

# Caring Fathers: Reflecting Lived Experiences of Fathers having Children with Disabilities

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ARTICLE DETAILS	ABSTRACT
<b>Article History</b> <i>Published Online:</i> 20 August 2021	Fathering and fathers' involvement in care remained an untouched endeavor within wider discourses of care within academic scholarships and researches. However, there are many recent developments within feminist ethics of care which has given due importance to include the role of fathers as care givers in relation to childcare for children with and without disabilities. But very limited papers have attempted to connect masculine ideology that shapes the fathers' perception of their role in caring children with disabilities. In this paper I have tried to see how did the care work, extended by fathers of young children with disabilities, involved dimensions of emotion and performance relating to care. The paper has attempted to explore how the connection between masculine and gender ideology of a father has shaped their understanding and perception of fatherly roles related to care for children with disabilities.
<b>Keywords</b> Alternative masculinity, Caring masculinities, caring fathers, father-work	
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## Introduction

Care as an academic domain of concern did not receive its due significance and relevance until the middle of 20<sup>th</sup> century. Such disregard of looking at 'care' as an important arena within the academic scholarships and literatures can be understood as products of certain socio-cultural assumptions that existed within academic discourses related to care. Firstly, care has been viewed as essentially limiting to the private lives of the individuals with corresponding family or household units remaining in the centre to provide the required care work to those who needed them. Secondly, understanding of care as a familial devotion or obligation towards their members (which has later been associated with the discourses of morality and ethics) ignored the significance of care as a social phenomenon.

It was from the later part of the 20<sup>th</sup> century that 'care' received serious attention in all domains of academic scholarships and also within state provisions (Carpenter, B., & Towers, C, 2008). The historical processes of change in the socio-economic structures of the society that began from the late 19th and early 20th century can be observed to have provided the required driving force for a shift of 'care' from a "private concern to a public concern" (Mills, 1959). Increasing attention to 'care' as a significant sociological category emerged as a result of the changes that began to take place in the socio-cultural demography of the population. The factors that placed 'care' as an important social category can be traced back to the three important factors- i. Increasing number of women choosing career and their entry into the paid employment sectors; and ii. Increase in life expectancy of the elderly population and decline in the fertility rate leading towards an ageing society (Fine, 2005: 48). These changing social scenarios coupled with non-existent and inadequate structures to back the availability of care have brought attention of the social researchers, academics scholarships and state to look at 'care' as a need of social life than an individual one.

## Conceptualizing and contextualizing 'care'

There is no ubiquitous definition on care. Existing literature of care has conceptualized care diversely ranging from contextualizing it from an angle of morality, or ethical considerations, gender, institutional care work and so forth. However, a closer scrutiny of the existing researches on care would reveal that care has not been attempted to understood as a social phenomenon that include dimensions of an inwardly felt emotion driven by morality or ethics and an externally executed performances relating to care, which is driven by obligation, responsibility and even sometimes as burden. Fisher and Tronto (1998 : 16) argued that current discourses of care has an inherent tendency of either exaggerating emotional dimension of care while completely ignoring its practical reality of care work activities; or it gives immense importance to care related activities and performances at the expense of its emotional and intellectual motivation. In this paper I have tried to see how did the care work, extended by fathers of young children with disabilities, involved dimensions of emotion and performance relating to care. To make it more elaborate Fisher and Tronto have provided four traits against which 'care' can be defined. The first trait saw care as a "species activity", which denotes that caring for oneself and others is an inherent human characteristic that makes us human. Secondly, care has been seen as an 'action' indicating towards the practice and performances related to care. The third one see care as a 'standard' which understands care as peoples' understanding of living well in the world. "We care so that we can live in the world as well as possible" (1998 : 16). However, the standard of care is subjective to the extent that living well and caring for others also depends upon the life and context of the people engaged in caring. The fourth trait see caring as a 'process' that takes place in a diverse range of settings ranging from household, institutional care set ups, in professional care services, in organizations and so forth. The current paper has attempted to focus majorly on the household care activities provided by fathers towards their children with disabilities as also towards

the household chores that are directly or indirectly related to the care work of these children.

'Care' as an important phenomenon for social inquiry received its recognition in the second-wave feminism and gradually began to thrive within the British academic scholarships. In its early phase of development emphasis was given on caring people in all categories which included adults and children who have 'special needs', who have certain disabling conditions arising out of physical and learning disabilities, mental illness, chronic illness and so forth (Finch and Groves, 1980). However, another strand of approaching care was focused more on analyzing policies related to childcare which focused upon the quality and responsibility of care in cases where both parents were involved in paid work (Moss and Fonda, 1980). Thus, on one hand caring people with disabilities was focused in the literature related to care while on the other hand it was caring for children without disabilities which was recognized as the primary focus of inquiry. Thus, literature and analysis has evidenced a variety of dichotomy in understanding care. Other dichotomies in understanding care lies between formal and informal care (Ungerson, 1994, 1997); between caring for children and caring for dependent adults or elderly; and between paid care work and unpaid care work. Ungerson (1990) has noticed a difference in the treatment of care within British and Scandinavian literature on care. The former primarily focused only on elderly care, while the latter focused both on elderly and child care.

### **Nexus between fathering and care**

Several earlier researches on caregiving has confirmed that caregiving -which includes everyday activities related to care like feeding, dressing, bathing and fulfilling other emotional and care demands- was primarily perceived as a mother's job, or more generally women's task (Dienhart & Daly, 1997). It was during 1960's and 1970's that researches on fatherhood and fathering presented evidence-based research of fathers being capable of caring and meeting children's needs. But these findings were not included within the umbrella concept of 'care' and was an overlapped understanding them as complementary to a mother's involvement to care (Hawkins & Palkovitz, 1999; Roggman, 2004).

The current research has attempted to see how the care work tasks performed by the fathers have an impact on their personal and professional lives. At the same time the paper has tried to explore how the fathers' personal belief system and emotions (that makes up the personality of the fathers) and their professional work commitment influence their perception and practice of care work related to their children with disabilities. The paper has also attempted to show how fathers' adherence to gender ideological beliefs have contributed to shaped their masculine identities as fathers, and how such masculine identity has shaped perception and performance towards caregiving. In this context I have adopted Hochschild's classification of gender ideology into 'traditional', 'egalitarian' and 'transitional' (Hochschild, 1989: 16). With regard to sharing the burden of care and chores by man in the household, it has been claimed by her that both man and woman are guided by certain gender ideological frameworks of division of labour within the household. Thus, father or man in the household may or may not chose to share the responsibility of care and chores and this to a great extent depends upon the kind of gender ideological

frameworks they have adopted to justify their respective position within the household. 'Traditional gender ideology' considers the conventional gendered division of labour to be ideal. Men following this kind of ideology believe that private sphere or home had been and should remain a women specific domain, and man should be seen as the provider/ breadwinner of the household. These men tend to perceive child-care and chores to be female centric jobs while earning and providing material security to the family/household are dominantly a man's task. Contrast to the traditional gender ideological framework stands 'egalitarian gender ideological framework', which considers that responsibility of childcare and chores should be equally shared by both men and women in the household. In between these two contrast ideologies, there lies a third category of men who while believes in the empowerment of women and agrees that women should step out of the private sphere and make their contribution to ward she wider economy, but at the same time considers the private share to be their sole domain of responsibility. Thus, for this kind of men the public sphere is shared by both men and women but the private sphere of childcare and chores are the responsibility of the women in the household. This kind of perception has been termed by Hochschild as 'transitional gender ideological framework' (Hochschild, 1989).

In the context of the relationship between fathers, fathering and care, we can trace back to the four phases of care identified by Fisher and Tronto (1998: 16) as – 'caring-about', 'caring-for', 'care-giving' and 'care-receiving'. The difference between caring about and caring for has been an important conceptual considerations in various literatures on feminist works on care and care ethic (Ungerson 2006; Lynch, Baker, and Lyons 2009). 'Caring-about' is seen by Ungerson as (2006 : 277) "the affective relations of care" and 'caring-for' as "the practical tasks of care". Existing literature and researches on care ethics are not limited which claims that women of the households are more engaged in performing the everyday care activities ('caring-for'), while fathers mainly remain involved only with understanding the caring needs of an individual within a household ('caring- about') (cite related works).

### **Bridging fatherhood and masculinities with Care**

In understanding fatherhood and fathering, it seems important to connect fatherhood with masculinities. Fathers' perception towards child care is deeply embedded into the masculine ideology. Fathers' masculine ideological orientation is shaped by both personal and political. Their encounter with the masculine ideologies which he has learnt and internalized through socialization in his early life shapes their personal understating of fatherhood (for e.g., seeing the masculine roles of their own fathers or other male members of the family). On the other hand, their encounter with the wider society (through generalized and significant others) shapes their understanding of fatherhood, which is further grounded in the wider normative cultural standards of masculine roles related to fatherhood. Thus, personal perceptions and ideology of fatherhood for a new father may conform to or contradict with the expected standards of fatherhood and masculinity within a given socio cultural reality. J. B. Stykes (2012) in his work 'Hegemonic and Alternative Masculinities in Fatherhood' have identified three forms of masculinity in relation to fatherhood and fathering- 'traditional', 'generative', and 'marginalized' (P. 17-18). Traditional masculinities are accepted by those fathers who

adopt the traditional gender norms for men (Davis & Greenstein, 2009) of being the provider or the breadwinner. Caregiving remains a distant expected role for them. Fathers who believe in providing caregiving roles to children follow generative masculine ideology (Roy and Lucas, 2006 ; Marsiglio and Pleck's 2005 can be referred in their works of contemporary fatherhood). Fathers with a marginalized masculinity label emphasize caregiving but remaining within the clutches of hegemonic masculinity.

Following Hanlon (2012: 3-12), care remained an untouched endeavor within traditional constructions of masculinities and vice versa. The reason behind the absence of such mutual acceptance of variability may be traced back to what Hanlon has pointed out in his work on masculinities and fatherhood (2012). Firstly, the tendency of coding care as feminine caused to see care to be accorded with domestic task, and hence earned a subordinate status within wider academic literature on masculinities and fatherhood. Secondly, Care giving performance has been considered as a feminine role lacked its significance in understanding masculinities and fatherhood. Thirdly, men have been seen to be impertinent actor in performing care activities. And finally, care performances and care giving roles stands in contrast to traditional masculinity and men finds it difficult to accept and internalize under certain given socio-cultural context.

Karla Elliott (2016) has defined caring masculinities as "masculine identities that reject domination and its associated traits and embrace values of care such as positive emotion, interdependence, and relationality" (Elliott 2016: 240). Elliot has identified "positive emotion, interdependence, and relationality", which are seen to be women centric features, to be the pillars on which care masculinities have thrived as an alternative to the dominant and traditional forms of masculinity (2016).

### **Caring Fathers of children with disabilities**

Fathers as care givers remained to be an unattended discourse within feminist works on care at least until 1990s. Earlier feminist literature and scholarships on care considered women to be the only care providers within the household. Therefore it has never been taken into account within feminist literature on care that men are also actively involved in care (Arber, 1989; Fisher, 1994). It was since late 1980's and early 1990' that men as care providers received serious attention in British literary works and researches as a result of the increasing number of men in the state level data (Ungerson, :275) which reflected almost similar proportionate of men's contribution in the informal care towards children and elderly with and without special needs. Men's proportionate share in caring for someone in the household with disabilities has been observed in some researches (Green, 1998). A growing body of research have been noticed which reflected active roles of men caring for their children. Many of these researches have attempted to explore how fathers' involvements to childcare facilitate overall growth and development of the child (Pleck & Masciadrelli, 2004). Researches during the 1970's and 1980's have reflected a deficit-model to look at fathers engagement to childcare to particularly in household contexts where fathers were absent. But this focus has now shifted to strengths-based approach that looks at the how fathers involvement to childcare have positive impact of child's development (Queensberry, Ostrosky & Corso, 2007: 12).

But these researches primarily focused on the impact of father's involvement to the overall developmental the child without any kind or extent of disability. Thus, one can notice a research vacuum that focuses on –i. fathers performing care work and activities for their children than only participating in playful activities or taking indirect responsibilities for them; and ii. fathers taking care of children with disabilities. Adequate research on father's involvement in childcare in important as many existing research has observed that fathers' engagement in care has impact on maternal and overall family stress in household having children with disabilities (Feldman et al., 2007; Hastings, 2003; Hastings et al., 2005; Heller, Hsieh, & Rowitz, 2000; Patterson, 1991)

In the context of fathering children with disabilities, researches are not limited to show that fathers' understanding, perception and involvement on care did not receive much attention (McDonald & Hastings, 2008). Moreover researches which have conducted works including samples of fathers or fathers as respondents have reflected lesser involvements of fathers in care as compared to mothers (Bristol et al. 1988; Roach et al. 1999; Willoughby and Glidden 1995). There are few researches which have observed positive impacts of fathers' involvement in caring children with disabilities (Simmerman, Blacher, & Baker, 2001).

Mitchell & Lashewicz (2016: 01) has provided an understanding on generative fathering framework (Dollahite, Hawkins & Brotherson, 1997) to comprehend father's involvement on child development. Generative fathering assumes that - fathers play significant role in fulfilling children's need and requirements by performing different kinds of care work; that father-child relationship produces in "reciprocity of benefits"; and that the challenges in caring cultivates positive traits among fathers that strengthen their personality as fathers. Mitchell & Lashewicz have claimed that all these assumption in generative fathering are relevant for understanding fathers' relationship with and responsibility towards their children with disability. Recent researches on fathers' engagement in caring children with disabilities are more inclined to adopt generative fathering framework to examine fathering and 'father-work'. This kind of approach helps to see how generativity in fathering may prove to be influential for "growth of men's generative motivations" (Pratt et al., 2012 : 113). 'Father work' is a very important concept in generative fathering framework and is used to the "generative work of fathers across the lifespan to meet their children's needs" (Mitchell & Lashewicz, 2016: 02). The word work has been carefully chosen by the researchers to connect fathering with the related concepts of 'family' and 'labour', so that both paid work in the public sphere and domestic labour in the private sphere can be viewed as important in works related to fathering (Dollahite & Hawkins, 1998, p. 122).

Fathers have been traditionally seen a as a provider for the household and children and in acceptance of such stereotypical assumptions have neglected the way fathers have the equal potential to engage in care. For fathers, earnings remain a very important variable in assessing father work, particularly with when they have children with disabilities. Raising children with disabilities involve higher expense (Azar & Badr, 2010; Curran, Sharples, Jarbrink, Fombonne, & Knapp, 2003). Researches have shown that in instances where both parents are working, due to higher demands of care the mother soften choose to resign from their earlier employment in paid

labour sector (Gray, 2003; Nicholas, 2013) which makes the father's income in the household both primary and significant for providing adequate care to children with disabilities. Researches are not limited which have shown that father view their work in paid employment sector and income as the key provider for supporting the needs of their children with disabilities (Carpenter & Towers, 2008).

### Respondents

This paper is a part of a wider research project on parenting children with disabilities. For this paper I have used the extracts from the narratives taken during face to face interviews of with the fathers. The findings of this paper are based on the responses and lived experiences expressed by 15 fathers. The interview was conducted using unstructured questionnaire to include in-depth qualitative understanding of their everyday realities and to provide descriptions of their lived experiences. All fifteen fathers were residents of Kolkata, a metropolitan city within West Bengal, India. Among fifteen fathers three were banking professionals, one was advocate, four were teachers in high schools, three fathers were engineers, three were in non-IT service and one was a doctor. A phenomenological perspective has been adopted to reflect the lived experiences of the fathers in their own terms and contexts.

### Findings and discussions

The narratives and responses received from the fathers during the interview have been understood within the Indian cultural and historical context. The responses of the fathers have been comprehended against the backdrop of the Indian familial ideology which is highly influenced by both traditional and modern understanding. The influence of the social demography and global-national economies could not be denied in analyzing their positions and understanding their ideological positions related to care. Conversation with fathers has reflected a diverse range of realities that fathers encounter in their everyday lives. There was no homogeneity in the responses and every narrative had their own unique experience.

With respect to care this paper has tried to explore and analyse fathers' involvement and participation in childcare activities and in dealing with indirect care work associated with their children's disability. Among fifteen fathers, five fathers were observed to remain disengaged and uninvolved in any childcare related activities, whether it was direct care related work or indirectly related to care. Direct care related work included those care related performances which were associated with the daily well-being and nurturing of the child with disability. These tasks included feeding, bathing, assisting the child in therapeutic playful activities, taking the child to doctors or for clinical sessions, carrying the child to schools (regular or special) etc. Thus direct work indicates all the child care related activities that involved the physical presence and mental or emotional well-being of the child with disability. Indirect care works included those activities that did not require the physical involvement of the child with disability, but was directed towards his/her overall well and care. The tasks like booking appointments or sessions with medical or therapeutic professionals, consulting making decision with experts for better outcomes of the ongoing treatments, arranging for the medicines prescribed, providing and managing the general childcare and medical or disability related expenses, washing clothes for the child and cleaning the

areas and stuffs that were being used and touched by the children

Six fathers were identified who were involved in care related responsibility but which did not include care related performances. These fathers thus were engaged in indirect care work. When they were asked about the direct care works, they responded that those were mostly mother's job and they were not comfortable in performing them. Two fathers among them (six) expressed that even if they felt willing to perform them, they felt that those works might not yield that 'perfect' outcome which happens when their wives (mothers of the children with disability) commit them.

Four fathers among the fifteen were observed to perform both direct and indirect care works for their children with disability, and most of these were done as a form of sharing the responsibility burden with their wives. In spite of the fact that, these four fathers were actually engaged in performing both direct and indirect care works, but those were not done exclusively by them, but as a form of sharing the care burden with their wives.

Fathers who were not involved in child care work were observed to have nurtured the traditional cultural understanding of fatherhood to justify their position with respect to childcare. When these fathers were asked about the reason why they did not engage themselves to care work or why they did not want to perform the care activities, they expressed their perception of direct care as feminine task and considered that they were better managed by the mothers. These fathers, though didn't consider all indirect care works – like booking appointments or consulting with experts-to be purely feminine tasks, but believed that these were better managed by their wives because they are more involved both emotionally and materially, and thus they were the best decision maker about their children with disability. When these fathers were asked where did they place themselves with regard to a father's role?- three of them answered that they were performing the most important role for the child being a provider. These fathers believed that the most important factor in managing the disabilities in children was to bear the high expenses for the rehabilitative measures which have been prescribed by the experts to them. Moreover, these fathers felt that earning good and providing for the financial security towards childcare was not just important but also significant in securing the future of the child. Two fathers, among these five uninvolved fathers, however, reported that though they did not consider performing the direct care works as a father's job, but could have shared their responsibility with the indirect care works relating to booking appointments, consultations or in managing other indirect care related tasks had not they been overburdened with their paid work commitment. These two fathers were IT engineers in two reputed IT firms and have long working hours in office. They said that both of them had been highly paid and this was gave them strength whenever they felt stressed or anxious about the future of their child. They maintained that high earning jobs have provided them the security with which they could bear all the current expense for the child and also could plan certain life insurance for their child's future. But since, high paid jobs came with higher responsibility and commitment, it was not possible for these fathers to share care tasks after office. Sometimes even after office they had home calls and other office works to commit outside the office.

This finding had parallel support from other fathers who contributed to care work. They have reported that sharing the care performances after managing office and office related works sometimes takes a toll on their physical and emotional health. But still they chose to share the burden as much possible for them to support their wives. This kind of findings has been extracted from fathers where wives or the mother of the children with disabilities were employed in paid labour sectors. These fathers have expressed that though they earned higher than their wives but they never wanted their wives to resign from their jobs and left the decision of continuing of leaving the job to them only as an independent choice. In these instances where both the parents were employed, the care work was been being handled by hired care workers. Thus, sharing the care related tasks of the child remained a choice for these fathers, then an external social compulsion, which they internalized as an essential role in fathering.

Fathers with similar job pattern and status, similar patterns of qualifications with a more or less similar range of income, were observed to have diverse perception and understanding on fathering and childcare. With all the above demographic and economic variables remaining similar, fathers who chose to remain dis-engaged had been observed to have accepted and internalized 'traditional' familial, gender and masculine ideologies for their justifications to remain uninvolved. These fathers were observed to have nurtured the conventional gendered division of labour which considered childcare roles to be essentially women centric, hence locating mothers at the centre of care. For these fathers, a ideal fathering role was that of a provider, providing financial and material security to the family and children. Five fathers were found to have belonged to this category. With similar social demographic profile, father who believed that sharing the childcare tasks was also their responsibility as a father of a child, can be categorized within 'egalitarian' familial, gender and masculine ideology. These fathers believed that a man's role was not just limited to provide for the family but also to care both for the children and other members of the household including wife. Thus sharing or performing care tasks was not a burden or work for these fathers, but they considered them to be their responsibility as a parent, just like it is considered important for a mother. However, findings suggested that there were fathers who considered childcare to be a significant part of their role identity as father,

but in reality their narratives reflected their involvement only with indirect care work related to the child with disability. On further probing, during the interview, about their involvements and participations in direct care work, these fathers expressed direct care works to be the sole domain of mothers because they have better knowledge about care and they thought that this kind of care related knowledge deeply embedded within women. Thus, these fathers (four) who on one hand believe in equal parenting and care believe care work to be one of the significant roles of a father. But on the other hand, these fathers believed that there lies a gendered difference of care when it comes to direct and indirect care work. These fathers can be categorized to have adopted 'transitional' familial and gender ideology coupled with a 'generative' masculine identity. Fathers, who were observed to have subscribed to an 'egalitarian' and 'generative' masculine roles with their fathering roles, can be ascribed to have adopted 'caring masculinities' or 'caring masculine roles'.

### Conclusion

From a feminist perspective, care has been observed not just a practical performance of everyday lives relayed to childcare, but also as an act which involves affective, emotional and relational dimensions. Thus, to understand fathers' role in childcare, particularly with respect to having children with disabilities, required to focus on not just the care tasks performed by the fathers, but also the emotional and affective groundings which have shaped their personality as a man and as a father. This deserves immense importance and significance to be understood and accounted for within academic scholarships and researches related to care. This paper has attempted to connect the masculine ideology adopted by the fathers with their familial and gender ideology. The paper has attempted to explore how the connection between masculine and gender ideology of a father has shaped their understanding and perception of fatherly roles related to care for children with disabilities. Care work performed by men should be recognized and acknowledge more within wider discourse on care as something which is life preserving. Feminist theorists of care maintained that care should not be viewed as a gendered requirement or necessity but as something which remains primary and significant to human survival.

### References

1. Bubeck, D. E. (1995). Care, gender, and justice.
2. Bridges, T., & Pascoe, C. J. (2014). Hybrid masculinities: New directions in the sociology of men and masculinities. *Sociology Compass*, 8(3), 246-258.
3. Carpenter, B., & Towers, C. (2008). Recognising fathers: The needs of fathers of children with disabilities. *Support for learning*, 23(3), 118-125.
4. Chamberlayne and King, 2000; Daly, 2002; Daly and Lewis, 2000; Feder and Kittay, 2002; Tronto, 1993
5. De Falco, S., Esposito, G., Venuti, P., & Bornstein, M. H. (2008). Fathers' play with their Down syndrome children. *Journal of Intellectual Disability Research*, 52(6), 490-502.
6. Dyer, W. J., McBride, B. A., & Jeans, L. M. (2009). A longitudinal examination of father involvement with children with developmental delays: Does timing of diagnosis matter?. *Journal of Early Intervention*, 31(3), 265-281.
7. Elliott, K. (2016). Caring masculinities: Theorizing an emerging concept. *Men and masculinities*, 19(3), 240-259.
8. Elliott, K. (2019). Negotiations between progressive and 'traditional' expressions of masculinity among young Australian men. *Journal of Sociology*, 55(1), 108-123.
9. Elliott, K. (2020). Bringing in margin and centre: 'Open' and 'closed' as concepts for considering men and masculinities. *Gender, Place & Culture*, 27(12), 1723-1744.
10. Elliott, K. (2020). Young men navigating contemporary masculinities. Springer Nature.
11. Fisher, B., & Tronto, J. (1990). Toward a feminist theory of caring. *Circles of care: Work and identity in women's lives*, 35-62.

12. Flippin, M., & Crais, E. R. (2011). The need for more effective father involvement in early autism intervention: A systematic review and recommendations. *Journal of early intervention*, 33(1), 24-50.
13. Hanlon, N. (2012). *Masculinities, care and equality: Identity and nurture in men's lives*. Palgrave Macmillan.
14. Held, V. (2006). *The ethics of care: Personal, political, and global*. Oxford University Press on Demand.
15. Hochschild, A., & Machung, A. (2012). *The second shift: Working families and the revolution at home*. Penguin.
16. Hornby, G. (1992). A review of fathers' accounts of their experiences of parenting children with disabilities. *Disability, Handicap & Society*, 7(4), 363-374.
17. Hunter, S. C., Riggs, D. W., & Augoustinos, M. (2017). Hegemonic masculinity versus a caring masculinity: Implications for understanding primary caregiving fathers. *Social and Personality Psychology Compass*, 11(3), e12307.
18. Jacobsen, M. H., & Petersen, A. (2017). Arlie R. Hochschild. In *The Interactionist Imagination* (pp. 375-407). Palgrave Macmillan, London.
19. Johansson, T., & Klinth, R. (2008). Caring fathers: The ideology of gender equality and masculine positions. *Men and masculinities*, 11(1), 42-62.
20. Lee, J. Y., & Lee, S. J. (2018). Caring is masculine: Stay-at-home fathers and masculine identity. *Psychology of Men & Masculinity*, 19(1), 47.
21. Linder, T. W., & Garnett Chitwood, D. (1984). The needs of fathers of young handicapped children. *Journal of the Division for Early Childhood*, 8(2), 133-139.
22. MacDonald, E. E., & Hastings, R. P. (2010). Mindful parenting and care involvement of fathers of children with intellectual disabilities. *Journal of Child and Family Studies*, 19(2), 236-240.
23. Macdonald, E. E., & Hastings, R. P. (2010). Fathers of children with developmental disabilities.
24. Meadan, H., Stoner, J. B., & Angell, M. E. (2015). Fathers of children with autism: Perceived roles, responsibilities, and support needs. *Early Child Development and Care*, 185(10), 1678-1694.
25. Pelchat, D., Lefebvre, H., & Perreault, M. (2003). Differences and similarities between mothers' and fathers' experiences of parenting a child with a disability. *Journal of child health care*, 7(4), 231-247.
26. O'Halloran, M., Sweeney, J., & Doody, O. (2013). Exploring fathers' perceptions of parenting a child with Asperger syndrome. *Journal of Intellectual Disabilities*, 17(3), 198-213.
27. Quesenberry, A., Ostrosky, M. M., & Corso, R. (2007). Skilled and knowledgeable caregivers: The role of fathers in supporting young children's development. *Young Exceptional Children*, 10(4), 11-19.
28. Ruby, S., & Scholz, S. (2018). Care, care work and the struggle for a careful world from the perspective of the sociology of masculinities. *Österreichische Zeitschrift für Soziologie*, 43(1), 73-83.
29. Ruddick, S. (1990). The rationality of care. *Women, Militarism, and War*, 229-254.
30. Saloviita, T., Itälänmäki, M., & Leinonen, E. (2003). Explaining the parental stress of fathers and mothers caring for a child with intellectual disability: A double ABCX model. *Journal of intellectual disability research*, 47(4-5), 300-312.
31. Sevenhuijsen, S. (2003). The place of care: The relevance of the feminist ethic of care for social policy. *Feminist theory*, 4(2), 179-197.
32. Simmerman, S., Blacher, J., & Baker, B. L. (2001). Fathers' and mothers' perceptions of father involvement in families with young children with a disability. *Journal of Intellectual and Developmental Disability*, 26(4), 325-338.
33. Tronto, J. C. (1987). Beyond gender difference to a theory of care. *Signs: journal of women in culture and society*, 12(4), 644-663.
34. Tronto, J. C. (1998). An ethic of care. *Generations: Journal of the American Society on Aging*, 22(3), 15-20.
35. Ungerson, C. (Ed.). (1990). *Gender and caring: Work and welfare in Britain and Scandinavia*. Harvester Wheatsheaf.
36. Vacca, J. J. (2013). The parenting process from the father's perspective. *Best Practices in Mental Health*, 9(2), 79-93.
37. Young, D. M., & Roopnarine, J. L. (1994). Fathers' childcare involvement with children with and without disabilities. *Topics in early childhood special education*, 14(4), 488-502.