being served for interviewees in their particular constructions of masculine identity in relationship to notions of ‘difference’ (‘different as a carer’ and ‘different as a man’). Concordantly, the data chapters thus far (Chapters Four to Seven) have relied upon a theory of subjectivity in which interviewee narratives are viewed as suggestive of certain psychological, and latent, dimensions to meaning-making – dimensions which exist in interaction with the more overt, discursive, aspects of self-narration.

At a methodological level, this application of a psycho-social theory of the subject to my data has involved embedding the reading of each interviewee’s ‘key’ narratives of care-giving within a consideration of his interview *as a whole*. As explained in Chapter Three (see Section 3.4.2.), such a holistic approach is integral to my concept of ‘the emotional meanings of masculinity’. So far, this approach has been apparent in the way in which, for each interviewee, his (two or three) ‘key’ narratives have been analysed in relation to each other, with the assumption that, in so doing, I can ‘reveal’ something of the individual that a more thematically driven treatment of interview material would miss or diminish. Moreover, I have worked with the assumption that this ‘something of the individual’ pertains to elements of a relative psychological continuity to self, or, as Jefferson (1997: 27) succinctly puts it, “our felt sense of continuity” amidst the flux of identity’s on-going construction. However, this

experience of continuity is not, of course, reducible to the level of conscious reflection or self-awareness,⁷⁹ but, as Jefferson goes on to explain, also evokes aspects of agency and subjectivity that are sometimes less than transparent to the individual. Masculine identity has been treated in my analysis, then, as partly motivated (as shaped) by '*characteristic*' - *that is, individually specific, and often unconscious* - '*patterns*' of *anxiety and desire* concerning gender and care-giving. In this connection, a holistic angle on the data is also apparent in the way each interviewee has been introduced to the reader with a supply of background information (drawn from his interview in general), serving as a contextual framing for the subsequent analysis of his 'key' narratives and, thus, potentially facilitating an increased understanding of his personal meaning-making - as an anxious, desiring, male subject - in said narratives. (For instance, as we saw in Chapter Four, Adam's narratives of 'compensatory masculine strategies' were analysed with regard to *his tendency across the interview* to emphasise the idea of nursing as constituting a skilled profession, including as he talked about his entry into this area of work. Viewed alongside his exclusive identifications with 'men in nursing', as suggested by his 'compensatory' narratives, it was the eventual argument that Adam's self-narrations were indicative of anxieties and desires about 'ordinariness' at the level of gender - anxieties and desires *emergent* from his biographically unique experiences of becoming and being a (male) nurse.) It is now the aim of the current chapter to further this concern with psychological continuity - with factoring in 'the why' alongside 'the how' of identity construction - by turning in greater detail to matters of biography. I wish here to provide an analysis of the interviewee which more explicitly connects 'the past' with 'the present': that is, through taking a specific focus on the *personal history* of emotional meanings of

⁷⁹ This carrying connotations, as it does, of the rational, unitary subject, *contra* a psycho-social theory of subjectivity (e.g., Jefferson 1997).

masculinity (of gendered anxieties and desires about self and others), and so elaborating upon the role played by an 'inner world' of object-relations in shaping identity.

This focus on the personal, object-relational, history of meaning-making will involve continuing the stories of four of my eight interviewees, turning here to examples from these men's biographies of emotionally significant experiences and relationships *vis-à-vis* gender and gender norms. In other words, as per the analysis of the preceding data chapters, I will consider the interviewee's identifications and counter-identifications with gendered figures (how he positions himself, overtly and covertly, as 'the same' or 'different' to specific individuals or groups, including at the level of norms of masculine emotionality and relationality), but here with regard to times in his life which, typically, chronologically precede his current involvement in professional care, i.e., childhood and younger adulthood. It is the supposition that such identificatory processes are suggestive of the existence of object-relational configurations – here, regarding parents/peers at school or college/past work colleagues - with pertinence for better understanding masculine identity, particularly in respect of 'key' narratives of care-giving. To this end, Adam (Chapter Four), Dan (Chapter Five), Joe (Chapter Six) and Martin (Chapter Seven) have been selected to serve as the chapter's case-studies. I have decided to focus on these men alone partly due to space constraints, but also because, cogently, the use of four case-studies is sufficient for fulfilling the key aim of the chapter - to illustrate, by use of specific examples, the broad point that exploring the personal history of emotional meanings of masculinity can enhance our understanding of 'personal meaning' and 'motivation' in the construction of identity. To detail the biographies of all eight interviewees

would thus, in this context, risk becoming a needlessly ‘repetitive’ exercise.⁸⁰ Additionally, however, these particular interviewees have been selected because of the relative richness of biographical data that each offers. Whilst all eight interviewees provide theoretically interesting details about their lives outside of their current care role, relevant to deepening our appreciation of possible elements of psychological continuity across an individual’s self-narrations, the stories offered by Adam, Dan, Joe and Martin are especially salient, in allowing me to more readily and convincingly connect ‘the past’ with ‘the present’ *at the level of gender specifically*. Put another way, these men’s biographical narratives simply contain a greater amount, than do others, of explicitly gendered material concerning identifications in earlier life. They, therefore, represent the most obvious fashion to achieve the aims of this chapter – and to develop, by means of the illustrative case-study, my argument concerning durable, anxious and desiring, aspects of *masculine* identity construction.⁸¹

⁸⁰ This is while (as said in the preceding paragraph) Chapters Four to Seven saw the ‘key’ narratives of exactly *all* of the interviewees being analysed with regard to available biographical information.

⁸¹ In the interests of clarity, I provide here a more detailed rationale concerning the selection of interviewees for the current chapter. With regard to the two interviewees from Chapter Four, Adam has been chosen over Richard largely because of the scant biographical data which the latter man offers; Adam’s story, in contrast, provides significantly more information - including suggestive data on parental identifications as he talks about constructing a new identity in his 40s through the “career” of nursing. Concerning Chapter Five’s interviewees, meanwhile, Dan has been selected instead of Luke, as his biographical narratives directly pertain to his trajectory of a gay masculine identity, particularly with regard to comparing self unfavourably against male peers from school and college. (Luke might have easily been included here, as his biography includes information on a ‘troubled’ family life with pertinence to Chapter Five’s implicit themes of social integration; but I have focused on the interviewee – Dan – whose biography enables us to embed experiences of ‘homosexualisation’ in the explicit and personal-historical construction of a *gay* masculinity specifically, *contra* Luke’s absence of comparable material.) In the case of the interviewees from Chapter Six, Joe has been chosen instead of Theo because his biographic narratives provide an example of an interviewee who has made explicit connections between parental identifications and his adult ‘care-giving’ identity *vis-à-vis* gender and masculine emotionality. (Theo’s story does potentially suggest something of a relationship between parental identifications and his construction of his work life as ‘achieving despite the odds’ – specifically, and potentially, with regard to his ‘underachieving, but loving’ mother – but the detail here is not explicitly gendered, nor is it explicitly connected to the emotional skills and emotionality of care-giving.) Finally, Martin from Chapter Seven has been selected over his counterpart, Patrick, because while both men suggest in their biographies a historical association of ‘masculinity’ with ‘negative emotionality’ (and ‘femininity’ with ‘positive emotionality’), the sheer amount and complexity of Martin’s biographic data demands we pay attention to his case: in particular, he provides an especially striking example of the nuances which biography can help us to ‘capture’ in analysing masculine identity (and, here, ‘self-exaltation’ as a counsellor) in terms of elements of a psychological continuity to self.

Importantly, the biographic narratives of these four men do also, in the course of their analysis, represent 'just' *one particular, concrete, way* of applying a psycho-social theory of subjectivity to interview material. Indeed, if Chapters Four to Seven have been, necessarily, ultimately speculative in their arguments concerning unconscious anxieties and desires, my interest now in 'progressing' a notion of psychological continuity accentuates the need to be completely explicit about the epistemological uncertainty associated with efforts to 'read' the psyche – and, more specifically, about the speculative nature of my interpretations of biography and its empirical relation to interviewees' present-day, potentially unconscious, positionings in discourse. My approach in the current chapter, then, does not equate to making *definite claims* concerning the 'contents' of individual identity at the level of depth psychology; it is simply not feasible – even if one were to manage several meetings with an interviewee, never mind my relatively brief research encounters - to hope to directly 'access' the full complexity of subjective dynamics and motivations which may inform self-narrations (e.g., Rudberg and Nielsen 2005; see also Gough 2009).

Moreover, and significantly, linkages made in my analysis between biographic and 'key', care-giving, narratives (as per the argument of psychological continuity) represent potentially unconscious material 'only' to the extent that they are *connections seemingly not made – not articulated to me – by the interviewee himself in the course of his interview*, in this sense, they are treated as amounting to latent or non-transparent meanings in self-narration. This is in contradistinction to any claim to be *necessarily* dealing with material of which the individual has no cognisance whatsoever (for example, because relating to deeply repressed understandings of self). Certainly, the analysis which follows - in Sections 8.3 to 8.6 - is not an attempt to capture or chart 'the origin' of particular object-relational configurations in the inner world of the interviewee; nor is

it the intention to connote a causal relationship in any broader sense between past and present gender identifications. Indeed, I wish to reiterate and expand upon my earlier expressed interest (see Chapter Two) in the concept of transference as described by Chodorow, whereupon focus is on “the transferential-projective-introjective here and now of psychic meaning” (1999: 5). As opposed to being treated as determinant of identity, the individual’s object-relational history is conceived here in dynamic and open-ended terms, as being potentially *evoked* in – and not inevitably provoking – the emotional conditions of present-day meaning-making (see, for example, Bereswill *et al.* 2010). The construction of identity always ultimately involves an *active engagement* with the subjective past; this is even while, of course, it also involves dimensions of self-knowledge which may enjoy latent expression rather than being overtly articulated (because being, for instance, to some degree suggestive of unconscious fantasies about self and others.⁸²) As Chodorow (1999: 75-76) argues, “... psychological history, like any history, is not fixed once and for all in early childhood but continually unfolds and changes, lending emotional animation and personal colouring, through current and past relationships and through fantasy, to ... identity”. It is in these largely ‘agentive’ terms, then, that this chapter sets out to explore ‘the past’ in ‘the present’, as we now continue the stories of – and highlight a relative psychological continuity to self for – interviewees Adam, Dan, Joe and Martin.

⁸² The gendered identificatory figures of an interviewee’s biographic (and indeed ‘key’) narratives are, of course, ‘fantasy figures’, in the sense that they are *internal representations* of real people (or aspects of them), introjected during the course of past social interactions. These introjects can be supposed to have been subsequently ‘worked over’ in the context of unconscious fantasy, so helping to inform the experience and narration of relationships in the present – that is, in a way which transcends, *and which exists in interplay with*, the socio-cultural resources for identity construction ‘immediately’ to hand. This is exactly part of the subject’s creativity in the process of constructing identity (*contra* identity being constructed - determined - by the constraints of society and of current cultural meanings). (See, amongst others, Redman 2005.)

8.3. Continuing Adam's story: 'Being a late developer'

Chapter Four saw us exploring individual identity construction in relation to the 'compensatory masculine strategies' of two men working within nursing: Adam and Richard. In the case of Adam specifically, I argued that his 'key' narratives, in conjunction with more general material from his interview, suggested the possibility of a defensive psychological process of splitting at play *vis-à-vis* his self-narration as a care-giving man - with 'femininity' being split off from 'the nursing role', and symbolically denigrated; and 'masculinity' being symbolically idealised as integral to the 'proficiency', 'practicality' and 'physicality' (the 'skill') of being a nurse. It is now my intention to explore in further depth the 'motivated' nature of such meaning-making (i.e., this claimed splitting) by considering potential continuities 'across time' – that is, in respect of available biographical detail –involving Adam's relation to gender (norms) more broadly, at the level of interpersonal relationships. As with all the interviewees in the current chapter, I wish to view and locate anxieties and desires (about the 'feminised space' of professional care) *in the terms of a personal history of emotional meaning-making about masculinity* – and, in so doing, illustrate the main argument of the chapter that identity construction comprises elements of a relative psychological continuity to self. This is not, as explained in Section 8.2., to imply a causal link between 'the past' and 'the present' (in Adam's case, seeking an originary cause for his defensive splitting, located perhaps in childhood) but rather to better understand why individual men may self-position in respect of 'difference' in potentially very different ways to *other men in broadly comparable situations*. Indeed, as we shall now see, certain material in Adam's interview suggests the possible existence on his part of anxieties concerning gender which relate to *but are not reducible to* the immediacy of the nursing scenario: that is, biographic material regarding the past and

the idea of ‘maturation’, or ‘being a late developer’ as a social adult; material with *salience* (but not necessarily explanatory priority) for how we might perceive his current construction of masculine identity - as propagating ‘emphasised gender difference’ - within nursing. Importantly, such material largely concerns Adam’s relationship with his late father, who in this context emerges as both an identificatory and counter-identificatory figure with regard to ‘adult masculinity’ and Adam’s cited desire (see Chapter Four) to ‘learn a skill’ through becoming a nurse.

As Adam talks about his background, he describes himself as having been a “very shy” child:

I didn’t mix very much as a child so, um, my mum and dad had a caravan so we went to the caravan every weekend. And, you know, you get loads of kids playing at a caravan site and I never did want to. Well, actually I did want to, but I was too shy to go out, go out and say ‘Hello’. [...]

With reference to school, his relationship to academic achievement as a teenager (his ‘under-performance’ of the time) is also framed in terms of this shyness:

[...] I didn’t, academically I didn’t do that well at school. I was this kind of <clicks>, I was, um, I was good in that I always went to school and I was very quiet when I was at school, that age; I was very shy. Um, and I didn’t really kind of get out of my shyness until I was probably 18 [JM: “Right”], 18. I was very shy at school, er, very quiet. Er, and yeah, academically, um, I was interested in the subjects but I didn’t actually get any O-Levels, as it was then; I got, um, CSEs, I got two CSEs grade ones.

He continues by saying that he felt that his confidence grew once he left school and started college: “[...] So you get a bit of more an identity for yourself, I think, because you’re in your own clothes, er, and you can express yourself a bit better”.

However, he then adds the following qualification, which is when a notion of ‘maturation’ is also introduced:

I mean I wasn’t completely confident then [at college]. I think, I wasn’t – I mean, I wasn’t confident as a person until probably in my mid-twenties to be honest, *in terms of maturity*. I think I was *still very immature* until, um, I was in mid-20s, late 20s even, I’d say. (Emphasis added.)

Here, an explicit link is made between ‘confidence’ and ‘maturity’. Adam clearly distances himself from not only his childhood and teenage selves in this respect, but

also his younger adult self, using the normative and pejorative term “immature” to describe the ‘vestigial’ shyness of his 20s. The implication is that, from his current perspective at least, his then ‘lack’ of confidence served to impede him in some way: ultimately, he reveals a sense of feeling that he is ‘*a late developer*’.

This notion of ‘a late developer’ continues through the narrative, as Adam talks about higher education and his subsequent work history. Here, he suggests at one point having intended a career in engineering, gaining relevant qualifications at the level of further education, before deciding it was not a route he wanted to take at university:

And, er, then went off to [a further education] college, did a <says unclear word – engineering?> conversion course at college. Then did a diploma in engineering, and then, um, <clicks> went to university, um. *I applied late actually*; I, I was going to do mechanic, mechanical engineering, but, er, um, <clicks> I didn’t get on with the maths, you know, the equations and A-Level standard maths [JM: “Yeah.”] It wasn’t, it wasn’t, er, me, really. (Emphasis added.)

Instead, he chose to pursue study in areas which apparently held more interest for him:

And did a kind of <clicks> a mixture course; it was social science and, um, politics and science. It was, um, a kind of ‘social impact of technology and science’ course. [...] It was a four year sandwich course. Um. <Clicks> It was a really good course actually. And then, did a personnel management course because that was the area I wanted to go into. Um. Enjoyed that too, and, er, got a job in training which I did for about four years. Um. <Clicks> And then got into market research and worked for a market research company as a student in London and, er, just went back to that; I really enjoyed that. *But I never, I thought I’d never had a skill. I’ve, I’ve, I kind of muddled along, from one thing to the other, quite enjoying everything, and not, not feeling I had a skill, a profession.* (Emphases added.)

Although Adam then describes his move from full-time education to employment – providing a brief work history which brings us up to near-enough the present day – it is notable that he casts all of this (decades-long) period of his life as essentially amounting to an ‘aimlessness’ on his part, a lack of direction. What is most significant here is the appearance of the term “skill”, something which, as we have seen (in Chapter Four, Sections 4.2.1. and 4.2.2.), he uses to describe nursing (e.g., “the most skilful job there is out there”) and cast it in very practical, physical, terms,

as well as to account for his recent entry into this area of work (i.e., his desire to 'learn a skill'). His past employment is negatively defined in relation to his current day involvement in nursing: personnel management and market research become 'non-skilled' jobs, neither constituting "a profession". This becomes particularly interesting if we return to the matter of Adam's former engagement with engineering – an area of work which he ultimately presents as 'being beyond him' ("I didn't get on with the maths [...] it wasn't, er, me, really"), after having first shown at least an element of interest and commitment by training up to diploma level. Elsewhere in the interview, he talks (unsolicited) about his parents and siblings in respect of their jobs:

[...] My dad was a self-employed engineer [JM: "Right."]. Er, he was a, he worked from home. Shouldn't have, shouldn't have been working from home because he used to make a load of noise. Er, but he worked from home for years without getting caught. <Laughs> He was making a load of noise in his garage. He used to repair electric motors. And, um, my mum was a barmaid. Um, and, um, er, an older brother and an older sister. Um. Who, yeah, totally did different things to me. I mean, my brother's worked [for an engineering company] for thirty years now [JM: "Hm."] you know, straight after leaving school he started with them. [...]

Here, he marks a particular point of departure between himself and the other male members of his family, working as they do/did in the practical, physically orientated, 'male-dominated', world of engineering (and his 'school leaver' brother, at least, not having attended university first). In this connection, Adam's equation of his work history up until nursing with a 'lack of direction' (including perhaps the vague way he describes his alternative degree course) suggests him experiencing this said point of departure - from his father and brother – as a cause for anxiety at some level. His current desire to 'learn a skill' (in nursing; see Chapter Four), alongside his seeming feeling of being 'a late developer', indicate a certain continuity for him between engineering and nursing as potential resources of ('ordinary', adult, masculine) identity; they suggest his introjection of the figures of his father and brother, as men against who he has, perhaps to some extent, 'measured himself' regarding the role of

work in his life, and subsequently felt himself to be 'immature' – as 'not (quite) ordinary'. 'Becoming a nurse' is 'masculinised' in this particular configuration of meanings.

Indeed, following his claims above – “I thought I'd never had a skill”; and “I kind of muddled along [...] not feeling I had a skill” - Adam is asked what having a skill means to him. He replies thus, referring again to his decision to become a nurse in terms which emphasise 'maturity':

[...] Um. Job security for the future, I think. [JM: “Hm.”] ‘Cos as you get older, you feel that you're thinking, ‘Well, what am I going to do in the next twenty years?’ Um. And, you know, I got married, um, <clicks> children. And you kind of think, you're more security-conscious and you're thinking, ‘I'm a provider now’, although I'm not a provider now, my wife is the provider now really at the moment, but you're kind of thinking, ‘Well, I'm providing.’ You know, you want a house and, um, and, um, and you just want to get to a certain point; you want to be comfortable. And, er, so it was kind of job security, I think [JM: “Yeah.”] and thinking about the future. Although I've enjoyed doing what I was doing at the time, um, I didn't feel there was any stability in what I was doing. So.

Here, 'maturation' is associated with 'providing' in the context of new familial obligations (and reveals a degree of engagement with conventional idea(l)s regarding the 'male breadwinner'). In contrast to this latter day concern with “security” and “stability”, his pre-nursing work history is cast as distinctly 'individualistic', as concerning 'only' 'personal enjoyment' (“Although I've enjoyed doing what I was doing at the time”; and earlier, “I kind of muddled along from one thing to another, quite enjoying everything”); 'becoming a nurse', in turn, is about acquiring professional, practical, skills which, in turn, is connected to the relational responsibilities of his current (family) situation. Viewed in the context of the preceding discussion, it can be argued that Adam implicitly wishes to be more like his father, whether this wish is a wholly conscious (but not directly expressed) or partly unconscious aspect of his subjectivity; his anxieties about 'maturation', in the form of the 'denigration' of his past selves (as lacking confidence and direction), are indicative of this sense of gendered identification.

Importantly, however, Adam later proceeds to talk about his father in a way which suggests not only identification *but counter-identification* – and an expressed feeling of ‘lacking respect’ for him when younger. Here, he makes reference to his father’s severe asthma and how this impacted on family life when he (Adam) was growing up. Earlier he spoke about regularly staying with his parents at a caravan site and feeling too shy to speak to the other children there, even while he wanted to do so. Another ‘negative’ story concerning the caravan site relates to him being out in the country walking with his parents when his father was overcome with a bad asthma attack; as his dad had forgotten to bring his inhaler with him, Adam had to run what felt like a long way back to the caravan to fetch it. This clearly has resonance for him as a memory and he shares it to explicitly exemplify ‘why’, as a child, he feels he ‘lacked respect’ for his dad, i.e., it was ‘another’ case of feeling ‘different’ to the other children at the camp site, not only being too shy to play with them but also having a ‘sickly’ parent. Although he subsequently says that he has a better understanding of his father from the perspective of an adult (even more so following his death a few years ago), the ‘negative’ significance he attaches here to the matter of his ill-health is interesting; the father’s ‘dependency’ on him (the inhaler incident being presented as one of many such incidents) arguably represents for Adam a partial ‘failure’ (on his dad’s part) in terms of the ‘ordinary’ relational responsibilities of being a ‘family man’ and a source of ‘security’ – even while he exactly embodied these in other respects (e.g., running his own business in an area involving the deployment of a ‘skill’). Adam’s childhood might then become associated with a ‘lack of masculinity’ on two counts: his own shyness and his father’s element of ‘dependency’. His anxieties about ‘maturation’, about ‘being a late developer’, perhaps reflects this two-fold ‘negative’ association.

What, then, of the implications of all this for Adam's 'compensatory masculine strategy' – of emphasising gender difference - in Chapter Four? Importantly, while it is not the argument that the defensive splitting suggested in his 'key' narratives can be 'ultimately' explained with reference to his biography, what *is* indicated by looking at available details of Adam's relationship with his father is that Adam has a complex relation to certain 'masculine' norms which *pre-date his involvement in nursing* – a picture of gender identity construction which might add an additional layer of understanding to his apparent experience of 'femininity' in the nursing role as threatening. If we accept that he both identifies *and* counter-identifies with his father (as a gendered figure) around notions of *adulthood, work and security*, it could be argued that Adam's anxieties about 'maturation' equate to anxieties about 'femininity' in himself - which, while implicating his relationship to nursing *work*, do also extend beyond the gender-minority situation of 'being a male nurse' *per se*. In this equation, his splitting off of 'femininity' from 'the nursing role' is a 'comprehensible' response, perhaps, to the 'feminising' implications of working in a 'gender atypical' profession; but it *might also* indicate⁸³ the transference of gendered meaning-making concerning (fantasies of) 'self' as an 'ordinary', working, family, man – and as 'separate' from those *parts* of his relationship of his father which 'feminise' him: his own felt 'immaturity' in terms of 'lack of direction' in life, and his need to sometimes care for a dependent and, in this sense, 'non-masculine' dad. Indeed, this latter aspect of 'feminisation' (around notions of 'caring for') as a potential threat to self as 'ordinary' has perhaps a particular salience for appreciating the elements of psychological continuity which may inform Adam's self-narrations as male nurse, including within his 'compensatory' narratives. If we remember back to early on in Chapter Four, Adam's 'instrumental' account of entering nursing expressly excludes (however deliberately

⁸³ In interplay with the immediacy of cultural meanings of 'the (male) nurse'.

ironic the effect may be) 'caring' reasons to be a nurse, with him claiming "I didn't say, "Well, I'm a caring person; I'll go into a caring profession"" (see Section 4.2.1.). This 'masculinisation' of nursing at the level of personal motives is then echoed in his interesting addition to the story of his father's ill-health, when (unsolicited) he makes a point of denying that him now working in a care profession is in any way connected to his caring experiences as a child: his childhood - with its 'non-masculine', 'immature' associations - is ever more (defensively so?) 'cordoned-off' from his latter-day involvement in nursing.

8.4. Continuing Dan's story: 'Past constraints on communicating self'

In Chapter Five, focus was upon masculine identity construction in the context of two male nurses' narratives of 'homosexualisation'. Here, we met Dan, where it was argued that he invests his involvement in nursing with emotional meanings of masculinity relating to 'being an outsider', and to anxieties and desires around 'communication'. I now continue Dan's story by aiming to shed further illumination on his particular connection to the notion of 'different as a man' as both anxiety-provoking *and* self-empowering, i.e., to better understand something of why he might ascribe the meanings that he does to being a male nurse *vis-à-vis* conditions of homosexualisation, as opposed to other possible configurations of meanings (e.g., Luke's ultimate playing-up of gender conventionality, as the other nurse I interviewed for Chapter Five). As with Adam in the previous section (Section 8.3.), my intention here is not to imply a causal analysis, but to propose the salience of appreciating elements of psychological continuity to self for an analysis of identity construction. Importantly, I now argue that Dan's self-perceived 'outsider' status, whilst emerging in response to a very real set of circumstances in the present involving female colleagues' heterosexist stereotyping of male nurses, may also pertain to past, interpersonal relationships with other *males* – and apparent anxieties about 'not fitting in', of 'not mattering', and about being 'able' to 'be himself', while growing up. Importantly, in this connection, becoming a nurse, while a source of anxiety in certain respects, has, I claim, enabled Dan to find a role in which he is able to construct, and communicate, an empowering sense of 'alternative' masculine identity – *contra* past constraints on 'legitimately' expressing 'difference'.

When Dan talks about his life at school, the bulk of his narratives can be characterised as ‘bad memories’ in which he marks his ‘difference’ to his (male) peers. He refers to having experienced bullying at primary school; but it is with regard to secondary school specifically that he talks about being “bullied, quite relentlessly” for his interest in academic pursuits (which included joining the school’s science and meteorology clubs) - this being *contra* the kids who “just didn’t give a shit”. He also cites his ‘physical appearance’ of the time (“lanky” with acne, from 13 onwards) as a cause of bullying:

So I did get, it started off like name-calling and things like that, and then it got to things where I’d get in fights. Um, I’d be sat in class and people would be stabbing my back with a compass, I think it was a compass, writing things on the back of my shirt. People’d say, ‘Oh, I’m going to get you, outside the school gates when we finish.’

He says about how he would sometimes get into trouble with teachers for ‘fighting back’ against the bullying, being “sent out of class a few times” for misbehaving: [...] I recall once somebody sat next to me at one of these chairs and little desks like this <indicating the desk-chairs that we’re sat at in the interview> sitting at their desk, and I pushed them and the whole table and chair went. But I got the blame; she [the teacher] went, ‘Dan, what the hell are you doing there?! Just get outside!’ In this, Dan suggests his inability of the time to communicate *in an effective way* to anyone his feelings of frustration (if not upset and distress) at being bullied. Moreover, his ‘unjust’ exclusion from the classroom (being “sent *out* of class”/being told by the teacher to ““Just get *outside!*””) further conveys, with an unintentional, grim irony, a sense of him ‘being an outsider’ at school.

Interestingly, it is not long after this that Dan suddenly introduces issues of sexual identity:

And, you know, I could probably go on forever about my time at school because lots of things happened. Erm, such as like my best friend coming out as gay [at 15]. Which was *not* the thing to do in this school. [...] it was totally the wrong idea to do, because he got seriously bullied and he had to leave the school, it got that bad. (Original emphasis.)

While his own experiences of being bullied are not explicitly linked with being gay (i.e., he does not cite this as being a target *per se*), there is the implication in this and in what follows that he does connect his feeling of 'being an outsider' at school with a growing realisation of his sexuality. He speaks of how he viewed his sexual identity around this time, referencing (male) friends (both his gay friend and other friends who he feels would have been antagonistic towards him being gay⁸⁴) as being motivators for not 'coming out':

[...] The older I got, the more I thought, 'Yes, I am [gay].' Especially with having a friend as well who was. Um, but after his experience, it really put me off saying anything, so I just kept quiet. [...] Even to myself. I would just say, 'No way!' Yeah, 'No way. I'm not doing it [telling anyone].' And, also, also there was, the friends I was with as well just wouldn't have been accepting of it.

It is worthy of note that this is immediately followed by comments that arguably mark these friends as quite potent identificatory figures for him in relation to hegemonic gender norms⁸⁵ - at the time and, to some extent, in the present (even while they are no longer in his life):

I mean, I looked on [social networking website] the other day. Most of my friends now have kids, you know. [JM: "Hm, hm."] Or they're married and stuff. So I'm sure in, to them I seem quite, quite sad really that I'm like a student nurse who's gay, in comparison to them. But I don't, I really don't care anymore.

Although he ends by claiming "I don't really care anymore" regarding what school "friends" might now think of him as a "student nurse who's gay", the rest of the extract does seem to indicate their continuing presence in his 'inner world' of object-relations, that is, the apparent degree of efficacy these friends still 'hold', as introjects,

⁸⁴ Apart from the heterosexist or homophobic remarks they may have made about gay people in general, Dan possibly may have witnessed them bullying his best friend.

⁸⁵ This is not say that Dan straightforwardly identified with either 'being gay' (we have just seen that he did not, even if his friend's sexual identity helped him to clarify his own feelings) or with '(anticipated) homophobia'. Rather, I believe he will have introjected the cultural meanings of 'being gay'/'coming out' in the context of his relationships with these friends, these meanings being largely (although not completely) 'negative', and likely with some resultant internal conflict.

in respect of his on-going meaning-making *vis-à-vis* masculine identity.⁸⁶ Through talking about them and their 'likely' perceptions/judgements, he suggests that he 'feels' the 'stereotypic' nature of what he has 'become' since leaving school: a (single?) gay-identified man working in a 'feminine' (and thus 'gay') job⁸⁷ - and this is in direct reference, "*in* [unfavourable] *comparison*", to their gender-conventional achievements as heterosexual adult men ("got kids [...] married and stuff"). At a certain level, he still finds himself 'wanting' with regard to these male figures. (Indeed, he calls them friends, and talks about them, in the present tense as if they *were* still in his life.)

At another level, however, it would seem clear that Dan also *counter-identifies* with such figures, who, in the terms of the analysis above, hardly afford him an empowering sense of self and gender! This is demonstrated when he proceeds (in response to a probe regarding his line, "in comparison to them") to relegate past friends to where they 'belong' (the past), thus re-establishing a distance between him and their 'likely' perceptions/judgements:

[...] I wouldn't say I compare myself at all because it's like I say, I really, I really don't care, because the older I've got, the more comfortable I've become with myself. And I just, I know who are I am and who I'm not. Um. You know. And as far as I'm concerned, it's, that sort of part of my life is now in the past now; I've closed the book on that. [JM: "Hm, hm."] But still, um, what I'm trying to say is <pause> if I could go back, I, I still wouldn't have been, I still wouldn't have told them the real me [JM: "Hm, hm, hm."]. And even if I saw them now in the street I don't know if... <pause> Nah <sounding thoughtful>, maybe I would tell them the truth; I'm not bothered. <Pause> But, but, yeah. I went through that.

Here, Dan references his current position of self-acceptance about his sexual identity, and the difference between now and then (his time at school) in this regard ("I know who I am and who I'm not"; "I've closed the book on that"). He then follows this

⁸⁶ If Dan is referring to himself in a 'derogatory' fashion in an attempt at irony – "So I'm sure [...] *to them* I seem [...] quite sad" (emphasis added) – this is neither reflected in his tone nor by him concluding what he says with the aforementioned 'qualification'.

⁸⁷ And in the 'junior' position of student.

with mention of how his entry into care work in the years after leaving school played a key role in him beginning to construct a positive (adult) identity:

And it wasn't really until I left school really that I <pause> that I think I really started to <pause> perhaps sort of come into my own really. You know, I found like jobs in care which I really enjoyed, and different friends; it's took me down a different, different routes.

Certainly, in my earlier claim that Dan appears to 'feel' the 'stereotypic' character of what he has 'become' since leaving school (by imagining others' perceptions/judgements), I am not arguing that he has passively internalised hegemonic gender norms (as a teenager) so that 'even now' he 'denigrates' himself (unconsciously or otherwise) for being gay and, latterly, a nurse. As has been consistently argued throughout Dan's analysis (see Chapter Five), the emotionality and relationality of nursing is largely, if not primarily, a source of empowerment for him. Rather, it is his continuing problematisation of these past friends (precisely as he distances himself from them) *in terms of what they 'know about him'* which is interesting for understanding the nature of their seeming efficacy as introjects ("if I could go back [...] I still wouldn't have told them the real me"; "if I saw them now in the street I don't know [...] maybe I would tell them the truth"). These 'friends' appear to represent a tension at the level of Dan's psyche between 'openness' and 'concealment' about a gay sexual identity, i.e., a problematisation – but not a denigration or rejection – on 'his' part of the notion of being 'different as a male'.⁸⁸ And this returns us to the specific matter of 'homosexualisation', and Dan's gendered meaning-making in his 'key' care narratives.

⁸⁸ This being necessarily an implicitly comparative exercise, albeit *vis-à-vis* Dan's current day relationships and his engagements with cultural images of masculinity and sexual identity, as opposed to him automatically, overtly, comparing himself unfavourably against his 'friends'. (The term 'different as a male' is synonymous with 'different as man', but is used instead to indicate here the fact that this notion of 'difference' refers to Dan when he was also a boy.)

I want to suggest that Dan's emotional meanings of masculinity – of 'being an outsider' and anxieties and desires about 'communication'- might pertain *in part* to a complex of identifying and counter-identifying (in the past and from a present perspective) with particular male figures, these 'friends', in his life. In narrating the scenario of being homosexualised by work colleagues, it is quite feasible that this may implicate past, gendered, experiences of feeling 'inferior', i.e., that his representation of the situation, and his focus upon what 'what others know', (unwittingly) evokes broader, biographically resonant, concerns on his part about (gay) masculine identity. In other words, aspects of meaning-making concerning gender from his personal past may have been transferred onto, and, here, exist in interaction with, his self-narrations as a young, gay, male nurse. In this context, the male 'friends' emerge as internal (fantastical) representations of a 'conventional, young, adult masculinity' – an 'ideal' of masculine identity towards which he is ambivalent, but which arguably provides some of the emotional shade to his relationship to 'difference' as he talks about female colleagues *qua* 'the (*gender-conventional*) majority'.

Importantly, if we accept that gender salient feelings of 'past inferiority' may be evoked for Dan as he talks about being 'homosexualised' as a nurse, we should consider the fact that any such feelings will exist in interplay with his on-going draw to the communicative, 'caring', dimensions of working in nursing as a 'resource' for identity (see Chapter Five) - this interplay arguably finding expression in both his anxieties and his desires concerning the 'informal communicativeness' of the work culture. Indeed, this point highlights especially well the complexity afforded my approach of analysing identity in terms of psychological continuity. Nursing, I have argued, provides for Dan a way of communicating 'self' (of 'being himself'), of constructing an 'alternative' masculine identity, previously thwarted or constrained by

bullying at school (in response to which he was unable to effectively communicate his frustration and upset, instead suffering further ‘exclusion’ by the teachers for ‘fighting’). Perhaps tellingly, immediately following talking about *not* comparing himself unfavourably against his ‘friends’, Dan narrates in detail a period of depression when he was in his late teens, which he connects to uncertainty about what he wanted to do in life (before discovering care), as well as concerns about being gay – consider this extract:

[...] just going through that, it’s kind of, coming out of it was kind of quite cathartic as I think, ‘Well, okay, don’t go around comparing yourself to others; don’t go looking back; just be who you are, do what you want to do; and don’t worry about things that you can’t change’, really.

During the time of his depression, he took an overdose of tablets as a ‘cry for help’ – another, even sadder, example of him experiencing an inability to communicate through talking about how he felt. He details his not altogether satisfactory experiences with the health service after his overdose (chiefly, being referred to a psychotherapist but then kept waiting for several months before he was offered an appointment), as well as more positive, relational, experiences which helped him to counter and manage his depression (firstly, with a university counsellor who taught him techniques of self-care, and secondly, in going to support children with special needs on a summer camp in America, where he realised his interest in professional care work). Ironically, then, despite the anxiety which homosexualisation in nursing provokes in Dan, about colleagues’ stereotyping and his lack of ‘integration’ as a (young) gay male nurse, it is in his open articulation of these anxieties in the present (*As A Younger Guy* and *Is It Me?*) that we see a potent demonstration of the opportunities for men to practice emotional literacy which the position of ‘nurse’ may afford.

8.5. Continuing Joe's story: 'It "certainly wouldn't pay to be a counsellor if I was like my father!"'

In Chapter Six, we met Joe the person-centred counsellor, and Theo the youth mentor. Here, we explored the individual identity construction of both of these men - as emotional care-givers - in and through their management of care relationships and, specifically, the gendered expectations of aggressive male careers. With regard to Joe, who is now the focus of our attention, it was the claim that he invests his management of the counselling relationship with emotional meanings of masculinity regarding a desire to be 'accepting of ambivalence'. I argued that, through his 'purposefully passive' approach to male clients' attempts to 'dominate' the relationship, Joe self-positions in relation to an empowering sense of being 'different as a man' - 'purposeful passivity', in this scenario, indicating an implicitly gendered, *resistant but 'accepting'*, form of relating to other men. It is now my intention to further explore Joe's particular connections to gender and gender norms *qua* 'different as a man', by turning to aspects of his biography, and particularly, a central theme of his 'life story': his historically 'difficult' relationship with a 'dominating' father. Again, similar to my claims about Adam and Dan (Sections 8.2. and 8.3.), this analysis is in the interests of exploring the possible *transferential* nature of Joe's gendered meaning-making *vis-à-vis* his care role, and is not to imply a causal link between past and present identifications.

When describing his family background, Joe recalls, with some nostalgia, how he and his parents lived with his grandparents for the first few years of his life; he also refers to being an only child up until the age of nine, when his brother was born.

Interestingly, it is in this mention of the brother that he begins to talk about his

childhood within the terms of gender and masculinity - and of his 'negative' relationship to normative ideas of masculinity and masculine emotionality:

[...] Yeah. Um, I'd been quite, quite a thin child, not very sporty, you know. Um, not particularly visually stunning, shall we say. And I used to get bullied quite a lot at school. And, er, so when my younger brother came along, I sort of took it upon myself to make sure that he didn't get bullied by <slight pause> beating the crap out of him <laughs>. <Said in an ironic way> Teaching him to be hard! Um, fortunately, we actually get on with each other so –

Here, Joe positions himself as being simultaneously a recipient and a perpetrator of childhood bullying, his relationship with his brother framed by the idea of boys relating to each other (Joe's peers at school relating to him, and, 'consequently', him relating to his brother) through displays of 'masculine' aggression. Suddenly, Joe breaks off from what he has been saying here to introduce the subject of their father: But, um, my father was, as fathers were then – Um, he'd done two years national service. [...] he was a sort of soldier in civilian clothes. [JM: "Right."] Yeah, you'd get an order from him; you were expected to carry that order out, and if you didn't, there was very dire consequences. There wasn't, um, a two-way relationship with him. You know. It was like trying to ask a question of a senior officer <slight laugh>, rather than my father [JM: "Yeah."] That, to me, is a big failure of the armed services, that they don't train people to be a civilian again.

The emphasis in Joe's description of his father is overwhelmingly upon the father's 'inadequacy' as a parent at an emotional and relational level. (Indeed, Joe continues with the line: "Um, so, <pause> I grew up very much, um, with my mother, as the main care-giver"; emphasis added.) Whilst the father is never portrayed as violent, there is the suggestion of an aggressive demeanour, primarily in Joe's choice of words (most notably the descriptor "a sort of soldier in civilian clothes"), but also in the fact that his 'first appearance' in the interview occurs immediately after talk - in the extract above concerning the brother and peers at school – of bullying behaviours.

Joe presents the 'subordinating' effects of his father's aggressive demeanour, of his overt displays of discipline and authority; in so doing, he presents himself as being largely *'different'* to the father and his embodiment of a 'negative' masculine emotionality. In sum, Joe conveys his feelings of dissatisfaction with what he (appears to have) experienced as his father's 'domination' of their relationship ("there wasn't, um, a two-way relationship with him").

The issue of this 'difficult', 'dissatisfying' relationship is given further illumination when we consider that Joe describes his mother in terms of a marked contrast to the father – *as 'caring'*. As noted above, Joe immediately follows talk of his father with mention of his mother having been "the main care-giver" in the family; this is elaborated on (briefly) with talk of her specific 'caring' qualities, whereupon he draws a direct link between these and his own (professional care-giving) identity in adulthood: "And a lot of her values have obviously sort of transferred to myself. And she was very intuitive and a very good listener. So I think that's where I've got all my resources from. [JM: "Yeah"] <Pause>". Here, Joe evidently identifies with his mother *from his adult perspective as counsellor*, but he also alludes to identificatory processes occurring, or being formed, in the context of his relationship with her *over time*, i.e., including while he was growing up. In other words, the mother is referenced as a *source* of Joe's own 'caring' qualities. Moreover, she is referenced as *the* (exclusive) source of these ("where I've got *all* my resources from"; emphasis added). While, of course, the complex matter of Joe's *actual* acquisition of 'caring' qualities in early life is not the focus of the analysis (cf., Hollway 2006a, who takes a psychodevelopmental approach to the issue of the individual's capacity to care), his words here - his explicit and exclusive ascription of his current adult self as 'caring counsellor' to his mother and her parental influence beginning in childhood – hold

significance in what they suggest about his relationships with both parents *vis-à-vis* the on-going construction of masculine identity. The strength of his identification with his mother, and the perceived significance of her 'role' concerning his (recent, continuing) involvement in a care profession, seems clear, as does his 'corresponding' counter-identification with his father. In other words, Joe experiences being 'different as a man' in relation to his father on the basis of him (Joe) being able and willing to display – *contra* the father and in line with the mother – the specific 'caring' qualities, or the 'positive' and 'other-orientated' expression of (masculine) emotionality, 'necessary' for 'being a counsellor'. (Indeed, Joe proceeds to further and explicitly mark a contrast between parental influences in his life, by making a joking reference to this 'difference' in emotionality between him and his father: "<Pause> Um, certainly wouldn't pay to be a counsellor if I was like my father <laughs – JM laughs too> [...] <Doing an impersonation of his father> 'Stop whinging and bugger off!' <Laughs> You wouldn't get a lot of clients".)

At this point, Joe starts to talk about the aforementioned issue of the discontinuation of his relationship with his father as a younger adult: "My mum and myself have always had a very strong relationship, very strong. Um, I didn't speak to my father for getting on to 14 years <Pause>". While we are not then informed of the exact - and potentially multiple - reasons behind the absence of relationship during this time, it is instructive to view 'what happened' through the lens of Joe's masculine 'subordination' and 'difference' in relation to the father (as referred to in the analysis above). Certainly, Joe was no longer a child when he stopped speaking to his father, and so, one can safely assume, he was no longer being subjected to exactly the same "dire consequences" for disobeying an 'order' that he had been while growing up. However, it is implied in the narrative, with talk of the authoritarian and

disciplinarian figure of Joe's childhood proceeding the mention of 'subsequent' relationship discontinuation, that the way in which his father related to him (i.e., through 'domination') remained essentially unchanged for Joe as an adult – albeit, this 'domination' very likely showing itself in forms more subtle than the direct displays of authority and discipline of the past. (In fact, further along, Joe provides an actual example of his father's 'domination' in adulthood; see the paragraph below.) In this critical-theoretical context, Joe's 'rejection' of his father at this time represents a form of 'resistance' - a 'legitimate'⁸⁹ response to the father's historical and continuing 'domination' of their relationship, and to his (gendered) expectations of Joe's 'compliance'.

Joe then describes how, in recent years, while training and working as a counsellor, he has started speaking with his father again, despite the (still) 'difficult' nature of the relationship between them. Interestingly, Joe's apparent desire to recommence this relationship is explained here in terms of 'understanding' – of him being (or striving to be) *accepting* of the relationship's 'inherent' ambivalences and 'limitations':

And only recently did I come to the realization that I didn't have the relationship with my father that I would have liked; what I had was the relationship that he was able to give me. [JM: Right.] <Pause> And understanding that <short pause> helped me to say, 'Okay, if that is all he's capable of, that is all I'm ever going to get. Do I accept that or reject it?' And I decided, 'Okay, if that's all I can get from my dad, that's just what I'll accept'. And, er, this year he actually came <coughs> for dinner at Christmas. <Pause> And, er, <laughing> he had mellowed somewhat.

These themes are further developed when Joe contrasts his current emotional attitude with the more 'reactive' approach he used to take to his father - before the relationship breakdown. (An idea implicit to both the extract immediately above and the extract immediately below is that the father, despite having "mellowed

⁸⁹ 'Legitimate' is not intended to communicate moral judgement (one way or the other) about Joe's discontinuation of this relationship, but rather is intended to denote its 'sense' and 'conceivability' at the level of analysing Joe's meaning-making in the context of a critical study of masculine identity.

somewhat” over the years, is still, as he always has been, ultimately ‘dominating’ in the way in which he relates to Joe.)

<Cough> So, it’s been a – Quite a ride <said more quietly> with my dad, you know. [JM: “Hm.”] Is – It’s very much that things should be on his terms or not at all. <Coughs> And one famous thing was that we were having an argument – I forget exactly what the argument was about but I was stating something was a fact and my dad was saying, ‘No. That’s not how it is. It’s something completely different.’ So I actually went and, er, I got a, an encycloepdia from the library, brought it home and put it on <slight pause> the table in front of us and said, ‘There you are, dad! It says in the encycloepdia that it is the way I said it was.’ To which my dad says, ‘You can’t believe everything you read.’ <Laughs as does JM> And he completely refused to accept it! Er, so, so it was learning to accept that that was the key to, um, rebuilding the relationship with my father. <Pause> This is all he’s ever going to be. [JM: “Hm.”] (Original emphasis.)

As argued earlier, Joe identifies with his mother as ‘the’ source of the ‘caring’ qualities which he utilises, demonstrates and hones in the professional context of counselling; meanwhile, he counter-identifies with his father, presenting him in his aggressive demeanour as antithetical to what it ‘takes’ to be a counsellor. Now, in the very idea of “learning to accept” his father after years of ‘difficulties’ and ‘dissatisfaction’, Joe exactly provides a concrete example of this ‘difference’ between the two men at the level of adult masculine emotionality: in contrast to the father (who is still as ‘likely as ever’ to insist “things should be on his terms or not at all”), Joe is able and willing to ‘change’, in terms of how he responds to ‘domination’, *in the interests of continuing the relationship* (“This is all he’s ever going to be”). (Indeed, the father’s ‘domination’ in this story exactly occurs in his ‘defensive’ response to Joe’s contradictions of his knowledge and ‘authority’ - “And he completely refused to *accept* it [what the encycloepdia I showed him said]!” – which is then immediately followed by Joe offering the evaluatory statement, “so it was [me] learning to *accept* that [kind of behaviour] that was the key to, um, rebuilding the relationship with my father” (emphases added). Thus, the father is clearly marked as ‘non-accepting’, *contra* Joe who is ‘accepting’.) In this vein, I believe that the fairly prominent inclusion in the interview by Joe of this issue of discontinuing/rejecting and subsequently recommencing/accepting the relationship with his father does seem to provide him a

self-empowering way of illustrating and highlighting to the listener his construction of a 'caring' *masculine* identity in which he has striven to understand and identify with another man *across 'difference'* – i.e., to understand and identify with his father (as a family member), *despite (concurrent) counter-identifications* with the father's embodiment of a 'negative' and normative masculine emotionality.

At the same time, recounting this 'discontinuation' of the relationship arguably contains a certain risk for Joe's construction of a 'caring' masculine identity. Ironically, the 14 years in which Joe did not speak to his father could be seen to constitute a period of certain commonality between the two men, both of them assuming a 'non-relational' stance to the relationship. In this connection, Joe's 'rejection' of the father, whilst being (as I have claimed) an act of resistance in the face of 'subordination', potentially also carries insinuations of 'not caring', of engaging with aspects of masculine emotionality *akin to his father's absence of 'caring' qualities* – something 'problematic', perhaps, from his current perspective of counsellor. (When Joe talks about deciding to speak to his father again, this is framed purely by the idea of 'self-realisation' following his involvement in counselling, even while there may conceivably have been various specific reasons for why he chose to pursue reconciliation when he did. The implication is that 'recommencement of the relationship' should be considered as *emergent from 'being a counsellor'*.) Thus, Joe's desire to be 'accepting of ambivalence' in relation to his father may not only be expressive of 'other-orientated' attempts to enjoy some kind of (presumably mutually satisfying) relationship with him, but arguably may be motivated in part by efforts to manage *anxiety*: anxiety that he not 'appear' 'too similar' to the father as a man; that he should, instead, resist the father's (on-going) 'domination' in a way which is *consonant*

with being able to construct a 'caring' masculine identity, which means continuing the relationship.

I want to now properly consider the argument that the complex dynamics of Joe's relationship with his father may have salience for understanding something more of his self-narrations as a counsellor, *at the level of gender* – and, by extension, for better appreciating the individually specific and 'motivated' nature of the emotional meanings of masculinity apparent within his 'key' narratives of care (see Chapter Six). Looked at together, the two sets of narratives (biographic and 'key') demonstrate a certain thematic continuity in terms of ideas and feelings concerning gender, emotionality and relationality; moreover, this thematic continuity is suggestive of elements of psychological continuity, of the potentially transferential nature of meaning-making. Importantly, to take into account the available details of Joe's biography is, I would argue, at the very least to lend an additional credibility to my existing interpretations of his 'key' narratives *in the terms of (gender) 'difference'*, i.e., as indicating his *investment (his engagement over time)* in a sense of being 'different as a man'. Certainly, the gendered meaning-making apparent within *By Being Calm Myself* and *Just as Vulnerable* is largely context-specific, in that it evokes the institutional and doctrinal expectations and resources of his care-giving role within particular episodes of social interaction. (Being accepting of, and valuing, client's individual differences is an integral aspect of the philosophy of person-centred counselling, as is a responsive and non-directive - and, I might add, non-confrontational and non-authoritative - approach to the counselling relationship; see Knox 2008⁹⁰ and also Hanson 2005 and Blazina 2001.) In this context, it *could* be argued that Joe being 'different as a man' in

⁹⁰ Knox (2008) argues that the unconditional acceptance of clients is a prerequisite of caring for them - and of them feeling cared about.

his 'key' narratives is 'merely' a 'by-product' of his relationship management corresponding to the ideologies and standards of 'best practice' in his chosen profession, i.e., as a profession which requires of its practitioners an emotional attitude that, in definite ways, departs from 'traditional' and 'constricted' conceptions of masculine emotionality (e.g., aggression, direct displays of authority, uncommunicativeness, and apparent emotional detachment). However, alongside this, we can now see that Joe tells biographic narratives which portray him as having *experienced a past of resisting and, eventually, accepting 'negative masculine emotionality'*, as embodied by (the introjected figure of) his father – this being a situation, thus, which precedes (and, latterly, runs concurrently to) his involvement in counselling. Of course, it is not the case that Joe makes explicit links between his relationship with his 'dominating' father and his relationships with 'dominating' (male) clients; that there is an association – a stated disconnect - between 'father' and 'being a counsellor' is quite clear in his biography, but this is expressed as pertaining generally, rather than being directly and specifically related to particular care-giving episodes. Nonetheless, I would argue that Joe's representation of his 'difficult' relationship with his father (and with this being counterposed to his relationship with his mother, in the fashion described earlier) gives a measure of *personal-historical depth* to the idea that counselling, at some level of self-awareness, does specifically provide him a resource for constructing an 'alternative' identity as a man (alongside, of course, serving to meet other, more 'obvious', and gender non-specific, needs, e.g., job fulfilment).

Moreover, the contents of Joe's biography might also 'reveal' some small measure of (latent?) *defensiveness*, helping to 'motivate' such self-narrations of an 'alternative' masculine identity - something that would not be apparent if looking at his 'key' (and,

indeed, any other of his counselling) narratives on their own. There are definite echoes (thematically; and psychologically?) of Joe's 'difficult' relationship with his father within his talk of the 'expectations' of the 'dominating' male clients, that is, echoes of the 'threats' once posed to him by his father's 'non-relational' behaviours: 'subordination' and 'negative masculinisation'. Moreover, with both his father and his clients, Joe successfully deals with 'subordination' through 'understanding', through being 'accepting of ambivalence'; and, as we have seen, there seems, to be an absence in his interview more generally of gender anxiety (cf., Adam; Section 8.2.), i.e., concerning the 'feminising' implications of occupying a 'gender atypical' work role. (This is typified in his cross-gender identification with the (female) supervisor in Chapter Six, as 'caring' and thus a 'resource' for identity - this echoing, as a pertinent aside, the biographic representation of his relationship to and with his mother.) He also successfully manages, through this stance of 'understanding', 'negative masculinisation' - that he be 'similar (to father and clients) as a man'. However, this is reason to believe 'negative masculinisation' (or, rather, *his 'initial response'* to this 'expectation' *as represented in the temporary rejection of his father*) may sometimes still 'haunt' Joe at the level of integrity. Indeed, if we were to view the situation in these terms, an anxious dimension can be ascertained in Joe's on-going (and, presumably, otherwise self-empowering) construction of masculine identity through counselling, as 'resistant but accepting'. Importantly, any such anxieties can be afforded some degree of gender-specific, object-relational history *vis-à-vis* his emotionally significant representation of his father: in the form of the threat posed to self, *qua 'different as a man'*, by the possibility of 'relationship discontinuation'.

8.6. Continuing Martin's story: "I had really big issues dealing with any males; there no way I could deal with a guy a few years ago".

Now we come to the case of Martin, another person-centred counsellor, who we first met in Chapter Seven - alongside Patrick - when exploring individual masculine identity with reference to the issue of providing counselling care for survivors and perpetrators of male sexual violence. It was the argument that Martin's emotional meanings of masculinity here related to feelings of 'extremity' and a desire for 'relationship', manifest in him highlighting his 'success' as an *individual practitioner* in the relational field of counselling; moreover, I connected this with a notion of 'self-exaltation', a covert engagement with 'masculine' ideals concerning presentations of self as 'distinct' to colleagues: essentially, as being 'different as a carer'. However, it is now my claim that we need to turn to aspects of Martin's biography to more fully appreciate the potential nuances of his masculine identity construction. Even when looking at the 'key' narratives on their own, there is obviously more going on than straight-forward complicity with hegemonic norms, not least Martin's obvious commitment to relationship in a care-giving context. Yet, it is not until we factor in his complex biographic narratives, of being bullied when younger (at school and in respect of an old workplace) and subsequently experiencing issues about being able to relate to men, that we can see 'the picture' in more detail. In short, I shall now argue – whilst, like with all my interviewees, avoiding implying a causal analysis – that we can better understand Martin's emphasis in his narratives on 'individuality' *in terms of paranoid anxieties about 'masculinity'*: that is, that his 'self-exaltation' can be perhaps be more usefully read not as ('just') indicative of a desire to be 'different as a carer', but as perhaps continuous with efforts elsewhere to empower himself at the symbolic expense of *other males*.

When talking about his upbringing, Martin describes this (in the form of a narrative loosely concerning his acquisition of a Christian faith at an early age) within terms which very much position him as being 'different' to others, both with regard to his family and to his peers at school:

[...] There was a lot of arguments, a lot of immorality [at home as I grew up]; and that had quite a lot of impact on my sort of earliest memories, to do with that. So that had quite a big impact on me as a small child. <Pause> Went to – The other sort of thing that's interwoven through the whole thing [of growing up] is my faith and that started, again, sort of that age. My family haven't got a church background or anything. And it wasn't an influence that came from them. But being that sort of age, I had a sense that God existed. And just because they built a new school near by, a new junior school, like any little kid you want to go to a new school, and it happened to be a church school. So I ended up going to a church school. Um, [slight pause] for whatever reason, I don't totally know why, I ended up being bullied for the whole of my school life. From sort of five to 17 really. And so, in lots of ways, school was pretty horrendous. I got on well with a few people but in general I didn't get on with anybody. I had a sort of very laid-back attitude to life. [...]

Here, a common thread appears to be Martin's largely negative experiences of family and school life. In the context of describing the beginnings of his faith, his description of his home situation as being characterised by "arguments, a lot of immorality" is a particularly loaded marker of counter-identification with his parents. (Elsewhere, he describes his earliest memory, at approximately the age of three, as being witnessing his mother disappearing upstairs with a man when his father was at work; and he also claims he was closer to his grandparents, with who his family lived for the past few years of his life, than he was his parents.) This then leads into him referencing his 'accidental' entry into a faith school, which presumably helped to shape and strengthen his Christian beliefs (i.e., despite his parents not sending him there purposefully), but is foremost described in terms of his experiences of being bullied by other pupils (and by pupils from subsequent schools which he attended over the course of his education: "the whole of my school life"). Indeed, he *actively* counter-identifies with his school peers as a collective - he forefronts his agency - in his claim to generally "not get on with anybody" and in the implication of a relationship between this scenario and a sense of individuality, even stoicism, on his part ("I had a sort of very laid-back attitude to life").

These thematics of ‘difference’ - as both imposed (upon him) and as actively constructed (by him) - are carried over into Martin’s subsequent account of his work history. (He first briefly outlines his time at school and then at college). Talking about the time immediately after he left university (having “failed” his science degree but developed an interest in computers and an aspiration to work in information technology), he describes how his first job was as an office clerk in a company staffed predominantly by women:

[...] Eventually I got a job – I knew what I wanted to achieve but I hadn’t got the means to achieve it at that point. So actually, um, <says unclear word> yeah, it’s true but it’s not quite right. Um, I had to apply for jobs and because it was like a condition of the dole. And they got jobs for in [major retail company] as a correspondence clerk. And the guy at this said, ‘There’s no point in applying for that because they never employ males’, you know, ‘There’s no point at all in applying’. [I said] ‘No, no. I’ve got to apply for so many jobs. I don’t *care* if they’re not going to employ me; that’s not the point. I’ve got to apply for the job.’ So I’ve applied for the job. So I went for the interview not – Knowing damn well I wasn’t going to get the job, because they don’t employ males, so what’s the point? So I spent most of the interview talking to the guy who was interviewing me about Christianity. And, um, to my utter astonishment, got the job. They took on three lads; it was the first time they’d ever done so. And it was an experiment. One got booted out basically for flushing the paperwork <laughing> down the toilet rather than doing it. <Both laugh> So he didn’t last very long. [JM: “No.”] The second one got sacked for some kind of impropriety or something or the other, I don’t know what; stealing something, I think, or something, equally, you know, inappropriate. And me. And because I was – I don’t do things by halves, so I would go in and I would work. Because I would go in and I would work, and because I was good at my job, I got through twice as much work as everybody else. This pissed people off. The fact I was good at it, they put me on a team that deal with all the really serious problems, like directors, letters off directors from television companies and stuff. Didn’t get more money for it, but it was kudos. So that didn’t go down well. I was the only male in the entire department; *that* didn’t go down well. So, that was out of the frying pan of being bullied at school etcetera into a sort of fire, you know, of being the odd one out at work. But I was determined that I wasn’t going to leave. I wasn’t going to – You know, I don’t do things by halves; I was going to stick through it. [...] (Original emphases.)

Characteristically, this narrative contains several ‘extreme’⁹¹ elements. Martin finds work in an environment which ‘normally’ “never employ males”; the other young men who were taken on at the same time as him soon fall by the wayside; he gets through “twice as much work as everybody else”; and this hard-working attitude, combined with his gender, see him being actively ostracised by his (female) colleagues. (Twice he lays claim to “not do things by halves” – firstly, in his attitude

⁹¹ By referring to ‘extreme’ in this way, it is not the intention to minimise Martin’s experiences, but rather to signal the apparent continuity of emotional meaning-making which occurs across his interview.

to his work, and secondly, in his expression of tenacity in the face of his colleagues' seeming consequent resentment, continuous with his presentation of a "laid-back attitude to life" in his talk about school.) Indeed, when asked to clarify what being the "odd one out at work" involved for him, his situation in the office becomes even more 'extreme':

Oh, they did everything they possibly could to get me sacked. And they never could <small laugh> because I never did anything wrong. And I always covered my arse so that if anything was a little bit suspect, then I'd make damn sure I covered my backside so they weren't, you know, going to get me. But they tried. They did everything they could to get rid. <Pause> So it was – And there were a couple of people in particular; one was one of the big boss's daughter <emphasises rest of sentence through whisper> and she was absolutely obnoxious, and she absolutely hated me. And she used to make life as difficult as she possibly could. <Pause> But <slight pause> I weren't going nowhere.

Again, Martin counter-identifies with his peers in response to a situation of bullying – and of imposed 'difference'. In this context, he reiterates his 'difference' to these colleagues as a 'positive', as a sign of his individuality and 'success' in 'sticking it out'. (Although he never refers here to being bullied, his earlier comment is telling in terms of how this was likely experienced at the time: "So, that was out of the frying pan of being bullied at school etcetera into a sort of fire, you know, of being the odd one out at work".)

The above is then followed by an account of Martin's successful application for a position in the computing department of the same company – again, an office environment which was 'female-dominated', but where he was, he says, treated entirely differently by his new colleagues:

[...] I got on really well with the girls I was working with on that team, yes. In general, I get on better with, with – I *used to* get on better with girls than with guys. Partly because of being bullied [at school]. Um, I had really big issues dealing with any males; there's no way I could deal with a guy a few years ago. (Original emphasis.)

It is now that we can begin to develop the idea, mentioned in this section's introduction, that Martin's emotional meaning-making might be indicative of paranoid anxieties concerning other males. While in his account of workplace

bullying, Martin's emphasis on his individuality and 'success' engages with notions of 'gender typicality',⁹² he reveals (in the extract immediately above) that his experiences of being bullied *at school* were to do with perceptions of 'gender atypicality'. His experiences of school are explicitly linked here to a subsequent difficulty in adulthood *with "dealing with" men*. Boys, it seems, were responsible for imposing 'difference' upon him at this time; and, in this connection, he was/is positioned as being 'different *as a male*'.⁹³ Indeed, at the same time, he precisely engages with 'gender atypicality' in a 'positive' sense, by claiming as the flipside to his counter-identifications with men, a general feeling of continuity or identification with women. His relationships with the (female) colleagues from the computing department are treated as being 'more representative' of how he relates to women than are those with the (female, bullying) colleagues from the correspondence department (i.e., he makes the point of adding to the fact the "got on really well" with the computing team, the remark "*In general, I get on better with [...] girls*"; emphasis added). However, assuming that his narration here is resemblant of how he did actually feel at this time in his life (his early work years), the close connection which Martin forms between him having a general preference for women *and* him having an 'aversion' to men indicates a defensive flavour to his cross-gender identifications. Arguably, here Martin resorts to *splitting*: he splits off 'masculinity' (as represented by the 'typicality' of other men) from the 'positives' of relationship, i.e., in terms of imagining, along gendered lines, the 'kinds' of people he is able to "deal with" emotionally. In other words, Martin appears to project negative feelings onto men *as a 'group'* (based, he claims, in his "pretty horrendous" school experiences), while also investing women,

⁹² This being consonant with what I have claimed regarding the self-exaltation of his 'key' narratives of care and his positioning therein as 'different as a carer'.

⁹³ The term 'different as a male' is synonymous with 'different as man', but is used instead to indicate here the fact that this notion of 'difference' refers to Martin when he was also a boy.

as a 'group', with positive, or at worst ambivalent, feelings (*despite* the bullying of his first workplace; it is largely individuals here who are at fault, e.g., the vivid counter-identificatory figure of the boss's daughter, and, as noted, he does not expressly name what happened as bullying).

Importantly, to take into account this potential splitting off of 'masculinity' from 'relationship' has significant implications for how we might then understand other aspects of Martin's biographic narratives. In both his recounts of bullying (at school and at work), he does, as argued above, foreground his agency, presenting himself in terms of 'individuality', and a large degree of emotional indifference, when facing animosity from others (e.g., "in general, [...] I didn't get on with anybody. I had a sort of very laid-back attitude to life [at school]"). At this point of our analysis, however, I feel that it is instructive to contextualise such self-narrations in the aforementioned idea of splitting, whereupon they can be read, not as 'simple', 'individualistic', exercises of agency, but rather as defensive *responses* to the relational constraints of school/early work life. This is not to argue that Martin might not have genuinely conceived of himself, in a favourable fashion, as having been something of a 'lone wolf' within these scenarios; in fact, I think it is likely that he did exactly this, or that at least he does now, from the perspective of the present. Rather, it is to acknowledge more fully the emotional pain which is also implicated here, and to suggest that his emphasising of agency can be usefully characterised as a 'coping strategy' of sorts (one developed in the context of the school time bullying, even if potentially having deeper biographic roots), through which he strives to 'appear' as being '*better than* other boys and men. This is in opposition to us automatically interpreting his emphasised 'individuality' solely as an engagement with 'gender typicality'. Martin 'succeeds' as a 'gender minority' in the clerk job not only in spite of

the animosity of certain female colleagues, but also *in contrast* to the two men who started at the same time as him and were subsequently sacked; he seems to make a point of characterising these men's failings ('laziness' and 'inappropriate behaviour'), with this acting as a precursor to his discussion of feeling the 'odd one out' amongst his colleagues in terms of his hard work. Arguably, Martin's emotional meaning-making – around 'extremity' and 'relationship' – thus connects to an idea of being 'different as a male' as 'positively' conceived, albeit such efforts at self-empowerment occurring (*because reflective of splitting*) at the symbolic expense of other males.

What, then, of this defensive splitting concerning 'men' for Martin in his present-day situation as counsellor? I argue now that there is reason to believe there are (psychological) continuities across his biographic and 'key' care narratives in this respect – this is despite the fact that Martin subsequently claims, as we shall shortly see, that his 'aversion' to "dealing with any males" has now disappeared, situating this within his involvement in professional care. Significantly, it becomes apparent, as he continues the above narrative about work by expanding on the issue of his 'negative' feelings towards men, that, over time, his arguable splitting – whilst perhaps serving as an effective 'coping strategy' a la 'different as a male' – was also to become problematic for him. This is specifically with regard to him feeling unable to interact with men at any kind of emotional level, even when necessity might 'dictate' that he do so. He precedes to recount how, when he needed advice and support from his church following the painful breakdown of his marriage, he felt he could not talk to any of the curates there, precisely because all of them were men. However, it is not in respect of being a care recipient, but, rather, a *provider* of care that Martin refers to (very recently) having overcome this 'aversion':

[...] I didn't realise until, er, what eighteen months ago now how much that actually changed when I went for an interview at [says name of domestic violence prevention organisation] for a placement, and the guy who was doing the interviews, the manager there, he was a big, you know, a big, tall guy; he was quite stocky, and he was very much somebody I'd have been afraid of a few years earlier. And I wasn't. I was talking to him about me and why I was doing what I was doing and said about that basically [presumably about past feelings of 'aversion' to men]. And he said, 'Well, how would you feel about having male clients?' Or, you know, 'How would you feel about being with guys? Is it an issue anymore?' And he said it and I realised, 'No, this isn't an issue anymore.' Because I hadn't realised up to that point that it just wasn't, it had gone.

Importantly, Martin's claims here could be taken completely at face value (i.e., we could accept that he no longer experiences any feelings of 'aversion' towards men), there is the case to be made that this account is perhaps characterised by a degree of exaggeration. It is certainly very plausible that Martin's 'aversion' has, in recent years, lessened by quite a significant extent - an individual's object-relational configurations, of course, not being fixed but necessarily changing over time, and in Martin's case any such changes likely implicating, I believe, and in no small part, his growing involvement in professional care roles, *this having brought him into an increasingly greater amount of contact with men in need of emotional support*.⁹⁴ However, evidence in his 'key' narratives of care suggests that a splitting off of 'masculinity' from 'relationship' may retain some resonance as a feature of his emotional/psychic organisation, even while now he does (have to) "deal with" men. To be sure, both these 'key' narratives centre around the theme of *other men's negativity*, whether explicitly so ('arrested client' in *Not There To Say*) or implicitly (helping a young female survivor of sexual abuse, in *What Got Me Into Counselling*). Whilst the presence of such themes is not necessarily significant in itself, we should remember that both narratives are marked by an absence of self-positioning as a male counsellor *qua* male, *despite the implicitly but strongly gendered and sexualised nature of the subject matter which Martin is narrating*. There is no mention or intimation, at any point, of the 'threat' posed to him by potential 'sexualisation' (and so 'negative masculinisation') – this being particularly notable in

⁹⁴ And him likely requiring emotional support *from* other men in turn, within a supervisory capacity, e.g., the "big, tall" male manager at the domestic violence prevention organisation.

What Got Me Into Counselling, where he seemingly does not conceive, as having any relevance to his self-narration, the specifically gendered 'sensitivities' of the scenario (being a man repeatedly alone with a female survivor of abuse). In both narratives, emphasis is on forging and maintaining relationships in his construction of an empowering identity; gender is not presented as an aspect of this process. (Indeed, elsewhere in the interview, when he does expressly talk, solicited, about potential 'sexualisation' in the care relationship, he minimises the importance of gender as a consideration.) Implicitly, Martin positions as 'different as a man', as 'better than' the negative male characters/presences of his narratives. In this fashion, he can be said to continue to (defensively) evoke biographically unique meanings of 'extremity', and of commitment to 'relationship', within the care-giving situation; 'masculinity' - being 'inherently bad' - remains minimised in relation to this meaning-making.

8.7. Psychological continuity, biography, and identity: Some conclusions

This chapter has been concerned to illustrate how exploring the personal history of emotional meanings of masculinity can enhance our understanding of ‘personal meaning’ and ‘motivation’ in individual men’s constructions of masculine identity. Taking the form of four biographical case-studies, I have continued the stories of selected interviewees from each of the preceding data chapters (Chapters Four to Seven). In all cases here, I have provided examples of potentially significant experiences and relationships in the interviewee’s past *vis-à-vis* gender: Adam’s apparent identifications and counter-identifications with his father concerning gendered ideas around work, security and family; Dan’s comparisons of self against male peers from school, as an ‘outsider’; Joe’s ‘difficult’, but eventually ‘accepting’, relationship with a ‘dominating’ father; and Martin’s seeming anxieties, in the wake of bullying, about his ability to relate to ‘masculinity’. Using an argument about the transferential nature of meaning-making in the ‘here-and-now’, these relationships and experiences from the past have been presented as suggestive of the existence of certain object-relational configurations – configurations through which the individual’s interpretations of contemporary relationships with men and women in the care situation may be partially mediated, and so with relevance for us better understanding his on-going construction of identity.

Importantly, as argued in Section 8.2., I have not sought to make definite claims on the material in my analysis but rather have offered essentially speculative arguments based upon the available evidence (e.g., Hollway 2000; Redman 2005). Indeed, as also explained in Section 8.2., my concern in this chapter in addressing ‘motivation’ has not been equivalent with an attempt to ‘reveal’ the formation of object-relations *per*

se. Certainly, it should be taken as a given that biographic events narrated by the interviewees would have been, at the time of being experienced, mediated through the lens of already existing object-relational configurations; many of the gender identifications which are potentially salient for our understanding of identity construction - e.g., as per Adam's self-narrations around his father - can be reasonably expected to first have become a part of the interviewee's 'inner world' during very early childhood, i.e., *before* those periods of time which have typically formed the focus of the biographic narratives (Peter Redman 2012, personal correspondence; also see Gough 2009). Therefore, the aspects of biography discussed in my analysis, and explored through the idea of 'transference', should be understood as constituting *but one 'strand'* of an individual's possible relation to - and 'motivation' concerning - gender and gender norms: that is, as simply suggesting a way in which present-day meaning-making might connect to the past (as narrated in the interview scenario).

With the above in mind, the value of this analysis chiefly lies in further locating the individual interviewee as centre of focus. In outlining concrete examples of possible elements of psychological continuity to self, my study is able to more explicitly contextualise - for the reader - 'key' narratives of care within the entirety of the interview, arguably strengthening the validity of my existing interpretations *vis-à-vis* individual masculine identity construction, and certainly offering these the benefit of a more intensive analysis. From unpacking Adam's biography, we have been able to see what 'learning a skill', in the context of nursing, might *mean to him* with far greater assurance and richness of detail than would otherwise be possible; and Dan's feelings of 'being an outsider', likewise, have been given an *historical depth*. Similarly, I have been able to argue, by exploring his relationship with his father, that Joe's positioning

in 'difference' within this 'key' narratives may well *implicate a gender trajectory* pre-existing the 'institutional expectations' of the care-giving scenario. Finally, Martin's 'self-exaltation' as a counsellor as he talks about his work *can be viewed in a new light* as being, at some level, 'about' him positioning defensively as 'different as a man'.

Chapter Nine: Don't Men Care? A concluding chapter

9.1. Introduction

This thesis has sought to address questions of masculine identity construction, arguing that 'individual identity' represents an important but relatively under-developed component within sociological understandings of masculinity. In this context, I have placed emphasis on personal meaning-making and processes of identification as opposed to affording primacy to 'social practice', à la Connell's over-socialised concept of subjectivity (see Chapter Two).⁹⁵ It has been the contention that existing literature on 'men and masculinities' can be augmented by a perspective in which the male subject is granted an 'inner world' of object-relations, of 'characteristic' 'patterns' of anxiety and desire. Such a theoretical stance has been integral to my conducting a qualitative study of care-giving men as the centrepiece of the thesis: exploring meaning-making around idea(l)s of masculinity for the individual working in a particularly gender-salient, and gender stereotyped, socio-cultural arena. In so doing, I have sought to argue and demonstrate the *potential* for a psycho-social perspective when it comes to analysing individual men's relations to masculine hegemony (relations of complicity, subordination and resistance). Importantly, while a psycho-social perspective is to some degree apparent within my methodology (i.e., I

⁹⁵ To recapitulate: Connell's (e.g., 1987, 1995) conception of subjectivity within the 'masculinities' framework downplays the theoretical value of *individuality* for sociological analyses. In her engagements with psychoanalysis to account for 'personality', Connell prioritises those schools of thought (e.g., existential psychoanalysis, and Sartre's notion of unification) which are most compatible with a theory of social practice. In contradistinction, I have sought to uphold a conception of the subject as inherently intersubjective, where the psyche and its unconscious dimensions represents a genuine interiority to self – its 'content' of individually specific anxieties and desires being emergent precisely through interaction with, but never reducible to, the externality of discourse and social relations. Individuality, then, exists in concord and in tension with one's relationality with (concrete and abstract) others.

have drawn on elements of Hollway and Jefferson's (2000) method of in-depth, narrative interviewing⁹⁶), it is primarily in the *application* of a psycho-social *theorisation* of subjectivity to *my (novel) data* that I have aimed to illustrate the perspective's potential for offering additional insight into the emotional and relational complexities of masculinity. This chapter now discusses the main 'findings' of my empirical research in relation to this aim (showing how a psycho-social theory of the male subject has been usefully utilised in my analysis across Chapters Four to Eight), before I finish by considering some of the limitations of the study, while also suggesting avenues for possible future research.

⁹⁶ Here, my key concern was to be responsive to each interviewee in my questioning, focusing upon hearing about his concrete experiences and so 'achieving' detailed narratives suggestive of processes of emotional (and not 'simply' cognitive and entirely conscious) meaning-making. This also included not imposing 'too much' information prior to and during interview concerning my interest in 'masculinity', and instead allowing issues of gender (including 'difference') to emerge more organically from within the interviewee's own frames of reference – that is, in the terms of his biographically unique experiences of care work. (See Chapter Three for more detail.)

9.2. Exploring masculine identity construction in and through professional care-giving: 'Difference' and gendered identificatory processes with colleagues and careers

The focus in this research upon identification as a formative aspect of masculine identity means that my interview material – despite 'the individual' being the unit of analysis – has necessarily implicated 'social, or institutional, realities', in the sense of it pertaining to *interviewees' relationships with others in the care situation, including colleagues and careers*. These are relationships which are shaped or, to an extent, determined by the profession in which a given individual worked, that is, whether this was nursing or 'emotional care' (counselling and youth mentoring).

9.2.1. Nursing interviewees: relating to 'the female majority'

In the 'key' narratives of care told by the four nursing interviewees (Adam and Richard from Chapter Four, and Dan and Luke from Chapter Five), a recurrent feature has been that of 'other nurses', both as concrete figures and as abstract collectives – *most notably, the collective of 'the female majority'*. Explicit focus here, thus, has been on men's minority status in the work culture; and, in this connection (and in line with the observations of the literature in Chapter Two), nursing can be viewed as representing perhaps a particularly gendered arena of care work, in which men may face symbolic 'subordination' by virtue of the presence (within and outside of nursing institutions) of tangible, stereotypic images of 'the male nurse'. However, interviewees' self-narrations in respect of this situation of potential subordination can be seen to broadly differ across the two 'nursing' chapters. In the case of Adam and Richard, their self-narrations were usefully explored in my analysis under the

thematic umbrella of ‘compensatory masculine strategies’: that is, as representing efforts to self-position as ‘better than’ other nurses, in response and connecting to the fact of ‘being a minority’. Here, it was argued that, consonant with literature which identifies men’s efforts to ‘reframe’ the meaning of their participation in the ‘feminised space’ of care-giving (e.g., Simpson 2009; Holter 2005; Campbell and Carroll 2007; Brandth and Kvande 1998), both interviewees invoked the *physicality* of being a nurse in a highly gendered fashion, that is, by emphasising aspects of ‘the male body’ - as beneficial - in fulfilling the nursing role (with Adam focusing on his deployment of practical skills and Richard on the advantages of a ‘physical masculine presence’). Meanwhile, the self-narrations offered of Dan and Luke were presented in my analysis in terms of a theme of ‘homosexualisation’ (comprising, as they did, recounts of colleagues’ heterosexist assumptions and humour), and they illustrate especially potently the symbolic subordination which men in nursing can experience. At the same time, these narratives also demonstrated the interviewees’ attempts at *empowerment* in the face of these problematics – through (seeking) ‘*integration*’ within ‘the female majority’. This is in contrast to Adam’s and Richard’s (described) self-empowering emphasis on ‘physicality’, where, in keeping with this marking of ‘fundamental distinctions’ between male and female nurses, neither man appeared to want to be part of ‘the female majority’ at the level of identity - even while some reference is made to ‘risks’ posed by holding a minority status (e.g., the need to be ‘chaperoned’ when performing physically intimate care tasks on female patients, or feeling subject to ‘high(er) standards’ than female colleagues regarding self-presentation).

Taken together, the two 'nursing' chapters offer some interesting insights into masculine identity construction *vis-à-vis* working with, and relating to, a 'female majority'. For instance, the 'compensatory' narratives of Adam and Richard, I believe, constitute empirical examples of Connell's (1995) broad conception of complicit masculinities, as viewed through the analytic lens of personal, emotional meaning-making about men's minority presence at work - as do Luke's 'homosexualisation' narratives when he ultimately, anxiously, stresses his 'gender conventionality' in relation to the work culture. (Perhaps most notable in this regard is Adam's arguable splitting off of 'femininity' from 'the nursing role' in his 'compensatory' narratives, serving as it does to provide a very vivid illustration of my claim about the psychologically 'motivated' nature of meaning-making: in this case, in terms of the individual's seemingly quite intensely defensive engagements with gender norms as a response to the potential 'threat' of 'feminisation'.) Meanwhile, the 'homosexualisation' narratives of *both* Dan and Luke suggest how the 'risks' of occupying a gender-subordinated social arena can be heightened when issues of 'being a minority' are explicitly intersect with issues of age and (homo)sexuality. Finally, Dan gives us the most striking example of a male nurse resisting gender norms in his self-narrations; he centralises and demonstrates the emotional literacy and reflexivity of 'the nursing role' (without then also seeking to mark his 'difference' to female colleagues; cf., the expressed individuality of Richard's compassionate approach), to construct an 'alternative' masculine identity - albeit one which is expressly anxious about the constraining effects of gender and sexuality stereotypes. Here, then, we see illustrated, empirically and theoretically, something of the nuances and complexities of men's relations to masculine hegemony. 'Complicity', 'resistance' and 'subordination' are not necessarily mutually exclusive at the level of the individual (man), in contrast, for example, to Sargent's (2000) assertion (referred to in

Chapter Two) that men in gender atypical professions automatically constitute a subordinated masculinity. Instead, these relations to masculine hegemony thoroughly implicate the idea - again, explored in Chapter Two - that notions of 'difference' (being 'different as a man' and 'different as a carer') in respect of a work situation such as nursing is not only a constraint upon, but also a *resource* for, men's constructions of identity.

In all of the above is also implicit the idea of elements of a relative psychological continuity to self in masculine identity construction. Chapter Eight saw us developing this idea by exploring the biographies of Adam and Dan, that is, in a bid to illustrate the potential for analysing in more depth the 'motivated' - and, moreover, the transferential - nature of emotional meaning-making. Here, both men's biographic narratives, I argued, could be characterised by complex relationships with certain male figures (Adam, his father; Dan, his school friends), and by a sense of the interviewee having introjected, within such relational contexts, aspects of 'hegemonic masculinity', with 'emergent' feelings of not quite 'measuring up'. By taking into account such identifications and counter-identifications with males in respect of past relationships, I aimed to shed additional light on both men's self-narrations in the present concerning 'the female majority' of the nursing situation: for instance, in terms of 'unpacking' the seeming significance for Adam of 'learning a skill' as a male nurse; and, for Dan, his problematisation of - or anxieties and desires about - 'communicating self' to colleagues. This analysis further invoked - and added another, personal-historical, layer to - the aforementioned notion of interplay between complicity, subordination and resistance, as potential relations to masculine hegemony for any given individual.

9.2.2. *Emotional care* interviewees: managing 'negative' masculinity

The idea of 'difference' as both a resource and constraint for identity, apparent in the analysis of my nursing interviewees, is also demonstrated in the 'key' narratives of the four 'emotional care' interviewees (Joe and Theo from Chapter Six, and Patrick and Martin from Chapter Seven). In contrast to the nurses, however, the content of these men's narratives primarily relate to the care relationship. Whilst 'men's minority status' remains essential as a frame through which to interpret the interviewees' experiences of care-giving *vis-à-vis* gender, emphasis here is not upon the work culture *per se*. Indeed, perhaps given the relatively autonomous or 'lone' nature of much counselling and mentoring work (in terms of day-to-day practice with carees), what have emerged here instead have been issues concerning emotional and relational management, that is, of self and others. Notably, across both 'emotional care' chapters these issues have largely pertained to the matter of working with 'male violence', with each interviewee recounting his experiences of care-giving within this thematic context and, in the process, suggesting gendered identificatory and counter-identificatory processes concerning carees. In the case of Joe and Theo, self-narrations were analysed in terms of a theme of 'managing gendered expectations and 'male aggression'', this referring to the interpersonal dynamics of the care relationship itself. With Patrick and Martin, meanwhile, their self-narrations were explored via a theme of 'working with the after-effects of men's sexual violence'; here, the issue of 'male violence' concerned the nature and basis of the care intervention in the first instance – as we have seen, providing care to female survivors of sexual violence, and, in one case, a male perpetrator.

Together, the two chapters illustrate how men may construct masculine identities *in relation to other males* 'negative' *embodiments of masculinity* – by self-positioning as 'different as a man' or 'different as a carer'. Moreover, in common with the nursing interviewees, we can again see a potential interplay between subordination, complicity and resistance (as relations to masculine hegemony) as each interviewee strives to construct an empowering sense of self; whilst the work environment of 'emotional care' may not be as markedly stereotyped as is nursing, it is nonetheless clear that it can present for men gender salient, emotional and relational, challenges which help to shape identity. For instance, Joe's and Theo's narratives of working with aggressive younger men were both focused on the role of 'understanding' (and identification) in the care relationship, but they reflected very different approaches to potential subjection to 'male violence'. Specifically, Joe's 'purposefully passive' or resistant approach to his clients' gender-normative behaviours offers another slant on the idea (suggested of Dan; see Section 9.2.1.) of emotional literacy and reflexivity as 'qualities' of 'alternative' masculine identity construction (this time with focus being upon a striving to be accepting across 'difference' in the context of detailed, face-to-face, interactional scenarios⁹⁷). In contrast, Theo 'masculinised' his relationships with his students (a la Simpson 2009 and others) in a way which provides another empirical example of a masculine identity gravitating towards complicity (again see Section 9.2.1.), i.e., by him stressing an essential commonality with students at the level of gender. Importantly, I have argued that this 'masculinisation' (a la comparable nursing interviewees) indicated a defensiveness on Theo's part, with him narrating the practice of 'pacifying techniques' (as largely in line with institutional expectations of mentors when faced with student aggression) in a fashion suggestive of a degree of anxiety about being rendered 'impotent' (as a

⁹⁷ As opposed to a concern with 'integration' across gender (i.e., within 'the female majority').

man) in the process. Meanwhile, Patrick and Martin's narratives of 'sexual violence' also add to understandings of men's 'masculinisation' of care-giving, with both interviewees 'self-exalting' in their accounts of undertaking sensitive and 'tricky' relational work, that is, by emphasising here 'success', 'specialness' and 'autonomy'. Both men's self-narrations, in this sense, constitute elements of complicity with gender norms in the face of potential 'subordination' (of caring motives being attributed 'sexualised' meanings); where Patrick and Martin most obviously differ, however, is in the weighting given to 'gender' when recounting working under this 'spectre' of other men's 'negative' masculinity - Martin, in fact, seeming to dispel his ('sexual violence') narratives of any explicitly gendered content concerning self.

As explained in 9.2.1., Chapter Eight developed the idea of elements of a relative psychological continuity to self with regard to two of the nursing interviewees. This was also true for Joe and Martin of the 'emotional care' interviewees. Both men here provided biographic narratives referencing their experiences of other, aggressive, males while growing up, and suggesting subsequent defensive efforts – potentially 'emergent' from such experiences - to *distance 'self' from '(negative) masculinity' in terms of on-going relationships* (this being perhaps particularly salient in Martin's case, with the argued dispelling of 'gender' from his 'key' narratives in mind). Again, the exploration of biography in my analysis has consequences for how we understand interviewees' masculinity in the care-giving situation, adding a greater depth to our appreciation of the role of gender (identity and 'difference') in present-day self-narrations, here specifically *vis-à-vis* the care relationship.

9.2.3. *A note on intersectionality: dimensions of class, age and sexuality in masculine identity construction*

I want to now briefly consider the role of intersectionality in the construction of individual masculine identity *qua* psycho-social subjectivity. This is because, whilst (as argued in Chapter Three) the specific focus of my research is upon gender, my data has also indicated class, age and sexuality dimensions to interviewees' self-narrations *vis-à-vis* the care-giving situation.

Perhaps most obvious in this respect are Dan and Luke's narratives of 'homosexualisation', where we see an explicit interaction between gender, sexuality and age at the level of emotional meaning-making. Indeed, these narratives lend credence to the argument (e.g., Lorber 1998) that 'achieving' 'masculinity' in the workplace can be intimately connected to the visible display of heterosexuality, providing illustrations, as they do, of the experiences and anxieties of men who – not only being a 'gender minority' but also a 'sexual minority', and perhaps being particularly vulnerable to symbolic subordination by virtue of their younger age – do not 'conform to the (masculine) norm'.

With regard to class, meanwhile, there is an implication with several of the interviewees that care work constitutes, for them, a form of 'social advancement'. While no-one expressly refers to their current situation, nor 'the caring professions', as being 'middle-class', Adam, Luke, Theo and Patrick do all talk in their interviews about the 'betterment of self' through an involvement in care, with the latter three men explicitly evoking a working-class background in order to illustrate the 'achievement' – and, potentially, the 'classed significance' - of 'becoming a carer'.

Where this connects to gender specifically, of course, lies in the 'gender atypicality' of this 'achievement'. If we consider that, within their 'key' narratives of care, each of the four interviewees self-positions as being 'positively' 'different as a carer', there is the argument to be had that their emphasis on care as 'social advancement' might be a way of 'masculinising' the (anxious?) experience of entering an entirely new (for them) work environment, and one which is a 'feminised space'. This becomes particularly interesting when we consider Dan and Joe as a point of contrast to these interviewees. Both men make reference to coming from working-class backgrounds, and both articulate the desirable changes in self which they feel 'becoming a carer' has brought about. However, these 'desirable changes' are primarily relational (they concern the interviewee's relationships with others, rather than personal achievements *per se*), and, importantly, class background is not here used as a framing device. At the same time, both men self-position as 'positively' 'different *as a man*' in their 'key' narratives. Speculatively, it could be said that this adds further weight to interpreting the earlier four interviewees' self-narrations of 'social advancement' in the terms of 'masculinisation'.

9.3. Limitations of the study and suggestions for further research

My research has illuminated some of the (diverse) ways that individual men may find empowerment within a gender-subordinated arena – and it has done so in a fashion that augments or extends Connell’s ‘masculinities’ framework, by demonstrating the potential of a psycho-social perspective for the sociology of masculinity.

As explained, in this connection I have been principally concerned with applying to my data a theorisation of subjectivity which would allow me to take into account potential psychological and latent dimensions to meaning-making. Moreover, as has also been said, to facilitate such an ‘up-close’ and holistic analysis, I employed a method which drew on elements of Hollway and Jefferson’s (2000) narrative interviewing methodology. However, a restriction of my study in this respect concerned the limited amount of biographical detail it was possible to achieve in the context of one (albeit in-depth) interview per person, especially given my main focus was necessarily upon the situation of care-giving. Whilst I feel one of the strengths of my research lies its analytic synthesis of the individual and the thematic, with its consequent highlighting of particular ‘social or institutional realities’ for care-giving men (Dan’s and Luke’s ‘common’ experiences of ‘homosexualisation’ in nursing being, to my mind, particularly striking and concerning), I also feel that this points towards the need for a more intensive analysis. After all, it is exactly in the *differences* between Dan and Luke, with regard to how each actively constructs identity around the theme of ‘homosexualisation’, that we see ever more the pertinence of moving beyond an exclusive focus on ‘social practice’, towards more fully and satisfactorily incorporating an ontology of the ‘psyche’. Therefore, further research on ‘masculine identity and care-giving’ could usefully deploy, as standard practice, at least one

follow-up interview with each interviewee (e.g., Hollway and Jefferson 2000), to explore in more depth areas of interest identified in the first interview or to consider new areas – particularly with regard to biography and possible object-relational configurations concerning gender. Indeed, I see especial value in dedicating at least one interview per person to ascertaining in-depth narratives of childhood memories. This would be with the intention of thus facilitating more data about an individual's multiple (gendered) identifications, including attempting to glean details regarding both parents (when detail about one, or even both, was scant; e.g., Adam's and Joe's comparatively minor references to their mothers; Dan's absence of specific mentions of his parents), and, in a similar vein, other potentially significant figures in his life. Indeed, emphasis on individual 'life history' (arranging to conduct several successive interviews over a period of time, in order to 'properly' 'get to know' a person and details of their life; e.g., Plummer 2001) would likely enable interpretations of interview material which were more developed, nuanced and confident from a psychoanalytic perspective – and in which one would be able to assert, in more detail and with less qualification, the possibilities of 'psychological continuity' (the individual as evoking aspects of a personal, object-relational, history) for understanding on-going identity construction. Similarly, future studies aiming to more fully utilise and benefit from a psycho-social methodology would consider explicitly, indeed might centralise, the research relationship and its role in the production of knowledge, in line with existing writings in the literature highlighting such concerns. This would assist in efforts to establish the validity of interpretations – for instance, by illustrating the role of processes of transference and counter-transference in the (necessary) co-production of narratives, and in their subsequent analysis (see Hollway and Jefferson 2000 and Clarke 2006; also Redman 2009 and Gough 2009). In this vein, drawing upon the insights of others (i.e., relevant

colleagues), to reflect on the meanings and psychological processes suggested by specific narratives, would help to identify possible personal biases or blind-spots in interpretation and thus strengthen validity (Hollway 2000; indeed, the use of a data analysis panel - e.g., Bereswill *et al.* 2010 – to systematically supplement or even replace ‘lone’ analyses does, in this context, seem an especially viable option).

Alternatively, a more ‘macro’ orientated approach could usefully be taken in future psycho-social research on care-giving men, i.e., conducting individual interviews with a relatively large sample of men, drawn by using a probability method. This would enable an exploration of the representativeness or prevalence of certain themes suggested by this thesis (e.g., concerning working with ‘the female majority’, or managing others’ ‘negative’ masculinity). Not only could this enrich understanding of the issues by focusing on potentially discernable ‘patterns’ within one particular care profession (even a given institution), but also by enabling a systematic analysis of intersectionality and its role in masculine identity construction (see Section 9.2.3.). Of course, a firm focus on biography would be necessarily retained here (and the adoption of at least one follow-up interview for each person). By researching identity construction in a more ‘structural’ sense, it will be precisely the point to explore the implications of ‘social structure’ (to mean, men’s common or diverging experiences of care) for *personal meaning-making*. Indeed, as my study has already suggested in its own way, the power of a psycho-social perspective is its ability to keep in view the sociological and the psychological elements to individual identity: to centralise the biographically unique experiences - of social reality, and of concrete and abstract others - that largely mark us as being ‘who we are’.

Appendix: Example of information document sent to potential interviewees – version for nurses

Further information

Thank you for your interest in my research. Please read this document to find out more about what being interviewed will involve.

What will the interview be about?

I am interested in what it means to be a man in the contemporary world of nursing. I would like to hear about the background to your career choice (e.g. how and when you decided that nursing was something you wanted to pursue), as well as about your everyday life on placement and at university – for instance, what you enjoy about what you do, what you dislike, and your relationships with colleagues, patients and their families, other students, and so on.

In order to gain a fuller picture of you as a person, I would also like you to tell me about your life more generally. This might include your educational and occupational background, something about your family when you were growing up, and past and present day relationships both in and outside work (e.g. with friends, partners, family, colleagues). Basically, whatever you want to talk about will be more than fine - I just want to establish a brief biography of you!

Throughout the interview, whatever you say will be treated with respect and your candidness appreciated – there are no correct or incorrect answers.

What if I don't want to answer something I'm asked?

If at any time you feel unhappy or uncomfortable with what I am asking you and you want to move onto another subject, please just tell me and I will respect your wishes. Naturally, if you want to end the interview at any point, for whatever reason, this is fine also. Although I will ask you to sign a consent form before the interview starts, this in no way obligates you to answer any specific question, or indeed to continue the interview if you feel reluctant to do so.

How private will the interview be? Who will hear or see what I've said? Will anyone be able to identify me in the final output of the study?

Everything discussed in the interview will be treated with confidentiality, and you will be completely anonymous in my final paper, your name and any identifying details being changed to protect your privacy.

With your agreement, I would like to tape-record the interview. Rest assured that the transcript of the interview will be stored safely at all times (both in paper form and as a computer document), and the only people who will see it, other than myself, are my thesis supervisors. The interview tape will be wiped clean once the transcript has been produced. If you would prefer not to be taped, please just let me know and we can make alternative arrangements.

Finally, how long will the interview take, and where and when will it take place?

The interview will last approximately an hour and a half, and will take either place in an office in the Eleanor Rathbone Building at Liverpool University, or at a place of your choosing. (Any travel expenses you incur will, of course, be reimbursed.)

I hope this answers all your questions about the interview process. If you would like to be interviewed, please email me at J.Milton1@liverpool.ac.uk and we can arrange a time for the interview to take place. If you have any further queries meanwhile, do not hesitate to ask.

Bibliography

ABRAMS, L. S., B. ANDERSON-NATHIE and J. AGUILAR (2008) 'Constructing masculinities in juvenile corrections', *Men and Masculinities*, 11(1): 22-41.

ADAMS, T. J. (2000) *A Dentist and a Gentleman: Gender and the rise of dentistry in Ontario*, London: University of Toronto Press.

ALFORD, C. F. (1989) *Melanie Klein and Critical Social Theory: An account of politics, art, and reason based on her psychoanalytic theory*, New Haven and London: Yale University Press.

ANDERSON, P. S. (2003) 'Autonomy, vulnerability and gender', *Feminist Theory*, 4(2): 149-64.

ANDREWS, M. (2000) 'Narrative and life history: Introduction', in ANDREWS, M. et al. (eds) *op. cit.*

ANDREWS, M. et al. (eds) (2000) *Lines of Narrative: Psychosocial perspectives*, London: Routledge.

BAINES, C. T., P. M. EVANS, and S. M. NEYSMITH (1992) 'Confronting women's caring: Challenges for practice and policy', *Affilia*, 4(7): 21-44.

BELL, J. (1999) *Doing Your Research Project*, Buckingham: Open University Press.

BENDELOW, G. and S. J. WILLIAMS (eds) (1998) *Emotions in Social Life: Critical themes and contemporary issues*, London: Routledge.

BERESWILL, M., C. MORGENROTH and P. REDMAN (2010) 'Alfred Lorenzer and the depth-hermeneutic method', *Psychoanalysis, Culture & Society*, 15: 221-50.

BEYNON, J. (2002) *Masculinities and Culture*, Buckingham: Open University Press.

BIRD, S. (1996) 'Welcome to the men's club: Homosociality and the maintenance of hegemonic masculinity', *Gender and Society*, 10(2): 120-34.

BITTMAN, M. and J. PIXLEY (1997) *The Double Life of the Family*, St. Leonards, Australia: Allen and Unwin.

BLAIR-LOY, M. and J. A. JACOBS (2003) 'Globalization, work hours, and the care deficit among stockbrokers', *Gender & Society*, 17(2): 230-49.

BLAZINA, C. (2001) 'Analytic psychology and gender role conflict: The development of the fragile masculine self', *Psychotherapy*, 38(1): 50-59.

BONDI, L. (2006) 'Is counselling a feminist practice?', *GeoJournal*, 65: 339-48

BORDO, S. (1999) *The Male Body: A new look at men in public and in private*, New York: Farrar, Straus and Giroux.

BORN, G. (1998) 'Anthropology, Kleinian psychoanalysis, and the subject in culture', *American Anthropologist*, 100(2): 373-86.

BRANDTH, B. and R. KVANDE (1998) 'Masculinity and childcare: The reconstruction of fathering', in *The Sociological Review*, 46(2): 293-13.

BRIENES, I., R.W., CONNELL, and I. EIDE (eds) (2000) *Male Roles, Masculinities and Violence: A culture of peace perspective*, Paris: UNESCO Publishing.

The British Association of Counsellors and Psychotherapists (2010) Figures relating to the gender composition of BACP; Personal correspondence with Angela Couchman, BACP Research Department, 22nd July 2010.

BRITTAN, A. (1989) *Masculinity and Power*, Oxford: Blackwell.

BROCKMEIER, J. and D. CARBAUGH (2001) 'Introduction', in J. Brockmeier and D. Carbaugh (eds) *op. cit.*

BROCKMEIER, J. and D. CARBAUGH (eds) (2001) *Narrative and Identity: Studies in autobiography, self and culture*, Amsterdam/Philadelphia: John Benjamins Publishing Company.

BROD, H. (1994) 'Some thoughts on some histories of some masculinities: Jews and other Others', in H. Brod and M. Kaufman (eds) *op. cit.*

BROD, H. and M. KAUFMAN (eds) (1994) *Theorizing Masculinities*, London: Sage.

BROWN, D. (1999) 'Complicity and reproduction in teaching physical education', *Sport, Education and Society*, 4(2): 143-59.

BUCHBINDER, D. (1994) *Masculinities and Identities*, Melbourne: Melbourne University Press.

BULLOUGH, B. (1975) 'Barriers to nurse practitioner movement: Problems of women in a women's field', *International Journal of Health Services*, 5(2): 225-33.

BUSH, P. J. (1976) 'The male nurse: A challenge to traditional role identities', *Nursing Forum*, 15(4): 390-405.

CAMERON, C., MOSS, P. and C. OWEN (1999) *Men in the Nursery: Gender and caring work*, London: Paul Chapman Publishing.

CAMPBELL, L. and M. P. CARROLL (2007) 'The incomplete revolution: Theorizing gender when studying men who provide care to aging parents', *Men and Masculinities*, 9(4): 491-508.

CANCIAN, F. and S. OLIKER (2000) *Caring and Gender*, Thousand Oaks, CA: Pine Forge Press.

CHANG, C. F. and S. I. WHITE-MEANS (1991) 'The men who care: An analysis of male primary caregivers who care for frail elderly at home', *Journal of Applied Gerontology*, 9(10): 343-58.

CHAPMAN, R. and J. RUTHERFORD (eds) (1988) *Male Order: Unwrapping masculinity*, London: Lawrence & Wishart.

CHEN, A. (1999) 'Lives at the center of the periphery, lives at the periphery of the center: Chinese American masculinities and bargaining with hegemony', *Gender and Society*, 13 (5): 584-607.

CHODOROW, N. (1995) 'Gender as a personal and cultural construction', *Signs*, 20(3): 516-44.

CHODOROW, N. (1999) *The Power of Feelings: Personal meaning in psychoanalysis, gender and culture*, London: Yale University Press.

CHODOROW, N. (2002) 'The enemy outside: Thoughts on the psychodynamics of extreme violence with special attention to men and masculinity', in J. K. Gardiner (ed.) *op. cit.*

CHODOROW, N. (2003) "'Too late": Ambivalence about motherhood, choice, and time', *Journal of the American Psychoanalytic Association*, 51(4): 1181-98.

CLATTERBAUGH, K. (1990) *Contemporary Perspectives in Masculinity: Men, women and politics in modern society*, Oxford: Westview Press.

CLARKE, S. (2002) 'Learning from experience: Psycho-social research methods in the social sciences', *Qualitative Research*, 2(2): 173-94.

CLARKE, S. (2006) 'Theory and practice: Psychoanalytic sociology as psycho-social studies', *Sociology*, 40(6): 1153-69.

- COATES, J. (2003) *Men Talk: Stories in the making of masculinities*, Malden, MA: Blackwell.
- COCKBURN, C. (1988) 'Masculinity, the left and feminism', in R. Chapman and J. Rutherford (eds) *op. cit.*
- COLLIER, R. (1998) *Masculinities, Crime and Criminology: Men, heterosexuality and the criminal(ised) other*, London: Sage.
- COLLIERE, M. (1986) 'Invisible care and invisible women as health care providers', *International Journal of Nursing Studies*, 23(2): 95-112.
- COLLINSON, D. and J. HEARN (eds) (1996) *Men as Managers, Managers as Men: Critical perspectives on men, masculinities and management*, London: Sage.
- COLTRANE, S. and J. GALT (2000) 'The history of men's caring: Evaluating precedents for fathers' family involvement', in M. H. MEYER (ed.) *op. cit.*
- CONNELL, R. W. (1987) *Gender and Power: Society, the person and sexual politics*, Cambridge: Polity Press.
- CONNELL, R. W. (1994) 'Psychoanalysis on masculinity', in H. Brod and M. Kaufman (eds) *Theorizing Masculinities*, London: Sage.
- CONNELL, R. W. (1995, 1st edition) *Masculinities*, Cambridge: Polity Press.
- CONNELL, R. W. (1998) 'Symposium on R. W Connell's *Masculinities* – Reply', *Gender and Society*, 12(4): 469–77.
- CONNELL, R. W. (2000) *The Men and the Boys*, Cambridge: Polity Press.
- CONNELL, R. W. (2003) 'Developing a theory of gender as practice: Notes on Yancey Martin's feminist lecture', *Gender and Society*, June 2003: 370-72.

CORNELL, D. (2003) 'Autonomy re-imagined', *Journal for the Psychoanalysis of Culture and Society*, 8(1): 144-49.

CORNWALL, A. and N. LINDISFARNE (eds) (1994) *Dislocating Masculinity: Comparative ethnographies*, London: Routledge.

COVER, R. (2004) 'Material/queer theory: Performativity, subjectivity, and affinity-based struggles in the culture of late capitalism', *Rethinking Marxism*, 16(3): 293-310.

CRAIB, I. (1989) *Psychoanalysis and Social Theory: The limits of sociology*, London: Harvester Wheatsheaf.

CRAIG, L. (2006) 'Does father care mean fathers share? A comparison of how mothers and fathers in intact families spend time with children', *Gender and Society*, 20(2): 259-81.

CROSSLEY, N. (1998) 'Emotion and communicative action: Habermas, linguistic philosophy and existentialism', in G. Bendelow and S. J. Williams (eds) *op. cit.*

CZARNIAWSKA, B. (2004) *Narratives in Social Science Research*, London: Sage.

DAHLBERG, K. (1994) 'The collision between caring theory and caring practice as a collision between feminine and masculine cognitive style', *Journal of Holistic Nursing*, 12(4): 391-401.

DALLEY, G. (1988) *Ideologies of Caring: Rethinking community and collectivism*, Basingstoke: Macmillan Education.

DAVID, D. S. and R. BRANNON (eds) (1976) *The Forty-Nine Percent Majority: The male sex role*, London: Addison-Wesley Publishing.

DAVIES, B. (2002 [1989]) 'Becoming male or female' (extract from *Frogs and Snails and Feminist Tales*), in S. Jackson and S. Scott (eds) *op. cit.*

- DAVIES, C. (1995) 'Competence versus care? Gender and caring work revisited', *Acta Sociologica*, 38: 17-31.
- DAVIES, C. and J. ROSSER (1986) *Gendered Jobs in the Health Service: A problem for labour process*, Hampshire: Gower.
- DEMPSEY, A. (1994) *Inequalities in Marriage*, Melbourne: Oxford University Press.
- DETINGER, E. and M. CLARKBERG (2002) 'Informal caregiving and retirement timing among men and women', *Journal of Family Issues*, 23(7): 857-79.
- DODSON, L. and R. M. ZINCAVAGE (2007) "'It's like a family: Caring labor, exploitation, and race in nursing homes', *Gender & Society*, 21(6): 905-28.
- DONALDSON, M. (1993) 'What is hegemonic masculinity?', *Theory and Society*, 22: 643-53.
- DOUCET, A. (2004) "'It's almost like I have a job, but I don't get paid": Fathers at home reconfiguring work, care, and masculinity', *Fathering*, 2(3): 277-303.
- EDLEY, N. (2006) 'Never the twain shall meet: a critical appraisal of the combination of discourse and psychoanalytic theory in studies of men and masculinity', *Sex Roles*, 55(9-10): 601-08.
- ELLIOT, A. (2002, 2nd edition) *Psychoanalytic Theory: An introduction*, Hampshire: Palgrave.
- ELLIOTT, J. (2005) *Using Narrative in Social Research: Qualitative and quantitative approaches*, London: Sage.
- ENGLAND, P. and N. FOLBRE (1999) 'The cost of caring', *Annals of the American Academy of Political and Social Science*, 561 (Emotional Labor in the Service Economy): 39-51.

- EVANS, J. (1997) 'Men in nursing: issues of gender segregation and hidden advantage', *Journal of Advanced Nursing*, 26(2): 226–31.
- EVANS, J. (2002) 'Cautious caregivers: gender stereotypes and the sexualization of men nurses' touch', *Journal of Advanced Nursing*, 40(4): 441–48.
- FINCH, J. and J. MASON (1993) *Negotiating Family Responsibilities*, London: Routledge.
- FINCH, J. and D. GROVES (eds) (1983) *A Labour of Love: Women, work and caring*, London: Routledge & Kegan Paul.
- FINN, M. and K. HENWOOD (2009) 'Exploring masculinities within men's identificatory imaginings of first time fatherhood', *British Journal of Social Psychology*, 48(3): 547–62.
- FRANCIS, B. (1998) *Power Plays: Primary school children's constructions of gender, power and adult work*, London: Trentham Books.
- FRANCIS, B. (2000) *Boys, Girls and Achievement: Addressing the classroom issues*, London: Routledge.
- FROSH, S. and P. D. EMERSON (2005) 'Interpretation and over-interpretation: disputing the meaning of texts', *Qualitative Research*, 5(3): 307–24.
- FROSH, S., A. PHOENIX and R. PATEMAN (2003) 'Taking a stand: Using psychoanalysis to explore the positioning of subjects in discourse', *British Journal of Social Psychology*, 42: 39–53.
- GADD, D. (2000) 'Masculinities, violence and defended psychosocial subjects', *Theoretical Criminology*, 4(4): 429–49.
- GADD, D. (2003) 'Reading between the lines: Subjectivity and men's violence', *Men and Masculinities*, 5(4): 333–54.

- GALASINSKI, D. (2008) *Men's Discourses of Depression*, Basingstoke: Palgrave.
- GARDINER, J. K. (ed.) (2002) *Masculinity Studies and Feminist Theory: New directions*, New York: Columbia University Press.
- GERSON, K. (2002) 'Moral dilemmas, moral strategies, and the transformation of gender: Lessons from two generations of work and family change', *Gender & Society*, 16(1): 8-28.
- GERSTEL, N. (2000) 'The third shift: Gender and care work outside the home', *Qualitative Sociology*, 23(4): 467-83.
- GERSTEL, N. and S. K. GALLAGHER (2001) 'Men's caregiving: Gender and the contingent character of care', *Gender and Society*, 15(2): 197-217.
- GILLON, E. (2007) 'Gender differences in help seeking', *Therapy Today*, 18(10).
- GOUGH, B. (2009) 'A psycho-discursive approach to analysing qualitative interview data, with reference to a father-son relationship', *Qualitative Research*, 9(5): 527-45.
- GREENBERG, E. and B. LEVINE (1971) 'Role strain in men nurses: A preliminary investigation', *Nursing Forum*, 10(4): 417-30.
- HANKE, R. (1998) 'Theorizing masculinity with/in the media', *Communication Theory*, 8(2): 183-203.
- HANSEN, P. and J. A. MULHOLLAND (2006) 'Caring and elementary teaching: The concerns of male beginning teachers', *Journal of Teacher Education*, 56(2): 119-31.
- HANSON, J. (2005) 'Should your lips be zipped? How therapist self-disclosure and nondisclosure affects clients', *Counselling and Psychotherapy Research*, 5(2): 96-104.

HANTRAIS, K. and S. MANGEN (eds) (1994) *Family Policy and the Welfare of Women*, Cross-national research papers, University of Loughborough, UK.

HARRINGTON MEYER, M. (1994) 'Gender, race and the distribution of social assistance: Medicaid use among the frail elderly', *Gender & Society*, 8(1): 8-28.

HARRINGTON MEYER, M. (ed.) (2000) *Care Work: Gender, labor and the welfare state*, London: Routledge.

HAYWOOD, C. and M. MAC AN GHAILL (1996) 'Schooling masculinities', in M. Mac an Ghail (ed.) *op. cit.*

HAYWOOD, C. and M. MAC AN GHAILL (2003) *Men and Masculinities: Theory, research and social practice*, Buckingham: Open University Press.

HEARN, J. and D. MORGAN (eds) (1990) *Men, Masculinities and Social Theory*, London: Unwin Hyman.

HERD, P. and M. HARRINGTON MEYER (2002) 'Care work: Invisible civic engagement', *Gender and Society*, 16(5): 665-88.

HINSHELWOOD, R. D. (1994) *Clinical Klein*, London: Free Association Books.

HOLLWAY, W. (2000) 'Moral intersubjectivity, methodology and empirical research', Workshop Paper No. 15, Prepared for Workshop Four, *Methodology for Researching Moral Agencies*, Friday 17 March 2000.

<http://www.leeds.ac.uk/cava/papers/paper15wendy.htm> -

Accessed on 7th April 2007

HOLLWAY, W. (2004) *Critical Psychology*, 10, Special issue: Psycho-social research, Editorial.

HOLLWAY, W. (2006a) *The Capacity to Care: Gender and ethical subjectivity*, London: Routledge.

HOLLWAY, W. (2006b) 'Family figures in 20th-Century British 'psy' discourses', *Theory & Psychology*, 16(4): 443-64.

HOLLWAY, W. (2006c) 'Psychoanalysis in social psychological research', *The Psychologist*, September 2006,
http://www.thepsychologist.org.uk/archive/archive_home.cfm/volumeID_19-editionID_139-ArticleID_1079-getfile_getPDF/thepsychologist%5C0906fhol.pdf
Accessed on 16th July 2009.

HOLLWAY, W. and T. JEFFERSON (1997) 'Eliciting narrative through the in-depth interview', *Qualitative Inquiry*, 3(1): 53-70.

HOLLWAY, W. and T. JEFFERSON (2000) *Doing Qualitative Research Differently: Free association, narrative and the interview method*, London: Sage.

HOLTER, O. G. (2005) 'Social theories for researching men and masculinities', in M. S. Kimmel, J. Hearn and R. W. Connell (eds) *op. cit.*

HOOD-WILLIAMS, J. (2001) 'Gender, masculinities and crime: From structures to psyches', *Theoretical Criminology*, 5(1): 37-60.

HOCHSCHILD (1989) *The Second Shift: Working parents and the revolution at home*, London: Piatkus Press.

JACKSON, S. and S. SCOTT (eds) (2002) *Gender: A sociological reader*, London and New York: Routledge.

JAMES, N. (1992) 'Care = organisation + physical labour + emotional labour', *Sociology of Health and Illness*, 14(4): 488-509.

JEFFERSON, T. (1994) 'Theorising masculine subjectivity', in T. Newburn and E. Stanko (eds) *op. cit.*

- JEFFERSON, T. (1997) 'The Tyson rape trial: the law, feminism and emotional 'truth'', *Social & Legal Studies*, 6: 281-301.
- JEFFERSON, T. (1998) 'Muscle, 'hard men' and 'iron' Mike Tyson: Reflections on desire, anxiety and the embodiment of masculinity', *Body & Society*, 4(1): 77-98.
- JEFFERSON, T. (2002) 'Subordinating hegemonic masculinity', *Theoretical Criminology*, 6(1): 63-88.
- JOURARD, S. M. (1974 [1971]) 'Some lethal aspects of the male role', in J. Pleck & J. Sawyer (eds) *op. cit.*
- KAUFMAN, M. (1987) 'The construction of masculinity and the triad of men's violence', in M. Kaufman (ed.) *op. cit.*
- KAUFMAN, M. (ed.) (1987) *Beyond Patriarchy: Essays by men on pleasure, power, and change*, Toronto/New York: Oxford University Press.
- KIMMEL, M. S. (1987) 'Rethinking "masculinity": new directions in research', in M. S. Kimmel (ed.) *op. cit.*
- KIMMEL, M. S. (ed.) (1987) *Changing Men: New directions in research on men and masculinity*, London: Sage.
- KIMMEL, M. S. (2000) *The Gendered Society*, Oxford University Press Inc.
- KIMMEL, M. S., J. HEARN and R. W. CONNELL (eds) (2005) *Handbook of Studies on Men and Masculinities*, London: Sage.
- KNOX, R. (2008) 'Clients' experiences of relational depth in person-centred counselling', *Counselling and Psychotherapy Research*, 8(3): 182-88.
- LAYDER, D. (1997) *Modern Social Theory: Key debates and new directions*, London: Sage.

- LEE, D. (2000) 'Hegemonic masculinity and male feminization: The sexual harassment of men at work', *Journal of Gender Studies*, 9(2): 47 – 65.
- LEE, R. M. (1993) *Doing Research on Sensitive Topics*, London: Sage.
- LEWIS, J. (2006) 'Men, women, work, care and policies', *Journal of European Social Policy*, 16: 387 - 392.
- LEWIS, J. (2007) 'Gender, ageing and the 'new social settlement': The importance of developing a holistic approach to care policies', *Current Sociology*, 55: 271 - 286.
- LILLEAAS, U-B. (2007) 'Masculinities, sport, and emotions', *Men and Masculinities*, 10(1): 39-53.
- LINDGARD, B. and P. DOUGLAS (1999) *Men Engaging Feminisms: Profeminism, backlashes and schooling*, Buckingham: Open University Press.
- LORBER, J. (1998) 'Symposium on R. W Connell's *Masculinities* – Men's gender politics', *Gender and Society*, 12(4): 469–77.
- MCCORMACK, C. (2004) 'Storying stories: A narrative approach to in-depth interview conversations', *International Journal of Social Research Methodology*, 7(3): 219-36.
- McDOWELL, L. (2004) 'Work, workfare, work/life balance and an ethic of care', *Progress in Human Geography*, 28(2): 145-63.
- McGUFFY, C. S. and B. L. RICH (1999) 'Playing in the gender transgression zone: race, class, and hegemonic masculinity in middle childhood', *Gender and Society*, 13(5): 608-27.
- McLAUGHLIN, E. and C. GLENDINNING (1994) 'Paying for care in Europe: Is there a feminist approach?', in K. Hantrais and S. Mangen (eds.) *op. cit.*

McLEAN, J. (2003) 'Men as minority: Men employed in statutory social care work', *Journal of Social Work*, 3(1): 45-68.

McLEOD, J. and K. WRIGHT (2009) 'The talking cure in everyday life: Gender, generations and friendship', *Sociology*, 43(1): 122-39.

McNAY, L. (2000) *Gender and Agency: Reconfiguring the subject in feminist and social theory*, Cambridge: Polity.

MAC AN GHAILL, M. (1994) *The Making of Men: Masculinities, sexualities and schooling*, Buckingham: Open University Press.

MAC AN GHAILL, M. (ed.) (1996) *Understanding Masculinities*, Buckingham: Open University Press.

MASON, J. (1996) *Qualitative Researching*, London: Sage.

MAUTHNER, and A. DOUCET (2003) 'Reflexive accounts and accounts of reflexivity in qualitative data analysis', *Sociology*, 37(3): 413-31.

MAY, T. (1993) *Social Research: Issues, methods and process*, Buckingham: Open University Press.

MAY, C. and C. FLEMING (1997) 'The professional imagination: narrative and the symbolic boundaries between medicine and nursing', *Journal of Advanced Nursing*, 25: 1094-1100.

MEADUS, R. J. (2000) 'Men in nursing: barriers to recruitment', *Nursing Forum*, 35(3): 5-12.

MEARNS, D. and B. THORNE (2007) *Person-centred Counselling in Action*, London: Sage.

The Mentoring and Befriending Foundation (2010) Figures relating to the gender composition of youth mentors and befrienders in UK; Personal correspondence with Jeanette Boyd, MBF Policy, Information and Research Manager, 29th July 2010.

MESSERSCHMIDT, J. W. (1993) *Masculinities and Crime: Critique and reconceptualization of theory*, Maryland: Rowman & Littlefield.

MESSNER, M. (1998) 'The limits of "the male sex role": An analysis of the Men's Liberation and Men's Rights movements' discourse', *Gender and Society*, 12(3): 255–76.

MILLAR, A. (2003) 'Men's experience of considering counselling: 'Entering the unknown'', *Counselling and Psychotherapy Research*, 3(1): 16-24.

MILLER, T. (1998) 'Commodifying the male body, problematizing "hegemonic masculinity', *Journal of Sport and Social Issues*, 22(4): 431-46.

MORGAN, D. H. J. (1992) *Discovering Men: Sociology and masculinities*, New York: Routledge.

MORT, F. (1988) 'Boy's own? Masculinity, style and popular culture', in R. Chapman and J. Rutherford (eds) *op. cit.*

MULLAN, B. and J. HARRISON (2008) 'Male and female nursing applicants' attitudes and expectations towards their future careers in nursing', *Journal of Research in Nursing*, 13(6): 527–39.

MURRAY, S. B. (1996) "'We all love Charles": Men in childcare and the social construction of gender', *Gender and Society*, 10(4): 368-85.

NEWBURN, T. and E. STANKO (eds) (1994) *Just Boys Doing Business: Men, masculinities and crime*, London: Routledge.

NIELSEN, H.B. (2001) *Historical, Cultural and Emotional Meanings: Interviews with young girls in three generations*, Presentation at the Center for Working Families, University of California, Berkeley (19.03.01),

<https://workfamily.sas.upenn.edu/sites/workfamily.sas.upenn.edu/files/imported/new/berkeley/papers/occasional3.pdf> Accessed on 16th July 2009.

NODDINGS, N. (2003, 2nd edition) *Caring: A feminine approach to ethics and moral education*, Berkeley: University of California Press.

The Nursing and Midwifery Council (2008) 'Statistical analysis of the register, 1 April 2007 – 31 March 2008', <http://www.nmc-uk.org/Documents/Statistical%20analysis%20of%20the%20register/NMC-Statistical-analysis-of-the-register-2007-2008.pdf> Accessed on 23rd July 2010.

O'CONNELL DAVIDSON, J.N. and D. LAYDER (1994) *Methods, Sex and Madness*, London: Routledge.

OLESEN, V. and D. BONE (1998) 'Emotions in rationalizing organizations: Conceptual notes from professional nursing in the USA', in G. Bendelow and S. J. Williams (eds) *op. cit.*

PAOLETTI, I. (2002) 'Caring for older people: A gendered practice', *Discourse & Society*, 11(13): 805-17.

PASCALL, G. (1986) *Social Policy: A feminist analysis*, London: Tavistock.

PEEL, M., B. CAINE, and C. TWOMEY (2007) 'Masculinity, emotion and subjectivity: Introduction', *The Journal of Men's Studies*, 15(3): 247-50.

PETERSEN, A. (1998) *Unmasking the Masculine: 'Men' and 'identity' in a sceptical age*, London: Sage.

PHILIP, K. and J. SPRATT (2007) 'A synthesis of published research on mentoring and befriending', available via Mentoring and Befriending Foundation website: <http://www.mandbf.org/wp-content/uploads/2011/03/Synthesis-of-published-research-MBF-report-Kate-Philip.pdf> Accessed on 29th July 2010.

PIZURKI, H., BUTTER, I., EWART, L. and A. MEJIA (1987) *Women as Providers of Health Care*, World Health Organisation.

PLECK, J. (1981) *The Myth of Masculinity*, London: The MIT Press.

PLECK, J. and J. SAWYER (1974) 'Introduction', in J. Pleck and J. Sawyer (eds) *op. cit.*

PLECK, J. and J. SAWYER (eds) (1974) *Men and Masculinity*, New Jersey: Prentice-Hall.

PLUMMER, K. (2001) *Documents of Life 2: An invitation to a critical humanism*, London: Sage.

PORTER, S. (1992) 'Women in a women's job: The gendered experience of nurses', *Sociology of Health and Illness*, 14(4): 510-27.

PULLEN, A. and R. SIMPSON (2009) 'Managing difference in feminized work: Men, otherness and social practice', *Human Relations*, 62(4): 561-87.

REDMAN, P. (2000) 'Tarred with the same brush': 'Homophobia' and the role of the unconscious in school-based cultures of masculinity', *Sexualities*, 3(4): 483-99.

REDMAN, P. (2001) 'The discipline of love: negotiation and regulation in boys' performance of a romance-based heterosexual masculinity', *Men and Masculinities*, 4(2): 186-200.

REDMAN, P. (2005) 'The narrative formation of identity revisited: Narrative construction, agency, and the unconscious', *Narrative Inquiry*, 15(1): 25-44.

REDMAN, P. (2009) 'Affect revisited: Transference-countertransference and the unconscious dimensions of affective, felt and emotional experience', *Subjectivity*, 26(1): 51-58.

RIESSMAN, C. K. (1993) *Narrative Analysis*, London: Sage.

ROBSON, C. (2002) *Real World Research: A resource for social scientists and practitioner-researchers*, Oxford: Blackwell.

RUDBERG, M. and H. B. NIELSEN (2005) 'Potential spaces – subjectivities and gender in a generational perspective', *Feminism & Psychology*, 15(2): 127–48.

RUSSELL, R. (2001) 'In sickness and in health: a qualitative study of elderly men who care for wives with dementia', *Journal of Aging Studies*, 15(4): 351-67.

RUSSELL, R. (2007) 'The work of elderly men caregivers: From public careers to an unseen world', *Men and Masculinities*, 9(3): 298-314.

SANDERSON, C. (2006) *Counselling Adult Survivors of Child Sex Abuse*, London: Jessica Kingsley Publishers.

SARGENT, P. (2000) 'Real men or real teachers? Contradictions in the lives of men elementary teachers', *Men and Masculinities*, 2(4): 410-33.

SARGENT, P. (2005) 'The gendering of men in early childhood education', *Sex Roles: A journal of research*, February.

SCHWALBE, M. and M. WOLKOMIR (2001) 'The masculine self as problem and resource in interview studies of men', *Men and Masculinities*, 4(1): 90-103.

SEALE, C. (ed.) (1998) *Researching Society and Culture*, London: Sage.

- SEALE, C. and M. KELLY (1998) 'Coding and analysing data', in C. Seale (ed.) *op. cit.*
- SEGAL, L. (1990) *Slow Motion: Changing masculinities, changing men*, London: Virago.
- SEGAL, L. (1999) *Why Feminism?: Gender, psychology, politics*, Cambridge: Polity Press.
- SEIDLER, V. J. (1991) *The Achilles Heel Reader: Men, sexual politics and socialism*, London: Routledge.
- SEIDLER, V. J. (2007) 'Masculinities, bodies, and emotional life', *Men and Masculinities*, 10(1): 9-21.
- SEVENHUIJSEN, S. (2003) 'The place of care: The relevance of the feminist ethic of care for social policy', *Feminist Theory*, 4(2): 179-97.
- SILVERMAN, D. (2000) *Doing Qualitative Research: A practical handbook*, London: Sage.
- SIMPSON, R. (2004) 'Masculinity at work: The experiences of men in female dominated occupations', *Work Employment and Society*, 18(2): 349-68.
- SIMPSON, R. (2009) *Men in Caring Occupations: Doing gender differently*, Basingstoke: Palgrave
- SMITH, P. (1992) *The Emotional Labour of Nursing: How nurses care*, Basingstoke: Macmillan Educational Books.
- SPEER, S. (2001) 'Reconsidering the concept of hegemonic masculinity: discursive psychology, conversation analysis and participants' orientation', *Feminism and Psychology*, 11(1): 107-35.
- SULIK, G. A. (2007) 'The balancing act: Care work for the self and coping with breast cancer', *Gender & Society*, 21(6): 857-77.

- TARABORRELLI, P. (1993) 'Exemplar A: Becoming a carer', in N. Gilbert (ed.) *Researching Social Life*, London: Sage.
- TOTTEN, M. (2003) 'Girlfriend abuse as a form of masculinity construction among violent, marginal male youth', *Men and Masculinities*, 6(1): 70-92.
- TRNOBRANSKI, P. H. (1997) 'Power and vested interests – tacit influences on the construction of nursing curricula?', *Journal of Advanced Nursing*, 25(5): 1084-88.
- TRONTO, J. (1993) *Moral Boundaries: A political argument for an ethic of care*, New York: Routledge.
- TURNIPSEED, L. A. (1986) 'Female patients and male nursing students', *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 15(4): 345-48.
- VILLENEUVE, M. J. (1994) 'Recruiting and retaining men in nursing: a review of the literature', *Journal of Professional Nursing*, 10(4): 217-28.
- WATERHOUSE, R. L. (1993) "Wild women don't have the blues": A feminist critique of 'person-centred' counselling and therapy', *Feminism & Psychology*, 3(1): 55-71.
- WETHERALL, M. and N. EDLEY (1999) 'Negotiating hegemonic masculinity: imaginary positions and psycho-discursive practices', *Feminism and Psychology*, 9(3): 335-56.
- WHITEHEAD, S. M. (2002) *Men and Masculinities: Key themes and new directions*, Cambridge: Polity Press.
- WHITEHEAD, S. M. and F. BARRETT (2001) 'The sociology of masculinity', in S. M. Whitehead and F. Barrett (eds) *op. cit.*
- WHITEHEAD, S. M. and F. BARRETT (eds) (2001) *The Masculinities Reader*, Cambridge: Polity Press.

WHITTOCK, M. and L. LEONARD (2003) 'Stepping outside the stereotype. A pilot study of the motivations and experiences of males in the nursing profession', *Journal of Nursing Management*, 11(1): 242-49.

WILLIAMS, C. (1995) 'Hidden advantages for men in nursing', *Nursing Administration Quarterly*, 19(2): 63-70.

WILLIAMS, F. (2002) 'The presence of feminism in the future of welfare', *Economy and Society*, 31(4): 502-19.

WILLIAMS, S. (2001) *Emotion and Social Theory*, London: Sage.

WILLIAMS, S. and G. BENDELOW (1998) 'Introduction: Emotions in social life – mapping the sociological terrain', in G. Bendelow and S. J. Williams (eds) *op. cit.*

ZHAN, H. J. and R. J. V. MONTGOMERY (2003) 'Gender and elder care in China: The influence of filial piety and structural constraint', *Gender & Society*, 17(2): 209-29.