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Caring moments and their men: masculine emotion practice in nursing*

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ABSTRACT

Theory on men and masculinities has emphasized practice—situated action—as the key site to analyze masculinity. Individual and organizational practices as well as cultural resources are sites to investigate gender dominance. Similarly, though more recently, theory on emotion has called for a shift toward an emotion-as-practice approach in which emotion is seen as both an outcome and resource situational activated and embodied by constrained actors. Using empirical work on men in nursing, this article develops a synthesis of masculine and emotion practice. Bourdieu’s [(1990). The logic of practice. (R. Nice, Trans.). Stanford, CA: Stanford University Press] broader notion of social practice provides a link between the two fields. Reflections from men in nursing suggest a new masculine ideal centered on the emotionally adept man. Rather than signal an alternative form of masculinity that challenges gender dominance, these changes might signal a new hegemony—a reconfiguration of practices better suited to an era of post-industrialization. Economic shifts, including an increase in both the number of middle-class women in the labor force and the number of emotionally demanding, service-based jobs, may be the catalyst for a new ideal, particularly for white, middle-class men.

From The Washington Post (Paquette, 2016) to The Telegraph (Wells, 2016), news sources continually churn out articles highlighting new critiques of masculinity. Millennial men are not like their fathers, so the story goes, which gives hope to those who might like to see a softening of the tough, emotionally stoic (and emotionally inept) masculine ideal. Yet, critiques of masculinity also enrage those who see an emphasis on emotion as a sign of incompetence and emasculation. It would be a mistake though to examine these critiques in isolation from other social changes. In this paper I synthesize theories of masculinity and emotion using the case of men in nursing. Changes in the labor economy,
including an increase in the number of white, middle-class women in the labor force and the number of emotionally demanding, service sector jobs, might explain both an increased demand for a new masculine ideal and the emotion practice of men in nursing. In spite of recent critiques of masculinity in popular culture, a new ‘sensitive’ man can still lay claim to gender privilege. Combining an emotion-as-practice theoretical framework (Erickson & Stacey, 2013; Scheer, 2012) with theory on masculinity as a form of practice, this article elaborates on emotional processes that might signal a refashioning of the hegemonic ideal. I draw on recent literature and case study data from a project on men in nursing to theorize how men adapt their emotion practice as a result of the caring demands of nursing.

Theory on men and masculinities has emphasized practice—situated action—as the key site where researchers should analyze masculinity (Connell & Messerschmidt, 2005; Schrock & Schwalbe, 2009). Masculinity exists at the level of individual and organizational practices (or gendering practices; Cottingham, 2014; Martin, 2003) as well as the cultural resources used to activate/embody gender dominance. Much research in this field, then, has focused on determining which practices or configurations of practice link to gender dominance. Similarly, though more recently, theory on emotion has called for a shift toward an emotion-as-practice approach in which emotion is seen as both the outcome and configuration of resources situationally activated and embodied by constrained actors (Erickson & Stacey, 2013; Scheer, 2012). Much of the research in this domain has focused on emotional resources or capital (Cahill, 1999; Reay, 2000; Virkki, 2007; Zemblyas, 2007) rather than developing a robust conception of emotion as a form of practice.

Synthesizing these two fields of inquiry, this essay brings together recent empirical work on men in caring professions in order to develop the relationship between masculine and emotion practice. Using Bourdieu’s theory of social practice, I argue, allows us to better theorize the conscious and nonconscious (and relatedly the intentional and unintentional) features of men’s emotion practice in nursing as well as the relationship between the environment and the individual. Through novel interactional demands, men can come to embody and reflexively articulate a new hegemonic ideal centered on the new ‘sensitive’ man. Rather than an alternative form of masculinity that challenges gender dominance, this new ideal may be a reconfiguration of traditional practices attuned to the demands and rewards of the growing service sector economy.

**Shifting masculine ideals—inclusivity and hybridity**

Recent scholarship in the study of masculinities has debated the role of alternative masculinities in relation to hegemonic ideals. The study of men and masculinities has overlapped with the development of gender scholarship generally. Moving away from a trait-based focused on individual characteristics, gender scholars in sociology have theorized gender as the interactional accomplishment of individuals—a feature of what one ‘does’ rather than who one is (West & Zimmerman, 1987). Integrating a doing gender approach with an intersectional understanding of men who perform ‘women’s work’ also calls for researchers to theorize multiple masculinities rather than a single mode of masculine practice (Williams, 2013; Wingfield, 2009). Yet, gender scholars question if individuals are destined to perform gender or if gender might be ‘undone’ (Deutsch, 2007). Turning to men specifically, do men who challenge the traditional ideals of emotional detachment,
stoicism, and control ‘undo’ gender (Deutsch, 2007) by eschewing the privileges associated with the dominant gender category or are hegemonic ideals being refashioned for a changing economic and social landscape? Is eschewing traditional masculinity the new hegemony? I briefly survey this debate in order to draw out the specific role of emotion in old and new masculine ideals.

Two key terms specific to masculinity have emerged in the debates on undoing versus redoing gender: inclusive masculinities and hybrid masculinities. Literatures stemming from these terms both acknowledge shifts in ideal masculinity, but differ in terms of the implications these shifts have for understanding the gender hierarchy. Inclusive masculinities, developed by Anderson, refer to changes in masculine expectations linked to homophobia and heterosexism. Anderson sees diminished levels of homophobia as a signal of more inclusive and tolerant forms of masculinity. While Anderson studied men in the ‘masculinized setting’ of fraternities (2007, p. 605), he found instances of emotional intimacy and acceptance of gay men as a sign of new inclusiveness in masculine practice.

Recent work on hybrid masculinities has also sought to identify ways in which men’s practices, styles, and behaviors incorporate elements of femininity as well as subordinated masculinities such as black men’s language style or dress or gay men’s aesthetic (Barber, 2008; Bridges, 2014; Bridges & Pascoe, 2014; Ward, 2008). Rather than see this adoption of new practices as a sign of progress and equality, however, scholars using the term hybrid masculinity are critical of the power dimensions that might allow some men to maintain privilege through these reconfigurations of masculinity. For example, Bridges and Pascoe (2014, p. 247) argue that hybrid forms of masculinity indicate ‘that normative constraints are shifting but that these shifts have largely taken place in ways that have sustained existing ideologies and systems of power and inequality’. The ability to redefine masculinity is, in a way, the ultimate form of gendered privilege. Redefinitions of masculinity toward a more sensitive ideal might come from those privileged by other social characteristics such as race, socioeconomic status, and sexuality.

**Emotion-as-practice framework**

Parallel to developments in the study of masculinity, scholarly attention to emotion has flourished over the last four decades (Bericat, 2016). Within sociology, emotion is seen as both shaped by social forces and pertinent for understanding social processes at the intersection of the self, culture, and social structure. I build on the recent scholarship on emotion practice by offering three key concepts useful for researching emotion and masculinities: emotional capital, emotional embodiment, and emotional expression. Building on Hochschild (1983), research in the sociology of emotions has focused on how gender shaped the emotional labor of workers—the work that individuals had to perform on their emotions as a result of the demands of their jobs. This focus on emotion work in service to paid labor has produced a stunning array of empirical research, including research on airline attendants, pilots, lawyers and paralegals, nail salon workers, and healthcare workers (Erickson & Grove, 2008; Evans, 2013; Evans & Moore, 2015; Hochschild, 1983; Kang, 2010; Pierce, 1995; Stacey, 2011).

Yet, in spite of the vast amount of research on emotion-as-work, scholars may have overlooked other aspects of emotion that remain intimately connected to the social (if less readily captured empirically). What about aspects of emotion that continue to
appear natural and unintentional—operating in tandem with the conscious work of emotion management? As Theodosius (2006) argues, while emphasizing the role of social forces on the conscious management of emotions has undoubtedly advanced the field, emotion remains narrowly conceptualized. In an effort to re-center sociological attention to the simultaneous embodiment and management of emotion, recent theory has developed an emotion-as-practice approach (Cottingham, 2016; Erickson & Stacey, 2013; Scheer, 2012). Using this framework can help integrate research on emotion with parallel advancements in the study of masculinities. In developing a more nuanced understanding of the relationship between masculinities and emotion, it is important to clarify three terms relevant to emotion and affect: emotional capital, emotional embodiment, and emotional expression.

Within an emotion-as-practice approach, the emotional dimensions of Bourdieu (1986, 1990) notions of capital and habitus are emphasized. Gould’s (2009) research on the emotional habitus of gay and lesbian activists and a growing body of work on emotional capital in family and educational settings (Gillies, 2006; Reay, 2000) develop these concepts. Emotional capital is a form of embodied cultural capital that refers to an individual’s configuration of emotion-based knowledge, skills, and capacities (Cottingham, 2016). Knowledge about feeling rules (Hochschild, 1979) appropriate to different situations is key to effectively meeting the practical and interactional demands of a situation. Skills in effectively managing emotion—masking, pretending, or cultivating authentic feelings—also form part of one’s emotional capital, itself combining with other types of economic, social, and cultural capital within the habitus. Finally, capacities to feel are also part of one’s trans-situational emotional resources (Thoits, 2004). As this form of cultural capital is acquired through ‘a process of embodiment, incorporation’ it becomes an ‘integral part of the person’ (Bourdieu, 1986, p. 48), and forms part of the habitus as ‘long-lasting dispositions of the mind and body’ (p. 47).

Distinguishing between emotional capital versus other forms of embodied cultural capital serves as an analytic means to better understand emotion as something that is both within a person—embodied/activated—as well as worked over and situationally shaped. Someone who cries at a funeral is not simply crying because they are sad, but also crying because of the emotion norms infused within the situation of the funeral. To make a blanket claim that men cry less and therefore men feel sadness/grief less, or (even further) have less ability to feel sadness or grief confuses the issues I hope to tease apart. Ability to feel and manage feelings is part of one’s emotional capital—itself embedded in the habitus and thus a mix of conscious and nonconscious ways of being and doing that become habitual and natural to the well-socialized individual. Habitus, in an emotional sense, refers to the ‘socially constituted, prevailing ways of feeling and emoting, as well as the embodied and axiomatic understandings and norms about feelings and their expression’ (Gould, 2009, p. 10). Men and women may indeed have varying capacities to feel, process, and label different emotions. But the act of crying is not only the embodiment of the emotion of sadness—the visceral way in which sadness overwhelms the body—but the expression of an emotion, neither of which can be definitively used to measure one’s emotional capital. Crying suggests sadness, but is not equivalent to it.

This distinction is necessary because men in my study (Cottingham, 2016) talk specifically about how they embody care, compassion, and empathy, but the way they express...
these feelings differs (in their minds) from their female colleagues. They can still activate and embody compassionate concern for another’s well-being, while expressing this through body posture, speech, and gestures in ways that differ from women (and other men). Collapsing expression with felt emotion has closed off a number of possible in-roads to understanding how social forces—gender included—shape emotional dynamics. Turning to examples from men in nursing can illuminate these processes.

**Case study of men in nursing**

In past work, I have looked at men’s emotional labor in nursing (Cottingham, 2015; Cottingham, Johnson, & Taylor, 2016), as well as how their narratives help us better conceptualize emotional capital (Cottingham, 2016). Turning to their narratives here, my aim is to understand how experiences—as situational encounters with evolving practical demands—can feed back into men’s conception of masculinity. I touch on this issue in other places, but I expand upon it here to better develop the integration of seeing both masculinity and emotion as a form of practice in which individuals activate and embody distinct resources in order to meet practical, situational demands. Within nursing, these situations are wide-ranging and span the spectrum between life and death, ecstatic joy and crushing grief. As with interpretive, qualitative research, my aim here is not to generalize these processes to all men in nursing or all men, but rather to use men in my sample as a select case study that can illuminate how masculine and emotion practice might overlap.

The data were collected as part of a larger study of nursing and emotional labor. Eleven men were recruited from two Midwestern hospital systems to complete audio diaries after each of 6 consecutive work shifts. Additionally, follow-up interviews were conducted with 6 of these 11 men and in-depth interviews were also carried out with a larger, national sample of male nurses recruited through the American Assembly for Men in Nursing, a national nursing organization. In total, data were collected from 40 male nurses, which includes 29 in-depth interviews and 11 audio diaries.

Men in the sample were, on average, 44 years old, with 14 years of experience in nursing (ranging from less than 1 to 39 years). Participants worked in a variety of nursing units, including pediatrics, emergency, intensive care, community health, primary care, and psychiatric care. The vast majority of participants identified as white, with three identifying as Latino/Hispanic, two African-American, and one who identified as ‘other’. Compared to national nursing data in the U.S. (Institute of Medicine, 2011), Black/African-American and Asian nurses are underrepresented and Hispanic/Latino nurses are overrepresented in the sample. Participant demographics are displayed in Table 1 (participant recruitment and demographics are also reported in Cottingham, 2016; Cottingham et al., 2016).

Data were transcribed and uploaded to a qualitative analysis program (Dedoose.com). Analysis began with general open-coding related to conceptions of masculinity, emotional demands of nursing, and possible changes over the course of men’s nursing careers. Using conceptions of emotional capital and masculine practice based on the literature, I also focused my coding and memo-writing using the principles of abductive analysis rather than taking a purely inductive approach (Timmermans & Tavory, 2012). I focused on the ways in which men discuss their work as nurses and, in turn, how this might have influenced how see themselves as men. In particular, I focus on how they reference the
emotional demands of nursing and if and how it might lead to different conceptions of masculinity. Once excerpts related to masculinity, emotional experiences, expressions, and management were identified; I further examined these passages to understand the relationship between how participants view masculinity and emotion broadly as well as specific to their experiences in nursing.

**Men’s emotion practice in nursing**

One key tenet of an emotion-as-practice framework is to attend to the situational demands that iteratively shape the habitus and configurations of capital. The habitus, as internalized modes of being and doing, is honed and molded by the environment in which it is embedded. Like liquid, it changes shape depending on the structure in which it is

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**Table 1. Participant pseudonyms and demographics.**

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Race</th>
<th>Age at interview</th>
<th>Years of experience</th>
<th>Sexuality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jerry</td>
<td>White</td>
<td>43</td>
<td>1</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>Andrew</td>
<td>White</td>
<td>31</td>
<td>1</td>
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<tr>
<td>Thomas</td>
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<td>34</td>
<td>3</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>Walter</td>
<td>White</td>
<td>49</td>
<td>17</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>Manny</td>
<td>White</td>
<td>50</td>
<td>24</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>Justin</td>
<td>White</td>
<td>39</td>
<td>7</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>John</td>
<td>White</td>
<td>46</td>
<td>25</td>
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</tr>
<tr>
<td>Richard</td>
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<td>51</td>
<td>30</td>
<td>Pansexual</td>
</tr>
<tr>
<td>Carson</td>
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<td>Derrick</td>
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<td>49</td>
<td>8</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>Brandon</td>
<td>White</td>
<td>28</td>
<td>1</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>Sam</td>
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<td>39</td>
<td>14</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>Carl</td>
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<tr>
<td>Ron</td>
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<td>38</td>
<td>3</td>
<td>Heterosexual</td>
</tr>
<tr>
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<td>Latino</td>
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<td>Heterosexual</td>
</tr>
<tr>
<td>Ben</td>
<td>White</td>
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<td>3</td>
<td>Gay</td>
</tr>
<tr>
<td>Max</td>
<td>Other</td>
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<td>–</td>
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<td>Heterosexual</td>
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<tr>
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<td>58</td>
<td>35</td>
<td>Heterosexual</td>
</tr>
<tr>
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<td>30</td>
<td>5</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>Leonard(^a)</td>
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<td>5</td>
<td>Gay</td>
</tr>
<tr>
<td>Russell(^b)</td>
<td>White</td>
<td>46</td>
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<td>Heterosexual</td>
</tr>
<tr>
<td>Jack(^b)</td>
<td>White</td>
<td>51</td>
<td>16</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>Travis(^b)</td>
<td>White</td>
<td>51</td>
<td>8</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>Pat(^b)</td>
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<td>48</td>
<td>13</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>Emmanuel(^b)</td>
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<tr>
<td>Mean</td>
<td></td>
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<td>13</td>
<td></td>
</tr>
</tbody>
</table>

\(^a\)Diary and interview data.
\(^b\)Diary data only.
contained. In this way, an emotion-as-practice framework draws on Goffman’s (1967, 1983) focus on interactions as ‘the critical set of conceptual connecting tissues by which structure and personality, real in their own right, are more precisely joined’ (Hochschild, 1979, p. 557). I see these approaches as compatible, though retaining important differences. For one, both Goffman and Hochschild have been criticized for assuming too much agency on the part of the individual ‘actor’ (Theodosius, 2006) while the converse—being overly deterministic—is lodged at Bourdieu (Swartz, 1997). But Bourdieu himself argues for agency within the concept of habitus. Though the habitus may reproduce itself through its own actions, individual agents can respond inventively to novel conditions and in doing so tweak the habitus as the ‘open system of dispositions that is constantly subjected to experiences, and therefore constantly affected by them in a way that either reinforces or modifies its structures’ (Bourdieu & Wacquant, 1992, p. 133).

Individuals might confront, through happenstance or choices (themselves shaped by larger social forces such as economic shifts), novel situations that stretch the habitus to meet new needs. In developing a conception of masculine emotion practice, we can first turn to the situations that men confront and how this might hone the masculine habitus by closing off and opening up new emotional demands. Certainly, the demands of nursing vary depending on the type of nursing work one does. As Russell, a white man in his mid-40s with six years of experience, notes, ‘a lot of male nurses tend to gravitate toward certain types of nursing … like emergency’ and he sees this as linked to a masculine emphasis on problem-solving and ‘fixing’. This pattern has been confirmed in empirical research on horizontal sex segregation in nursing, with men more likely than women to enter low-touch and high-tech nursing fields (Snyder & Green, 2008). While the men interviewed in Snyder and Green’s study emphasized the masculine nature of these specializations, we might also frame the decision to enter certain specializations over others as a survival strategy of the masculine habitus as it favors ‘experiences likely to reinforce it’ (Bourdieu, 1990, p. 61).

Despite the possible benefits of choosing a high-tech specialization, Russell has entered the high-touch field of oncology. As a result, he notices an emotional shift in himself:

And in all honesty I never thought I was going to be in oncology. It just kind of happened, and I’m very glad it did now, but I saw myself like in an emergency-type role and I think it was because I had a fear of getting close to patients or getting close to people. And I just wanted to kind of fix situations and move on. That’s the way I saw myself because that’s kind of what I did … And I thought it would be emotionally difficult for me to know a patient … and watch them go through the ups and downs of them going through cancer and then lose them and to do that day-in and day-out. I just didn’t want to have that kind of attachment or at least I thought I didn’t want to have that kind of attachment to my patients. And having relationships with patients like that now in oncology nursing, I’ve gotten a lot out of it and I’ve learned a lot about me as a person and about life in general from patients like that – getting to know them at that level and there’s nothing I enjoy more than having that extended relationship with the patient even if the end result does end up being death. (Emphasis in original)

In contrasting the demands of emergency and oncology nursing, Russell seems to contrast his old and new masculine habitus. Russell did not actively seek out oncology, but frames his entry into oncology as ‘something that just happened’. After confronting new
emotional demands, he now sees himself as less focused on fixing and more emotionally attached to his patients. This example illustrates the way in which situational encounters—which appear to precede his refashioned approach to nursing—might lead to novel practices and, over time, restructure patterned feelings about feelings.

Developing the notion of emotional habitus, Gould (2009) refers to the climates of political contention that fostered a distinct emotional habitus for gay and lesbian activists during the AIDS epidemic. She highlights the ‘bodily, nonconscious nature of a habitus’ to emphasize that the development of distinct emotional practices need not be intentional. While Russell initially did not want to develop intense emotional bonds with his patients, through repeated situational demands his emotional habitus—and in a more delimited sense, configurations of his emotional capital—shift to not only be able to form emotional bonds, but to also find satisfaction from patient bonds despite the risk of grief that looms large on an oncology unit. He did not set out to enter nursing and gain a different perspective or view of the self as a result, but such shifts emerge as a result of the repeated interactional demands in both conscious and nonconscious ways.

A shift in masculine emotion practice is also reflected in the case of Sam, a white nurse in his late-30s with 14 years of nursing experience. When asked about how he came to nursing, he notes that he was initially interested in sports medicine and ‘I wasn’t sure as an eighteen year-old male if I was ready to tackle nursing.’ But five years later, as a 23 year-old: ‘I decided I was a lot more you know secure and confident in my manhood I guess you could say. I was gonna go into nursing.’ He explains this transition as a result of seeing more of the world:

I think I was probably just a lot more sensitive about what someone might say or act as an eighteen year-old than I was at twenty-three. By the time I was twenty-three I had seen … seen a lot more of the world than my own, and so I was just a lot more comfortable.

When asked if being a man has hindered him as a nurse, he says:

I think the things that have hindered me are the things that I have had to teach myself to overcome where you know everything’s not black and white, we can’t beat everything down with left brain logic you know and see everything that way, there’s a lot, there’s an emotional, just human element in all of it and we have to be in touch with that. Both from a direct care standpoint and taking care of people and also a leadership standpoint you know lead together, supervise together.

Sam suggests here that he has had to shift his approach to problem-solving to include more of an ‘emotional’ and ‘human element’. He now acknowledges that the world is not always black and white and that ‘left brain logic’ will not always prevail. Emotions then appear to take up more consideration in his everyday social practice than they did initially in his nursing career.

While Russell and Sam discuss how they have changed as men both prior to and as a result of nursing, Russell notes that he retains what he sees as a masculine approach—both the habitus and the emotional capital that constitutes it—distinct from his female colleagues. In his comparison, the act of crying is laden with gendered meanings:

… it [crying with a patient] wouldn’t be natural, it would come across fake and … I don’t ever see me being in a scenario when I could ever sit down and cry with a patient. That would not come across as natural. I have a lot of conversation with them, I’m comfortable with the patient crying in front of me, I mean I can talk them through it, maybe there are
times that a patient is crying and they do just need someone to cry with them, but I guess … I wouldn’t be the person to be there for them. But I think as a nurse you gotta realize that you can’t be there in every aspect for a person, I mean there’s things that you do well and that’s why there’s a team of people that are there to help with this patient and get them through it. So, where I might be able to fulfill different emotional aspects or I might be able to get them to talk about what’s causing it, I’m not the right person to be there when they have to have the outpouring …

Here we see Russell recognizing the limits of his ability to authentically embody the emotion practice of crying with a patient. He later notes that his female colleagues may be able to provide this type of emotional support for patients. Situational demands create friction with a masculine habitus that, despite claiming the capacity for compassion, overlaps with masculine ways of expressing emotion. As I have argued elsewhere (Cottingham, 2016), we might see this as indicative of primary and deeply held emotional capital that intersects with conceptions of manliness forged in early socialization. Notably, Russell also draws on authenticity and naturalness of emotion practice as an important litmus test for its appropriateness. Emotion norms, including gendered emotion norms, make up the socially generative habitus. Russell’s masculine habitus might stretch to meet novel situational demands when it comes to forming emotional bonds with patients, but it is not fully elastic. In cases of gradual change, ‘the habitus tends to adapt, though there will be some degree of “mismatch”’ (Swartz, 1997, p. 213).

While Russell emphasized the relationships he has developed working in oncology, others in the sample highlight the types of emotional skills that all nurses are expected to activate, no matter what unit they work in. In comparing ‘macho’ masculinity with nursing, Richard, a Black nurse in his early 50s with 30 years of experience, reflects on the skills that all nurses need:

… the whole idea of being a strong, silent type doesn’t work. I mean one of the key and critical, key pieces of being a nurse is your ability to communicate. Communication is way important, just to be able to communicate, to interpret, translate things … and if someone has pain and you think they’re being a ‘pansy’ about it then this whole being macho thing, being tough and ‘suck it up,’ that doesn’t work in our environment. People will complain, and of course a lot of reimbursement for insurances right now based on patient satisfaction so you need to be able to be in tune with the importance of what a person is telling you, or communicating to you even non-verbally. (Emphasis in original)

Richard draws on traditional, hegemonic notions of the strong, silent type of man who is emotionally stoic and expects others to similarly mask feelings of pain. Interestingly, he connects this to tangible outcomes like patient satisfaction scores and insurance reimbursement. Here we see the transformation of emotional capital—as the ability to appropriately recognize and compassionately respond to another’s pain—into economic capital through the organizational use of patient satisfaction scores. Money itself seems to be directly incentivizing a shift in the masculine habitus to incorporate compassionate responses to others in pain. The structure of healthcare, which prioritizes patient satisfaction in insurance reimbursement, acts as an external catalyst to men’s incorporation of new forms of emotional capital. Men with a traditional, stoic habitus will either engage in avoidance strategies (perhaps by leaving the profession or self-selecting into low-touch specializations) or adapt the habitus by incorporating new ways of feeling toward patients.
Of course, there are limits—both gendered as in the case of crying for Russell and linked to the structure of healthcare—to the way in which care and compassion are practiced by men. While my discussion of this in terms of emotional capital also referenced how men discuss reaching the limits of their compassion (Cottingham, 2016), Jerry, a white nurse in his early 30s with one year of experience, adds to this by noting how situational factors such as patient load can play a role in the emotion practice of nursing:

First of all, the pace is too hectic. I do want to care for people and I do want to provide the best care that I can for someone but at the same time, if I let myself get too emotionally invested in their case, I’d be a basket case. Think about the number, like last night I saw 18 people. Now if I get emotionally invested in 18 lives, 5 nights a week, 52 weeks a year, for however many years I’m doing this, our psyche can’t handle that. So at some point in time you close down and you play the role of being empathizer …

Working in the emergency department, Jerry references the skills of emotion management through play-acting at being empathic as a way to preserve the self and not necessarily as a gendered form of emotion practice. What could, on the outside, appear to be a typically masculine practice of emotional detachment appears more nuanced when we apply the concepts of emotional capital, embodiment, and expression. By closing down and playing the role, Jerry draws on distinct emotion management skills despite the fact that he says he does ultimately want to care for people. The structural features of emergency nursing as well as his own finite emotional resources limit his expression of that care. He might have both the ability and desire to embody compassion in the case of each and every patient, but the pace of the work environment limit his ability to express that compassion in ways that take up too much time or emotional energy. Using an emotion-as-practice approach draws our attention to the practical and situational demands that frame, in this case, Jerry’s decision to manage his emotions by playing at the role of “empathizer.” It is the institutional structure of nursing, which determines patient load, and not the cultural norms of nursing that shape his enactment of emotion management here. Orienting himself to the future, Jerry anticipates depleted emotional reserves and adjusts his emotion practice to find the best fit between his emotional resources and the situational demands of attending to 18 patients in a single night.

In confronting the emotional demands of nursing, men appear to also question the way in which gender reasserts itself in their emotion practice. Vince, a white nurse in his early 50s with 28 years of experience, critiques the influence of gender:

I could have behaviors that could be interpreted as maternal but I’m never going to be a woman, you know, with you know but whatever that means. So no, did I help, have I held man’s – men’s hands and hugged them and comforted them and sat on their beds? Absolutely. Have I done that with women? Absolutely. How did they interpret it? Well I hope they interpreted it as being caring, as a caring human being … I never interpreted the way I provided that care as maternal or feminine or I – or masculine, I interpret it as being human it’s a human behavior to care, yes, and I would like to think it transcends gender. (Emphasis in original)

Vince hopes his care is interpreted as the result of him being a caring human being rather than linked to feminine or masculine expectations. In extending the habitus to incorporate traditional feminine characteristics of compassion, and specifically compassionate touch
in this example, Vince hopes to transcend the need to affix gender qualifiers to a particular pattern of embodying/enacting emotion.

Similarly, other men in the sample hope that their experiences in nursing might point to fundamental changes in society. Art, an Hispanic nurse in his mid-30s with 11 years of experience, describes this as ‘jumping into a new era’. Asked if being a nurse has made him a better man, Art notes that nursing, like life, demands social engagement:

... they have to be [social]. So I think that that’s part that can help someone to become a different person. Especially with men. We tend to be more reserved or – the part with men was that you were not allowed to express yourself with personal emotions. I think that we’re jumping to another era when-where that is not a stigma ... So we’re jumping into another era which I feel like it is good, but for those that have lived in that kind of culture where you were taught not to talk, not to spread your feelings, I think that being a nurse will help them deal with that and cope with that. (Emphasis in original)

Nursing, in a way, becomes a cure for supposedly ‘toxic’ masculine practices (Connell & Messerschmidt, 2005) that includes truncated emotional expressiveness in regards to pain or vulnerabilities (Courtenay, 2000; Creighton & Oliffe, 2010). Art’s reflection could be further interpreted through the lens of an evolving masculine habitus. Through the repeated situational demands for emotional expression that men confront in nursing, their emotion practice shifts to adapt to these demands. In doing so new forms of emotional capital may be incorporated into the adaptive habitus.

Others in the sample echoed social constructionist characterizations of gender in order to divorce masculinity from biology. When asked about the stereotype that characterizes men as less nurturing than women, Victor, a white nurse in his late-50s, responds with a textbook understanding of social constructionism:

I think we’re beginning, and I still believe we’re beginning to understand that being a man and being a women are socially determined. That to be a man is this, this, this, and this, they don’t have anything to do with your biological gender. Here’s what we say to be a man. And the people who don’t fit into those stereotypes have really struggled, but I’m finding we’re getting better at saying, well maybe our definition is so socially ... set that it’s not fair because we’re not the same people now that we were in the 1900s. So I do believe that we are changing and the young men that are in our nursing programs, now when I talk about this instructor [who told him men should not be in nursing], they all just go, ‘What, I just can’t imagine that happening.’ We’ve talked with students now if you’ve had any hassles with family, friends, whatever, it’s still the raised eyebrow, but it’s like well, it’s ok for men to actually care about other human beings. The vision of what nursing is a scientific profession and also a caring profession has also helped. But I think we’re getting a little better at that, trying to stop the mandated stereotypes at either end of the spectrum and realizing that everything in between is probably okay.

Victor reflects on changes he sees from the vantage point of 36 years in the profession. One of these changes is the dismantling of stereotypes that assumes men are not suitable as nurses. Male nurses may experience some ‘raised eyebrows’, but society, in Victor’s eyes, is increasingly accepting of behaviors and occupational choices that defy stereotypes for men.

On the one hand, we might see Victor’s reference to social constructionism and Vince’s call for transcending gender as a potential sign of progress and perhaps a step toward ‘undoing’ gender (Deutsch, 2007) or fostering a more inclusive masculinity (Anderson,
2007). Yet, simultaneously, we have to situate these claims within the changing labor market. As service sector jobs with emotional demands are increasing (Bulan, Erickson, & Wharton, 1997), men’s claims that masculinity is adaptable can be seen as the practical adaptation of the masculine habitus to an environment in which its configurations of capital (including increasingly valuable emotional capital) retain value. Scholars have long theorized gender as mutable, but individual men taking up this same claim do so with clear incentives in a changing landscape of occupational opportunities and rewards.

**Integrating masculine and emotion practice**

Given the similar emphasis on situated practice, both masculinity and emotion can be seen as the embodiment and activation of distinct resources in association with cultural norms and structured opportunities. ‘Feeling rules’ (Hochschild, 1979)—cultural norms about when and how to feel—overlap with raced and classed expectations about what it means to be a man or woman. Certain practices of doing manhood have in distinct times and places relied on the emotional practice of stoicism—extreme emotional control—as well as the appropriate deployment of anger and aggression in other situations (Connell, 2005; Kimmel, 1996; Reeser, 2006). This stereotypic emotional configuration, though, does not exist as a universal, but is undoubtedly linked to particular economic and material bases. Societal needs for demanding manual labor, willing and competent soldiers, and familial needs to protect and provide are bound up tightly to one another in this traditional configuration. It is important to understand the function of different emotional configurations, but not in a Parsonian functionalist manner. Rather, we need to understand how certain configurations of emotional capital align with one’s distinct social location in terms of race, class, and gender, as well as space, time, and structural/occupational demands. This is in keeping with Bourdieu’s theorizing of the habitus as the internalized preferences, tastes, habits, ways of being and doing that form a corresponding interlock with one’s social location.

In integrating Bourdieu with interactionist approaches to emotion and masculinity, distinctions between habitus and the self should be clarified. What distinguishes a masculine habitus from a masculine self? Do both distract from the practice/acts that serve as the foundation of contemporary theory on masculinity (Connell & Messerschmidt, 2005; Schrock & Schwalbe, 2009)? Habitus, as McNay notes, provides a ‘dynamic and non-dichotomous notion of embodiment’ (1999, p. 95) that is both durable and mutable. Within Schrock and Schwalbe’s definition of manhood act, however, the self takes center stage: the ‘common theme’ that unites all forms of masculinity is the type of act that ‘signifies a masculine self’ (2009, p. 280). But with this definition of manhood acts, the focus moves away from practices themselves and back onto the individual self that they are intended to signify and fails to illuminate how practices and their meanings might change over time.

Within a sociology of emotion practice, habitus can be marked by its link to both emotion (‘emotional habitus’ as in Gould’s, 2009 use), as well as gender and other salient (and interlocking) group distinctions. Such a view would be compatible with post-structuralist theorizing on the fictive nature of stable, gender identities (Butler, 1990), for a masculine or feminine habitus is constantly in flux, stretching and constricting based on the ongoing situational demands found within distinct fields. Men’s narratives on nursing
suggest that, in line with Butler, they must continually reiterate their claim to masculinity, but they can also redefine masculinity to align with the caring practices they enact on a habitual basis.

Demographic shifts as well as the historic shift of healthcare from a family- or religiously based institution to a public or privatized service has increased the need for healthcare workers over the past quarter of a century. This field, with distinct objective conditions that shape the habitus of various professional and organizational actors, provides men in nursing with practical demands that appear at odds with the traditional masculine habitus. Men’s ‘le sens pratique’ or feel for the game of nursing is often explicit and only through training and experience do they develop the emotional capital that, over time, seeps into who they are as part of the habitus. Russell described this as a shift in focus from fixing problems to forming emotional bonds with patients. Over time, the body ‘believes what it plays at’ (Bourdieu, 1990, p. 73) as a form of ‘practical mimesis’ (p. 92). The case of men in nursing can highlight both the determined and generative nature of the habitus. As nurses like Russell highlight, through repetitive interactions with patients, some features of a man’s emotional habitus might evolve and adapt while others remain fixed and durable.

Using notions of emotional capital, embodiment, and expression can allow us to further examine how raced and classed norms about what it means to be a man are linked to emotion norms. The lingering cultural belief that men are somehow less emotional or less emotionally competent than women is problematic for a number of reasons. Problematizing this essentialist claim without dismissing the distinct expectations of femininity and masculinity, though, is easier when we use more precise language in discussing ‘the emotional’. In trying to understand how broad social changes in the labor market in industrialized countries might shape individual men’s emotion practice, it is important to return to the distinction between capital, embodiment, and expression defined previously. Perhaps it is too ambitious to consider individual capacities to feel—something that appears innate and inherent to being human—as open to social influences. But to discount it, I believe, would be to underestimate the ways in which societal arrangements and cultural norms get under our skin and embed themselves into who we are and how we feel.

Does a shift toward a service economy mean that men feel more? This is the wrong question. Emotion is not a wholesale entity that can be measured on a single barometer. One feels what one believes is allowed or even expected. Feeling rules—the ‘underside of ideology’ (Hochschild, 1979)—open and close off different forms of emotion practice by honing and shaping capacities and skills to meet the practical demands of shifting structural conditions. Various elements that configure one’s emotional capital are emphasized or de-emphasized depending on the repeated circumstances and situational demands that one confronts. Moments, to use Goffman’s term, implicate distinct skills and interactional needs. Part of Bourdieu’s conception of habitus is intended to draw attention to how habitual ways of being and doing do not emerge from thin air, but rather are linked to the practical issues that people confront. Men of various racial, classed, and sexual identities might experience the world differently and, in turn, develop distinct configurations of emotional capital honed within the habitus. In this way, emotion practice is both the product of past practices and the anticipation of new demands, including old and new caring moments.
Note

1. I use these terms interchangeably.

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