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Femininity and the Paradox of Trust Building in Patriarchies during COVID-19

Cynthia Enloe

B y late April 2020, there already were 848 cases of COVID-19 reported in Cameroon. Nonetheless, rumors were circulating among Cameroonians that Africans were somehow immune from the virus, that it couldn't survive in hot climates, that it was only a disease of Westerners.

Sylvie Ndongmo set about organizing local Cameroonian women volunteers to counter the spread of this dangerously false information. Ndongmo was a feminist peace activist. This is what it meant to be a feminist peace activist in the midst of a global pandemic (Riccoboni 2020).¹

Though unnoticed by most international observers, since 2019, Cameroonians had been experiencing a rising tide of political tensions marked by outbursts of violence. The chief fault lines were between the country's English-speaking minority and its French-speaking majority, with leaders of the latter controlling the government and its security forces. A single-partydominated state, Cameroon still held elections. Many Cameroonians voted, to keep the hope for democracy alive, they said, even though they were aware that the autocratic regime would make sure the outcome perpetuated its own power.

A year prior to the coronavirus global pandemic, Cameroonian feminist peace activists had helped reduce political violence during a tense election campaign by creating a central call center to which citizens could report any suggestions of looming electoral violence and from which volunteers could send preventive alerts to authorities. These Cameroonian women political activists were notable not only for making the link between peace building and electoral participation but also for engaging in a masculinized national political system in

¹ This account of prepandemic and pandemic-era gendered politics in Cameroon is drawn from Lamarche and Fox (2019), Letsa (2020), Maclean (2020), Ndongmo (2020), WILPF (2020), WILPF-Cameroon (2020), and Worldmeters (2020).

which the male leader appointed only one woman along with sixteen men to his cabinet (Shaban 2019).

It was these same feminist peace activists, organized into a country chapter of the transnational Women's International League for Peace and Freedom (WILPF), who decided that peace building also required that they push back against the trust-destroying rumor mill that, a year after the election, was undermining popular trust in public health officials' COVID-19 warnings. By preventing violence during an election campaign and building trust during an approaching public health crisis, these Cameroonian feminist activists crafted an analysis and a strategic plan that connected the two.

Thinking about Ndongmo and her WIPLF pandemic activists, I began to wonder: Did their being women operating in a masculinized autocratic political system increase the likelihood of their being trusted by the ordinary Cameroonians—women and men—to whom they were reaching out?

This, in turn, has prompted me to become more curious about one possibly paradoxical operation of femininity during a crisis in any patriarchal culture: Could it be that, under certain circumstances, a messenger's perceived femininity, so conventionally associated with powerlessness, actually enables that messenger to earn listeners' trust and thereby gain significant civic influence?

When things happening around us are most uncertain or frightening, many of us look for someone to trust: a parent (which?), an expert (what sort?), a reliable institution (are there any?), or a credible leader (evidenced by which actions?).

Trust—like charisma, like authority—is a relationship. It does not reside in the trusted person or institution. To take two well-known current examples, the American epidemiologist Anthony Fauci does not himself embody trust; nor does the widely admired Prime Minister of New Zealand, Jacinda Ardern. They have become trusted by many of their US and New Zealand citizens. Notably, neither Fauci nor Ardern has attempted to project a masculinized strength in order to earn that public trust.

Similarly, in India's state of Kerala, K. K. Shailaja, the female former science teacher who is currently Kerala's health minister, has become widely trusted by local people, reportedly due to her bottom-up approach to health education and her taking steps before the COVID-19 crisis to ensure that people of all classes had access to local medical clinics (Spinney 2020). Likewise, in Canada, Bonnie Henry, her province's chief medical officer, gained trust across British Columbia due both to her clarity and consistency and to her "classically female leadership traits—humility, empathy and emotion" (Porter 2020).

During an economic collapse, an outbreak of violence, a natural catastrophe, or a public health crisis, trust—and its loss—can be studied only by investigating relationships. Most relationships, of course, are shaped in no small part by (usually racialized, ethnicized) gendered structures, assumptions, and practices that roll out over time. Any trusting relationship has to be built over days, months, even generations. A trusting relationship may deteriorate slowly, or it can be squandered in a traumatic moment. As feminists, we've learned that, in order to reliably track the building and deterioration of trusting relationships, we need to pay close and prolonged attention to diverse women's lives, diverse men's lives, the genderings of any institution, and the complex workings of masculinities and femininities.

Before any of us could spell "novel coronavirus," before most of us could find Wuhan, Milan, or New Rochelle on a map, many of us were taking a deep feminist plunge into the study of gendered trusting and gendered distrusting relationships. We were trying to make sense of the globalized #MeToo movement.

Diverse and geographically dispersed women who have endured workplace sexual harassment have told us who, if anybody, they have trusted enough to fully describe their distressing and traumatic experiences: sometimes their mothers, often their best women friends, occasionally their male partners; eventually, they might tell a few journalists with whom they gradually have built trusting relationships, and, much later, pro bono attorneys and feminist defense-fund activists who have reached out to them.

In order to understand the pervasive impunity with which so many sexual harassers have continued to operate, it has been not just trust but distrust that we have had to shine our bright analytical lights upon. We have discovered that most women in most workplaces have not trusted their immediate superiors or their employers' human resources (HR) departments. From case after case, we have learned that women in diverse workspaces—in television studios, agricultural fields, fast-food franchises, athletic teams, automobile factories, law and architecture firms, civil-service agencies, military platoons, and overseas humanitarian organizations—have not trusted their charges seriously. Moreover, they have not trusted them to act effectively on their reports of male colleagues' or superiors' sexualized comments, inappropriate sexualized requests, or gropings.²

These harassed women have tutored us in how initial trust is squandered and how distrust is systematically fostered. Several themes have emerged from the accounts of sexually harassed women in scores of countries: They

² Among cross-national sources for well-documented sexual harassment cases that have been notable for their denial and mishandling by institutional actors are Bayard de Volo and Hall (2015), Hong Fincher (2018), Culhane (2019), Kantor and Twohey (2019), Lee and Bartels (2019), and Steinhauer (2020).

have informed us that HR officials, often themselves disproportionately female, have been too toothless within their organization's pyramid structure to serve as reliable allies. They rarely have stood up to the bosses (usually, but not always, men) to whom they reported and on whom they depended for their budgets and promotions.

Furthermore, in deference to their superiors, HR departments' modus operandi too often has been secrecy and nontransparency. Few people working in HR departments have become skilled in investigating the subtle power inequalities that enable sexual harassment; HR staff people often have imbibed an organizational culture that has prized the twinned missions of "don't make waves" and "don't embarrass the organization"; too many HR staff people have continued to believe the dual old husbands' tales that "boys will be boys" and that "women sleep their way to the top." That is, HR departments have been feminized.

Masculinization in many organizations is rewarded because it appears integral to the institutionalized values of risk taking, reputation enhancement, and profit maximization. Feminization, by patriarchal contrast, seems to adhere to the image of HR because its staff does not embody muscular risk taking, brand burnishing, or profit making.

Comparisons between the politics of sexual harassment and the politics of the coronavirus pandemic suggest that the causal dynamics of trustworthiness and feminization are complicated—comprehensible, yes, but only if accompanied by feminist investigatory stamina. The current pandemic's political processes reveal that, under certain circumstances, perceived feminization can nurture relationships of trust. This has prompted me to reconsider the politics of nursing and nurses.

There are particular sorts of political actors who inspire *dis*trust. At the top of the list are cronies. Following on their untrustworthy heels are courtiers, flunkies, retainers, and sycophants. Most are, in image and practice, masculinized.

Cronies, courtiers, flunkies, retainers, and sycophants inspire distrust in any country because they so clearly place their own self-interest—their privileged insider status, their material gain—above any wider values. Compassion, dis-interest, public accountability, sacrifice, and civic duty shrivel when a person allows him- or herself to transition from citizen to crony.

In any public health crisis, when people are anxious and uncertain, they are likely to consider who in positions of authority can be believed. To make that crucial—often lifesaving—calculation, ordinary individuals have to assess for themselves who appears worthy of their trust. To appear to be self-centered, to be perceived as loyal only to one's chief benefactor, and thus most devoted to one's own personal interests is to squander citizens' trust.

Nurses are rarely imagined by citizens to be cronies.

For several decades the Gallup Poll has surveyed Americans to find out which professions people find most trustworthy. Nurses, one of the most feminized of professions (91 percent of US nurses are women; *Fastaff* 2016), repeatedly have come out on top. Gallup's pollsters made ethics and honesty the stand-in for perceived trustworthiness. In 2017, for example, when given the chance to rank the "honesty and ethical standards" of people in twenty-two professions, 82 percent of those surveyed ranked nurses as "very high or high" in their honesty and ethics. In second place in militarized America came military officers (71 percent ranked them "very high/high"). Third, fourth, and fifth ranks, respectively, went to grade-school teachers, medical doctors, and pharmacists (Brenan 2017).

British pollsters have conducted similar surveys. British respondents too appear to find nurses (90 percent are women) particularly worthy of their trust (Oppenheim 2020). According to the respected Ipsos MORI poll conducted in 2018, 96 percent of Britons said they trusted nurses "to tell the truth." Doctors, teachers, engineers, professors, scientists, and judges followed in their wake (Stephenson 2018).

Worldwide, women comprise 85 percent of all nurses and midwives (Boniol et al. 2019). Once despised as lowly servants—untrained, drunk, and slovenly nurses and nursing were elevated in social and professional stature in the latter decades of the nineteenth century by feminist reformers, most famous among them Florence Nightingale. Nightingale campaigned for women to be trained as nurses and to be respected not only by their patients but by male doctors. She sought for women as nurses to be given authority in the conduct of medical care and, just as important, in the running of hospitals (Gill 2004).³

In Barcelona, Paris, London, and New York, people have come out on their balconies and on the streets to bang pots and pans in noisy gratitude to nurses and other underpaid and overworked health workers. Nurses have been interviewed and featured in the news media perhaps more than ever before in history. They are portrayed as focused, skilled, caring, selfless, exhausted, and underresourced. Rarely, however, are they reported as policy makers, public decision makers. That is, rarely are they portrayed as "at the table."

Taking seriously the lessons we still are learning from taking seriously the politics of femininity, from continuing our cross-national explorations of the #MeToo movement, and from investigating the gender politics of nurses and nursing, together, helps us to better understand the crucial workings of trust and distrust during the current global pandemic. First, those lessons remind us that in fear-generating circumstances we need to investigate trust

³ My own recent effort to explore what women as military nurses reveal about the international politics of war appears in Enloe (2019).

and distrust as intersectionally gendered dynamic relationships. A time of crisis, in other words, is not a time to put aside feminist curiosity. Second, these lessons underscore the importance of tracking trust and distrust over time—before January 2020, then during the height of the pandemic, and, still, into the months and years after the rates of new COVID-19 cases and fatalities decline.

Third, structure matters. Who reports to whom? Who is unaccountable? Who is presumed the expert? It matters in all kinds of workplaces. It certainly matters in a hospital. It matters in a health ministry. It matters in a science laboratory. To the extent that any setting is patriarchal, people in feminized jobs may be trusted while simultaneously deemed by those in power to not be authoritative enough to wield influence in institutional decision making. Fourth, these analytical lessons light up in neon the harmful consequences of ignoring, in any crisis, who suffers what consequences if widespread distrust takes root.

In other words, we may all be tossed about on this pandemic's same stormy sea, but we are not "all in the same boat." Some of our boats are leaking; many of our boats lack even a rudder. At the same time, though, others are privileged to be afloat on these choppy waters in crafts equipped with high-powered motors and plenty of fuel.

Conclusion

I am writing this in mid-August 2020. By the time you are reading this, the course of the pandemic may have changed significantly, but it will continue to be shaped importantly by gendered dynamics. Among the countries that, so far, have benefited from the most effective pandemic-managing governance appear to be those that most effectively built widespread civic trust early: Finland, Iceland, Denmark, South Korea, New Zealand, Australia, Taiwan, Greece, and Germany. Commentators have noted that a majority—but not all (not South Korea, not Greece, not Australia)—of these countries' governments are being led by women, thus raising the obvious question: are womenled governments both more civically responsible and more likely to inspire trust, and thus the public's compliance with health rules, than are governments led by men?

Perhaps, however, we should link this question with two additional feminist investigatory questions. First: are powerful men who are exhibiting certain kinds of masculinities those most likely to squander public trust during a public health crisis, even if those brands of manliness—particularly cavalier masculinity, mercurial masculinity, arrogant masculinity, clownish masculinity, militarized masculinity—had previously greased their paths to state power? And a second, two-part question for us to explore: Do the destructive patriarchal dynamics of femininity inspire citizens to invest their precious trust in those skilled caretakers who, despite their trustworthiness, are systematically denied seats at the policy-making tables? With what consequences?

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