

Men do care!

A gender-aware and masculinity-informed
contribution to caregiving scholarship

Veronika Wallroth



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ABSTRACT

In caregiving literature, it is often the female gender that has been the focus of attention, and in particular women's unpaid labor. Studies also tend to make comparisons between men's and women's caregiving, using men's caregiving experiences to show not only that women face greater burdens, but also that men's needs can be disregarded. This means that while gender analyses are not uncommon in the caregiving literature, gender tends to be equated with womanhood. The research problem that this dissertation addresses is therefore the gender bias that characterizes caregiving scholarship at present and the fact that this bias is impeding us from moving the debates on care and caregiving forward. The aim of the dissertation is twofold. Firstly, it attempts to contribute to the rectification of the gender bias in question by focusing on men's caregiving and answering the following research questions: What motivates men to provide care for their elderly parents? How do adult sons experience caregiving? What do adult sons think that care and caregiving are, i.e. what are their perspectives on care? Secondly, this dissertation also aims to explore whether a gender-aware and masculinity-informed perspective can be used to enhance our understanding of caregiving. Thus, through a phenomenological analysis of interviews with 19 caregiving adult sons and sons-in-law, this dissertation discusses how motives, experiences and perspectives, which have so far been interpreted as unique to women, are also matters that men talk about and consider important in caregiving. The dissertation argues therefore that much could be gained if we were to rectify the gender bias that characterizes the literature on family caregiving and explore caregiving men in the gender-aware and masculinity-informed way that is lacking in this literature at present. Inspired by the debate within studies of masculinity, the dissertation argues that within the debate on care there is *a hegemony of care* which has so far tended to exclude men's perspectives on caregiving because literature on family caregiving has regarded women as the ideal caregivers. This dissertation shows that a gender-aware and masculinity-informed perspective on care can increase our understanding of family caregiving and contribute to the rectification of the gender bias that care research suffers from. Against this backdrop, it is proposed that caregiving men should not solely be regarded as empirically interesting. This is because they are an unexploited and theoretically profuse source of information about caregiving.

Keywords: care, family caregiving, gender, men, masculinity, motive, experience, perspective

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Vikingstad, Sweden in April 2016

Veronika Wallroth

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INTRODUCTION

This dissertation focuses on men¹ that care. The reason for the chosen focus is that there is a gender bias in the literature on family caregiving that needs to be addressed. This dissertation will bring attention to men's motives, experiences and perceptions of care and caregiving because the literature on family caregiving as well as the theoretical debate on the concept of care, has focused almost exclusively on women. This focus has meant that although gender analysis is not uncommon in the literature in question, gender tends to be equated with womanhood. It is against this backdrop that this dissertation's interest in men² must be understood. The dissertation will ultimately argue – through a phenomenological analysis of men's motives, experiences and perceptions of care and caregiving – that much could be gained if we were to rectify the gender bias that exists in the literature on family caregiving by drawing attention to caregiving men in the gender-aware and masculinity-informed way that the family caregiving literature is lacking at present.

Nonetheless, before the aims of this dissertation are formulated in a more precise way it seems necessary to give the reader some insight into what characterizes the little research there is about caregiving men. After all, this dissertation will argue not only that there is a gender bias in the literature on family caregiving as the critical review of this literature will show, but also that this gender bias can best be addressed by gender-aware and masculinity-informed studies of caregiving men. Thus, in the sections that follow, I will present some of the impressions one can easily get about men's caregiving when reading the little research that is available. I will do this to begin to argue that much could be gained if the caregiving debate were to broaden its gender understanding to include men's perspectives.

¹ This study departs from a contextual constructivism perspective on sex and gender. In the chapter entitled "Theoretical framework" I will discuss what this means for the dissertation in general and for the distinction between biological sex and social gender, in particular.

² In this study I have included men that provide care to a parent that they are related to by blood or by adoption (hence sons) but also by relationship in terms of marriage as in sons-in-law. I discuss this choice in the section "Sampling and informants". However, the reader should note that while I refer to the caregiving men that I have interviewed as sons and sons-in-law in the text I only refer to them as sons in the headings. Likewise, I refer to parents and parents-in-law in the text but only refer to parents in the headings. The reason for this is partly a stylistic issue, since the repetition of sons and sons-in-law or parents and parents-in-law is awkward in the headlines. The second reason is that although the relations vary in kinship, adoption or through marriage to a daughter, they can be regarded as sons or as parents. I therefore regard *son* and *parent* as having a wider definition under which sons-in-law and parents-in-law can be included.

Caregiving men in previous research

A good question to start with is what motivates a study to focus on men as caregivers to elderly parents. Why is it interesting to focus on men's caregiving motives, experiences and perspectives? This dissertation will show that the answers to these questions are not as straightforward as they may seem at first glance. Studies of caregiving men are scarce and studies of sons that care for their elderly parents are also lacking at present. These are some of the reasons why there is still room for a study of caregiving men. However, they are empirically grounded reasons and this dissertation's focus on men is underlined by a more theoretically astute reason. In addition to that is the belief that the equation of gender with women, that characterizes the literature on family caregiving, is impeding us from moving the debate on care forward. However, for the sake of introducing the topic, it seems worth noting that the latter assertion is not unique. Sandberg *et al.* (2009) write, for example, that it is the female gender that has been the focus of attention, and in particular women's unpaid labor. Fromme *et al.* (2005) write that studies tend to make comparisons between men's and women's caregiving, using men's caregiving experience to show the challenges women face, and minimizing the needs of men. It is also worth noting that Henz (2009) argues that men's caring has been under-represented in many studies because research on family caregiving captures only a narrow range of care activities. This is why studies with a wider definition of caring activities (e.g. Ekwall *et al.* 2004; Lee *et al.* 1993, Spitze and Logan 1990, Stoller 1990) make men's caring activities more visible, and is also why Houde (2002), examining the role of gender and relationships in the caregiving experience, has argued that there is a lack of research on male caregivers, especially when it comes to male caregivers' experiences of being involved in a caregiving relationship.

Arguments such as these suggest that it is women's experience of family caregiving that has contributed to the development of the concept of care; this is an angle I will discuss at length, not only by showing how this is the case in empirical research on family caregiving but also by dissecting the debate on the concept of care and showing how gender biased this debate has been. The little research that has focused on caregiving men has shown, however, that most of the research on male caregivers focus on the spouse as a caregiver (Neufeld and Kushner 2009). Thus, although there is some research on caregiving men, most tends to depart from a specific care relationship (husbands and not sons). Hence, even though Campbell and Carroll (2007) have argued that research on men as caregivers is developing, and earlier assumptions about men and their role as caregivers are starting to be questioned, there is still a need for research on caregiving men and especially on research that focuses on sons, which is the empirical focus of this dissertation.

To this end it must be noted that Kramer and Thompson (2002) have shown that it is becoming more common for men to be caregivers as well (see also Table 1 in this dissertation for Swedish statistics). To recognize that men, engage in family caregiving

is, however, to challenge the assumption that family caregiving is an exclusively female domain; an assumption most would agree is ludicrous but which continues to pervade the debate on care. In other words, the social experience of men as family caregivers and the connection between caregiving and masculinity have gone unnoticed. Furthermore, Campbell and Carroll (2007) argue that most studies on informal care and family care have used biological sex as a variable, which means that these studies have not problematized the social construction of gender and the concepts of masculinity and femininity as such. It is against this backdrop, among others, that I will argue not only that the research field of family caregiving is gender biased but also that this research – despite its constant focus on women’s caregiving experiences – is actually rather gender-oblivious since gender and womanhood tend to be regarded as synonyms.

Although I have argued that men’s experiences of being family caregivers have not been explored as much as women’s caregiving experiences have, there have been a few studies on caregiving men. Most of these studies are, however, about husbands (Carpenter and Miller 2002). Therefore, even though men to some extent have been a focus of research, this has mostly been in the context of their role as spouses. Furthermore, much research on men as family caregivers seems, according to Harris and Bichler (1997), to have been about men who care for a disabled wife. Hence, there has been less research on men as caregivers for an elderly relative. Studies on sons who provide care are rarer, and as Kleban *et al.* (1989) conclude, there have been even fewer studies about sons-in-law giving care to an elderly parent-in-law. Something else worth noting when it comes to the little research that is available on caregiving men is that Connell *et al.* (2001) have suggested that men and women are affected differently by the caregiving situation. For women, family care for an elderly relative is a burden causing stress and anxiety, while men do not seem to be affected in the same negative way. For example, in a study by Sanders (2005) involving interviews with both female and male caregivers, sons were the ones reporting the lowest levels of strain, but also the lowest levels of gain, husbands reported the highest levels of strain and gain and daughters reported intermediate levels of gain and strain. There is, in short, some evidence that women and men can experience caregiving in different ways depending on the type of relationship that they have to the person they care for (whether they are married to them or are their adult children). However, since few studies on caregiving men have employed a gender-aware and masculinity-informed lens, there is little to go by when making sense of these differences.

Conversely, even though it seems that male caregivers are less affected in a negative way than women, there are studies that show a different picture. Kirsi *et al.* (2000) reported, for example, that caregiving men have feelings of frustration, anger and resentment just like women. This is, in part, because they experience conflict between stereotypical assumptions of men and the caregiving roles that they have undertaken. I find this tension between being a man and being a provider of care interesting because

it says something about the different impact that gender can have in the care situation and how important it is to acknowledge what masculinity means in relation to care being something feminine.

In addition, a study by Sanders and McFarland (2002) shows that male caregivers experience grief reactions that are often unacknowledged by those around them. Hence, beliefs about gender can lead to assumptions about men as being strong and not emotionally affected by their spouse's illness or death. This suggests, of course, not only that gendered expectations may exacerbate caregiving men's experiences while gendered expectations – in relation to women – may alleviate the strains that caregiving can bring to women. A gender-aware and masculinity-informed perspective on caregiving men is needed, in other words, for a variety of reasons, one of them being that gender norms can render caregiving men's need of help invisible just as these gendered expectations can lead to these men being offered more formal support than their women counterparts. For example, Zarit *et al.*'s (1986) study of husbands that provide care to their wives, concluded that husbands received more help from both the public and from other family members in their caregiving situation. This is something that one of Sweden's most established researchers on formal caregiving – Szebehely (2009) – has argued, namely that gender does play a role in the ways in which formal support is made available to caregivers. Thus, although some studies have shown that caregiving men may receive more support than caregiving women do (e.g. Zarit *et al.* 1986; Lüdecke *et al.*'s 2012), there is also research on caregiving men which has shown that norms of gender may get in the way of caregiving men's willingness to use formal support because caregiving and masculinity are not synonymous (e.g. Coe and Neufeld 1999; Lin *et al.* 2012; Sanders 2007).

Research on men and caregiving also gives an ambiguous impression of whether men have different caregiving strategies than women. For example, Borden and Berlin (1990) could not find any gender stereotypes in terms of coping strategies in their study about spouses caring for adults with chronic dementia. However, other studies have shown that husbands are less emotionally affected by the caregiving situation than women (wives) as caregivers (e.g. Barusch and Spaid 1989; Fitting *et al.* 1986; Horowitz 1985a). Therefore, while Borden and Berlin (1990) could not find differences between husbands' and wives' care for a spouse, there are indications in other studies (e.g. Barusch and Spaid 1989; Fitting *et al.* 1986; Horowitz 1985a) that husbands are less emotionally affected. I think that these ambiguous results raise the question of whether caregiving means something different for men than for women; indeed, there has been research indicating that some men find great satisfaction in their caregiving work (e.g. Fisher 1994, Parker and Seymour 1998; Hanlon 2012).

Thus, even though the work of Harris (1998) has a gender perspective and even though Campbell and Carroll (2007) connect the caregiving of sons to masculinity, more research is still needed on caregiving men in general and sons and sons-in-law, giving care to elderly parents and in-laws, in particular. It is not only important to

acknowledge the variety of the caregiving that men perform and what caregiving means in men's lives, but also to explore if our understandings of caregiving can be advanced by employing a gender-aware and masculinity-informed perspective in a study of caregiving men. After all, and in comparison to the substantial literature that does address this issue from women's perspectives in general, as well as from the unique perspective that daughters and daughters-in-law who give care to elderly relatives can offer, this is certainly an area that has been explored very little. Having argued all of this, it also seems important to note that the ways in which caregiving men are described in the research literature on family caregiving is problematic. Russell (2001) argues, for example, that men are often pictured as ineffective and less capable than caregiving women. Eriksson *et al.* (2008) argue that conclusions such as this one contribute to upholding the idea that caring can be regarded as a responsibility and task only for women. Therefore, there is a risk that the kind of caregiving that men do may be ignored, even though there has been research that indicates that men are engaged in caregiving to the same extent (in terms of time) as women. Additionally, it has been found that in some contexts, older men might provide more informal care than older women (Ekwall *et al.* 2004). It is also worth noting, however, that, even if, as Russell (2001) states, men are often described as less capable caregivers, there is another picture of caregiving men that this literature presents, especially research that addresses the issue of caregiving by focusing on husbands as caregivers. This research has all brought to the fore the unique ways in which caregiving men approach care (see, for example, the work of Cahill 2000; Kramer 2000; Harris 1993 and Motenko 1988).

A few words specifically on caregiving motives are necessary since this dissertation will attempt to rectify the gender bias in question by bringing attention to caregiving men's motives and experiences, and so far the focus has been on the experience angle. So in regards to motivations for care it seems important to draw attention to one of the earlier studies on caregiving which launched the idea that caregiving men take on care responsibilities in the absence of female caregivers (e.g. Horowitz 1985a); an idea that still permeates the debates on caregiving, as will be shown in the chapters that follow. Hanlon (2012), for example, does not make such a strong statement, but points out that men's participation in caregiving is linked to female relatives' or their partner's engagement in caregiving, in the sense that men have to step in and take greater responsibility if it is not possible for women to provide care. It should be noted though that Hanlon (2012) examines caregiving from a broader perspective, including different forms of caregiving, such as for older relatives and partners, but also for children. One reason for why there are more female caregivers – which most social gerontologists explain on the basis of demographics – was offered by Lee *et al.* (1993), who argue that it is because there are more elderly women in need of care. The argument, according to them, is that these elderly women prefer to receive help from their daughters and also that the adult children of elderly parents are more comfortable providing care to a parent of the same sex. In doing so, the idea of differing caregiving experi-

ences based on the gender of the people involved in the caregiving relationship was introduced into the debate. This dissertation will address this issue as well, and in doing so it will contribute to the small body of research there is on caregiving men.

Suffice to say that the literature on family caregiving that has focused on caregiving men, tends to be informed by an assumption of difference. Because men and women, masculinity and femininity are seen as opposites and as different from each other, it is assumed that the way they take on caregiving must be different. Therefore, and since caregiving and womanhood are often taken as points of departure when making sense of findings from studies on family caregiving, there is always a tendency for caregiving men's experiences not to be understood in their own right because men do not follow the norm of a caregiver just because they are men. In addition, the gender bias that characterizes the literature on family caregiving means that studies on men as caregivers are often deemed to be interesting solely because they offer *unique* empirical insights, rather than being considered as theoretically profuse sources of information about caregiving.

Aim of the study

The aim of this present study is twofold. Firstly, it attempts to contribute to the rectification of the gender bias found in the literature on family caregiving by focusing on men's caregiving and answering the following research questions:

- What motivates men to provide care for their elderly parents?
- How do adult sons experience caregiving?
- What do adult sons think that care and caregiving are, i.e. what are their perspectives on care?

Secondly, this dissertation aims to explore whether a gender-aware and masculinity-informed perspective can be used to enhance our understanding of caregiving.

Structure of the dissertation

This dissertation consists of nine chapters. The first chapter is the "Introduction", where I have presented the dissertation's aim after having argued that although there is some research on caregiving men there is still a need to focus on men's perspectives on family caregiving.

The second chapter is entitled "Conceptual and contextual framework". This chapter presents the feminist historical development of the concept of care. In this chapter the Swedish context is also discussed in terms of what carrying out a study like this in a country with welfare arrangements such as those in Sweden could mean for the overall design of the study and for the analysis of the data.

The third chapter is entitled “Literature review – a gender-aware inventory”, which consists of two literature reviews which are far more extensive than such reviews normally tend to be because they are not only meant to be inventories of literature but are also offering a critical analysis of the literature that is available in light of the gender-aware and masculinity-informed perspective that this dissertation argues is needed. This means that these literature reviews have been conducted not only in order to give the readers insight into the literature on these topics but also in order to qualify the very assertion that lies at the core of the dissertation’s first aim (i.e. that there is a gender bias in the literature). The first review is; “Motives to provide care to parents” and the other review is; “Experience of caregiving”. These reviews are structured according to key ideas that the analysis performed brought to the fore.

The fourth chapter is entitled “Theoretical framework”. In this chapter the concepts of sex and gender are presented, some of the pillars of gender theory are discussed and the reader will be given a chance to get acquainted with the backdrop to the study, that is the men’s movement. Studies of men and masculinity and masculinity theory arose not only from developments in gender studies and feminist scholarship but also from what was happening at the grassroots of men’s movements. This chapter is therefore meant to offer readers unfamiliar with these fields an introduction to them, and to give them insight into the theoretical backdrop that will be used to discuss the findings.

The fifth chapter is “Phenomenology as the methodological approach chosen”, where I describe what it means for this study to have a *phenomenology* inspired design, and I present the various choices that have been made along the way as regards sampling, data collection and data analysis. This chapter also offers a rather thorough presentation of the informants and ends with a discussion about ethical considerations.

The sixth chapter is the first empirically based chapter of this dissertation. This chapter is entitled “Adult sons’ motives to provide care” and focuses on the first research question that this dissertation will address in an attempt to address the two aims that have been set out in the previous section. This chapter ends by juxtaposing the results of the analysis, in more general terms, with the key ideas that the first literature review on “Motives to provide care to parents” introduced.

The seventh chapter is entitled “Adult sons’ experience of caregiving” and focuses, as the title suggests, on the experiences that the interviewed men described. This chapter also ends with a juxtaposition of the findings with the key ideas that the second literature review on “Experience of caregiving” presented.

The eight chapter is entitled “Adult sons’ perceptions of care” and focuses on the perception of care that the interviewed men shared with me during the course of the interviews. The chapter also addresses their perception of care in terms of gender norms. Just as the two previous chapters do, this chapter ends with the findings being juxtaposed with the main ideas that are presented in the section entitled “The feminist

history of the concept of care” which is a part of the chapter on “Conceptual and contextual framework”.

The ninth chapter is entitled “Discussion – Insights from sons that provide care”. This is the last chapter and consists of a discussion of the findings from the three empirical chapters in relation to the first aim of this dissertation (i.e. to contribute to rectification of the gender bias) and the second aim which is about exploring whether a gender-aware and masculinity-informed perspective as outlined in the chapter “Theoretical framework” can contribute to caregiving scholarship.

CONCEPTUAL AND CONTEXTUAL FRAMEWORK

In trying to explain what care is, I have found that Kari Wærness' definition of this concept is useful because it has an openness to what caregiving can be. Wærness (cf. 1983; 1996) states that care involves doing something for someone who cannot do the task or would have great difficulty in doing it. Hence, caregiving can be almost anything in terms of what kind of task is performed, as long as there is a need for the task to be performed. Furthermore, the need must be based on the fact that the person in need of care is unable to perform the task, or able to do it but only with great difficulty.

A classic way to describe caregiving tasks is the one provided by Horowitz (1985b) who proposed that we divide such tasks into four broad categories³:

1) *Emotional support*: This can include giving comfort and support, listening and giving advice. Giving emotional support can also involve the family caregiver being available, or just paying a visit to see that everything is as it should be, such as supervision⁴. The tasks may vary from less defined tasks to very extensive ones, but there is often a relationship that underlies the decision to assume caregiving responsibility or the expectation that one will undertake tasks as a family caregiver.

2) *Direct service provision*: This includes outdoor activities such as gardening and repairs, but also transportation, assistance with walking, administration and handling bills. Direct service provision can also involve personalized care matters, for example, *body work* (as conceptualized by Twigg 2000), which includes help with dressing, with showering or bathing, with getting into and out of bed, and with toilet visits and feeding. Direct service provision can furthermore include medical elements such as preparing medication and giving injections.

3) *Mediation with organizations*: This can for example include help with contacting voluntary organizations, government agencies, care professionals and healthcare facilities.

4) *Financial assistance*: This can include paying for groceries or services, as well as giving money directly.

There are, of course, overlaps in these categories. Furthermore, according to Horowitz's (1985b), sharing a household can be considered to be a special form of caregiving since it encompasses and facilitates the provision of care within the four categories

³ I will use these categories when giving an overview of the tasks that the sons and sons-in-law interviewed perform when caring for their parents or in-laws (see, in other words, Table 5, Table 6 and Table 7).

⁴ Winqvist (1999) criticizes this division of emotional support, arguing that it is not always possible to distinguish emotional support from other actions. It may for example be that family members show and provide emotional support by helping with a practical matter. Even though I agree with Winqvist in this criticism, I still think that this division serves a purpose in its attempt to structure and categorize caregiving efforts. However, it is important to keep in mind that the help that family caregivers provide is often both practical, as in direct service provision, and emotional, with these two being mixed together.

alluded to above. Sharing a household could also, however, be seen as a special response in itself since living together can be a way to handle caregiving needs for shorter or longer periods of time. It is because of this that I regard sharing a household or cohabiting as the fifth category of caregiving which is why I list it below as such:

5) *Cohabiting*: This means sharing a household and living together.

Thus, although informed by Horowitz (1985b), this dissertation will depart from Wærness' (cf. 1983; 1996) definition which captures some of the variations that exist as far as caring tasks are concerned. The men that I have interviewed also represent all of these forms of caregiving, as shown in Table 6 and Table 7 where the interviewed men's caregiving activities are described.

Family care and Swedish statistics

The word *family* can mean many things for different people. It can refer to the legal institution of marriage or parenthood; it can mean people who are related by blood, marriage or adoption (Coltrane 1998), and can include relations such as parents and children but also grandparents, uncles and aunts, cousins etc. Family can also be a family of choice (Price 2011) which can include friends, partners, ex-partners and other relatives (by blood, adoption or marriage) and non-relative family members. Today, there are many types of families and what a family is changes within historical and cultural contexts; therefore, there is no stable definition of *family*. Also, in Western societies, people are increasingly likely to experience changes in their own family and household structures because of divorce and cohabitation (Coltrane 1998). The meaning of *family* is socially constructed, and changes in response to a wide variety of social, economic, political, cultural and personal conditions.

Informal caregiver and *family caregiver* are terms that refer to individuals who are often unpaid, but not always, such as family members, friends and neighbors who provide care. These people can be primary or secondary caregivers, working full-time or part-time, and they can live with the person being cared for or separately. The terms *informal care* and *family care* are sometimes used synonymously (e.g. see Tennstedt *et al.* 1993; Ekwall *et al.* 2004). While family care emphasizes family or kinship, informal care is by definition a broader term, which includes friends and neighbors, that is, people outside the circle of close relatives. I will therefore use the term *family care* when referring to the present study because the informants in this study are caring for close relatives and family members. I will use the term *informal care* when referring to other studies that have a wider perspective on caregiving, and that include not only family members but also friends and neighbors.

Having stated this, it is important to show how informal or family caregiving in Sweden is perceived and how common it is. This importance derives from the fact that the view of informal care and family caregiving varies among different countries. Traditionally and still in many countries today, it is the family that is responsible for most

care; in some countries, this is in fact an obligation stipulated by law (Johansson *et al.* 2011; Lowenstein and Daatland 2006; Stein *et al.* 1998; Rossi and Rossi 1990). As in many countries, the demands in Sweden on informal caregivers are assumed to be increasing due to an aging population, lack of health care personnel, and decreased finances in the community (Ekwall *et al.* 2004).

In this respect it seems important to note that adult children in Sweden have no responsibility by law to take care of their elderly parents. From a Swedish perspective, well-developed elderly care is considered as a resource both for the elderly in need of care and for their families. This facilitates combining caring responsibilities with paid work and helps elderly family members to be independent from their family (Szebehely 2005). Therefore, in a Swedish context, informal or family caregiving in some studies has been recognized as a lack of welfare (Jegermalm and Jeppsson Grassman 2009). However, there are reports from Sweden on inadequate and declining welfare interventions for the elderly, such that the pressure for families to provide care increases⁵ (cf. Szebehely *et al.* 2014; Brodin 2005; Szebehely 2004; Mossberg Sand 2000; Sand 2005). Thus the results from these reports are not unequivocal. Sundström (2014) argues that the public elderly care in Sweden has not decreased if the *need* for public care is taken into account (see also Davey *et al.* 2014). Sundström (2014) explains that in 1950, six percent of the elderly in Sweden lived in an institution which was the only alternative if the elderly could not take care of themselves and had no relatives to rely on. In 1975, nine percent of the elderly lived at an institution and 16 percent had a home care service. At this time, institution and home care service were

⁵ Erlandsson (2014) problematizes the pressure for family to provide help, referring to the difference in Swedish law when it comes to help to people under the age of 65 with certain disabilities, and whose help is regulated in accordance with the Law (1993: 387) concerning Support and Service for Persons with Certain Functional Impairments [in Swedish: Lag (1993:387) om stöd och service till vissa funktionshindrade] which is abbreviated to; LSS. I will continue to use this abbreviation when I refer to this law in contrast to the Social Services Act (2001: 453) [in Swedish: Socialtjänstlag (2001:453)] which is abbreviated to; SoL. This law regulates assistance to people in need of help that do not fit the criteria for receiving help according to LSS. Hence, SoL is the law that regulates the help of many people older than 65 years. Erlandsson highlights that the difference in aim between these two laws is how the law is formulated. The fourth chapter in SoL states that: “A person who cannot meet their needs or may have them met otherwise is entitled to help...” (my translation). This means that Needs assessors (see chapter “Phenomenology as the methodological approach chosen” and the section “Finding the informants” where I explain what this profession does in Sweden) will assess if the needs can be met in other ways, i.e. for example by relatives. In LSS, on the contrary, the text expresses that those who are entitled to help from the law of LSS have the; “right to receive help in the form of special support and special services under Section 9 § 1-9, if they need such help in their life and if their needs are not met elsewhere” (my translation). This means that Needs assessors have to consider the real circumstances i.e. if help is actually given by someone else or not, as opposed to assessing whether help may be available from someone else like a relative. Erlandsson (2014) writes that this has been criticized by Swedish researchers (cf. Dunér and Nordström 2005, Szebehely 2000) because the text in SoL creates a gray area that makes it possible for Needs assessors to examine and even make demands on relatives' ability to care. She writes that this is, of course, not what one would expect of a welfare system that emphasizes equality and the universal distribution of welfare services. Both of these emphases, after all, separate Sweden and the Nordic countries from other countries. Universalism means that welfare services are available to all who need them, regardless of their ability to pay, and that the price of the services is heavily subsidized so everyone can afford them. This is sometimes called the Swedish model or the Nordic model because the model is universal in the sense that the services are used by people in all income groups (cf. Vabø and Szebehely, 2012).

the only two alternatives. In 2011, five percent of the elderly lived at an institution and nine percent had a home care service. Just looking at these numbers it might appear that there is a decline in welfare service to the elderly. The point that Sundström (2014) makes though is that since the 1980s there have been many other alternatives available for the elderly, such as meals on wheels, transport service, daycare service for the elderly, safety alarms etc. About eight to 10 percent of the elderly in Sweden have one or several of these services without having home care service. Another part of this is that many more elderly today in Sweden have better health due to medical developments over the last 50-60 years and many more elderly have a partner that can provide some care if needed. More elderly today also have children and other relatives. As Sundström (2014) writes: “Never before have so many [elderly] had so many kin as today” (p. 11, my translation and my clarification within the brackets). Furthermore, many adult children today live close to their elderly parents, and modern possibilities of communication and transportations make it easier to keep close family ties.

In this regard, Table 1 provides a summary of results from Swedish studies in an attempt to show how common informal and family caregiving is in Sweden and how informal or family care is divided between men and women. There are Swedish statistics dating back to 1992 that show the level of caregiving provided to people outside one’s own household. This type of statistical data, on unpaid caregiving to someone living outside one’s one household, was first identified in population studies covering issues of civil society. In Table 1, I have compiled data on caregiving outside one’s own household, obtained from eight Swedish studies.

Table 1: SWEDISH STUDIES ON CAREGIVING OUTSIDE ONE'S OWN HOUSEHOLD

STUDY	YEAR CONDUCTED	AGE GROUP	WOMEN	MEN
Olsson <i>et al.</i> (2005)	1992 ⁶	16-74	27%	29%
Olsson <i>et al.</i> (2005)	1998	16-74	31%	28%
Szebehely and Ulmanen (2009)	2000-2001 ⁷	20-54	37.4%	26.9%
Szebehely and Ulmanen (2012)	2002-2003 ⁸	55-64	31%	29%
Olsson <i>et al.</i> (2005)	2005	16-74	54%	51%
Svedberg <i>et al.</i> (2010)	2009 ⁹	16-74	46%	43%
Szebehely and Ulmanen (2012)	2009-2010 ¹⁰	20-65	69.3%	67.3%
Szebehely <i>et al.</i> (2014)	2013 ¹¹	45-66	41.7%	41.6%

Table 1 shows that from the first study in 1992 to the one completed in 2013, there is an increase in the proportion of informal or family caregiving to care receivers outside one's own household. As mentioned earlier, this has been interpreted by some researchers to be a result of reduced welfare efforts (see e.g. Szebehely *et al.* 2014; Brodin 2005; Szebehely 2004; Mossberg Sand 2000). In terms of differences between

⁶ The information comes from "The Swedish Population Study" [in Swedish: Befolkningsstudien] by Olsson *et al.* (2005, p. 36 and onwards) and contains comparable data from 1992 (Svedberg *et al.* 1993), 1998 and 2005 (and a study from 2001 that only involved Stockholm County, not included in this table). These studies are based on simple random sampling, with about 1500 interviews conducted by Statistics Sweden. The material was analyzed by a research team from Ersta Sköndal University College. The question in the survey was: "This survey is about the extent to which people help other people with things like housework, transport, gardening, supervision or other help. Do you give such help regularly to relatives with whom you do not live with, as well as neighbors, friends or co-workers?" (Olsson *et al.* 2005, p. 36, my translation).

⁷ This study draws on data from the "Time Usage Survey" [in Swedish: Tidsanvändningsundersökningen] collected in 2000-2001 by Statistics Sweden [in Swedish: Statistiska centralbyrån] through a simple random sample of 4000 people aged 20-84 years who were interviewed. The question was: "Are there any people not belonging to your household who are dependent on your help in the form of grocery shopping, cleaning, doing the laundry, regular babysitting, going out or the like?" Child care has been excluded from the data (see Szebehely and Ulmanen 2009, p. 10, Table 1, my translation). For this question, the number of respondents was 3553, that is, those who responded to the question on whether they provided care outside their household (see Szebehely and Ulmanen 2009, p. 11).

⁸ These figures are based on data from studies by Statistics Sweden using the "Living Conditions Survey" [in Swedish: Undersökningar av Levnadsförhållanden, abbreviated to ULF] in 2002 based on a simple random sample consisting of interviews with 5973 people (see Statistics Sweden 2010a, Appendix 12). The 2002 survey was the first time that questions were asked about caregiving in a ULF study. The question was: "Are there any people not belonging to your household who are dependent on your help in the form of grocery shopping, cleaning, doing the laundry, regular babysitting, going out or similar?" (My translation). Those who responded that they only provided help with childcare were excluded from the data (see Szebehely and Ulmanen 2012, p. 20).

⁹ These figures are based on data from "The Population study" conducted in 2009 and analyzed by the same research group from Ersta Sköndal University College as the other population studies.

¹⁰ These figures are based on data from studies by Statistics Sweden using the "Living Conditions Survey" in 2009 based on a simple random sample consisting of interviews with 6309 people (see Statistics Sweden 2010a, Appendix 12) (see Szebehely and Ulmanen 2012, p. 22).

¹¹ The data come from a survey conducted by the Institute of Social Work, University of Stockholm, where 3630 people aged 45-66 years responded to questions on caregiving for people outside their own household (see Szebehely *et al.*, 2014, p. 4, and Table 1, p. 12).

men and women engaged in informal or family caregiving, the studies do not show particularly large differences between the women and men. The study that showed the greatest difference (i.e. Szebehely and Ulmanen 2009) was conducted from 2000 to 2001 and included individuals in the age group of 20-54 years. In this study, among those who responded that they provided care to someone outside the home, 37.4 percent were women and 26.9 percent were men. In the study by Szebehely *et al.* (2014), conducted in 2013, there was almost no difference between women and men, that is, 41.7 percent of women and 41.6 percent of men aged 45-66 years responded that they cared for someone outside their household. This could be interpreted to mean that the difference between women and men in terms of caregiving decreases with age. However, that conclusion is inconsistent with analyses from the study by Szebehely and Ulmanen (2009); their conclusion was that caregiving responsibilities increase for women as they get older (also a result obtained from the study by Olsson *et al.* (2005) conducted in 2005). Szebehely and Ulmanen (2009) found that, in the age group of 20-44 years, there were no gender differences: 11 percent of both men and women under the age of 45 years responded that they engaged in caregiving for someone outside their own household. In the group aged 45-64 years, there appeared to be a clear gender difference: 26 percent of women and 16 percent of men responded that they provided care to a person outside their own household.

What I wish to clarify with this is that the context in which this study has been carried out is significant for the obtained results. Sweden represents a particularly interesting case when it comes to caregiving and men. As Eriksson and Pringel (2011) remark, no society in the world today has been applauded as much as Sweden for its gender equality politics; however, a closer look at Sweden also reveals a very gender-segregated labor market. Nevertheless, Sweden might be a unique case to study when it comes to men and caregiving because family eldercare is less gendered in Sweden than in many other European countries (Keck 2008). Sweden also has a history of active policies to promote male caregiving and a publicly recognized ideal of gender equality (Nordberg 2005). Yet these policies have mainly focused on men's care for children while no policies or public ideals have been aimed at increasing men's involvement in the care for elderly parents and in-laws. The reason for this is that caregiving to the elderly is viewed as a primary responsibility of the state and not the family. Caregiving has, however, also been seen as an important issue in discussions of policies to promote gender equality. Through the experience of caregiving, men are expected to develop as human beings and transform into *new men* who are less aggressive and more in touch with their feelings (Nordberg 2005). As Kimmel and Kegan Gardiner (2011) conclude:

In Sweden, a "real man" is one who does childcare for his own children, and liberals and conservatives argue not about whether there should be government-mandated paternity leave

but about the allocation of time between new mothers and fathers (p. ix).

The Swedish context, namely a well-developed welfare system, based on dual-earner families, whereby Swedish women are expected to participate in the labor market, creates the conditions and circumstances for family care, which certainly affects men's caregiving. This context is probably important for the experience of being a man who is involved in caregiving for an elderly relative, and as a motive for why sons and sons-in-law become engaged in caregiving to an elderly parent or in-law. These statistics clarify that the differences between men's and women's responsibilities for caregiving in Sweden may not be that great. They also clarify that men in Sweden are very much engaged in caregiving. From that perspective, Sweden may seem to be unique in that Swedish men and women share family caregiving responsibilities to elderly parents and in-laws. However, in this study the numbers of male and female caregivers is not at the center of attention and have little significance for the results. Regardless of how common it is for men to provide care in relation to women's caregiving, it is interesting enough to study men's motives, experiences and perceptions of caregiving. To study men's motives, experiences and perceptions of caregiving does not have to be justified by the fact that many men in Sweden do provide care to elderly relatives or that caregiving for men in other countries is not as common. Since there is a lack of knowledge (as argued in the "Introduction") in research of men's motives, experiences and perceptions of being engaged in family care to elderly parents or in-laws, is sufficient justification for this study's aim. However, to note that men in Sweden actually are quite engaged in family caregiving to older relatives is further evidence that when it comes to family care, men, as Arber and Gilbert (1989) put it (in the title of their study), are "the forgotten carers".

Finally, it seems important to note that in an Irish study, Hanlon (2012) writes that one of the central explanations for why men are less engaged in care is because care is defined as feminine in terms of affection, tenderness, sensitivity and intuition, in contrast to masculinity which is defined as unemotional, rational, instrumental and inexpressive. Hanlon (2012) then outlines two broad perceptions of men's caring practices in respect of gender equality. The first perspective is optimistic about progressive change, and the other is more pessimistic about men's will to change. Many optimistic perceptions of men's caring practice support the view that women continue to carry the greatest burden of caring labor. However, in the optimistic perspective a gradual generational shift among men is highlighted. Optimistic perspectives also tend to emphasize particular groups of men such as elderly male caregivers. In the pessimistic perspectives the highlight is instead on men's continuing power and privilege, and on the fact that men will only undertake caring when there are no women able to do it for them.

The feminist history of the concept of care

The concept of care is central to the second aim of this study, which is to explore whether a gender-aware and masculinity-informed perspective can be used to enhance our understanding of caregiving. Therefore, this section is essential in relation to understanding the development of the concept. It is especially important to understand that caring as a concept was developed within a feminist historical context. Anttonen and Zechner (2011) provide an overview of the concept of care, dividing the research into epochs by describing the first and second generations of care researchers. According to them, feminist scholars in the early 1980s began systematically to describe the special characteristics and societal importance of the unpaid and domestic work done by women as care. Until the early 1980s, care had not been of interest to the kind of male-dominated social research that was characteristic of the time, and it did not have a special place in policymaking either. It was in the wake of the establishment of the field of women's studies that care became a legitimate object of research and an essential part of social policy. For the first generation of care researchers, women as family caregivers were the center of analysis. It was the second generation of care researchers who started to pay attention to multiple care agencies, such as men as carers.

The first generation of care research started therefore in the 1960s and 1970s as research on domestic labor. Those who debated about housework at that time focused their attention on its economic value. Specifically, Rose (1983) argued that: "The production of people is thus qualitatively different from the production of things. It requires caring labor – the labor of love" (p. 83). Graham (1983) suggested in turn that caring combines love and work, but it is also about norms of gender since it keeps women in a subordinate position in relation to men. Anttonen and Zechner (2011) conclude that, in the UK, a great number of studies on women as unpaid caregivers were conducted around this time and these studies showed that women were responsible for a major share of caring work, which was often experienced as burdensome. At this point in time, care was in other words understood as unpaid work by women carried out within the family. They argued that, while the first generation of care researchers in the UK were mainly interested in unpaid care, Nordic researchers such as Wærness were primarily interested in paid caring work. Wærness (1987) stated that women consider their actions from the point of view of others, not just themselves, which is why she introduced the concept of the *rationality of caring*. With that, she wanted to argue that women also had a rationality to their care instead of just being emotionally motivated. In addition, Gilligan (1982) made a distinction between the *ethics of care* and the *ethics of justice*. Many of the first generation of care researchers, in other words, raised the problems and limitations associated with the conceptualization of care and most importantly, the neglect of acknowledging women's unpaid work as an important contribution to society.

The second generation of care researchers, according to Anttonen and Zechner (2011), emphasized intersectionality (a term coined by Crenshaw 1989) in the study of

care, and aspects such as class and ethnicity increasingly became the focus of attention. Of interest is that care recipients have almost always been overlooked in care research. In contrast, in disability studies, the agency of the person with the disability has been considered so much that perhaps caregiving from the family has been overlooked (cf. Jeppsson Grassman *et al.* 2009). Anttonen and Zechner (2011) give one explanation that shows why care recipients in studies on elderly care were depicted as helpless, passive and dependent people. This explanation could be linked to the fact that feminist scholars did not separate the concept of care from the kind of caring that is performed by mothers. The second generation of care researchers instead focused on deconstructing the concept of care and adding some new dimensions. It is, for example, the second generation that has shown that care often involves mutual dependence and that the positions of caregiver and care receiver can be interchangeable. Knijn and Kremer's (1997) concept of *care as citizenship* is one example of this view of care as a multidimensional concept.

First generation care researchers' concepts of care

In order to describe in more detail what the first generation of care researchers were concerned with, I will present two concepts: Wærness' (1996) *rationality of care* and Gilligan's (1982) *ethics of care*. The reason why I have chosen these two as primary examples of the concerns of the first generation is that these are the two concepts that have inspired much of the theorizing that has taken place in terms of formal care work on the one hand and informal care on the other. As such, I view these concepts as typical examples of the primary concern of the first generation of care researchers (i.e. the differentiation of paid and unpaid care work).

When Wærness (1996) introduced the concept of rationality of caring, she was attempting to find a way to describe all of the aspects that are implied in caring, such as knowledge, experience and skills. She attempted to describe how these skills are both situational and based on a shared history of experience, as well as the willingness and ability to place oneself in the position of a fellow human being who is in need of help and support with certain tasks. The essential point about the debate is that women tend to consider the consequences of their actions not only from their own point of view but from the point of view of those for whom they care. Therefore, at the core of her concept is the idea that care is an activity based on rationality that is situational, and that, as such, it contrasts with the notion of men as effective, which is based on a rationality of technology. Although I think that Wærness' (1996) introduction of the concept of rationality of care did in fact constitute a major contribution to the debate on care, it was based on a problematic generalization of women and men. However, a question arises from this, namely whether different situations could require different types of rationality. I do understand that what prompted Wærness (1996) to make such a generalization was the desire to challenge another gross generalization, namely that women are governed by emotions and are therefore irrational by definition. Recent research

shows that there are often different expectations about men and women and that these expectations create different starting positions for men and women as caregivers (e.g. Eriksson and Sandberg 2007; Eriksson *et al.* 2008; Sandberg and Eriksson 2008; Sandberg and Eriksson 2009; Eriksson and Sandberg 2010; Eriksson *et al.* 2011; Hanlon 2012; Eriksson *et al.* 2013). In relation to the informants and the empirical material in this study, it is thus interesting to examine this issue in regard to the line of reasoning that is dominant for these sons and sons-in-law when performing care for elderly parents or in-laws (i.e. is it the logic of technology and effectiveness or the logic of emotions and situational adaptations?).

The idea of these two logics is related to Gilligan's (1982) book "In a different voice" which was as an attempt to respond to Kohlberg's (1973, 1984) cognitive developmental theory and the claim that girls were at lower stages of moral development than boys. Gilligan seem to have been very disturbed by this theory, which is why she closely examined Kohlberg's work for possible gender biases. She discovered that men and women have different ways of achieving moral development. There is, she claims, a morally *different voice* from Kohlberg's *mature moral judgment*. Gilligan (1982) proposed that the moral orientation of girls and boys follows a division between *the ethics of care* and *the ethics of justice*. The characteristics of the ethics of care include responsibility and commitment rather than rules. The ethics of care are anchored in concrete circumstances, instead of being abstract and formal in the way that the ethics of justice tend to be. One of the main contributions made by research on the ethics of care is that it introduced new dimensions to the debate on care by showing that moral reasoning is also based on the ethics of care and is gendered. According to Anttonen and Zechner (2011), this research raised the following questions: Is this the typical moral voice of women? Can only women provide care? Are men capable of caring?

Tronto (1987) criticized Gilligan (1982) because, in care research, women's activity has often been interpreted as essentially different from that of men. Gilligan's (1982) concept of the ethics of care does not, according to Tronto (1987), consider the differences among individual women and it does not consider that care can oppress women. Tronto (1987) argues therefore that the talk about *the labor of love*, *the ethics of care* and *the rationality of care* turns women into caregivers because that is what is expected of them. Although I agree with this criticism, I think that it seems appropriate to add that Gilligan's (1982) ethics of care render men's caregiving practices invisible as well since, according to this concept of care, men are less capable of caring. However, I will return to this question when proposing that perhaps there is a move towards a third generation of care researchers who, like Calasanti (2003), are raising these questions of what kinds of task are counted as caregiving.

Another criticism expressed by Tronto (1987) concerns the fact that the concept of the ethics of care glorifies women and does not consider that women can choose not to care. This glorification is a criticism that I think is relevant to the debate on the con-

cept of rationality of caring. In Wærness' (1996) concept, as in Gilligan's (1982), caring is a unique characteristic of women. The first generation of feminist care researchers therefore attributed a specific and unique capacity to care to women, which they did to show that women and care work should be valued. Unfortunately, in doing so, and even if it was not the intention, care to some extent became recognized as something that women are particularly good at and men are less suitable of doing. Tronto (1987) however concludes that even though the ethics of care could be an important intellectual concern for feminists as a moral theory, these ideas must be looked at beyond the gender differences. She claims for example that:

The equation of "care" with "female" is questionable because the evidence to support the link between gender differences and different moral perspective is inadequate (Tronto 1987, p. 646).

Tronto (1987) continues to point out that it is a dangerous position for feminists to ascribe gender differences to a social context that identifies male norms as a standard. This, because they are likely to be trapped in trying to defend women's morality instead of looking critically at the philosophical promises and problems of the ethics of care.

Second generation care researchers' concepts of care

The concepts of care that were introduced by the second generation of care researchers (i.e. *care as citizenship, social care, care as a social good and care as a reflective process*) have a more multidimensional meaning. In this section, I will discuss these concepts in an attempt both to provide insight into some of the key issues brought to the fore by the second generation of care researchers and to show that some of these approaches still neglect the fact that men care. I will end this section by returning to Tronto's (1993, 1995, 2001) continued development of Gilligan's ethics of care and Hankivsky's (2014) criticism directed towards the ethics of care as a political judgment. I will do this because I believe in Hankivsky's (2014) argument that even though the second generation of researchers claim to have an intersectionality perspective on care they still center their arguments around gender and gender manifestations of power instead of seeking understanding for what is created and experienced at the intersection of different axes of oppression.

Knijn and Kremer (1997) define care as work that may be either paid or unpaid and which involves the physiological, emotional and physical strains that taking care of dependent people can entail. They propose that both informal and formal types of care work are extensive and that the work is very diverse, which requires a high degree of flexibility from the carer. They also argue that, at the end of the nineteenth century and the beginning of the twentieth century, as a result of the combined struggles by

trade unions and the feminist movement, women were both granted the opportunity and accorded the obligation to take care of their children. It was around this time, they claim, that the ideas of the male breadwinner and pensions for single mothers and widowers, and maternity leave were established. They argue that these ideas can be regarded as an expression of a desire to liberate people (read mothers) from the obligation to work so that they could become engaged in care work. Knijn and Kremer (1997) write that this was a new care regime that made women largely dependent upon their husbands.

I would suggest that this care regime also made men largely dependent on women since, by passing to women the obligation to care, it exonerated men from their care responsibilities. However, I would also suggest that the question of care as a form of subjugation of women could be turned on its head. The care sector has after all allowed many women to gain employment and make a living of their own. The salary that women make in this sector has, in other words, allowed some women to become liberated from their husbands. Something else I would question is the idea that women were forced to care when the care sector was first established since the first generation of care researchers pointed out (cf. Wærness 1996; Gilligan 1982) that caring for the elderly, dependent adults or one's own children can be rewarding and fulfilling and cannot therefore be regarded as entirely burdensome. Therefore, it seems to me that one could argue that to be liberated from work in order to have time to care is an important part of the kind of welfare that has made it possible for women and men to combine work with family life¹². Thus, although I agree with Knijn and Kremer (1997) that gender-specific assumptions were promoted even more through the establishment of welfare institutions that employed women to care outside of the private sphere, one could argue that work in the care sector did in fact emancipate some women by allowing them to make a living of their own.

Moving on to some of the other themes that Knijn and Kremer (1997) introduced to the debate on care, it seems necessary to draw attention to the fact that they argued

¹² I will here describe what I mean when I refer to *welfare*, *welfare arrangements* and *welfare regimes* for the sake of readers who are not familiar with welfare scholarship. Drawing attention to some key aspects of the most well-known theory regarding welfare models – Gösta Esping-Andersen's (1990) *Theory of welfare capitalism* – seems appropriate. Esping-Andersen (1990) categorizes welfare states into three models: the liberal, the corporatist and the social democratic welfare regime. The social democratic welfare regime guarantees citizens a decent material standard regardless of paid work because of high taxes and public insurance, which also prevents stratification. The Nordic countries are examples of states with social democratic welfare regimes. In contrast, the liberal welfare regime is given support through some public but mostly individual insurance and individual needs assessments. Britain can be seen as an example of a liberal welfare state. In the corporatist regime, it is mainly family but also the church and non-government organizations (NGOs) that provide social security. Italy is an example of this. Thus, different countries have built different welfare regimes to meet the needs of their citizens. The choice of welfare regime that a country opts for affects economic efficiency when it comes to the extent to which resources are used best to achieve income equality. Some countries, such as the US and Ireland, have high average incomes and relatively unequal distributions of income. Countries such as Sweden, Denmark, Belgium and Japan have lower average incomes but relatively equal income distributions. The elderly care sector (and the welfare regime upon which it is built) offer, in other words, an important instrument for equalizing individuals' circumstances and for redistributing income.

that, in the postwar period, the welfare state was acknowledged as an important aspect of citizens' wellbeing and as an institution that brought about great social stability. They argue however that the current dismantling of the welfare state has meant that the infrastructure of the care sector is under pressure at this very moment. Here, I find it important to note that these researchers are from Canada, so they are speaking from the perspective of Canadian welfare. Specifically, they are attempting to bring *care* (caregiving and care receiving) into the center of welfare state analyses. In this regard, they argue that the modern welfare state has shaped the needs and rights of caregivers and care receivers in ways that have contributed to creating gender inequality in terms of citizenship rights. They therefore suggest that the concept of citizenship needs to be expanded in order to acknowledge the impact that care has had on society. Their approach to *care as citizenship* suggests that it is necessary to go beyond gendered norms of care in order to recognize that every citizen can claim the right to care for people in his or her life when circumstances demand it. The problem with this suggestion, which makes perfect sense when all things are considered, is that when such demands are made by significant others, they can only be fulfilled at the cost of what is perceived as the most vital aspect of social citizenship, namely labor participation. As a result, albeit paradoxically, in the modern welfare state, family caregiving could lead to a reduction of citizenship status because it implies that the caregiver should refrain from paid work to provide care.

One of the things to pay attention to in Knijn and Kremer's (1997) argument is that, although they recognize that caregivers are usually women, they regard men as potential caregivers, which means that they do not, contrary to first generation care researchers, regard caregiving as women's territory. Another feature that I find interesting is that they give an explanation of why the division of care and labor is colored by gender. By considering the right to give care and to receive it as a part of citizenship, they are questioning what aspects of life are valued and what are considered to be important. In other words, they take for granted that, because the division of labor and care is a human construct, changes to this division can always be made. Failing to recognize men's informal care work contributes to maintaining gender structures. This shows how important it is to highlight that men also provide care, and that this recognition can lead to new discoveries and insights. Arguments such as these raise questions such as: could such acknowledgment lead to the need to create work opportunities that allow us to reconcile work responsibilities and care responsibilities (such as part-time work and the possibility to take a paid or unpaid leave of absence to provide care)? For if it is assumed that most care providers are women, and since it is still taken for granted that the labor market is first and foremost male-dominated territory, we will never get around to formulating services that allow for the reconciliation of work and care. It is for this reason that I am interested in Knijn and Kremer's (1997) argument that every citizen will be a caregiver at some time in their life. This argument is also most conducive to the change necessary if we are to free caregiving from its status

as woman-dominated territory to which it has always been confined. We are all, at one point or another, dependent on others' care. Care is therefore, as Knijn and Kremer (1997) argue, not a woman's issue but a citizenship issue. I would suggest that, on this basis, the question arises of whether failure to recognize men's care work in policy-making is actually impinging on men's right to care.

Another example of a researcher team whose work belongs to the second generation of care researchers is Daly and Lewis (2000). They have argued that the concept of care has been widely used and that, as a result, it remains both ambiguous and contested. They argue that part of the problem is that the concept has been used in too many disparate ways, so it is in danger of losing its core meaning. They therefore attempted to be very specific when introducing the concept of *social care*, a concept they seem to want to develop as a category of analysis in relation to the welfare state. In other words, they launched a concept that specifically centers on the relationship between services and cash benefits. The division of labor, responsibility and costs between the family, market, state and voluntary sectors is their critical point of departure. The term *social care* represents, therefore, an attempt to limit the concept of care to a more specific meaning (while acknowledging that a broad understanding is needed) and to overcome the division between the public and private that has always been a source of unresolved problems in the debate. Specifically, they define social care as the activities and relations involved in meeting the physical and emotional requirements of dependent adults and children and the normative, economic and social framework within which these activities and relations are assigned and carried out.

In other words, the concept of social care treats care as an activity and a set of relations lying at the intersection of the state, market and family (including the voluntary sector). Daly and Lewis (2000) argue that their concept has three main types of contribution to make, while drawing attention to the role of the welfare state in shaping care as an activity and a set of social relations. One of these contributions that the concept of social care can make is that it can enhance the quality and depth of welfare state analysis in general. Another contribution, they argue, is that it has the capacity to capture trajectories of change in contemporary welfare states. Social care is a multidimensional concept and Daly and Lewis (2000) write that:

[W]e suggest the heuristic category of social 'care'. While the term itself is not new, we believe that elaborating the concept as we do helps to provide a useful theoretical tool for more general analyses of welfare states (p. 258).

Most important, perhaps, is that the concept of social care allows us to recognize the gendered dimensions of social policies. I think this is a very important contribution in the development of the concept of care since policymaking has indeed created a traditional gendered division between care and paid work. Perhaps it is the case, as Daly (2002) argues, that one reason why the male contribution to informal and family care-

giving has not been recognized is that the relationship among care, public policy and the wider society has hardly been problematized.

Daly (2002) then continued this work of conceptualizing the concept of care and launched another model, namely *care as a social good*. Here, she is addressing the problem of not having a holistic view in the concept of care. She writes that, as the scholarship of care has developed, it has come to make a series of distinctions between paid and unaided care and between cash and service as a response to care. This development in scholarship has, according to Daly (2002), brought about an unnecessary distinction between what caring for children or caring for adults, entails. Furthermore, the most important differentiation is the one between the provider and the recipient of care. The point she makes is that together these distinctions are summarized into being either formal or informal care. These either/or assumptions fail to recognize that caring is a complex activity and that care provision frames the boundaries between family, state and market, and shapes intimate human motivations and relationships. Care is, therefore, as Daly (2002) has argued, quite unique in what it represents for social policy, which is why care must be understood and analyzed as a social as well as a policy good. The former emphasizes care as embedded in norms and social relations in society, while the latter draws attention to settlements around care in society and the fact that these are both realized by, and manifested in, public policies.

By identifying care as an inherently social activity and linking it with different manifestations and anticipated outcomes of public policy, Daly's (2002) argument allows us to regard care as a complex social good. In this respect, it is clear that, in wanting to understand care as a social good, she wants to contribute to a more comprehensive understanding of policy approaches towards care. Making provision for care entails, she claims, the satisfaction of three needs: those for services, for time and for financial support. Unfortunately, in her contribution to the debate on care, Daly (2002) does not really acknowledge the role of male carers or the difficulties they face. If care must be, as she writes, understood and analyzed as a social as well as a policy good, I would like to suggest that this must also apply to men as informal or family caregivers. This is because if men's caregiving contributions are unacknowledged there will be a risk of not seeing how their engagement in care activities can contribute to social and policy benefits. Failing to acknowledge this could lead to the failure of welfare institutions to recognize that the support they design for informal care providers may not always be suitable for men who care.

Another aspect worth mentioning in this respect is that a series of demographic changes are taking place that make the acknowledgment of men as potential caregivers crucial. Fewer children are being born nowadays, people live longer, migration has created greater distances between families, and more women are now working in the regular labor market. There is thus a greater need for men as informal care providers these days, although they have always been needed. Failure to regard male caregivers as a social good can lead to a failure to tap into their potential contribution in the fu-

ture. Although the second generation of care researchers attempted to see the concept of care in a much more multidimensional manner than the first generation ever did, they are still missing a key point, not only because they too have failed to see men as an underexploited source of care, but because they have failed to see the theoretical possibilities that viewing caregiving from a male perspective could have.

It is interesting to note that Lewis (2006) has brought to the fore the fact that studies have shown that women's behavior in terms of their contribution to households has changed much more than men's. This has to do with *family strategies* to reconcile work and care responsibilities. In European countries, more and more women are now entering the labor market, which is a major transition for many societies. Households are thus being forced to innovate. The relatively small changes in men's behavior, especially as far as unpaid care work is concerned, have made care arrangements such as employing immigrant women to care for elderly relatives a viable alternative in some countries like Greece, Italy and Spain. This is causing a *care drain* as Bettio *et al.* (2006) put it, in countries like Albania, Poland, Bulgaria, and Romania, where many female immigrants come from. Hence, Lewis (2006) suggests that men's choices structure those of women. However, as I am trying to discuss here, the situation is not that simple. This is because, although women (albeit not in all societies) can choose to do or abstain from doing unpaid care work, most men are not expected to make such choices. Lewis (2006) refers to US data which suggest that, if nothing is done to encourage a reduction in men's working hours, women cannot increase their own working hours. Men need, in other words, to have the same possibility (as well as expectations) to provide care as women have had for decades. This opens up the question of men's position to claim the right to provide care. What I mean is that when families negotiate how to handle paid and unpaid work, men's positions (as well as women's) are related to gender expectations and financial pressure. Because of gender norms, it is not expected of men to take on care responsibilities but it is expected of women. Because male wages are usually higher than women's, there is also a greater economic pressure on men to work instead of providing care. Hence, I would suggest that this is one of the issues that Daly's (2002) concept of care as a social good for social policy fails to address.

I will now continue by describing the concept of *care as a reflective process* which is also one of the concepts launched by the second generation of care researchers. According to Liera and Saraceno (2002), the analysis of care, and of the actors, relationships and contexts involved, is not a linear or additive process. Instead, they consider it to be a reflective process and, as such, it is a process that, if acknowledged, will shift not only the focus of attention of policymakers interested in care, but also our perspective of what care is. They write that, because the concept of care covers a number of different relations, actors and institutional settings, it crosses conventional boundaries. Care is a public as well as a private responsibility; it is performed as both paid and unpaid work, and it is both formally and informally provided and delivered in

nonprofit as well as for-profit arrangements. Therefore, my interpretation of Liera and Saraceno's (2002) description of the concept of care as a reflective process is that it is a very complex concept that can be used and viewed from many different angles. That could of course be seen as a weakness in academic settings, but I would suggest that it is actually a strength.

Another example of a research team whose work epitomizes the second generation of care research is Fisher and Tronto (1990) who have argued that they could not find any good systematic definition of care which addressed the very essence of this human activity. They argued that many of the previous definitions over emphasized either the emotional or intellectual qualities or overemphasized care as work. These *either/or* assumptions of care did not highlight the full density of care. Fisher and Tronto (1990) therefore suggested that care could be defined as:

[A] species activity that includes everything that we do to maintain, continue and repair our 'world' so that we can live in it as well as possible (p. 40).

By *world* Fisher and Tronto (1990) meant our bodies, ourselves and our environment interweaved in a complex life-sustaining web. Their emphasis on *species activity* showed that they saw care as one of the features that make people human. Fisher and Tronto (1990) additionally defined four phases of care. The first one being *caring about* hence, *attentiveness* i.e. to become aware of and paying attention to the need of care. The second was *caring for* and is described as the phase when someone assumes a caring *responsibility* to meet the need that has been identified. The third phase is *caregiving* with a material meeting of the care need hence, *competence*. The fourth phase is *care receiving* that involves the *response* to the caring, whether the needs have been met or not. Fisher and Tronto (1990) argue that by this fourth phase the caring process comes full circle. They argue that in identifying these four phases our understanding of what *good caring* entails can be furthered developed since the process in reality does not always occur in accordance with the ideal view of care that tends to be upheld. The idea is that if this is understood, there is no risk of romanticizing care.

Furthermore, Tronto (2001) emphasizes that caring is complex and ubiquitous and that because the world is being run by *the model of man* (p. 65) people have an unwillingness to recognize their own caring needs as legitimate. She argues that we must reformulate our views of human nature and accept that people are *interdependent rather than independent* (p. 142). The ethics of care then, as Tronto (1995) argues, is closest to the view of the world offered by Nussbaum's (1992) notion of human capacity and flourishing¹³ because the *ethics of care* entail that proper care for others is a

¹³ Nussbaum (1992) sketches an internal-essentialist proposal of the most important functions of human beings in terms of which human life is defined. Nussbaum's (1992) idea is that when we identify a group of especially important functions in human life, this proposal, which she calls thick vague theory of the good, entails us asking

good and that humans in society should enhance the quality of care in their world. Most recently Tronto (2013) has urged societies to put responsibilities of care at the center of their democratic political agendas, instead of focusing on the dominant preoccupations with economical production.

Fisher and Tronto's (1990) and Tronto's (1995, 2001) concept of the ethics of care offers a very good explanation of care that is complex and in many ways open for different power dimensions. Their ethics of care also offers a conceptualization of care as a social good, acknowledging that care is an activity that can be both private and parochial as well as something that concerns institutions, societies and even levels of global thinking. Nevertheless, Hankivsky (2014) argues that theorists that have launched the concept of the ethics of care, along with other care theorists (cf. Sevenhuijsen 1998 and Scuzzarello 2010) cannot account for the intersectional perspective even if they are claiming to do so. Hankivsky (2014) writes that:

So even when care theorists claim that they are attentive to human differences they tend to repeat binaries for example between women and other social groups, even if no homogeneous exists and any "women" will be inextricably shaped and formed by interlocking social locations which include but are not limited to gender (p. 256).

Thus, Havinsky claims that even if care theorists stress intersectionality, they still emphasize gender above all other intersectionalities such as ethnicity, socioeconomically status, age, religion etc. In the next section I will elaborate on Hankivsky's (2014) suggestion of enhancing care ethics with intersectionality. I will do this because the third generation of care researchers – whose work I am suggesting we have in fact already started to see – needs to acknowledge and take into account this complexity.

Thus, while the early contributions of feminist scholarship to social analysis were about the reclaiming of unpaid activities such as housework or other tasks in the home as work, the over-representation of women in all forms of care work was interpreted as a consequence of patriarchal power structures. Liera and Saraceno (2002) write that this position did not deny the emotional, relational and caring dimensions of unpaid work performed for family members by wives, mothers and daughters. Instead, it showed that care work was invisible when it was interpreted as something intrinsically female. As I have already suggested, even if the majority of caregivers are women, a failure to recognize the work that men do for their families as care work is problematic. In terms of the understanding of what counts as care work within the family, this is often inherently feminine. Another example of this is Wærness' (1996) term *rationali-*

what social and political institutions are doing about them: "Are they giving people what they need in order to be capable of functioning in all these humans' ways? And are they doing this in a minimal way, or are they making it possible for citizens to function *well*?" [italic in original text] (p. 214).

ty of caring and the fact that the debate on this term was mostly carried out from the perspective of what motherhood entails as far as caring is concerned. This raises the question of what kinds of tasks or activities count as care. However, there are several more dimensions that have to be recognized here. The first is that care work done in the realm of family relations always has to be considered against the backdrop of the type of society in which it occurs. A society built on the male breadwinner model does not create conditions for men to provide care. To see caring as coercion inflicted on women is to miss the point that men can in fact suffer from not being able to carry out their care responsibilities.

Towards a third generation of care researchers' concepts of care

So far, my argument on why men's perceptions of care are needed and why their care work needs to be recognized has been based on the debate on care that has been carried out within the feminist tradition and on the way in which the concept of care has evolved since researchers first started to theorize around it. I will now suggest that perhaps a third generation of care researchers is emerging. In organizing the concept of care by the division of first and second generations of feminist care researchers I am inspired by Anttonen and Zechner (2011). However, I would like to suggest that there may be evidence that new conceptualizations of care are being introduced by what I refer to as the third generation of care researchers.

In this respect it seems worth noting that although the concept of care has been debated in many ways, most care researchers agree that all humans need care at some point in their life, even though not all of us humans will engage in caregiving throughout our life. In the introduction I have alluded to the fact that the debate on care has so far neglected to seriously seize the opportunities that studies of caregiving men offer to caregiving scholarship. In the next chapter – which is where the result of the literature reviews conducted for this dissertation will be presented – I will suggest that something else that seems to be missing in the debate on caregiving is serious consideration of the implications that different contexts (as in welfare systems, national policies and cultural norms) have on the manner in which caregiving is understood. The implications that the context-specificity of some studies have is, in other words, something that is seldom taken into account. These are all observations which seem to underline the work of the second generation of care researchers. They seem to want to urge us to recognize this variety or complexity of care and have coined, therefore, the term *cultures of care* to address this often neglected angle (cf. Fine 2015 for an overview).

When trying to capture the complexity of care, one needs to acknowledge Hochschild's (1995; 2003) work as a prime example of the third generation of care researcher. In trying to understand care as a cultural ideal and as a practice, she has identified some key dimensions of differences in care. These visions or ideas; traditional, postmodern, cold modern, and warm modern, were first presented in her 1995 article. At the beginning of the article, she writes:

Among the visual images of care in the modern Western world, a classic view portrays a mother holding a child. Frequently, the mother is seated in a chair at home or in a dream-like setting, such as her garden. Often found on old-fashioned birthday cards and in ads for yarn in women's magazines, the image is a secular middle-class version of Madonna and Child. The caregiver in these images is a woman, not a man. She is at home, not in public place. Moreover, the caregiving seems natural, effortless. She is sitting, quiescent, not standing or moving – stances associated with “working”. She seems to enjoy caring for the child, and the child's face often suggests, she is good at caring. Thus, the image of care is linked with things feminine, private, natural and well-functioning: this represents an ideal of care (Hochschild 1995, p. 331).

From an American perspective she argues that because of this image of women as caregivers and because there is still a culture of manhood within most workplaces, dual-earner families suffer from a care deficit (see also Hochschild and Machung 1989). However, as Hochschild (1995) writes; “this is far from just a woman's problem” (p. 332).

What she calls a *traditional* value of care is the notion that caregiving implies emotional engagement and is based on conservative ideas that the caregiver is a woman that provides care as a mother, wife or as a daughter (daughters-in-law). Hence, much like the picture she painted in the quote above, this kind of caregiving is often described as *warm* and is seen as an unpaid duty of women. Hochschild (2003) uses the term *cold modern* to refer to the vision that care should be based on formal, institutionalized care by professional caregivers as a substitute for care provided by family. This cold modern ideal is contrasted to another ideal that seeks to promote the view that care responsibilities should be egalitarian, and therefore shared between women and men, with formal service as a complement that is available when needed. This ideal she calls *warm modern* because it acknowledges the emotional importance of care for developing personal relationships. Norway, Sweden and Denmark, she argues, are the countries where this warm modern model is best achieved. This ideal is in contrast to what she calls *cold postmodern* which she describes as a depersonalized ideal that emphasizes self-sufficiency by using different technology solutions that monitor the person in need of care. This vision or ideal of care builds on the free market and the idea that individuals can buy formal support. I think that these cultures of care are interesting ways of understanding the kind of ideal that underlies caregiving, and depending on how care is valued in a culture, all these different visions are possible. I find the warm modern ideal especially important because it seeks equality within caregiving practice and emphasizes the important relational aspects of caregiving. In doing so I would argue that this implicitly suggests that care is also important for men.

Another example of a care researcher whose work I categorize as belonging to this third generation that I am arguing is beginning to emerge is Calasanti (2003). She provides an interesting discussion of the concept of care by suggesting a feminist approach to performing research on men as caregivers. This seems like an exciting twist to the debate and worthy of being addressed here. Because women, according to her, are assumed to engage in far more care work than men, their experiences and definitions of such work have guided much social gerontological scholarship, and have provided the standards against which men's experiences are compared. As a result, some of what men do, which might in fact be care work, can be overlooked. She emphasizes that we have only just begun to examine what care work means to men, including their motivations and experiences. This is one of the many reasons why the present study is designed as it is. Calasanti (2003) argues that comparisons across different care relationships cannot identify gender similarities or differences, nor give great insight into how men have been examined compared to women. Men and women in similar care work relationships may be more similar to one another than seems to be expected, but care workers are more frequently women, and therefore women are more likely to spend more time providing care.

It is important to note that being a man means having far less chance to take on care work. This is not to say that men do not provide care. Calasanti (2003) therefore argues that to note women's disproportionate undertaking of care work is not to ignore men. Thus, I would like to make clear that my intention, when choosing to focus on men, has not been to question women's disproportionate involvement in care work and caring activities. I do, however, question the often taken for granted assumption that, in order to understand the debate on care, one needs to understand how gender relations work. This is because, although I believe that an understanding of research on relations is needed in order to understand how the debate on care has evolved, I think it is necessary to focus on men's care work, irrespective of what such a focus may mean to women's engagement in caring activities. In other words, I am not arguing that we should focus on men in order to alleviate the care burden that has been placed on women (even if shifting the focus to men as an untapped source of care could in fact lead to a much fairer division of care labor between men and women). Rather, I am arguing that focusing on men is necessary if the debate on care is to move forward. It is necessary, I would argue, not only because their caring labor is needed but because our understanding of care cannot evolve if men's perspectives on care are not part of the equation. In this context, I would like to quote Calasanti (2003), who writes:

It is clear that men are *capable* of care work [...] Given this, the questions involve not whether men can care, but under what circumstances and with what gender identity negotiations? [*italic in original text*] (p. 27).

Thus, while surveying some of the features of the debate over the concept of care, I have attempted to show and discuss how this concept has usually revolved around female caregiving. It is because of this that I would argue that we need to be aware that using the concept of care in research on men as caregivers can be challenging and/or problematic. It is also worth noting that from the perspective that nursing science offers, Ekwall *et al.* (2004) have argued that most research on informal caregiving to the elderly has defined caregiving as instrumental care (for example, help with laundry, cooking and cleaning) or personal care (for example, help with personal hygiene, feeding and getting dressed). According to them, few studies have been designed to explore family caregiving as a whole and including other dimensions of caregiving than instrumental or personal care¹⁴. Ekwall *et al.* (2004) therefore suggest that:

It seemed worthwhile to broaden the concept of caregiving to include other aspects than personal care by asking caregivers what they actually did (p. 245).

I have chosen to treat the concept of care with an open mind when it comes to men's caregiving and what care means to them. I do this in accordance with the fact that this is a phenomenological study, and surveying the concept of care has been a part of the *epoché* required in phenomenological studies (this is described in more detail in the chapter on "Phenomenology as the methodological approach chosen"). An awareness of the problems that are associated with the use of the concept of care when studying men who provide care highlights the importance of detaching oneself from preconceived notions and keeping an open mind about what care means for men. However, doing this is not enough, and according to Hankivsky (2014) focusing on gender runs the risk of missing all the other power relations that also form a caring relationship. Thus, although the second generation of care researchers often note that the practice of care is gendered, raced, classed, culturally-defined and historically and geographically determined, gender still continues to figure prominently in the debate on care ethics and in the analysis of care. Hence, gender is assigned primary status. Hankivsky (2014) argues therefore that:

The conclusion of this examination is that an "intersectionality-inspired care ethics" forcefully disrupts essentialist tendencies and analytic prioritization of gendered social locations and structures to allow for a more robust and richer reading of the relationships, processes, and forces that shape how care is conceptualized, prioritized, and promoted (or not) in politics and policy. (p. 262).

¹⁴ Bowers (1987) has developed a typology for intergenerational care to understand less obvious aspects of caregiving. In addition, Nolan *et al.* (1996) has developed Bowers' (1987) typology further, suggesting that caregiving is a process that involves several different activities with different purposes.

Thus, even though I agree with Hankivsky (2014) that other power relations (other than gender) are important, I will not focus on these power relations in this dissertation. Rather, my focus is on sex and gender, and the one sex and gender that has seldom been the focus of attention in studies of family caregiving to elderly parents, namely men and masculinities.

LITERATURE REVIEW – A GENDER-AWARE INVENTORY

A few words about how this chapter is constructed and how the research reviewed here has been approached are in order since this chapter is lengthier than is customary. The reason for this is twofold. Firstly, I have conducted these literature reviews in order to assess the knowledge gap that this study will address (i.e. the one about the gender bias mentioned earlier). Secondly, I have done these reviews in order to give those readers who are unfamiliar with caregiving scholarship a fair chance to become acquainted with the literature that is available on caregiving motives and experiences. This means that I have not only made an inventory of the literature, I have also performed a critical analysis of it in order to assess how gender-aware and masculinity-informed the literature on family caregiving is.

The first literature review is about motives to provide care to elderly parents, and focuses, in other words, on the very specific type of care that the men interviewed in this study performed (i.e. care for a parent). The reason this literature review focuses specifically on this is because the literature on family caregiving has clearly shown that the kin-relationship one has with the person to whom one provides care has implications for people's motives to engage in caregiving. In the second literature review, I have surveyed the literature that focuses on family caregivers' experiences in more general terms, which means that I have not narrowed that literature review down to the specific kin-relationship that is in focus in this study (i.e. the one between parents and sons).

Because the literature on caregiving is vast and because there are numerous competing trains of thought underlying it, I have chosen to categorize the literature into the key ideas that have emerged in caregiving research on motives and experiences. Thus, the literature reviews and gender-aware inventories of caregiving research that will be presented in this chapter are organized into key ideas. The chapter ends with sections which assess whether or not the literature can be claimed to be sufficiently gender-aware. Readers that are primarily interested in the answers to the three empirical questions that this study addresses can skip the final sections of these literature reviews since these sections focus on the first aim of the dissertation which is, to some extent, more theoretically-driven.

Motives to provide care to parents¹⁵

Table 2 constitutes an attempt to present the key ideas from previous research on what motivates adult children to care for and support their elderly parents. This table gives an overview of the motives that the research on caregiving to elderly parents lists, the ways in which this research has been designed, whether or not the studies listed perform a gender analysis on their results, and the theoretical frameworks that these studies are based on¹⁶. The table also lists which studies within each key idea are based on empirical research since some of the studies reviewed here are pieces that are solely theoretical. It is also worth noting that in the sections that follow I will present the studies in a more thorough fashion, using footnotes to provide the reader with descriptions of the data that each empirical study is based on. The idea behind this is that the reader is given a fair chance to assess whether or not the conclusions that are drawn by these studies are reasonable in light of the study design and data that they have used.

¹⁵ I conducted a literature search for relevant articles about why adult children support their elderly parents, using six databases (Applied Social Sciences Index and Abstracts (ASSIA), PubMed, Scopus, Social Services Abstracts, Sociological Abstracts and Web of Science). The keywords I used were as follows: motivation to care, reasons to care, willingness to care, choice to care, filial responsibility, family caregiver, informal caregiver and family care. The inclusion criteria were as follows: the article had to 1) be written in English; 2) be published in a peer-reviewed journal; 3) be about caregiving activity performed by adult children and/or daughters-/sons-in-law; 4) include a focus on caregiving for family members or close relatives; 5) include a focus on caregiving for an elderly person; 6) be about either a research study or be a review paper; and 7) in the case of a research study have an introduction, a methodology and a result section with a conclusion. I have also included theory-based articles, when found, containing a theoretical discussion on the key ideas of intergenerational solidarity/ambivalence, and choice/lack of choice. The first search was conducted in the spring of 2013. This search was supplemented in the autumn of 2014. There was no demarcation in terms of how long ago the articles had been written. A total of 28 empirical articles, 12 theory-based articles (about intergenerational solidarity/ambivalence, role theory and choice/lack of choice) and references to ten classical theoretical works on role theory (including the caregiving role as feminine identity) and social exchange theory, were obtained.

¹⁶ The reader should note that even though I will allude to the theoretical and conceptual frameworks that the empirical studies depart from, this does not mean that this dissertation presents these frameworks as such. Researchers in informal care, for example, cannot expect that this dissertation will apply, for example, concepts such as intergenerational solidarity, conflict and ambivalence to the data collected and neither can they expect that the dissertation will present the debates surrounding these concepts as such. These literature reviews are therefore about *the key ideas* underlining the studies reviewed here but this dissertation does not engage with the theoretical frameworks and or concepts that these key ideas stem from.

Table 2: FIVE KEY IDEAS ON WHAT MOTIVATES ADULT CHILDREN TO PROVIDE CARE TO THEIR PARENTS

KEY IDEAS	KEY IDEA OF INTERGENERATIONAL SOLIDARITY/ AMBIVALENCE	KEY IDEA OF ROLES	KEY IDEA OF SOCIETAL AND CULTURAL NORMS	KEY IDEA OF EXCHANGE	KEY IDEA OF CHOICE/ LACK OF CHOICE
Motivational aspects listed	Commitment Affection/intimacy Altruism Love/concern Empathy Relational aspects	Role connected to gender, parenthood (mothering) and between siblings	Filial sacrifice Familism ¹⁷ Family harmony Respect/piety Religious teaching Obligation	Repayment/reciprocity Continuity of family generations	Lack of welfare arrangements No one else can No position to negotiate Guilt Duty Repudiation/dissociation
Design	Quantitative	Qualitative	Quantitative	Qualitative/quantitative	Qualitative/quantitative
Gender analysis	No	Yes	No	No	Yes
Literature based on theoretical framework listed	Intergenerational solidarity: Pyke and Bengtson (1996) Roberts and Bengtson (1990) Bengtson and Roberts (1991) Bengtson <i>et al.</i> (2002) Intergenerational ambivalence: Lüscher and Pillemer (1998) Lüscher (2002) Connidis and McMullin (2002)	Role theory*: Mead Moreno Linton Goffman The caregiving role as feminine identity: Chodrow (1978) Gilligan (1982) McCarty <i>et al.</i> (2008)		Social exchange theory*: Homans Blau Emerson Molm	Commitment to care: Lee (1992) Legitimate excuse: Finch and Mason (1993) Caring by default: Horowitz (1985a) Choice and obligation: Funk and Kobayashi (2009)
Literature based on empirical research	Silverstein <i>et al.</i> (1997) Stein <i>et al.</i> (1998) Lowenstein and Daatland (2006) Van Gaalen and Dykstra (2006) Steinbach (2008) Birditt <i>et al.</i> (2010)	Matthews and Rosner (1988) Globerman (1996) Donorfio and Sheehan (2001) Cahill (1999) Hequembourg and Brallier (2005)	Sung (1992) Sung (1994) Gans and Silverstein (2006) Wong and Chau (2006) Stuifbergen <i>et al.</i> (2008) Antman (2012) Lee and Tan (2012) King <i>et al.</i> (2013) Parveena <i>et al.</i> (2013)	Klaus (2009) Funk (2012) Spitze <i>et al.</i> (2012)	Guberman (1999) Campbell and Martin-Matthews (2000) Lyonette and Yardley (2003) Arksey and Glendinning (2007) Watt <i>et al.</i> (2014)

*The empirical literature is inspired by and builds on classical theoretical work developed by these scholars.

¹⁷ By *familism* I mean: a traditional view of society that highlights loyalty, trust, and cooperative attitudes within the family group.

The key idea of intergenerational solidarity/ambivalence

The first key idea I found when reviewing the literature is the idea that I will hereby, as it is often customary in the field, refer to as “Intergenerational solidarity/ambivalence”. This key idea represents research exploring commitment, affection, intimacy, love, empathy and altruism. The question of why children support their parents is addressed in this literature from a relational perspective. The concept of intergenerational *solidarity* has several elements, including the degree to which there is agreement or conflict among family members regarding values and opinions. Rituals, gatherings and opportunities to meet, as well as records of instrumental assistance provided in the family are important incentives that contribute to intergenerational solidarity and motivate caregiving between family members.

The theory of intergenerational solidarity was developed by Bengtson and colleagues (see Roberts and Bengtson 1990; Bengtson and Roberts 1991) while the theory of intergenerational *ambivalence* was developed by Lüscher and Pillemer (1998) and Connidis and McMullin (2002) as a criticism of the theory of intergenerational solidarity. They argued namely that the theory of intergenerational solidarity focuses mostly on the positive side of intergenerational ties and that the term *solidarity* indicates an emphasis on consensus (cf. Lüscher and Pillemer 1998; Connidis and McMullin 2002). The perspective of intergenerational solidarity is therefore regarded by some as being too normative, especially in terms of the question of how negative and positive aspects of family relations can be captured simultaneously. The criticism of scholars in the field of intergenerational solidarity focuses on the assertion that there is a tendency to portray the family either as a place of peace, refuge and harmony or as a place of abuse, anger and violence. As Pyke and Bengtson (1996) argued, there might be four rather than two combinations of solidarity/conflict, namely high solidarity/low conflict, low solidarity/high conflict, high solidarity/high conflict and low solidarity/low conflict. To view solidarity and conflict simply as opposites ignores the fact that families have conflicts but can still support and love each other, or that there can be family ties of low solidarity with an absence of conflict. The introduction of the concept of *ambivalence* thus provides a useful tool, according to Lüscher and Pillemer (1998) and Connidis and McMullin (2002), for observing the whole dynamic in families. Lüscher and Pillemer’s (1998) concept, which they called *structural ambivalence* is defined as follows:

The concept has two dimensions: (a) contradictions at the level of social structure, evidenced in institutional resources and requirements, such as statuses, roles, and norms and (b) contradictions at the subjective level, in terms of cognitions, emotions, and motivations (Lüscher and Pillemer 1998, p. 416).

Although the study above was useful, Connidis and McMullin (2002) proposed that Lüscher and Pillemer (1998) do not take the concept of intergenerational ambiva-

lence far enough. They suggest the concept of *structured ambivalence*, which differs from Lüscher and Pillemer's (1998) concept of structural ambivalence. By launching the notion of structured ambivalence, Connidis and McMullin (2002) draw on themes from critical theory and argue that "Our conception of ambivalence emphasizes the interplay of individual action, human agency, and structured social relations" (Connidis and McMullin 2002, p. 563). Lüscher (2002) agreed with them on the point that greater consciousness of intergenerational ambivalence and the changes in gender roles are linked. However, he emphasized that Connidis and McMullin (2002) are a little vague when they equate ambivalence with, and simultaneously distinguish it from, conflict. Hence, they suggested that the concept of ambivalence has nothing new to offer because it is possible to subsume conflict as a dysfunction under the solidarity perspective. Bengtson *et al.* (2002) – who are amongst the ones that launched the theory of intergenerational solidarity – responded to the criticism from Connidis and McMullin (2002) and Lüscher and Pillemer (1998) by questioning whether structured ambivalence or structural ambivalence are so different from the theory of intergenerational solidarity and the conceptualizations of symbolic interactionism approaches to role theory. In doing so they clarified some misunderstandings, for instance, the claim that the intergenerational solidarity model is based on positive aspects of family relationships due to the positive connotations of solidarity by stating, for example, that:

Thus, despite the connotation of solidarity as harmony and sunshine, this model's view of families is positive only when the dimensions of family relationships are positively assessed. Conversely, when family relations are not positive, the solidarity model reveals them as negative on specific dimensions. (Bengtson *et al.* 2002, p. 571).

Bengtson *et al.* (2002) also concluded that the concepts of ambivalence, solidarity and conflict are not competing antagonistic approaches to family relationships; rather, each of these concepts can be useful in understanding and explaining intergenerational ties.

Within the research on this "Key idea of intergenerational solidarity/ambivalence", there was thus a very lively discussion about how relationships within families should be understood. What I find interesting about this discussion is that it raises the issue of care in the family and how these complex patterns of help and assistance should be understood. In the next section we will take a closer look at the empirical literature taking the perspective of intergenerational solidarity or ambivalence, and will see that this theoretical discussion is very much grounded in empirical research. As such, this discussion brings to the fore the problems of making different interpretations of the data.

It is also worth noting that studies conducted with a focus on intergenerational solidarity or ambivalence are mostly quantitative in their design, and use intergenerational-

al samples (e.g. Stein *et al.* 1998) or cross-national comparative data (e.g. Lowenstein and Daatland 2006). The main question in studies with an intergenerational solidarity approach is whether younger generations are prepared to care for elderly ones. By asking this question, American researchers such as Silverstein *et al.* (1997)¹⁸ have drawn attention to the factors that may impede or facilitate intergenerational solidarity:

These dimensions comprise (1) structure (factors such as geographic distance that constrain or enhance interaction between family members), (2) association (frequency of social contact and shared activities between family members), (3) affect (feelings of emotional closeness, affirmation, and intimacy between family members), (4) consensus (actual or perceived agreement in opinions, values, and lifestyles between family members), (5) function (exchanges of instrumental and financial assistance and support between family members), and (6) norms (strength of obligation felt toward other family members) (Silverstein *et al.* 1997, p. 432)¹⁹.

In the same study, adult children were asked questions about the nature of their relationship with each surviving biological parent. Reflecting on the above quoted factors, five relationship types were developed. Taking the approach of intergenerational ambivalence, Van Gaalen and Dykstra (2006) criticized Silverstein *et al.*'s (1997) relational types. They argued that child-parent relationships cannot be placed along the continuum where solidarity implies the absence of conflict. In their quantitative study from the Netherlands²⁰, Van Gaalen and Dykstra (2006) found five relationship types, some with a resemblance to Silverstein and Bengtson's (1997)²¹ relationship types. Van Gaalen and Dykstra (2006) argued that the consideration of conflict brings additional insights, for example, that children and parents who exchange high levels of financial and practical support are most prone to conflict. This contrasts with the work of Silverstein *et al.* (1997) who described relationships with high levels of exchange as: "the most cohesive group" (p. 445).

¹⁸ Silverstein *et al.*'s (1997) quantitative study consisted of 971 adult children who had at least one surviving non-co-residing parent.

¹⁹ Silverstein *et al.* (1997) conclude that adult intergenerational relationships in American families are structurally diverse, but generally have the potential to serve their members' needs. This study was a response to the debate and hypotheses over family decline, which was a contentious issue during the 1990s. The hypothesis of family decline was mostly argued by Popenoe (1993), but also discussed in the work of Stacey (1990) and Skolnick (1991).

²⁰ Van Gaalen and Dykstra (2006) used multiple dimensions of solidarity and conflict in a Latent Class Analysis (LCA) on survey data of 4990 adults aged 18 to 79 collected by the Netherlands Kinship Panel Study.

²¹ Some of Van Gaalen and Dykstra's (2006) relationship types resemble those of Silverstein and Bengtson's (1997). For example, Van Gaalen and Dykstra's "harmonious" type resembles Silverstein and Bengtson's (1997) "sociable" type. The former's "affective" type bears a resemblance to the latter's "intimate but distant" type.

An American study by Birditt *et al.* (2010)²² also takes the approach of intergenerational ambivalence, suggesting that ambivalence is common in the parent-child tie. The reason for this ambivalence is that, in the parent-child relationship, there are contradictory desires for independence and closeness. Unlike other studies included in this literature review, this study focused on parents' relationship to their adult children and whether they view their children as being problematic or successful in life. The study argued that adult children that are viewed by their parents as successful (e.g. doing well in their relationship and career) are more motivated and will probably respond and provide care to elderly parents when the time comes if the parents are in need of care. Adult children that parents view as problematic (e.g. in trouble with the law, or suffering illness) are less motivated and will probably provide less care to parents, causing parental distress, and they are also parents' least preferred support provider. Birditt *et al.* argued that the majority of work in this area has examined older mothers' reports and often reports of only one child. The study included therefore both women and men that reported up to three of their children. The results suggested that as parents grow older and are in need of support, problematic and less successful adult children may become troubling to them. On the basis of these results, they suggested that this seems to be especially true for men because men's feelings of ambivalence were more sensitive to their young adult children's problems and success than women's feelings.

A quantitative study from Germany by Steinbach (2008)²³ focused on which model of intergenerational solidarity or intergenerational ambivalence best describes the types of relationship in German families. The author concluded, with some caution, that ambivalent relationships with mothers and with fathers are relatively uncommon in this sample, so perhaps ambivalence is a phenomenon that German parents and their children experience less.

In a quantitative study from the US, Stein *et al.* (1998)²⁴ examined adults' views of parental caregiving by taking an intergenerational approach to experienced obligations. Regardless of gender, adults with one living parent generally reported feeling more obligations to provide assistance than adult children with two living parents. They found that young adult children expressed higher levels of experienced obliga-

²² Birditt *et al.* (2010) used data from the Family Exchange Study where 633 participants age 40-60 years (302 men and 331 women) from different families answered in an hour-long computer-assisted telephone interview detailed questions regarding their relationship to up to three children aged 18 years and older. 48.2 percent of the mothers' children and 47.5 percent of fathers' children were daughters.

²³ The data in Steinbach's (2008) study are based on the German sample of the cross-cultural study "Values of Children and Intergenerational Relations" (VOC). This study only included women because its main focus was on fertility behavior. The total size of the sample was 1024, but in this study, 613 mothers (adult daughters) with children aged 2 to 17 years were included and asked about their relationship with their parents.

²⁴ The participants, 460 in total, were students enrolled in an introductory course in psychology, and these students' middle-aged parents. A total of 230 young adults (54 men and 176 women) completed the questionnaire. Middle-aged parents also completed the questionnaire which means that a total of 230 participants in the middle aged parent category (97 men and 133 women) were also part of the study's sample. The young adult respondents in the study had a mean age of 18.8 years and the middle-aged adults were on average 45.6 years old.

tions to their parents than middle-age children did. An explanation of this is that, for younger adults, the responsibility to provide care is more distant temporally, so they tend to give a more idealistic answer.

In addition, Lowenstein and Daatland (2006)²⁵ raised the question of how strong the bonds of obligation and expectation are between generations. They analyzed findings from the OASIS study, which was a cross-national five-country study on Norway, England, Germany, Spain and Israel. One conclusion that the authors made is that strong filial norms (as in Spain and Israel) do not necessarily imply close affectual relationships and high levels of help exchange. Rather, Norway, a country with high provision of services for older people, sustains a strong family system with high levels of exchange between generations.

Summarily speaking then, it is noted that one problem in empirical studies on intergenerational solidarity is that, with this theoretical framework, it becomes quite difficult to focus on situations other than solidarity and thus one runs the risk of missing caring relationships that also include conflict. This becomes quite evident in the work of Silverstein *et al.* (1997), as Van Gaalen and Dykstra (2006) conclude that even the existence of conflict must be considered and that, in those families where there is frequent contact among family members, there may be a greater risk of conflict.

Thus, a conclusion that can perhaps be drawn from studies using the perspective of intergenerational solidarity and the perspective of intergenerational ambivalence is that there are weaknesses with both perspectives and in the end it is probably true that solidarity and ambivalence exist at lower and higher levels at different times within the same family. Whether there is more solidarity or more ambivalence in a family certainly depends on the circumstances of the caregiving (such as how long and how extensive the care is, what kind of help is provided, and whether there is only one caregiver in the family or if the care responsibility is shared among several family members, among others).

Looking at this “Key idea of intergenerational solidarity/ambivalence” from a gender-based perspective (see Table 2 in the box for gender analysis), I found that no attempts have been made to perform a deeper analysis of the results in terms of gender differences, with the one exception of Birditt *et al.* (2010). Thus, the issue of what the study results actually mean when the informants in the study represent only one gender has not been problematized. For example, the study carried out by Steinbach (2008) included only daughters, but there is no reflection on what effect this could have on the result of ambivalence not being so common in German families. This raises questions

²⁵ The acronym OASIS stands for: “Old Age and Autonomy: The role of Service Systems and Intergenerational Family Solidarity”. This was an international research project comprising five countries which was funded by the 5th Framework Program of the European Community. The countries involved were Norway, England, Germany, Spain and Israel, with data collected from representative, age-stratified, urban-community samples of about 1200 respondents in each country. For more information about the OASIS project, its design and methodology, see Lowenstein and Ogg (2003).

such as: are daughters more likely to describe the relationship as being built on solidarity as care responsibilities reflect their femininity? There are of course many other questions to ask about this study and what gender means, but these are a few examples. Conversely, this lack of gender-awareness is something that Winqvist (1999) pointed out as a methodological problem. To only include daughters and then to make generalizations about German families contributes to the perception of women and daughters as being the only ones performing family caregiving. Lowenstein and Daatland (2006) addressed the issue of gender in their study by stating that there are indications that sons have become more active when it comes to family caregiving than has usually been recognized. In their results, they found no significant difference in terms of gender and aspects associated with adult children's provision of help to their parents, in any of four (excluding England) countries that were included in the OASIS study. However, they did not comment on these findings; instead they refer to other, rather old, studies (e.g. Lee *et al.* 1993, Silverstein *et al.* 1995), mentioning that although it looks as if the sons provide care, it is still the daughters who take the primary responsibility.

In other words, the studies hereby categorized as belonging to this key idea treat (biological) sex as a variable; hence, these studies include statistical information about caregiving and the division between men and women performing care, but no deeper analysis has been undertaken in terms of what gender means for the outcome. In the case of Lowenstein and Daatland (2006), there is some attempt to perform an analysis based on gender, but nevertheless, that analysis leads to what could be perceived as a confirmation bias meaning that there is a tendency to selectively focus on information that confirms our own beliefs. Despite the result that men and women do not show any great differences in their caring responsibilities, it is still concluded that women perform most of the caring responsibilities. My point here is that, even if sex is included as a variable under this "Key idea of intergenerational solidarity/ambivalence", there is no gender analysis being performed. Instead, research under this key idea tends to contribute to the notion that only women provide care (see Table 2, the column of "Gender analysis").

The key idea of roles

Feminist scholars have made a large contribution to research that reflects upon gender roles in terms of providing informal care (see Brewer 2001 for an overview of feminist theories and gender role expectations in caregiving). Research within "The key ideas of roles" often involves descriptions of various relationships (such as those between parent-child, between siblings and between spouses) and the experience and the role of being a caregiver or being the receiver of care. In research with a focus on roles there is often a connection to power structures and how these power structures are produced and reproduced between different roles, such as being a woman, man, mother, father, brother or sister. As shown in Table 2 (see "Literature based on theoretical framework

listed” under the column of “Key idea of roles”), this theoretical framework emerged in the 1930s, and was inspired by the work of George Herbert Mead, Jacob L. Moreno and Ralph Linton. Mead’s concept of mind and self is seen as a precursor to role theory and to dramaturgical role theory that was introduced in the 1970s by Erving Goffman. In dramaturgical role theory, Goffman (1974) compares the appearance of roles in a social context with acting on stage. Studies that are based on roles as a key idea have often taken the standpoint that the caregiving role is internalized by women because it is central to feminine identity (see e.g. Chodrow 1978, Gilligan 1982).

I should of course point out that the concept of internalization has gone out of fashion in studies on filial caregiving. Therefore, authors of studies that include this key idea would perhaps not agree about the way in which I have categorized their work. However, as Campbell (2010) pointed out, even if internalization is no longer cited explicitly as it once was, the Chodrow-Gilligan tradition can be seen in the widespread suggestion that women as a group are more concerned than men as a group with maintaining kin networks. There is also the assumption about gendered styles of caregiving whereby female caregiving is more relational and male caregiving is more practical. In the following section about empirical research in relation to “The key idea of roles”, we will see several examples of the gender biases that dominate this type of research.

In a theoretical paper on the ethical dimensions of filial responsibility, and daughters’ and sons’ perception of responsibility and moral demands, McCarty *et al.* (2008) addressed the concept of family caregiving and contextual family characteristics. They explained why they asked this question by stating that in the United States, families assume a large share of caregiving responsibilities for elderly relatives. They also concluded that the caregiver is usually an adult daughter, and with reference to Weber and Clark (1997) the author wrote that the average American woman will need to carry out about 18 years of caregiving to elderly relatives. This is because, as McCarty *et al.* (2008) write with reference to Gilligan (1982), that relationship is central to women’s definition of self. However, competing roles for women have caused a reduction in women’s work hours, women quitting their jobs and suffering depression. McCarty *et al.* (2008) take the standpoint of Goffman’s (2001 [1962]) normative role expectations and raised the question of how one can address filial caregiving issues and concerns without exploring the context of family roles, because each family member brings their evolving *dossier*²⁶ of impressions and evaluations of each other to the filial caregiving process. Additionally, McCarty *et al.* (2008) also argued with reference to Phillips and Rempusheski (1986) that the parent’s personal identity is interwoven with the filial caregiver’s image of caregiving. Family interactions are based on shared history, family structures or rules that govern the family organization, power positions and family members’ different roles. McCarty *et al.* (2008) found three major philosophi-

²⁶ A *dossier* is a collection of information about a particular person (Goffman 2001 [1962]).

cal views related to the basis for filial duties: 1) Traditions command lifelong parental reverence. 2) Parents are owed a debt of gratitude for care that they provide to their children. 3) Care for parents is an expression of friendship and love. From the perspective of role, they then discuss these three philosophical views. McCarty *et al.* (2008) concluded by suggesting some of the ethical implications for clinical practice that their findings have and argue that discussions with adult sons and daughters must go beyond an expression of filial piety and obligations, and must also address aspects of contextual family history and allocations of roles within the family.

In a Canadian, exploratory, qualitative study about daughters and sons-in-law and their spouses caring for relatives with early stages of Alzheimer's disease, Globerman (1996)²⁷ found that daughters-in-law are expected to take on care responsibilities because being nurturing and caring is associated with femininity. Therefore, with the role of being a woman and being a daughter-in-law come expectations of performing care. Daughters-in-law explained their taking on a *someone-has-to-do-it* role by the fact that they are females and had been socialized into caring. Their husbands, the sons, believed that their wives took over these responsibilities because it was expected of them. For the daughters-in-law, it was love for their husbands that made them take on the caregiving responsibilities, rather than love and concern for the parent-in-law.

In an American study, Donorfio and Sheehan (2001)²⁸ interviewed mother-daughter pairs to investigate whether the reason for providing care is sometimes the presence of an expectation to do so. They examined four types of filial responsibility and proposed three distinctive approaches to caregiving, namely: 1) *undifferentiated*, 2) *dispassionate* and 3) *mutually balanced*. Daughters in the undifferentiated group have a similarity to Blenkner's (1965) description of *filial maturity*, expecting that their mothers would always be there for them. According to Donorfio and Sheehan, dispassionate daughters do not address the complex issue of filial responsibility and do not give a voice to the feelings associated with caregiving. Mothers and daughters categorized into the mutually balanced approach express mutual enjoyment of the other person and their companionship.

In asking about what motivates wives, daughters and daughters-in-law to provide dementia care and to adopt a caregiving role, Cahill (1999)²⁹, in an Australian qualitative study, interviewed women about the extent to which a choice regarding whether to provide such care was available to them. Three distinct aspects appear as important for taking the decision to provide care, namely love, concern and duty. In Cahill's study, wives appeared to care because of love and concern and in order to fulfill their marriage obligations. Daughters and daughters-in-law were more likely to feel that they had to provide care, hence that it was their duty as housewives. Their motivation was

²⁷ Globerman (1996) interviewed 10 daughters-in-law and six sons-in-law and their 16 spouses.

²⁸ Donorfio and Sheehan's (2001) qualitative study – which used grounded theory as its theoretical point of departure – is based on interviews with 11 mother-daughter pairs, where the daughter was a caregiver to her mother.

²⁹ Cahill's (1999) study is based on interviews with 39 women (wives, daughters and daughters-in-law).

shaped by several factors, such as gender, the labor market and the availability of others in the family to provide care.

Another part of filial care research that relates to role theory is that concerning the roles between siblings. In a paper on a qualitative study in the US, Matthews and Rosner (1988)³⁰ pointed out that it is appropriate in research on parental care to focus on all the adult children, although as Brody (1978) states: "At every phase of the life cycle the family is the primary unit of service" (p. 14). Matthews and Rosner (1988) conducted a study on sisters and asked about the way in which they and their siblings divide up filial responsibilities. They found five types of parental care system: 1) *routine*, 2) *backup*, 3) *circumscribed*, 4) *sporadic* and 5) *dissociation* which explain, they claim, how siblings approach their caregiving responsibilities and how they negotiate them among themselves. In respect to this study's focus it must be noted that routine involvement was common for daughters in the study, but atypical for sons. The backup style was primarily used by sisters. Very few sisters were described as using the sporadic style, but brothers often were. Brothers were often described as limiting their filial activity to a specific task or activity, thereby taking on a circumscribed style. Dissociation from filial responsibility was reported more frequently for sons. Finally, in some families, being the oldest carried certain expectations of routine involvement in parental care. This study suggests in other words that the motive to become a caregiver is strongly connected to the role of being a sister and in some cases also connected to being the oldest sibling.

In a qualitative study in the US, Hequembourg and Brallier (2005)³¹ found that co-providing brothers contributed equitably to the care of their parents. The researchers conducted interviews with eight adult sibling pairs. Six of these pairs cared for their mother, one sibling pair cared for their father and one sibling pair had two surviving parents for whom they cared. In all of these sibling pairs, the sister took responsibility for coordinating the care. Hence, also in this study the motive of providing care was connected to the role of being a sister. The brother on the other hand was described as a *helper brother* (four of the brothers fitted into that group) or a *co-provider brother* (the other four brothers). Helper-brothers provided significantly less care than their sisters and relied on the sisters to assign them specific tasks. Co-provider brothers divided the parental care more equitably with their sisters, but even so, they relied on their sisters to coordinate the care.

As I wrote at the beginning of this section on "The key idea of roles", it is possible that my approach to categorizing these articles as roles could be questioned. However, I think that, having surveyed this empirical research, it is clear that caregiving in these studies is described (albeit implicitly) as a trait more suited to women. In other words,

³⁰ Matthews and Rosner (1988) performed face-to-face interviews with 50 pairs of sisters who had at least one parent aged 75 or older.

³¹ Hequembourg and Brallier (2005) performed structured, in-depth, face-to-face interviews with eight adult sibling pairs, each consisting of one male and one female caregiver.

being a woman is an implied motivation to provide care in these studies. Thus, even if only one article (McCarty *et al.* 2008) associated with this key idea is explicit in using role theory, the other articles also still connect the role of caregiving to women and femininity. Thompson (2005) calls this *the gender comparative approach* which is the term he uses to refer to the methodological tendency to compare men's caregiving against an implicit norm. This tendency homogenizes the categories *male, sons and brothers* and blinds us to the diversity that exists among male caregivers. An example of this is how Hequembourg and Brallier's (2005) study showed diversity between brothers, where half of them were co-providers in the caregiving with their sisters. The reason they could identify this diversity was that they included an equal number of brothers and sisters in their study. In contrast, Matthews and Rosner (1988) only provided the sisters' views about their brothers' involvement. This highlights the numerical predominance of female caregivers, which has structured the study of family caregiving in ways that have created blind spots; specifically, it has led to a focus on female caregivers (Campbell 2010). Most of the studies related to this key idea include only women (Donorfio and Sheehan 2001; Cahill 1999) or a predominance of women (Globerman 1996: 10 daughters and six sons). As Table 2 shows in the column on "Gender analysis" under "The key idea of roles", I assert that there have been analyses based on gender, but these could be regarded as biased because caregiving was viewed from a norm of women and femininity since women were almost exclusively the gender being studied.

The key idea of societal and cultural norms

Just like for "The key idea of intergenerational solidarity/ambivalence", "The key idea of societal norms and cultural norms" is concerned with the issue of coping with an aging population. However, in this case, the focus is on how societal and cultural norms on family piety, family sacrifice/obligations and religious teaching are motivating factors for children to take care of their elderly relatives. Research related to this key idea does not seem to have been associated with any particularly theoretical discussion, but rather social norms and filial responsibilities have been considered to reflect the general expectation that children should support their elderly parents in times of need (Cicirelli 1988; see also Cicirelli 1984; 1989). In "The key idea of societal and cultural norms" the empirical literature mostly consists of studies that are cross-cultural in their design. Thus, studies which I have categorized as being examples of this key idea, involve research that compares societal norms between different cultures or investigates the norms in a particular society by comparison of different generations' norms of family caregiving.

Sung's (1992; 1994) work provides good examples of this key idea; the first study is about the norm of filial obligation in Korea and the second is a cross-cultural com-

parison between America and Korea. In the first study, the author³² concluded that, although filial pious parental care is not considered as a paramount virtue by some young people in Korea, parental care is considered by most Koreans to be a normative duty that must be performed by the adult children whether they like it or not. Social values in Korea enforce this. The author also identified five major types of motivation for parental care: 1) *respect for parents*, 2) *filial responsibility*, 3) *harmonization of the family*, 4) *repayment of debts* and 5) *filial sacrifice*. These results can be contrasted with what Stein *et al.* (1998) found in an American study (as already mentioned in the section on “The key idea of intergenerational solidarity/ambivalence”) that children’s feelings of obligation to a parent were more important than the strength of normative filial responsibility and expectations.

In the second study by Sung (1994)³³, which was cross-cultural, motivations for parental care between Americans and Koreans are compared. The results showed that both groups cite *affection/love*, *repayment/reciprocity* and *filial responsibility/obligation* as major motivating aspects. For Koreans, filial respect, family harmony and filial sacrifice appeared as major motivations, but these were not cited by Americans. In Korean culture, thoughts around parental care have been influenced by the idea of filial piety, which provides a moral basis for family-centered parental care and, therefore, as Sung (1994) concluded, it would seem to make the Koreans more supportive of the elderly.

Lee and Tan (2012)³⁴ have, in their study, observed filial ethics and filial judgment of filial behavior in Taiwan and the United States because filial ethics have been observed in different cultures, but important differences may exist in how filial practices are viewed across cultures. Through their vignettes study they found a cultural similarity that suggests that individuals may try very hard to follow filial ethics because actors in the vignettes example that followed filial ethics were rated by the other participants as more trustworthy than those who defied them. Lee and Tan (2012) also suggested that filial behavior influences how one is socially evaluated. Therefore, filial norms are important to understand adult children’s motives to care for elderly parents, because they also reflect how adult children are assessed in relation to whether they meet these norms of filial ethics or not.

³² Sung’s (1992) study is based on a survey of 130 Koreans engaged in filial caregiving.

³³ The American data in Sung’s (1994) study were collected in the New York City area. The sample is constituted of 203 primary caregivers caring for their older relatives. The Korean data were collected in Seoul for 172 caregivers. The informants were evaluated using an open-ended questionnaire, focusing on their motivation for filial care.

³⁴ Based on a power-trust model and using vignettes describing filial behavior, Lee and Tan (2012) has compared American and Taiwanese perceptions of filial behavior, with a sample of 112 American (74 women), and a sample of 74 Taiwanese (44 women).

In addition, in a quantitative study performed in America, Gans and Silverstein (2006)³⁵ investigated the normative expectation that adult children should be responsible for the care of their aging parents and how this norm changes over the course of life. Their results revealed that filial norms weakened after midlife. One explanation for this is that normative obligations to elderly parents may tend to weaken among those who have no relevant kin, for example, those who have no elderly relatives who are in need of care (as also suggested by Rossi and Rossi 1990). The norms of young adults were relatively strong in Gans and Silverstein's (2006) study, especially when contrasted with sharp declines between midlife and old age. One explanation for these findings was that younger people tend to give more idealistic answers because they are far removed temporally from any need to care for older relatives at that time (this is similar to the conclusion on younger people giving a more idealistic answer in the study by Stein *et al.* (1998) mentioned in the section on "The key idea of intergenerational solidarity/ambivalence"). One surprising finding in the study was that those born in the 1950s and 1960s had stronger filial norms in midlife than their parents did a generation earlier. One expected result in the study was that women consistently expressed stronger filial norms than men from young adulthood to old age. Gans and Silverstein (2006) found no evidence that divorce in either generation had any bearing on normative prescriptions about care for elderly parents.

Wong and Chau (2006)³⁶ also examined how the notion of filial piety remains as a factor prompting individuals to become caregivers for their parents in a modern Chinese society, namely Hong Kong. They found that the Confucian notion of filial piety as a cultural norm still runs deep. They also found that the respondents have adopted aspects of this filial norm to suit their own experience and actual circumstances in their everyday caregiving practices.

In a quantitative study, Stuifbergen *et al.* (2008)³⁷ explored which factor is the most strongly motivating for adult children in the Netherlands to provide care for the elderly. This work was carried out against the backdrop of a trend towards a more individualistic society, which could lead to reductions in family solidarity and family care for the elderly. Two motivations for giving support were recorded, namely the quality of the relationship with one's parents and a sense of norms of filial obligation.

³⁵ Gans and Silverstein's (2006) analyses were undertaken using data from four waves of the Longitudinal Study of Generations from the University of Southern California (USC) between the years of 1985 and 2000. A multi-level latent growth model was estimated using 4527 observations from 1627 individuals nested within 333 families.

³⁶ In their qualitative study, Wong and Chau (2006) undertook in-depth interviews with 16 respondents aged 20 to 53 who were involved in providing care for their parents aged between 51 and 84 years old.

³⁷ In the study of Stuifbergen *et al.* (2008), the data were collected in 2002 to 2004 by the Netherlands Kinship Panel Study with a random sample of 8161 independently living adults aged 18 to 79 years, who were interviewed in their homes. The response rate was 45 percent and, among those who completed the interview, 95 percent also completed a self-administered questionnaire about family attitudes and norms. This selection identified 2036 parent-child dyads, with 1314 mothers and 722 fathers aged 75 or over related to 1679 children. A cluster function corrected errors due to the fact that 357 respondents were included twice when both parents were aged 75 years or over.

It was reported that such norms of filial obligation correlate with the kind of support that was given. A conclusion could therefore be that a weakening sense of filial obligation might lead to a decline of social forms of support (giving advice and showing interest), so that a sense of filial obligation was less important. Therefore, Stuifbergen *et al.* (2008) argued that it can be expected that adult children will continue to provide support even if the sense of filial obligation declines, but only if parents and children form and maintain good relationships. Affective feelings could take the place of a sense of filial obligation.

Focusing on Mexico, Antman (2012)³⁸ draws attention to how interfamily allocation of elderly care in the context of migration to U.S. takes place, since migrant adult children may be able to provide for elderly parents economically but not physically. Antman (2012) posed the question of how children influence how much care to provide to their elderly parents, particularly in families with many children. In a statistical model she addressed siblings' contributions and individual migration decisions by using sibling's characteristics as the instrumental variable. Her results suggested that for both migrants and non-migrants, financial contributions function as strategic complements while siblings' time contributions operate as strategic substitutes. Moreover, she claimed that there are reasons to doubt the popular view that families of migrants remaining in Mexico benefit from migration. Instead, governments should be concerned about the consequences of migration for elderly populations because when family size declines due to migration, elderly parents must rely on fewer children for support.

In another quantitative study by Parveena *et al.* (2013)³⁹ ethnicity and familism were examined as motives to provide care, with consideration of how familism and willingness to provide care influenced the caregiving mood. The findings support the social-cultural models of stress and coping and show that an inability to cope is associated with two outcomes: anxiety and depression. British South Asian caregivers differed from White-British ones. The British South Asian caregivers were younger, had significantly higher levels of familism which motivated caregiving in a positive sense, they used more behavioral disengagements and religious coping and reported less support than White-British ones. White-British caregivers used humor as a coping method, but for them, familism as a motive to provide care was significantly related to caregiver depression. This is the case because they felt forced to provide care just because family ties obliged them to become caregivers.

King *et al.* (2013)⁴⁰ has examined religion and ties between adult children and their parents. The backdrop is that religion may foster more frequent and positive ties

³⁸ Antman (2012) used data from the "Mexican Health and Aging Study" (MHAS) for the year 2001 and 2003. The total sample consisted of 5,537 adult children 2001 and 5,537 adult children in 2003.

³⁹ Parveena *et al.* (2013) recruited 235 primary family caregivers for a cross-sectional questionnaire survey, of whom 162 were White-British and 73 were British South-Asians.

⁴⁰ King *et al.* (2013) use data from the "National Survey of Families and Households" (NSFH) with a national representative probability sample of 13007 adults in U.S. households collected in 1987-1988. From this sample

between family members. The result in King *et al.*'s (2013) study suggests that religious adults have more extensive ties with their parents. Adult children that attend religious services were more likely to provide care to parents outside the household. Frequent attendants also seemed to have parents who were still married to each other and also had better quality relationships and also more contact with fathers. Daughters had more contact with their mothers than sons and were also more frequent religious service attenders. However, there were no significant interactions between attendances and the adult child's gender or age. Religious service attendants and ties to parents were similar for sons and daughters, and for younger and older adult children. This raises the question of whether religion in that case is more overarching than gender when it comes to creating family ties and engagements in caregiving and whether religious families build other types of family ties. In addition, the study makes us wonder if religious men engage in caregiving to the same extent as religious women and if they engage more in caregiving than non-religious men. This result could have been very interesting to problematize in relation to gender and family relations but unfortunately there are no such analyses in this study. The overall findings in King *et al.*'s (2013) study indicated that parent-child ties are stronger when both generations share the same religious culture, and weaker when they do not. The researchers concluded the religion is only one of many aspects that are associated with adult children's ties with their parents but still an important one.

When summarizing the research in the "The key idea of societal and cultural norms", it is noted that this research tends to focus on Asian countries (as in the cases of Sung (1992) in Korea and Wong and Chau (2006) in Hong Kong, as well as in comparing interviewees with similar ethno-cultural backgrounds who live in different settings such as in the case of Sung (1994) comparing Korea, and America; Lee and Tan (2012) comparing Taiwan and United States and Parveena *et al.* (2013) who compares White-British and British South-Asians). There are two American studies (e.g. Gans and Silverstein 2006, King *et al.* 2013) as well as one from the Netherlands (e.g. Stuifbergen *et al.* 2008) and one from Mexico dealing with the migration of adult children to the US (e.g. Antman 2012) but it is mostly studies from Asia which are used to promote the idea that societal and cultural norms play a role in adult children's motives to provide care. What seems to be common among all these empirical studies is their concern for an aging population and for how the care of the elderly will be arranged, in particular in terms of how the duty and responsibility that younger generations in the past felt for their older relatives might have changed in today's modern society, with its focus on individualism. Hence, there is a concern in these studies for how the care burden for older generations should be managed. In this perspective, it is interesting to see how these studies reflect on gender, especially given my earlier dis-

the author selected informants who reported having at least one living parent. This led to a sample of 9002 informants from the age of 16-79 years old, and 53 percent were women.

cussion on men being an untapped resource in terms of family care (see the section “Towards a third generation of care researchers’ concepts of care”).

When it comes to gender-awareness in studies related to “The key idea of societal and cultural norms”, all except one (Wong and Chau 2006) have (biological) sex as a variable, but there is no deeper analysis made of what effect gender (as a social construction) has when it comes to different patterns in the empirical findings (see Table 2 in the column of “Gender analysis”). Another problem, as Campbell (2010) points out, is that studies tend to focus on female caregivers when describing their sample, but then go on to report their results using more inclusive language, such as adult children who provide care. Thus, even if the purposes of these studies are to examine filial norms between countries and between generations, there is little attempt to examine filial norms between women and men.

The key idea of exchange

Exchange as a key idea focuses on the exchange of support and help over time between family members, such as repayment, reciprocity or continuity of the family over the generations. The exchange can be emotional, or involve economic resources or hands-on help, but it can also be about passing on some kind of skill or wisdom. In terms of theory, social exchange theory was first developed in the 1950s by George Homans, in the 1960s by Peter Blau, in the 1970s by Richard M. Emerson and in the 1990s by Linda D. Molm (see Table 2 and the column “Literature based on theoretical framework listed”). The exchange theory is based on the idea that parents care for their children and that spouses care for one another because of moral obligations and because of the exchange of mutual support. However, as Funk (2012) points out, social exchange theory is often criticized because the model views relationships as calculating to the extent that an exchange is expected (see also Bjasinsky 1997). In my opinion, it is also difficult through an exchange perspective to explain caregiving that is unilateral, that is, when no exchange has occurred but a person nonetheless chooses to become a caregiver. I will now survey some empirical studies conducted in relation to this “Key idea of exchange”.

In a quantitative study in Germany, Klaus (2009)⁴¹ explored the effects of attachment, obligation, reciprocity and altruism on the amount of support given to parents. The backdrop of the study was the criticism of social exchange theory as viewing relationships as being calculating, so she contrasted this against other models of helping in which a return is not expected, such as altruism or kin-based role duties. She found that support flowing from parents to their adult children is the most important predictor of the help they receive in return. Therefore, she found that social exchange theory

⁴¹ Klaus (2009) used data from the 2005/2006 German PAIRFAM pre-study. A sub-sample of 620 adult children aged between 25 and 60 years was selected. Among the relationship dyads, 36 percent were daughter-mother, 25 percent daughter-father, 23 percent son-mother and 16 percent son-father.

is best for describing factors related to the motivations of adult children to support their elderly parents or, as Klaus (2009) puts it, love and guilt are the most important predictors of intergenerational behavior and exchange.

In a qualitative study performed in Canada, Funk (2012)⁴² explored the qualification or rejection of *paying back* in the sense of a filial contract. The informants were asked to speak about their sense of responsibility for one or both of their aging parents. For the informants, delayed reciprocity appeared to symbolize imbalance, expectation or obligation and a lack of affection. The informants tended to reject delayed reciprocity in favor of interpretations emphasizing mutual family role duties and shared love. Generally, the informants suggested that reciprocity should not be expected of them; rather, their help to their parents was a *natural* response within a good family relationship. Those informants who had a weaker relationship with their parents were more likely to explain caregiving by emphasizing that they were giving something back. She suggested that delayed reciprocity (as in the social exchange model) may imply that adult children are only motivated by obligatory debt repayment rather than love or affection, which does not fit with the informants' understanding of their filial relationship. Delayed reciprocity, as Funk (2012) concluded, therefore appears inadequate as an interpretive framework for parental support and filial responsibility.

In an American quantitative study Spitze *et al.* (2012)⁴³ examined how one parent-adult child pair may affect other pairs. This, with the backdrop of exchanges of socioemotional and instrumental support, is central to intergenerational ties. Such support flows in both directions and patterns of assistance do change with age because of changing needs. They wrote that their view of families is as a network of independent relationships and that they focus on socioemotional support from both adult children to parents and parents to adult children. Spitze *et al.* (2012) argued that this type of exchange is the most common and most reciprocal type of intergenerational support and it reflects emotional closeness that most likely underlies other forms of support. The overall result of their analysis showed that nearly two thirds of parents reported giving socioemotional support to one or more children, and nearly one half reported receiving it. The analyses also indicate that giving socioemotional support declines with age whereas receiving support increases with age. Spitze *et al.* (2012) found that parents who give support to one child are more likely to give support to other children while receiving support from one child was negatively related to receiving support from oth-

⁴² Funk (2012) interviewed 28 caregivers, 16 women and 12 men aged between 40 and 64 years, individually face-to-face, in loosely formed, guided interviews.

⁴³ Spitze *et al.* (2012) used data from the first wave of the National Survey of Families and Households collected in 1987-88. For the analyses reported in Spitze *et al.* (2012) the selected data consisted of parents that had at least one nonresident adult child aged 19 years or older. The total sample then was 4,215 eligible parents and approximately 79 percent of these gave responses to questions about giving and receiving assistance with adult children. The data was then organized with adult children as units, which yielded 7,927 observations from adult children; however, it is important to note that the data is built on parents' reports of their relations with adult children.

er children. They found also that distance has a strong negative association with both giving and receiving support as well as socioemotional support, even if socioemotional support could be assumed to be less affected by distance between parent and child. They also found that daughters and mothers and biological/adopted children were more involved in exchange of support than stepchildren. Married adult children provided more support to parents, but parents were less likely to be giving support to them.

In summarizing “The key idea of exchange” I cannot help but think that research within this key idea tends to be rather limiting and raises a variety of questions (such as: what counts as an exchange? How far back can an exchange have taken place, that is, what is delayed reciprocity? How much consideration should be given to the fact that, in some periods, there are likely to be more exchanges in families, while in other periods, there may not be any exchanges at all? Whose definition of exchange should apply in cases where one person considers that they are giving but the other person does not think that he or she is receiving something?). Considering only the feature of exchange makes it more difficult to explain individual family patterns and people's individual motivations. I think this is evident in two studies. In Klaus (2009), quantitative study patterns of exchange indicate assistance to elderly parents, and in Funk's (2012), qualitative study where the adult children in the interviews do not see that the caregiving involves an exchange where something is expected in return, or that they are paying back anything; rather, they are just returning the love.

I am personally surprised at the apparent dearth of studies about family caregiving for elderly parents related to this key idea, as the question of the motivation to provide care is almost inherent to exchange theory; that is, the motivation to care is the exchange that has occurred in the past, is occurring in the present, or will occur in the future. I have no ready explanation for why only two studies were identified, but it might be that, in care research, it is not acceptable to talk about caregiving being based on an expectation of getting something in return. “The key idea for intergenerational solidarity/ambivalence” is also associated with some emphasis on exchange, but within that perspective, it does not seem to be as pronounced, or viewed as calculating.

The main question associated with this key idea is what kinds of exchange motivate adult children to help and support their parents. Although all three of these studies (one qualitative and two quantitative) included data about the numbers of sons and daughters studied, no analyses on gender were conducted. Biological sex is a variable in the studies, but gender as a social construction is not the focus of attention. Hence, even if the researcher has empirical information about women and men there are no analyses made on what this information means in relation to social norms and expectations that are connected to the social construction of gender. Treating (biological) sex as an unproblematic variable does not lead to a more nuanced picture or remove the notion that only women are dedicated to support and care for elderly parents. As Table 2 shows (in the column of “Gender analysis” under the “Key idea of exchange”) that

there is no gender analysis being made, which is why I have categorized all three studies as examples of research that lack gender analysis.

The key idea of choice/lack of choice

The last key idea included in my attempt to arrange and classify the literature on the motivation to care is *choice/lack of choice*. To be a provider of care can reflect an interplay of *commitment to care* (Lee 1992), *legitimate excuses* (Finch and Mason 1993) and *caring by default* (Horowitz 1985a). It may also reflect a greater commitment to care and a conscious choice or desire to be involved in filial care (Lee 1992). Finch and Mason's (1993) idea of legitimate excuse captures valid reasons or situations to justify less care involvement, including family or employment commitments and distance constraints. Horowitz (1985a), using the concept of caring by default, tries instead to describe circumstances of providing care because there is a lack of other options. It is important to recognize that sometimes there are no choices that motivate the caregiving. Rather, family members are forced to provide care due to a lack of welfare arrangements, gender expectations, tradition or because no one else can. Sometimes, the person who provides the care is in no position to negotiate the expectations to provide care that are placed on them. Other factors that prompt the provision of care can be feelings of guilt, or the idea that taking care of one's elderly parents is a duty one cannot avoid. In an article by Canadian researchers on a theoretical study of family caregiving, Funk and Kobayashi (2009) discuss the concept of choice. They argue that the dichotomy between choice and obligation does not reflect family caregiving experiences; that is, choice and obligation are not mutually exclusive motivations, but are relational and contextual in the interaction between macro- and micro-contexts.

Arksey and Glendinning (2007)⁴⁴ present a review of research published in English since 1985, covering three situations in which carers are likely to face choices, namely when receiving help from social services, upon the entry of an older person to long-term care facilities, and when combining paid work and care. The findings from this review suggested that choice is not only an individualized activity, but instead one that takes place in a wider social arena. Two sets of factors were found to be influential: one concerns the nature of the relationship, which is often based on kinship ties and a history of reciprocity, closeness and obligations. The other comprises wider organizational aspects, such as lack of information, financial charges and the approaches taken by professionals.

⁴⁴ Arksey and Glendinning (2007) used 13 electronic databases covering both health and social care fields. The search identified comparatively few relevant studies, so it was supplemented by the findings from another recent review of empirical research on carers' choices when combining work and care.

In a retrospective Canadian study, Guberman (1999)⁴⁵ – based on three previous studies in Montreal, Quebec, examining French-Canadian caregivers (five daughters-in-law and one sister-in-law) and Italian caregivers (four daughters-in-law) – examined the family dynamics and socio-structural aspects that explain how and why some women become caregivers to their in-laws. The study also included 20 Haitian caregivers (daughters) who, according to Guberman (1999), were used in the discussion. She concluded that, in Haitian families, care for an elderly parent is motivated by filial affection and, in the absence of a daughter, it is sons who take care of elderly parents, not the sons' wives. In contrast, many of the French-Canadian and Italian daughters-in-law felt they had no real choice but to meet their husband's implicit or explicit expectations that they take care of their elderly parents-in-law. The main reason for this was that the wives were socially and economically dependent on their husbands and felt they could not refuse. Guberman (1999) thus concluded that an exploratory framework includes elements such as: social and cultural norms regarding family responsibility for elderly care, social and cultural norms regarding the rights of the elderly, rules of family relationships, couple dynamics, gender dynamics and family availability.

In a quantitative study performed in Canada, using data from "The Work and Family Survey"⁴⁶, Campbell and Martin-Matthews (2000) undertook a secondary analysis of 772 men who provide care to at least one parent or parent-in-law aged 65 years or older. They found that a strong commitment to care is related to greater involvement in caregiving by sons. A legitimate excuse for men not to be involved in caring for an elderly parent was distance constraints. Family structure also seemed to give a legitimate excuse not to be involved in caregiving, although men who had older children in their home provided more care. Campbell and Martin-Matthews (2000) did not find any support for employment commitments being considered as a legitimate reason for less involvement, nor did personal resources such as education and income seem to be supported in their findings. They also found that men who live close to their parents and men who are an only child appear to show greater involvement in caregiving for their elderly parents. However, in their study, they could not reach any conclusions

⁴⁵ The first study (Guberman *et al.* 1991) was aimed at documenting the experience of French-Canadian caregivers in Quebec, focusing on three major issues: 1) the nature of the caregiving work, 2) the formal and informal support available, and the caregiver's relation to them and 3) the caregiver's motivation for providing care. The second study (Guberman *et al.* 1993) posed the question of how employed caregivers manage to combine caregiving and employment; in the interview guide, there was also a question about the motivation for caring. The third study (Guberman and Maheu 1997) raised the same questions as the first, but in the context of caregiving in families of Italian and Haitian origin. From these three studies, six French-Canadian caregivers (five daughters-in-law and one sister-in-law) were selected. Among the Italian caregivers, four daughters-in-law were selected but, among the 20 Haitians, there were no daughters-in-law. Therefore, for this study, a total of 10 interviews with daughters-in-law (one was a sister-in-law) were selected from the three previously conducted studies. The sample that included 20 Haitian caregivers (none of whom was a daughter-in-law) was used in the discussion of this study.

⁴⁶ Conducted in 1991 to 1993 by The Work and Elderly Care Research Group of CARNET.

about whether the sons were caring by default or willingly. This might reflect a commitment to care by some sons and care by default by others.

In a quantitative study from the UK by Lyonette and Yardley (2003)⁴⁷, examined the influence of personal aspects on the subjective experience of caring in combination with work-related and care-related aspects. The results suggested that many female working carers' motivation to take on caring originates from feelings of guilt, duty, responsibility and a lack of choice. Increased stress for the female carers was associated with a poor relationship with the older person being cared for. The female carers who reported a higher level of satisfaction were motivated to provide care by feeling respect and admiration for the elderly person, and reported higher-quality past and current relationships with that person.

In a qualitative study from southern Sri Lanka, Watt *et al.* (2014)⁴⁸ focused on the dynamics of elderly care relationships because institutional care is very limited in Sri Lanka and the provision of elderly care is legally a responsibility of family members and mostly of adult children. Furthermore, Buddhism, *filial piety* and social norms are also important aspects of the tradition of family caregiving. Watt *et al.* (2014) argued that it is generally the females (daughter or daughter-in-law) who provide the majority of direct care for the elderly, and in Sri Lanka most households are multigenerational because the majority of the elderly live with their adult children. Findings from the study suggested that both elders and caregivers uniformly view in-home caregiving as the ideal. The family is regarded as a reciprocal unit and the children are *paying back* the sacrifices their parents made for them as children. The adult children also argued that taking care of their parents provided a role model for their own children who one day would provide care for them. The caregivers emphasized that they took care of their elderly relatives willingly and that the caregiving gave them great rewards. Both the adult children and the elderly parents felt that daughters and daughters-in-law were best positioned to provide the daily, direct caregiving to the elderly. This was seen as a *natural instinct* of mothering and due to the stronger loyalty daughters feel to their parents. Many of the elderly said that they were worried about their adult children's busy lives, wondering how they would be able to provide the type of care for the elders that they had provided for their own parents. Even though the informants mentioned few direct conflicts that arose in the relationships, the elderly expressed a fear that the care may be compromised if they were to complain. Religion played an important role for both the elderly parents and their children, and both used religious be-

⁴⁷ A short screening survey was initially sent out to 4142 female employees of two National Health Service hospitals in the southeast of England. Of these, 275 working carers expressed willingness to respond to a further questionnaire on work and caring issues. Of the 275 questionnaires that were sent out, 204 were returned and completed. To examine the importance of personal factors, the Motivation in Elderly Care Scale (MECS) and the Relationship in Elder Care Scale (RECS) were developed.

⁴⁸ Watt *et al.* (2014) use a grounded theory approach. The data included four focus group discussions with 31 elderly males and females (between the ages of 60-85), in-depth interviews with five elderly and 10 (nine females and one male) in-depth interviews with caregivers of elderly, hence the adult children.

liefs to cope with potential conflict. In the discussion, Watt *et al.* (2014) raise the concern that the Sri Lankan caregiving model may be in conflict with the advances in gender equality that have been made in this country and that this might create tensions in the future. The elderly, for example, highly valued their children including their daughters being educated and settled in jobs, and at the same time they considered daughters as having a natural role of being primary caregivers.

Thus, when summarizing the literature categorized as belonging to “The key idea of choice/lack of choice” it is clear that this research clearly shows the need to recognize that informal care (or family caregiving) is sometimes motivated by a lack of choice. It must thus be considered whether informal care is given willingly or reluctantly. Sometimes, the caregiver has no choice due to economic factors, as in the case of some of the informants in Guberman’s (1999) study, but also because of norms and expectations on (especially) women to provide care as in the case of women in Watt *et al.* (2014) study. In Arksey and Glendinning’s (2007) report, the choice to provide care is described as sometimes being shaped by a country’s policies and legislation, as well as by the welfare arrangements, Watt *et al.* (2014) also add religion and tradition. Other more personal aspects are also important indicators of being engaged in a caregiving relationship. For example, as described in Campbell and Martin-Matthews’ (2000) report, living near the person in need of care is associated with more involvement in caregiving. In Lyonette and Yardley’s (2003) study, feelings of guilt and feelings of a sense of duty and responsibility towards the person in need of care are indicators of involvement in care.

In this review of the empirical literature related to “The key idea of choice/lack of choice”, some gender differences are also identified. In Campbell and Martin-Matthews’ (2000) study, most sons seemed to provide care for practical reasons, such as that they lived close to the person in need of care or that they did not have a family of their own, while women in Lyonette and Yardley’s (2003) study stated that caring responsibilities are often based on guilt and a lack of choice. I find this interesting, though it is often expressed that women (unlike men) experience care as burdensome and stressful, while men experience caring relationships as less problematic and that the care responsibility does not affect their health as much as it affects women (cf. Barusch and Spaid 1989; Fittin *et al.* 1986; Horowitz 1985a; Ekwall *et al.* 2004). In this case, comparing Campbell and Martin-Matthews’ (2000) study with that of Lyonette and Yardley (2003) provides further justification for the assumption that caregiving is more burdensome for women. However, I would emphasize that these two studies have two different focuses, and that it is the studies’ design that shapes the responses. I therefore wonder whether men’s caregiving could have been explored in different ways from that of women. Could it be that studies on women as caregivers are more focused on personal aspects and feelings as reasons to provide care, while studies on men’s caregiving focus on practical circumstances and opportunities to provide care?

The research that I have identified as being related to this key idea focuses on women, except for the study by Campbell and Martin-Matthews (2000), which focuses on sons and sons-in-law. Although they explain why they only include men in their study, there is no such explanation for the other studies that solely focus on women. Campbell and Martin-Matthews (2000) write the following:

[M]en's experience of caregiving cannot be fully understood if they are only referenced against the experience and contributions of women. Focusing only on gender differences diminishes both the diversity within gender and the similarities between the two sexes (p. 58).

Although I agree with them, the problem identified by surveying this literature on these key ideas is that women's caregiving experiences are clearly considered the norm. As Dienhart (1995) states, care by women is the standard template. Campbell and Martin-Matthews' (2000) work is an exception, being one of the few studies on sons and sons-in-law that does not include a contrast with the caregiving performed by women. Instead, they focus on the circumstances under which excuses for sons and sons-in-law not to provide care are legitimate, which hardly contributes to a nuanced picture of caregiving sons.

A gendered lens on the common denominators of research on motive to care

In this section, I will summarize the reviewed literature using a gender lens when possible. I will start by discussing how these key ideas are comparable, but also how they differ from each other. Research within "The key idea of intergenerational solidarity/ambivalence" has common issues with research within "The key idea of exchange", such as a focus on intergenerational relationships. However, the main differences are that research related to "The key idea of intergenerational solidarity/ambivalence" focuses on the relational aspects and asserts that the motivation to provide care comes from intimacy, love and altruism. In research within "The key idea of intergenerational solidarity/ambivalence", the relationship between the caregiver and the care receiver is important; however, there are no expectations of receiving a favor in return for giving help. Thus, in "The key idea of exchange", the relationship is important but it is the exchange of care that is seen as a motivation for adult children to take care of their elderly parents, that is, adult children are returning the care that they once received as children.

Research on "The key idea of roles" also has common issues with research within "The key idea of choice/lack of choice". Both of these research areas place emphasis on female caregiving. Both of them also emphasize that it is the role of women, as a daughter or as a sister, that is connected to certain expectations of providing care and

these expectations make it more difficult to refuse to care; therefore, there is a lack of choice. A difference between “The key idea of roles” and “The key idea of choice/lack of choice” is that, in the former, the normative expectations of providing care are connected to gender roles, namely being female. In contrast, in the latter, the motivation for providing care becomes more complicated because it is concerned with more than just expectations about gender. Studies within “The key idea of choice/lack of choice”, tend to also draw attention to how structural aspects of society, such as welfare solutions and how families organize work and care responsibilities, affect the choice to provide care. For example, being economically dependent on a husband reduces one’s ability to negotiate caregiving responsibility. It is also from research within “The key idea of choice/lack of choice” that one gets the impression that the only people in a position to be excused from caregiving responsibility are men (cf. Campbell and Martin-Matthews 2000). In that perspective, research related to “The key idea of societal and cultural norms” have common ground with all of the other key ideas because this key idea runs like a grid through the others by its focus on socio-cultural norms. However, it may not always be true that research within the other key ideas makes this type of connection to a societal and cultural level in its analysis. Equally, research within “The key idea of societal and cultural norms” does not so often bring its analysis to an individual level examining the consequences of these norms for the caregivers and their motive to care.

Leaving the discussion on what the five key ideas have in common and how they differ from one another, I will now move on to discuss – with a gender lens – what research within the different key ideas proposes when it comes to motivations for caregiving. Empirical studies related to “The key idea of intergenerational solidarity/ambivalence” place adult children’s motivation to care into different categories in order to characterize whether younger generations are prepared to take care of older ones, and what kinds of relational aspects prompt them to do so (cf. Silverstein *et al.* 1997; Van Gaalen and Dykstra 2006; Steinbach 2008). Thus, in research within this key idea, there has been a great focus on different categorizations of relationships in terms of whether or not they promote intergenerational solidarity, as well as discussions of how these relationships should be described in terms of solidarity or in terms of ambivalence. In addition to the categorization of relationship types, the biggest issue in this research is whether adult children feel obliged to take care of their parents (cf. Stein *et al.* 1998; Lowenstein and Daatland 2006; Birditt *et al.* 2010). Unfortunately, even if research related to “The key idea of intergenerational solidarity/ambivalence” does show statistics based on the sex of the caregivers, there are no analyses made in terms of gender norms. It is a shame that these studies do not have a gender perspective because the statistical results in these studies show no great differences between men and women (cf. Silverstein *et al.* 1997; Stein *et al.* 1998; Lowenstein and Daatland 2006; Van Gaalen and Dykstra 2006). Therefore, if these studies

had taken a gender perspective they could have problematized the notion that it is mainly women who are care providers.

Research related to “The key idea of roles” deals with the issue of the social role, that is, the role of a woman as a daughter or daughter-in-law, and the fact that the role is associated with expectations to provide care. Hence, it is expected that women will provide care because the role of a caregiver is associated with femininity. In that sense the reason women provide care is that it is expected of them (cf. Globerman 1996; Cahill 1999; Donorfio and Sheehan 2001; McCarty *et al.* 2008). When it comes to the role of siblings, the focus is on what kind of approach siblings adopt when providing care for an elderly parent; for example, sisters often adopted a *routine* style and brothers used a *sporadic* style (cf. Matthews and Rosner 1988; Hequembourg and Brallier 2005). Thus, within “The key idea of roles”, the difference between women’s and men’s motivation for providing care is often described in light of the expectations of what different social roles entail. These expectations are connected to the female gender and are placed on women in their roles as wives, daughters, daughters-in-law and sisters. It is with these kinds of preconceived notion that research within “The key idea of roles” are dealing with the issue of motive to care. Unfortunately, research within this key idea does not acknowledge the expectations and responsibility to care that apply to men, such as husbands, sons, sons-in-law and brothers. Therefore, studies within this key idea give the impression that men can more easily resist a caregiving role or take a more passive role in care than women can.

Research related to “The key idea of societal and cultural norms” is associated with questions of how changes in cultural norms will affect adult children’s motivation to provide care. Questions are asked about whether the cultural norm to take care of one’s elderly parents still serves as a guarantee that the adult children will actually do so (cf. Sung 1992; Wong and Chau 2006). There is also examination of to what extent caregiving is motivated by cultural norms in contrast to other motivations such as relationship to the care receiver or religious ties (cf. Stuifbergen *et al.* 2008, King *et al.* 2013). Research within this key idea also makes comparisons between countries (cf. Sung 1994; Lee and Tan 2012) and discusses norms of caregiving in relation to migration and ethnic minorities (cf. Antman 2012; Parveena *et al.* 2013). Furthermore, research related to “The key idea of societal and cultural norms” does not address the issue of gender as a social construction but sex is often included as a variable in quantitative studies. Despite this inclusion, this research does not discuss the results in terms of differences or similarities between women and men or gender norms connected to caregiving when it comes to cultural expectations on providing care, nor does this research discuss what norms of masculinity and femininity may imply for people’s motives to provide care.

In terms of “The key idea of exchange”, research asserts that the motivation for providing care is based on mutual exchange, that is, delayed exchange whereby adult children will reciprocate the care that they received as children back to their older par-

ents (cf. Klause 2009; Funk 2012; Spitze *et al.* 2012). Studies within this key idea do not include any analysis connected to sex or gender. Therefore, no conclusions are made about women and men or norms of gender in relation to the notion of exchange between generations (cf. Klause 2009; Funk 2012; Spitze *et al.* 2012).

“The key idea of choice/lack of choice” emphasizes that due to different circumstances the motive to provide care can be based on a willingness to care and engagement in caring but sometimes it can also be based on having no other choice, hence people may feel obligated and forced to provide care. This feeling of being forced to provide care can come from how welfare interventions are constructed, and expectations connected to gender or being dependent economically to another family member (often a housewife being dependent on her husband’s salary) (cf. Guberman 1999; Campbell and Martin-Matthews 2000; Lyonette and Yardley 2003; Arksey and Glendinning 2007; Watt *et al.* 2014). The difference between men and women’s motives to provide care clearly appears in research related to “The key idea of choice/lack of choice”. In this research women’s caregiving is often described as a lack of choice, and due to norms that connect caregiving to femininity, while men are described as having a choice to say no with regard to giving care (cf. Guberman 1999; Campbell and Martin-Matthews 2000).

From this summary, I will suggest that we actually do not know very much about what motivates men, such as sons or sons-in-law, to provide care. We can perhaps say that the research reviewed here implicitly suggests that men perhaps have more possibilities to negotiate the caregiving responsibility and to refuse to give care, and probably lower expectations of themselves to become caregivers to elderly parents and in-laws. It is against this background that I will suggest that this research puts forward several different reasons for why men do not become caregivers. Therefore, it is perhaps time to ask the question of why men that are actually engaged in caregiving have become caregivers. What I am suggesting is that data on men’s perspectives, when it comes to the question of why they provide care, is missing. Hence, the issues of what motivates men to provide care and why they do so are important areas of research that will be explored in the present study.

Experience of caregiving⁴⁹

As stated in the introduction to this chapter, the literature on experiences of caregiving has been structured in terms of the key ideas that characterize this body of research. Thus, the literature review performed in this dissertation has identified three key ideas: “The key idea of gender and gender difference”, “The key idea of cognitive impairment” and “The key idea of caring context”. These key ideas are therefore used in Table 3 which provides us with an overview of the literature in terms of the kind of experiences that the research on caregiving brings to the fore (i.e. aspects of caregiving that contribute to either a positive or a negative experience; the type of design that the research utilizes; whether or not gender-aware analysis is performed; the theoretical frameworks that inform this research, as well as a classification of whether the empirical research reviewed in this section can be classified as research that brings to the fore the positive, negative or neutral aspects of caregiving). The reader should notice therefore that I have marked out in Table 3 (in the row on “Literature based on empirical research”) the kind of focus that the literature reviewed has. Literature marked with [NEG] has a negative focus, exploring experiences such as stress and burden. Literature marked with [NEU] has a neutral focus; hence, it explores the caregiving experience without focusing on either positive experiences or negative experiences such as stress or burden. Literature marked with [POS] explores the positive experience of caregiving. The reason I have pointed out the focus of the study is that the kind of question that guides the research probably also affects the outcome of that research. Caregiving experience though, seems to be far too complex to be described in terms of positive and negative experiences. Even if the focus is positive, negative or neutral from the start in a study, caregivers’ experience and the findings of all of these studies show both positive and negative experiences.

Overall, this section is organized in the same fashion as the previous section on motives to care was organized (i.e. by key ideas, with footnotes offering information on research design and with summaries that address whether this research can be deemed gender-aware or not).

⁴⁹ I conducted a literature search for relevant articles about the experience of caregiving for older adults, using six databases (ASSIA, PubMed, Scopus, Social Services Abstracts, Sociological Abstracts and Web of Science). The keywords I used were as follows: Experience family care, experience family caregiving, family caregiving experience, experience caregiving older, caregiver experience. The inclusion criteria were as follows: the article had to 1) be written in English; 2) be published in a peer-reviewed journal; 3) be about caregiving activity performed by spouses, adult children and/or daughters-/sons-in-law. (However, I also included articles in which other caregivers occurred, such as grandchildren, friends and neighbors, when these caregivers were included within a study with other family caregivers); 4) include a focus on caregiving for family members or close relatives; 5) include a focus on caregiving for an elderly person; 6) be about either a research study or be a review paper; and 7) in the case of a research study, have an introduction, a methodology and a results section with a conclusion. Because of the vast number of articles about this topic I had to limit the search to articles from 2005 (10 years ago) and onwards. The search was conducted in the autumn of 2014 and spring of 2015. A total of 33 empirical articles were identified based on the above-mentioned criteria. This section is based on those articles.

Table 3: THREE KEY IDEAS CONCERNING THE EXPERIENCE OF CAREGIVING

KEY IDEAS	KEY IDEA OF GENDER AND GENDER DIFFERENCES	KEY IDEA OF COGNITIVE IMPAIRMENT	KEY IDEA OF CARING CONTEXT
Positive experiences listed	Availability to secondary caregiver Being a man Re-evaluate previous difficulties	Becoming close Meaningfulness Spending time together	Ability to delegate tasks. Availability to secondary caregiver Being a non-relative Having traditional caregiving ideology Religion/spirituality
Negative experiences listed	Being a woman Being exhausted Family pressure because of gender/sexuality	Burden Dementia	Conflicting expectations/demands Not having availability to secondary caregiver Having non-traditional caregiver ideology Unavailability
Design	Qualitative/quantitative	Qualitative/quantitative	Qualitative/quantitative
Gender analysis	Yes	Yes	Yes
Literature based on theoretical framework listed	Caregiver Identity Theory: Montgomery and Kosloskin (2013) Wear-and-tear model vs. adaptation model: Lawton <i>et al.</i> (2000) Townsend <i>et al.</i> (1989)	The theory of doing the best I can: Brown <i>et al.</i> (2007)	Stress process model: Pearlin <i>et al.</i> (1990)
Literature based on empirical research	Fromme <i>et al.</i> (2005) [NEU] Hash (2006) [NEU] Mendez-Luck <i>et al.</i> (2008) [NEG] Bookwala (2009) [NEU] Sugiura <i>et al.</i> (2009) [NEG] Dunér (2010) [NEU] Lin <i>et al.</i> (2012) [NEU] Lüdecke <i>et al.</i> (2012) [NEU] Hosseinpoor <i>et al.</i> (2013) [NEG] Friedemann and Buckwalter (2014) [NEG] Silverman (2015) [NEU]	Betts Adams (2006) [NEU] Brown <i>et al.</i> (2007) [NEU] Lawrence <i>et al.</i> (2008) [NEU] Kim (2009) [NEU] Mayor <i>et al.</i> (2009) [POS] Mazaheri <i>et al.</i> (2011) [NEU] Price (2011) [NEU] Eriksson <i>et al.</i> (2013) [NEU] Habermann <i>et al.</i> (2013) [POS] Massimo <i>et al.</i> (2013) [NEG] Zegwaard <i>et al.</i> (2013) [NEG] Banghwa <i>et al.</i> (2015) [NEU]	Mbanaso <i>et al.</i> (2006) [NEU] Han <i>et al.</i> (2008) [NEU] Sanders (2007) [NEU] Jervis <i>et al.</i> (2010) [NEU] Vroman and Morency (2011) [NEU] Anjos <i>et al.</i> (2012) [NEU] Amin and Ingman (2014) [NEG] Honda <i>et al.</i> (2014) [[NEG] Sheridan <i>et al.</i> (2014) [NEU] Ehrlich <i>et al.</i> (2015) [NEU]

The key idea of gender and gender differences

In “The key idea of gender and gender differences”, information about women and men is related to the social construction and socialization of gender in relation to being a caregiver. Most studies within this key idea include both women and men (e.g. Fromme *et al.* 2005; Hash 2006; Bookwala 2009; Sugiura *et al.* 2009; Dunér 2010; Lin *et al.* 2012; Lüdecke *et al.* 2012; Hosseinpoor *et al.* 2013; Friedemann and Buckwalter 2014) but there are some studies that focus only on women (e.g. Mendez-Luck *et al.* 2008, Silverman 2015). I will start with studies that focus on both women and men, and then studies that focus only on women as caregivers. Most studies start from a neutral position while three studies focus on the negative experiences of caregiving (see Table 3).

Fromme *et al.* 's (2005)⁵⁰ American study, carried out in the state of Oregon, used a mixed method of qualitative and quantitative secondary data analysis that included 1086 respondents in a telephone survey, and from this survey 100 of the most strained caregivers were interviewed. The backdrop of the study was that few studies had focused on men as caregivers at the end of life. The authors stated that men as caregivers are important in their own right and that studies tend to use men and a contrast group to show the additional challenges that women face. One of these challenges is that most studies seem to find that women report higher levels of caregiving strain and distress than men do. Fromme *et al.* (2005) write:

While these comparisons are important, they may unintentionally marginalize the unique contributions of male caregivers and minimize the needs of men who play a lead role in caregiving (p. 1168).

They also argued that even if it seems that male caregivers are less negatively affected by their caregiving responsibility, they are at higher risk of adverse health outcomes. Despite reporting lower levels of strain and stress, epidemiological evidence shows that bereaved males are at higher risk of death or other adverse health outcomes. The aim of the study was therefore to explore whether or not men reported lower levels of caregiving strain in the context of end of life care, and to show how their experiences compared to those of women. The strongest predictors of higher caregiving strain were the severity of the care receiver's symptoms, being female, not sharing caregiving duties and that the care receiver did not die at home. This study also found that men reported lower levels of strain than female caregivers did. However, the analysis of the narratives from the interviews showed that men on average used

⁵⁰ Fromme *et al.* 's (2005) study was conducted in America, in the state of Oregon, and used a mixed method approach analyzing secondary data that included 1086 respondents from a telephone survey and interviews with 100 of the most strained caregivers. The gender and caregiver breakdown in the survey was 122 husbands, 274 wives, 203 sons, 487 daughters. The gender and caregiver breakdown in the interviews was 25 husbands, 25 wives, 25 sons, and 25 daughters.

28.7 percent fewer words than women. This prompted the researchers to ask whether male caregivers really had less burden when caring for a dying family member or were simply less likely to report it. In the narratives, men rarely made voluntary disclosures about their own strain and distress. Therefore, these researchers suggest that their findings show that even when male caregivers are distressed they may not mention their struggle unless they are asked. Fromme *et al.* (2005) pointed out that unfortunately a direct question about caregiving strain may not be the most fruitful approach:

Male caregivers in particular may resist openly acknowledging strain or difficulty coping, because they feel they must be strong and in command of the situation (p. 1172).

In a Swedish qualitative study about family caregivers' experience of providing care to elderly relatives, Dunér (2010)⁵¹ included caregiving to partners, parents, other relatives and neighbors. The caregivers were interviewed about their experience of giving care. Caregiving was experienced as leading to feelings of satisfaction as well as moments of difficulty. Mainly daughters experienced conflicting demands and expectations. These conflicting demands were also connected to the reconciliation of work, family and care. Furthermore, the caregivers reported having a sense of satisfaction from being able to provide care. Some of the male caregivers felt satisfaction but also received admiration for their engagement in caregiving. Dunér (2010) also found support for the belief that women were often more involved in intensive informal caregiving than men. It also seems that the promise of public responsibility for elderly care shapes the actions and expectations of the caregivers. The caregivers seemed to act as a buffer between formal eldercare and their older relatives, and when formal help failed, many daughters of older people experienced conflicting expectations that they could not live up to. Hence, this study suggests that while caregiving sons receive admiration for their caregiving, daughters engage in more intensive care work and experience it as harder to combine caregiving with other family obligations and work.

An American quantitative study by Bookwala (2009)⁵² may explain this difference. With reference to Lawton *et al.* (2000) and Townsend *et al.* (1989), Bookwala proposed that two competing models in the literature of caregiving exist, namely the wear-and-tear model (connected to negative experience and care burden that erodes caregivers' resources and wellbeing) and the adaptation model (which suggests that negative experience appears at the beginning of the caregiving responsibility and then improvement occurs up to baseline levels). The aim of the study was to test the hy-

⁵¹ In Dunér's (2010) study, 16 family caregivers were interviewed about their experience of giving care. Among the 16 family caregivers that were interviewed, 11 were women and five were male. The age of the carers was around 45 to 87 years, nine were children e.g. sons and daughters, five were spouses, one was a niece, and one was a neighbor.

⁵² Bookwala's (2009) quantitative study included a probability-based US sample of 716 caregivers (373 caregiving daughters and 343 caregiving sons).

pothesis that the wear-and-tear model of caregiving applies more closely to caregiving women whereas the adaptation model may apply more strongly to caregiving men. According to Bookwala (2009), previous literature has shown that women typically report more care burden, giving support to the wear-and-tear model. Men report less care burden, giving support to the adaptation model. Furthermore, Bookwala (2009) found that experienced caregiving daughters showed relatively stable depressive symptoms over time, giving proof to the wear-and-tear model. Experienced caregiving sons, however, showed a decline in depression symptoms over time, giving support to the adaptation model. Hence, what this study might suggest is that women and men have different ways of handling a caregiving situation. Men somehow find it easier to adapt to changes in the caregiving situation than women. One such change might be to allow another formal or informal caregiver into the caregiving situation.

The importance of having access to a secondary formal or informal caregiver is something that appears in Sugiura *et al.*'s (2009)⁵³ quantitative study. Sugiura *et al.* (2009) found that whereas daughters-in-law in Japan used to account for half of all caregiving to older people, elders have had to rely more on their spouse for care provision in more recent years. This study explored gender differences in spousal caregivers in relation to care experiences, social demographics, and caregiver's depression. The study showed that wives caring for a husband experienced more depression than husbands caring for wives. However, the availability of secondary caregivers reduced the experience of depression regardless of gender, and availability of a secondary caregiver, usually a daughter, was more common with husbands caring for wives. In this study the cultural context is probably important though traditional gender norms in Japan, as mentioned earlier, entail that women, daughters-in-law but also daughters, are the ones that should provide care to elderly relatives.

Lin *et al.* (2012)⁵⁴ suggests that previous research has not yet carefully examined whether risk aspects associated with caregiving experiences vary with the caregiver's gender and their relationship to the care receiver. Therefore, the aim of their quantitative study is to advance prior research by examining negative and positive caring experience and taking into account the intersection of the caregiver's gender and relationship to the care recipient. As previous research has shown (e.g. Pinquart and Sörensen 2005) negative experiences are likely to be affected by certain characteristics connected to the caregiver. Lin *et al.* (2012) found, in their review of literature, that caregivers who were white, who had completed fewer years in school, who were working and who had poorer health tended to report more distress than other caregivers. Because men and women are socialized differently due to gender norms, caregiving experienc-

⁵³ Sugiura *et al.*'s (2009) study included a random sample of 308 spouses (56.2 percent wives and 43.8 percent husbands).

⁵⁴ Lin *et al.* (2012) used the 2004 wave of the "National Long-Term Care Survey" to examine both negative and positive caregiving experiences. That analysis of the study consists of answers from 1552 caregivers (357 wives, 265 husband, 649 daughters and 281 sons).

es are also likely to vary by caregiver's gender according to Lin *et al.* (2012). Likewise, the role of being a spouse or adult child probably affects the caregiving experience. The findings showed that caregivers who were daughters or sons were more likely to report loss of privacy, limits on social life, and that they had less time for other family members. Furthermore, caregivers who were husbands or sons reported having similar levels of exhaustion, felt that they had more things to do than they could handle, and had less time for themselves. Daughters who were caregivers were more likely to belong to a minority group, and spent less time working but more time helping than sons. Daughters also received more reciprocal help from care recipients and support from other relatives and friends.

This finding, that daughters received more support from other relatives and friends, is inconsistent with Lüdecke *et al.*'s (2012)⁵⁵ quantitative study from Germany. Lüdecke *et al.* (2012) initially write that even if most family caregivers are women, and especially daughters and daughters-in-law, the number of male caregivers in Germany had in 2008 risen to 35 percent, as statistics from the German Socioeconomic Panel have shown (Rothgang *et al.* 2008). Using data from "EUROFAMCARE", Lüdecke *et al.* (2012) therefore explored caregiving experiences within the German context. Even though most of the interviewees were women (76 percent) and the authors do not specify what kind of caregivers they had included, they focus on gender differences between caregivers. They conclude that family caregiving, especially provided by women, is still the dominant source of care for the elderly. Among those caregivers that were working, men seemed to coordinate the at-home-care differently than women in that they made more use of other informal helpers far more often. Lüdecke *et al.*'s (2012) analysis of this is that men only tend to take on the role of caregiver when they find support within their family network. Men also seemed to concentrate on the organizing task when providing care and did not feel as much burden as women did when they were unable to live up to their caregiving role. Hence, unlike the findings in Lin *et al.* (2012) that women (daughters) received more support from other relatives and friends, women in Lüdecke *et al.*'s (2012) study seemed to take on more caregiving tasks by themselves and received less support from professionals and their informal network.

Here it should be mentioned that gender norms and welfare arrangements are probably part of the explanation for why women in Germany seem to take on more caregiving tasks by themselves and receive less support from professionals. This assertion is made on the basis of Berggren and Trägårdh's (2006) comparison of the Swedish, American and German welfare state. They explain that while the German welfare

⁵⁵ Lüdecke *et al.* (2012) used German data from the "EUROFAMCARE", which was an EU-funded project that provided an overview of the situation of family caregivers of elderly dependents. Six countries (Germany, Greece, Italy, Poland, Sweden and the United Kingdom) participated in the study and surveyed approximately 1000 family caregivers in each of the six countries. In the German sample 1,003 family caregivers from Germany were interviewed using a standardized questionnaire.

state provides citizens with greater security, parts of the welfare state in Germany have been delegated to actors in civil society. However, caregiving remains a common responsibility for housewives. Unlike Sweden and the USA, where the relationship in the welfare state is between the individual and the state, this relationship in Germany is between the family and the state. Hence, as I have discussed in the section “Family care and Swedish statistics”, different welfare solutions bring to the fore different hindrances and possibilities for a caregiving situation. In Sweden, the relationship between the state and the individual is motivated by individuals’ independency from their families. However, in Germany, according to Berggren and Trägårdh (2006), dependence on one’s family is considered natural, but at the same time there is a consensus that the state has a large social responsibility, but mainly on a family level and not on an individual level. This may explain why Lüdecke *et al.*’s (2012) study suggests that women seemed to take on more caregiving tasks by themselves and received less support from professionals and their informal network. Germany has among the lowest number of hours worked on average by women in the EU (European Commission 2015a). This is viewed as a problem by the EU, and Germany has embarked on a back-to-work scheme for women that the media has named “Operation Mama” (Daily Mail 2011). A report from the European Commission (2015b, p. 94) found that there is also a need for Germany to enable early childhood education and all-day schools as well as to make continued efforts to provide sufficient childcare facilities to get women into work. One therefore also has to see that while women face norms of being housewives or working part-time, men also face a cultural norm and pressure to be breadwinners. In other words, the connection between women being caregivers and men earning money is probably a rather strong norm, considering how the German welfare state is built. Hence, it might not be surprising that men in Lüdecke *et al.*’s (2012) study sought more support in their caregiving situation to be able to continue to work, especially if the comparison was between men that are bread winners and women that are already housewives or that work part-time when the caregiving needs arise.

This same discussion of how countries respond to caregiving needs can also be applied to Hossienpoor *et al.*’s (2013)⁵⁶ quantitative study. They aimed to explore caregiving experiences on a global perspective using the World Health Survey and study caregiving experience in 48 low- and middle-income countries. The study does not specify the type of relationship between caregiver and care receiver. The findings showed that 15 percent of older adults seem to contribute to the health and social system by providing care. However, as these researchers point out, this result needs to be seen in the light of how various countries organize care responsibilities. Hossienpoor *et al.* (2013) found that the most important determinants of who would be a caregiver were being female and being in the age group between 60 and 69 years. Older men

⁵⁶ Hossienpoor *et al.*’s (2013) study included 5349 women and 4698 men, using data that came from the “World Health Survey” that compiles data from adults aged 18 and older in 70 countries across all world regions.

tended to provide more assistance with getting around outside the home. They write that this finding possibly reflects traditional gender roles in different countries. It seems that female caregivers experienced worse health outcomes and devoted more hours to care than males. My reflection is that to make sense of such findings one must not only make analyses connected to gender; in addition, the analyses must be connected to countries' different types of welfare regimes, laws, and obligations to care as well as differences between caregiving partners, adult children or others.

Friedemann and Buckwalter's (2014)⁵⁷ findings suggest that women (wives) perhaps experience a greater burden because of emotional reactions but also because their income is lower than men's; hence, their economic situation is a cause of stress. These researchers claim that their quantitative study is the first to describe and contrast caregiver, care recipient and family variables in a multicultural sample from the Miami area of south Florida USA. The study started from the backdrop that families are increasingly forced into the caregiving role, and from the fact that most research has been done with white samples and therefore much is unknown about the responses of ethnic minority caregivers, which is why they focused on them. By adopting Montgomery and Kosloski's (2013) *Caregiver Identity Theory*, Friedemann and Buckwalter (2014) aimed to see if the participant's caregiving role agreed with their understanding of themselves as caregivers. The findings suggest that men's caregiving role was more flexible, and they propose that this perhaps reflects that men are more willing to change their situation. Women seemed to be more emotionally involved, and they suggest that this is perhaps the reason why women did more caregiving work than men. While spouses of both genders had a very high obligation score, women seemed to feel more burden because of their heavy work load and because they reacted emotionally to the situation. That women have a lower average income may also have contributed to negative effects associated with caregiving. Even if women seem to experience a high burden, there was another group of male adult children that reported the highest burden. Friedemann and Buckwalter (2014) write that: "These men, many of whom were single, dedicated themselves to the care of their parents" (p. 328). They also found that male adult children received less help. When it came to differences according to ethnicity, Friedemann and Buckwalter (2014) conclude that the differences were so small that professionals should; "drop cultural stereotypes and instead explore each family in its own right" (p. 330). However, even if Friedemann and Buckwalter (2014) could not see any differences connected to ethnicity, other analyses of cultural norms could perhaps be useful in analyzing differences between women and men. For example, their

⁵⁷ The sample in Friedemann and Buckwalter's (2014) quantitative study consisted of 613 caregivers. Of these, 533 were either spouses or adult child caregivers, 147 were female spouses, 227 were female adult children, 61 were male spouses and 48 were male adult children, 38.6 percent were white non-Hispanic caregivers, 12.2 percent were blacks predominantly from the Caribbean, 30.6 percent were Cubans and 18.6 percent were caregivers from other Hispanic countries in central and south America, Mexico and Puerto Rico. Two trained interviewers collected the data in the participant's homes from 2006 until 2009.

suggestion that because women were more emotionally involved they did more caregiving work than men could perhaps be seen in the light of gender norms within their multicultural sample. As such, gender norms within some cultural settings sometimes entail women being more caring and more emotional; hence, their responsibility is to provide emotional support and hands-on caregiving to the family. Meanwhile, gender norms within the same cultural context entail men being rational (as opposed to emotional) and wage earners (as opposed to caregivers); thus providing rationality and money to the family.

In a qualitative American study, Hash (2006)⁵⁸ conducted interviews with gay and lesbian caregivers providing care for their older partners. The backdrop was that apart from research focusing on caregiving for persons with HIV/AIDS, very few studies have tackled the topic of caregiving in the gay and lesbian community where the caregivers are over the age of 50. The aim of the study was to explore the experience of middle-aged and older gay man and lesbians in providing care for older chronically ill partners as well as their experience of their partner's death or relocation (this is called being a post-caregiver). The findings showed that, as with all caregivers, the caregiving situation brought challenges and changes to the partner relationship, including physical aspects as well as the division of household tasks. The positive aspects of caregiving were caregiving as an opportunity to expand the relationship, to grow as an individual, and to convey love and commitment. However, just as Price (2011) points out, heterosexual siblings can be seen as appropriate caregivers to elderly parents because they are not married or have no children. Also, informal and formal support persons had the capability of greatly affecting the caregiver or post-caregiving experiences positively or negatively. Hostile family members and rude professional healthcare personnel affected the caregiving experience negatively. However, having a family "of choice" (that is, persons that one has chosen to be a family with) who helped with support contributed to positive caregiving experiences.

So far, all the above-mentioned studies within this "Key idea of gender and gender differences" have included analyses of both men and women. I will now focus on studies which only include women. Mendez-Luck *et al.* (2008) write in their qualitative study that some experiences expressed by women as caregivers may reflect the gendered division between work and care and show that caregiving is an obligation for women. Prompted by the concern that Mexico's population will rapidly age and that little is known about elderly caregiving in Mexico and the role of women, Mendez-Luck *et al.*'s (2008)⁵⁹ study aimed to describe how women in Mexico City neighborhoods viewed the concept of burden when caring for older family members. The study

⁵⁸ Hash (2006) conducted in-depth semi-structured interviews (five face-to-face and 14 telephone interviews) with 19 gay and lesbian caregivers (nine women and ten men) providing care to their partners.

⁵⁹ Through a grounded theory approach using a semi-structured interview guide Mendez-Luck *et al.* (2008) conducted a study of 41 female caregivers. The women provided care for their parents (41 percent), husbands (27 percent), grandparents (15 percent) and in-laws (10 percent).

showed that the concept of burden has multiple dimensions. For some women, burden in caregiving was connected to emotionally or physically concrete situations. Some women also viewed burden as an undesirable state of dependency that imposed stress or pain on others. Younger caregivers tended to view burden both positively and negatively, whereas elder caregivers were neither positive nor negative in their valuations of caregiving. Mendez-Luck *et al.* (2008) also found that some women perceived burden as a positive sacrifice; however, they argue that this may have reflected how the participants made meaning of an obligatory role, as daughters or wives, to provide care.

In a Canadian study using videography data, Silverman (2015)⁶⁰ aims to explore how observing women's caregiving and their non-verbal expressions and gestures could encourage new accounts of caregiving. Silverman (2015) argues that this videographic observation might allow practitioners to witness how caregivers accomplish their role on a daily basis. Observing caregivers can provide clues to how caregivers experience the situation. Caregivers may insist that all is fine but the body may reveal additional information, for example through stiffness or a fatigued facial expression.

In summary, it must be noted that the literature that I have listed under "The key idea of gender and gender differences" is both qualitative and quantitative, and, as already mentioned, gender analysis was carried out in all the studies reviewed in this key idea. What also seems to characterize research within this key idea is, however, the diversity of methods used and the fact that the focus for these studies is often neutral, even if some studies also focused on the negative experience of caregiving.

The key idea of cognitive impairment

In "The key idea of cognitive impairment", the focus in the literature is on caregiving to elderly people with cognitive impairments such as Alzheimer's disease and dementia. Most of the studies start from a neutral position examining both positive and negative experiences; however, two studies focus only on the negative experiences and two studies focus on the positive experience (see Table 3). The motive to explore the positive experiences in both of the latter studies is that the authors argue that too much literature focuses on the negative aspects of caregiving such as stress and burden. However, it is perhaps not a coincidence that there is a need to focus on positive experiences within this key idea. As we will see in the studies included in this key idea, caring for an elderly person with cognitive impairments is connected with a heavier burden and more negative experiences than is the case in the other key ideas. This is mainly caused by the very hard experience of seeing a loved one become ill and change in personality.

⁶⁰ Silverman (2015) observed caregiving situations of five women caregivers, four providing care to a partner and one providing care to a parent.

This is something that appears in Habermann *et al.*'s (2013)⁶¹ qualitative American study, exploring the positive experiences of adult children providing care to parents with either Parkinson's or Alzheimer's disease. This study has the backdrop that the majority of studies on caregiving to elderly relatives have focused on the stressful and burdensome aspects of the caregiving role, and only a limited number of studies have started to explore the more positive and rewarding aspects as well. Three different categories were developed from the interviews which were: spending and enjoying time together, appreciating each other and becoming closer, and returning and giving back care. These themes illustrate the various ways through which relationships between adult children and their parents are strengthened. However, the complexity and burdensome aspects of caring for an elderly person with cognitive impairments is revealed in this study, though six participants were unable to identify any positive experiences at all in caring for their parents. Habermann *et al.* (2013) concludes therefore that the history of the relationship between an adult child and parent prior to their impairment may partially determine the quality of the current caregiving.

In a quantitative study from Portugal, Mayor *et al.* (2009)⁶² focused on positive experiences but the findings of this study might perhaps give an explanation for why caregivers to elderly people with cognitive impairments might experience the situation as more negative. They write that Alzheimer's disease and stroke are both conditions that are well-known to cause a burden and stress for the caregivers. However, few reports have focused on these two conditions and the presence of positive rewards for the caregivers. Mayor *et al.* (2009) argue:

As the complexities and dynamic nature of caregiving underscore the critical importance of reflecting on both the negative and the positive aspects of the role, and considering that relatively little attention has been paid to satisfaction in caregiving research [...] (p. 621).

The caregivers in this study were spouses, adult children and others such as friends or neighbors. The aim of the study was to compare satisfaction between caregivers of demented patients and caregivers of stroke patients. The findings suggest that caregivers to elderly that had suffered a stroke presented overall a higher satisfaction than caregivers to elderly with dementia. However, Mayor *et al.* (2009) found that satisfaction was co-existent with depressive symptoms, hence both were found at a very similar level. What differentiated dementia caregivers from stroke caregivers was that dementia caregivers more often interpreted satisfaction in the light of the caregiver's wellbeing.

⁶¹ Habermann *et al.*'s (2013) study was conducted using in-depth semi-structured interviews with 34 adult children (28 daughters and six sons).

⁶² Mayor *et al.*'s (2009) study included 70 (11 male and 59 female) caregivers of patients with Alzheimer's disease, and 44 (18 male and 26 female) caregivers of persons who have had a stroke.

The same sort of conclusion is also drawn by Massimo *et al.* (2013)⁶³. In their American case study, they argued that most of the caregiving literature focuses on Alzheimer's disease. Their study instead focuses on interviews with two wives caring for a husband with frontotemporal degeneration (FTD). The findings showed that the caregivers expressed emotional reactions to the person with FTD who had impaired emotional relational capacities that supported and sustained caregiving, including emotional recognition of the other. The latter gave rise to feelings of isolation and anger in the caregivers. Massimo *et al.* (2013) claims therefore that caregivers to an older person with FTD experience a profound sense of loss of previous identity, of material connections, and most of all, of the prospect of a shared meaningful future.

Kim (2009)⁶⁴ explored post-caregivers (i.e. caregivers whose caregiving has ended with the death of the one they provided care for) among Korean Americans that had provided care to a person with Alzheimer's disease. The care receivers were partners, parents and parents-in-law. The aim of the study was to explore the experience of dementia caregiving and post-caregiving among Korean-American family caregivers, and to explore in what context or situations these experiences occurred. The findings suggest that it was important for the caregivers to understand and accept that it was the disease that led to cognitive changes. While it was harder to experience these changes they were also easier to handle when patients obtained a diagnosis. To be a family and provide care as a team made caregiving easier. There was also a change of view expressed by the caregivers, who said that they would not expect their children or the children's spouse (daughter-in-law as is tradition) to provide care for them. After the death of the care receiver, many caregivers became involved in giving support to other caregivers working with Alzheimer's patients in the community. Many of the caregivers had experienced disappointing help from the formal care system; however, caregivers that received support from formal or informal services or both were able to develop more positive attitudes about their role as caregivers. Kim (2009) does not find that Korean-American caregivers were lacking in knowledge of the dementia disease. On the contrary, Kim (2009) concludes that the findings do not support previous studies that found that most Korean caregivers see Alzheimer's disease as a normal consequence of getting old. These Korean-American caregivers actively sought a formal diagnosis and utilized formal care services in the community.

Zegwaard *et al.*'s (2013)⁶⁵ qualitative study from the Netherlands focuses on caregivers that are engaged in giving care to an older person with mental illness. The aim of the study was to explore and understand differences in the impact of long-term

⁶³ Massimo *et al.*'s (2013) qualitative case study included interviews with two wives caring for husbands with frontotemporal degeneration (FTD).

⁶⁴ In Kim's (2009) study, data were collected through in-depth semi-structured interviews with eight post-caregivers (three were wives, one was a husband, three were daughters and one was a daughter-in-law).

⁶⁵ Among the 19 participants in Zegwaard *et al.*'s (2013) study, 12 gave care to a partner, three gave care to their parents, and four gave care to a friend or a relative. Nine caregivers were female and one was male.

caregiving and the quality of life of caregivers who look after older adults with severe mental illness. In the findings, the theme *perceived freedom of choice* explains the gross difference in impact that distinguishes two types of caregivers; those who perceive caregiving as a voluntary act and thus as a process of gain, and those who find that caregiving is an unavoidable obligation and thus perceive it as a process of loss. Among the type of caregivers that perceived caregiving as a loss there were two types; the ones that accepted the loss and caregiving as part of their life, and the others that felt trapped by it. However, the reader should note that the same methodological pattern, of having a wide or narrow inclusion of caregivers, appears. But unlike the other studies under this key idea, Zegwaard *et al.* (2013) has a wider definition of caregiver, including not just those giving care to partners, parents, and in-laws but also those caring for other relatives and friends. Unfortunately, there is no analysis made of what type of relationship occurs among the two types of caregivers that they discuss. Therefore, it might be that those who perceived caregiving as a voluntary act were caregivers to other relatives and friends while those who perceived caregiving as an unavoidable obligation were caregivers to partners and parents. Yet, because Zegwaard *et al.* (2013) do not specify the caregiving relationship, we cannot be sure.

Betts Adams (2006)⁶⁶ has also conducted a qualitative study carried out in America, with a narrow inclusion of caregivers, namely spouses and daughters. The aim of the study was to discover the major concerns of spouses and adult children of persons recently diagnosed with Alzheimer's disease or mild cognitive impairment, and to identify the range of emotions they experience. The early stages of cognitive impairments represent a period when the close family and the persons with dementia first become caregivers and care receivers. Betts Adams (2006) emphasized that little is known about this transition. The findings showed that the caregivers experience of changes and losses in the relationship is characterized by the loss of intimacy, shared activities and shared future goals. A majority of the caregivers avoided help-seeking even though they admitted experiencing feeling distressed and overtaxed by the needs of their loved ones. They avoided seeking help because they are afraid of being criticized, and not seeking help also maintains the illusion that not much has changed due to their loved one's diagnosis.

Now I will turn the focus to the two studies included in this key idea that examine the gendered meaning of providing care to a person with dementia. In a Swedish qualitative study, Eriksson *et al.* (2013)⁶⁷ aimed to explore, from a feminist perspective, the gendered meaning of the female caregiver role as experienced by women giving care to a partner suffering from dementia. The findings show that the women verbalized a

⁶⁶ Betts Adams (2006) conducted interviews with 20 caregivers (10 men and 10 women). Ten caregivers provided care for their husbands, six provided care for their wives, and four daughters provided care to their fathers. The study used a phenomenological approach and a grounded theory approach.

⁶⁷ Eriksson *et al.* (2013) in their qualitative study interviewed 12 women that were providing care to their husbands suffering from dementia.

lifelong commitment to care and that they had been caregivers in different roles throughout their entire life. Their feelings about these caregiving roles were somewhat ambivalent, as they felt both gratitude and a sense of burden. They all experienced that having the dementia disease was hard, but it was also hard to be the one that was not ill. The women downplayed their need for support in day-to-day situations.

Brown *et al.*'s (2007)⁶⁸ qualitative study aimed to gain an understanding of the help-seeking process of older husbands caring for wives with dementia. These researchers state that in America 4.5 million people have Alzheimer's and many of them are cared for by a spouse (59 percent woman and 41 percent men). However, the background for this study was that the husband's experience of caring for a wife with dementia is an emerging area of research. Nevertheless, few qualitative studies have explored the experience of being a male caregiver. From interviews with caregiving husbands, Brown *et al.* (2007) formulated a theory of: *Doing the best I can* from the stories of the husbands who were doing the best they could to get help and manage the daily care of their wives. Brown *et al.* (2007) wrote that whether the husbands provided the direct care themselves or let other family members assume responsibility or obtained help from formal help services, all the husbands were very devoted to their wives. Even if these husbands felt some burden, most of them felt that caregiving was something they were meant to do and they were not overwhelmed by the care burden. Attitudes, values, experiences, costs and many more conditions influenced the choice to seek help. Especially important for this decision was earlier experience of seeking help and the help that was then given. For example, a negative experience with care providers hindered the husband from asking for further help. Here I would like to take a moment to reflect upon the question of how stories from men and women are analyzed and what kind of gendered assumptions color these analyses. For example, could *Doing the best I can* be interpreted as a way for men to downplay their need for support, masking a vulnerable situation. I am also curious about in which circumstances the three patterns of behavior – *letting others*, *getting others* and *doing my part* – that were identified occurred. For example, for husbands that assumed the *letting others* strategy, what reasons led to that arrangement? Did the husbands in that case have problems with their health themselves? Regarding the husbands that demonstrated the behavior of *getting others*, were they perhaps still working? Perhaps the most interesting pattern of behavior is husbands that demonstrated the behavior of *doing my part*, because maybe that pattern of behavior says more about what kind of relationship the caregiver and the care receiver have to each other.

⁶⁸ In Brown *et al.* (2007) data was collected through a grounded theory method and nine (9) husbands were interviewed. The husbands were all Caucasian, caring for a wife with dementia in their home, and they were all aged 60 or older. They had cared for their wife between two and 13 years and all couples had long-standing marriages.

In a qualitative study from England, Price (2011)⁶⁹ explored the experience of lesbian women who provide care for elderly parents suffering from dementia, considering the strategies these carers use to negotiate their caregiving experiences. The findings show that some women felt a family pressure to give care because of gendered expectations laid on them as women but also because they were lesbian and did not have children. The negative experiences were associated with family members not accepting the caregiver's sexuality. However, the positive experiences were described as feeling reciprocity, and becoming closer to the elderly parent and other family members. The situation of caregiving made it possible to revisit and re-evaluate previous difficulties with family members.

There are also three studies (i.e. Lawrence *et al.* 2008; Mazaheri *et al.* 2011; Banghwa *et al.* 2015) that focus on caregiving to an elderly person with cognitive impairment as well as focusing on the cultural context. The first one I will discuss is a qualitative Swedish study (Mazaheri *et al.* 2011)⁷⁰ that focuses on Iranian immigrants (i.e. caregivers belonging to a minority ethnic group in Sweden) and their experience of providing care to a relative with dementia. With a rather narrow focus on caregivers, this study included only caregiving to partners and parents. The caregivers described caregiving as fulfilling, and as making life meaningful, and as making them feel more alive. They perceived caregiving as a way of giving back the care that they had received in childhood or during the process of leaving their homeland. This study makes an analysis of how the experience of caregiving is related to the relationship between the caregiver and the care receiver. Adult children expressed a sense of just being happy to fulfill their caregiving tasks and being able to repay their parents for the care that they had received. Partners, however, felt more restricted and victimized and talked about their own needs as well. Some of the caregivers also expressed deep suspicions about healthcare services. The most negative experience was connected to the disease of dementia and the experience of not being recognized by the care receiver. Mazaheri *et al.* (2011) remark that religious aspects were never mentioned by the caregivers in the study though it might have been that religion and spiritual beliefs did exist. Besides that, Mazaheri *et al.* (2011) concludes that Iranian social values appear to guide the caregiving activities of family caregivers in a similar manner to how filial piety has been shown to play a role in East Asian Countries.

However, the findings of Banghwa *et al.*'s (2015)⁷¹ qualitative study on Korean Americans caring for elderly people with dementia challenge this assumption. The aim

⁶⁹ Price's (2011) study was conducted using semi-structured interviews with eight lesbian women giving care to eight parents suffering from dementia.

⁷⁰ Mazaheri *et al.* (2011) used semi-structured interviews and an interpretive phenomenological approach to interview 10 Iranian immigrants (seven of the caregivers were women and three were men) about their caregiving experience. Two of the caregivers provided care to their partner and eight provided care to their parents.

⁷¹ In Banghwa *et al.*'s (2015) qualitative America study focusing on Korean-American caregivers, 19 women and four men were interviewed in four focus groups. Among these caregivers, 16 gave care to a partner, five cared for parents and five cared for parents-in-law.

of the study was to further our understanding of the experience and concerns among family caregivers of Korean Americans with dementia. The analysis shows that while cultural and language barriers made it hard for the caregivers to seek professional help or consider institutional care for their relatives there was also another aspect that affected the caregivers in the decision to seek help. The caregivers in Banghwa *et al.*'s (2015) study perceived caring as their own responsibility and burden; therefore, they did not want to ask for help. They found that Korean-American caregivers have a cultural shared sense of family responsibility (see also Han *et al.* 2008 in "The key idea of caring context"). However, the caregivers in Banghwa *et al.* (2015) explained their caregiving experience by expressions such as *overwhelming*, *exhausted*, *feel like I'm stuck* and *not doable*. Hence, in this study it does not appear that the cultural context makes the caregiving experience more positive. One reason for this might be, the kind of relationship the caregivers have to the care receivers. Banghwa *et al.* (2015) has a narrow inclusion and focuses on caregiving to partners, parents and in-laws. Going through the literature on caregiving to the elderly with dementia and the elderly with physical impairments, Pinquart and Sörensen (2003) found, in their meta-analysis of 228 studies, that providing care to an elderly person with dementia is much more stressful than providing care to an elderly person with physical impairments. The caregivers in Banghwa *et al.*'s (2015) study described dementia as the most terrible and frightening disease, and strained relationships to siblings and in-laws were a result of the caregiving situation. What also seemed to make the experience of the caring situation more negative was that the caregivers had little knowledge of the dementia disease. Hence, these findings were inconsistent with the findings in Kim's (2009) study that suggested that Korean-American caregivers actively sought information about the disease.

In a qualitative UK study, Lawrence *et al.* (2008)⁷² conducted interviews with family carers in order to explore caregiving attitudes, experiences and needs of family carers of people with dementia from the three largest ethnic groups in the UK. Hence, the participants in the study represent caregivers from the three largest ethnic groups in the UK (Black Caribbean, south Asian and White-British). In this study it is not specified what kind of relationship the caregivers have to the care receivers. In the analysis, caregivers were categorized into one of two groups according to whether they held three core interrelated beliefs – that caring is natural and expected – or if they held the view that caregiving conflicts with their expectations, is unnatural and lacking in virtue. Those holding the view that caring is natural and expected were categorized as having a traditional caregiver ideology. Hence, the ones that held the view that caregiving conflicts with expectations, is unnatural, and lacking in virtue were categorized

⁷² In Lawrence *et al.* (2008), the interviews with 32 family carers were conducted through a grounded theory approach with in-depth individual interviews. Among the 32 informants, nine women and one man were of Black Caribbean origin, five women and five men were of south Asian origin, and 11 women and one man were of British origin.

as having a non-traditional caregiving ideology. The findings suggest that identifying caregiving as natural, expected and virtuous was an ideology that the majority of the south Asian, half the Black Caribbean, and a minority of White-British held, hence, these caregivers had a traditional ideology. Lawrence *et al.* (2008) suggest also that a strong emphasis on kinship ties and familial responsibilities is not specific to minority groups. Holding a traditional caregiving ideology was unrelated to the extent of difficulties that carers faced. However, it appeared that this traditional ideology assists carers in accommodating change and adapting to new situations. Non-traditional carers were more likely to experience that an imbalance existed in their relationship as the rewards, such as reciprocity, had been lost. Few non-traditional carers could identify a starting point for when they became caregivers, and many continued to provide care even though they felt increasingly overwhelmed.

In summarizing the studies within “The key idea of cognitive impairment” it is noted that most of them start from a neutral position while two studies focus only on the negative experiences and two studies focus on the positive experience (see Table 3). However, I think that it is within this key idea that it becomes evident that a study’s positive, negative or neutral point of departure affects the outcome of the study. For example, Habermann *et al.*’s (2013) study focuses on positive aspects of caregiving, but among the caregivers that were interviewed there were six who could not see anything positive about the caregiving experience of caring for an elderly person with Parkinson’s or Alzheimer’s disease. Because the study focuses only on the positive aspects of caregiving, Habermann *et al.* (2013) do not follow up this negative experience. These caregivers’ experience is not highlighted in the study at all, and thus important information that could contribute to a deeper understanding for the caregivers’ situation is missing. What I think this shows is that caregiving experiences are very complex and cannot be classified or viewed as either positive or negative, though positive and negative experiences probably co-exist. So while the focus from the beginning in studies might be on stress or burden or on positive aspects of caregiving there also needs to be an openness that the findings probably will be more complex and consist of both positive and negative experiences. Also, if researchers do not show the complexity of caregiving experiences, focusing on either positive or negative experiences might give the impression that caregiving is either a positive or a negative experience whereas it probably consists of both positive and negative experiences. I will now leave this “Key idea of cognitive impairment” and instead turn to “The key idea of caring context”.

The key idea of caring context

In this key idea, the context, such as cultural context (i.e. providing care in a rural context or within the context of combining work and care) is important. As Table 3 shows, literature within this key idea mostly analyzes the caregiving situation from a neutral

position, but two studies focused on negative aspects such as stress and burden. The first study I will present focused on the context of combining care and work.

In Japan the family structure has changed from an extended family to a nuclear one. This, along with a growing population, has led to an increase in the number of elderly people needing caregiving from family members. Traditionally in Japan, caregivers have been non-working spouses; hence, daughters and daughters-in-law. However, the increasing number of primary caregivers in paid employment must be seen in relation to the fact that 60 percent of employees in Japan are reported to suffer from anxiety and stress. The aim of Honda *et al.*'s (2014)⁷³ quantitative study was therefore to investigate caregivers' experience of burden among employees caring for elderly relatives. The findings show that the risk of depression increased significantly in caregivers compared to non-caregivers. Hence, combining work and care seems to contribute to the experience of feeling burden. However, what this study does not discuss is whether it is being a working caregiver that creates the experience of burden or if the burden documented is caused by the situation of having a loved one in need of care. This study also does not specify which kind of caregivers are included, but from the introduction of the study and the focus on elderly caregivers, it seems that the participants are spousal caregivers; hence, they care for a husband or wife. Thus, this study confirms the findings of previous studies which have suggested that providing care to a partner and living with the person in need of care is connected to a higher level of burden (cf. Pinquart and Sörensen 2007).

The next study that I will present focused on male nurses that also provide care within the family, mostly to an elderly parent or an in-law. This is a Canadian (Anjos *et al.* 2012)⁷⁴ qualitative secondary analysis of an earlier study. The authors write that while earlier studies have shown that female double-duty caregivers (DDCs) – that is caregivers who are both professional and family carers – have expectations that are shaped by gender norms, little is known about male DDCs. Thus, Anjos *et al.* (2012) focused on these men and concluded that male DDCs experienced both gendered advantages – because their gender allowed them to choose which gendered care tasks to do themselves and which to delegate, and disadvantages – because they also had to navigate conflicting expectations. Anjos *et al.* (2012) argued therefore that theory development should aim to deconstruct the gender ideologies associated with caregiving. Reflecting upon this study I find it interesting that nursing skills were associated with expectations of providing care even if the nurses were men. Hence, regarding my discussion about the concept of care (see chapter “Conceptual and contextual framework”

⁷³ Honda *et al.*'s (2014) study included 722 participants (355 men and 367 women) that answered a questionnaire.

⁷⁴ In Anjos *et al.* (2012) the original study from 2009 involved telephone interviews with registered nurses who were also caregivers, and this secondary analysis involved 28 transcripts and field notes from interviews with male DDCs. They were 40-63 years old and most of them were employed full-time. 61 percent cared for one family member while 39 percent cared for two or more family members. Most of them were sons and sons-in-law caring from one to 21 hours per week (24 percent providing two hours of care).

section “The feminist history of the concept of care”) and the concept of care connected to motherhood and femininity this shows that men engaged in professional caregiving also experience expectations and pressures to provide care within the family. Hence, it seems that being involved in caregiving implies future involvement and expectations from family members of providing care. However, what these male nurses seemed to be more advantaged in was the ability to delegate caregiving tasks to other family members. Though this study does not compare male nurses with women nurses it is really hard to suggest that this ability to delegate tasks is connected to gender; it could also be connected to the professional role as a nurse.

While two of the studies included in this key idea are about working carers, three studies are about caregivers caring in rural and urban settings. In a qualitative American study, Mbanaso *et al.* (2006)⁷⁵ conducted focus groups interviews with African-Americans living in urban Washington DC and rural Florida. Most of the interviews were with women and the study had a wide inclusion, covering caregiving to spouses, parents, aunt/uncles, siblings and friends. The aim of the study was to examine *intra-generational* caregiving (i.e. caregiving from elderly people over 55 years to other older individuals) among the elderly in an African-American population in both urban and rural settings, with a special focus on stress and coping strategies. The findings showed that most participants saw caregiving as a familial or religious duty. Among caregivers in rural areas, spirituality was deemed as important as stress management. Furthermore, rural caregivers seemed to have overall poor health. Mbanaso *et al.* (2006) concludes that not enough attention is given to the wellbeing of caregivers in rural areas.

Ehrlich *et al.* (2015)⁷⁶ explored, in their quantitative Swedish study, the experience of caregiving in urban and rural areas. They did this by comparing family caregivers’ reactions to caregiving for a relative with dementia in urban and rural areas as well as by examining the association between caregiving and socio-demographic aspects. While this study included family caregivers that provide care to a family member with dementia, I think that it is the urban and rural setting that is characteristic of this study, which is why I have not categorized this study as belonging to “The key idea of cognitive impairment”. The findings show that family caregivers in both urban and rural areas were highly satisfied with caring for a relative with dementia. However, the findings also show that adult children experienced more impact on daily life and lower caregiving esteem than partners did. Caregivers in a rural setting also reported more financial burden than urban caregivers. Urban caregivers experienced more difficulty in obtaining help from other family members, while caregivers in rural areas experienced more feelings of abandonment by the family.

⁷⁵ Mbanaso *et al.* 's (2006) qualitative American study included 129 African-Americans living in urban Washington DC (72 caregivers – 63 women and nine men) and rural Florida (56 caregivers – 53 women and three men).

⁷⁶ Ehrlich *et al.* 's (2015) study included 71 women and 30 men; 61 gave care to a partner and 39 gave care to parents.

In an American qualitative study, Sanders (2007)⁷⁷ explored the caregiving experiences of rural male caregivers of older adults, and the availability of support provided by informal support networks. Many of the men who were providing care in isolation since their informal support network communicated an unwillingness to assist them. Other male caregivers described their informal support network by saying that they were part of a team providing care together. While some men were very willing to ask their informal support network for help, others felt guilty about doing so. Most of the caregivers were husbands caring for wives, and they felt guilty asking for help because they did not want to impose a burden on their adult children. Other men did not ask for help because they believed that the caregiving situation was not yet bad enough to do so. The conclusion from the study was that while some caregivers have solid relationships with their informal support networks and view asking for help as acceptable, this is not the experience for all male caregivers.

Amin and Ingman's (2014)⁷⁸ qualitative study of Bangladeshi immigrants living in the United States focused on the caring context of providing transnational elderly care to elderly parents and in-laws in Bangladesh. The study aimed to explore caregiving practice and outcomes of Bangladeshi immigrants who provide transnationally for their parents in Bangladesh. Using the conceptual framework of Pearlin *et al.*'s (1990) stress process model, Amin and Ingman (2014) studied psychological distress and the outcome of caregiving stress. Amin and Ingman (2014) found that transnational caregivers' stress was connected to feelings of unavailability and lack of other available caregivers in the homeland. In addition, transnational caregivers' situation of having to arrange care added significant stress even though they were not providing direct face-to-face care.

Han *et al.*'s (2008)⁷⁹ qualitative study emphasized the caregiving experience for a minority group by focusing on Korean Americans. In their study, the included caregivers provided care to friends, parents, grandparents and in-laws, hence they were a rather broad range of caregivers. The study deals with the question of whether caregiving by Korean immigrants is experienced as an interference with the new lifestyle of immigrants. Han *et al.* (2008) found changes in cultural norms, and concluded that despite cultural norms of family obligations there was a change in how the caregivers valued family piety. For example, some participants thought that, because of the busy

⁷⁷ In Sander's (2007) study data was collected through a series of interviews with each male caregiver at two different points in time, approximately four months apart. The study included 20 male carers (17 provided care for a wife and two provided care to a mother, while one caregiver provided care to his father).

⁷⁸ Using grounded theory, Amin and Ingman (2014) conducted 21 interviews with Bangladeshi immigrants giving transnational care to parents or in-laws in Bangladesh. The informants were aged 30 to 59 years, 11 were women and eight were men. They had stayed in the US between three to 20 years and had immigrated to acquire a higher education or because of their spouse. They were all married.

⁷⁹ In Han *et al.*'s (2008) qualitative study they conducted eight focus groups where the informants described their caregiving experience. In total 24 informants participated; 20 were female and four were male (seven gave care to a non-relative, five gave care to mothers, four gave care to parents, three provided care to wives, three provided care to a mother-in-law, one provided care to a father-in-law and one provided care to a husband).

lifestyle that immigrants adopt, it was better to send the elderly relative to a nursing home that could provide quality care rather than leaving the elderly person home alone. Most family caregivers described feelings of being trapped as a consequence of the caregiving responsibility. Caregivers that expressed the most positive experiences were caregivers to non-related care receivers. Hence, their caregiving was given voluntarily and included less demanding activities.

In another American study focusing on a minority group, Sheridan *et al.* (2014)⁸⁰ qualitatively explored the experience of African-American caregivers that regularly provided unpaid care to a relative or close friend over the age of 50 years, focusing on caregiving stressors and caregiving rewards. The aim of the study was to investigate the caregiving context and various aspects of caregiving stressors, rewards and sources among a vulnerable population. This study also included a rather wide range of care receivers such as parents, grandparents, partners, other relatives, neighbors and friends. The findings showed a mixed picture in terms of caregiving stressors. The caregivers found the caring situation to be time-consuming and a hindrance to their own development. However, the caregivers showed relatively low levels of social, physical and financial burden and low levels of relationship and emotional distress. These findings support previous research reporting relatively low stress among African-Americans; findings, which are often explained by African-American religious beliefs (cf. Pinquart and Sörensen 2005). Because of the fact that America is such a multicultural country, it is perhaps not surprising that many studies of caregivers' experience often include specific kinds of cultural groups and focus on the cultural context. However, Jervis *et al.* (2010)⁸¹ argue that few studies have focused on the caregiving experience of Native Americans. Exploring caregiving among northern plains American Indians, they focused therefore on caregiver's descriptions of helping elderly relatives. Also in this study, the relationship between the caregiver and the care receiver was rather varied since the care receivers were the parents, partners, grandparents and siblings of the caregivers. The caregivers described helping elders as only a minor burden. They explained this lack of burden by the physical closeness of Indian families. Experiences that were emphasized by the caregivers were the emotional reward, and that the elderly appreciated what was done for them, as well as pleasure in spending time with the elderly. The findings suggest that the relationship often consisted of reciprocity, in that the elderly provided the caregivers with money when needed as well as advice and wisdom. Furthermore, the findings suggest that the rela-

⁸⁰ Sheridan (2014) made a cross-sectional, observational study with face-to-face interviews of 300 African-American caregivers in the mid-Atlantic United States. Among the interviewed caregivers 266 were women and 34 were men, 204 gave care to parents or grandparents, 38 provided care for a partner or other relative and 20 provided care to a neighbor or friend.

⁸¹ In Jervis *et al.* (2010), semi-structured ethnographical interviews were conducted with 14 female and five male caregivers (six gave care to a mother, four gave care to a grandmother, four provided care to husbands, two provided care to fathers, two provided care to sisters and one provided care to a wife).

tionship also included humor and having fun, something that Jervis *et al.* (2010) conclude is almost never found in the general caregiving literature.

Economic resources have sometimes been assumed to be an important aspect affecting the experience of caregiving since it is supposed that lower income is connected with greater burden (cf. Pinquart and Sörensen 2007). Vroman and Morency's (2011)⁸² qualitative study explored informal caregivers' experiences of care to elderly people in Belize, a country where it is estimated that 45 percent of the population is living below the poverty line. The caregivers in this study were all poor and were living in wooden houses that were in bad condition. The overall aim of the study was to develop a profile of the informal care of elders living with families. The study included caregiving to partners, parents, grandparents and other relatives as well as neighbors. The findings suggest that even if *the burden of caregiving* was specifically asked about in the interviews the answer was often *no burden*. The caregivers understood the meaning of burden but they did not associate giving care with burden. The informants also did not express any trouble in balancing their roles and responsibilities. These researchers claimed that the caregivers' strong affiliation with Christianity and their spiritual beliefs were their most significant aids in coping. They perceived the caregiving situation as a purpose given by God and that they would be rewarded in this life or the afterlife. It therefore seemed that religion and spiritual beliefs were a resource to promote a positive caregiving experience (this has also been found in earlier studies when it comes to African-Americans; cf. Dilworth-Anderson *et al.* 2005)

Summarily speaking, it is therefore noted that "The key idea of caring context" challenges the view of caregiving by adding other dimensions such as work, economic aspects, caring within a rural and urban setting or providing care while belonging to a minority group, by asking what these caring contexts might contribute to the experience of caregiving. Also in this key idea, the availability of a secondary caregiver seems to have a positive influence on the experience in all of the studies listed. Since most studies focus on the experience of caregiving from a neutral position (see Table 3), research within this key idea does not seem to be colored by pre-conceptual assumptions about the experience of caregiving as either burdensome or rewarding. Furthermore, what must be noticed is that studies within this key idea often have a wider inclusion of caregivers, including caregivers to partners, parents, friends and neighbors. This is important to note because within "The key idea of cognitive impairment", Banghwa *et al.*'s (2015) questioned the assumption that caregivers belonging to minority groups would experience the caregiving situation more positively because their culture implies more traditional caregiving ideologies. As the positive experiences listed in Table 3 show, some studies (cf. Jervis *et al.* 2010; Vroman and Morency 2011;

⁸² Vroman and Morency (2011) interviewed 30 informal caregivers (23 women and seven men) using a semi-structured interview guide with open-ended questions. The relationships to the care receivers were: parents – 18, partners – six, grandparents – eight and others such as aunt, uncle and neighbor – four.

Sheridan *et al.* 2014) instead suggested that being a non-relative caregiver is associated with a more positive experience of the caregiving situation, though caregiving is in that way provided within a more voluntary framework and the caregiving is less extensive. Therefore, suggestions that minority families experience less burden need to take account of the kind of caregivers that are included in the studies. Findings from such studies focusing on minority families may reflect the wider inclusion of caregivers that characterizes these studies rather than cultural differences in handling caregiving responsibility.

A gendered lens on the common denominators of research on caregiving experiences

I will now summarize the reviewed literature by discussing what research related to each key idea is characterized by, and when possible, what research within the different key ideas asserts about men and women as caregivers. This will be done because the dissertation's aims are based on the assertion that studies on family caregiving experiences are not as gender-aware as one would expect considering how the concept of care was developed and the ways in which the debates surrounding this concept have evolved (as shown in the chapter on entitled "Conceptual and Contextual Framework").

In "The key idea of gender and gender differences", all studies included make gender analyses, and that is also what characterizes studies within this key idea. When it comes to positive experiences it seems that, from the studies included in the key idea, men experience caregiving more positively and women experience caregiving as more burdensome (e.g. Fromme *et al.* 2005, Dunér 2010, Friedemann and Buckwalter 2014). However, I think there is a bias problem within research in "The key idea of gender and gender differences" that has do with stereotypical assumptions about men and women as caregivers. For example, even if women say that everything is fine it seems that they cannot be trusted because their body language shows something else (cf. Silverman 2015).

One of the studies within "The key idea of cognitive impairment" almost makes the same suggestion – that women downplay their need for support (e.g. Eriksson *et al.* 2013). Therefore, it sometimes seems that even if women speak about positive experience this is explained by researchers as women trying to cope with a burdensome situation or with something that is forced on them. My point is that even if women explain caregiving as positive, it does not seem to be something that researchers take into account, and men's expressions of positive experience are instead perhaps attributed to an exaggerated importance of caregiving experience. I find it interesting that, from the perspective of gender norms, what women and men say about caregiving can be understood as expressions of gendered expectations. For example, a woman saying that caregiving is a privilege is the expression of a norm of women as natural-self-

sacrificing caregivers. However, men that express less experience of burden are not understood with the same logic. Research listed within “The key idea of gender and gender differences” seems in other words to assume that women’s experience of caregiving is colored by women’s obligation to care, while men’s caregiving tends to be seen as voluntary. Another way to understand why it might seem that men experience caregiving more positively might have to do with how women and men verbalize their feelings of stress and burden, and for men it seems to be more important to give the impression that everything is under control (cf. Fromme *et al.* 2005).

Within “The key idea of gender and gender differences” the economic aspects of caregiving were also discussed. One reason that women experience burden is perhaps, as suggested previously, that their income is lower than men’s, hence their economic situation is a cause of stress (e.g. Friedemann and Buckwalter 2014). Within this key idea research also shows that in some cases sons reported the highest burden because they dedicated their lives to taking care of an elderly parent. Thus, within this key idea and within “The key idea of caring context”, the availability of a secondary caregiver seems to be an important factor in experiencing caregiving more positively as long as the secondary caregiver is supportive and not judgmental. This is indicated by the fact that some caregivers experienced judgmental secondary caregivers, and this contributed to a negative caregiving experience (cf. Hash’s 2006). However, the literature listed in “The key idea of gender and gender differences” show contradictory findings when it comes to gender differences as far as the availability of a secondary caregiver is concerned. Even though women (daughters) seemed to receive more support from other relatives and friends (cf. Lin *et al.*’s 2012) there are also findings that suggest that women seemed to take on more caregiving tasks by themselves and received less support from professionals and their informal network (cf. Lüdecke *et al.*’s 2012). In relation to this, I have already discussed that the experience of caregiving probably needs to be seen in relation to welfare arrangements and gendered divisions between work and care. Hence, from that perspective it is perhaps not surprising that housewives or women working part-time, for example, take on caring responsibilities on their own, and in a welfare context where caregiving is a family responsibility, it is not surprising that caregivers receive little help and support (cf. Hossienpoor *et al.* 2013).

What characterizes “The key idea of cognitive impairment” is that studies within this key idea focus on the care receiver’s disease as an influence on how the caregiving situation is experienced. What are expressed as positive experiences (see Table 3) by caregivers are becoming close, learning new skills, feeling that providing care is meaningful, and that the caregivers appreciate spending time with the care receiver. The positive experiences of care within this key idea somehow reflect the very vulnerable situation that the caregiver and care receivers find themselves in, knowing that there is perhaps little time left for the care receiver. The positive experiences of care also perhaps reflect that most studies within this key idea focus on rather close kinship, such as care to partners, parents and in-laws. The most negative experience within this key

idea is the disease itself, which causes cognitive impairments such as dementia. The burden is connected to the experience of seeing a loved one declining in their cognitive ability and knowing that the disease is deadly (cf. Mayor *et al.* 2009, Massimo *et al.* 2013).

Looking at gender-awareness within “The key idea of cognitive impairment” a few studies problematize caregiving to a person with dementia in relation to the gendered experiences (cf. Brown *et al.* 2007; Eriksson *et al.* 2013) or the experience of being lesbian and providing care to a person with dementia (cf. Price 2011). Focusing on husbands providing care for a wife with dementia, findings suggest (cf. Brown *et al.* 2007) that men experience some burden in the caregiving responsibility but they are not overwhelmed by it. Caregiving wives described the experience of the caregiving situation as giving a feeling of being grateful but also a sense of burden (cf. Eriksson *et al.* 2013). Furthermore, a study about caregiving, lesbian women (cf. Price 2011) shows a variety of different experiences, some of which are positive. This contrasts with some of the findings within “The key idea of gender and gender differences”, which seems to point to the conclusion that women mostly experience caregiving as burdensome, though research listed within “The key idea of cognitive impairment” shows that there are probably a variety of positive and negative caregiving experiences among both women and men.

What characterizes “The key idea of caring context” is that the context in which caregiving is being performed is deemed to be particularly important. Thus, in the literature that I have hereby categorized as belonging to this key idea, the context of being working caregivers (cf. Anjos *et al.* 2012, Honda *et al.* 2014), the context of being urban or rural caregivers (cf. Mbanaso *et al.* 2006, Sanders 2007, Ehrlich *et al.* 2015), the experience of providing caregiving within minority families (cf. Han *et al.* 2008; Jervis *et al.* 2010; Sheridan *et al.* 2014), the context of providing transnational elderly care (Amin and Ingman 2014) and the caring context as regards economic resources and poverty (Vroman and Morency 2011) are all contexts that are explored as potentially interesting in relation to how caregiving responsibilities are experienced. Something else which must be mentioned is that studies listed within “The key idea of caring context” show that the availability of a secondary caregiver is a positive aspect of the caregiving experience. Additionally, it also seems that non-related care receivers experience caregiving more positively because they provide caregiving voluntarily and/or engage in less demanding activities (cf. Jervis *et al.* 2010; Vroman and Morency 2011; Sheridan *et al.* 2014). Combining work and care though seems to contribute to the experience of feeling burden for both women and men. Furthermore, men who are professional caregivers (i.e. whose paid work entails caring) also experience expectations and pressures to provide care within the family (cf. Honda *et al.* 2014; Anjos *et al.* 2012). This suggests, of course, that context-related aspects of caregiving can sometimes trump the gender expectations that the literature assumes are placed on

women and men since professional care providers who are male can experience the same expectations that women often experience because of their professional roles.

One thing that is special when it comes to minority families or rural caregivers is religion and spirituality which are mentioned as positive forces (e.g. Mbanaso *et al.* 2006; Vroman and Morency's 2011). Additionally, for transnational carers, technology (like Skype) contributes to a positive experience while the distance makes it hard for the caregiver to supervise the care receiver (e.g. Amin and Ingman 2014). Other negative experiences (see Table 3) were connected to conflicting demands, such as for migrants navigating between traditional cultural caring norms and the new lifestyle of migrants (cf. Han *et al.* 2008).

When it comes to the economical context for caregiving it seems that lower income is connected to greater burden and that caregivers in rural settings seem to experience more financial burden than urban caregivers (e.g. Vroman and Morency 2011; Ehrlich *et al.* 2015). Urban caregivers experience more difficulty in obtaining help from other family members, while caregivers in rural areas experience more feelings of abandonment by the family. Rural caregivers more often also seem to be alone in their caregiving responsibility (cf. Sanders 2007; Ehrlich *et al.* 2015)

What conclusions can be drawn from the literature review then? One is that it is important to see the relationship between the caregiver and the care receiver. Being closely related as a spouse or an adult child may have different implications for how the caregiving is experienced, compared to the situation with other caregivers such as friends and neighbors. Some diseases (such as dementia) seem to contribute also to a more burdensome experience for caregivers due to the painful experience of seeing a loved one change and lose their cognitive abilities. When it comes to gender and gender differences, this literature review has shown that the assumption that women experience more burden in caregiving and men experience less burden may not only be explained through norms of gender. Other aspects such as welfare arrangements, sexual orientation, possibility to have a secondary caregiver, and economic situation can also play a crucial role in these gendered experiences. Men also experience burden and vulnerability in the caregiving situation, but to see men's experience of caregiving and to understand caregiving from a male perspective, studies have to focus on men as caregivers as well. This is why I will in the following chapter outline my theoretical perspective, building on masculinity theory.

THEORETICAL FRAMEWORK

In this chapter, I will introduce the reader to the research traditions or fields that have informed this dissertation (i.e. gender studies, studies of men and masculinities) and the relevant contexts which have informed the evolution of knowledge within these fields. This theoretical framework will be used to discuss the findings from the analysis of the empirical data in relation to the second aim of the study, namely whether a gender-aware and masculinity-informed perspective on caregiving men can offer something to caregiving scholarship. But before the traditions and fields in question can be introduced, it is important for the reader to note that the empirical data in this study is analyzed through Giorgi's (2009) four steps of phenomenological analysis (see chapter "Phenomenology as the methodological approach chosen"). This means that the analysis is built on a phenomenology which in turn means that gender and masculinities theory will be used to discuss the empirical findings and not as an analytical tool when analyzing the data.

I will start by presenting the distinction between sex and gender that is the very basis for gender studies since there may be some caregiving scholars that are not familiar with this distinction and the implications it has for how this study has been designed and how the findings of the analysis will be discussed. Because this dissertation is informed by the conceptual and theoretical frameworks that studies of men and masculinities have brought to the fore – frameworks that some claim emanate from feminist and/or gender scholarship – I will also present the ways in which the men's movement has evolved since this movement is deemed to be central to the focuses that studies of men and masculinities have had over the years. The last section in this chapter comprises a presentation of some of the key concepts in these studies as well as the problematization of masculinity theory, and also a description of where I – a social gerontologist working at the intersection between caregiving scholarship and the field of gender and men and masculinities– stand on some of the issues that are debated in these fields at present.

Sex and gender

The concepts of *sex* and *gender* are seldom defined in our daily thinking and daily matters. Often we perhaps see *sex* and *gender* as more or less fixed natural sets of characteristics that differentiate men and women as groups. As Kimmel (2008 [2000]) points out; daily we hear how men and women are different. According to Connell (2009) this is especially noticeable when people answer the question of what a woman or a man is. The binary division (i.e. into two categories) is often visible in answers that refer to what things distinguish men from women, such as physical differences in genitals and the fact that women and men often have different tasks when it comes to

contributing to the reproductive process. Other conditions that are often mentioned are those related to X and Y chromosomes or hormone production and muscle mass. That men are assumed to be stronger than women or that women produce higher levels of the female hormone (estrogen) and men produce higher levels of male hormones (testosterone) are all examples of the kind of answers one could get when asked what constitutes a woman or a man. However, when people answer the question of what men and women are, as (Coltrane 1998) points out, there are also other conditions that are usually mentioned such as women and men performing different tasks within the family or in society at large. These biological and social differences are then linked to each other to reinforce the image of a coherent and logical system that characterize the sexes and reinforces the differences between women and men. While this might be the way sex and gender are seen in our daily thinking, mainstream gender theorists make a distinction between biological sex and social gender. Kimmel (2008 [2000]) write that:

“Sex” refers to the biological apparatus, the male and the female – or chromosomal, chemical, anatomical organization. “Gender” refers to meanings that are attached to those differences within a culture. “Sex” is male and female; “gender” is masculinity and femininity – what it means to be a man or a woman (pp. 2-3).

Thus, one of the reasons mainstream gender theorists have made this division between sex and gender is to argue against a biological justification for women’s subordination. With the concept of gender, gender theorists were able to argue against a biological determinism by pointing out that the subordination of women has social and cultural causes and there is nothing in women and men’s biology that creates this subordination.

Even if the division between sex and gender has been characteristic of mainstream in gender theory for the last few decades, post structural gender theorists such as Judith Butler (2006 [1990]; 2011 [1993]) argue that we cannot continue to see sex and hence the body as unconnected from gender, as we did before. She argues that the body has significant meaning for identity and for the way that one’s gender is expressed or perceived. Queer feminists, in particular, emphasize that the body, as an expression for biological sex, cannot be seen as unproblematic as it was before (cf. Sedgwick *et al.* 2002; Halberstam 2005; Kafer 2013). As Kullberg (2012) explains, this has to do with how far it can be assumed that sex is what sets the premises and the limits of the social expression of gender. Or that it is the case that men and women basically are socially constructed categories and the possible biological differences have little or no significance at all for the way in which men and women embody masculinity and femininity as such. To sort this out I will now go through some research traditions (cf. Kimmel 2008 [2000]). These traditions are based on two issues, namely: What reality is like, and whether on this basis it is reasonable to speak of the catego-

ries of man and woman in terms of sex (the biological dimension) or gender (the social dimension). The second issue has to do with the extent to which we can have knowledge about sex (the biological dimension) and gender (social dimension).

Table 4: RESEARCH TRADITIONS AND ASSUMPTIONS ABOUT SEX AND GENDER.

PHILOSOPHY	REALISM		CONSTRUCTIVISM	
	<i>Naive</i>	<i>Strict</i>	<i>Strict/radical</i>	<i>Contextual</i>
Nature of reality/otology	No construction	Low degree of construction	Reality is constructed	High degree of construction
View on sex/gender	Only sex exists	Sex determines gender	Sex is created, gender is created	Sex exists, gender is created
Examples of research tradition	1800s social science theories	Bio-psychological theories	Queer feminism	Social science and gender theory
Examples of how to gain knowledge/epistemology	Measurements of the body, observations of behaviors	Looking at brain structures to see personality and to understand behaviors	Exploring discourse of different gender identities	Exploring experiences of men and women

This table is constructed with inspiration from Kullberg (2012) who in his turn was inspired by Sahlin (2002).

Table 4 shows different approaches to the question of the relationship between sex (in the sense of the biologically given) and gender (in the sense of the socially created). I will start with the “Realism” column and go through it rather briefly, though it is the “Constructivism” column that is most interesting in relation to this dissertation.

In philosophy, realism very simply can be described as a view that what one can see is the reality; hence, reality is identical to what our senses show us. Thus, in the row on philosophy in the table above there are two perspectives alluding to different philosophical strands. The first one is the naive perspective that can be found within realism as represented in the column by 1800s social science theories that, with influences of Darwinism, looked at sex as rather unproblematic. The biology of humans and the different biology of men and women was for the 1800s social science theorists enough to explain women and men’s positions in society. As Kullberg (2012) writes, women's and men's gender was in this way similar to their biological sex (cf. Kimmel 2008 [2000]).

The other realism perspective is strict realism represented by bio-psychological theories. The degree of constriction with which one approaches the nature of reality is viewed within this type of realism as low; biological sex determines gender. Kullberg (2012) writes that research on this basis focuses on differences in physics and biology to draw conclusions about women's and men's social positions (cf. Kimmel 2008 [2000]). One way of examining men and women’s different biology in relation to their behavior (hence their social gender) can be to examine the brain structures of men and women.

Shifting the focus to the “Constructivism” column I will now discuss the strict/radical and contextual perspectives more thoroughly. In philosophy, constructiv-

ism can very simply be described as the view that reality is more or less constructed. A strict or radical constructivism perspective questions if there is an independently existing reality while a contextual social constructivism perspective acknowledges that in some contexts there might be a reality independent of our constructions of it. The strict/radical perspective views both sex and gender as constructed and therefore there is no natural given biology. Butler is an important representative of this approach and she has, as Kullberg (2012) emphasizes, become one of queer feminism's most important theorists. From a strict/radical viewpoint, knowledge could be achieved for example through studies about discourses and our language.

For most gender theorists, whether they have a strict/radical or a contextual constructivism perspective, the work of Simone de Beauvoir is one of the most influential. When de Beauvoir wrote her book "The second sex" in 1949 she stated that: "One is not born a woman, one becomes a woman" (de Beauvoir 1973 [1949], p. 162). Gender theorists that apply the contextual constructivism perspective to their work have interpreted this statement as a testament to the fact that she referred to a social gender; hence, the way women and men are brought up (even if de Beauvoir never uses the term *gender* herself). This has led to a division between sex and gender where sex is seen as something one is born with while gender instead is seen as something one learns through norms of femininity and masculinity. Norms in this perspective should be understood as rules that govern behavior, and these gender norms are assumed to be changeable throughout the life course, between social-cultural contexts and through history.

What can be seen as problematic about the division of sex and gender from the strict/radical constructivism perspective is first of all that sex is often seen as stable while gender is changeable. Thus, strict/radical constructivism oriented researchers like Butler (2006 [1990]) have questioned this interpretation of de Beauvoir, suggesting that she was also referring to the construction of the biological sex.

Beauvoir is clear that one "becomes" a woman, but always under a cultural compulsion to become one. And clearly, the compulsion does not come from "sex." There is nothing in her account that guarantees that the "one" who becomes a woman is necessarily female. If "the body is a situation", as she claims, there is no recourse to a body that has not always already been interpreted by cultural meanings; hence, sex could not qualify as prediscursive anatomical facticity. Indeed, sex, by definition, will be shown to have been gender all along (Butler 2006 [1990], p. 11).

Showing the great influence of de Beauvoir's idea that one becomes a woman (and a man), Butler (2006 [1990]) suggests through her concept of *gender performativity* that reality is created discursively, i.e., that it is through our language, the way we speak that we construct the world:

In other words, acts, gestures, and desire produce the effect of an internal core or substance, but produces this *on the surface* of the body, through the play of signifying absences that suggests, but never reveal, the organizing principle of identity and causes. Such acts, gestures, enactments, generally constructed, are *performative* in the sense that the essence or identity that they otherwise purport to express are *fabrications* manufactured and sustained through corporeal signs and other discursive means. That the gendered body is performative suggests that it has no ontological status apart from various acts which constitutes its reality [italic in original text] (Butler 2006 [1990], p. 185).

What she means is that the biological sex (hence the appearance of the body) should be considered as culturally constructed because our biological sex is also created through the way we talk about the body. In that sense she means that the body is always already gendered. Therefore, Butler (2006 [1990]) argues that also sex is created and something that we construct, consequently sex is not at all as stable as we think. What Butler (2006 [1990]) also points out is that the binary division between men and women is a construction based on the appearance of the body. The division refers to genitals but not all humans are born with easily defined genitals. This division also refers to X and Y chromosomes, but today we know that there is also a variation of chromosomes (Harrison and Hood-Williams 2002). The division also refers to physical strength and hormone levels, but also with strength and hormones there is a variation. Thus, sometimes women can be stronger than men and hormone levels do not always give a clear indication of what can be assumed to be a biological sex.

The possibility today to make gender corrections contributes further to complicating the premises with which we previously assumed to categorize humans into men or women. However, our *juridical sex* is often based on our *biological sex* but really say little of our own *gender identity* (in other words, whether we think of ourselves as women, men or intergendered; i.e. neither being a woman or a man or being a combination of a woman or a man). In that sense, Butler's ideas have become very important in research concerning how humans are forced into predetermined gender categories that they might not identify themselves with later on in life⁸³.

One of the problems that gender theorists might have, and this is also a reason that some mainstream gender theorists want to keep the division of sex and gender, is that the body in fact can be weighed and measured, and has, as Connell (2009) points out,

⁸³ In this regard it seems worth noting that there are two juridical sexes in Sweden today; namely man and woman. All newborn babies are categorized into these two sexes when they are born depending on the appearance of their genitals. In spite of this, the pronoun *hen* – which is a gender neutral pronoun – was launched in the public debate in this country a few years ago and is now listed in the Swedish dictionary as a gender neutral pronoun that can be used in order to avoid the gender-specific pronouns of *he* or *she* (in Swedish; *han* and *hon*).

biological differences when it comes to reproduction. How can then (biological) sex be a social construction? This is a dilemma for strict/radical constructivism oriented researchers and even Butler acknowledges that our bodies consist of mass and substance and that they exist independently from our constructions of them. In her book “Bodies that matter” she writes that:

Even as the category of sex is always reinscribed as gender, sex must still be presumed as the irreducible point of departure for various cultural constructions it has come to bear (Butler 2011 [1993], p. 28).

Nevertheless, there is no doubt that Butler’s ideas are an important contribution to queer theory and to problematizing the body in relation to sex and gender.

From a contextual constructivism perspective, sex is understood as a more or less constant, given the biological fact that women and men are born with different bodies, which is referring to reproduction. Thus, *gender* from the contextual constructivism perspective is seen as a *social structure* but with strong connections to the body. Gender, or *femininity* and *masculinity*, is also from this contextual constructivism perspective seen as something that is created and constructed rather than something one is born with. One way to gain knowledge about gender is to focus on men’s and women’s experiences of a phenomenon. One of the theorists who is often associated with this approach is Raewyn Connell.

Connell (2009) suggests that the key to understanding gender and to get away from focusing on differences is to focus on *relations*. Lasting or widespread patterns of social relations form social structures, and gender must be regarded as a social structure. Gender is not simply an expression of biology nor an expression of a fixed dichotomy in people’s lives or personalities. Gender is a pattern in our social arrangement and in our daily activities. Therefore, according to Connell (2009), gender is a *social structure*, but with a special relationship to the body. This is expressed among others in general perceptions about the difference between male and female bodies. Some parts of the human anatomy are adapted for reproduction, and biological processes in our body are affected by it. Thus, the problem, as Kimmel (2008 [2000]) emphasizes, is not that this general perspective focuses on the body or reproduction; the problem is that these general assumptions also combine biological complexity and adaptability in an inflexible dichotomy, assuming that cultural patterns are merely a reflection of bodily differences.

While this may be true in some cases, and as an example Connell (2009) mentions having had the first menstruation as a distinction between being a girl or a young woman, we cannot say that social arrangements are always a reflection of biological differences. This because cultural patterns often do more (or sometimes less) than just reflect biological differences. Connell (2009) gives some examples of this when claiming that male and female bodies are sometimes exaggerated, as in the example of ma-

ternity clothes. Sometimes biological differences are denied, as in most social practices in our working life. Sometimes biological differences are mythologized as in some computer games, and sometimes we complicate biological differences as in *third gender* customs.

Thus, what can be said according to Connell (2009) is that social structures are directed towards our bodies. Our bodies can be seen as an arena where the social structures are used in social processes, i.e. our social behavior is doing something with reproductive differences. Connell (2009) calls this *the reproductive arena*. Connell's definition of gender is:

Gender is the structure of social relations that centers on the reproductive arena, and the set of practices that bring reproductive distinctions between bodies into social processes (Connell 2009, p. 11).

Thus, gender, for Connell (2009) denotes how society relates to the human body and the many consequences this has for humans' private life as well as how society in large is structured. Men and women are often seen as opposite to each other (women being nurturing and caring while men are assumed to be the decision-makers and family providers) but norms of heterosexuality imply that these opposites work as complements, for example in a conventional marriage (Connell 2009). However, as Kimmel (2008 [2000]) also points out, gender, like any other social structure, is multidimensional, hence aspects such as identity, work, power, sexuality, ethnicity, age etc. do not exist in isolation but rather interact simultaneously (cf. Coltrane 1998). The way gender structures are formed can alter between cultural contexts and throughout history, and is under constant change. While we cannot see masculinity and femininity as constant and natural, Connell (2009) emphasizes that we cannot either think that gender norms are a phenomenon that is forced on us through social norms by authority's gender categorization of newborn children. Hence the claim that:

People construct *themselves* as masculine or feminine. We claim a place in the gender order – or respond to the place we have been given- by the way we conduct ourselves in everyday life [*italic in original text*] (Connell 2009, p. 6).

Connell (2009) means that even if most of us do this willingly and that many actually appreciate the gender polarization it is not unusual for ambiguity to exist. First of all, the categorization of men and women by gender can be problematic when used as means of representation. As Kimmel (2008 [2000]) points out, the differences between women and men are not nearly as great as the differences among women and among men. As Coltrane (1998) writes; when we think of a woman or a man we know or think of ourselves, we realize that a person probably has a combination of what could be perceived as masculine and feminine traits in their personality. In other words, not

all men act accordingly to norms of masculinity and not all women act according to norms of femininity. Therefore, it is not so easy to equate males with masculinity and females with femininity because they do not always go together that easily (Coltrane 1998). As Connell (2009) states:

There are masculine woman and feminine men. There are women in love with other women and men in love with other men. There are women in head of households, and men who bring up children. There are women that are soldiers and men that are nurses. Sometimes the development of 'gender identity' results in intermediated, blended or sharply contradictory patterns, for which we use terms like 'effeminate', 'camp', 'queer' and 'transgender' (Connell 2009, p. 6).

Thus, Coltrane (1998), Kimmel (2008 [2000]) and Connell (2009) emphasize that on an individual level there are great variations among women and among men. Even so, when gender theorists discuss and problematize stereotypical assumptions about men and women they do so from the position of men and women as a group. This means that by discussing gender there is also a risk of re-producing stereotypical assumptions about gender. Although I agree that this can happen (and even though I am fully aware that there is great variation within the category of women and the category of men and also in regard to how they express and experience femininity and masculinity) I will write about men and males as a group. Working empirically there is a need to make categorizations and thematizations of what the informants are talking about in their stories. In doing so, and while focusing on men that provide care to elderly parents, I wish to challenge stereotypical assumptions about men as caregivers, but also the assumption that caregiving is a female activity. This is why I will make categorizations of the empirical data from the men's experiences. I also need to write about masculinity as a norm for how these men are expected to act and behave as well as the way that these men relate to norms of masculinity and confirm or resist these norms. Thus, when discussing masculinity norms, I will use the concept of masculinity to allude to the stereotypical behaviors and characteristics that are often described as manly. However, even if masculinities can be used in the plural because of the variation within the category of men, I will sometimes use this concept in singular terms because it is sometimes cumbersome language-wise to write the plural version of the concept. Something else I would like to stress is that categorization is also a part of the theorizing around gender, masculinity and femininity that will be done in this dissertation. However, categorization is always done within a context and since this dissertation is informed by masculinity theory and studies of men and masculinities it seems appropriate to contextualize the way in which this theoretical tradition has arisen.

In the next section I will therefore start with an overview of the men's movement and the historical and political events that came to play an important part in the development of masculinity theory. Focusing on the men's movement gives an insight into

the ways in which the problematization of masculinity norms and its implications for the caregiving debates were used in the men's movements' attempts to emancipate men. Thus, while the feminist debate on caregiving was used to emancipate women through showing the unpaid work of women, and by pointing out that there was a need for caregiving services to children and the elderly, which led to increased opportunities for women to participate in paid work (see chapter "Conceptual and contextual framework", section "The feminist history of the concept of care") the men's movement wanted to draw attention to the fact that men have not been passive regarding issues of caregiving.

The men's movement and its relation to studies on gender, men and masculinities

It is important to see that the contemporary men's movement is separate from the research field of men and masculinity, but it is also important to understand the men's movement to understand the questions that are debated in studies of man and masculinity. While the contemporary women's movement and feminist theory started in the 1960s (Jaggar 1983) to pay attention to the idea that gender matters, the men's movement started in the 1970s (Connell *et al.* 2005; Kegan Gardiner 2005) both as a reaction to the feminist movement and to support the feminist movement. As Ramazanoglu (1992) writes:

The explosion of feminism since the 1960s has brought about various defensive and aggressive reactions from men, but also moves by some men to respond to feminism (p. 339).

The women's movement pointed out that there is a crucial relationship between gender and power in the sense that men as heads of the family and heads of state have power. Furthermore, they pointed out that some feminine behaviors have made it easy for men to maintain power, and their socioeconomic advantage have been encouraged, while behaviors that did not have been discouraged or even punished (Jaggar 1983, Kegan Gardiner 2005). One such feminine behavior was that women took a greater responsibility for the household and for the caring of children and the elderly, and continued to do so even after entering the labor market (as I discussed in chapter "Conceptual and contextual framework" section "The feminist history of the concept of care").

Thus, because women's studies have primarily addressed questions about women and have mainly been developed by women, contemporary feminism as a train of thought and women as a category have been the main force making gender issues visible in contemporary scholarship and in public forums (Jaggar 1983). However, revealing the dynamics of gender has also made men and masculinity visible by problematizing the position of men, and both men and women have addressed this problem (Con-

nell *et al.* 2005). A reader not familiar with studies of women and feminism or of men and masculinity needs to note that the men's movements grew out of the women's movements because feminists started to question taken for granted gender norms. As Clatterbaugh (1997) shows in his overview of the men's movements, some men involved in these movements were and still are anti-feminist.

It should also be acknowledged that studies of men and masculinity owe their enormous intellectual and political depth to feminism; hence, masculinity studies and men's studies would probably not have existed without feminist work questioning men's power and privileges (Kegan Gardiner 2005; Kimmel 2003; see also Ramazanoglu 1992; Robinson 2003). Such studies of men and masculinity appear in interdisciplinary fields that question the construction of masculinity historically, locally as well as globally (Connell *et al.* 2005; Mellström *et al.* 2014).

Furthermore, some studies of masculinity deal with the complex relationship between hegemonic masculinity (i.e. the ideal picture of a man that exists at a given time and space), and the relationship of hegemonic masculinity to women and to other subordinated masculinities (i.e. masculinities that at a given time and place do not fulfill and therefore fall short of the idealized picture of a man) (cf. Williams 2013). Also, studies of men and masculinity have started to examine other types of masculinities such as female masculinities (Halberstam 1998) and transgender individuals (cf. Ekins and King 2005 who give an overview of research regarding masculinity and transgender). Masculinity studies and men's studies have also shown that men throughout history have paid a price for not going along with or even resisting the hegemonic view of a man (cf. Ekins and King 2005, Yeung *et al.* 2006, Hill 2007, Connell 2010). Furthermore, studies of men and masculinity have shown that with time, the picture of a man changes and what was once viewed as subordinated may be mainstream or even hegemonic in the future (Anderson 2009).

In trying to capture the contemporary men's movement, Clatterbaugh (1997) categorized certain historical events in the movement under eight major perspectives. Each perspective encompasses a general category within which there are many voices. The eight perspectives are: 1) the conservative perspective, 2) the pro-feminist perspective, 3) the men's rights perspective, 4) the mythopoetic perspective, 5) the socialist perspective, 6) gay male perspectives, 7) African-American perspectives, and 8) the Evangelical Christian men's movement. In his argument, he suggests that it is the perspective of the evangelical Christian movement that has had greatest impact. In the beginning of the second edition of his work "Contemporary perspectives on masculinities" Clatterbaugh (1997) writes that:

Since the early 1970s North Americans have been reading about a men's movement. We have been treated with images of men gathering in support of the feminist cause, coming together to denounce feminism, standing around roaring campfires and shouting "ho", and gathering in football stadiums

and praying to become better men. What these images indicate is that the man's movement is not a single movement but it is rather several movements that have been gathered under a single description. (p. 1).

Clatterbaugh (1997) points out that it is important to see the men's movement's different perspectives in trying to understand from where masculinity studies and men's studies have originated, but also how other perspectives have come and gone while others have existed alongside each other. It should of course be acknowledged that his eight perspectives are about the men's movement in North America. However, as regards the characteristic features of Clatterbaugh's (1997) eight perspectives, Swedish researchers such as Mellström *et al.* (2014) have argued that these perspectives resemble how the men's movement in Sweden has evolved. Hill (2007) – who has studied the Swedish men's movement called “Befria mannen” (“Liberate the man”; my translation) – traces the roots of this movement to the 1970s when the men involved in this movement supported the feminist movement. In the 1980s, however, this movement became antagonistic towards the women's movements for reasons that Hill discusses at length in her work. I will write more about this below when outlining Clatterbaugh's (1997) different perspectives since parallels can be drawn between the American men's movements and the ways in which such movements evolved in Sweden.

I will now start with the men's movement that Clatterbaugh (1997) calls the conservative perspective. In this perspective he includes moral conservatives and biological conservatives (see also Messner 1997; Mason 2006). Moral conservatives defend and protect social institutions that they find grounded in the traditions of society, such as different roles for men and women (that men are the providers and women are the homemakers), and biological conservatives agree with moral conservatives that traditional roles are natural. Considering the different research traditions that are presented in Table 4, the moral conservative perspective could be compared to a strict realism perspective and the biological conservative perspective to a naive realism perspective.

Biological conservatives base their beliefs on the biology of male and female, while moral conservatives base their beliefs on the sanctity of traditions. However, many moral conservatives draw upon biological arguments to sustain their claims that what is traditional is natural. While this perspective today can be seen in an academic setting as rather obsolete, it exists nonetheless in society (in North America but also in Swedish society) both politically and as a perception among those who are not very familiar with gender issues. However, in academic settings the science of sociobiology which appeared in the 1970s argued that social institutions and practices are determined by the genetic predispositions of men and women. Both moral conservatism and sociobiological criticism appeared in the 1970s, and according to Clatterbaugh (1997) they represent the first wave of resistance to the contemporary feminist movement. Even though this conservative perspective is described by him as part of a men's

movement it is important to clarify that moral and biological conservatism are not just represented by men but also have perspectives that some women have defended⁸⁴.

In Sweden the moral conservatives could be represented by those who criticize the ideal of the Swedish men's movement "Liberate the man" that men should be softer and that fathers should take care of their children and take parental leave. In Sweden, men (mostly middle-class men) that sympathized with this new ideal of a softer man and fathers that stayed home with their children during the 70s and 80s were called *velourpappa* e.g. *velour daddies*, a derogatory term that suggested that these fathers were too soft. According to some psychologists and politicians, they were so soft that it was harmful for their children (Hill 2007).

The second perspective in the men's movement, according to Clatterbaugh (1997), is called the pro-feminist perspective (see also Mason 2006). During the 1970s a movement of men, sympathetic to feminism agendas, appeared as a resistance to the conservative forces. These men called themselves pro-feminists rather than feminists because they recognized the personal experience of being women as an important part of being feminist. Not being women they could not fully achieve an understanding of the oppression of women even if they sympathized with the women's cause. Considering Table 4, in the previous section, this pro-feminist perspective could be compared to a contextual constructivism perspective. Pro-feminists rejected the conservative claim that masculinity is biologically grounded or necessary for social stability. Instead they considered masculinity as being created and maintained through patriarchal structures and the oppression of women. They also thought that traditional masculinity was harmful to men. This pro-feminist perspective was represented by, on one hand radical pro-feminists that followed the lead of radical feminism in holding that it was the social and political order in which masculinity was created and maintained that caused violence against women. To get rid of the patriarchal order, men had to unlearn patriarchal behaviors by, for example, taking on more caretaking roles. So for feminists it was a highly important issue that men should for example be more engaged in family caregiving. On the other side, the liberal pro-feminists followed the lead of liberal feminism. From this perspective, masculinity sets limitations that are imposed on men by a society that rewards or punishes certain forms of behavior. Also from this perspective, both men and women were limited in their achievement of self-realization by the social reward and punishment system.

Hill (2007) writes that it was with inspiration of the women's movement and the American men's movement that the first men's groups started around 1973-74 in Sweden. They arranged their first male camp where men got together to socialize with each other and to discuss the patriarchal society. These men were very critical of cur-

⁸⁴ Clatterbaugh (1997) mentions Phyllis Schlafly who was an American conservative politician and anti-feminist. She was against the ratification of the Equal Rights Amendment (ERA) because she thought it meant women giving up their rights to be supported by a man, among others (Winkler 1989).

rent norms of masculinity and what they called a traditional male role. They wanted to break free from established norms of gender to create a new alternative male ideal. Their goal was, in dialog with other men, to create a new emancipated man that was confident and harmonious, hence *the liberated man*. In the following years several men's camps, marches and debates were arranged. These men agreed that the traditional male role oppressed not only women but also men who could not manage to live up to it. By questioning the role of men they tried to formulate new ideals which would not be based on specific male and female roles, but what they called a human role. These Swedish men active in this pro-feminist movement idealized femininity, particularly in regard to women's relationship to the child and the ability to provide care. The *new man* therefore symbolized the rejection of the absent breadwinning fathers. In 1978/79 the association "Liberate the man" was formed in close collaboration with the Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights (RFSL) (Hill 2007).

The third perspective that Clatterbaugh (1997) presents is called the men's rights perspective (see also Messner 1997, Kimmel and Aronson 2004, Mason 2006). For pedagogical reasons that will be more apparent to the reader later, I will call this the *anti-feminist/pro-male* perspective. Many men and some that had been pro-feminist began in the late 1970s to start a new movement known as the men's rights perspective. In this perspective, masculinity is also seen as harmful, not to women but to men themselves. However, Clatterbaugh (1997) writes that all literature taking a men's rights perspective held the standpoint that men are not privileged relative to women. Because men's privilege over women is an essential part of the feminist perspective, the men's rights perspective was therefore seen as anti-feminist. Denying men's privilege relative to women, the men's rights perspective was split into those who believed that men and women are equally harmed by gender stereotypes and sexism (the ones that perhaps can be called *pro-male*) and those who considered that the society had created female privilege and male degradation (the ones that perhaps can be called *anti-feminists*). This was also the birth of a new sexism, namely sexism against men. One cornerstone of this men's rights perspective was to protect men against injustice in areas such as divorce, child custody, domestic violence and sexual harassment⁸⁵.

Hill (2007) writes that in Sweden at the beginning of 1970 the argument for an active and present father was that it was the fathers who needed their children. In the 1980s this shifted and the argument was instead children's need for a male role model. This was an important shift in view. In the men's organization "Liberate the man" a telephone hotline was set up for men that abused their women. They considered that men that abuse women were in need of help. "Liberate the man" sought support from

⁸⁵ In Sweden, Per Ström, a debater and writer, has made a career through his debates on internet. He calls himself; *jämställdist* and claims equality for both men and women. He claims that men are today discriminated against and that feminism has made men subordinated to women.

women's organizations that had telephone hotlines for abused women. However, women's organizations found the idea that abusive men needed help too provocative. During the 1980s the interest in the pro-feminist men's movement decreased, and the last men's camp was held. More and more men that were engaged in this movement felt that in their struggle for *equality* (in Swedish; *jämställdhet* i.e. *standing side by side* cf. Hearn *et al.* 2012) they had lost their own independence. Hill (2007) writes that in this period of time the women's movement had become more radicalized, and made more and more serious accusations against men. Therefore, it became harder for men to continue the struggle for equality without pointing out things that could improve men's lives. The pro-feminist men's movement became, like in America, pro-male (and even anti-feminist in some parts) since it addressed questions such as men's rights in divorces and child custody. These men emphasized that it was time to think about men's own liberation and not just women's liberation. The Swedish men's movement had gone from claiming the right to be human to instead claiming the right to be male.

The mythopoetic perspective appeared in the early 1990s with the writing of the poet Robert Bly and his book "Iron John" (Clatterbaugh 1997, see also Messner 1997; Mason 2006; Kahn 2009). He gathered men to read poetry, play drums and speak of their emotions. Bly believed that feminism wounds men and that men had become too feminized. Bly's movement was the start of several other movements such as the new warrior movement (cf. Kimmel and Kaufman 1994) among others, and they all had the ambition of initiating men into manhood. There was even a twelve-step program for men to regain their masculinity. This movement, however, was also challenged by the Wicca⁸⁶ tradition arguing that masculinity was influenced by a lack of femininity and men needed to get in touch with their femininity to get a complete understanding of themselves⁸⁷. Hill (2007) writes that also in the Swedish debate about the *velour daddies* more and more references to Bly (1990) taking a critical stand towards the new soft man occurred.

The socialist perspective according to Clatterbaugh (1997) started in the left/liberal movement of the 1960s and 1970s (see also Messner 1997; Mason 2006; Hanlon 2012). Unions began to understand their own history of sexism. The question of women's rights began to be addressed both within organizations and also in the society as a whole. In this perspective, masculinity is related to having power through economic resources, control of production and control over the laborer, as in the masculinity of patriarchal capitalism. It is within this movement that Sweden has a particu-

⁸⁶ Wicca was founded around 1950 by an Englishman named Gerald Brossseau Gardner (1884-1964). By the mid-1960s, Wicca had started to spread to the USA. Wicca is a new pagan nature-oriented religion. They believe in a female and a male divinity that are regarded as equal and equally important (Wiberg 2000).

⁸⁷ In an article from Dagens Nyheter (2014), Herman Ottosson and Anders Eriksson were interviewed about their courses called "The raw man". These courses teach men to be men by getting to live out their masculinity but also by learning how to woo their women.

larly unique kind of history. After the Second World War a *golden age* started in Sweden. Because of Swedish neutrality the country was not in ruins. Rather, the steel industry was in desperate need of labor and therefore the socialist government began to encourage women (even married women) to participate in laboring work. This was the start of a socialistic discussion about women's justice. The Swedish historian Yvonne Hirdman describes this social movement in Swedish history and puts it in relation to her concept of the *gender system* and the *gender contract* (cf. Hirdman 2001).

For the unions this need for women to join the workforce meant that it was not acceptable for men and women to have different salaries. The education system changed and girls and boys studied together, and the proportion of boys and girls finishing school was almost 50/50. In 1972 the right wing government set up a delegation for gender equality. It was then taken over by the left wing government from 1976 to 1982. The left wing government instituted, among other things, a gender equality law. When the (Social Democratic) right wing government returned to power this law had gained wide acceptance, and equality was still a burning issue in politics (Hirdman 2001). During the 1970s a number of reforms were introduced. For example, the system of joint assessment changed to individualization, there was a large increase in the number of kindergartens, and dual-earner families became the norm. In 1974, parental insurance was introduced and a now classic advertising campaign featuring, among others, *Hoa Hoa Dahlgren* a Swedish weightlifting champion, was launched to encourage men to take a larger share of parental leave. In 1995 the *pappa månaden* (translated to *daddy month*) was introduced, meaning that 30 days of parental leave insurance could not be transferred to the other party. This meant that 30 days could only be used by the father and 30 days could only be used by the mother; the remaining 390 days the parents could divide between themselves as they wished (the total days of parental leave was 450). For parents of children born in 2002 or later this was extended to 60 days and the remaining 360 days the parents could divide between themselves (the total days of parental leave was 480). For children born in 2016 or later the number of non-transferal days was increased to 90 days, the remaining 300 days can be transferred as the parents wish (giving a total prenatal leave of 480 days).

All this took place in a large collaboration between trade unions, and the (Social Democratic) left wing government that insisted that women's equality with man was the final piece in the socialist struggle for equality. In Sweden the pro-feminist movement was always close to a socialist ethos. Hill (2007) writes that in the man's organization "Liberate the man" this was often discussed. However, even if this was not clearly articulated, there seems to have been an agreement that the socialist ethos and ideas from the left were a part of their ideology even though these ideological streams were not always clearly stated when trying to attract new members. The organization "Liberate the man" at first directed their criticism towards what they described as *men's society*. They argued that it was capitalism that formed the basis of patriarchy and thus it was the cause of the emergence of gender roles. The capitalist system

forced men into an oppressive male role and the socialist society was therefore considered to be the solution to the problem.

The sixth perspective listed by Clatterbaugh (1997) is the Gay Male perspective, and he wrote that gay men, along with black men, were among the most oppressed groups of men in North America and struggled for the same rights, namely liberation and security from oppression (see also Messner 1997; Kimmel and Aronson 2004; Mason 2006). Even if the gay male perspective struggled for gay men's rights they did so by, on the one hand, organizing themselves into a gay liberation movement; however, on the other hand they were also a part of all the other perspectives. In the pro-feminist movement gay men had a significant role in the movement's agenda. The gay liberation movement also struggled with conservative politicians. What unified the gay male movement however was that most of them listed homophobia as one of the principal causes of dominant masculinities.

A controversial topic in the Swedish pro-feminist men's movement was therefore homosexuality, especially in the camps that the Swedish Association for Sexual Education (in Swedish: Riksförbundet För Sexuell Upplysning; often referred to as RFSU) arranged. However, it was during the 1990s with the introduction of queer theory, that the heterosexual norm began to be questioned and debated in Swedish society. Considering Table 4, this can be seen as the time when a strict/radical constructivism perspective started to develop. Hill (2007) writes that the organization "Liberate the man" seemed to have had an ambivalent attitude to homosexuality. The majority of men in the movement were heterosexual but there were also homosexual men. However, it seems that some of the heterosexual men perceived the gay men's presence as a threat to their own heterosexuality. They simply did not want to be taken for being gay just because they went on a men's camp where there were gay men present. Many men also felt that it was important that men in these camps were able to socialize with other heterosexual men. However, even if the pro-feminist men's movement had an ambivalent attitude towards homosexuals the camps contributed to raising the awareness of these men's own homophobia and, to some extent, to reducing the distances between heterosexual and homosexual men (Hill 2007).

The African-American men's perspectives could also represent men from many nationalities, such as Chicano, Japanese, Jewish etc. However, Clatterbaugh (1997) argues that the best-developed criticism of the role of racism in shaping masculinities occurred in the writing of African-American men during the 1980s and 1990s (see also Messner 1997, Kimmel and Aronson 2004, Mason 2006). From difficulties that derive from history and societal racism black men experienced a unique set of difficulties. These perspectives all agree that anti-(black) racism is the most important factor for changing hegemonic masculinity.

As already stated the eighth perspective in Clatterbaugh's (1997) description of the type of voices that the men's movement tried to channel was called the Evangelical Christian men's movement and included organizations such as the Promise Keepers⁸⁸, which is a religious conservative movement (see also Messner 1997; Brickner 1999; Mason 2006). Based on the Bible they teach men to be good fathers and providers. They consider society to be in a moral crisis and this has partly been caused because women influenced by feminism have taken on the man's role. Bearing in mind Table 4, this can be compared with a naive or strict realism perspective.

Having summarized in detail the different perspectives that Clatterbaugh (1997) describes, it seems important to state that the reason I have done this is that studies of men and masculinity are sometimes presented in a context-less fashion and as if they arose out of the blue, so to speak. This is in contrast to how descriptions of how feminist studies evolved are described since in these descriptions, the political struggles of women and the various movements in which these were channeled are always mentioned. Thus, in giving the reader insight into the historical underpinnings that studies of men and masculinities stem from, I have tried to make sense of how this field has developed (i.e. why certain issues have received some attention while others have not). This background of the men's movement therefore shows some of the social events and questions that seem to have been important for (Western) men's struggle to establish a voice of their own against the current of opinions that feminism and the women's movement prompted. What Clatterbaugh (1997) in the US and Hill (2007) in Sweden also show is that men were not passive while the women's movement was gaining momentum, even though one could easily get the contrary impression when going through the feminist history of the concept of care that I offered earlier. Some perspectives in the men's movement resisted the women's movement while others were supportive (as is the case in the pro-feminist perspective). This is also important in relation to the concept of care because as I discussed earlier in the chapter "Conceptual and contextual framework" it is often taken for granted that men do not want to care, which the men's movement suggests not to be the case. In the pro-feminist perspective that characterizes some of the streams within the men's movement – as Hill (2007) suggests – men's opportunities to become more engaged in caregiving was an important issue for (Swedish) men since caregiving was deemed to be an activity that could help men break free from the traditional male role; as such this was an activity that was deemed conducive to making men more emancipated, harmonious and confident.

Studies of man and masculinity are today represented in much academic research (Mellström *et al.* 2014). The interest in men and masculinity is often followed by

⁸⁸ In the Swedish newspaper Aftonbladet (1998) there was an article about Krister Holmström who founded the Swedish Promise Keepers. Thomas Johansson, who was an assistant professor in sociology at that time, was interviewed because of his expertise on men and family relations. He said that it would be a disaster if many Swedish men joined the Promise Keepers.

strong ideological movements. However, even if the division that Clatterbaugh (1997) made nearly 20 years ago is still accurate, the position between the different perspectives has shifted. Mellström *et al.* (2014) write that in Sweden the pro-male perspective that was rather strong 20 years ago is today much more subdued. Meanwhile the anti-feministic perspective is unfortunately rather lively throughout discussion on websites and blogs (see Bjurwald 2013, Sveland 2013). However, the anti-feministic perspective is not very well established in Swedish academic settings. It is rather the critical pro-feminist studies of men and masculinity that have dominated the field of men and masculinity studies for about 20 years now. Nevertheless, even if the anti-feminist perspective is not established in academia, one could question the power structures within academic settings, for example, men still have greater benefits than women and more opportunities for advancement (Delegationen för jämställdhet i högskola [Council for gender equality in college, my translation] 2011). Since Clatterbaugh (1997) wrote about these different perspectives, the number of critical academic studies of men and masculinity has grown. Since the end of the 1980s and the beginning of the 1990s masculinity research, which was previously mostly American, British but also Swedish, has today grown to become a global research field. As such, the field of studies of men and masculinity has become an established research area with professors and a distinct academic structure of its own in many parts of the world (Mellström *et al.* 2014).

Thus, even if studies of men and masculinity have developed from feminist studies, there is a men's movement in the background which also played a role, according to Hill (2007). The story behind the men's movement is, in other words, very important to know when it comes to understanding that some forces that led to the emergence of studies of men and masculinity were pro-male and some were anti-feminist. These tensions are most likely to blame for the fact that there is a tension between some gender and feminist scholars and those who have fought to create an academic field of their own called studies of men and masculinities. For the pro-male and anti-feminist researchers, it was important to separate men's studies and studies of men and masculinity from the field of women's studies. However, there were also other men and masculinity scholars that were pro-feminist and continued a close collaboration with feminist scholars.

A rather important tension therefore concerns whether studies of men and masculinity need to be in a field of their own or have their place in studies of women or gender. Some feminist scholars argue that studies of men and women could and should be conducted in the field of gender studies and feminist theory. Feminist scholars (c.f. Calasanti 2003) consider that men have always been a part of feminist studies. However, the field of men and masculinity studies developed because it became relevant to ask other questions about men rather than just seeing them as the cause of women's problems. There was a need to question men's relation to other men and to study men through a critical gender perspective as well.

At the end of the 1980s, gender studies started to develop from women's studies as an attempt to include both genders and move away from essentialist assumptions. In 1986 Scott wrote:

Those who worried that women's studies scholarship focused too narrowly and separately on women used the term "gender" to introduce a relational notion into our analytic vocabulary. According to this view, women and men were defined in terms of one another, and no understanding of either could be achieved by entirely separate study (Scott 1986, p.1054).

Gender studies relied, in other words, on feminist theory and the links between power and gender but believed that both genders, not just women, were affected by this power relation. Gender studies (as discussed in the previous section "Sex and gender") among other things laid the foundation for understanding that sex (biological) and gender (social) are not the same thing (Connell *et al.* 2005). During the 1990s, studies of men and masculinity began to developed, posing questions about men and power such as: do all men have power or do all men like to have power? They also questioned whether masculinity has a singular form or if masculinity like femininity should be considered to have a plural form (Connell *et al.* 2005). The emergence of studies of men and masculinity contributed to a more distinct research area asking questions about men, masculinity, and men's experiences. However, for some feminist scholars this question of men and masculinity might still be a sensitive one, as they may see research that focused on men as a repudiation of feminism (Connell *et al.* 2005).

My short version of the tensions that exist between scholars of feminism and women, and men and masculinity scholars is that some scholars from women's studies claimed that men had always been a part of their studies and that feminist theory included analysis of both genders (see Ramazanoglu 1992; see also Robinson 2003 for a discussion of feministic reactions to studies on men and masculinity). These feminist scholars feared that men's studies would marginalize feminist knowledge (Ramazanoglu 1992). Some feminist scholars were more hostile, thinking that to call the field *gender studies* instead of *feminist* or *women's studies* was the same as accepting men as the norm of gender (cf. Ramazanoglu 1992; Robinson 2003). Hence, for them it was important to focus on women to add new subject matter, and for example in the field of history, to force a critical re-examination of the premises and standards of existing scholarly work (Scott 1986). Conversely, scholars that were pro-male instead argued that feminist and women's studies had failed to see the differences between men and the fact that some men lacked power (Messner 1993; Donaldson 1993). This was mentioned particularly by scholars dealing with homosexuality and transgendered people (Dowsett 1993), and sometimes this kind of research was called *gay-affirmative* (Ervø and Johansson 2003). Hence, pro-male researchers developed the feel of men's stud-

ies, taking a stand against women's studies. Some of these scholars developing the field of men's studies were pro-male but some of them were also anti-feminist and rejected feminist theory. Furthermore, from feminist studies scholars that were pro-feminist developed the field of masculinity studies, drawing on feminist theory, and from gender studies the field of critical studies of men developed. The reader might then ask what the difference is between critical studies of men and masculinity studies. The difference is that critical studies of men do not agree with masculinity theory and especially not with the concept of hegemonic masculinity. The strongest criticism of studies of men is that hegemonic masculinity does not reflect the diversity among men (this is most strongly argued by Hearn 2004 who suggests that the field should be called "Critical studies of men"). This is why I will discuss this issue further in this chapter in the section called "Hegemonic masculinity and its critics". Scholars in critical studies of men instead think it is more fruitful to stop focusing on hegemonic masculinity and focus on men (Connell *et al.* 2005). In the section below I will discuss research in studies of men and masculinity by going back to 1990 when probably the first conferences on men and masculinity were arranged. Based on these conferences a special issue of "Theory and Society" was published and it is from this special issue that I now will continue to lay out the historical background of the development of the research field of men and masculinity.

Research on men and masculinity

The Anglo-Saxon research field of studies on men and masculinities began to develop as early as the 1970s via the work of researchers such as R.W. Connell, Mike Donaldson, Anthony McMahon, Michel A. Messner and Lynne Segal. However, the research field did not really become established until the beginning of the 1990s. In 1993, the journal "Theory and Society" published a special issue on masculinities, including papers from two conferences on masculinity (which were probably among the first of their kind) held at the University of California in February 1991 and Macquarie University in Sydney in June 1991. The big question in these articles and in the conferences at the time was: Something is going on, but what? Several authors addressed this question of whether or not something was changing. Was there a *new man* in town? Messner (1993) concluded that the new aspect was that men at the time, at some level, had to deal with gender as a problematic construct rather than as a natural, taken for granted reality. Segal (1993) was frustrated over the fact that the change to a more gender-equal society was happening in slow motion. Donaldson (1993) was very skeptical of the suggestion that men were changing and that this new form of masculinity was leading to a more gender-equal society, pointing out that the change was only occurring on the surface, and Messner (1993) emphasized that a shift in the style of masculinity is not the same as a shift in power. Instead, this shift in style can be interpreted as a sign that men would like to stop paying the costs of being in a privileged position,

but do not want to lose their place at the top. As Connell (1993) puts it; “to say masculinity has become “problematic” is not necessarily to say gender relations are changing for the better” (p. 598)⁸⁹. Another important comment at that time was provided by Messner (1993), who wrote that men were changing, but not in a singular manner. Furthermore, both Connell (1993) and Donaldson (1993) emphasized a shift in studies on men and masculinity, namely that while earlier studies had just focused on men and masculinity as a cause of the oppression of women, other studies had begun to recognize the relational aspects of gender and that masculinity needs to be recognized as men oppressing other men. That is, it is not always the case that women are the losers and men are the winners. McMahon (1993) and Messner (1993) pointed out that gender relations are part of every level (individual, organizational and socially) in the private as well as the public sphere. Gender relations are constantly changing and masculinity is not only constructed in relation to femininities, but also in relation to subordinated masculinities. There are, as Connell (1993) writes, multiple cultures and therefore multiple masculinities. In addition, as Rogoff and van Leer (1993) remind us, masculinities (plural) should not collapse into masculinity (singular), as in white, middle-class and straight.

Even though these articles in the special issue of “Theory and Society” were written more than 20 years ago, many of these researchers’ points are still relevant today. However, since then, masculinity scholars have expanded their work to cover many different areas, thereby highlighting variations of masculinities and men’s experiences; however, they are yet to show extensive interest in care (Hanlon and Lynch 2011). Therefore, I hope that this dissertation concerning men who provide care to their elderly parents and in-laws will not only contribute to research on family caregiving, but also to studies of men and masculinity. This then leads to consideration of what masculinity as a theory is and how masculinities (plural) should be understood.

The Australian sociologist Connell’s theory of masculinity presented in the book “Masculinities” is the most influential theory in the field of men and masculinities (Messerschmidt 2000). In the third chapter, Connell (2008 [1995]) sketches out a framework for a theory on masculinity (building on earlier work: Connell 1979; 1983; and Carrigan *et al.* 1985). I will describe here the essential elements of this framework. It is through gender processes that our everyday lives are organized, so gender is a way of organizing a social practice. As the reader might remember from the section “Sex and gender” Connell (2008 [1995]) calls this the *reproductive arena* (where gender in every relation is produced and reproduced as a social construction) and underlines that it has nothing to do with biological determinism. Gender is a social practice that constantly refers to bodies, and what bodies do, as opposed to social practice being reduced to the body (as in a naive or strict realism perspective as shown in Table 4). Therefore, it is important to realize that *masculinities* are not the same as *men* (Connell

⁸⁹ This change in masculinity is also referred to as *masculinity in crises* (Gardiner 2001).

2008 [1995]). To speak of masculinities is to speak about *gender relations*. Masculinities concern the position of men in a gender order, an order that can be defined as patterns of practice by which people (both men and women, but predominantly men) manifest that position. Masculinity is therefore something that everyone has to relate to as part of an identity project that is constantly being created and redefined in every single relationship, as well as in the whole of society; thus, masculinity is not just a male project. Furthermore, masculinity is, like femininity, always contradictory and scattered.

To understand the structure of gender, it is necessarily to understand the different types of relation that the structure is built upon. The first type is that built upon power. Connell (2008 [1995]) writes that the contemporary European-American gender order revolves around the general subordination of women and male dominance, in other words, patriarchy. The second structure, relations of production, means that it is men and not women who control the major companies and private wealth. This is not a coincidence, but rather a part of the social construction of masculinity. In formulating the third relationship that builds the social structure, Connell (2008 [1995]) turns to the psychoanalytical concept of *cathexis*⁹⁰. Because gender is part of all social structures, it is part of the practices that *arouse desire* and the social and political meanings of togetherness or oppression, and mutual or unilateral enjoyment. Gender relations are therefore important components of the social structure as a whole, and gender politics play an important role in our collective destiny.

In the theoretical framework that Connell (2008 [1995]) proposes, masculinities are argued to be social practices that exist in other social practices. Masculinity is maintained and shaped in social relations. The reproductive arena (home and private life), the production arena (labor) and cathexis (what is found to be desirable) are important components of Connell's (2008 [1995]) way of explaining gender power relations. In discussing masculinity, Clatterbaugh (1997) writes that it is helpful to distinguish among four components that I will summarize in four questions: a) What are men? b) What do people think that men are? 3) What do people think that men should be, and 4) what is the subjective experience of men's gender identity?

In the first question of what men are, the masculine gender expression, is the focus of attention. Clatterbaugh (1997) explains the masculine gender as a set of behaviors, attitudes and conditions that are generally found in a group of men; hence, these are shared expectations of behavior based on one's gender. For example, if men in a certain group tend to act aggressively, or for that matter carefully, then aggressiveness or carefulness become part of their masculinity. Hence, it is important to acknowledge that what is perceived as masculine varies in different groups of men, in different cultures and at different times in history. In that perspective it is also important to point

⁹⁰ An emotional charge attached to the notion of an object or action (Nationalencyklopedin 2014).

out, as Clatterbaugh (1997) also does, that the conditions that determine masculinity might include privilege or the lack of privilege.

The second question – what people think that men are – concerns the stereotype of masculinity; hence, the general idea of what most people consider to be the masculine gender expression. Therefore, the stereotype of masculinity is influenced by simplistic generalizations about the gender attributes, differences, and expressions of individuals and/or groups. Stereotypes can be positive or negative, but they rarely communicate accurate information about others (Clatterbaugh 1997). What is important to note here is that ideas of what men are and what men think that they themselves are, need not agree.

The third question concerns what people think that men should be; hence, the gender ideal. The gender ideal is a widespread notion of what the gender expression for men should be. For example, it is a widespread notion that men should be able to provide for their family or that men at a certain age should be married; hence, these notions are parts of men's gender ideal. The gender ideal, just like gender stereotypes, may be quite different from what men themselves think they are. However, both the gender ideal and the gender stereotype are historically situated, reflecting the ideas of what men in specific groups should be. Even if gender stereotypes and gender ideals tend to become similar they still serve as a guide to developing gender expressions because stereotypes and ideals are partly formed through perceptions of expressions. The making of gender expressions, stereotypes and ideals is therefore an ongoing process that also exists in a certain historical, ethical and religious context. Here I would also add that even men that fit the gender ideal and fit the stereotypical notion of masculinity run the risk of losing their hegemonic position as they age due to declining libido and the aging body (cf. Calasanti 2003)

This process of course also affects the fourth question – the subjective experience of men's gender identity. There is a subjective process that each person goes through in arriving at their gender. As Clatterbaugh (1997) puts it: "One's gender identity is the self-definition of gender to oneself" (p. 4). Also, here it is important to acknowledge that what an individual becomes and what an individual might think about him/herself may vary from more generalized gender expressions, stereotypes and ideals, and may also vary in different situations. Being individuals therefore entails that how we are as a person and how we think we are gendered is often a big part of that individuality. Nevertheless, there are certain masculinities that are favored socially or come closer to gender ideal. Certain collections of behaviors are rewarded while some are ignored or even punished. Young boys are taught to adopt these social expressions and ideals, as are young girls.

It is also in the stereotype of gender and the ideal of gender that we find the division of masculine and feminine; categories that are often considered as opposites of each other (Kimmel 2008 [2000]). For example, caregiving is often a praxis that is understood as doing femininity (Kramer and Thompson 2002; Hanlon 2012). Charac-

ters that are masculine or feminine are often things that most people just know about (Coltrane 1998; Butler 2006 [1990]). I think that many would agree with me if I were to say feminine characters that are typically connected to most Western societies today are: emotional, sensitive, innocent, weak, nurturing or caring, self-critical, soft and sexually submissive. Typical characters connected to Western masculinity could be described as the opposite: non-emotional, tough-skinned, experienced, strong, disciplinary, self-confident, hard and sexually aggressive (cf. Stets and Burke 2000). However, thinking of a man or a woman that we know, or ourselves, we realize that we or other persons probably have a variation of characters that are both feminine and masculine (Coltrane 1998). Nevertheless, stereotypical beliefs about gender leave little room for variation when we are thinking of men and women in general. Butler (2006 [1990], 2011 [1993]) also points out that not only is gender about stereotypes, gender ideals and gender identity, it also has to do with one's juridical gender, with the body and with gender expression. As I wrote in the section "Sex and gender" Butler's (2006 [1990]) concept of *gender performative* captures this; where behavior, gestures and words connect to *the surface of the body* and in that perspective the identity is a *fabrication* that is manufactured through bodily signs and through discourses. Hence, for a person to pass as a woman or a man the appearance of the body, the way of acting and the juridical identity have to live up to the expectations and ideals that are connected with being a man or a woman.

In that perspective, femininity or masculinity is something that men and women do, hence the idea of *doing gender* (West and Zimmerman 1987; 2009). From the story of Agnes, a 19-year-old woman who was seeking to have reassignment surgery in 1958, West and Zimmerman (1987; 2009) underscore the *accountability* of gender within the dichotomous sex/gender system where individuals must perform gender if they wish to make themselves, and their actions, accountable. They conceptualized this relationship as *doing gender* rather than as *being gender*. By that they were; "moving masculinity and femininity from natural, essential properties of individuals to interactional, that is to say, social properties of a system of relationships" (West and Zimmerman 2009, p. 114). They then gave an example that had to do with American girls being good or bad in math. I will use the same example but with caregiving. West and Zimmerman's (2009) logic is that as long as we believe that men are not good caregivers (i.e. it is not in their nature) men will probably not seek to take on family caring. However, this logic is subject to social change. If something is socially constructed there is a possibility it can change even if it might be difficult.

Risman (2009) suggested that if we can *do gender* we can also *undo gender*. However, West and Zimmerman (2009) responded to that by saying that Risman is; "treating gender as if it was anchored in a fixed set of specifications" (p. 117). *Undoing*, West and Zimmerman (2009) argue, implies that sex category is something that by the undoing is no longer accountable. However, for them accountability is the core of the concept of gender. They suggest that what Risman (2009) is really pointing at is that

changes in normative conceptions can change the accountability of a gender. Hence, changes in the norm of men as fathers or sons to become more engaged in caregiving make men doing caregiving more accountable as caregiving men. Therefore, West and Zimmerman (2009) remark that: “Gender is not *undone* as much as *redone*” [italics in original text] (p118). This means that men that become engaged in caregiving as family caregivers or as fathers perhaps at first challenge gender norms. However, when more and more men become involved, the normative conception of caregiving men changes and thereby the accountability for caregiving men changes from incompetent or unnatural to competent and natural. In that sense the construction of gender is redone. Therefore, one might ask if men that are engaged in care might be seen as less masculine, does that make them unmale? Furthermore, when the construction of gender changes, the stereotypical picture and the ideal picture of men changes. However, even if the ideal picture of men and the stereotypical notion of men changes there will still be some traits that are described as masculine and feminine. These traits will continue to have a different level of desirable status, and masculinities that are favored are called hegemonic masculinities.

In the next section I will continue to discuss this hegemonic masculinity by referring to the work of Connell.

Hegemonic masculinity and its critics

To understand gender, we must constantly look beyond gender itself and add aspects of class or global injustice. Equally, we cannot understand the phenomenon of class and global injustice fully without including gender (Connell *et al.* 2005). We also have to see that there is more than just one type of masculinity and, more importantly, we also have to look at relations between different forms of masculinity (Connell, 2008 [1995]). From this perspective, Connell (2008 [1995]) introduces *hegemonic masculinity*⁹¹ as a concept. The concept of hegemony refers to the cultural dynamic that allows a group to assert and maintain a leading position in social life. At a certain time and in a particular culture, one form of masculinity rises above the others. Hegemonic masculinity thus refers to the gender practices that, at a given time, maintain the legitimacy of the patriarchy and, as such, are believed to guarantee the dominant position of men and the subordination of women. It is important to note that the hegemonic masculinity that Connell (2008 [1995]) refers to carries the main patterns of the current Western (i.e. English-speaking countries and Europe) gender order, and therefore represents a certain type of masculinity and a certain type of man that differs from men and the

⁹¹ Hegemony derived from the Marxist philosopher Antonio Gramsci's (1891–1937) analysis of class relations (Connell 2008 [1995], p. 115).

construction of masculinity in other parts of the world, such as Asia or Latin America (cf. Bannon and Correia 2006; Ruspini *et al.* 2011).

Hegemony is connected to historical and cultural settings and is always under reconstruction within human relations. When the conditions that underlie the current system of patriarchy change, the basis for a given type of masculinity is undermined and another more accepted type can replace it. This means that new groups can challenge old hegemonies and all groups of men can be challenged by women. Hegemony is thus a norm, an ideal that few men can live up to. However, even though few men practice hegemonic masculinity, Connell (2008 [1995]) argues that men in general are complicit in or benefit from its norms; hence, it manifests men's superior position over women. However, this domination/subordination mainly occurs between groups of men and depends on many aspects, for example the context in which groups of men can manifest their domination. According to Connell (2008 [1995]), homosexual masculinity is the most obvious case of subordinated masculinity, but is far from the only subordinated type of masculinity.

The domination of hegemonic masculinity is also associated with other structures, such as class, age and race; thus, it provides links to the marginalization of certain masculinities. Connell (2008 [1995]) gives an example of this in the context of white sovereignty, in which black masculinities are marginalized. Thus, Connell (2008 [1995]) is not satisfied with the term *marginalization*, but still feels that the concept is useful to refer to the relationships between masculinities in dominant and subordinate class-based and ethnicity-based groups. Connell's (2008 [1995]) concept of hegemonic masculinity – which some regard as a theory – implies that, at a given time, in a given society, a certain kind of masculinity is considered especially desirable. Even though I find that Connell's theory is in many ways a useful theoretical tool for understanding gender structures and masculinities, there is room for critical reflection on the theory.

Kimmel (2003) writes that when studies of men and masculinity first began, the differences between men and women were described through the sex role theory. One problem with sex role theory was that differences between women and men were exaggerated by the sex role theory while differences among women and among men were downplayed (Messner 1998). Another problem according to Kimmel (2003) was that the first books on man and masculinity in the 1970s included chapters on workplace, sexuality, friends, sports etc. and there would be separate chapters on gay men and black men. This meant that men that were included in substantive chapters were actually heterosexual and white (Kimmel 2003). Today, the sex role theory has been abandoned and the diversity among men is acknowledged. After the sex role theory was abandoned, the theory of masculinity came to dominate. In the "Handbook of men & masculinity" Connell *et al.* (2005) explain that studies of men and masculinity recognize men and masculinity as explicitly gendered rather than non-gendered. They understand men and masculinity as socially constructed, produced and reproduced. Studies of men and masculinity also recognize men and masculinities as variable and

changing over time in history and in culture, within societies and through life courses and biographies. Furthermore, studies of men and masculinities emphasize men's relations, albeit differentially, to gender power by interrogating the intersection of gender with other social divisions in the construction of men and masculinities. These intersections are shaped by differences of, for example, age, class, ethnicity etc. Therefore, men and masculinities are not formed by gender alone; the gendering of men only exists in the intersection with other social divisions and social differences (Connell *et al.* 2005). However, that does not mean there is a consensus about how to study men and masculinity among researchers in the field of men and masculinity.

As I mentioned at the end of the section about the men's movement (see section "Men's movement and its relation to studies on gender, men and masculinities?"), there has been a tension between feminist scholars and men and masculinity scholars regarding whether men and masculinity studies should be a field of its own or whether this scholarship should be included in feminist studies. Since men and masculinity studies became a field on its own this tension has instead become a debate concerning what the field that studies men and masculinity should be called (Connell *et al.* 2005). This debate is also connected to the concept of masculinity. Some scholars have called the field *men's studies* or *critical studies of men* by analogy with or as a reaction against women's studies (Connell *et al.* 2005). Connell *et al.* (2005) find terms such as *studies of men and masculinities* and *critical studies on men* more accurate. The latter terms emphasize that the field is inspired by but not a simple parallel to feminist research on women. I have chosen to refer to this field of research as studies of *men and masculinity* because I think that this term captures men as a biological sex and masculinity as a social gender. However, Hearn (2004) is the one that argues most strongly against the use of masculinity and hegemonic masculinity and he advises that the field of men and masculinity should be called *critical studies of men*.

This suggestion that studies of men and masculinity should be called critical studies of men derives from three major concerns in the criticism of Connell's concept of masculinity and hegemonic masculinity. The first is that this theory is hegemonic in itself, though the theory assumes Western masculinity as the primary form, which may not always be true for men and masculinity in other parts of the world. From a global perspective, it is clear that not all men are powerful, even in relation to women (cf. Bannon and Correia 2006). The second concern is how the term *hegemonic masculinity* has been used in research. Connell (2008 [1995]) describes hegemonic masculinity as a configuration of gender practice, so it should not be understood as a type of masculinity. However, as Hearn (2004) states, the term *hegemonic masculinity* has sometimes been seen as type of masculinity that exists for real. The reason for this is that, as Donaldson (1993) and Hearn (2004) point out, the concept of hegemonic masculinity is unclear and carries many contradictions. Donaldson (1993) concludes that it is difficult to identify hegemonic masculinity because there is little that is counter-hegemonic. Thus, what actually counts as hegemonic masculinity? Does men's greater

involvement in fathering or family caregiving, for example, indicate an intensification or reduction of hegemonic masculinity?

These questions from Donaldson (1993) lead to the third concern in this criticism, namely the empirical limitations revealing complex patterns of inclusion and resistance, which constitute everyday social interactions (cf. Whitehead 1999). Hearn (2004) therefore questions whether it really is necessary to hang onto the concept of hegemonic masculinity when it is the subject of such criticism and is used in so many different and confusing ways. Would it not be more fruitful to look at men's practices instead? Hearn (2004) and Jacobsen (2006) agree with the suggestion that it is more fruitful to study men rather than masculinity, and thereby separate the hegemonic masculinity from men. This is because studying men draws attention to status and the connections between gender, race, class and age (see also White 1997). Hearn (2004) concludes that the concept of hegemonic masculinity, even though it is useful in critically examining men, has generally been employed in a manner that is too restricted and the focus on masculinity has been too narrow. Therefore, Hearn (2004) suggests that it is time to: "go back from masculinity to men" (p. 59). A shift of the focus from masculinity to men would then also be a shift in focus from hegemonic masculinity to the *hegemony of men*. Hearn (2004) suggests that this focus would set the agenda for investigating different ways of being a man in the social world in relation to women, children and other men. In addition, this focus would be more useful than the identification of particular forms of masculinity or hegemonic masculinity. The need for a shift in focus comes from the backdrop of globalization, which tends to change our view of masculinity. As Hearn (2004) concludes, modern hegemony may involve the lack of a single central perspective on men.

In connection to these thoughts from Hearn (2004), I would like to reconnect to the articles from the special issue of *Theory and Society*. The authors asked if there was a *new man* in town, so this refers to the observation of a change in masculinities. I think the answer to this question is: yes, there is. Because masculinities are constructed and reconstructed in human relations, the image of how a man should be changes. Men in many Western societies have adapted to changes, such as more women participating in the labor market. Another matter to consider is that, when studies of men began to focus on men's practices, this also involved a problematization of the male gender, in contrast to other studies that had taken men's gender as a given. A focus on men's practices also needs to involve practices that are attributed to the female domain, such as care for children, the sick, the disabled and the elderly. I think that this new way of looking at men's practices raises some questions, such as whether men have changed in the sense that some Western middle-class men are now more engaged in family care work, or whether this focus on men in caregiving has revealed that men are actually engaged in caregiving although it had been assumed that they were not or only to a small extent. In that sense, I therefore find that Hearn (2004) has a point in that the concept of hegemonic masculinity may be difficult to use because it becomes prob-

lematic to relate to men who both fit into the hegemonic image and simultaneously support and help an elderly parent. At the same time, I think there is a point in considering Connell's (2008 [1995]) concept of hegemonic masculinity as a theoretical framework to discuss the empirical findings in this study at a more abstract level, in particular when it comes to understanding the obstacles and resistance that some men have to overcome in order to enter a care relationship. In other words, I see potential to develop the concept of hegemonic masculinity instead of just abandoning it.

In an article, Connell and Messerschmitt (2005) considered five principal criticisms concerning the concept of masculinity that have been debated since the concept was introduced in the 1990s. These five criticisms concern: 1) the underlying concept of masculinity, 2) ambiguity and overlapping, 3) the problem of reification, 4) the masculine subject, and 5) patterns of gender relations. Criticism regarding the underlying concept of masculinity has, as I have written above, been made, for example by Hearn (2004). The main point is that masculinity is blurred and uncertain in its meaning. Furthermore, the concept of masculinity states that masculinity tends to de-emphasize issues of power and domination. Connell and Messerschmitt's (2005) answer to this is that research on men and masculinity has flourished over the past 20 years because the underlying concept is flexible. Furthermore, they see the multiplicity of social constructions that the concept has highlighted as a sign that the concept has not become homogenized.

When it comes to the criticism of ambiguity and overlapping, the question is: who actually represents hegemonic masculinity? Connell and Messerschmitt (2005) write that it is desirable not to use hegemonic masculinity as a fixed model. Hegemonic masculinity is constructed in a way that does not correspond closely to the lives of real men, because it expresses a wide spread of ideas, fantasies and desires. About the problem of reification, Connell and Messerschmitt (2005) write: "That the concept of hegemonic masculinity reduces, in practice, to a reification of power or toxicity has also been argued from different points of view" (p. 841). Hence, a man's behavior is redefined in the concept of masculinity, and in a circular fashion this new masculinity becomes the explanation and sometimes the excuse for a certain behavior (McMahon 1993). Connell and Messerschmitt's (2005) answer to that is that this is a part of the concept of hegemonic masculinity because the concept is based on praxis that permits men's collective dominance over women to continue. However, they continue:

The concept of hegemonic masculinity is not intended as a catchall nor as a prime cause; it is a means of grasping a certain dynamic within the social process (Connell and Messerschmitt 2005, p. 841).

Thus, criticism regarding the masculine subject is made by authors that think that hegemonic masculinity is based on an unsatisfactory theory of the subject. However, masculinity according to Connell and Messerschmitt (2005) does not represent a cer-

tain type of man. Instead, men position themselves through discursive practices. Masculinity is therefore a project within the life course. Consequently, the concept of hegemonic masculinity means that it is impossible to erase the subjective experience or the historical view of gender. As regards criticism about the pattern of gender relations, Connell and Messerschmitt (2005) write that because of the tendency to see gender as a self-contained and self-reproducing system, this criticism is grounded in a functionalistic view. However, the dominance of men and the subordination of women constitute an historical tradition, not a self-reproducing system. They argue that there is considerable evidence that hegemonic masculinity is not self-produced; rather it exists in gender relations. With these different forms of criticism in mind Connell and Messerschmitt (2005) reformulate the theory of masculinity and hegemonic masculinity. The general characteristics of the concept, they conclude, still remain. What they now reject from the theory is attempts to locate all masculinities and all femininities in a single pattern as the global dominance of men over women (Connell 1987). The reader should note that this is very important for the theory of masculinity and hegemonic masculinity in relation to the feminist standpoint of men's domination over women as an essential part of the feminist perspective. This means that the theory of masculinity in a way has moved away from being loyal to feminist theory (pro-feminist) towards the perspective of pro-male scholars. Connell and Messerschmitt (2005) then reformulate the concept of masculinity into four main areas: 1) the nature of gender hierarchy, 2) the geography of masculinity configurations, 3) the process of social embodiment, and 4) the dynamics of masculinity.

Concerning gender hierarchy, they suggest that the understanding of hegemonic masculinity needs to include a more holistic view of gender hierarchy recognizing the mutual conditioning of gender dynamics as well as other social dynamics. The geography of masculinity needs to account for transnational areas affecting masculinity due to globalization. Therefore, masculinity can and should be studied locally, regionally, as well as globally. As regards re-conceptualization of the concept of social embodiment, Connell and Messerschmitt (2005) write:

The need for more sophisticated treatment of embodiment in hegemonic masculinity is made particularly clear by the issue of transgendered practices, which are difficult to understand within a simple model of social construction. This issue has been reframed by the rise of queer theory, which has treated gender crossing a subversion of the gender order or at least a demonstration of its vulnerability (p. 851).

The body is therefore important in masculinity research as an object of social practice and as an agent in social practices. Re-conceptualizing the concept of the dynamics of masculinities it is important to realize that masculinities are practices that change over time and the *life course*. Connell and Messerschmitt (2005) write that a small amount of literature on masculinity and aging, along with a larger amount of

literature on childhood and youth, give examples of how masculinity changes over time. It is also important that hegemonic masculinity is likely to cause tensions given that successful fathers probably must work long hours. Therefore, hegemonic masculinity does not necessarily mean a satisfying life. Connell and Messerschmitt (2005) conclude the article and their response to the criticism of masculinity and their re-conceptualization of the theory by stating that while they welcome most applications of the hegemonic masculinity concept as part of developing it further, they also reject such usages of the concept that imply a fixed character type because this conflicts with hegemony as a part of gender relations.

In this section I have dealt with the criticism and the problems that have been put forward on masculinity theory and the concept of hegemonic masculinity. I have also discussed the answer to this criticism and the recent re-conceptualization of masculinity theory and hegemonic masculinity. In the next section I will describe to the reader my reflections on this debate and which path I intend to follow i.e. whether I will use Connell's (2008 [1995]) theory of masculinity and concept of hegemonic masculinity or follow Hearn's (2004) advice to study men and not masculinity.

My point of view

Within gender scholarship, it is often the tradition to clarify from the start where one stands. For a social gerontologist, having to label research as pro-feminist, pro-male or even anti-feminist might be a little odd. However, for gender scholars this is deemed important. Therefore, I will now clarify where this dissertation stands in this discussion. Doing a study on men (hence sons and sons-in-law), providing family care to elderly parents and in-laws, this dissertation has a men's perspective. Some readers might think this is obvious but I would rather say that it is not. Going through literature on men and caregiving I am not always convinced that the authors have a male perspective in the sense that they are interested in understanding men's viewpoint on caregiving without judging it against women's caregiving.

As I wrote in the "Introduction" to this dissertation when talking about how men as family carers are described in the research literature, both Russell (2001) and Eriksson *et al.* (2008) conclude that men are often pictured as ineffective and less capable than women. This continues to uphold the idea that caring can be regarded as a responsibility and task only for women. However, this dissertation does not have a pro-male perspective because even though I think that women and men are both harmed by gender stereotypes and sexism, I still think that women as a group probably experience negative effects of gender stereotypes and sexism to a greater extent than men as a group do. Additionally, by saying that this dissertation employs a male perspective it probably needs to be clarified that this does not automatically mean the dissertation can be deemed anti-feminist or anti-women. As a social gerontologist whose work has always been informed by gender and feminist scholarship, I am interested in family

caregiving but want to address the gender bias that characterizes this literature by offering caregiving men a voice. Therefore, I recognize feminist theory as a very important contribution to masculinity theory since I believe that without feminist theory and women's studies the field of men and masculinity studies would not exist.

The tricky question though is whether I see men as privileged relative to women. Even if it is a side track, the concept of privilege perhaps needs to be clarified. Kahn (2009) writes that privilege means to receive unearned social advantage just because of aspects such as your gender, age or the color of your skin. Hence, if you are a white, heterosexual, 30-40 something man (hence, close to the Western hegemonic ideal) you probably have privilege through earning the primary income but the negative aspect is that you probably cannot spend as much time with your children as your partner. Therefore, privilege means having both advantages and disadvantages. In general, and before starting this PhD project, I would have answered "yes" to the question of whether men are privileged over women but now I am not so sure. I think that there are occasions and relationships where women have a privilege over men. Because I see gender as relational, this question of having privilege or not depends on the situation and the relationship. It also depends on what you mean by privilege. If money and power over finance is a privilege then yes, men are generally privileged over women. If giving care is a privilege, then perhaps women have a privilege over men.

As a researcher interested in care I am aware that caregiving is often described negatively and as a burden (for women). The positive side is perhaps that caregiving can lead to deeper and more meaningful relationship between caregiver and care receiver (I do not mean to romanticize the caregiving relationship because of course relationships can also fall apart or even become abusive). For example, studies have shown the positive effects of caregiving for fathers in feeling closer to their children and their partner, and that they expose themselves to fewer risks, and change destructive patterns of behavior (e.g. Barker 2006). Studies have also shown positive effects for men as caregivers to their partners (e.g. Hanlon 2012; Eriksson *et al.* 2011). Caregiving therefore is, in a way, both a burden but also a privilege. Furthermore, since eldercare arrangements are usually a result of family negotiations (Finch and Mason 1993), both women and men are active in gendering the care arrangement. My point then is that family care of elderly parents and in-laws has to be seen as gendered practices regulated by social conditions such as welfare arrangements in relation to norms of masculinity and femininity (West and Zimmerman 1987; Connell 2009). As Gerstel and Gallagher (2001) argue, women often act as gatekeepers and motivators of men's involvement in family caregiving. Kullberg (2003) points out that men are gatekeepers for gender equality; thus they are the ones controlling most economic resources collectively in society, but similarly, women can be seen as gatekeepers to men's involvement in caring.

That caring is seen as a feminized activity is because it is often assumed that women provide more and a wider range of care than men. However, caring is also seen

as a feminized activity because women as mothers, daughters and partners influence the types and amounts of care provided by men (Christie 2006). This is because women perceive caring as their sphere of influence and because they perceive men as less adequate as careers (cf. Gerstel and Gallagher 2001; Kullberg 2003). Hanlon (2012) makes nearly the same point:

The fact that caring is defined as feminine is a major block to how men engage with and identify with the world of care, especially those forms of care most associated with femininity (p. 44).

Gullvåg Holter (2003) goes so far as to say that men who engage in caregiving even experience gender discrimination:

Men may be in weak positions in female-associated fields of work not because society has now reached a state of gender equality but because of persistent equality that positions these fields below others and makes them into predominantly feminine domains. Therefore, men in caregiving roles or other female-associated areas may experience particular forms of gender discrimination (p. 25).

From studies of men as social workers, Christie (1998, 2006) writes that because social work is identified as a caring profession it is also often viewed and described as a *non-traditional* occupation for men. Mclean (2003) emphasizes in a study about men employed in statutory social care works that: “By showing men’s other capabilities, such as sensitivity and caring, they risk being accused of being too ‘feminine’ “(p. 50). Writing about professional caregivers in home care, Sörensdotter (2008) suggests that for men to choose a profession that is gender-coded as feminine also means a risk of being perceived as less masculine or as a homosexual man. The same can be seen in studies about male nurses. Clow *et al.* (2014) gives a good overview of perceptions of male nurses that are often negative. Several studies have also found that although most male nurses are heterosexual, the public perception is that male nurses are gay (e.g. Evans 1997; Bartfay and Bartfay 2007; Harding 2007).

In a study about men entering female occupations, Lupton (2000) found three types of challenges to masculinity. The first one was that working in a female occupation limited their ability to use work identity to confirm masculinity identity. The second challenge was that they faced a fear of feminization working in a female dominated occupation. Thirdly, they feared being stigmatized as effeminate or as homosexuals. It is therefore not always easy for men to enter a caregiving situation as a professional caregiver or as a family caregiver. Yet Lupton (2000) also found that there were two very different ways in which the men in the study dealt with the challenges. The first was to reconstruct the occupation so it became more congruent with their notions of

masculinity. This could be done by the way that the men presented themselves in terms of occupation or that they actually made changes such as choosing to do tasks that could be perceived as more masculine. The second strategy was to express and enact a different masculinity.

However there was also evidence that some men developed or worked at an expression of masculinity which would allow them to operate comfortably in a female domain. What is significant is that these men were able to do that without losing a sense of maleness. This masculinity was seen as positive by these men, and in fact viewed rather more positively than the 'hegemonic' type described above (Lupton 2000, pp. 46-47).

In a more recent study about men engaged in caregiving in the nonprofit sector Baines *et al.* (2015) found that men that represented a *caring masculinity* (Hanlon 2012) seemed to bring a more caring, mutually constitutive masculinity with them to the workplace because they were open to being changed by the workplace, by co-workers and by the service users.

Going back to the question of men's privilege over women, I think that these studies of men entering what could be perceived as a female domain show that structural aspects as well as belief systems (i.e. cognitions of masculinity and femininity) cause privilege and problems for both genders, hence for both men and women. Therefore, it is not so easy to say that men always have power over women, because it depends on the situation and what the power is about.

If we always assume that men have power over women we then tend to uphold stereotypical notions and perhaps even miss out on new and interesting discoveries. For example, when I started this study I was interested in family caregiving. Reading further about this field, I realized that it seems that men do not contribute so much to caregiving to elderly parents or in-laws. However, Swedish statistics showed that men provide family care nearly as much as women (see Table 1). That made me realize that it is important to study men and their experience of providing care to elderly parents and in-laws. It is equally important not to contrast these men's experiences of caregiving with women's experiences of caregiving. Rather, what is fascinating is this tension between femininity and masculinity. Therefore, taking the criticism from critical men's studies into account to focus on men and their practice instead of masculinity I have decided to use masculinity theory and hegemonic masculinity. This is because what I am trying to do is to capture something that perhaps could be described as a tension between family caregiving and caregiving men as feminized practices and/or characters respectively (there is namely a tension between feminized practice and men who engage in it). Even though just describing the men's motives, experiences and perspectives is perhaps interesting enough, I also want to consider this tension of men doing what is often perceived as a feminized practice. I want to put the sons' and sons-in-law's motives, experiences and perspectives in a higher context of abstraction that

has to do with masculinity as a social construction of the male gender, and femininity as something inherent in family caregiving. Masculinity theory and hegemonic masculinity are fruitful points of departure for a discussion of the structural aspects that form the division between femininity and masculinity. However, choosing to take a masculinity perspective does not mean that I do not keep a critical eye on masculinity theory and by that question what masculinity is. As regards the question of what masculinity is, that is something I will wrestle with when conducting my analyses of the empirical findings.

When it comes to the question of which perspective I will assume, this dissertation is informed by the contextual constructivism perspective (see Table 4 from the section “Sex and gender”). This means that *sex* is understood as a more or less constant given biological fact, as an essence, though this is a phenomenological study. The view is that reproductional differences between women and men mean that most women and men are born with different bodies. However, this does not mean that I do not think that another biological sex is possible or that I cannot understand the point of also seeing sex as socially constructed. On the contrary, I acknowledge Butler’s (2006 [1990]; 2011 [1993]) problematization of sex and the body as an important contribution of queer theory. However, for this study I find it useful to have a sex and gender division because the dissertation focuses on men from the view of a biological sex and their experience of providing care connects to norms of masculinity. Hence, from a contextual constructivism perspective *gender as in femininity and masculinity* is the structure of social relations, but these structures depart from the body and the reproductive arena (Connell 2009).

PHENOMENOLOGY AS THE METHODOLOGICAL APPROACH CHOSEN

This dissertation concerns an issue that has been explored relatively little; thus, this study is exploratory in nature and therefore requires a qualitative research approach. A qualitative approach might detect new, unexpected and surprising results that would not otherwise be visible. The choice of having a phenomenologically inspired approach is grounded in the first aim of this dissertation, namely to contribute to the rectification of the gender bias found in the literature on family caregiving by focusing on men's caregiving and answering the following research questions:

- What motivates men to provide care for their elderly parents?
- How do adult sons experience caregiving?
- What do adult sons think that care and caregiving are, i.e. what are their perspectives on care?

The phenomenological approach gives the possibility to stay empirically close to the data while exploring what caregiving means for the interviewed men. Therefore, empirically speaking, this study consists of three analysis chapters ("Adult sons' motives to provide care", "Adult sons' experience of caregiving" and "Adult sons' perceptions of care") which are used to answer the three research questions mentioned above. These chapters stay true to the phenomenological tradition initially but end by juxtaposing the findings with the key ideas that the literature reviews presented. It is after all on the basis of these ideas that the dissertation aims are formulated (i.e. to contribute to the rectification of the gender bias found in the literature on caregiving and to explore whether a gender-aware and masculinity-informed perspective can be used to enhance our understanding of caregiving).

Having stated how the data will be analyzed, it seems necessary to start by alluding to the very basics of the methodological approach chosen, namely that the word *qualitative* comes from the Latin word *qualitas* which means character, nature, state or condition (Larsson 1994). Qualitative methods are therefore ways to obtain systemized knowledge of how to portray character, nature, state or conditions. Qualitative approaches can usually be related to some of these three traditions: Traditions derived from social anthropology and sociology like ethnography; traditions derived from hermeneutic with roots in theology; or humanistic discourse and phenomenology with roots in philosophy. In an article by Åsberg *et al.* (2011) they argue that quantitative-qualitative arguments mask more essential epistemological questions. Method, as a term, is derived from the Greek word *methodos* meaning path or way. Method therefore is about a manner of doing something. As Åsberg *et al.* (2011) puts it:

The problem is that it is not this sense of the word we use when we speak of hermeneutic 'method', phenomenological

'method', ethnographic 'method' or positivistic 'approach'. The same data collection procedures (for e.g. interview or observation) can, of course, be used in several of these 'methods'. Hence, what distinguishes them cannot be the method, in the sense of how data are collected, but rather what kind of knowledge is wanted, or even what knowledge is assumed to be or represent. This has to do with epistemological considerations (p. 409).

Therefore, I will in this section explain the ontology of phenomenology as well as the kinds of epistemological claims that can be made through the ontological viewpoint. A researcher who applies phenomenology is concerned with the lived experiences of individuals currently or previously involved with the issue that is being researched (Groenwald 2004; Kvale 1996; Polkinghorne 1989; Creswell 2007). Phenomenological studies focus on the experiences and perspectives of a phenomenon in order to generate deeper understanding and knowledge (cf. Polkinghorne 1989, Creswell 2007).

Phenomenology was developed by the German philosopher Edmund Husserl in the early 1900s (2004 [1913]); it was originally an epistemological perspective that he called *transcendental phenomenology*. Husserl (2004 [1913]) criticized contemporary scholars for moving away from something he called the *life-world*, concluding that one cannot actually describe real phenomena, but only the human experiences of them. He introduced phenomenology, which quickly became known under the slogan; *to the things themselves*. One of the biggest challenges in human science is to describe things in themselves. Husserl (2004 [1913]) stated that all genuine scientific knowledge rests on inner evidence and when the evidence extends, the concept of knowledge extends; hence, what appears in consciousness is the phenomenon (Moustakas 1994).

The term *phenomenology* is derived from the Greek verb *phainestai*, meaning to show or reveal oneself. Husserl (2004 [1913]) was interested in the identification of necessarily true knowledge and felt that this could be achieved by studying consciousness and intentionality. Giorgi (2009) explains how this claim of truth is part of the phenomenological attitude. Thus, holding a phenomenological attitude means to regard everything from the perspective of consciousness and how things are experienced, regardless of whether or not this matches with how things really are. This involves assuming a *transcendental-phenomenological perspective*.

This is why phenomenologists focus on the *essence* of the phenomenon. Creswell (2007) describes what essence is in a very simple way, namely that it is the common experience (which in this study is caregiving) of the informants, which forms an underlying structure. Focusing on the experience of a phenomenon should provide a deeper understanding of how several individuals experience this phenomenon. As Polkinghorne (1989) writes, a good description of a phenomenon, that captures the essence, should result in the reader feeling: "I understand better what it is like for someone to experience that" (p. 46). Through a special process that Husserl (2004

[1913]) called *ideation*, the transformation of individual or empirical experience into essential insight occurs. Moustakas (1994) explains this as follows:

The object that appears in consciousness mingles with the object in nature so that a meaning is created and knowledge is extended. Thus a relationship exists between what exists in conscious awareness and what exists in the world. What appears in consciousness is an absolute reality while what appears in the world is a product of learning (p. 27).

The concept of *intentionality* is deeply bound up with Husserl's (1913 [2004]) transcendental phenomenology; he held the position that an object may be imaginary and therefore not exist. Intentionality refers to consciousness and the knowledge of intentionality requires the ability to be contemporaneous to ourselves and the world, and to recognize that self and world are inseparable components of meanings. To be more specific, intentional acts are objectifying, while feeling acts are non-objectifying (Moustakas 1994). Husserl (2004 [1913]) argued that, when someone looks at an object or thinks of it, they complement experience in different ways. This perception of an experience Husserl (2004 [1913]) called *noema* (from the Ancient Greek word meaning idea, perception and thought). However, *noema* is to be distinguished from *noesis* (from the Ancient Greek word meaning to see), which instead is the material inside of the whole experience. For example, when I see a chair, I see its form and color, which is *noesis*, but upon seeing the chair, I also expect it to behave in a certain way, which is *noema*. From this perspective, it is shown that there are things that can be seen objectively, but they become meaningful to our understanding only when we experience these objects. Husserl (2004 [1913]) therefore argued that these intentional acts help to construct different objects of consciousness. In that way the social constructivist worldview is manifested in phenomenological studies (Moustakas 1994; Creswell 2007).

Being aware that something exists, but that it first becomes visible to me when I see and experience it, is a point of view that clarifies that it is important to challenge the preconceived notions I might have of the phenomenon that will be studied. In other words, the researcher cannot actually describe the real phenomenon, but only the human experience and perceptions of it. Thus, another key concept in phenomenology is *intuition*, through which all things become clear and evident throughout an intuitive-reflective process. Intuition is therefore essential in describing whatever presents itself. Husserl (2004 [1913]) was inspired by the philosopher Descartes' "je pense, donc je suis" or "cogito ergo sum" ("I think therefore I am"). The self is for both Descartes and Husserl (2004 [1913]) an intuitive thinking being, so all things become clear through an intuitive-reflective process and, by stripping away the external layers of a phenomenon, it can be revisited in a wide open sense from a purely transcendental

vantage point; Husserl (2004 [1913]) calls this *epoché*, a word derived from Greek that means to be free from preconceived notions.

In the chapter “Conceptual frameworks”, I wrote that I have chosen to relate to the concept of care and family with an open mind when it comes to the interviewed men’s definition of family and caregiving and what care means to them. I also wrote that I do this in accordance with this being a phenomenologically inspired study. This means surveying the concept of family and care has been part of the *epoché* as required in phenomenological studies. I will now describe what I mean by this. *Epoché* requires a new way of looking at things, a way that requires that one learn to see what stands before one’s eyes, to see what can be distinguished and what can be described (Moustakas 1994). *Epoché* (sometimes also called *bracketing*) is the first step in the process of transcendental phenomenology reduction. Here, clarification is in order; the word *transcendental* stands for the sort of movement that happens when something in everyday life is perceived in a new and fresh way; as Husserl (2004 [1913]) puts it; *a pure ego*. This movement transforms the world into sheer phenomena and this *reduction* leads us back to the source of the meaning and the existence of the experienced world (Moustakas 1994). As this reduction proceeds, components of meanings and the essences of the phenomenon are converted into a textual description that reduces the experience in consciousness from the vantage point of an open self, hence with the view of a pure ego.

The transcendental-phenomenological reduction is followed by a process of imaginative variation that aims to grasp the structural essence of the experience. This process of performing phenomenological analysis will be developed further in the section of “Method of analysis” using Giorgi’s (2009) four steps as a method of phenomenological analysis. In this section, my intention is to give the reader a brief review of the fundamentals of Husserl’s (1913 [2004]) phenomenology. There are some aspects that are important to clarify while doing this research project that have to do with how I have achieved *epoché*. The use of a phenomenological approach as a point of departure implies that the researcher has experience, theoretical positions and above all a cultural perception that he/she brings to the research process. Husserl (2004 [1913]) called this *natural attitude*. Schutz (1967) explains this as follows: “This is that everything I know about your conscious life is really based on my knowledge of my own lived experiences” (p. 106). Therefore, the researcher needs to undertake phenomenological *epoché* in order to achieve phenomenological reduction. Husserl (2004 [1913]) proposed several different levels of intensity in phenomenological reduction. Giorgi (1997) writes that most levels have a more philosophical significance and comes from the first phenomenological reduction which is to move away from the *natural attitude* i.e. to move away from how one usually relates to the world and in everyday life to achieve a pure ego and to see the world in a different way, free from preconceived notions. Giorgi (1997) also asserts that undertaking the first level of phenomenological reduction is the very minimum that a researcher has to do in order to describe the re-

search as phenomenological. In the present work, this epoché was carried out when constructing the interview guide. For every question that was considered, the issue of whether the question was built upon preconceived notions of how men are or would act as family caregivers was carefully taken into consideration and discussed with colleagues in the field. I also performed epoché by writing down my thoughts after the interviews and considering my own reactions. I think therefore that Giorgi (2009) would agree that by doing this, namely looking at my own perceptions about caregiving men while constructing the interview guide, discussing with peers and writing down my thoughts after each interview and reflecting upon the interviews with my advisors, I have reached the first level of phenomenological reduction.

The qualitative interview

The criterion for a phenomenological research interview can be easily stated: What one seeks from a research interview in phenomenological research is as complete a description as possible of the experience that the participant has lived through. But achieving this aim is not as easy as it sounds (Giorgi 2009, p. 122).

Even though it is not easy to describe a phenomenological interview, one typical feature in the phenomenological investigation is the long face-to-face interview. The phenomenological interview involves an informal interactive process with open-ended questions; it often begins with a general conversation with the purpose of creating a relaxed and trusting atmosphere (Moustakas 1994). What is searched for in the interview is a concrete, detailed description of the informants' experience and perceptions of the phenomenon being studied. Even though the purpose of the phenomenological interview is to let the informants speak as freely as possible, it is vital to realize that it is sometimes necessary to direct the informants towards the phenomenon of interest. However, it is also important to distinguish between *directing the informants* and *leading them* (Giorgi 2009). To direct an informant refers to the situation where the researcher must get the informants to speak about the researcher's phenomenon of interest. In contrast, leading the informants would involve introducing bias to the data through an attempt to get the informants to say specific things. It is important to recognize that the researcher should not care about what the specific details or contents are, only that they are genuinely revelatory of the phenomenon being researched.

Looking at the interview guide (Appendix 1) for this study, the questions are designed with a head question, and under these head questions are some indicative words to direct the conversation. The reason the interview guide was constructed in this manner is that the interview should closely resemble a conversation. Kvale (1996) gives a very good description of the qualitative interview, concluding that it is; "literally an

inter-view, an interchange of views between two persons conversing about a theme of mutual interest” [italic in original text] (p. 2). In the interview guide, the questions have been arranged so that questions that may be challenging or that arouse difficult emotions are not directly asked. Instead, different questions that naturally occur in the conversation lead into those which could be sensitive for the informant to talk about. The reason for using this strategy is that the interviewee will not feel cornered, which is something that could easily happen when a stranger asks questions. As an interviewer, I think that you have to gain some kind of trust from the interviewee before questions of a more sensitive nature can be asked.

Sampling and informants

Creswell (2007) writes that in qualitative research the concept of purposeful sampling is used. This means that the researcher selects a number of informants because they can purposefully give information and, as in this study, can give insight into how they experience a phenomenon. Therefore, I needed to make decisions about who would be included in the sample, what form the sampling would take, and how many informants would be included in the sample. I will start by discussing the question of who was included in the sample, and then move on to the question of the form of sampling. The question of how many informants were included is discussed in the section “Conducting interviews”.

Being a phenomenologically inspired study, I wanted to include informants that had the experience of being men and the experience of providing care to an elderly parent or in-law. Thus, the informants in this study were recruited and included in this study based on their sex and experience of providing care. This means, as I discussed in the chapter “Theoretical framework”, that I am assuming that (even if there are variations) that reproduction differences can be seen as biological sex as in men (males) and women (females). The informants responded to a letter (see Appendix 3) that sought men that provided care for elderly parents and in-laws. Confirming themselves as biological men and as caregivers, I thus assumed that they all needed to relate to norms of masculinity in one way or another and that they also related to norms of caregiving.

Therefore, the form of sample I used was a *criterion sample*, which means that all potential informants that meet the selection criterion were seen as useful for quality assurance (Creswell 2007). In a phenomenological study it is essential that all informants have experience of the phenomenon being studied and therefore criterion sampling works well with this type of study. Thus, the selection criteria for the informants

in this study were that they should be men who regularly, namely once a week or more, provided care to one or both of their parents or in-laws aged over 65⁹².

However, I have also used a type of sampling that is called *maximum variation*. This means that I also acknowledge that variations can be important for seeing common patterns (Creswell 2007). For example, even though there are men in the sample that might conform to norms of masculinity there are also men in the sample that conform to femininity. Hence, in the sample there will probably be a variation of what can be perceived as feminine men or masculine men. Another type of variation in this study is that I have included men that provide care to a parent that they are related to by blood or by adoption hence, sons. But I have also included sons that are related but by relationship in terms of marriage, as in sons-in-law. The reasons for this are four-fold. Firstly, even if the son-in-law is not biologically related, he is part of the family as a son. As the reader might remember from “Conceptual and contextual framework” I use a rather wide definition of family and therefore I do not see that the members of a family must be related by blood. For the sons-in-law, the family relationship is by marriage. Secondly, although sons have not received much attention from researchers, sons-in-law have received even less (cf. Kleban *et al.* 1989). Thirdly, in studies on daughters as informal caregivers, it has been common to include daughters-in-law (cf. Cahill 1999; Guberman 1999). Fourthly, my interest is in studying masculinity among caregiving men. Therefore, it is interesting to consider that not being related by blood or adoption and taking on a care responsibility as a son-in-law might challenge masculinity in other ways than it would for sons. This is why I have chosen to include men of different ages, with different work backgrounds, that performed different types of caregiving task, men with siblings and men with no siblings and men that provide care to care receivers with different needs. Using the sampling strategy of the criterion sample along with maximum variation I see variations in the sample as a strength rather than a weakness.

In the selection process, an open approach was also taken to variation in the care conditions. Some of the care receivers may obtain care from public or private care professionals or get no help at all from them. It may also be the case that the informants do or do not live with the care receiver. The interviewee may alone have caring responsibilities for one or more elderly relatives (e.g. parents and in-laws) or share re-

⁹² I chose the age of 65 and over when it comes to the receiver of the care after considering several factors. Firstly, since the 1970s, the retirement age has been 65 years in Sweden so there is a rather common view that retirement occurs around the age of 65. However, in 2001, the rules were changed so that an employee in Sweden can retire at age 61 but gets a more favorable pension the longer the person continues working; however, after the age of 67 employment protection according to the Employment protection act (1982: 80) [in Swedish: Lag (1982:80) om anställningsskydd] ceases to apply. Secondly, certain forms of pension are paid first at the age of 65, like a guaranteed pension for those with low pensions. Thirdly, in 2014 the average age for retirement in Sweden according to the Swedish Pensions Agency (2015) was 64.5 years of age. Fourthly, in demographic reports from Statistics Sweden (cf. Statistics Sweden 2015) the category of elderly starts at the age of 65. Taking these aspects into account I think it is rather reasonable to assume that in Sweden people are considered to be elderly around the age of 65.

sponsibility with other family members. This sample therefore includes sons and sons-in-law who could be categorized as primary or secondary caregivers⁹³. Using this division, daughters are commonly assumed to be the primary caregiver and sons the secondary one. However, with the phenomenological approach adopted in this study, it is important to abandon such ideas, as they might prevent observation of actual phenomena.

Another example of variation is that the care that the sons and sons-in-law are giving may take a practical form, such as cleaning, grocery shopping, transport, lawn mowing, feeding, showering, administrative tasks or the coordination of care efforts. It can also be emotional or social assistance, such as providing emotional support or taking walks together. The informants may also provide financial assistance or help by acting as a representative or coordinating private or public assistance. In selecting informants, an open approach was taken to letting the informants themselves define the tasks that they perform for their elderly parents and in-laws.

Furthermore, there was also openness to variations in living areas such as the caregiver or the care receiver living in larger or smaller cities or in areas that are more rural (see Table 5). Thus, I used a third sampling strategy namely the *convenience sample* (Creswell 2007). Even though I sought variations in living areas, I did not recruit informants from all over Sweden. Rather because of aspects such as time and money, the informants in this study lived at the time of the interviews in counties in the south of Sweden (the parts of Sweden that are called Götaland and Svealand); hence I did not recruit any informants that at the time of the interviews were living in the north of Sweden (the part of Sweden that is called Norrland).

Finding the informants

All except one of the informants were recruited through the *Family Resource Centers*⁹⁴ in different municipalities. I first contacted such centers to book and arrange meetings

⁹³ A dominant focus in the caregiving literature is on the primary provider of care, with daughters typically filling this role (Spitze and Logan 1990). Secondary caregivers are defined by Tennstedt *et al.* (1989) as caregivers who are not regularly involved in care, and who more often provide intermittent help. However, even in the cases in this study in which sons or sons-in-law could be seen as secondary caregivers because their parents still lived in an apartment, had moved into a nursing home or had other assistance, sons and sons-in-law still often helped their parents on a regular basis. For that reason, the terms *primary caregiver* and *secondary caregiver* are not used in this dissertation; rather, the participants are all sons or sons-in-law actively involved in giving family care to their elderly parents and parents-in-law. Harris (1998) makes the same statement in her study: "Thus, by not conforming to the accepted jargon and by examining sons' roles more fully, the variability and depth of the male caregiving experience can be observed more clearly. Therefore, it is important for researchers to define the extent of the caregiving involvement carefully and not to assume that sons are just secondary caregivers" (p. 351). As Stoller (1990) also points out, men's caregiving is structured by individual family relationships and unique family care needs and therefore involves greater complexities than understanding or categorizing the nature of the caregiving as an *insider* or an *outsider* as that pattern of gendered care implies.

⁹⁴ *Family Resource Centers* are in Swedish called *Anhörigcentrum*. The main purpose of these centers is to provide support in various forms to informal and family carers. Since 1 July, 2009, an amendment in chapter 5, §10, of the Swedish Social Services Act has clarified that the social welfare committee shall offer support to those

where I informed *Needs assessors*⁹⁵ and *Family care advisors*⁹⁶ about this study. At these meetings, I handed out an information letter (see Appendix 2), distributed material consisting of an information letter (see Appendix 3) and a form for contact details (see Appendix 4), accompanied by a stamped addressed envelope, which the Needs assessors in turn distributed to adult sons and sons-in-law whom they considered to be potential informants. As a consequence, the potential informants could read about the study and then make the choice to participate by filling out the contact information and sending it to me. In this way, neither the Family care advisors nor the Needs assessors with whom I collaborated know whether the son or son-in-law eventually became enrolled in the study, unless he chose to tell them. When I received such contact information, I called the potential informant and, through a simple form with questions to match the selection criteria, I ensured that they fitted the selection criteria and could be included in the study. If they did, I booked an appointment with them for an interview. One informant was a person in my circle of acquaintances. I therefore personally handed him the information letter (Appendix 2). This informant did not send his contact information via a letter, but otherwise the process that he underwent in this study followed that for the others (under the section “Ethical considerations”, I address this issue of interviewing someone with whom I am acquainted).

Conducting interviews

A general guideline in qualitative research, according to Creswell (2007), is not only to study a few individuals but also to collect extensive detailed data about each individual studied. In most qualitative studies, as in this, the intention is not to generalize the information but to elucidate the particular and the specific, like the experience of being a man providing care to elderly parents or in-laws. When it comes to the question of how many informants should be included in a phenomenological study Polkinghorne (1989) recommends including five to 25 informants. Hycner (1985) states that undertaking phenomenological research requires that only a limited number of informants are interviewed, given the vast amount of data that comes from a single interview. The focus, Hycner (1985) continues, is of course on quality, not on quantity. Silverman (2000) states that a study should aim for in-depth insights and thus the selected informants should not become too numerous:

who care for someone who is long-term sick, elderly or has a disability. Through this act, municipalities in Sweden have started or further developed *Family Resource Centers*.

⁹⁵ *Needs assessors* are called *Biståndshandläggare* in Swedish. They investigate and assess, based on the law and prevailing rules, cases involving various forms of assistance requirement for which the municipality has some responsibility. *Needs assessors* usually have a degree in social work. In some countries the *Needs assessor* is called a *Care manager*.

⁹⁶ *Family care advisors* are called *Anhörigkonsulenter* or *Anhörigstödjare* in Swedish. They are often employed by the municipality, working with supporting informal and family caregivers, but there are also non-governmental organizations for which *Family care advisors* work as volunteers.

As I tell my students, your aim should be to say ‘a lot about a little (problem)’. This means avoiding the temptation to say ‘a little about a lot’ (Silverman 2000, p. 64).

This study was thus planned to include about 20 informants. No difficulty in recruiting informants was experienced. Upon contacting potential informants, they often said that they wanted to be included in the study because they thought it was important that someone finally noticed that men also support and help their older relatives. The problems associated with recruiting informants were rather that the Family care advisor and Needs assessors did not have the time required to meet or to send information to potential informants. Hence, 19 informants were finally included in the study.

All of the sons and sons-in-law were interviewed only once. The interviews took between one and three hours to complete. It was the informants themselves who chose where the interviews would take place, with the proviso that no one else could hear the interview and the sound quality of the recorded material would not be compromised. In most cases, the interviews took place in the sons’/sons-in-law’s homes. In some cases, the location was my office or the interviewee’s office. In one case, the interview was staged in a public place that was provided by the municipal Family Resource Centers. All of the interviews were recorded on a Dictaphone and then transcribed by me to text form in a Word document.

A small number of the elderly parents/parents-in-law had died within the period prior to the interviews, which of course could affect the recollection by these sons and sons-in-law of details surrounding their caregiving experiences; however, this did not appear to occur because these sons and sons-in-law gave very detailed descriptions of their caring responsibilities and their motives, experiences and perceptions of them.

Presentation of the informants

In the following section, I will present the informants. To maintain confidentiality, I have given the informants other names that I think work well in both Swedish and English. As a complement, Table 5 provides an overview of the caregivers and care receivers, and Table 6 presents an overview of the tasks that the sons and sons-in-law performed for their parents and in-laws.

Anton was 38 years old at the time of the interview. He worked full-time as an engineer and helped and supported his mother, aged 66 years old, with transport and administrative tasks like paying bills. He visited his mother at least once a week and mentioned during the interview that he had an older brother who took no responsibility for their mother. At the time of the interview he had been helping his mother for about two years. His mother had been half-paralyzed due to a stroke for years and originally it was his father that took care of her. Anton entirely took over the responsibility for

his mother when his father passed away. The first three weeks after his father's death were intensive since his mother needed comprehensive care and he had to take full responsibility for her care quite suddenly. During these weeks he arranged for his mother to get a place in special housing in the town in which he lives. Therefore, at the time of the interview Anton was taking care of his mother's finances, managing her contact with healthcare facilities, and accompanying her on doctor's visits. Anton was married and had a young daughter, whom he brought along on his visits to his mother, as he wanted his daughter to have good contact with her grandmother.

Bo was 68 years old and helped his 94-year-old mother three times a week with cleaning, grocery shopping and doing the laundry when the interview took place. Bo was a purchasing manager but was now retired. He had no brothers or sisters. He described a rather difficult and stressful situation since his mother suffered from dementia, something that Bo first realized after a doctor confirmed it. He had received a lot of help from his parents over the years when he and his wife were raising their three children. Therefore, he asserted that he must take care of his mother even though he sometimes felt frustrated that his mother's condition in a way interfered with his and his wife's ability to enjoy their retirement. He and his wife helped their children a lot and often looked after their grandchildren.

Carl was 62 years old and self-employed at the time of the interview. He had, however, reduced the scale of part of his business in order to have more free time and enjoy life. Carl helped his 88-year-old mother-in-law and his 88-year-old father-in-law. The father-in-law lived in special housing, so he mostly helped his mother-in-law and visited her at least once a week, helping out with grocery shopping, transport, hospital visits, contact with the authorities and healthcare facilities and repairing things. He helped his mother-in-law so that he and his wife, who was still in gainful employment, could spend more time together. Carl's wife was an only child and Carl's parents were no longer alive. In the interview, he explained that he and his wife have a strong philosophy of life that permeates how they regard care; thus, he took care of his mother-in-law so she would have as good a life as possible. He did not believe that public care workers could attend to his mother-in-law as well as he can. Carl had always had a good relationship with his in-laws. This relationship was, he said, crucial to the decision to enter into a care relationship.

David was 53 years old and took care of his 86-year-old father at the time of the interview. He had been doing so for about four years. He worked as an inspection engineer and had two brothers, but neither of them lived in the same city as David and their father. He visited his father every other day and took care of all the grocery shopping, the laundry and the dishes. He described a fairly demanding relationship with his father because his father required that David help him even if the municipal home care

could do the chores. He had been separated from his wife for a long time so he lived alone and had a grown-up daughter.

Evert was 60 years old and worked as a consultant. He lived with his wife in a detached house on his parents' farmhouse and helped to support his 81-year-old mother. When his father died five years ago, Evert took over the ownership of the farm and his wife and he decided to move to a house on the farm to help his mother, even though this meant that they had to commute to work every day. He had a brother who died in an accident some years ago. Evert took care of all the heavy-duty work on the farm, even though he worked full-time as a consultant. He did this because his mother was not ready to let go of the farm. Evert had, however, ended some of the activities of the farm. He visited his mother every day and every morning he noticed whether the blinds in his mother's window were open or not. He helped his mother with everyday shopping, with practical things in the home and as an advisor.

Fredrik was 52 years old at the time of the interview. He helped and supported his 84-year-old father; he has done so for 15 years. He talked on the phone with his father at least once a week since his father was a very anxious man. Fredrik said that in fact he had been taking care of his father all his life because his father had always had problems with mental health. He described his father as absent during his childhood and said that the relationship was pretty one-sided in that he never got anything back from him. Fredrik was unemployed at the time of the interview. He had siblings, but did not have good contact with them. When he was around 18 years old, his father left the family, so the other siblings broke off contact with him. Besides telephone contact, Fredrik helped his father with hospital visits and to communicate with the home care. He also tried to find different activities for his father to do.

Gunnar was 59 years old and took care of his 92-year-old mother-in-law and 91-year-old father-in-law. He worked full-time as an engineer and had been taking care of his in-laws for two years. Mostly, it was his father-in-law who is in need of help. Gunnar visited his parents-in-law twice a week and helped them with grocery shopping, accompanying them to hospital and giving them emotional support. For him, it was only natural to take on a caring responsibility for his parents-in-law. His wife worked in another town and his wife's sister did not have a car, so Gunnar – who worked flexible hours and worked nearby – was more able to support and help his parents-in-law. He had a good relationship with his in-laws and had known them all his life. His in-laws were good friends with his parents and he knew them before he got to know his wife. Gunnar and his wife had three grown-up children.

Holger was a 67-year-old retired mortician who had been taking care of his mother and his aunt, both of whom had passed away by the time of the interview. He divorced

a long time ago and had since then been living alone. He had two grown-up children whom he frequently visited and helped with house repairs and taking care of his grandchildren. He took early retirement at the age of 62 in order to spend more time taking care of his mother and aunt and visiting his children. He did not have any siblings. His aunt had no children but there were two female cousins whom he thought did not do much for their aunt. The cousins did not say that they did not wish to take care of their aunt, but they said they did not have time. Therefore, Holger took care of his aunt and, in the interview, he said that: “If I hadn’t taken care of them, they would’ve died much earlier”. He said that the main reason for helping his mother and aunt was because he knew how hard it was for the two ladies to deal with outsiders.

Ivan was a 64-year-old CEO of a private company; he was married and had adult children. He also helped his 93-year-old mother. He shared his caring responsibility with his sister, but Ivan had the main responsibility and he delegated tasks to his sister and occasionally to his two brothers, who lived abroad. He had been taking care of his mother for five years and visited her at least once a week. At first, his mother hid her dementia and, when Ivan tried to tell his siblings how the situation was with their mother, they distrusted his intentions. At the time of the interview, his mother was in special housing and was probably near the end of her days.

Jonny was 55 years old and had been unemployed for a long time at the time of the interview. He mostly helped and supported his 86-year-old mother, but also his 86-year-old father. His sister was engaged in helping their parents, but since she had a large family and Jonny was single and had no children, he took most of the responsibility. The caring responsibility started about five years ago, when he was unemployed and realized that his mother was in need of support. He took care of his mother’s finances, grocery shopping and cleaning. He visited her at least once a week. He wondered what would happen when he got old and who would take care of him, as he had no children.

Kurt was a 54-year-old man who was working as an IT developer at the time of the interview. He helped and supported his 88-year-old father and had done so for about seven years. Kurt’s sister was 10 years older than him and the main provider of care to their father. She worked as a professional care worker in the vicinity, so she had the possibility and the skills to provide most of this care. He and his sister had divided different care tasks between them. At holiday times, they covered for each other. Even though the home care could do the laundry, Kurt’s sister had decided that she wanted to do it, a task that he took on when his sister was on holiday. He visited his father at least once a week and helped him with repairs or other things that needed to be attended to. He did the groceries and took care of his father’s finances and other administrative tasks. Kurt was married and had grown-up children.

Lars was a 72-year-old retired teacher who helped and supported his 92-year-old mother; he had done so for about 10 years. Lars shared the caring responsibility with his sister. He was married and had grown-up children. He visited his mother every other day and helped her with her finances and administrative tasks; he also did the grocery shopping and handled practical matters. As a child, he had contracted polio and he said it was a miracle that he survived. His mother took care of him at that time, so he felt that they had a deep relationship. He said that he often thought about how lucky he was to have survived and how that experience had made him feel that it is the responsibility of society to care for those who need help. He and his sister had agreed that, when their mother could no longer live in her own apartment, she would come and stay with Lars's sister as she has a big house.

Martin was a 65-year-old retired hotel manager who took care of his 90-year-old mother. Martin was born in another European country, and because his mother was unmarried, his mother's uncle's family took care of him, so he grew up without seeing his mother very often. Martin moved to Sweden long ago and was married with five children; one daughter still lived at home. About three years ago he decided, with the support of his family, to bring his demented mother to Sweden to live with them. He chose to retire early to take care of his mother full-time. He did everything for her, including physical care. At the time of the interview, Martin was a little sad but also relieved that his mother had moved to special housing. The situation had been difficult for the last couple of months for him and his family as his mother's dementia had become worse.

Oscar was a 71-year-old retired salesman who helped and supported his 104-year-old adoptive mother at the time of the interview. He started supporting her about eight years ago. He visited her at least once a week and helped her with managing her finances, grocery shopping and cleaning. He was an only child and was about 12 years old when he found out that he was adopted; he had never told his parents that he knew. Oscar's mother was 90 years old when she told his wife that he was adopted. He was married and had adult children

Peter was 57 years old and ran his own company at the time of the interview. However, he worked part-time because of an injury. He took care of his 79-year-old father, whom he visited every third day. Peter helped his father with cleaning, grocery shopping and emotional support. His father worked as a sailor and lived a hard life, which included the abuse of drugs and alcohol. Peter's mother left him when he was two years old to live with his grandmother. He had previously had difficulties with drug abuse himself, but at the time of the interview, had been clean of drugs and alcohol for 20 years. He had never had good contact with his parents. When his wife suddenly

died five years ago, he decided to contact his father. It soon became clear to Peter that his father was in need of help and, since then, he had taken care of him. Peter seemed very frustrated that his father had not been considered sufficiently ill to enter special housing. He was very angry about the fact that the Needs assessor could not understand his father's needs.

Rickard was 43 years old and worked as an electrician and sound engineer. He had been taking care of his mother, aged 67 years old, since she suffered a stroke 10 years ago. Rickard's mother lived in a nearby apartment and he visited her every day, helping her with almost everything, like doing the laundry, cleaning and helping her outside since she was wheelchair-bound. He lived alone and had no children. He had a younger brother who lived in another city and had a family with small children. He had always had a good relationship with his mother and she meant a lot to him. Therefore, he had never had any doubts about helping her.

Stig was 67 years old and worked full-time in security when the interview was conducted. He helped and supported his 89-year-old mother. When his mother's husband (not Stig's father) died, his mother lived about 400 km away from him. He then arranged matters so that she could come and live in the same city as him. Stig had no siblings and had helped his mother for about 11 years. He was married with adult children and his wife was also engaged in helping his mother. His wife was a pharmacist and therefore took care of all the medical issues. He visited his mother at least once a week and, every Sunday, they had coffee together. Stig helped his mother with administrative and financial issues, practical matters and emotional support. When he was four or five years old, his mother left him with his grandparents in order for them to raise him. Stig had been thinking of confronting his mother about this, but was concerned she might be very sad if he asked why she did this.

Tommy was 61 years old and usually worked as a translator; however, at the time of the interview, he had been unemployed for five months. He took care of his mother who was 84 years old and who suffered from a muscular disease. Tommy was married without children. He had a younger sister and brother, who both lived in other cities, but he thought that it was his responsibility as the eldest to take care of his mother. As an adult, he had been living in the parental home helping his father to take care of his mother. When his father suddenly died 20 years ago, he took over the care responsibility for his mother. When his mother could no longer manage the stairs, 10 years ago, she moved to a nearby apartment. Tommy visited his mother every day and helped her with cleaning, grocery shopping and laundry. He also helped her to go outside. Tommy talked about the fact that it was a fulfilling and very positive experience to be able to help his mother.

Viktor was a 32-year-old estate agent who had been taking care of his father for many years. By the time of the interview, his father had passed away. Viktor lived with his girlfriend and had no children. He had a half-brother on his father's side, but had no contact with him. When he was 11 years old, his father's condition worsened due to a muscular disease. For the last 10 years, Viktor had been employed as a personal assistant to his father. When he was a child, he lived with his mother and father. As an adult, he bought the family home and his parents moved to an apartment nearby. Viktor had been helping his father with almost everything, like cleaning, showering and cooking, but not so often with toilet visits. He described his relationship with his father as challenging, but he helped his father in order to ease some of the burden on his mother.

General features of the sample

Having presented each informant, I will now provide an overview of some of the general features of all of them, as assembled in Table 5 and Table 6. The reader should note that the tables continue over the pages. I would also like to point out that these tables should not be seen as a part of the findings of the study, but rather as a way for me to display background information about the informants, their caregiving engagement and their situation. As Polkinghorne (1989) points out, in a phenomenological study it is important to provide an accurate portrait of common features and structural connections that are manifested in the individual examples. Hence, I found that the best way to do this is to display these general futures in the form of tables as background information about the informants that participate in this study. Leaving this question, I will now describe the general futures of the informants referring to tables 5 and 6.

There are 17 sons and two sons-in-law. The youngest informant at the time of the interview was 32 years old and the oldest was 72. The average age of the informants was 58 years. The informants have various occupations, but four of them are engineers of some kind and three were, at the time of the interview, unemployed. Three of the informants (two sons and one son-in-law) have reduced their working hours in order to provide care. Most of the informants (13) are married or in a relationship, one is divorced, one is a widower and four are single. Most of the informants (12) have grown-up children, while two of them have children still living at home. Five of the informants had no children at the time of the interview. Providing an outline of the general features of their sibling relationships is somewhat difficult. Most of the informants have siblings (10), but they have different relationships with these siblings. The more interesting question in the context of this study is whether they share care responsibilities with anyone. There are two (2) sons, Kurt and Lars, who are very clear about the fact that they share care responsibilities with a sibling. One of the informants, Stig, says that he shares this responsibility with his wife. Of course, it could be argued that Viktor shares the caring responsibility with his mother because his mother was the

primary caregiver to his father, but in the interview, Viktor actually says that he helps his father in order to ease the burden on his mother. Therefore, I find it difficult to assert that he shares his burden with his mother. The question is whom he really supports, as by helping his father he is actually helping his mother, and in that sense, he is alone in his caring responsibility. Jonny mentions that his sister helps to take care of their mother and father. However, in the interview, it is quite clear that it is Jonny who does most of the care and that his sister helps out if needed. Of the two sons-in-law, they both consider themselves to have the main responsibility for their in-laws, but their wives are also engaged in providing care. One informant (Holger) had been the care provider to his aunt as well, as his cousins (not the aunt's daughters) had not been engaged in caregiving to their aunt, according to Holger.

The informants in this study support and help 23 elderly people: 12 mothers, six fathers, two mothers-in-law, two fathers-in-law and one aunt. The oldest care receiver is 104 years old and the youngest is 66 years old, with an average age of about 82 years old. Most of the care receivers live in their own apartment (14), while six live in assisted living, two in assisted living without resident staff and one still lives in a house. Among the care receivers that live in their own apartment or house most of them (10) have a home care service and one (1) had a personal assistant. It could be discussed whether the situation can be seen as constituting caring responsibility when the older relative lives in assisted living or has a home care service. However, several studies (cf. Zarit and Whitlatch 1992; Sury *et al.* 2013) have shown that institutionalization does not necessarily mean that family care ends.

Five of the informants (see Table 5 and Table 6) have established special arrangements for caring, such as Evan and Rickard who both live very near their mothers. For Evan and his wife, this means commuting further to work, but if they did not stay in a house nearby, Evan's mother would not be able to live on her farm. Martin, Tommy and Viktor have all been living together with their elderly parents in order to give help and support. Martin's mother lived in another country, and when she could no longer manage on her own, Martin brought her to Sweden to live with his family. At the time of the interview, Martin's mother was in the process of moving to assisted living. Tommy and Viktor were both young when their parents developed a muscular disease, so they have lived with their parents, as described in the following. Tommy stayed in the parental home as an adult and his mother eventually moved to an apartment nearby. In contrast, during early adulthood, Viktor moved to an apartment near the parental home for some years; then, he switched with his parents, so they moved to the apartment and he moved into the parental home (note that Viktor's father had passed away by the time of the interview).

The sons and sons-in-law have been providing care for 2-20 years, with an average of 7.5 years of caregiving, but it is not often that easy for the informants to determine exactly when the help and support started or became something other than the exchange and assistance usually given to kin. The distance between sons/sons-in-law and

those for whom they care varies between 100 meters and 30 km, with an average of about 6.5 km. The informants and their parents/parents-in-law live in the same living area. Ten pairs of caregiver and care receiver live in category B, which has between 100,000 and 999,999 inhabitants. Four live in category A, namely towns with more than 100,000 inhabitants. Three live in category C, namely towns/villages with 1000 and 9999 inhabitants, and one pair of caregiver and care receiver live in category D, a village that has between 200 and 999 inhabitants. The regularity with which the sons and sons-in-law provide help is once a week for eight of them, every day for six, every other day for two, and every third day for three.

Table 5: OVERVIEW OF SONS AND SONS-IN-LAW AND THEIR PARENTS/IN-LAWS

SON/SON-IN-LAW	AGE	OCCUPATION	MARITAL STATUS	CHILDREN	SIBLINGS	PROVIDES CARE TO	AGE	ACCOMMODATION CARE RECEIVER ⁹⁷	CARE YEARS	DISTANCE IN KM	LIVING AREA ⁹⁸	REGULARITY OF CARE/ LIVING
Anton	38	Engineer Full-time	Married	1 young child living at home	1 brother	Mother	66	Assisted living without resident staff Home care	2	5	B	Once a week
Bo	68	Retired purchasing manager	Married	Adult children	No	Mother	94	Own apartment Home care	15	2	B	Every third day
Carl	62	Own business Reduced working hours to give care	Married	Adult children	Wife has no siblings	Mother-in-law (most) Father-in-law	88	Own apartment Home care	3	2,5	B	Once a week
David	53	Inspection engineer Full-time	Single	1 grown-up daughter	2 brothers	Father	88 86	Assisted living Own apartment Home care	4	5	B	Every other day

⁹⁷ Assisted living is often a smaller home with an apartment-bound security alarm and nursing and medical care, at all hours. Assisted living without resident staff is an example of alternative housing that is adjusted to suit older people living there; it is often located near a community center with open daytime activities and there is often a home care service connected to the living. A decision from a Needs assessor is needed to stay in any of these types of housing.

⁹⁸ Statistics Sweden (2010b) uses the term "lätort" ("locality"), which is defined as a continuous built-up area with a maximum distance of 200 meters between residences and with more than 200 inhabitants. Seven cities in Sweden have more than 100,000 inhabitants: Stockholm, Gothenburg, Malmö, Uppsala, Västerås, Örebro and Linköping (category A). These cities include a total of 28 percent of the Swedish population. A total of 111 towns/cities have between 10,000 and 999,999 inhabitants (category B) and 23 percent of the Swedish population live in these. A total of 604 villages/towns have between 1000 and 9999 inhabitants (category C) and 19 percent of the Swedish population lives in these. A total of 1224 villages have between 200 and 999 inhabitants and 6 percent of the Swedish population live in these (category D). Finally, 15 percent of the Swedish population live in hamlets/isolated dwellings with fewer than 200 inhabitants (no one in this study). Both sons/sons-in-law and parents/parents-in-law are included in this column; they all live in the same category of settlement.

Table continued from previous page

SON/SOIN-LAW	AGE	OCCUPATION	MARITAL STATUS	CHILDREN	SIBLINGS	PROVIDES CARE TO	AGE	ACCOMMODATION CARE RECEIVER	CARE YEARS	DISTANCE IN KM	LIVING AREA	REGULARITY OF CAREGIVING
Evert	60	Consultant Full-time	Married	Adult children	1 brother deceased	Mother	81	Own house	5	0,1	D	Every day
Fredrik	52	Unemployed	Single	No	Has siblings but not so much contact	Father	84	Own apartment Home care	15	15	B	Telephone contact once a week
Gunnar	59	Engineer Full-time	Married	Adult children	Wife has a sister	Father-in-law (most) Mother-in-law	91 92	Own apartment Home care	2	4	B	Every third day
Holger	67	Mortician Retired early to give care	Divorced	Adult children	No siblings 2 cousins	Mother deceased Aunt deceased	83 91	Assisted living Assisted living	5	5	A	Every day
Ivan	64	CEO Full-time	Married	Adult children	1 sister 2 brothers	Mother	93	Assisted living	5	30	B	Once a week
Jonny	55	Unemployed	Single	No	1 sister	Mother (most)	86	Own apartment Home care	5	5	B	Once a week
						Father	86	Own apartment		10		

Table continued from previous page

SON/SO-IN-LAW	AGE	OCCUPATION	MARITAL STATUS	CHILDREN	SIBLINGS	PROVIDES CARE TO	AGE	ACCOMMODATION CARE RECEIVER	CARE YEARS	DISTANCE IN KM	LIVING AREA	REGULARITY OF CAREGIVING
Kurt	54	IT developer Full-time	Married	Adult children	1 sister (share responsibility)	Father	88	Own apartment Home care	7	3,5	B	Once a week
Lars	72	Retired teacher	Married	Adult children	1 sister (share responsibility)	Mother	92	Own apartment	10	15	B	Every other day
Martin	65	Hotel manager Retired early to give care	Married	Adult children 1 lives at home	No	Mother	90	Assisted living	3	-	A	Every day
Oscar	71	Retired salesman	Married	Adult children	No ⁹⁹	Mother	104	Assisted living	8	8	A	Once a week
Peter	57	Entrepreneur	Widower	No	No	Father	79	Own apartment Home care	4	X ¹⁰⁰	A	Every third day
Rickard	43	Electrician and sound engineer Full-time	Single	No	1 brother	Mother	67	Own apartment Home care	10	0,1	C	Every day
Stig	67	Security Part-time	Married	Adult children	No (share responsibility with wife)	Mother	89	Own apartment	11	3	C	Once a week

⁹⁹ Oscar was adopted, so he has siblings but has never met them.

¹⁰⁰ Peter has a 40-minute journey by public transport to his father.

Table continued from previous page

SON/SO-IN-LAW	AGE	OCCUPATION	MARITAL STATUS	CHILDREN	SIBLINGS	PROVIDES CARE TO	AGE	ACCOMMODATION CARE RECEIVER	CARE YEARS	DISTANCE IN KM	LIVING AREA	REGULARITY OF CAREGIVING
Tommy	61	Translator Unemployed 5 months	Married	No	1 sister 2 brothers	Mother	84	Assisted living without resident staff Home care	20	1,5	C	Every day
Viktor	32	Estate agent	Living with girlfriend	No	1 half- brother but no contact	Father deceased	67	Own apartment Personal assistant	10	5	A	Every day
17 sons 2 sons-in-law	Average age of informants: 58 years old.	3 retired or reduced work to give care	13 are married or in a relationship 6 are single, divorced or widower	13 have children 6 do not	3 share responsibility with siblings or wife	12 mothers 6 fathers 2 mothers-in-law 2 fathers-in-law 1 aunt	Average age of care receiver: 82 years old	Living arrangements: 14 own apartment 6 assisted living 2 assisted living without resident staff 1 own house	Average period of caregiving: 7.5 years	Average distance: 6,5 km	Category B 10 Category A 5 Category C 3 Category D 1	8 Once a week 6 Every day 2 Every other day 3 Every third day

*Carl and Gunmar are sons-in-law.

Table 6: OVERVIEW OF TASKS SONS AND SONS-IN-LAW PERFORM TO PROVIDE CARE TO THEIR PARENTS/IN-LAWS¹⁰¹

	LIVING TOGETHER																								
	PAYING FOR E.G. GROCERIES OR SERVICES																								
	GIVING MONEY																								
	HANDLING CONTACT WITH HEALTH PROFESSIONALS	X	X	X																					
	HANDLING CONTACT WITH AUTHORITIES	X	X	X	X																				
	HANDLING CONTACT WITH CARE PROFESSIONALS	X	X	X	X	X																			
	HANDLING BILLS	X	X	X	X																				
	ADMINISTRATIVE TASKS	X	X	X	X																				
	REPAIRS OR OTHER PRACTICAL MATTERS	X	X	X	X	X																			
	FEEDING																								
	COOKING	X																							
	HELP WITH SHAVING/VISITING HAIRDRESSER		X																						
	HELP WITH SHOWERING	X																							
	HELP ON TOILET	X																							
	HELP WITH MEDICINE		X																						
	ACCOMPANYING	X	X	X	X																				
	TRANSPORT	X	X	X	X																				
	GROCERY SHOPPING	X	X	X	X																				
	DOING THE LAUNDRY		X																						
	CLEANING		X																						
	ACTIVATING	X																							
	BEING AVAILABLE/SUPERVISION	X	X	X	X																				
	GIVING COMFORT/SUPPORT	X																							
	LISTENING/GIVING ADVICE	X																							
INFORMANT																									
	Anton																								
	Bo																								
	Carl*																								
	David																								
	Evert																								
	Fredrik																								
	Gunnar*																								
	Holger																								
	Ivan																								
	Jonny																								
	Kurt																								
	Lars																								

*Carl and Gunnar are sons-in-law

¹⁰¹ Tasks connected to emotional support are marked in red; tasks connected to direct service provision are marked in blue; tasks connected to mediation are marked in purple; tasks connected to financial assistance are marked in green, and sharing the household is marked in yellow.

Table continued from previous page

INFORMANT	LISTENING/GIVING ADVICE	GIVING COMFORT/SUPPORT	BEING AVAILABLE/SUPERVISION	ACTIVATING	CLEANING	DOING THE LAUNDRY	GROCERY SHOPPING	TRANSPORT	ACCOMPANYING	HELP WITH MEDICINE	HELP ON TOILET	HELP WITH SHOWERING	HELP WITH SHAVING/VISITING HAIRDRESSER	HELP WITH SHAVING/VISITING HAIRDRESSER	COOKING	FEEDING	REPAIRS OR OTHER PRACTICAL MATTERS	ADMINISTRATIVE TASKS	HANDLING BILLS	HANDLING CONTACT WITH CARE PROFESSIONALS	HANDLING CONTACT WITH AUTHORITIES	HANDLING CONTACT WITH HEALTH PROFESSIONALS	GIVING MONEY	PAYING FOR E.G. GROCERIES OR SERVICES	LIVING TOGETHER	
Martin	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X ¹⁰²	
Oscar	X	X	X		X		X											X	X							
Peter	X	X	X		X		X			X							X	X	X		X					
Rickard	X	X	X	X	X	X	X				X							X	X							
Stig	X	X	X					X										X	X							
Tommy	X	X	X	X	X	X	X	X	X									X	X						X ¹⁰³	
Viktor	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						X ¹⁰⁴
Horowitz (1985 b) ¹⁰⁵	Emotional support				Direct service provision										Mediation		Financial assistance		Sharing House hold							

¹⁰² Martin's mother had been living together with Martin's family for three years, but at the time of the interview, she had just moved to an assisted living.

¹⁰³ Tommy cohabited with his mother for 10 years and he still lives in the parental home. For the last 10 years, his mother has had her own apartment near Tommy's house.

¹⁰⁴ Viktor cohabited with his father, although he was still a child when his father became ill. As an adult, Viktor moved to a nearby apartment and later bought the parental home and his parents moved to his apartment.

¹⁰⁵ This classification of different patterns of caregiving is almost entirely taken from Horowitz's (1985b) categories of caregiving tasks. However, I have changed the category of *Mediation with Organizations* to only *Mediation* since in Sweden, it is more common that the type of mediation that is done involves local authorities as opposed to voluntary organizations. The services of the former are often sought on behalf of one's elderly relatives, and this is the kind of mediation that most of the men I interviewed engaged in.

As also shown in Tables 5 and 6, here, in connection to Table 7, I will present the five most common tasks that most of the sons and sons-in-law assert that they do and the five tasks that only a few sons (since these tasks are performed only by sons) do. Table 7 gives a good overview of the occurrence of task provision, and Table 6 gives an overview of the tasks that each informant performs.

Table 7: OVERVIEW OF TASKS AND HOW MANY SONS/SONS-IN-LAW PERFORM THEM¹⁰⁶

TASK	COUNTS
Giving comfort/support	17
Being available/supervision	17
Grocery shopping	16
Handling bills	15
Administrative tasks	15
Transport	13
Listening/giving advice	13
Handling contact with care professionals	13
Cleaning	13
Accompanying	13
Repairs or other practical matters	12
Help with medicine	9
Laundry	8
Activating	8
Handling contact with health professionals	7
Handling contact with authorities	7
Help with shaving/visiting hairdresser	6
Help with showering	5
Help on toilet	4
Cooking	4
Living together	3
Paying for e.g. groceries or services	2
Feeding	1
Giving money	1

Nearly all the sons and sons-in-law (17) give comfort and support to their elderly relatives, as well as being available and providing supervision (17), namely making sure that everything is as it should be with the older relative. Most of the sons (16) do the grocery shopping, some as a complement to the weekly grocery shopping that the home care service does and others by doing weekly grocery shopping themselves. Many of the sons and sons-in-law handle bills (15) and other administrative tasks (15). Giving money (1) is rare; the son who does that is Martin, who brought his mother to Sweden from another country, which perhaps creates the situation in which Martin even provides for his mother financially. It is also Martin who helps his mother with feeding (1), but she does have many care needs. As mentioned already, three sons have been sharing a household with their elderly parents. Five of the sons also state that they cook for their elderly parents. For Viktor and Martin, cooking has been a part of

¹⁰⁶ Tasks connected to emotional support are marked in red; tasks connected to direct service provision are marked in blue; tasks connected to mediation are marked in purple; tasks connected to financial assistance are marked in green, and sharing the household is marked in yellow.

living with their parents and, for Viktor, a part of having been employed as a personal assistant for his father. Lars and Anton state that they cook for their mothers, as they often invite their mothers for a family dinner. Interestingly, Tommy, who has been living with his mother, does not state that he has been cooking because that was a task that his mother clung onto and insisted on doing.

Method of analysis

Giorgi (2009) writes about phenomenological analysis in terms of four steps, which require that the phenomenological epoché has already been completed. The first step as Giorgi (2009) suggests, is to read all the interviews in their entirety. I have read the transcribed interviews in their entirety and I have done so by concentrating on what the sons and sons-in-law say in terms of motive, experience and perspectives of care. I have then marked out with different colors in the transcribed document when I find that the informants were talking about motives to provide care, experience of providing care or perspective of providing care. When it comes to the perspective of care, I marked with different colors whether there was a perception of care and caregiving and/or if there was a perception of care in relation to gender.

The next step (step 2) in Giorgi's (2009) phenomenological analysis is to split each interview into meaningful units by marking where in the text there is a shift in meaning. However, Giorgi does not mean that all shifts in meaning refer to meaningful units. Rather, meaningful units are sentences that can stand alone and still constitute relevant meaningful content. As a step two, I then searched in the now colored marked document for meaningful units. For me that meant that I searched for quotes that, as Giorgi (2009) suggests, could stand alone and still constitute relevant meaningful content. When I found such quotes I copied and pasted them into a new document. I organized the documents so that I had one document with quotes concerning motives to provide care, one document concerning experience of providing care and one concerning perspectives of providing care. However, the document of perspective of providing care was then split into two documents; one with quotes concerning the perspective of care and one with quotes concerning the perspective of care in relation to norms of gender. I kept the name of the person saying the quote in brackets directly after the quote so I would not mix up the quotes, and I kept all the quotes from one interviewee together.

The third step (step 3) according to Giorgi (2009) is to take these meaningful units and express them in a language that is more closely related to the research topic. In doing this, the language can be changed a few times before the essence starts to become clearer. It is worth noting that Giorgi modifies the original text from the first person to the third person at this stage. This is to clarify that it is the researcher who performs the analysis of someone else's experience and not the informant. When it comes to the third step, I have not followed what Giorgi (2009) suggests, namely to

change the language in the quotes and to change the original text from the first person to the third person. The reason I have not done so is because the transcribed interviews were in Swedish and I wanted to keep the quotes in Swedish as long as possible in the analysis work. I wanted to do that because I think that translating the text is in itself a great interference in language and therefore I wanted to keep it as untouched as possible so the risk of losing meaning in translation would not be exacerbated by me already changing the language of the quotes. Instead, I skipped this step, but later returned to it when it was time to translate the quotes.

In Giorgi's (2009) last step (step 4), the researcher should seek any patterns in the material such as common themes. It is at this stage that the researcher must use *imaginary* variation, and a certain degree of generalization is allowed. As Giorgi (2009) states:

For phenomenology, the essential characteristics have to be intuited ("seen") and described. This "seeing" is aided by the use of the method of free, imaginative variations (p. 77).

The aim of the researcher, according to Giorgi, is to describe as accurately as possible the phenomenon, referring to any prearranged framework, but remaining true to the facts. I carried out Giorgi's (2009) fourth and last step by searching for patterns in the material. I did this using the documents in which I had collected the quotes; however, sometimes I also went back to the original transcription if I was unsure of how a particular quote matched the interview in its entirety. When searching for patterns I then constructed Tables 8, 10, 11 and 12. Mostly I started up with many different themes but as the process of searching for the essence or structures in the informant's experiences continued, I also saw that some themes were rather similar and could therefore be put into one common theme. The tables and the themes which can be described as visualizations of data were therefore worked through several times before they ended up the way that they are now.

While Giorgi (2009) ends his phenomenological analysis at step four I would say that I continued the analysis process throughout the whole writing process and with the support from the Tables I chose those quotes that I found gave the best and most succinct information about the specific experience. This means that not all quotes have been used from the documents where quotes had been collected. Even so I have been making sure that each interviewee's descriptions can be categorized into several themes because in many cases the experience had several aspects. In the writing of the analysis chapter I have continued to discuss the findings by relating them to existing literature on the topic. When writing the empirical chapter, I then returned to Giorgi's (2009) third step by translating the quotes into English but I kept the Swedish quote in a footnote. After that I worked on the empirical chapter many times, paying attention to whether the thematization was logical, and making connections to literature and to the theoretical framework. A while into this process I then had the selected quotes sent

to a translation agency in order to make sure that the crude translations I had made as a non-native speaker of English were correct. The agency worked with the original quote in Swedish and my attempt to translate them. After I received the translated quotes I copied and pasted them into the document but decided to keep the Swedish quote (with minor editing in order to improve readability) in footnotes so that a person that can read Swedish can also see the original quotes, though there is always a risk that something gets lost in translation.

Credibility of the study

Quantitative researchers often view *reliability* and *validity* as the main means of establishing *rigor* but for qualitative studies, these two measures are not applied for establishing rigor (Lietz *et al.* 2006; Creswell 2007). This is because the qualitative ontological and epistemological assumptions challenge the view that knowledge production and the researcher process are independent of the researcher who is producing knowledge as well as the assumption that knowledge is objective (Berger 2015). Qualitative research stems from the postmodern paradigm that acknowledges (but to different degrees) a social constructivism perspective. As such, qualitative researchers acknowledge that the research process implies that the researcher and the informant co-construct the meaning of reality. As Lietz *et al.* (2006) writes: “Criteria that require postmodern researchers to evaluate the validity of their research do not fit the underpinnings of this paradigm” (p. 443). This is because with philosophical positions that regard the possibility of multiple realities, rigor cannot be defined as valid. Even so, researchers like Creswell (2007) and Silverman (2000) argue that qualitative inquiries need to have established procedures that can assess the quality of the work. Qualitative researchers have conceptualized the idea of rigor in multiple ways, for example Silverman (2006 [1993]) discusses the concept of *credibility* and Creswell (2007) (see also Creswell and Miller 2000) discusses procedures of *validations*.

Good credibility means that a study can be believed in and that the measurements have been correctly performed (Silverman 2000; 2006 [1993]). A high degree of credibility is a prerequisite for high legitimacy. To simplify, I would like to assert that the credibility of a study depends on two specific issues: (i) that the researcher actually studies what has been stated to have been studied, according to the aim and research questions of the study; and (ii) how factor (i) is achieved, that is, is the study performed in a scientifically acceptable manner (Silverman 2000; 2006 [1993]; Creswell 2007).

The first issue places great demands on the researcher in the initial stage of formulating interview questions according to the aim of the study. That is, it is important that the interview guide is well anchored to the purpose of the study (cf. Silverman 2000; 2006 [1993]; Creswell 2007). This of course requires that the research questions are designed in such a way that they can be investigated. This is one of the reasons why

this study focuses on understanding the informants' experiences, which of course is something that one can observe, rather than their thoughts, which are certainly more difficult to survey and are more volatile. I designed this research project by reading through the literature on informal and family care for the elderly and by writing a research proposal that was subjected to a seminar review. Upon reading through the literature on informal caregiving for the elderly, it became clear that research on informal care has rarely paid attention to sons and sons-in-law who provide care for elderly parents and in-laws; from that insight, this study's purpose and research questions were formulated. At the beginning of this research project, much effort was spent on designing the interview guide in such a way that its questions would, as far as possible, encourage the sons and sons-in-law to talk about their experiences as informal caregivers to elderly relatives, namely about the phenomenon that is the focus of this study.

Because this research focuses on experiences it is difficult to evaluate whether these experiences are real or not. My starting point is that what the informants are telling me in the interviews is based on their own experience and what they perceive as being the truth, whether it really happened the way the informants are telling me or not. It is thus irrelevant for me to question the authenticity of their stories. An interview situation depends on many peripheral aspects, such as winning the confidence of the informant so that he wants to tell me about his experience. This has been achieved to various degrees, but the interviews which form the empirical basis for this study, I consider to be of such good quality that they will make an important contribution to the study and to research on family caregiving and masculinity overall. Credibility has been ensured by using the process of *epoché* (which I describe in the section on “Phenomenology”) and the fact that each question in the interview guide has undergone careful consideration by me and my supervisor.

However, as Lowes and Prowse (2000) point out, the pursuit of rigor in qualitative interviews does not entail the exclusion of researchers' preconceived notions since this is not thought to be possible. Instead, researchers work qualitatively work with their preconceived notions as opposed to assuming that they do not have them. Worth noting in this case is also that neither Moustakas (1994) nor Giorgi (2009), in their books about phenomenology as a research method, write about whether gender, ethnicity, class etc. matter for the interview and the collection of data. Rather, Giorgi 2009 emphasizes that it is important to create a trustful environment where the interviewee feels safe in talking about their experience. Nevertheless, Moustakas (1994) writes that there are things that simply cannot be bracketed or put aside. He argues that the *epoché* is rarely perfectly achieved, but paying attention to these issues and reflecting upon them is a process that can reduce preconceived thought, judgments and biases.

In qualitative research, reflexivity has been increasingly recognized as a crucial strategy in the process of knowledge generation (Berger 2015). This is because reflexivity is an important part of qualitative inquiry's credibility. Considering that qualitative scholars acknowledge that the research process implies that the researcher and the

informant co-construct the meaning of reality, Macbeth (2001) distinguished *positional reflexivity* from *textual reflexivity*. Positional reflexivity involves reflecting upon one's own, as a researcher's, biography and self in order to understand how that might shape the conduct of the interviews (cf. Macbeth 2001). Textual reflexivity involves reflecting on the textual representation and the analysis of the empirical data. I will first reflect upon positional reflexivity and then move on to textual representation.

Positional reflexivity

Concerns with positional reflexivity have been promoted especially by feminist scholars as a reaction to:

The historical exploitation of women's subjects and the silencing of their voices by androcentric research methods, patriarchal assumptions, and an uncritical acceptance of women's subordinated statuses and alleged "difference" [...] (Arendell 1997, p. 342).

However, as Arendell (1997) writes, issues connected to gender in research are often discussed on the basis of studies where female researchers are interviewing other women or male researchers are interviewing women, hence not so much on situations where a female researcher is interviewing men on an issue assumed to be female encoded, as in this study.

Relevant to positional reflexive, according to Berger (2015), can be personal characteristics such as gender, race affiliation, age, sexual orientation, ethnicity, personal experience, linguistic traditions, beliefs, biases, preferences, theoretical, political and ideological stances as well as emotional responses to the participants.

Reflexivity is commonly viewed as the process of continual internal dialog and critical self-evaluation of researcher's positional as well as active acknowledgement and explicit recognition that this position may affect the research process and outcome (Berger 2015, p. 220).

This means that the idea of positional reflexivity challenges the view that knowledge production and the research process is independent of the researcher producing the knowledge as well as the assumption that knowledge is objective (Berger 2015). As Arendell (1997) also points out, researchers always bring to the research encounter considerable social, historical and cultural baggage (Arendell 1997).

This *baggage* – personal history and identity, themselves interrelated – inevitably influences the interactional process and the ultimate research outcome [italic in original text] (Arendell 1997, p. 343).

Considering this, some of my *baggage* is that I am a Caucasian woman, in my late 30ies, speaking Swedish with an accent that is often assumed to be from the county of Dalarna. During some of the interviews I was obviously pregnant and I was wearing my wedding ring. These I think were rather obvious points that the men that I interviewed could recognize. Even though I did not tell the informants about my educational background (that I have a master's degree in social work), that I have experience of working in elderly care as a professional career, and that I have worked as a manager of home care and assisted living facilities these are all experiences that belong to my *baggage*.

Even if it is hard to say how my baggage and my appearance affected the interview, my reflection is that they probably did in many ways. Things that were apparent to me were that sometimes the man that I interviewed took charge and more or less talked throughout the whole interview, while in other interviews I had to ask many questions to get the informant to speak. Even so, most of the interviews were performed rather smoothly and resembled a conversation between two persons. Some of the informants understood the significance of the fact that I was a Ph.D. student writing a dissertation while others may have thought that I was a student from the university writing an essay, even though I gave the same information to all of them. Perhaps that I am a woman interviewing men about caregiving made them feel more comfortable about talking with someone they perhaps perceived as being feminine, about a topic that is considered to be a feminized practice. Perhaps others felt uncomfortable because they were afraid of being judged. I set out to study men that provide care, wanting to hear about their experiences; therefore, I wanted to allow them to tell their stories in their own fashion, with whatever content, style, or tone they wished.

Textual reflexivity

Macbeth (2001) points out that textual reflexivity involves reflecting on the textual representation and the analysis of the empirical data. This question also has to do with the second question of credibility; hence, whether a study is carried out in a scientifically acceptable manner (Silverman 2000; 2006 [1993]; Creswell 2007). In this study, emphasis has been placed on making the research process as transparent as possible in order to help the reader to determine the study's credibility. It involves a detailed description of how the material has been collected, processed and analyzed, reviews of previous studies, what theoretical framework I used to discuss the empirical findings, as well as abundant information about the informants. This reinforces the credibility by providing the reader with descriptions of the theoretical starting points, criteria for the selection of respondents, and access to the interview guide (Appendix 1).

The empirical data are presented with extensive quotations that illustrate the basis for the analysis. In the quotations, three dots ... indicate a doubt or a longer break in the informants' verbal reasoning. As some quotes have been shortened, three dots within brackets [...] are used to show that parts of the reasoning were removed. This

was done in order to get at the essence of the informants' argument without spoken language and various fill-in phrases disrupting this. The editing does not alter the meaning of what the sons or sons-in-law said. The quotes are also presented separately from the running text, as indented and italicized text, in order to distinguish them. As I discuss in the method of analysis, there is always a risk that information may get lost in translation. This is why I have used the services of a translation agency when translating the interview extracts that will be used in the next chapters but have also kept the original version of these extracts in Swedish in footnotes. I have done both of these things in order to strengthen the credibility of the study. The use of quotations, however, also raises the question of why I have chosen just those specific quotes. Would other quotes not have been better? Are the analyses I perform well founded and logical? Could other conclusions than those I present be drawn from the material? The answer to this last question is yes; it is very likely that another researcher could perform other analyses and draw other conclusions. However, the important issue is that I present the empirical material and explain the logical connection that leads to a particular analysis to the reader, such that I make an effort to make the research process as transparent as possible.

Furthermore, I would like to point out that this research project has not been a solitary effort. Instead, this dissertation work has undergone other processes that ensure its credibility. As I have already written, to reach high credibility in a qualitative study Creswell (2007) discusses procedures of *validations*:

Rigor means, too, that the researcher validates the accuracy of the account using one or more of the procedures for validation such as member checking, triangulating sources of data or using peer or external auditors of the accounts (p. 46).

Thus, one procedure for validation is, as Creswell (2007) points out, using peer or external auditors of the accounts. To this end it is therefore here acknowledged that I have had experienced advisors monitoring this research project, both when it comes to conducting the interviews but also when it comes to making analyses of the empirical data. Additionally, this project has also undergone *peer debriefing* as Creswell and Miller (2000, p. 129) suggest, meaning that someone external gives feedback on the study. This has been done on several occasions when this text has been discussed at seminars and presented at conferences. Furthermore, when it has been considered necessary, internal and external peers have also read and commented on specific parts of the text.

Another way for me to make the study more transparent is the use of Tables. Silverman (2006 [1993]) discusses this matter stating that: "Among people starting out a research project, a story has got about that no good qualitative researcher should dirty their hands with numbers" (p. 51). Silverman (2006 [1993]) however suggests that empirical findings that are to be displayed, for example in a table, could be used in

order to assist researchers in the analytical process. Hence, the use of tables in this dissertation is to be seen as a part of the analysis, making connections between individual stories and larger trends in the empirical findings as well as part of making this study trustworthy and transparent for the reader. Having a phenomenological approach to the study I am aware that the use of Tables could be seen as a little unorthodox. However, my intention with the Tables is not to quantify the data; rather my aim is to present the information and circumstances upon which I make my analysis more pedagogically for the reader. Hence, the Tables are used to make the study more transparent for the reader so that the reader can understand how I have drawn my conclusions.

Ethical considerations

A practical and simple definition of ethics is; “a matter of principled sensitivity to the rights of others” (Bulmer 2001, p. 45). This means that behaving ethically requires careful consideration, regular attention irrespective of the profession that one practices and that, in the current context, it is always the researcher himself or herself who bears the moral responsibility. Therefore, the purpose of this section is to discuss and to show how ethical considerations have been part of this research project and how I, as a researcher, have considered ethical questions.

I identify five issues of major importance when it comes to ethical considerations in research generally and in this project in particular. The first relates to the research questions. The research should be well motivated, bring something new, and give something back to those who are in focus in the work. For instance, Iphofen (2009) points out that research involving humans must always strive to strike a balance between the benefits that participating in a study can entail and the risks that can also be experienced through participation. The choice of studying adult sons and sons-in-law who support and help their elderly parents is justified because it is an area that has not been specifically studied, so the knowledge obtained from this dissertation may provide new insights and understanding of masculine identities and of men as carers. What this research hopefully will give back to the sons and sons-in-law is a greater understanding of their situation. To be acknowledged and recognized is something that, during the interviews, I experienced as being important for the sons and sons-in-law in question. These men were very aware that informal care is often associated with female carers. For many of them, it seemed to be important to talk about their situation and to make it visible that informal care is not only provided by women. In this context, it is unlikely that any of the sons and sons-in-law in this study experienced any kind of harm associated with their participation, but as a researcher, you can never fully ascertain this. An interview situation can, and most likely will, prompt thinking processes in the interviewee. Therefore, I was prepared to handle any questions and refer them to sources of support if needed. However, none of the sons and sons-in-law considered themselves to be in need of support after completing the interviews.

The second important question of ethics relates to the provision of information to informants concerning what the study is about and what it means to participate in it. I informed the sons and sons-in-law of this on three occasions. First, this took the form of a letter that the sons and sons-in-law initially received asking if they would like to participate (Appendix 3). Second, this involved the first telephone contact, in which they were orally informed about the purpose of the study, that participation was voluntary, that they could withdraw their participation whenever they wanted without incurring negative consequences and that all information would be treated confidentially. Third, at the beginning of the interview they were also informed once more of the purpose of the study, that participation was voluntary, and that all information would be treated confidentially. At that time, they were also asked to sign a certificate of compliance (Appendix 6) if they still wanted to participate. This certificate was signed in duplicate, so they could keep one copy. The reason for this is that the certificate lists contact information and the informants needed this information if questions arose throughout the process and/or if they wanted to terminate participation, which they were all, of course, able to do if they wanted.

Thirdly, one ethical issue of great importance is how to use the data on the interviews and how to maintain the anonymity of the sons and sons-in-law. In the transcribed material, anything that could lead to identification, such as the names of people, cities and towns, has been removed and replaced with, for instance, [name of town] instead of the actual name. This applies to anything related to the sons and sons-in-law, but also to anyone else mentioned in the interviews. The sons and sons-in-law were guaranteed confidentiality in this study, so their names have also been changed. Besides that, there has been ethical consideration before using each quotation, in terms of its importance and contribution to the research and the risk of breaching confidentiality. The interviews took place at a location that was chosen by the informants; it was a strategic as well as an ethical choice that the interview took place somewhere where the informants felt comfortable. However, instructions were provided that the sons and sons-in-law could choose freely where the interview would take place, as long as no one else could hear the conversation, in order to maintain confidentiality.

All research, ongoing or completed at the university, is subject to the Swedish laws on public records¹⁰⁷. This means that all empirical material, that researchers working at public universities gather in Sweden, is actually public documents. This is why extra precautions are taken to protect the information we collect during the course of research projects and why it is always problematic to promise complete confidentiality in this setting. Instead, informants should be informed that their data are protected, but also that situations may arise in which the material must be provided to another

¹⁰⁷ The Personal Data Act (1998:204) [in Swedish: Personuppgiftslag (1998:204)] controls whether and how personal data may be handled in research. The Public Access to Information and Secrecy Act (2009:400) [in Swedish: Offentlighets- och sekretesslag (2009:400)] regulates how information may be released by the authorities and, in Sweden, most universities (such as Linköping University) are governmental authorities.

authorized person. This is exactly what I did when I explained to the informants that I would use several commonly used methods (such as changing their names, storing their contact information separately from their interview transcripts, to name a few) in order to make sure that their identities were protected. I also promised them that no unauthorized person would have access to the transcribed and recorded data¹⁰⁸.

Fourthly, I think that it is important to have an ethical reflective approach throughout the research project. One way of doing this is, as Iphofen (2009) suggests, to have an expert mentor. Experienced researchers can aid novices in their ethical decision-making by offering mentorship and advice in response to specific issues. Hence, with my tutors, I have had ongoing ethical discussions during this project concerning everything from the design of the interview guide to how quotations should be used. In addition, in various seminars in which this dissertation has been under review, the ethical issues have been raised for discussion. Another type of such ethical vetting took place at the beginning of the project by the Regional Ethical Review Board in Linköping¹⁰⁹, which approved this research project (No. 2011/66-31). The following quotation from a government proposition about ethical vetting of research highlights the importance of ethical vetting:

There are a number of reasons why the ethical vetting of research involving individual human beings should be regulated by law. One reason is that people who participate in research as the subjects of such research, or something similar, should be protected against the risk of physical injury, mental injury or the violation of their integrity. To the extent that certain research can involve risks for the subjects of the research, there should be an investigation that includes, among other things, a

¹⁰⁸ Documents on the public are regulated under the Archives Act (1990:782) [in Swedish: Arkivlag (1990:782)], Archive Regulations (1991:446) [in Swedish: Arkivförordning (1991:446)] and the Public Access to Information and Secrecy Act (2009:400) [in Swedish: Offentlighets- och sekretesslag (2009:400)]. Primary data must be kept for a reasonable period of time, which usually means 10 years. A research project is considered to belong to the national heritage. Therefore, documents that contain basic information on the objectives, methodology and results of the research project are preserved for all time, which usually means 1000 years. The recorded data as well as the transcribed data are stored on my work computer, and thus on the central server at Linköping University. Although the transcribed material is available on the central server and my computer, access to these documents requires a login that only I have access to. The recorded material, after its transfer from a voice recorder to the computer, was deleted. Paper copies of the transcribed undisclosed material, the certificates of compliance and the contact information have been kept locked in a cabinet in my office at Linköping University during the period that I have worked with the material. After the dissertation is completed, the recorded material and transcribed material will be kept locked in a safe at Linköping University for 10 years. Other material, such as the research plan with the aim and questions, will be archived for the long-term, which means 1000 years.

¹⁰⁹ The stipulations concerning the ethical vetting of research on humans in research made in Sweden are to be found in The Act Concerning the Ethical Review of Research Involving Humans (2003:460) [in Swedish: Lag (2003:460) om etikprövning av forskning som avser människor]; The Statute (2003:615) concerning the Ethical Review of Research Involving Humans [in Swedish: Förordning (2003:615) om etikprövning av forskning som avser människor]; The Statute (2007:1069) with instructions for Regional Ethical Review Boards [in Swedish: Förordning (2007:1069) med instruktion för regionala etikprövningsnämnder]; and the Statute (2007:1068) for the Central Ethical Review Board [in Swedish: Förordning (2007:1068) med instruktion för Centrala etikprövningsnämnden].

weighing-up of the risks involved against the knowledge gained. High standards should be insisted upon with respect to the quality of the research and to ensure that the subjects involved have understood and accepted the conditions that apply to their participation. It is also legitimate for the general public to be given both insights into and influence upon the ethical vetting of research, since it is of general interest that human dignity should be protected and human integrity should be safeguarded. Regulation that is enforced by law and guarantees the participation of representatives of the general public in the process of ethical vetting should, in the long-term, increase the confidence of the general public in research (Government proposition 2002/03:50, p. 28, my translation).

Concern over the rights and wellbeing of informants lies at the heart of ethical vetting. Vulnerability is a prime concern and some groups of individuals, such as the very young and the very old, together with those with learning difficulties, are seen as being worthy of special attention (Iphofen 2009).

Fifthly, the above quotation states the importance of protecting those who participate in research, but also that ethical vetting increases the confidence of the general public in research. Hence, the need for studies to be as transparent as possible in terms of their approaches, methodology and theoretical as well as methodological positions is an ethical issue of great importance for reviewing and controlling the accuracy of the research and for confidence in the research on one hand, but also for the general confidence among the public in all researchers on the other hand. As a researcher, my research does not just represent me, my institution or my university; inevitably, it also represents the entire scientific community. As such, it remains the case that, irrespective of the formal ethical vetting that the research has gone through and the professional codes that apply, it is me as an individual researcher that must address the eventual moral dilemmas that my research brings to the fore.

Finally, I would like raise the issue that one of the interviewees was recruited from my circle of acquaintances. This informant underwent the same selection process as the other informants, so there is no reason to believe that this has influenced the study in any way. The interview and the questions asked of this particular informant were completed under the same terms as for the other informants. Instead, the ethical dimension of this issue is rather that I now know something profound about this person that few others in our circle of acquaintances do. Certainly, I have a responsibility as a researcher to consider and maintain confidentiality, but this is especially important in this case, as I actually sometimes socialize with this informant. The reason he came to be included in the study was that he heard me talking about this research project. On several occasions, he then indicated that he really wanted to participate. However, I think that he might not have understood that the interview would be as extensive as it was. Of course, I had informed him about the extent of the interview, but it is probably

still difficult to imagine how the interview process works if you have not previously been involved in one. Therefore, after the interview ended I was very careful to ask him if he still wanted to be part of the study, which he did. The question here is whether, with this experience in mind, I would again involve an acquaintance as an informant in a research project in the future. It is clear that this must be done with caution and careful consideration. It should be considered in relation to what the interview can contribute to the research project and how the relationship as acquaintances may be affected. In this case, this interview can be equated with the other interviews, and thus considered to constitute an important contribution to the study in its entirety. That we are acquainted and how we socialize have not changed since the interview was completed, which I think indicates that the informant has a high level of confidence in me as a researcher and as a private person, and trusts me to keep my promise of confidentiality.

ADULT SONS' MOTIVES TO PROVIDE CARE

When performing the interviews for this study, I posed the following question: “Why do you provide care to your elderly parents or in-laws?” This question was asked some way through the interview and did not refer to why the sons and sons-in-law started to provide care, or which event or events led to taking on caring responsibilities, but rather alluded to why they did it. For a non-Swedish reader, this question may seem strange though in many other countries, the primary responsibility for elderly relatives rests with the family. Therefore, the decision about whether or not to take care of an elderly relative falls on the family members. As a Swedish researcher conducting a Swedish study I pose this question with the backdrop of the Swedish welfare system, i.e. that the responsibility for elderly parents or in-laws does not lie primarily with adult children or in-laws, but with society. The logic is, as I have written in the chapter “Conceptual and contextual framework” (section “Family care and Swedish statistics”) that the elderly themselves are independent from their children and that adult children have no legal responsibility for their elderly parents. This question is therefore intended to go deeply into adult sons’ and sons-in-law’s experience in terms of motives to help and support elderly parents and in-laws, because as far as Swedish laws and the Swedish welfare system are concerned, they do not have to take care of their elderly parents or in-laws. On analyzing the responses, I identified five different themes in their motives. These were: “A good relationship promotes caregiving”, “A son’s responsibility”, “Complicated relationship”, “Caring personality”, and “No other choice”. These themes are shown in the first row of Table 8.

Table 8: SONS' AND SONS-IN-LAW'S MOTIVATIONS FOR CARING FOR ELDERLY PARENTS OR IN-LAWS

INFORMANTS	A GOOD RELATIONSHIP PROMOTES CAREGIVING	A SON'S RESPONSIBILITY	COMPLICATED RELATIONSHIP	CARING PERSONALITY	NO OTHER CHOICE	CIRCUMSTANCES AFFECTING CARING RESPONSIBILITIES ¹¹⁰
Anton				X		X
Bo				X	X	X
Carl*	X			X		X
David		X				X
Evert	X			X		X
Fredrik		X	X		X	
Gunnar*	X					X
Holger				X		X
Ivan	X				X	X
Jonny				X		X
Kurt		X				
Lars	X					
Martin			X			X
Oscar					X	X
Peter			X			
Rickard	X					X
Stig			X	X		X
Tommy				X		
Viktor		X	X		X	X

*Carl and Gunnar are sons-in-law.

While performing this analysis, I have focused on the experience that the sons and sons-in-law talked about in terms of why they became engaged in caregiving for an elderly parent or in-law, hence their motives. As mentioned above, I will use many quotes in order to present the essence of the experiences that my informants shared with me. To this end, it seems worth mentioning that the reader must understand that a son or son-in-law might not just give one answer or just one motivation for caring for an elderly parent or in-law, but rather different reasons and aspects that work together; these combined aspects lead to undertaking a caregiving responsibility. Therefore, a son or a son-in-law can be associated with more than one of the themes. It is also

¹¹⁰ Anton, Bo, Carl, David, Evert, Gunnar, Holger, Ivan, Jonny, Martin, Oscar, Rickard, Stig and Viktor also mention other aspects or circumstances affecting the caring responsibility that affect their motives to provide care but are not motives per se. This aspect will be touched upon in the section “Circumstances affecting the caring responsibility”.

worth noting, as mentioned earlier, that because I have worked phenomenologically, I will first present the findings on their own (without allusions to previous research and/or without using the theoretical framework chosen as an analytical toolbox) and then move on (in the last sections of this chapter) to juxtaposing the findings with the key ideas identified through the literature reviews that were presented in an earlier chapter.

A good relationship promotes caregiving

Evert, Ivan, Lars and Rickard (see Table 8) are sons who emphasize that the reason they engage in caregiving for their mothers is the good relationship that they have with their mothers. The two sons-in-law, Gunnar and Carl (see Table 8), also emphasize that it is their good relationship with their in-laws, that is the underlying motivation for providing care for them. However, while the sons-in-law stress a good relationship with their in-laws, they do not refer to this relationship in terms of love or affection in the same way that Evert, Ivan, Lars, and Rickard do about their mothers. I will return later to how the sons-in-law Carl and Gunnar explain their caregiving for their in-laws; here, I present how Rickard, Ivan, Evert and Lars explain their caregiving in terms of their love or affection for their mothers. I will start with Rickard.

Rickard is a 43-year-old electrician and sound engineer who works full-time (see Table 5). He takes care of his 67-year-old mother and expresses very clearly how taking care of his mother is an obvious thing to do because of the love he feels for her.

Rickard: But it's, it's my love for her. She has always supported me and been a really good friend so then, then, it's like... my way of giving back. It's never been any... no, it, it was so, it felt so obvious... to support her. I have never, like, sat down and thought about it; it was something I wanted to do¹¹¹.

In the interview, Rickard actually says these words as if he is surprised to even have been asked the question. Perhaps the reason he is surprised is because, as the quote indicates, he had never thought about why he takes care of his mother before. As he explains, taking care of his mother is something he wants to do. In the interview, he says that he has a very good relationship with his mother. The caring responsibility started 10 years ago, when Rickard's mother had a stroke. She is now in a wheelchair and needs extensive help. She lives in a nearby apartment and Rickard visits her every day. Rickard's mother and father are separated, but his father also lives nearby and

¹¹¹ In Swedish: Men det är, det är av min kärlek till henne. Hon har alltid stöttat mig och vart en jättegod vän så då, då är liksom min, det är mitt sätt att ge tillbaka. Det har aldrig varit nån, nåä, det, det var så, det kändes så självklart att, att stötta henne. Jag har aldrig, jag har liksom inte suttit ner och funderat utan det var nåt som jag ville göra (Rickard).

helps his mother greatly. However, Rickard does not trust his father with the care of his mother and also his father is himself in need of help, which Rickard provides. His mother does receive home care services, but as Rickard explains, she is not very fond of receiving such help. Therefore, it is him and his father who mostly take care of his mother. Rickard has a younger brother, but he has young children and lives in another city. Therefore, his brother is not involved in the daily care of their mother. Rickard visits his mother every day, helping her with tasks such as cleaning, showering and administration (see Table 6). For Rickard, there was never any doubt that he would take care of his mother. He says that it is something he wants to do because his mother has always been there for him. He states that it is because of the love for his mother that he takes care of her. What Rickard expresses in this quote could be understood as because he has such a good relationship with his mother and because he loves her, he explains it by what I call *the logic of returning the love*.

Ivan also states very specifically that it is his relationship with his mother that motivates him to take on a caring responsibility.

Ivan: Yes, it is because my mom has been incredibly kind to me and my siblings and to her friends throughout her life. She was like an angel. And thus I think I owe her, to return the favor. And besides, there was no one else¹¹².

Ivan is 64 years old and works full-time as a CEO (see Table 5). He has been taking care of his mother for five years, and he says she suffers from dementia. He is helping her by providing comfort and support, as well as by doing tasks such as cleaning, providing transport and handling bills (see Table 6). At the time of the interview, Ivan's mother was in assisted living and probably near the end of her days. Ivan has three siblings; two brothers living abroad and one sister. He shares the caring responsibility with his sister, but Ivan has the main responsibility for the care of his mother. As the main provider of care, Ivan delegates some tasks to his sister and occasionally also to his brothers when they visit Sweden. In the interview he talks about how, at first, his siblings mistrusted his intentions when he told them that he suspected that their mother had dementia. This was because their mother was able to act normally when his siblings came to visit. Only Ivan, who visited his mother more frequently, saw that all was not right with her. Finally, his siblings also realized that he was correct in suspecting that their mother was developing dementia. In Ivan's quote, he first speaks about how his mother has always been very kind to him and his siblings, as well as to her friends. He says that she has been like; "an angel", which indicates her kindness. Because of his mother's kindness, Ivan says that he "owe[s] her, to return

¹¹² In Swedish: Ja, det är både för att min mamma har varit otroligt snäll mot mig och mina syskon och sina vänner hela livet. Hon har varit som en ängel alltså. Och då tycker jag att jag är skyldig, att göra gontjänster. Det är det ena och det andra var ju att det fanns ingen annan (Ivan).

the favor”. Hence, he emphasizes his warm feelings for his mother. This could be interpreted to mean that Ivan is also expressing a logic of returning the love. At the end of the quote, he also concludes that he is taking care of his mother because of the kindness she has shown him, but also because there is no one else available who could take care of her. Therefore, Ivan is also marked in the column “No other choice” (see Table 8). For Ivan, this statement is based on the fact that he thinks his three siblings are not so engaged in caregiving for his mother. Besides Ivan, in other interviews, four other sons, Bo, Fredrik, Oscar and Viktor, state that there is no one else who can take care of their elderly parents or that they have no other choice but to be caregivers (see Table 8). For me, this raises some questions about what they mean by saying that they have no other choice but to care. I will later continue to look deeper into this in the section “No other choice”, but will leave this issue for the moment.

Evert is 60 years old and works full-time as a consultant. He takes care of his 81-year-old mother (see Table 5). When his father died, he took over the ownership of his parents’ farm and Evert and his wife moved to a detached house on the farm to help his mother. He did this even though it meant that he and his wife had to travel much further to work every day. Evert has no living siblings, as his brother died in an accident a few years ago, so he does not share the caring responsibility with any sibling. He visits his mother every day, helping her with tasks such as cleaning and repairing things. He also provides her with comfort and support (see Table 6).

Evert: I usually say: “You took care of me when I was little”.

Interviewer: So now you give back?

Evert: Well, it's payback. It certainly is. Yes, I think that it is. I'm no, what can I say, I think in a healthy and humane way and am empathetic enough, so I can consider how other people react and are getting on. Because I've worked with people all my life and have maybe learned something. Getting other people to grow. Now I cannot get her to grow but I can enable her to retain her dignity and respect. So that's probably what I want to give most¹¹³.

The first thing Evert mentions when asked why he is taking care of his mother is that it is because he wants to give back the care that his mother gave to him during his upbringing. During the interview, he speaks very warmly about his mother, indicating his affection for her. Therefore, I interpret what he says to mean it is now his turn to give something back to his mother for the care she gave him in childhood as he is ex-

¹¹³ In Swedish: Jag brukar säga att: ”Du tog ju hand om mig när jag var liten” (Evert). Så nu ger du tillbaka? (Intervjuaren). Jaa, det är payback. Det är det verkligen. Ja, det tycker jag att det är. Jag är ju ingen, vad ska man säga, jag har ett sunt humant tänkande och har någon hyfsat empatisk förmåga så att man kan sätta sig in i hur andra människor reagerar och har det. Eftersom jag har jobbat med människor i hela mitt liv så har man lärt sig någonting kanske. Att få andra människor att växa. Nu kan jag ju inte få henne att växa men jag kan få henne att behålla sin värdighet och respekt. Så det är nog det som jag vill ge mest (Evert).

pressing a logic of returning the love. Evert also says that he provides care to his mother because he thinks: “in a healthy humane way” and is “empathetic enough”. This could be interpreted to indicate that he is describing his personality as a person who easily responds to other people’s care needs. Therefore, Evert is also marked in the column for “Caring personality” (see Table 8). He continues this description of his character as being a caring person by saying that he has worked with people all his life. By working with people all his life, Evert has learned to understand others. In that sense, Evert is saying that, as a person, he has the ability to place himself in the position of others, but this is not just a personality trait; it is also something he has learned through his profession, in which he has succeeded in getting “people to grow”. He then continues that perhaps he cannot make his mother grow, meaning that he accepts that future personal development for his mother is now difficult. Instead, he is stating that his ambition is for his mother to retain her dignity and respect. That Evert does not see any potential for his mother to achieve personal growth or development could be an expression of him not seeing older people as being able to change and grow in old age. However, it is more likely that this is an expression of him feeling loyalty and wanting to protect her from being embarrassed.

Another son who also expresses this sense of loyalty to his mother is Lars, a 72-year-old retired teacher. Together with his sister, he takes care of his 92-year-old mother who lives in her own apartment (see Tables 3 and 4). At the beginning of the quote, Lars talks about caregiving as natural in the sense that, because he had very loving and caring parents, caregiving became a natural part of his life.

Lars: Well, it has probably come naturally to me. She [his mother] has always been helpful to me and supported me as long as I can remember. And she has been very caring as a person, she is an incredibly caring person. And my father also. So this occurred naturally [to give care to his mother]. She would be the last person I would leave in this regard, I must say. Because she has been so helpful to me... in every regard. So it's, so she's just as important, almost as important as my children, right. That's how it is after all¹¹⁴.

That Lars uses the word “naturally” can be interpreted as him expressing that he thinks that the reason he provides care is for obvious reasons; it is just something you do. He provides care for his mother because his mother (and his father) has always been there for him. Hence, this could be interpreted as him expressing a logic of re-

¹¹⁴ In Swedish: Jaa, det har nog fallit sig naturligt tycker jag. Hon [hans mamma] har alltid varit hjälpsam mot mig och stöttat mig så länge jag kan minnas. Och hon har varit väldigt omtänksam som person, hon är otroligt omtänksam som person. Och min pappa också. Så det faller sig naturligt alltså [att ge omsorg till hans mamma]. Det vore den sista människa jag skulle lämna i det avseende, det måste jag säga. För att hon har varit så hjälpsam mot mig va, ställt upp i alla avseenden. Så det är ju, så hon är ju lika viktig, nästan lika viktig som ens barn är va. Så funkar det ju va (Lars).

turning the love. He says that his mother (and father) has always supported him and that his mother is a very caring person. Lars finds it therefore natural or obvious that he would take care of his mother. To return love and support to someone who has supported you is a self-evident thing for Lars to do. He also expresses that his decision to provide care for his mother is because his mother and father raised him within a caring and supportive environment. For Lars, this expression of returning love and being supportive to his mother could perhaps be derived from a certain episode in his life. At the end of the interview, Lars tells me that, when he was a child, he became seriously ill with polio and that it was a miracle that he survived.

During that time, his mother took care of him and, in the interview, he says that, because of that experience, they had a special bond and relationship. In the interview, Lars also reflects upon the traumatic experience of having to stay at an institution for polio treatment and how his mother and father could only stand behind a window and wave to him because they were not allowed to enter the institution. Therefore, Lars thinks that his mother should not be living in an institution. He and his sister decided that, if the day comes when his mother cannot manage on her own with just help from home care services, she will go and live with Lars's sister. The reason for this decision is that his sister has a big house and more space for their mother to live in. Even if Lars and his sister share the responsibility for caring for their mother, Lars says that, because of what happened in his childhood, with him having polio, he thinks that he has a deeper connection to his mother than his sister does. Perhaps it is this special bond between Lars and his mother that is reflected when Lars says that his mother would be: "the last person I would leave". Hence, he expresses a very strong sense of loyalty to his mother, as well as a strong sense of gratitude to her.

The sons-in-law, Carl and Gunnar, as mentioned at the beginning of this section, emphasize the good relationship with their in-laws as a motivating aspect for providing care (see Table 8). Yet, while a good relationship to their in-laws seems to be important, practical aspects seem to be an additional reason for the sons-in-law to provide care. In the section "Circumstances affecting caring responsibility", I will explain the sons-in-law's motivations more comprehensively. However, in this section, I have focused on quotes from four sons: Evert, Ivan, Lars and Rickard, who speak about their love or affection for their mothers (they are all taking care of their mothers; see Tables 3 and 6). These sons emphasize how their mothers were caring and loving and always supported them. In their quotes, they also express a sense of wanting to give back, and I call this *the logic of returning the love*. Evert, Ivan, Lars and Rickard thus, seem to experience that the caregiving relationship is based on a good relationship and that this good relationship motivates their caregiving engagement.

While Evert, Ivan, Lars and Rickard emphasize what I have called a logic of returning the love there are other sons, David and Kurt, who also explain their caregiving as them giving back but more in terms of *paying back*. David and Kurt differ from Evert, Ivan, Lars and Rickard in two regards. First of all, David and Kurt do not de-

scribe their relationships with the care receiver as being built on love and neither do they refer to the kindness of the care receiver when describing what motivates them to care. Rather, they emphasize their caregiving as being the responsibility of a son (see Table 8). Secondly, while Evert, Ivan, Lars and Rickard provide care for their mothers, David and Kurt both provide care for their fathers, (see Table 5). In the next section, I will discuss how this feeling of responsibility as a motivator for caregiving was described.

A son's responsibility

There are four sons, David, Fredrik, Kurt and Viktor, who believe it is their responsibility to take care of their fathers (see Table 8). In this section I will focus on quotes from David and Kurt to exemplify how caregiving can be seen as a responsibility. I will start with a quote from David, a 53-year-old inspection engineer that helps his 86-year-old father (see Table 5).

David: Well (laughs), why am I doing this? Well, he supported me when I was little, maybe (laughs), I do not know. Well, you cannot just leave him, then he'd just be sitting there. Nope, but, it's well... the feeling you have that you need to help him. He's a little grateful, sometimes he says: "It's a darn good thing I got you", otherwise he wouldn't know what he'd do, he said. So sometimes you get a little praise¹¹⁵.

In answering the question of why David is engaged in providing care for his father, he repeats the questions as if he is asking them to himself. He says that maybe it is because his father supported him when he was younger and then he laughs as if he does not really believe that that is the reason. This can however be interpreted as an emphasis on *a logic of paying back*. The reason I find *paying back* to be more accurate for referring to David's description than *returning love* is because in the quote and in the whole of the interview with David he does not describe the relationship to be built on love and affection. Rather as David concludes in the quote: "Well, you cannot just leave him, then he'd just be sitting there"; here he emphasizes that the reason for him taking care of his father is because he feels responsibility. David could not allow himself not to take responsibility for his father. However, what he expresses also needs to be understood in the context of the demanding situation that David now finds himself in with his father. Since his father has become less capable of managing on his own, he

¹¹⁵ In Swedish: Jaa (skratt), varför gör jag det här. Jaa, han ställde väl upp när jag var liten kanske (skratt), jag vet inte. Nä, man kan ju inte låta honom, ja, då sitter han ju bara där. Nää men det är väl, ja, en känsla man har att man behöver hjälpa honom. Han är ju lite tacksam, ibland säger han det; "Det är en jäkla tur att jag har dej", annars visste han inte vad han skulle göra sa han. Så ibland får man lite beröm (David).

has become more demanding of David, expecting David to help him with tasks that the home care services would do, like cleaning, doing the laundry and grocery shopping (see Table 6). His father has been asked by a Needs assessor whether he wishes to have more help, but he thinks that it is just fine for David to do these tasks. However, David thinks that it is sometimes burdensome, for example, to manage his father's grocery shopping, because his father is very specific about what he wants.

David tells me that he sometimes has to visit five different stores to find the right cheese. However, he has found some different strategies to manage his father's wishes. For example, he now keeps an inventory of goods that he knows his dad will ask for. As such, when David finds the right brand of cheese, he buys several to save for later. When I ask how his relationship has been with his father, he answers that they have always had a very good relationship. However, even though David says that their relationship has been good, he does not emphasize love or affection for his father, like Evert, Ivan, Lars and Rickard do for their mothers. Rather, he is emphasizing some sense of wanting to pay back the support that he received from his father in his childhood; however, this is not explained in terms of love, but in terms of a son's responsibility.

I will now move on to Kurt and how he experiences and describes his motivation for providing care for his father. Kurt is a 54-year-old IT developer who, together with his sister, takes care of his 88-year-old father (see Tables 3 and 4). Kurt also talks about how the motivation for providing care is based on the wish to give something back (see Table 8).

Kurt: Well, I think like this. He's my dad in any case (laughter). And of course you yourself would want, when you yourself get old, to get help from your children. We've, well, we've got a lot in life, so to speak, so now it's like a little pay-back time (laughter), so to speak. Yes. But that's only natural, actually¹¹⁶.

Kurt says that he has received much in life as his father has supported him throughout his life, so he returns this support by taking care of his father. Hence, it can be said that Kurt also expresses a logic of paying back. Like David, Kurt says that he has had a good relationship with his father; nevertheless, Kurt also does not describe the relationship with his father in terms of love and affection. What Kurt emphasizes is the fact that his father is his father and this relationship of father and son makes him feel responsible for taking care of his father (see Table 8). To be taken care of by your

¹¹⁶ In Swedish: Joo, men det tycker jag ju liksom. Han är ju min pappa i varje fall (skratt). Och sen är det ju så att man själv skulle vilja, när man själv blir gammal då så vill man väl ha stöttning av sina barn. Man vill liksom, ja, man har ju fått mycket i livet så att säga, nu är det liksom lite payback time också då (skratt) om man säger så. Ja. Men det är väl helt naturligt tycker jag faktiskt (Kurt).

children is also something that he hopes that his children will do for him. Another way to understand Kurt's explanation of what motivates him to take care of his father is that it is simply something you do within a family and as a part of the exchange of help over the generations. As he expects his children to take care of him, he also meets his own father's expectations of receiving care from him. Taking care of the older generations is a responsibility for the younger generations. However, what I think is an important aspect here and will elaborate on further in the section "Circumstances affecting caring responsibilities" is that many of the elderly parents and in-laws also receive help from home care services or live in an assisted living (see Table 5). Against this background, what kind of care are the sons and sons-in-law providing? From Table 6, it is clear that the sons and sons-in-law do provide their elderly parents and in-laws with a lot of care. On the other hand, most of them also do this alongside home care services or assisted living services as a backup. The risk of getting *trapped* in a situation requiring extensive caregiving is thus not so great for these sons and sons-in-law. When Kurt says that he wants his children to take care of him, he is talking about wanting his children to care for him on an emotional level by visiting him and showing their affection for him. He does not mean that he expects his children to take full responsibility for his care needs when he gets older.

Kurt's way of explaining why he is taking care of his father is similar to David's explanation. They both emphasize that caregiving for their fathers involves responsibility, rather than being motivated by love and affection. In addition, the other two sons, Fredrik and Viktor, that are noted in the column "A son's responsibility" also provide care to their fathers. Does the way in which sons talk about their caregiving depend on them helping a father or a mother? It could be that being a son taking care of your mother is to be explained by love and affection. In contrast, being a son taking care of your father is spoken about and explained in another way: in terms of duty, obligation and responsibility. Does the difference in the sons' explanations of their caregiving reflect a difference in how women and mothers build relationships with their children compared with how men and fathers do so? If so, it could also be a matter of these sons being in a generation that grew up with fathers who accepted the economic responsibility for their family by working full-time, while mothers took more responsibility for domestic work and taking care of their children as housewives or working part-time.

In the interviews, upon asking Kurt and David about their relationships with their parents, they both explain that their relationships with their mothers are better than those with their fathers, as illustrated by the below quote of Kurt.

Kurt: Yeah, it was more the case that... she was at home, too, she was a housewife, one can say, when I was little. So we

had closer contact that way, too, she was always there, so to speak. When coming home from school and so on¹¹⁷.

This quote from Kurt, stating that his mother was always there because she was a housewife, is also something that David expresses in the interview. Thus, even though Kurt and David are saying that their relationships with their fathers is good, they describe their relationships with their mothers as better because their mothers were those who took care of them when they were growing up. This could perhaps explain why, when David and Kurt talk about paying back to their fathers, they do not emphasize the same deep feelings of returning love as Evert, Ivan, Lars and Rickard do. This could be an expression of David and Kurt not having had the same relationships with their fathers as Evert, Ivan, Lars and Rickard have had with their mothers. For David and Kurt, the *logic of paying back* is connected to responsibility and showing gratitude for the responsibility that their father took for them as a breadwinner. For Evert, Ivan, Lars and Rickard, *the logic of returning the love* is connected to the love and affection they received from their mothers caring for them when they grew up.

This also raises questions of how sons with complicated relationships with their elderly parents experience their caregiving engagements and what motivates them, which will be discussed in the next section.

Complicated relationships

There are five sons; Fredrik, Martin, Peter, Stig and Viktor, in this study who can be described as having a complicated relationship with the elderly parent to whom they are providing care (see Table 8). In the cases of Martin, Peter and Stig, they all have in common the fact that, to some degree, they were abandoned by the parent to whom they are now providing care. For Fredrik and Viktor, the complicating aspect in their relationships with their fathers is that their fathers had not been emotionally supportive during their childhood. In this section, I will initially focus on Martin and Peter, and then move on to focus on Stig who, while having a complicated relationship with his mother, explains that he takes care of her because of his personality. Therefore, Stig is also noted in the column “Caring personality” (see Table 8). I will complete this section by then turning my focus to Viktor and Fredrik. However, starting this section by focusing on quotes from Martin and Peter, who have in common the experience of being abandoned, they explain why they are providing care by alluding to a sense of wanting to *make up for lost time*, including learning why their parent had once abandoned them.

¹¹⁷ In Swedish: Ja, det var väl mer liksom sådär att man... hon var ju hemma också, hon var ju hemmafru kan man säga när jag var liten. Så man fick ju närmre kontakt på så sätt också, hon fanns ju alltid där så att säga. När man kom hem från skolan och så vidare (Kurt).

Martin is a 65-year-old hotel manager, who retired early to take care, in his own home, of his mother, who he says suffers from dementia, (see Tables 3 and 4). When I ask why chooses to provide such care, he provides the following answer:

Martin: Yes, well, I have not lived with my mother very much, I moved. Because we analyzed the situation a lot [Martin and his wife], because sometimes I thought: I would need a psychologist who could tell me why I do what I do. Because there is a lot of lying about my life with mom, yeah¹¹⁸.

Martin first says that he does not know why he is taking care of his mother. He adds that he and his wife have talked often about Martin's decision to take care of her. Because of his past relationship with his mother, it does not seem to be self-evident why Martin is taking care of her; he says that perhaps a psychologist could give him the answer. Martin then tells a story that goes back to his upbringing in another European country and how his mother, who was unmarried, left him to be raised by his mother's uncle. When Martin then learned that his mother was suffering from severe dementia and living under terrible conditions, he took her to Sweden to live with him and his family.

Martin: I was thinking about why I did this and involved my family and all that, and the three years that we've had no holidays and things like that, yeah. But it has worked. We have a summer cottage, fantastic, a wonderful place where mom has visited while wearing a big hat and sunbathing under an apple tree. So it has not been so problematic to take care of her. On the contrary. When the neighbors come and see that I take care of my mother, "Amazing", they say, and "Can we take pictures of you?" We go for a walk in the country, me with my mother who is 90 years old and I too am old and I go with her. That's how it is. But I think I do it because I did not have the time to be with my mother when I was little, I think. I do not know¹¹⁹.

In the quote it seems that Martin wonders why he took the decision to bring his mother to live with him and his family in Sweden. He wonders what made him expose

¹¹⁸ In Swedish: Ja, alltså, jag har inte bott med min mor mycket, jag flyttade. För vi analyserade mycket [Martin och hans fru], för ibland tänkte jag; jag skulle behöva en psykolog som kunde tala om för mig varför jag gör som jag gör va. För att det ligger mycket bakom mitt liv med mamma va (Martin).

¹¹⁹ In Swedish: Jag tänkte varför har jag gjort så och involverat min familj och alla så där, och dom tre år som vi har haft utan semester och såna där saker va. Och det har fungerat. Vi har en sommarstuga, fantastiskt, underbart ställe som mamma var där med stor hatt och solade under äppelträd. Så det har inte varit så problematiskt att ta hand om henne va. Tvärtom va. När grannarna kommer och ser att jag tar hand om min mor. "Fantastiskt alltså, får vi ta kort på er". Vi går på promenad på landet va, jag med min mor som är 90 år och jag är också gammal och jag går med henne. Så det är klart. Men jag tror jag gjorde det för att jag har inte haft den tid att vara med min mor när jag var liten, tror jag. Jag vet inte (Martin).

his family to this because his decision has meant that his family has been unable to go on vacation for three years. Even though Martin says that taking care of his mother has not been so problematic, it is clear in the interview that it has been exhausting for Martin and his family because his mother is suffering from such severe dementia. Martin has a large family of five adult children and his youngest daughter still lives at home. Nonetheless, in the quote, he says that everything has worked out for the best. He seems to be very proud of having been able to bring his mother to the family's summer cottage and to give her a great experience of beautiful Swedish nature. He also seems to be proud of getting recognition from the neighbors at the summerhouse, who think it is amazing that he takes care of his 90-year-old mother. What Martin describes is a beautiful moment that he experienced with his mother at the summerhouse. This is important because he did not grow up with her and had not experienced many similar moments. Therefore, as Martin says at the end of the quote, he is taking care of his mother in order to *make up for lost time*.

I will now move on to how Peter explains his care responsibility. Peter is a 57-year-old entrepreneur who is taking care of his father (see Tables 3 and 4). In the past, their relationship was strained.

Peter: I'll say this – he might not have been the world's best dad, but he was my dad. And I've always looked up to him. And I do not think he has understood this because I think he's a lot like me. I'm not very impressed with the kids today. I do not think he was either at the time. I [my birth] was probably more something that just happened, that he had not counted on, and being on the road it was too much. And then he probably had a bad conscience when he sailed to America when I was a kid of this size [showing with his hand how tall he might have been]. He came home with large moving boxes with toys as well. I had all the stuff I needed. And likewise my mom, she met a damn businessman when I was 4 or 5 years old and went around Europe and to Cannes Festivals, to and fro, and here and there. And she didn't want to have something dragging her down [referring to Peter as a child], so it was the foster home for me. I lived with my grandmother until I was 8, uh, 7 or 8 years old, I believe. And then there was the foster home until 12 to 13 years of age and then it was a disaster when I moved back home [to his mother], so I left when I was 15 or so. And since then I have managed on my own. That's how it has been; it has been turbulent, but it has been damn nice¹²⁰.

¹²⁰ In Swedish: Jag säger så här – han kanske inte har varit världens bästa farsa, men han har varit min farsa. Och jag har ju alltid sett upp till honom va. Och jag tror inte han har fattat det där för jag tror han är mycket som mig. Jag är inte speciellt imponerad av ungar idag. Det tror jag inte han var heller på den tiden. Jag var nog mera nånting som bara blev [att Peter föddes], som han inte hade räknat med och på den vägen var det väl mycket.

Peter first says that, even though his dad has not been a very good father, he is still Peter's dad and Peter has always looked up to him. Today, he can understand that his father probably never understood that Peter looked up to him because his father has probably never cared that much about kids, just as Peter does not care that much about them nowadays. Peter does not think that his birth was something his parents planned; his arrival was just something that happened. His father was a sailor and therefore often absent. Peter thinks that his father had a bad conscience about not being there for him. This bad conscience impelled his father to give his son many toys when he visited. Peter says that he had everything he needed in terms of stuff. He continues his story by telling how his mother also abandoned him in order to live a more glamorous life with a businessman. Peter explains that he became a burden on his mother and that she did not want a child tagging along on her trips. As such, after first being placed with his grandmother until he was eight years old, he was then placed in a foster home, where he stayed until he was 12 or 13 years old, after which he moved back to his mother. Peter describes this time when he moved back to live with his mother as a disaster, and that he left his mother's home at the age of 15 years and has since then managed on his own. Peter ends this story by saying that it has been turbulent, but also damn nice. In Peter's story, there is an explanation of why he is taking care of his father; it is because he has always looked up to his father and wanted to have contact with him. He also tells a story of rejection by both his mother and his father. Even if his relationship with his parents and especially his father has been turbulent, Peter also seems to have reached some kind of understanding that he was not a child for whom they had planned, and can therefore offer forgiveness. One possible interpretation of this story is that the reason why Peter takes care of his father is that he can finally get some attention and build a connection with his father that he so desperately wanted as a child. From this perspective, it could be argued that Peter is also taking care of his father in order *to make up for lost time*.

The goal of reaching some sort of understanding and offering forgiveness for being abandoned is an explanation that Stig also emphasizes in his story. Stig is 67 years old, but despite having reached retirement age, still works part-time in security (see Tables 3 and 4). He is an only child, but shares his caring responsibility for his 89-year-old mother with his wife. When I ask him why he provides care for his mother, he

Och sen hade han väl dåligt samvete för då seglade han ju på Amerika när jag var grabb i den här storleken [visar med händerna hur lång han troligen var]. Han kom ju hem med stora flyttlådor med leksaker liksom. Jag hade ju allt materiellt. Och likadant min morsa, hon träffa nån jävla affärsman när jag var en 4-5 år och for Europa runt och Cannesfestivaler och hej och hå och hit och dit. Och då vill man ju inte ha en sån där att släpa på [syftar på Peter som barn] så då vart det fosterhemmet för min del. Jag bodde hos min farmor till jag va 8, 7 eller 8 år tror jag va. Och sen var det fosterhem fram till 12-13-årsåldern och sen vart det katastrof när jag flytta hem [till mamman], så att jag drog när jag var 15 ungefär. Och sen dess har jag klarat mig själv. Så att det har varit, det har varit turbulent men det har varit jävligt trevligt (Peter).

tells me how his father left him and his mother when he was around the age of four or five years old. His mother then left Stig with his grandparents.

Stig: Could it be so simple that I am me? Well... if we look at it from another angle, or not. When I was four to five years old, I started to live with my grandma. She took care of me and supported me. When she got old and lived alone and was in need of help, I took care of her. In that sense, I could have resented my mother. "What the hell! You deserted me when I was four, you can stay there" [referring to the south of Sweden where his mother lived after leaving him with his grandparents]. I could have had that kind of thought. However, when my biological father died in 1973, an uncle called me and told me that he was dead [his father]. And then the police called from [name of town] and asked how I wanted to proceed with the funeral. "Well", I said, "If I were to be quite frank, I do not give a damn about that because my father left when I was four years old". "So why would I care?" "Yes, I can understand you", he said [the policeman], "but it is the case that you are his son and your father's parents are dead, so you must take care of it." Well, we had to go to [name of town] and take care of the funeral, the probate and everything. I cannot remember it all. It's good [poor sound recording]. And so it was an aunt of mine whom I had never met who called and asked what I had planned for the funeral. But none of his siblings came to the funeral, so it was awesome [said ironically]. Then I thought that this is not the way it was supposed to be. I thought it was a little unfair there. So therefore maybe it's because I think these thoughts instead. I cannot be mad at her. I do not know exactly why they separated. But then it might be better to make the best of the situation. I think most people do try to make the best of everything instead. I almost believe it. I also believe that that is the reason why I am doing it [referring to taking care of his mother]. And then I am rather easygoing and such. Everything is not going well but, yes, well then, we'll leave that for another day¹²¹.

¹²¹ In Swedish: Kan det vara så enkelt för att jag är jag? Nää, men jag, om vi vänder på, eller inte vänder. Om jag började då som 4-5-åring så började jag bo hos mormor. Då tog hon hand och stötta och så gav väl jag tillbaka då när hon vart ensam och bodde själv då och. Sen, i det läget skulle jag ju då ha kunnat bli lite avig mot min mor. "Va fan, du drog ju när jag var fyra. Du kan sitta där nere". Den tanken skulle jag ju kunna fått. Men det var så att när min alltså biologiska far dog 1973 så ringde det en farbror till mig och berättade det. Och så ringde polisen i [namn på ort] och sa si och så och frågade hur jag hade tänkt mig. "Jaa", sa jag, "ska jag vara riktig ärlig så jag ger fullständigt fan i det, för han stack när jag var fyra år. Och varför ska jag nu?". "Jaa, jag kan förstå dej", sa han, [polis mannen] "men nu är det du som är son och dina farföräldrar lever inte, så det är du som ska ta hand om det". Ja vi fick åka dit till [namn på ort] och fixa begravning, bouppteckning och allt med en som man inte har, knappt kommer ihåg. Det är ju hel [dålig ljudupptagning] Och så var det en faster till mig som ringde och sa, som jag aldrig hade sett och frågade hur jag hade tänkt. Men ingen av hans syskon kom på begravningen så det var ju hel käckt [sägs ironiskt]. Då tänkte jag, så här kan det inte vara egentligen. Jag tyckte att det var lite orättvist där va. Så därför så kanske är det för att jag tänker dom här tankarna istället. Får väl, kan inte vara arg på

In this quote, Stig says that his grandmother took care of him and supported him, and it seems like he had a rather good upbringing with his grandparents. When Stig's grandmother became in need of care, when his grandfather had already died, he took care of her. He then continues to say that, in that sense, he could have resented his mother. Why thus would he now provide care for her when she wasn't there for him? However, Stig then continues and tells a story about when he received information from a policeman that his father had died. His original reaction was to tell the policeman that his father had abandoned him as a child, and to ask why it was his responsibility to plan the funeral. The policeman could understand Stig's question, but because he was the only child, he had to take care of the arrangements. Stig then tells me that he planned the funeral and the other arrangements around his father's death. He was also contacted by his father's sister, but at the funeral, no siblings of his father or other relatives attended. Stig thought that this was an unfair end to a human life. He then continues to say that, because of this outcome at his father's funeral, he cannot be angry at his mother. He does not know why his mother and father separated. He also does not know why his mother left him with his grandmother, but as Stig explains in the quote, he thinks that it is better to try and do his best, given the situation. He says that he believes that everyone tries to do the best they can. Stig is also doing the best he can; the fact that he is rather easygoing as a person is probably the reason he is taking care of his mother.

The experience of how Stig was forced to plan his father's funeral and the feeling of anger that his father left him when he was a child seem to be the aspects that changed his way of thinking about his mother. When no one attended his father's funeral, Stig stopped feeling angry and instead thought that it was sad and unfair. Therefore, he is no longer angry with his mother over the fact that she left him with his grandparents. Instead, he seems to have reached some kind of forgiveness. The fact that Stig as a person is trying to make the best of the situation explains why he takes care of his mother despite the fact that he felt abandoned by her. He is rather easygoing and, when he says that he is taking care of his mother because of his nature, he is referring to his personality as easygoing and as being a person who can forgive others. Stig's story suggests that his reason for giving care is nothing to do with mutual exchange, payback for a good relationship in the past, or to a sense of duty. It instead seems that he does not want his mother to die alone, like his father did, and that he is trying to make the best of the situation for his mother, by forgiving her for her past transgressions and building a new relationship with her, which can be described as

hennes för då utan. Jag vet ju inte exakt varför dom delade på sig. Men då är det väl lika bra att göra det bästa av situationen, när man är liksom igång och. Jag tror dom flesta har glädje av det och inte går och blänger snett utan. Jag tror nästan det. Jag tror och så, det är därför jag gör det antagligen [syftar på att han tar hand om sin mamma]. Sen grunnar jag inte så där våldsamt mycket heller utan jag, det går sin gilla gång. Allt går väl inte jämt så där så det bara visslar om det men, ja, ja då tar vi det en annan dag (Stig).

trying to *make up for lost time*. The story about how he was forced to take responsibility for his father's funeral also alludes to the responsibility that he feels for taking care of his mother and to give her a decent existence at the end of her life. What Stig also expresses is that there is something in his personality that makes it easy for him to respond to other people's needs; hence, he has a caring personality. Therefore, as mentioned earlier, Stig is also marked in the column "Caring personality" (see table 8).

I will now move on to Viktor and Fredrik, two sons who, unlike Martin, Peter and Stig, grew up with their fathers but nonetheless had complicated relationships with them due to their fathers not being emotionally engaged. Viktor is a 32-year-old estate agent who had been taking care of his now-deceased father (see Tables 3 and 4). Viktor's complicated relationship with his father was due to his father being ill, which had made him depressed and withdrawn. Viktor's father developed a muscular disease when Viktor was a child. Viktor has a half-brother on his father's side, but has no contact with him, and this half-brother never shared the responsibility for caring for their father. Upon being asked why Viktor supported and helped his father, he replies:

Viktor: I had no choice (laughs), it comes naturally because it is family, at least for me. They needed help, mom could not help, so what do you do?

Interviewer: How would you describe your relationship with your father?

Viktor: I would summarize it as bad.

Interviewer: Why?

Viktor: Well, he was suffering from a disease and did not talk very much, certainly not about emotions and so. He never wanted to talk. He was also quite isolated. He stopped working, when I was 12, so he was sort of isolated almost until he passed away. Imagine yourself sitting at a kitchen table drinking coffee and smoking for 17 years. He did not want to go into town in a wheelchair. I do not know if he was ashamed of his disability. Maybe he thought it was too difficult. For a while, it worked, but then at the end, he had a catheter, so it was a pain going to the toilet and things like that.

Interviewer: So if you did not think you had a good relationship with your dad, why did you support and help him?

Viktor: Yes, but there is probably a natural love for one's parents in most cases [said ironically with laughter]. They supported and helped me. So maybe it was unconditional love? I cannot recently [poor sound recording]. I do not know if I really had any deep conversations or if I got to know my father well. He was, he became quite introverted after he became ill.

Interviewer: How do you think your mother would have coped without your help?

Viktor: She would have died. She had it tough and it was like tranquilizers and antidepressants for a long time. She... he was quite introverted and grumpy and I probably would not have

stood for it if I were her [referring to his mother]. He behaved quite badly many times.

Interviewer: Towards her?

Viktor: Yeah.

Interviewer: And towards you?

Viktor: Mmm. Grumpy old man. But, yeah, my mom defended him. You become depressed when you become ill, and introverted, but she tried to persuade him to eat some happy pills and try to be a little chemically happy like that, anyway. But he did not like doctors, not at all. He did not take any medication for the disease or anything like that¹²².

Viktor first explains that it was a natural thing to do and that he had no choice but to care for his father. Therefore, Viktor is also marked in the column “No other choice” (see Table 8).

His father was in need of help, and according to Viktor his mother could not handle the situation alone. I then ask how his relationship with his father was and Viktor tells me that it was not that good because Viktor’s father had been ill, which had made him withdrawn. Viktor’s father did not show or talk much about his emotions. He tells me that his father stopped working when he was 12 years old and, after that, he isolated himself. As Viktor says in the quote, his father sat at the kitchen table where he drank coffee and smoked for 17 years. Owing to the various obstacles that the disease produced (i.e. being in a wheelchair and having a catheter), he did not want to go out in public. Viktor does not know whether this was because he was ashamed of the disease or if it was just too difficult to go anywhere. I then ask Viktor why he took care of his father if he did not have a good relationship with him. Viktor first replies ironically that it was probably because of the unconditional love for one’s parents. He then says

¹²² In Swedish: Jag hade inget val (skratt) det gör man väl naturligt eftersom det är en familj, i alla fall för mig. Dom behövde hjälp, mamma orkade inte, så vad gör man? (Viktor). Vad skulle du säga att du har haft för relation till din pappa? (Intervjuaren). Dålig skulle jag sammanfatta den som (Viktor). Varför då? (Intervjuaren). Nä han påverkades av sjukdomen och pratade inte särskilt mycket, absolut inte det där att ventilera känslor och så liksom. Han ville aldrig prata om. Alltså han var ganska innesluten. Han slutade jobba liksom då när jag var 12 så han var väl, han liksom isolerade sig själv nästan fram till han gick bort. Tänk dej själv att sitta vid ett köksbord och dricka kaffe och röka i 17 år. Han ville liksom inte följa med till stan i rullstolen eller så. Jag vet inte om han själv skämdes för sitt handikapp. Han kanske tyckte det var jobbigt. Ett tag funkade det ju men sen på slutet så hade han ju en kateter och däremellan så var det jobbigt med toalettbesök och sånt där (Viktor). Så om du inte tyckte att du hade en bra relation med din pappa varför har du stöttat och hjälpt honom? (Intervjuaren). Ja men det finns väl en naturlig kärlek till sina föräldrar i dom flesta fall. (Skritt) Dom har väl stöttat och hjälpt mig. Så det är väl en sån ovillkorlig kärlek eller? Jag kan på senare tid [dålig ljudupptagning] att jag vet inte om jag egentligen hade några djupare samtal eller liksom lärde känna min far ordentligt. Han var ju, han blev ganska introvert efter att han blev sjuk (Viktor). Hur tror du att din mamma hade klarat sig utan din hjälp? (Intervjuaren). Hon hade stendött. Hon gick in i väggen och det var ju liksom lugnande tabletter och antidepp länge. Hon... Han var ju ganska introvert och tjurig och jag hade nog inte stått ut om jag hade varit henne [syftar på sin mamma]. Han betedde sig ganska illa många gånger (Viktor). Mot henne? (Intervjuaren). Jaa (Viktor). Och mot dej? (Intervjuaren). Mmm. Tjurgubbe. Men, jaa, morsan försvarade ju honom. Man blir ju deppig när man blir sjuk och introvert men hon försökte väl övertala honom att äta några lyckopiller och försöka vara lite kemiskt glad så där i alla fall. Men han gillade ju inte läkare överhuvudtaget så. Han käkade ju inga mediciner mot sjukdomen eller nåt så (Viktor).

that his father was very introverted because of the disease. He goes on to say that he really cannot remember if he ever had any deep conversations with his father. I then ask Viktor how his mother would have managed without help from him. Viktor answers that he thinks his mother would have died if he had not helped his father. Viktor says that she used medication for depression and was very close to collapse, that is, to “hitting the wall”¹²³. Viktor cannot understand how his mother could have stayed with his father because his father behaved badly towards her. I then ask whether Viktor’s father behaved badly towards Viktor, but he just avoids the question and calls his father a “grumpy old man”. Viktor then continues by saying that his mother defended his father, referring to the fact that it was the illness that made his father depressed and introverted. Viktor’s mother attempted to persuade his father to take some medication for his depression, but he refused because he did not like doctors. Therefore, in addition to this, he also did not take any medication for the disease.

The fact that Viktor first responded to the question by stating that he had no choice, can perhaps be explained by the fact that he was a child when his father became ill with a muscular disease and was therefore used to taking for granted that his father needed his help. However, he continued, even as an adult, to take care of his father and, at the beginning of the quote, he says that his mother could not handle the caring situation alone. In Viktor’s quote, it is clear that, since the time his father became ill, he did not have a good relationship with him; instead, the reason for him choosing to help his father seems to have been to ease the burden on his mother. He says that it was “natural” to provide care because it was for the family; hence, he sees caregiving as a responsibility within the family. He also adds: “at least for me”, so for him it is natural to respond to needs in the family. This part of the quote could also be interpreted as indicating that it was natural for him, given his personality. It could also be a clarification that he knows that perhaps not all children or all sons would have done the same as him, caring for his father. Alternatively, it could also be a clarification that, even though his relationship with his father was complicated, Viktor still felt responsibility to take care of him. Although Viktor’s loyalty is to his mother, and he helped his father in order to ease the burden on her, he still expresses an understanding that it was the disease that made his father “introverted” and “grumpy”. Viktor therefore shows empathy for his father, understanding that the situation was also very difficult for him. That Viktor emphasizes what could be interpreted as a logic of returning the love when he says; “They supported and helped me. So maybe it was unconditional love?”, could also be understood as Viktor having a better relationship with his father before his father became ill, hence he remembered his father in a more positive way during early childhood.

¹²³ To “hit the wall” (in Swedish: “gå in i väggen”) is a Swedish expression for psychosocial stress that leads to a collapse.

On two occasions in the quote, Viktor says that it is a “natural” thing to provide care for his father: It is natural because it is something you do within the family and it is natural because it builds on the unconditional love that children have for their parents. In that sense, it is possible that the person Viktor is referring to in terms of this *logic of returning the love* is his mother. In the quote, Viktor also says that, if he had not helped his mother to take care of his father, she would have died. For Viktor, therefore, the motivation for providing care for his father perhaps did not have so much to do with his relationship with his father, but rather that with his mother. Specifically, Viktor felt responsibility to provide care for his father because his mother could not handle the care burden alone. Therefore, Viktor is also marked in the column “A son’s responsibility” (see Table 8).

Another son providing care for his father despite having a complicated relationship with him is Fredrik. Fredrik is 52 years old and, at the time of the interview, he was unemployed (see Tables 3 and 4). Fredrik explains that it has simply become his role in the family to take care of his father.

Fredrik: I think it's my role in the family. It has become my role quite simply.

[...] But somebody has to do it and I feel then that I should do it. I have to do it; it's as simple as that¹²⁴.

Fredrik says that he has to take care of his father and that it somehow was quite a simple decision to make. He felt the responsibility to take care of his father and therefore he did it. Fredrik is saying that he had to do it because no one else could. Because he experiences a responsibility to provide care and also that he has no other choice he is also marked in the column of “A son’s responsibility” and “No other choice” (see Table 8).

Since his father had left the family when Fredrik was 18 years old, the other siblings, except for one brother, had lost contact with him. Besides Fredrik, one of Fredrik’s brothers also helps their father. This brother helps with practical things like grocery shopping; however, Fredrik says that he is the one who coordinates the caregiving activities. It is also Fredrik’s role to reason with his father, who, according to Fredrik, is not always capable of thinking logically. In the interview, Fredrik describes how his relationship with his father has been very one-sided and that he has always had an absent father. When his father fell ill 15 years ago, the relationship changed.

Fredrik: Well, I have had an absent father, but it is only since he fell ill that my role has changed.

Interviewer: Why is it then, if you feel you had an absent father, that you help him so much?

¹²⁴ In Swedish: Jag tror det är min roll i familjen. Det har blivit så helt enkelt. [...] Men när behöver göra det och jag har känt att då gör jag det. Jag måste göra det helt enkelt (Fredrik).

Fredrik: Yes, maybe... I might do it because I wish he'd done it for me... It's a good question, but it...

Interviewer: Have you thought of it yourself?

Fredrik: Yes, I have. Partly it's a kind of compulsion, but because I understand all this [understanding of the father's mental illness] ... I do understand. Thus, not to help him would feel completely wrong¹²⁵.

Fredrik is saying that he provides care for his father in some way because he wishes his father had shown him the same care during childhood. This could be seen in terms of Fredrik providing care to his father to *make up for lost time* while trying to build a new relationship, now that his father is always present. Fredrik also says that it is compulsory for him to provide care, to show an understanding of his father's disease, and to respond to his father's need for help. In that sense, Fredrik, like Viktor, is showing empathy and understanding that his father's behavior is connected to his mental illness. Therefore, it seems that Fredrik is an empathetic man, and not to help his father, despite his father having been absent in his childhood, would have felt very wrong to him. As such, even though Fredrik first says that he has to take care of his father because there is no one else available to do so, he also says that his ability to understand his father's need for help and to understand his father's illness makes him feel he has a responsibility to take care of his father; he can thus not ignore his father's need for help.

Fredrik and Viktor explain that they provide care because they feel responsibility (see Table 8). One reflection might be that, in cases where the carer has a weaker relationship to the care receiver, the provision of care is explained by feeling responsibility instead of love and affection. Fredrik provides care because he wishes his father had been more engaged with him during childhood. Viktor mentions some sort of *logic of returning the love*; however, Viktor's emphasis on *returning the love* is instead motivated by the wish to give back to his mother. If Viktor had not provided care for his father, his mother would never have coped with the situation. Viktor's feeling of responsibility was thus to some extent to his father, but mostly motivated by loyalty and responsibility to his mother, whom he has had a good relationship with.

These sons – Fredrik, Martin, Peter, Stig and Viktor (see Table 8) – who have more complicated relationships with the care receiver, seem to be aware of and have thought about their reasons for providing care more than the other sons. This can perhaps be understood to show that providing care to an elderly parent is not something

¹²⁵ In Swedish: Nä, jag har väl haft en frånvarande pappa helt enkelt men det är först sen han blev sjuk som min roll blev liksom annorlunda (Fredrik). Hur kommer det sig då om du känner att du haft en frånvarande pappa att du ändå ställer upp på det här och hjälper honom så pass mycket? (Intervjuaren). Ja, det kanske är... Jag kanske gör det som jag hade önskat att han skulle gjort... Det är en bra fråga, men det... (Fredrik). Har du funderat över det själv? (Intervjuaren). Jo, det har jag gjort. Delvis är det ett slags tvång men i och med att jag begriper ju det här, jag gör ju det. Då att låta bli det känns ju helt fel (Fredrik).

self-evidently done by Swedish sons or sons-in-law, unless the quality of the relationship is good. Having welfare arrangements like those that exist in Sweden means that both children and elderly parents can live independently, as the welfare system will step in for an older parent who is in need of help. According to Swedish law, as mentioned earlier, children cannot be forced to give care; becoming a caregiver to an elderly parent or in-law is, in the eyes of the law, something that is done willingly and not obligatorily.

Nonetheless, there is still a social norm requiring children to care for their elderly parents; alternatively, the parents themselves may expect their adult children to do so. However, if adult children become engaged in giving care, there is always the possibility of receiving additional support, for example, from home care services, if the care burden becomes too much to handle. In that sense, Fredrik, Martin, Peter, Stig and Viktor (see table 8), who have more complicated relationships with their care receivers are exceptions, although their reasons for providing care are not explained by having a good relationship with the person for whom they are caring. Instead, they seem to be motivated by feeling responsibility and empathy for the care receiver, via reaching a state of forgiveness and making up for lost time. However, as Stig concludes, the reason why he provides care for his mother despite her abandoning him as a child has to do with his personality. I find this interesting, although, in this study, besides Stig, there are four more sons, Anton, Bo, Carl, Evert, Holger, Jonny, and Tommy (see Table 8), who say that their personality or ability to feel empathy is the reason they provide care. These five sons have had very good relationships with their mothers (they all provide care to their mothers), but when explaining what motivates them, they emphasize their own ability to respond to care needs, an issue that will be focused on in the next section.

Caring personality

In this analysis, besides Stig, there are as already mentioned, seven more sons, Anton, Bo, Evert, Holger, Jonny, Tommy and one son-in-law Carl, (see Table 8) who, when explaining why they provide care, emphasize their personality or their ability to see others people's needs for care and respond to them. In this section, I will use quotes from Anton, Bo, Holger, Jonny and Tommy to exemplify how they experience that their own personality is the reason they take on a caring responsibility. It could be argued that all sons in this study probably have a caring personality or a good ability to feel empathy for others because they are all sons or sons-in-law providing care. However, I think that there is a difference in the way in which these sons talk about their own personality as a reason for providing care compared with other sons and sons-in-law. According to the interviews, all of these sons except for Stig (as discussed in the section on complicated relationships) have had a good relationship with the person they provide care to. Nevertheless, in the quotes from Anton, Bo, Holger, Jonny and

Tommy we will see that it is not the quality of their relationship that these sons emphasize, but rather their own ability to become engaged in caregiving.

For example, Holger who is a 67-year-old retired mortician, has helped his mother and aunt with rather extensive care, visiting both of them every day at the assisted living at which they live (see Tables 3 and 4). He has been the only caregiver to his mother, as he has no siblings, and to his aunt, as she has no children. Holger has two female cousins, (daughters to another of his aunts) but they do not feel that they have the time to take care of their aunt, but occasionally visit her for coffee. Holger is the only care provider related to his mother and aunt, and he explains that it was natural for him to become engaged in caregiving, indeed, just as natural as it would be for him to help a friend or his own children:

Holger: Well it is just that it has probably always been natural. When I have felt that I can help someone, I try to do it. And this applies not only to them [his mother and aunt], it applies to my friends, it applies to my children. If there is someone who needs help and I know I can do it, that was also one of the reasons why I applied for the job as head of the funeral business in [name of city] because if there is some situation that you are in need of help, it is in such situations, for then you are totally helpless¹²⁶.

It was natural for Holger to become engaged in caregiving because he claims that it is in his personality to be a thoughtful and caring human being (see Table 8). In the quote, Holger gives several examples of how it is natural for him to help not just his mother and his aunt, but also his friends and children. He continues to say that being someone who is very sensitive to people in need of help was one of the reasons he became a mortician, working with people in very difficult situations. In the interview, Holger also says that another reason he took care of his mother and aunt was because he knew how difficult it was for his mother and aunt to accept help from other people and to let in outsiders. From that perspective, his reason for giving care is also a response to the needs of his mother and aunt in terms of wanting to protect them from having to depend on help from others; this can perhaps also be interpreted as a sense of loyalty. Even though both his mother and his aunt live in an assisted living, as shown in Table 6, Holger still performs many different care tasks for them.

Just like Holger, Anton, a 38-year-old engineer taking care of his 66-year-old mother (see Tables 3 and 4), also emphasizes his own personality as a caring person

¹²⁶ In Swedish: När det är alltså, det har nog bara varit naturligt hela tiden. Alltså jag har känt att kan jag hjälpa någon så försöker jag att göra det. Och det gäller alltså inte bara dom här [mammans och mostern], det gäller kompisar, det gäller mina barn. Är det nån som behöver ha hjälp och jag vet att jag kan klara utav det, det var väl också en av anledningarna till att jag sökte mig till jobbet som ansvarig för begravningsverksamheten i [namn på ort] för att om det är nån gång man behöver ha mycket hjälp så är det ju i dom situationerna, för då är man totalt utlämnad (Holger).

with the ability to empathize as a reason he became engaged in caregiving for his mother. Anton explains how he is a caring person by comparing himself to his brother who, according to Anton, is not a caring person and therefore does not engage in caregiving for their mother.

Anton: Thus, it's one's personality and how one is brought up and how... I have... if you say in relation to me and my brother, I have spent much more time with my grandparents. My brother was a bit of a bad boy and I was this nice boy who spent a lot of time with my grandparents and thus have some kind of old-fashioned values, old...¹²⁷.

As a result of a stroke, Anton's mother became partially paralyzed and is now in a wheelchair. When his mother first suffered this stroke, Anton's father took care of her. Anton knew that his father would not ask for help, but he saw that there were things his father had difficulty coping with, so during that period of time, Anton tried to ease the burden on his father by helping with the care of his mother. When his father suddenly died, Anton took full responsibility for his mother and arranged for her to come and live in the same town as him. Even though Anton's older brother lived in the same town as their parents, he did not take any responsibility for the care of their mother. Anton says that the reasons why he takes care of his mother include his personality, values and the way he was brought up. As such, even though Anton and his brother were brought up together, Anton seems to have a different personality, focusing more on the traditional value that adult children should take care of their elderly parents. This value system is derived from him spending a lot of time with his grandparents.

Tommy is 61 years old and has worked as a translator; however, at the time of the interview, he was unemployed (see Tables 3 and 4). Tommy takes care of his 84-year-old mother, who has a muscular disease, which she developed in her 40s when he was in his late teens. Tommy's father took care of his mother for 20 years, but when he died, Tommy took over the responsibility for his mother. Tommy has been living in the parental home all this time, so even when his father took care of his mother, Tommy was also engaged in the caregiving. However, when his mother became unable to use the stairs, Tommy got her an apartment nearby. Asking Tommy why he takes care of his mother, he explains that the reason for this is linked to his personality. In other words, he likes to help others.

Tommy: No, I do not know. Well, I have always been someone who likes to help others, to ensure that others are doing

¹²⁷ In Swedish: Alltså det är ju personligheten hur man är uppfostrad och hur man... Jag har väl... om man säger så här i förhållande till mig och min bror så har jag varit mycket mer tillsammans med mina morföräldrar. Min brorsa var lite så här bad boy och jag var den här snälla pojken och jag var mycket med mina morföräldrar och har därför någon form av gamla värderingar, gamla... (Anton).

well, and usually think of others first. Yes. Even when I was younger I was probably like that. I know, I was often with my grandfather and grandmother and occasionally helped out there with stuff like that, yeah, so simple things like bringing in firewood and things like that. And helping them with the garden and things like that. Yes. So it probably depends on that. It's probably something I've had in me all my life basically. Like to help others. It feels good somehow¹²⁸.

Tommy says that he has always been a person who likes to help others because it makes him feel good. He gives an example of that by telling me that, even as a child, he liked to help his grandparents. Tommy says that his ability to provide care is something that he has had within himself all of his life. That could perhaps be understood against the background of his mother being in need of care for a very long time and Tommy therefore having been in a context of caregiving. However, it could also be understood that caregiving is something that is so deeply connected to his personality that it embodies him; therefore, being a caregiver and being sensitive to the needs of others is part of his identity. For Tommy, the motivation to care is embedded in the good feeling that comes from helping others and he identifies himself as a person who helps others.

In addition, there is Jonny, a 55-year-old unemployed man taking care of his 86-year-old mother (mostly) and his 86-year-old father (see Tables 3 and 4). He emphasizes that he does so because he is an empathetic person. It is also Jonny's conviction that we must help each other in life.

Jonny: Thus, I probably have a bit of empathy (laughs) in me. I think you should stand up for each other and help out when the need arises. If it's children or if it's work or whatever, then we must surely help one another in this life¹²⁹.

On the question of why Jonny helps his mother (mostly) and father (occasionally) (his parents are divorced and live separately), he says that it is simply something you do for others and he refers to helping children or colleagues as being equally important as helping his older parents. For him, having empathy means helping those in need, and those people need not just be family but can also be other acquaintances. Jonny has a sister who has children of her own, but Jonny himself is unmarried and has no

¹²⁸ In Swedish: Ja, jag vet inte. Jag har väl alltid vart en sån där som tycker om att hjälpa andra, se till att andra har bra, tänker på dom i första hand nästan. Jaa. Även när jag var mindre så var jag nog sån. Jag vet, jag var mycket ute hos min morfar och mormor då och hjälpte till där ute med sånt som, ja, så enkla grejer som att köra in ved och sånt där. Och hjälpa dom med trädgården och sånt där och. Jaa. Så det beror nog på det. Det är nog nåt jag har haft i kroppen hela mitt liv i stort sett. Tycker om att hjälpa andra. Det känns skönt på nåt sätt (Tommy).

¹²⁹ In Swedish: Alltså, jag har väl lite empati jag med antagligen (skratt) i mig va. Nä, men jag tycker att man ska ställa upp för varann och hjälpa till, för övrigt också då att säga då. Om det gäller barnet eller om det gäller på jobbet eller vad det än är då så måste man väl hjälpas åt här i livet (Jonny).

children. One interpretation for why Jonny talks about helping others such as his family, friends and colleagues is that, Jonny does not have a large family and seems to perceive his friends and acquaintances as important, since they are people with whom exchanges of help and care can take place. This differs slightly from Bo's reasoning whose descriptions of motive to care I will address next.

Bo is 68 years old and has retired from his job in a senior position in the purchasing section of a company. He is an only child and has been taking care of his 94-year-old mother for 15 years (see Table 5). His mother lives in her own apartment where Bo visits her every third day. He also states that he thinks that it is a natural thing to do to provide help for his mother; it is just something you do within the family.

Bo: Firstly, it is only natural to help each other. I will help just as much with my children as with my grandchildren and so on. Pick them up and transport them when problems arise. This weekend, we have two of them [grandchildren] with us because their mom and dad will be away. Yes, we help them when there is time off from school and when there is no day-care or anything else; we are there. It's like we say we help both the children and the old, it's the same thing. Maybe a little more fun to help the kids. They are a bit more mobile. But otherwise, I think it feels so natural. And I do not know how my mom would have gotten by otherwise¹³⁰.

Just like Jonny, Bo states that it is important that people help each other. However, Bo has three adult children and many grandchildren whom he helps. Therefore, while Jonny emphasizes that he thinks it is equally important to help family as well as friends, Bo is focused on help within the family for his children, his grandchildren and his elderly mother. In the quote from Bo, he says that it is natural for people to help each other and, just like Holger, he compares caregiving for his mother to helping his children and grandchildren. He says that he helps his children just as much as he helps his mother, but it is a little more fun to help out with the grandchildren. This can be explained by the fact that Bo's mother has dementia and, for certain periods of time, the situation with her has been very stressful and, like Holger, Bo performs many caregiving tasks for her (see Table 6).

In the next section I will shift the focus to why Ivan, Oscar, Viktor and Fredrick (see Table 8) experience that they have no other choice but to provide care. Initially I will also continue to discuss the quote from Bo, though he also emphasizes that he

¹³⁰ In Swedish: För det första var det väl naturligt att man hjälps åt. Jag hjälper ju lika mycket barnen med barnbarnen och så vidare. Hämtar och skjutsar dem när det strular till sig. I helgen nu ska vi ha två utav dem hos oss då mamma och pappa ska vara borta. Ja vi hjälper dem med när det är ledigt ifrån skolan och när inget dagis eller något annat finns så ställer vi upp. Det är som vi säger man får hjälpa både barn och gammal det är samma sak. Kanske lite roligare att hjälpa barnen. De är lite mer rörliga. Men annars tycker jag att det känns väl naturligt. Och jag vet inte morsan hur man skulle ha gjort annars (Bo).

feels he has no choice but to provide care and therefore he is also marked in the column of “No other choice” (see Table 8). This raises questions about whether this lack of choice has to do with decreased welfare resources or other factors. In the following section I will continue to discuss what the interviewees may mean when they say that they have no choice.

No other choice

At the end of the quote from Bo in the section “Caring personality”, he says: “I do not know how my mom would have got by otherwise”. Perhaps this can be seen as an expression of there being no other alternative available. In other words, without his help, Bo’s mother would not have had anyone helping her. As I have written in the chapter “Conceptual frameworks”, section “Family care and Swedish statistics”, adult children in Sweden have no duty by law to take care of their elderly parents. The problem for Bo is that his mother has frequently resisted a move to assisted living, even though, according to Bo, she has severe dementia. She has also resisted help from home care services. According to Swedish law, a person with dementia cannot be forced to move to assisted living or to have home care services. Furthermore, a Needs assessor assumes that help is needed based on the care receiver’s own requests. In cases like that of Bo, this creates a very stressful situation, in which people are more or less forced to take care of their elderly relatives. Bo has been taking care of his mother for 15 years and the situation during the past year has been very stressful; in the interview, he tells me that last year he visited his mother over 100 times to help out. He also mentions in the interview how this caring responsibility for his mother now interferes with his and his wife’s ability to enjoy their retirement. Bo and his wife are sometimes not able to go on holiday without having to worry about his mother. To a certain extent this could also be seen as an expression of not having any other choice.

It is worth mentioning that it was Viktor’s mother who had to give Viktor’s father extensive care, as he did not want help from people outside the family. In Sweden, married couples have an obligation to care for one another to some extent¹³¹. As the reader may recall, Viktor says that he had no choice but to help his father. This can be understood as indicating that Viktor had to help his mother take care of his father; otherwise, as Viktor says, his mother would have died. As such, for Viktor and Bo, this emphasis on not having any choice is derived from their elderly relatives resisting help from the municipality or others.

¹³¹ According to the second paragraph in the Swedish Marriage Law (in Swedish: Äktenskapsbalk) (1987: 230) “Spouses shall show each other fidelity and respect. They shall jointly care for their home and children and in consultation work for the family’s best” (my translation). This means that, in Sweden, married couples have to some extent a caring responsibility for each other, especially when it comes to domestic work. In the event that a spouse becomes ill and in need of help, the Needs assessor can make decisions regarding support, like home care services (or a personal assistant, if the person in need of help is under the age of 65).

However, besides Viktor and Bo, there are three other sons, Fredrik, Ivan and Oscar, (see Table 8), who mention that there is no one else who could take care of their elderly parents or in-laws, or that they had no other choice but to become caregivers. Fredrik says that if he did not do it, no one else would. This feeling of not having any other choice but to become a caregiver for his father has to do with the responsibility that Fredrik feels for his father. Hence, from Fredrik's quote in the section "Complicated relationship" it could be suggested that his experience is that if he did not provide care for his father, there would be no one else who would do it. However, as Table 5 shows, Fredrik's father has a home care service even though he is not so fond of it. Thus, Fredrik's father already has help from professional care providers. For Ivan, his feeling of not having any other choice but to provide care is based on the fact that his other three siblings are not particularly engaged in caregiving for his mother. As Table 5 shows, Ivan's mother lives in an assisted living and is taken care of by professional care workers. Therefore, neither Fredrik nor Ivan is alone in performing care tasks for their parents; however, what Fredrik and Ivan refer to is that they are alone when it comes to looking after their parents' wellbeing.

In my interview with Oscar, a 71-year-old retired salesman who is taking care of his mother aged 104 (see Tables 3 and 4), this notion of caregiving as defending the elderly person's rights becomes evident. In addition, although Oscar's mother lives in an assisted living, he is an only child, so he also emphasizes that he is the only one who could take care of his mother. On the question of why he is taking care of his mother, Oscar first replies as follows:

Oscar: Because I'm an only child (laughter)¹³².

By saying that there is no one else who could take care of his mother, Oscar is emphasizing that he feels responsible for his mother, despite her being in an assisted living. From this perspective, caregiving is not just about doing practical things or helping physically. It also has to do with being there for the elderly parent, visiting them and looking after their interests. Oscar's initial short answer can be interpreted as indicating that, because he is an only child, he has no choice other than to take care of his mother. Oscar then continues to explain that it is just something you do by bringing up an example of a man he knows who does not visit his ill mother that often.

Oscar: My wife has a friend [...] She is much, much, much worse than my mother. She has a son who is 35 years old; he has not been there since Mother's Day in May. I think this is so damn miserable, I must say. He's going out with a woman who is, I don't know, eight or ten years older than him, I don't know how she has affected him but you cannot do so, definite-

¹³² In Swedish: För att jag är enda barnet (skratt) (Oscar).

ly not. You should be given a hard slap in order to understand, you just don't do that. I have a mom who is ill, really ill, of course you want to go see her at least every fortnight. Even if you work, you have time in the evenings to go there, sometimes. I think it's outrageous¹³³.

According to Oscar, taking care of your mother or at least visiting your ill mother is something that a son should do. In the quote, Oscar cannot think of any excuses for his wife's friend's son not to visit his mother more frequently. For Oscar, the fact that he is taking care of his mother is not just because he is an only child; it is also something that you do, a responsibility that you cannot be excused from. In that sense, feeling responsibility can also lead to feeling obliged or forced to provide care in situations like those of Bo and Viktor, who have elderly relatives who refuse help from others. Feeling responsibility also makes it difficult not to respond to the elderly person's need for care; therefore, it also becomes very evident that one should become engaged in caregiving when the need arises. The emphasis on not having any other choice but to provide care can also, as in the case of Fredrik and Ivan but also as in the case of Oscar, mean that they are alone when it comes to ensuring that their parents are well cared for and receiving necessary support.

In the next section I will turn focused to other motives that came up in the interviews for why the son and sons in law provide care. While the motives that have been mentioned so far have a relational focus, the motives in the next section instead are related to reasons with a more practical significance.

Circumstances affecting caring responsibilities

As I wrote at the beginning of this chapter there is not just one motive or one explanation for why these sons and sons-in-law have become engaged in caregiving; rather, there are different motives and factors working together to create a caregiving responsibility. Therefore, to understand these sons' and the sons-in-law's points of view, it is also important to look at the circumstances affecting the caregiving relationship. Anton, Bo, Carl, David, Evert, Gunnar, Holger, Ivan, Jonny, Martin, Oscar, Rickard, Stig and Viktor emphasize other, beside the relational aspects, practical reasons or circumstances that frame the caring responsibility. These factors form part of their motives to

¹³³ In Swedish: Min fru har en vän [...] Hon är mycket, mycket, mycket sämre än min mamma. Hon har en son som är 35 år, han har inte varit där sen Mors dag, i maj. Tycker jag är så jäkla ynkligt alltså, det måste jag säga. Han träffar en kvinna som är, jag vet inte, 8 eller 10 år äldre än honom, jag vet inte hur hon har påverkat honom men man får inte göra så alltså, definitivt inte. Då ska man ha en stor fet smäll så att man begriper, så här gör man inte. Jag har en morsa som är dålig, jättedålig, klart du ska åka i varje fall var fjortonde dag. Även om man jobbar så har man ju tid på kvällstid i alla fall att åka dit, nån gång. Jag tycker det är sanslöst dåligt alltså (Oscar).

provide care but are not motives in themselves. Therefore, this section is complementary to the motives that are displayed in Table 8.

In this section, I will discuss different circumstances that are associated with matters such as whether there are other relatives available to provide care, for example siblings. These circumstances are also associated with other practical aspects framing the caregiving relationship, such as the distance to the care receiver and having the time to provide care. It is in the quotes from the two sons-in-law, Carl and Gunnar that these more practical reasons become clear.

However, I will now first give an overview of the situation for these sons and sons-in-law in terms of whether there are other family members who can help. In this section, I refer to Tables 3 and 6 to provide an outline for the reader showing that, besides the motivating aspects that have been presented, there are also other aspects that need to be taken into account when attempting to understand the whole picture of what motivates someone to take on caregiving responsibility. Being only children, Bo, Evert, Holger, Martin, Oscar, Stig and Viktor have no siblings with whom to share their caring responsibility (see Tables 3 and 6). Viktor does have a brother on his father's side, but Viktor has no contact with his brother and Viktor's brother has never been involved in caregiving for their father. Therefore, Viktor's situation is comparable to that of an only child.

For the two sons-in-law, practical reasons are those that are most strongly emphasized in terms of why they have become engaged in caregiving for their elderly parents-in-law. Because Carl's wife is an only child, he does not share the caring responsibility with anyone else other than his wife. However, it is Carl who has the main responsibility. As Carl explains it:

Carl: The fact is that they have only one child [name of wife], so there are not so many more people who can do anything... and I have more opportunities than she has. And by doing things, I am ensuring she doesn't have to. And thus our life together is a little more enjoyable¹³⁴.

Carl is 62 years old and runs his own business (see Table 5). He mostly takes care of his mother-in-law, but also his father-in-law. The reason why Carl became the main caregiver is that he works flexible hours and therefore has more opportunities to help his parents-in-law. Because Carl is taking responsibility for the care, he eases the burden on his wife who still works full-time. Carl helps his in-laws and says that the reason he does this is that his wife is an only child and therefore there are no other options, such as like siblings who could take care of his in-laws. He also says that he has

¹³⁴ In Swedish: De är ju så att de har ju bara ett barn [namn på frun] så att det finns ju inte så många fler som kan göra någonting... och jag har ju större möjligheter än vad hon har. Och genom att jag gör det så slipper ju hon. Och då har ju vi tillsammans ett litet roligare liv (Carl).

more time than his wife to help them and, because he takes most of the responsibility for providing help for his in-laws, Carl and his wife have a slightly better life together. As such, besides the fact that Carl's wife is an only child, there are also practical reasons such as flexibility of work that made Carl and his wife feel that it was the best solution for Carl to take care of his in-laws. In the interview, Carl emphasizes that his relationship with his in-laws has always been good, so he wanted to take on this caring responsibility. Therefore, Carl is also marked in the column "A good relationship promotes caregiving". He also says that if this good relationship had not existed, he might not have helped his in-laws as much as he does. However, on the other hand, Carl explains that helping his in-laws is also helpful for his wife, so for that reason, he probably would have helped his in-laws anyway. As Carl continues, he thinks that the act of taking care of parents or parents-in-law has to do with the way you look at life and what kind of person you are.

Carl: And then I find that older people need help. It is hard to be older and deal with the authorities and healthcare. They need [referring to older people in general] people to help them. [...] The reason for wanting to do this [referring to wanting to give care] is that you think so... that old people need help. When we are born, we need help, and when we are old, we need help¹³⁵.

Although Carl believes that elderly people need help, he first gives more practical reasons as to why he became a caregiver for his parents-in-law. As Carl says, there are some times in life when we need help, as children and when we are elderly. In that way, Carl connects caregiving to a way of life and a way of looking at life. In the interview, Carl tells me that he and his wife have made some strategic changes in their lives. One was to sell their large house and instead buy an apartment in the city. Even though they are still working, they are preparing for retirement and for travelling and enjoying life. Along with that, they also want to continue helping their children and Carl's in-laws. From that perspective, even though Carl emphasizes that his main role in taking care of his in-laws is based on him having more time to do so, it is also related to what kind of person he is, what values he has and what priorities he holds in life. That Carl emphasizes that caregiving has to do with one's own values and personality, is a reason why he is also marked in the column of "Caring personality" (see Table 8). I will now continue to describe the way in which the other son-in-law, Gunnar, explains why he takes care of his in-laws.

¹³⁵ In Swedish: Och sen tycker jag att äldre människor behöver hjälp. För det är svårt att vara äldre och klara sig mot myndigheter och sjukvård. De behöver [syftar på äldre som grupp] folk som ställer upp och bidrar. [...] skälet till att man vill det [syftar på att vilja ge omsorg] är ju att man tycker så. Att gamla behöver hjälp. Alltså när vi föds behöver vi hjälp och när vi är gamla behöver vi hjälp (Carl).

Gunnar, a 59-year-old engineer, takes care of his father-in-law and his mother-in-law (see Table 5). Gunnar explains that he does this because he works near to where his in-laws live. In contrast, his wife works in another town and her sister does not have a car, so Gunnar is the main caregiver to his in-laws. Besides these practical reasons, Gunnar also emphasizes that he has a very good relationship with his in-laws; hence, he is also marked in the column of “A good relationship promotes caregiving” (see Table 8). As Gunnar explains, he could not ignore his parents-in-law’s need for help because he feels responsibility towards them.

Gunnar: You do not take it, you get it [the caring responsibility].

Interviewer: You get it? Yes, and then you are forced to take it?

Gunnar: Well, this need not be true. You could say no thanks. But why would you do that? [...] You feel the responsibility. If they call late one night and say: “We do not know what to do, we’ll call an ambulance or you can come and help us out, you can come”. It’s clear then you do not say that you won’t, I would not, you cannot say that¹³⁶.

Gunnar helps his in-laws (mostly his father-in-law) and knew them long before he married their daughter, which is perhaps important to know. However, this is not something that Gunnar mentions in the quote when asked why he provides care for his father-in-law. He says that it is a responsibility that you get. For Gunnar, then, it is obvious to accept that responsibility and to respond to his parents-in-law’s need for help because he does not think he could ever ignore it.

There are some sons like Kurt and Fredrik who share their caring responsibility with their siblings. Kurt shares this responsibility with his sisters; Fredrik shares his caregiving responsibility with his brother. However, Tommy, Rickard, Jonny, Ivan, David and Anton also have siblings, but for a different reason, they do not share the caring responsibility with them (see Table 5). Tommy has one sister and two brothers, but he thinks that it is his responsibility as the eldest and therefore takes full responsibility for the care of their mother. Rickard has a brother, but because his brother has a family with young children and lives in another city, Rickard takes care of their mother. However, he does that together with his father, although Rickard’s father is separated from his mother and they do not live together. Even though Rickard’s father helps with the care of his mother, Rickard does not trust his father to do this properly as his father is also in need of help. Therefore, Rickard also provides help to his father.

¹³⁶ In Swedish: Man tog det inte, man får det [omsorgsansvaret] (Gunnar). Man får det och då är man tvungen att ta det? (Intervjuaren). Nja, det behöver man ju inte. Man kan ju säga nej tack. Men varför skulle man göra det? [...] Man känner ju ett ansvar. Om dom ringer sent en kväll och säger: Vi vet inte vad vi ska göra, ska vi skicka efter en ambulans eller kan du komma och hjälpa oss, kan du komma. Det är klart då säger man inte det vill jag inte, det kan man ju inte säga (Gunnar).

Jonny has a sister, but she has a large family, while Jonny is single and has been unemployed for a long time. Therefore, he mostly takes care of their mother, but also their father. Jonny explains that he does this because he has the time. Ivan has two brothers who live abroad. He also has one sister who helps out with the care of their mother; however, it is Ivan who bears most of the responsibility and his sister is only involved in the caregiving if Ivan delegates tasks to her. The reason why Ivan's sister is only partly involved with the caregiving is because Ivan bears most of the responsibility. David has two brothers, but they do not live in the same city as him and his father, so David is the main caregiver. Anton has a brother, but explains that he takes care of his mother because his brother is not a very caring person. To sum up, there are different reasons why sons and sons-in-law take care of their parents or in-laws, which include aspects such as having siblings or not, having time to care, and the distance from one's home to the care receiver.

When it comes to the engagement of the sons' partners (in this study, 12 wives and one girlfriend; see Table 5) in the care responsibility, Stig is the only son who says that he shares the responsibility for his mother with his wife. He does so because his wife as a former pharmacist takes care of his mother's medications. There is nothing in the interviews that indicates that the sons would expect their partners to take on a caring responsibility for their in-laws. Instead, all of the sons emphasize themselves or themselves, together with their siblings, as the ones who should be taking care of their parents. In the cases in which a son-in-law is the main caregiver, this is for practical and strategic reasons, and because they have a very good relationship with their in-laws.

Juxtaposing findings in relation to five key ideas

So far, I have kept the analysis close to what has specifically been said in the quotes. In this section, my ambition is to outline some different patterns that I have identified in the empirical material about the motivation to provide care, and juxtapose these findings with the five key ideas that were developed from the literature review. I want to start by reminding the reader about these five key ideas. These are: "The key idea of intergenerational solidarity/ambivalence", "The key idea of roles", "The key idea of societal and cultural norms", "The key idea of exchange" and "The key idea of choice/lack of choice". The five key ideas represent my way of organizing and analyzing the literature that is about adult children's motives to care for elderly parents. These key ideas are connected to different theoretical perspectives (see table 2). However, the reader also needs to know – and this will become clearer in this section – that looking at care motives through one key idea does not give a complete picture of the motive behind caregiving, yet most research focuses on one motive at a time. What I mean is, to look at care by choosing one of these key ideas does not give a full explanation of the complexity of caring relationships. However, as explained in the literature review on adult children's motives to care, this is the way that motives to care

have been studied so far. At the end of the section called “Sons’ motivations to care – Summary” I will suggest another way of understanding adult children’s motives to care that I propose to call *the complexity of care*.

The analysis of the sons and sons-in-law motives to provide care to an elderly parent or in-law raises some issues in relation to the research literature on adult children’s motivations to care. I will now deal with each of these key ideas, initially giving a brief reminder of what the conceptual framework for the key idea is, and then moving on to discuss the research associated with the key idea in relation to the motives expressed by the sons and sons-in-law in this study.

The sons’ motivations to provide care, and the key idea of intergenerational solidarity/ambivalence

“The key idea of intergenerational solidarity/ambivalence” represents research exploring commitment, affection, intimacy, love, empathy and altruism, while having a relational focus. An important issue for research associated with this key idea is whether younger generations are prepared to care for elderly ones. For the sons and sons-in-law, relationships are important aspects of this. Several sons state that their love, affection or close relationship with their mothers is the reason for providing care. This relational aspect is also important for the sons-in-law’s decisions to become caregivers for their parents-in-law. However, relational aspects cannot be considered without also looking at other circumstances that provide the background to the caring situation, such as having time to care. For sons taking care of their fathers, the relationship is described as being good, but they do not emphasize warm feelings or use terms such as affection or love. Instead, sons caring for their fathers describe their caring relationship in terms of feeling responsibility for their fathers. As I concluded in the literature review on adult children’s motivations to provide care for their elderly parents, most research associated with “The key idea of intergenerational solidarity/ambivalence” has been quantitative (see Table 2), with a focus on categorizing relationships along different types of continuum in order to describe what motivates adult children to provide care. Within research associated with “The key idea of intergenerational solidarity/ambivalence”, there has been lively discussion about the term *solidarity*, just emphasizing consensus i.e. that the relationship in the family is viewed as being based on solidarity or not, without considering that relationships can be much more complicated than that (cf. Lüscher and Pillemer 1998; Connidis and McMullin 2002). On the other hand, the term *ambivalence* has been criticized for being somewhat vague, although ambivalence has been equated with and at the same time distinguished from conflict (Bengtson *et al.* 2002).

In relation to what the sons and sons-in-law emphasize when it comes to motivations to provide care, relationships do seem to be an important aspect. However, a motivation to provide care cannot only be seen through relational aspects, especially not

when they emphasize the degree of solidarity or ambivalence. To grasp relationships through the presence or absence of conflict is simply not enough to create an adequate understanding of intergenerational relationships. The analysis of sons' and sons-in-law's motivations to care shows a more complex picture. To understand these motivations, relationships are important, but so are external aspects such as having time to care or living close enough to the care receiver. Another finding when it comes to sons' and sons-in-law's motivations to care is that the relational aspects are far too complicated to be described as building on solidarity or ambivalence, and hence as harmonious or conflicting. The sons caring for parents who actually abandoned them as children provide a strong indication that it is perhaps not only the quality of the relationship that is important.

There are more factors working together that induce the subjects to take on a caring responsibility. The sons caring for their fathers do not emphasize the same strong relationship with the care receiver as the sons caring for their mothers. This suggests that a gender perspective is needed to understand sons' and sons-in-law's motivations in full. It is necessary to look at how different aspects of gender such as norms of femininity and masculinity create different relationships. Another finding on sons' and sons-in-law's motivations to provide care creates an even more complex picture in terms of the quality of the relationship with the care receiver. For one son, it is not perhaps the relationship with his father that encourages him to provide care; rather, it is the relationship with his mother and the desire to ease the burden on her that is the most important aspect inducing him to care for his father. Therefore, it could perhaps be reasonable to suggest that the relational aspect of caring responsibility is not just a manifestation of the relationship between the caregiver and the care receiver. It might just be as much about the relationship to other family members as well. All of these layers of the caregiving relationship are thus probably very important to acknowledge in order to understand the essence of motivations to provide care.

The sons' motivations to provide care, and the key idea of roles

I will now move on to discuss this study's results in relation to research associated with "The key idea of roles". Research associated with this key idea stresses roles in terms of, for example, parenthood and responsibility between siblings. Much of the research reflecting on gender roles when it comes to providing care has been undertaken by feminist scholars. This research often involves descriptions of the experiences and roles of caregivers or care receivers. This focus on roles is often connected to power structures and how these structures are produced and reproduced between those with different roles, such as women, men, mothers, fathers, sisters and brothers. As I pointed out in the literature review on adult children's motivations to provide care, studies that are based on roles as a key idea have often taken the standpoint that the caregiving role is internalized by women because it is central to feminine identity. One result among the findings from the current analysis of the sons' and sons-in-law's mo-

tivations to provide care is that men also talk about caregiving as a part of their personality, hence as being internalized in their masculinity. This is presented in the section “Caring personality”. These sons emphasize that they have a well-developed sense of empathy and are able to see other people’s needs and respond to them. For example, Tommy describes how responding to caregiving needs defines him and caregiving has been a part of him throughout his life. Also, Carl, a son-in-law connected caregiving to his one personality and the kind of values one has. Research associated with “The key idea of roles” often involves the assumption that female caregiving is more relational, while male caregiving is more practical (Campbell 2010). However, as shown in Table 7, for sons and sons-in-law in this particular study, the most common type of support that they are providing to their elderly parents and in-laws is comfort and emotional support; hence, sons and sons-in-law in this study mostly provide relational caregiving.

The findings from this study’s analysis of sons’ and sons-in-law’s motivations to provide care thus differ from previous studies associated with “The key idea of roles”. This study shows that sons and sons-in-law are engaged in relational caregiving as well as the practical type. One problem as I see it, and as I asserted in the literature review on “The key idea of roles”, is that research associated with “The key idea of roles” often focuses only or predominantly on women. This creates a methodological tendency whereby men’s caregiving is compared to an implicit norm of that of women. Because of this methodological bias, women become the *real caregivers* and the categories of *male*, *son* and *brother* are considered as a single entity, which overlooks the diversity among male caregivers. Looking at the findings from this study’s analysis of sons’ and sons-in-law’s motivations to provide care in relation to “The key idea of roles”, I would suggest that a focus on sons’ and sons-in-law’s motivations to provide care would make an important contribution when it comes to the theoretical development of our understanding of the caregiving role in connection to gender. One conclusion that can be reached is that these sons are all *real caregivers*. They are all *routine caregivers*, in line with the definition in Matthews and Rosner’s (1998) paper where the sisters are the *routine caregivers*, but not the brothers. However, Matthews and Rosner’s (1998) study only included sisters, who were asked about their brothers’ engagement. The present study, on the other hand, only includes men and involves sons and sons-in-law being asked directly about their caregiving involvement. Therefore, another picture is perhaps visible when it comes to how brothers and sisters share or do not share the responsibility for their elderly parents. As Table 5 shows, there are five sons who have a sister. Two of these sons share their responsibility with their sisters, but three do not. Therefore, the findings from this study on sons’ and sons-in-law’s motivations to provide care give a more nuanced picture of the contributions among siblings, namely which of the siblings becomes the *routine caregiver* can vary. There are many different factors that interact and lead to one sibling bearing all or most of this responsibility. There may be practical reasons, such as the distance from

their homes to the care receiver and their relationships with the care receiver, and sometimes the question of who is the oldest sibling is relevant. For example, in Tommy's case, he felt that it was his responsibility as the oldest sibling to take care of his mother. A similar result was also found in Matthews and Rosner's (1998) study, although they concluded that being the oldest carried certain expectations of routine involvement in parental care.

Another result from the present study also shows that, just like wives in Globerman's (1996) study, who cared for their in-laws because of their love for their husbands, the sons-in-law in this study also emphasize their loyalty to their wives as a motivation inducing them to take care of their in-laws. However, the sons-in-law also emphasize practical reasons, such as having time to provide care as well as a good relationship with their in-laws. This is also important because providing care for elderly parents is not always expected in all societies, and can depend on the adult children's willingness to care. Welfare arrangements as well as connections to the labor market are also very important aspects. In Globerman's (1996) study, most of the daughters were housewives, so they were expected to care for their elderly parents-in-law. However, in the findings from the present analysis on sons' and sons-in-law's motivations to provide care, there are no indications that they expect their wife or girlfriend to bear a caring responsibility for their in-laws. In addition, the sons-in-law providing care for their in-laws do not describe experiencing pressure to do so. Rather, practical reasons, such as having time to care and living close to the care receiver, in combination with loyalty to one's wife and having a good relationship with the in-laws, make them accept a caring responsibility. In the next section, I will continue to discuss this study's findings of sons' and sons-in-law's motivations to care, relating these to "The key idea of societal and cultural norms".

The sons' motivations to provide care, and the key idea of societal and cultural norms

In research associated with "The key idea of societal and cultural norms", there is concern over the issue of coping with an aging population. This research focuses on how societal norms of filial piety, family sacrifice/obligations and religious teaching are motivating factors inducing children to take care of their elderly parents. The empirical literature mostly consists of studies that are cross-cultural in design, comparing findings within or between countries or comparing findings between different cultural settings (cf. Sung 1994; Parveena *et al.* 2013). There is also literature on empirical studies that has investigated norms in a particular society by making comparisons among different generations' norms of family caregiving (cf. Sung 1992; Stuijbergen *et al.* 2008). In terms of the findings in the present study's analysis on sons' and sons-in-law's motivations to care, the cultural setting and cultural norms seem to be important. This is particularly true with regard to a country's arrangements for welfare interven-

tions and the way in which women and men share the breadwinning responsibility, as well as the caring responsibility. This study's findings on motivations to care suggest that the cultural setting may affect the willingness to bear a caring responsibility. For example, in Sweden, adult children do not have any duty to take care of their elderly relatives, according to Swedish law, and welfare interventions are directed to the individual in need of help, as a way of making the elderly independent of their children. How are we, then, to interpret the fact that, in Sweden, adult children still provide a lot of care to their elderly parents? One thing to remember is that, even though there is no law in Sweden obliging children to take care of their elderly parents, this does not mean that there is no cultural norm that adult children should do so.

Research associated with "The key idea of societal and cultural norms" (cf. Stuifbergen *et al.* 2008) also asks whether a good relationship with one's parents can replace religious or cultural norms of providing care to elderly parents in a more individualistic society. Findings from this study's analysis on sons' and sons-in-law's motivations to provide care suggest that relationships with the care receiver are indeed important, but such relationships are just one motivation among a number of others. Even though some sons explain their caregiving in terms of love or affection and having a good relationship with the care receiver, there are also those who do not mention a good relationship, love, or affection as motivations for providing care. Instead, these sons describe a feeling of responsibility. Another son also expresses his disregard for sons who do not take care of their elderly parents. This can be seen as an expression of a Swedish cultural norm. Despite this, it can perhaps be suggested that just focusing on societal and cultural norms does not give the whole picture regarding the willingness to bear a caring responsibility and the motivations behind this.

Additionally, the fact that the findings from the analysis on sons' and sons-in-law's motivations to care indicate that sons do not expect their partners to provide care can be seen as a reflection of a Swedish cultural norm in two aspects. The first one is that this result may reflect the fact that children in Sweden do not have any legal responsibility to take care of their parents. Table 5 shows that most of the elderly parents or in-laws receive home care services (ten with home care services and one had personal assistants) if they do not live in an assisted living, (six care receivers live in an assisted living). The degree to which the sons and sons-in-law help their elderly parents and in-laws varies (as shown in Table 6), but the crucial aspect here is that, as I have already written in the chapter "Conceptual frameworks" section "Family care and Swedish statistics", in Sweden, welfare interventions are directed at the individual, not the family. Therefore, in theory and according to the law, no elderly parent needs to be dependent on their adult children for help. However, relatives may sometimes feel forced to provide care because, for example, they think that the home care services are not satisfactory. Relatives can also feel forced to provide care, especially in situations where the care receiver does not want help from home care services, among others, as discussed in the section "No other choice". The second aspect is that most women in

Sweden participate in the labor market, and being a housewife is rather unusual¹³⁷. Therefore, it is not as expected of Swedish women to take on a caring responsibility for their parents-in-law as it might be in other countries, where the caring responsibility for elderly relatives rests with the family and where it is more common for women to be housewives (cf. Campbell and Martin-Matthews 2000). The fact that Swedish women widely participate in the labor market means that the care responsibility cannot be placed on women alone. Instead, Swedish spouses are supposed to share equally in the responsibility to care for children, with support from welfare interventions such as daycare services and after-school programs. When it comes to elderly parents, the responsibility is supposed to be borne by healthcare services and the municipality, via services such as home care and assisted living. However, this does not necessarily reflect the actual situation on the ground. In reality, the division between work and care, as well as the division between the responsibilities of family, the healthcare sector and the municipality is not always that clear cut. The development of the Swedish welfare state and the goal that women and men would participate equally in the labor market started in the 1960s (Fürst 2001). Until the 1960s, housewives were relatively common in Sweden¹³⁸. However, during women's liberation at the end of the 1960s and during the 1970s, the norm became that women should participate in the labor market on the same terms as men (Hatje 2009). This led to the extensive expansion of daycare centers and after-school programs. However, although more than 80 percent of Swedish women work, there are still far more women who work part-time and bear larger responsibility for caring for children (Statistics Sweden 2012). This does not mean that fathers do not want to care for their children or work part-time or are not able to do so. Instead, structural factors such as men earning more money than women are probably important in determining how families share caring responsibilities and the responsibility for taking paid and unpaid work. Of course, there are several more aspects, such

¹³⁷ In 2011, in Sweden, the rate of labor force participation for women aged 20-64 years was 82.5 percent, compared with that for men aged 20-64 years, which was 88.7 per cent. It is, however, important to recognize that, in 2011, 68 percent of all employed women aged 20-64 years worked full-time and 32 percent part-time. The corresponding figures for men were 90 and 10 percent, respectively. This indicates that, even though women and men are supposed to share the responsibility for work and taking care of children equally, the division in many families is instead that women take greater responsibility for taking care of children and men for breadwinning (Statistics Sweden 2012).

¹³⁸ Maybe it is important for the reader to understand that the housewives have been around for a relatively short time in the history of Sweden. At the beginning of the 1900s the vast majority of the Swedish population still lived in rural areas. Both men and women worked most of the time on their own farm. Selling products, they themselves produced, allowed them to obtain money for their households. In the late 1800s, people began to move to the cities, attracted by the industry and the cash offered in the form of salaries. Both women and men moved to the cities to work in industries. Over time, industry grew and well-paid officials (mainly men) became more common. They could afford to build houses and the family could live well on one salary. This change created opportunities for housewives. After the second world war ended in 1945 it was a golden period in Sweden. In this period the workers also could afford to live on one salary, which meant that even working wives could become housewives. In the 1950s the industry began screaming for more labor-power and more women chose to start working in industry. The increase in the number of housewives stopped and in the 1960s, in conjunction with the rise of the women's liberation movement, the number of housewives began to decline (Hatje 2009 cf. Hirdman 2001).

as masculinity norms, femininity norms and norms in the workplace, that affect how women and men negotiate their caring responsibilities. One focus within research associated with “The key idea of societal and cultural norms” is to investigate how norms of caring responsibility differ between generations. In terms of this study, there are perhaps indications that the caring norm in Sweden has changed over the generations, especially for men. As the reader may recall, I drew a conclusion in the section of “A son’s responsibility”, that sons providing care to their fathers explain their caregiving in terms of responsibility rather than saying it is built on love and affection. In contrast, sons caring for their mothers talk about their caring in terms of love, affection and mutuality. Sons caring for their fathers mention that their relationship with their fathers was good, but not as good as their relationship with their mother. The reason for this is that their fathers, acting as breadwinners, had been rather more absent, at least when it came to emotional support, during their childhood. Their mothers, on the other hand, had been housewives and generally present during their childhood, taking full responsibility for providing care as well as emotional support. This is not to say that the fathers did not provide care and support by being breadwinners. However, the Swedish norm at that time involved the constellation of the nuclear family, with a clear division of responsibility between women and men. The father was expected to be the more disciplinary parent and the mother the loving and caring one (Hajte 2009 cf. Hirdman 2001). This cultural norm also structured the division of work and care, and indicated how men and women should act. With women’s liberation in Sweden, this norm was strongly questioned (Hirdman 2001). However, even though Sweden is regarded as a country with high equality between men and women, these norms and traditions still exist, despite no longer being dominant.

With this said, there may be some findings in the present analysis of sons’ and sons-in-law’s motivations to provide care that could be interpreted as reflecting two types of ideal of men or masculinities. One ideal is represented by older fathers who are in need of care. These fathers come from a generation in which men were breadwinners and did not bear care responsibilities as much as their wives did. This in turn meant that their relationships with their sons were weaker than those between their sons and their wives. However, these fathers are now being taken care of by men perhaps representing another ideal; that is, by sons who have been influenced by the norm of caring responsibility being shared between men and women or men who have internalized the caring responsibilities as part of their masculinity. This is perhaps particularly true with regard to the sons who talk about caring responsibilities as part of their personality. From this perspective, it is important to see that societal and cultural norms cannot be considered without adopting a gender perspective that enables the kind of mechanism that makes women and men talk about care in certain ways. For example, in Gans and Silverstein’s (2006) study, women consistently expressed stronger filial norms than men from young adulthood to old age. This conclusion must be considered in relation to norms of how a family divides the responsibility between

work and care, how the support from welfare interventions is provided, and the cultural and societal norms surrounding femininity and masculinity. In many cultures, care is related to femininity, while being a breadwinner is related to masculinity. Therefore, the result in Gans and Silverstein's (2006) study might also show how femininity and masculinity are expressed in relation to cultural norms of caring responsibilities. From this perspective, it is also possible that the women in Gans and Silverstein's (2006) study live in a reality in which they know that caregiving for elderly parents will be expected of them because of how the welfare system is arranged in their society, namely America in this case. Therefore, their answer also reflects what might be expected of them. Expressing filial norms does not guarantee that women will take on greater caring responsibility when the day comes that an elderly relative needs help. Equally, it does not mean that men expressing lower levels of filial norms will not bear caring responsibility if they are faced with such a situation. This is one of the conclusions in Lowenstein and Daatland's (2006) cross-national study mentioned in the literature review, in the section on "The key idea of intergenerational solidarity/ambivalence". Lowenstein and Daatland (2006) concluded that strong filial norms (as in Spain and Israel) do not necessarily imply high levels of help exchange. Instead, in their study, in Norway, a country with high levels of service support, the exchange between generations was more substantial, sustaining a strong family system.

Several papers on studies associated with "The key idea of societal and cultural norms" have concluded that there has been a shift in caring responsibility from caring because of filial norms and religious teaching to instead depending on the relationship with the person in need of care. What the studies associated with "The key idea of societal and cultural norms" seem to miss is that, even if a particular society, for example, South Korea (Sung 1994), expresses a strong cultural norm that it is children's responsibility to care for their parents, this cannot lead to the conclusion that adult children will definitely take care of their elderly parents if the need arises. Idealistic answers must be put in relation to all other aspects of life, such as work and having time to care, distance to the location of the care receiver, having adult children or young children and the support from welfare interventions. These answers also need to be viewed from the perspective that a gender lens offers. In this regard, the reader may recall my criticism in the literature review of research associated with "The key idea of societal and cultural norms" and how a lack of a gender perspective in this research may have contributed to a failure to identify filial norms between women and men. The research associated with "The key idea of societal and cultural norms" emphasizes concern over how to handle the care burden for elderly generations and, as such, a focus on men's filial norms could be a way of understanding what motivates men to provide care. This is especially true since studies associated with "The key idea of societal and cultural norms" often assume that men contribute less to family care. Therefore, as I concluded in the literature review, men could be seen as an untapped resource. From a cultural perspective, Sweden is therefore perhaps a rather appropriate country in

which to study family care when it comes to understanding how relationships between generations and societal norms affect the motivations to provide care between generations. This is because Sweden is regarded as an individualistic society with a fairly wide range of welfare services, with welfare interventions directed towards individuals and not families, along with many women working, but with the apparently contradictory feature of having a high level of family care between generations all the same.

I will now move on to discuss “The key idea of exchange” in relation to the findings from the present analysis of sons’ and sons-in-law’s motivations to provide care.

The sons’ motivations to provide care, and the key idea of exchange

Research associated with “The key idea of exchange” focuses on the exchange of support or help between generations. From an exchange theory perspective, it is asserted that parents care for their children and these children later care for their elderly parents in return. This exchange can be both practical and emotional, but according to exchange theory, it particularly involves reciprocity. As the reader might remember, the criticism of considering caregiving through the perspective of exchange is that, as Funk (2012) points out, this is a model that views relationships as being calculating, to the extent that an exchange is expected. In relation to findings in this study’s analysis on sons’ and sons-in-law’s motivations to provide care, one problem that immediately comes to mind is that it is difficult to explain caring relationships that are not based on reciprocity through exchange theory. The sons having a complicated relationship with their elderly parents have rather weak reciprocity-related reasons for providing care. For Fredrik and Viktor, their relationships with their fathers were rather one-sided because they had not received much support from their fathers during childhood or during the ongoing caregiving relationship. Nonetheless, Viktor speaks in terms of giving back (see Viktor’s quote in the section of “Complicated relationships”). He does this, however, because he thinks that this is an answer that is expected of him. To understand Viktor’s emphasis on some sort of delayed reciprocity, it is necessary to understand that the common conception of the relationship between children and parents is that it should be based on mutual love and affection. Viktor therefore first gives me an answer that refers to unconditional love and reciprocity, but the way he says it is ironic, as if he cannot really accept that answer himself. Viktor’s motivation to care is thus very complicated and cannot be described just in terms of reciprocity.

My argument is thus that considering exchange and reciprocity is just one way of understanding what motivates a caregiving relationship. However, looking at caregiving just from the perspective of exchange is rather limiting in terms of understanding the full complexity of caregiving relationships. In relation to the conclusion in Funk’s (2012) study, delayed reciprocity may imply that children are only motivated by obligatory debt repayment, rather than love and affection. Just as the informants in Funk’s (2012) study saw their caregiving as an act of love, so do the sons in this study, who emphasize caregiving through a good relationship. In terms of exchange theory, it is

also very difficult to explain what motivates sons who, as children, were abandoned by the care receiver and who did not have any reciprocal relationship with the care receiver in the past. Understanding their motivation to provide care is impossible through the theory of exchange. This is because this theory includes the logic of two possible relationships and how they affect the motivation to provide care. One of these is that a relationship built on a history of reciprocity and exchange implies that children will provide care to elderly parents as part of that exchange and reciprocity. The other is that a relationship that is not built on a history of exchange and reciprocity implies that children will thus not provide care and support to their elderly parents. The analysis in the present study of sons' and sons-in-law's motivations to provide care suggests a more complicated picture of why adult children provide care; it also suggests that exchange theory seems to be very limiting in terms of understanding adult children's motivations to provide care.

I will now move on to discuss findings from this study's analysis on motivations to provide care in relation to the last key idea in the literature review, namely "The key idea of choice/lack of choice".

The sons' motivations to provide care, and the key idea of choice/lack of choice

In the literature review on studies associated with "The key idea of choice/lack of choice", I have attempted to describe research handling the question of whether caregiving is motivated by a choice or if the caregiver has no other choice but to provide care. Many of the sons in this study emphasize a good relationship to the care receiver or their caring personality as a motivating aspect inducing them to provide care; this might reflect a *commitment to care* as conceptualized by Lee (1992). This commitment to care builds on a conscious choice to care and a desire to be involved in filial care. In relating the inclusion criteria in the present study, the concept of *legitimate excuses* as developed by Finch and Mason (1993) becomes obsolete because all of the informants are engaged in caregiving. However, looking at how the sons and sons-in-law in the present study talk about other sons who do not care for their elderly parents (as in the quote from Oscar in the section "No other choice"), it could be suggested that these sons do not think that there are so many legitimate excuses for not providing care. The son in this study who emphasizes this clearest is Oscar, when telling a story about a son who does not visit his ill mother that often. In addition, Carl, a son-in-law, says that care is something you give because you think that your elderly parents or in-laws need help and care; hence, it is just something you do. In cases in which the sons in this study had siblings, living in another city or another country was a legitimate excuse for them not to participate in the caregiving for an elderly parent. In addition, having a large family and small children was a legitimate excuse for a sibling not to provide care. However, as in the case for Anton having an older brother who did not

provide care for their mother, according to Anton, this brother had no other excuse and was just not empathetic enough. In the beginning, when Anton's mother first needed help, Anton's brother actually lived in the same city as her, but it was Anton who took care of her and finally brought her to live in the same city as him. When Anton explains why it is him and not his brother who takes care of their mother, he says that his brother is not so empathetic as a person; however, there is nothing that indicates that Anton thinks that not being an empathetic person is a legitimate excuse. In this regard, this study perhaps shows that legitimate excuses for not caring for an elderly parent or in-law are connected to external aspects, such as living far from the care receiver and having time to care. When it comes to internal aspects or aspects having to do with emotions or empathy, having a bad relationship with the care receiver could be a legitimate excuse. On the other hand, for the sons having a complicated relationship with the care receiver, it seems that having a weak relationship with the elderly parent is still an inadequate excuse for not providing care. For these sons, it seems evident that a good son should bear caring responsibilities for their elderly parent and they instead emphasize the ability to forgive rather than to ignore the elderly parent who is in need of help.

Horowitz's (1985a) concept of *caring by default* describes circumstances in which there is no choice as being an aspect motivating acceptance of a caring relationship. In this perspective, many daughters-in-law in Guberman's (1999) study felt forced to provide care for their elderly parents-in-law because of their husbands' expectations and because they were economically dependent on their husbands. They were in no position to negotiate regarding the caring responsibility. Guberman (1999) also found that this lack of choice was connected to the cultural setting; that is, French-Canadian and Italian daughters-in-law felt that they had no choice but to provide care for their parents-in-law. However, the Haitian daughters-in-law did so only if they had a very good relationship with the care receiver; otherwise, it was the son who provided care to his parents. In relation to findings from the present analysis of sons' and sons-in-law's motivations to provide care, the sons-in-law provided care to their elderly parents-in-law because they had a good relationship with them. They did not feel pressure to do so, but practical aspects such as living a short distance away and having time to care, as well as loyalty to one's wife, made them take on the caring responsibility.

In Arksey and Glendinning's (2007) study focusing on UK policy affecting the choice to provide care, the authors concluded that the political rhetoric about the choice to provide informal care takes little account of informal carers. Therefore, they concluded that choice is not only an individualized activity, but instead takes place in a wider social arena. This conclusion is also perhaps applicable to findings in the present analysis on sons' and sons-in-law's motivations to provide care and in the section "No other choice", as in the case of Bo and Viktor. Because their elderly relatives did not want to receive care from others, such as home care services, these sons were more or less forced to provide it instead. As already stated, in Sweden, adult children have no

duty under the law to provide care for their elderly parents; however, it is not always easy to refuse to provide care to a close relative if they are in need of it.

As the reader may recall, I wrote in the section on “The key idea of choice/lack of choice” that some research has indicated that women experience the caring situation as more burdensome and stressful than men do (see Barusch and Spaid 1989, Fitting *et al.* 1986, Horowitz 1985a, Ekwall *et al.* 2004). A comparison of Campbell and Martin-Matthews’ (2000) study (concluding that men are often motivated to provide care for practical reasons) with that of Lyonette and Yardley (2003) (concluding that women are motivated by guilt and a lack of choice) provides further justification for the assumption that caregiving is more burdensome for women. However, I question the validity of this as it is unclear whether this is a result of how studies of men and women as caregivers are designed; that is, studies on women focus on personal aspects and feelings, while studies on men as caregivers focus on practical reasons for providing care. In addition, there are rather strong indicators from the present study that men as caregivers are also emotionally affected and motivated by personal feelings for the care receiver. Hence, the analysis presented here could contribute to a fuller and more nuanced picture of men as caregivers. In other words, to understand men’s reasons for providing care, it is vital to look at the various circumstances that influence the formation of the caring relationship. These include practical aspects, but also emotional ones.

Sons’ motivations to care – Summary

In this section, I will make some suggestions as well as raise some questions about how the interviewed sons’ and sons-in-law’s motivations to care should be understood and about how to look at the phenomenon of caring sons and sons-in-law in order to understand fully their motivations for providing care.

The analysis of sons’ and sons-in-law’s motivations to provide care in relation to the five key ideas suggests that having just one perspective is insufficient to obtain a full understanding of all the aspects that induce a person to accept caregiving responsibility. In this respect it seems necessary to point out that while the complexity underlining motives to engage in family caregiving is acknowledged in some of the research discussed in the literature review on motives, there is still a tendency in this scholarship to approach motives from one perspective at the time. This means, for example, that when caregiving scholars approach motives from the perspective of intergenerational solidarity and ambivalence, they tend to place one aspect of the caregiving relationship at the forefront of their inquiries at the expense of others (in the case it is – I have argued – the quality of the relationship that the inquiries tend to draw attention to). However, from a perspective of intergenerational solidarity and ambivalence it is hard to understand a son’s motive to care when solidarity or even ambivalence in the relationship has never existed. Hence, there is an intergenerational tie, but it has never

consisted of solidarity or ambivalence; rather it only consists of absence, as in the case of some sons that were abandoned by their parents as children. Additionally, from the perspective of intergenerational solidarity and ambivalence is it possible to understand other practical aspects associated with caregiving responsibility, such as having time to care? Hence, the motivation to care is rarely exclusively motivated by the relationship with the care receiver; rather, other aspects also play major roles.

Trying to understand adult children's motivations to care through the perspective of roles also fails to recognize that other aspects besides being a man or a woman or being the oldest sibling affect the decision to provide care. The predominant focus on women as caregivers within previous research associated with "The key idea of roles" makes it difficult to explain some men's motivations to provide care. A question that has been raised in association with this key idea is as follows: Do men have a weaker response to care needs, and is the type of caregiving that men provide worse than that from women? However, by assuming that caregiving is something feminine, i.e. women have an intrinsic ability to provide care because caregiving is so connected to femininity, this question can never be answered because men and women are then viewed differently and with preconceived notions.

Research associated with "The key idea of societal and cultural norms" assumes that the way in which younger generations express their sense of filial norms reflects how they will respond to the care needs of the elderly. However, why is it that some will give an idealistic answer but then will not respond to their elderly relatives' care needs anyway? Just considering adult children's motivations to provide care from a perspective of societal and cultural norms involves a failure to acknowledge other circumstances that might affect the decision to provide care. It is also a failure to recognize all the personal reasons that an individual might have for becoming or not becoming a caregiver, alongside the quality of the relationship between the caregiver and the care receiver.

Looking at motivations to provide care from the perspective of exchange raises questions about how to understand a caregiving relationship where no past exchange has occurred. Furthermore, how can we understand caregiving relationships that are not and never have been based on reciprocity? Research within "The key idea of choice/lack of choice" offers a more complex view of motives to care. This is because research within this key idea to some extent problematizes the individual choice to care, taking into account structural aspects such as policy-making and legislation (cf. Arksey and Glendinning 2007). However, even if studies within "The key idea of choice/lack of choice" to some extent problematize gender, they do not problematize it in relation to what it means that women represent the norm as caregivers. Hence, looking at caregiving from the perspective of choice or lack of choice also necessitates addressing for example on what kind of basis families negotiate and arrange care. If the division of roles in a family is such that a woman as a housewife takes on the caring responsibility for family members and the man is the breadwinner, this does not mean

that the man does not contribute to the caregiving. Rather, being the breadwinner is also important for caring responsibilities, namely ensuring the availability of economic resources for the household.

Therefore, acknowledging the complexity of human relations and motivations to provide care suggests that, to understand fully what motivates or prevents caregiving responsibility being accepted, there is a need to obtain an understanding on multiple different levels. Hence, drawing from *complexity theory* I am suggesting that looking at what motivates adult children to provide care for elderly parents and in-laws must involve an understanding of what I propose to call *the complexity of care* (cf. Warren-Adamson and Stroud’s 2013 discussion of complexity theory in kinship practice). Table 9 offers therefore a synopsis of the motives found within the research reviewed and in the findings of this dissertation.

Table 9: THE COMPLEXITY OF CARE, LEVELS AND ASPECTS

LEVEL OF UNDERSTANDING	ASPECTS RELEVANT TO EACH LEVEL	CROSS-CUTTING ASPECTS
Society/culture	Welfare institutions Policy Law Gender norms Ethnicity norms Filial norms Religious norms Labor market	Sex, gender, sexuality, age, class, functionality, ethnicity etc.
Family	Relationships within family Family members, such as having siblings or not Other family members Distance to care receiver Having time to care Socioeconomic possibilities	
Individual	Relationship to care receiver Care receivers wish to receive help or not Being empathetic or having a caring personality Having choice or no choice Other complex individual reasons, such as making up for lost time	

This is, in other words, my attempt to bring together different perspectives on motives to care and make the complexity of motives more visible. Thus, I propose that looking at motivations to provide care from just one level of understanding is inadequate; rather, all levels need to be acknowledged. Furthermore, all aspects at each level and the cross-cutting aspects also need to be considered, to enable an understanding of adult children’s entire range of motivations, which together determine whether the individual accepts a caring responsibility or not.

One reason that this complex pattern revealed itself in a study with men as caregivers could be concerned with gender norms of masculinity and femininity. The logic is that these men cannot explain their caregiving engagement throughout their masculinity in the way that women explain caregiving through their femininity (see Lawrence *et al.* 2008); hence, caring is seen as a woman's natural instinct (Brody 2004). Because caregiving is not considered to be a masculine trait, these men, when asked the question of why they provide care, have to be more specific about it. They explain their caregiving by describing the circumstances that have led to the caregiving responsibility. They are motivated in their caregiving by having a good relationship with the care receiver, by feeling responsible, or even by not having a good relationship with the care receiver. Even if they explain their caregiving as *natural* and also state that personal aspects make them respond to care needs, not once do they say it is because of their gender, as women have done, for example in Globerman's (1996) study. Of course one reason men do not do that may be that they do not feel the same expectations from others to provide care. Another way of looking at this is that the caring behavior was there long before researchers began to study it and labeled it as feminine. Hence, researchers have connected care with femininity, and therefore being of female gender by itself has become an adequate explanation for why one provides care. Perhaps, one might argue, because of this assumption, earlier studies on female caregivers did not investigate deeply women's motives for caregiving, and did not take into account the circumstances surrounding the caregiving situation. However, some of the sons and sons-in-law in this study explained their caregiving as the result of having a caring personality. The question I am therefore asking is what does it mean to have a caring personality and to be a man in terms of masculinities? What do these men mean when they say that caring is *natural*? In the next section I will consider more deeply the sons' and sons-in-law's experience of care.

ADULT SONS' EXPERIENCE OF CAREGIVING

In analyzing the sons' and sons-in-law's experience of providing care I would suggest that it is rather noticeable that while most of the sons and sons-in-law experienced caregiving as mostly positive there are some sons (see Table 10) that experienced caregiving as mostly burdensome and negative. One first thought might perhaps be that those sons that experienced caregiving as mostly burdensome and negative were those sons that in the chapter "Adult sons' motives to provide care" described their relationship to their parent as complicated (Fredrik, Martin, Peter, Stig, Viktor). However, that was not entirely the case. While Fredrik, Peter and Viktor, sons with a complicated relationship to their parents, experienced caregiving as burdensome, there were four other sons that also experienced caregiving as burdensome, namely Bo, David, Ivan and Kurt (see Table 10). When analyzing the interviews, I then found what I would suggest are remarkable similarities in their experiences that affected whether the overall caring situation was experienced as mostly positive or mostly negative and burdensome. In the next sections I will consider more deeply the sons' and sons-in-law's experience of caregiving. However, first it is important for the reader to note that even in this analysis chapter the sons and sons-in-law did not just talk about one specific experience; rather the sons and sons-in-law mention several different experiences of caregiving, as shown in Table 10. In fact, most sons and sons-in-law have been categorized in all of the experiences as having an overall positive or an overall negative experience of the caregiving relationship.

Table 10: SONS' AND SONS-IN-LAW'S EXPERIENCE OF CARING FOR ELDERLY PARENTS OR IN-LAWS

CARING EXPERIENCE DESCRIBED MOSTLY IN POSITIVE TERMS					CARING EXPERIENCE DESCRIBED MOSTLY IN NEGATIVE TERMS			
Informants	Conscious decision made regarding caregiving responsibility	Experience that they are doing something meaningful	Experience reciprocity in the caring relationship	Have support from family or professional caregivers	No conscious decision made regarding caregiving responsibility	Care receiver with dementia or mental health problems	Lack of reciprocity in the caring relationship	Lack of support from family and professional caregivers
Anton	X	X	X	X				
Bo					X	X	X	X
Carl*	X	X	X	X				
David					X	X	X	X
Evert		X	X					
Fredrik					X	X	X	X
Gunnar*	X	X	X	X				
Holger	X	X	X	X				
Ivan					X	X	X	X
Jonny	X	X	X	X				
Kurt				X	X	X	X	X
Lars	X	X	X	X				
Martin	X	X	X	X		X		
Oscar	X	X	X	X				
Peter	X	X	X					X
Rickard	X	X	X	X				
Stig	X	X	X	X				
Tommy	X	X	X	X				
Viktor					X	X	X	X

*Carl and Gunnar are sons-in-law.

Caring is experienced as mostly positive

Overall it seems that Anton, Carl, Evert, Gunnar, Holger, Jonny, Lars, Martin, Oscar, Rickard, Stig and Tommy experience the caregiving situation as mostly positive (see Table 10). In the analysis of the interviews there are actually rather striking similarities in their experiences of what contributes to a positive experience of a caring responsibility. First of all, it seems important that taking on the caring responsibility was a conscious decision; secondly it seems important to experience caregiving as meaningful; thirdly it seems important that there is reciprocity in the relationship; and fourthly, having support from other family members or professional caregivers seems to be important for the overall positive experience of caregiving. I will start by discussing how it seems to be important that taking on the caring responsibility was a conscious decision.

Conscious decision to take on a caregiving responsibility

From the interviews with Anton, Carl, Gunnar, Holger, Jonny, Lars, Martin, Oscar, Rickard, Stig and Tommy (see Table 10) it seems that they all in various ways reached a point where they took a decision to become caregivers. This decision was taken during a process in which the care receiver gradually become more and more in need of help, or something dramatic happened which made the caregiving need obvious. In this section I will use quotes from Anton, Gunnar and Holger to illustrate how the decision to become a caregiver was taken. For Holger and Anton this was a decision taken under rather dramatic conditions but for Gunnar it was a decision taken between Gunnar, his wife and his wife's sister. But I will start with Holger.

As the reader may remember, Holger provided extensive care to his mother but also to his aunt (see Table 5). Both his aunt and his mother lived in assisted living; therefore, Holger could rely on professional caregivers to step in if he was not able to provide help to his mother and aunt. Even though Holger's mother and aunt had help from professional caregivers, Holger still provided extensive hands-on caregiving. In the interview, he told me that he actually talked to his mother about how she also needed to accept help from professional caregivers if he was going to become involved in the caregiving for her.

Holger: Mm, I told her that the premise of how this will work is that you have to manage yourself some times. Partly those times when I was down in [name of city where son lives]. [...] And then in 14 days or three weeks, so I could go away. And she said – with tears in her eyes – “Of course, for you must surely have the chance to live too”. And then I could [become his mother's caregiver]. Otherwise it would consume you, you can't do it. It was good actually, because I knew that when she received the service, even though she was sometimes not satisfied with the service she received, even though she was a demanding little lady now and then¹³⁹.

In the quote Holger tells me that he actually told his mother that he would take care of her but that she then had to accept help from professional caregivers at the assisted living during those periods when Holger went to visit his children and grandchildren. He also loves to travel abroad and said that he needed to be able to make some longer trips for two or three weeks at a time. In the quote he says that his mother accepted this but with tears in her eyes because she was not fond of receiving help

¹³⁹ In Swedish: Mm, jag sa åt henne att förutsättningen för att det här överhuvudtaget ska fungera det är att du måste klara dej själv vissa perioder. Dels dom här perioderna när jag var nere i [namn på ort där sonen bor]. [...] Och sen att jag till och från, 14 dagar eller 3 veckor, kunde åka iväg. Och det sa hon även om det var tårar i ögonen ”Det är självklart, för du måste ju få en chans att leva du också.” Och då går det ju [att bli mammans omsorgsgivare]. Annars äts man upp, det går inte. Det gick bra faktiskt, för då visste jag att då fick hon service även om hon stundtals inte var nöjd med den service hon fick, för det var en lite krävande dam till och från (Holger).

from the professional caregivers. However, Holger's mother also understood that Holger had to have a life outside the caring responsibility. Holger himself says that he had to have this agreement and freedom to be able to visit his children and to travel, otherwise he could not have coped with providing care to his mother and with being so engaged in caring for his mother and also his aunt. Therefore, knowing and being able to rely on professional caregivers to step in and provide care for his mother, and knowing that his mother would accept that kind of help made it possible for Holger to decide that he could enter this caring responsibility without perhaps running the risk of getting trapped in a caregiving responsibility that would be demanding and hard to escape from.

When I asked Holger how he experienced this period of providing care for his mother and his aunt he answered:

Holger: I got a tremendous amount out of this, I would not like to have it undone. Absolutely not. I do not regret a day that I, if I may say so, put in to it. Because I wanted to do it and I felt I could do it¹⁴⁰.

Holger says that he gained a lot by providing care to his mother and aunt. He does not regret either the time that he spent on helping his mother and aunt or the income loss he incurred because he took early retirement to provide care for them. To provide care was something he wanted to do and that he felt that he could do. This might be interpreted as meaning that from the beginning of the caring responsibility, Holger somehow knew what he was getting into and that he was prepared to take the responsibility because he felt that he had the ability to do so. It seems that Holger's decision to become engaged in caregiving was a very conscious one. For him, this decision was also connected to a specific time, since he took the decision for his mother's legs to be amputated. Before that he was already engaged in his aunt's caregiving but this was not as extensive as the caregiving became with his mother.

One other thing that Holger got out of caring for his mother and his aunt was a much deeper relationship with them.

Holger: So you get a completely different relationship than if it is just to go out and have fun. I experienced it all the same¹⁴¹.

¹⁴⁰ In Swedish: Jag fick ut oerhört mycket utav det här, jag skulle inte vilja ha det ogjort. Absolut inte. Jag ångrar inte en dag som jag, nu säger lite krasst, la ner på det. För att jag ville göra det och jag kände att jag kunde göra det (Holger).

¹⁴¹ In Swedish: Alltså man får en helt annan relation än om det bara är att man ska ut och ha roligt. Som jag upplevde i alla fall (Holger).

Holger says in the quote that the caregiving relationship implies something else. It is not just that he had hung out with his mom and aunt to have fun. The vulnerability in the situation and going through something that was hard together built another type of relationship. He experienced that this relationship was much deeper and sincere than it would have been if he had not provided care for them. Even though Holger experienced giving care as positive overall, there were also times when it was very hard, especially when seeing a loved one suffering and in pain.

Holger: Yes, it was tough to see them disappear, of course. This poor thing, I would rather... and it was hard to see my aunt fading away, there's no doubt. For that looked really ... it's no fun. Then it is better just to get it over with quickly¹⁴².

Holger says in the quote that the hardest thing was to see his aunt fade away. In the interview Holger told me that she had cancer in her jaws and was unable to open her mouth. The doctors wanted to perform a risky operation on her but she begged Holger not to let them because she was 90 years old and wanted to die. So, she slowly starved to death. Holger told me that he had great support from his mother when his aunt died and that together they sat by her deathbed supporting each other. Holger also says that in the hard times he and his mother joked and laughed a lot as a way of coping.

Even though Holger experienced this time that he spent providing care for his mother and aunt as very meaningful he also put his own life on hold.

Holger: So that, no, it gave me a lot and it felt terrific. I experienced an inner calm when mother finally also passed away, but until then, of course, I had not had the chance to experience this, what do you call it, my time as retired until I nearly finished emptying her apartment. And if I also could only empty this house it would feel even better (laughs), because I have so much stuff left in the cellar, both from my mother and from [name of the aunt]. But I will do that this year, and then I can devote myself to what I really want to do¹⁴³.

Holger says that caregiving has given him a lot and that it feels good that he provided care for his mother and aunt. When his mother also died he felt an inner calm

¹⁴² In Swedish: Ja det var jobbigt att se dom försvinna förstås. Alltså människan, jag ser hellre att...och där var ju mosters borttynande väldigt jobbigt, det är ingen tvekan. För att man såg riktigt hur..., det är inget kul. Då är det bättre nästan att man får en knäpp (Holger).

¹⁴³ In Swedish: Så att det, nä, mig tillförde det väldigt mycket och det känns oerhört skönt. Alltså ett inre lugn när väl mamma också somnade, men fram till dess så, det blir ju, jag hade inte hunnit uppleva, vad kallar man det för, min pensionärstid förrän jag i stort sett hade tömt hennes lägenhet också. Och om jag nu dessutom bara hade tömt det här huset så skulle det kännas ännu bättre (skratt), för jag har så mycket grejer kvar i källaren, både efter mamma och efter [namn på mostern]. Men under det här året så ska det bli av så att jag kan ägna mig åt det jag verkligen vill göra (Holger).

that could be interpreted to mean that he was satisfied with his caregiving efforts. He felt that he had done the best he could for his mother and aunt but also perhaps he felt a freedom from the ending of the caring responsibility. As he says in the quote, until his mother died and he had emptied his mother's apartment he had not had any time to enjoy retirement. He laughs in the quote and says that now he only has to empty his own house of his mother's and aunt's belongings and then move on to be a pensioner and to doing things that he wants. Hence, I would suggest that what Holger also expresses is that because he provided care to his mother and aunt, much of his life was devoted to providing for someone else's needs. Hence, in the interview Holger says that during these years he perhaps did not take care of himself that much, and that he put his mother's and aunt's wellbeing before his own.

That is a difference with how Anton talks about his caring responsibility. Though Holger is divorced, has grown-up children and took early retirement, Anton on the other hand works full-time, is married and has a young daughter. In the interview, he said that his own wellbeing was very little affected by the caregiving that he provided to his mother. As the reader may remember, Anton's caregiving to his mother started when his father died. So just like Holger, Anton had a very clear starting point for his caregiving responsibility, and faced with the fact that his father had passed away he took a conscious decision to become engaged in caring for his mother. There were some very intensive weeks that followed where Anton took full responsibility for the caregiving of his mother who was in a wheelchair because of a stroke. During those weeks, Anton moved his mother to the town he lives in and arranged for her to live in assisted living without resident staff (see Table 5) and with access to a home care service. In the current situation where Anton's mother now receives help from a home care service, he does not experience the caregiving situation as particularly burdensome. Anton says that his mother's condition does not affect his emotions that much; rather, it is his own family, with a very young daughter, that is most important in his life:

Anton: So if mom feels good, fine, good. But I do not stand and fall with my mother because if she went into a depression, for example, it would not change. I would be worried about it but there is nothing that would change my everyday life, like if my child got sick or seriously ill. Yes, you understand it, there are levels... So my wellbeing has a lot of other parameters¹⁴⁴.

In the quote Anton says that if his mother is fine then everything is fine, but he is not dependent on his mother to be fine for his own wellbeing. If his mother suffered

¹⁴⁴ In Swedish: Alltså om morsan mår bra fine, bra. Men jag står inte och faller med om min mor skulle gå in i en depression till exempel. Det skulle inte förändra, jag skulle bli orolig för det men det är inget som skulle förändra min vardag så som om mitt barn blir sjukt eller allvarligt. Ja du förstår ju själv, det finns ju nivåer på... Så mitt välbefinnande har en massa andra parametrar (Anton).

from depression, he would be worried but it would not change anything in his everyday life. He puts his mother's wellbeing in relation to his child and then says that if his child got seriously ill that would change his everyday life. For Anton therefore there are levels of what would be the worst that could happen, and the worst is not that his mother might get sick but that something could happen to his own family and his young daughter. In this way perhaps even though he describes having a good relationship with his mother, his own family's wellbeing is more connected to his own health than that of his mother. It might also be understood that what Anton expresses is that it is expected that his mother will probably suffer depression and probably will experience a decline in her health and ultimately die. However, it is not expected that a child will get seriously ill. It is expected that elderly parents might become ill or experience a decline in health and therefore he is prepared that something might happen to his mother.

Overall in the interview Anton seems to experience his caregiving situation as rather positive. I ask him what he experienced as the hardest and the best in providing care to his mother. He answers:

Anton: Ah... the best, it was so evident in that we have lived 20 miles¹⁴⁵ away that we have come so much closer together now. We are now a natural part of each other's everyday lives. She has become a part and I have become a part of her everyday life even though I'm an adult child with my own family. So we have become closer to each other. I think it is particularly good that my daughter has got a grandmother who is much closer. Er... it... it's a big gain, she has a disability and all that, and it's a little bit of work, but it is irrelevant against the gain. The worst part is that there is always a list of jobs to do. Um... you can see that it is being human and that there are recurring things, so it is not like you can just check off the things you did and then you are done. The thing you did will need done next month or it will need done next week or in just a couple of days. I must always keep track of things¹⁴⁶.

In the quote Anton says that the best thing about this caregiving situation to his mother is that she now lives in the same city as him and his family. He sees it as very

¹⁴⁵ One (1) Swedish mile is 10 km i.e. Anton says that they lived 200 km away from each other.

¹⁴⁶ In Swedish: Äh... det bästa är ju att vi faktiskt på så sätt för mig var det så påtagligt genom att vi har bott 20 mil bort att vi har kommit varandra så mycket närmare. Vi är en mer naturlig del av vår vardag. Hon har blivit en del och jag har blivit en del i vardagen fast jag är ett vuxet utflyttat barn med en egen familj. Så vi kommer närmare varandra. Jag tycker att det är specifikt bra att min dotter har fått en farmor som är mycket närmare. Ähum... det... det är ju den stora vinsten, sen att hon har ett handikapp och hela den biten och att det är lite jobb i det, det liksom är irrelevant det är den stora vinsten. Det jobbigaste är ju att det alltid finns en lista med jobb att göra. Äh... du kan liksom i och med att det är en människa med återkommande grejer så är det inte bara att bocka av de du gjort och sen släppa det liksom. Det du gjort menar små de kommer åtminstone tillbaka nästa månad det kommer åtminstone tillbaka nästa vecka eller om bara ett par dagar måste jag koll läget (Anton).

positive that his daughter now has her grandmother living close by. The fact that his mother has had a stroke and is disabled means some caring work for Anton but this is outweighed by the new close relationship that having his mother close now entails. The more negative part of the caring responsibility according to him is that there are always things to do and the need for having things done never ends. In that sense the caregiving responsibility might be interpreted as never-ending work, it always continues. The positive side is that his mother now lives in the same city and that she has become a part of Anton and his family's everyday life.

Gunnar, who provides care to his parents-in-law (mostly his father-in-law, see Table 5) also experiences the caregiving responsibility as rather unproblematic. His parents-in-law live in their own apartment and have home care. In the interview I ask Gunnar if he feels his life has been affected by his caregiving responsibility to his in-laws.

Gunnar: No.

Interviewer: Not in any way?

Gunnar: No. I think not, I think not. It's hard to know, if I have not done it – the life I have not had. But I do not think it has affected me.

Interviewer: Has it affected you as a family?

Gunnar: It affects us as a family – that's because they're ill, they're sick. That they would like to die. And we understand of course, that they have lived their lives. And of course it affects us having sick parents or in-laws.

Interviewer: How do you feel about that?

Gunnar: Yes, death is a part of life I was about to say, but it is not so remarkable. The remarkable thing is that they are still alive¹⁴⁷.

Gunnar says that his caring responsibility has not affected his life in any way. The thing that affects Gunnar and his family is that his in-laws are in poor health and that they want to die. He says that he understands his in-laws wish to die because they have lived a long life (see Table 5; at the time of the interview they were 91 and 92 years old). The way Gunnar sees it, death is a part of life and therefore he is not surprised that his in-laws want to die now when they are in rather poor health. The remarkable thing he emphasizes is that his in-laws are still alive. He has had a good relationship

¹⁴⁷ In Swedish: Nej (Gunnar). Inte på något sätt? (Intervjuaren). Nej. Det tycker jag inte, det tror jag inte. Det är ju svårt att veta, om jag inte har gjort det – det livet har jag ju inte haft. Men jag tror inte att det har påverkas (Gunnar). Har det påverkat er som familj någonting? (Intervjuaren). Det som påverkar oss som familj det är ju att dom är dåliga, Att dom är sjuka. Att dom gärna vill dö. Och det förstår vi ju, att dom har levt sitt liv. Och det är klart det påverkar ju att ha sjuka föräldrar eller svärföräldrar (Gunnar). Hur upplever ni det då? (Intervjuaren). Ja, döden är väl en del av livet höll jag på att säga men det är väl inte så märkvärdigt. Det märkvärdiga är att dom lever fortfarande (Gunnar).

with his in-laws and actually knew them long before he married their daughter. Gunnar's in-laws have been friends to his family for a long time and it seems that their relationship is built on reciprocity. Gunnar emphasizes that his in-laws have always been supportive of him and his wife and that they all enjoy spending time together. Even though there was no specific moment when the caregiving responsibility began it was still a conscious decision to start it. Gunnar, together with his wife and his wife's sister, discussed how to solve the care needs of his in-laws, and for practical reasons he decided that he could provide care for them. As the reader might remember, Gunnar works near to where his in-laws live so therefore the motive to provide care for his in-laws had practical reasons, but Gunnar also felt a responsibility to take care of his in-laws. He has great support from his wife and his wife's sister in providing care. Although it is his father-in-law that is most in need of care, his wife (Gunnar's mother-in-law) also provides care for him as much as she can. Furthermore, Gunnar's parents-in-law also have support from a home care service. Therefore, it seems that Gunnar has support from within the family as well as from professional caregivers.

For Gunnar, caring for his in-laws is very meaningful. Though their close relationship makes him feel responsible for his in-laws, caring for his in-laws is also meaningful to him in order to ease the burden for his wife. In the next section I will continue to focus on the experience of doing something meaningful. It seems that taking a conscious decision as well as experiencing caregiving as meaningful are two of the most important dimensions that contribute to caregiving as an overall positive experience.

Experience that they are doing something meaningful

From the interviews it seems that Anton, Carl, Evert, Gunnar, Holger, Jonny, Lars, Martin, Oscar, Rickard, Stig and Tommy (see Table 10) experience that they are doing something meaningful by providing care. I will use quotes from Carl, Tommy and Evert to illustrate how they find caregiving as meaningful.

In the same way that Gunnar experiences a meaningfulness in providing care to his in-laws because it eases the burden for his wife, the other son in-law, Carl, also finds caregiving meaningful (see Table 10). Carl mostly takes care of his mother in-law now that his father-in-law lives in an assisted living (see Table 5). So Carl has support from professional caregivers for his father-in-law who lives in the assisted living and also for his mother in-law who has home care (see Table 5 and 8). Furthermore, Carl also has support from his wife. As the reader might remember from the chapter "Adult sons' motives to provide care" Carl and his wife decided together that it would be better if he, who runs his own business and works flexible hours, became the care provider. For him and his wife it was a conscious decision that he should be the one that provided care for his in-laws. In this way, Carl and his wife get more time to spend together and enjoy life. He also has had a very good relationship with his in-laws and they have always helped each other; hence, the relationship to his in-laws is built on reciprocity. Just like Gunnar, Carl too seems to experience caregiving to his in-laws as

rather unproblematic. In the interview, I ask if his caregiving responsibility has affected his life in any way. In the quote below he answers that it has not affected his life that much and then he explains why that is.

Carl: Ah... not much then. So I think I'm doing good. Uh, and I find it hard to see who would have done this for them if I had not done it. Eh, so far, I think I have made a difference in their lives somehow, huh. And you can say that if I had not done it and no one else had done it then they would have had a lot of problems that we could not ignore. So there's a selfish element in this. If I make sure that it works well for them then they do not have to ask us for a lot of urgent stuff, which would otherwise occur. So this is a little, prevention, so that me and [name of his wife] can go to the country and not have any problems¹⁴⁸.

Carl starts by saying that he thinks that what he is doing for his parents-in-law actually is something good and that he thinks that he is doing good work. He says that he thinks he makes a difference to his parents-in-law's life, and without his help, or without anyone's help, his parents-in-law would have had much trouble. Hence, he emphasizes that he is doing something meaningful. Additionally, the way he sees it, by helping his parents-in-law he also prevents many problems that might otherwise happen. By preventing them, he and his wife can go away to the country without having to worry about the in-laws. In that sense it seems that the experience of caregiving becomes more positive because he has a clear purpose of providing care. Furthermore, Carl thinks that he is doing good work for his in-laws. He does not think that anyone else could provide such good care. However, there is also, as he expresses it himself, the selfish reason of not having to deal with unexpected things and instead being able to enjoy life together with his wife knowing that the parents-in-law are well cared for.

Tommy is providing rather extensive care for his mother and has done so for 20 years (see Table 5 and 5). When I ask him if he experiences that the caregiving responsibility has affected his life in any way he replies:

Tommy: No, it has not. Neither..., yes, positively in this case, it feels good, it feels good. Yeah. Not negative. Nah. Absolutely not¹⁴⁹.

¹⁴⁸ In Swedish: Ah... inte mycket alltså. Alltså jag tycker att jag gör nytta. Öh och jag har svårt att se vem som skulle ha gjort det här för dem om inte jag hade gjort det. Öh så långt tycker jag att jag gör en insats i tillvaron på något vis va. Öh och man kan säga att om jag inte hade gjort det och ingen annan hade gjort det då hade ju de haft en massa problems som inte vi hade kunnat vara isolerade ifrån i alla fall. Så det finns ju ett själviskt inslag i det här om jag ser till att det funkar bra för dem då behöver inte de be oss om en massa akutgrejer va som annars skulle inträffa. Så det här är ju lite gran att jobba förebyggande så [namn på fru] kan åka till landet och inte ha några problem (Carl).

¹⁴⁹ In Swedish: Nä, det tycker jag inte. Varken..., jaa positivt i så fall, att det känns bra, det känns skönt. Jaa. Inte negativt. Nää. Absolut inte (Tommy).

Tommy says that he only experiences the caregiving situation as positive. As the reader might remember in the chapter “Adult sons’ motives to provide care” Tommy emphasizes that his motive to provide care was connected to his personality. He felt that caregiving was something deeply connected to him and something that he had wanted to do all his life. He provided care because, as a person, he easily responds to other people’s need for care and because helping others or providing care makes him feel good. In this quote Tommy once again says that caring makes him feel good. Hence, it can be understood that he experiences caregiving as meaningful (see Table 10). For Tommy it was a natural and conscious decision to take over the caring responsibility of his mother when his father died. In the interview I ask Tommy what he experiences as being meaningful, and he answers that it is natural.

Tommy: Well, I think it's natural. You should help those who are older, especially parents. They helped me when I was young, and was growing up, they supported me. So I think this is a natural thing to do. For me it is quite natural anyhow. It might not be for everyone, I do not know, but for me it is¹⁵⁰.

In the quote Tommy says that for him it is just natural to help older people, and especially one should help parents when they become older. He says that his parents always helped and supported him, so therefore it is natural. I would like to suggest that what he points out is reciprocity in the relationship that he had with his parents. He still thinks that his mother supports him even though he is the one that provides care. He has a good relationship with his mother, and in their relationship there is mutual respect. Tommy does not consider that he is just a caregiver; rather, he feels that he also gets something back in the relationship, so he experiences caregiving as positive and rewarding. He also has great support from a home care service and from his siblings who cover for him when he goes on holiday. At the end of the interview he says to me that he does not experience giving care to his mother as something remarkable; rather, for him it is a natural thing to do.

As the reader might remember, Evert is the son that lives in a detached house on the farm where his mother lives (see Table 5 and 5). When Evert’s father died, he and his brother helped their mother to run the farm even though they both worked full-time. However, Evert’s brother unfortunately died in an accident. This is the reason I find it hard to categorize Evert as a son that took a conscious decision to provide care (see Table 10). I cannot rule out that, from the beginning, it was perhaps Evert’s brother that took the decisions. Even so, Evert continued to provide care for his mother

¹⁵⁰ In Swedish: Ja, jag tycker det är naturligt. Man ska hjälpa dom äldre, speciellt föräldrar då. Dom har ju hjälpt mig när jag varit ung, och ja, vuxit upp, stöttat. Så det tycker jag är helt naturligt att man ska göra. För mig är det helt naturligt i alla fall. Det kanske det inte är för alla, jag vet inte, men för mig har det vart det (Tommy).

when his brother died, which might suggest that he perhaps took a conscious decision to continue the caregiving responsibility. However, this is the reason Evert has not been categorized in the column “Conscious decision made regarding caregiving responsibility” in Table 10. Evert has also not been categorized in the column of “Having support from family and professional caregivers”. This is because when Evert’s brother died, Evert became the only caregiver to his mother. Furthermore, his mother does not have home care (see Table 5). However, it is possible that Evert has support from his wife, who also lives on the farm. Furthermore, Evert’s mother is still energetic and manages rather well on her own, and with help from him she does not need to have home care.

When Evert became the only care provider to his mother he had to convince her to gradually close down the farm. At this time, it also became clear that his mother had started to have problems with her lungs, and Evert saw that she also was in need of more help to manage daily living. However, in the interview Evert says that he often tries to provide care to his mother without her noticing. Evert’s mother has strong integrity and is very proud of managing on her own, so he thinks that it is important that he helps her without offending her integrity. For Evert, his upbringing seems to be an important factor affecting why he decided to provide care and how he experiences that caregiving.

Evert: It is the view that I grew up, partly in an empathetic family, but also in a family with pretty, what to say, Lutheran perhaps, but you know you have to, you know your own value. We knew that each cog is important, and we got to learn as children, both my brother and I, that we were also important. Thus, we had certain tasks that we were responsible for, they were ours. We took care of some of the animals, some young animals and so on. Where we lived, it was the old Sweden then, there was a fire-stove, and we had to carry firewood and those kinds of chores, even to my grandmother and grandfather, later to my grandfather [when his grandmother died] and so there then. But we got credit for it, we did get a Center [a kind of chocolate candy] every time we brought in wood (laughs). But, well then, but then they took care of each other. I knew that they took care of me. If I was sad, there was someone who saw it. If I was tired, no one saw it (laughter) – you have to finish, they said. No, but that was pretty much how it was. It was a little tough sometimes. But there was an unwritten law anyway. One had to do the tasks. One was not finished until the tasks were finished. One could not be the

weak link. So it was – or it still is. Therefore, we took care of each other. Anyone who needed help would get help¹⁵¹.

Evert says in the quote that he grew up in an empathic family and also a family with Lutheran or at least traditional values. All family members were important, contributing to the work on the farm. Young Evert and his brother had their own tasks they were responsible for. He and his brother usually took care of the younger animals on the farm. Evert says that he thinks that they lived like people would have lived in the old Sweden, referring to them as a family of three generations who are living close to each other in order to be able to run a farm together. He also says that the living standards of the farm were a little bit old-fashioned, mentioning a wood-burning stove as an example. He and his brother helped his grandparents by carrying in firewood and they were rewarded with some candy. Evert emphasizes that everybody in the extended family looked after each other, and if he was sad someone would notice. However, it was also tough being responsible for certain tasks, and even though Evert was tired he had to finish his work. He states that it was an unwritten law. Because everyone was important in contributing to the farm, Evert says that no one wanted to be the weak link. This is also the reason they took care of each other, believing that a person in need of help should get help. I would suggest that even though it is unclear whether Evert took a conscious decision to provide care or not it seems that values from his upbringing are important. For example, if someone is in need of help they will get it and one should finish what one starts. Therefore, it seems important for Evert to respond to his mother's need of care; however, he does that without intruding on his mother's integrity. Evert seems to experience that providing care for his mother is meaningful (see Table 10) and what he does for his mother is important. If Evert did not live at the farm his mother, according to him, probably would not be able to continue to live there. Therefore, it seems that Evert is managing a legacy by keeping the family farm but also continuing to follow family values. Hence, for Evert there is not just a meaningfulness in providing care but also in keeping family values and traditions. In that sense, reciprocity also seems to be important for him in that in the family it is important to help each other.

¹⁵¹ In Swedish: Den kommer ju ifrån att jag är uppväxt, dels i en empatisk familj, men också i en familj med ganska, vad ska man säga, luthersk kan man kanske inte säga, men man vet att man måste, man vet sitt värde. Man vet att varje kugge har en betydelse och vi fick ju lära oss som barn, både min bror och jag, att vi hade betydelse. Alltså, vi hade ju alltså tydliga och klara arbetsuppgifter som var våra. Det var ju alltså att sköta en del djur, en del ungdjur och så. Vi bodde, det var ju Gammelsverige då, det var ju vedspisar, vi fick bära in ved och massa såna sysslor, även till min farmor och farfar, sedermera min farfar och så där då. Men man fick ju cred för det, man fick ju en Center [choklad godis] varje gång man bar in vedkorgen (skratt). Men, nå då, men alltså man tog hand om varann. Jag visste att dom tog hand om mig. Om jag var ledsen var det någon som såg det. Om jag var trött var det ingen som såg (skratt) – du måste bli färdig sa dom. Nä, men, det var ganska mycket det här. Det var lite tufft, det var det. Men det var en oskriven lag på något sätt. Man skulle göra sitt. Man var inte klar förrän man var klar. Man kan inte vika åt sidan. Så var det – eller är det väl också fortfarande. Man tog, alltså det här att man tog hand om varann. Den som behöver hjälp ska få hjälp (Evert).

In the next section I will go deeper into how reciprocity matters for the overall positive experience of care. However, I also need to say that while reciprocity seems to be important for the positive experience of care, it is rather in the overall experience of care as negative that the importance of reciprocity clearly appears; hence, the lack of reciprocity in the caregiving relationship seems to strongly contribute to an overall negative experience. However, first I will discuss why reciprocity is important for the positive caregiving experience.

Experience of reciprocity in the caring relationship

For Anton, Carl, Evert, Gunnar, Holger, Jonny, Lars, Martin, Oscar, Rickard, Stig and Tommy (see Table 10) reciprocity is an important aspect of the positive experience of care. In this section, I will illustrate how reciprocity matters by highlighting quotes from Jonny, Rickard and Stig. However, I will start with Jonny.

Jonny's caregiving responsibility for his mother started during a period when he became unemployed. While he did not have so much to do he discovered that his mother was in need of care. Therefore, even though his mother was in need of care, the caregiving responsibility also became a meaningful way for Jonny to spend his time during unemployment. He is now in an employment program that in Sweden is called phase 3¹⁵². He has to take part in this employment program eight hours (nine hours including the lunch break) a day. This means that he now does not have so much time to visit his mother as he had during the first period of his unemployment. On the other hand, his mother was more in need of care at the time of his unemployment because of an operation. Jonny is handling tasks such as laundry and grocery shopping for his mother (see Table 5). When I asked him if he experienced that caring for his mother had affected his life in any way he answered.

Jonny: Nah, I think not. How do you mean? If I have become different? (Laughter). No, I do not think I have, but I provide help when I have time and so. I repeat that, that I help when I have time to do so (laughs), I have a feeling [...]

Interviewer: If you think of the situation as it is now, is there anything that you find difficult in this situation?

Jonny: No, I think not. Sometimes I do not have the time to help her. It has happened actually. But then one has to do the most important things and perhaps do the rest another day, if it

¹⁵² The job and development guarantee is an employment program for those that have been unemployed for a long time. It is a program that consists of three phases. Phase 1 includes a job search and coaching. Phase 2 includes getting work experience through job training. The last phase is phase 3, or the employment phase, where the unemployed have to work for an employer who receives 4 950 SEK per month for each phase 3-worker. Those who are participating in Phase 3 do not get a salary but cash-based activity support. The criticism is that this has become a way for employers to exploit cheap labor that they also receive money for, and that it rarely leads to employment, as was the intention of the program.

is possible then. Otherwise I do not think there is any problem.

Interview: Is there something you find particularly meaningful?

Jonny: Yes, the ordinary in everyday things I think. It is very funny for her that I will come and help. Otherwise I do not think there is anything special.

Interview: Do you get something out of caring for her?

Jonny: Nah, I think not. Besides that I get to be with mom a lot¹⁵³.

In the quote, Jonny says that he does not experience that providing care for his mother has affected his life. However, he repeats during the interview that being in phase 3 now means that he has to provide care when he has time to do so. So in the earlier stages of his unemployment he had more time and could provide care more flexibly than he can now when he is at work most hours during the daytime. I then ask him if there is something in the current situation that he finds difficult. He says that there is nothing he finds difficult; however, sometimes he might not have time to provide care for his mother. He then has to do what is most important and then finish the rest another day. When I ask if there is something he thinks is meaningful about providing care to his mother Jonny answers that he finds that the everyday, ordinary things about providing care to his mother are what he finds most meaningful. He is providing care for his mother because he experiences that she is happy when he visits her and cares for her. When I ask Jonny if he gets something out of caring for his mother he answers that he does not think that caring gives him something other than that he can spend time with his mother. In the interview it seems that he mostly experiences caring as positive. The only negative experience is that he sometimes does not have time to provide care. This might be interpreted to mean that he finds that having less time to care for his mother is something that he experiences as difficult, but even so he manages this by doing what is most important and then does the rest another day when he has more time. The thing that he finds meaningful is knowing that his mother is happy when he visits her and helps her. When Jonny says that what he gets out of providing care to his mother is that he can spend more time with her, this could be interpreted as reciprocity (see Table 10). According to Jonny, the caring responsibility means that he and his mother have, through the more frequent contact, also developed

¹⁵³ In Swedish: Hur menar du då? Att jag har blivit annorlunda eller? (Skratt). Nä, det tycker jag inte att jag har utan jag ställer ju upp när jag har tid och så. Det upprepar jag hela tiden (skratt) har jag en känsla av [...] (Jonny). Om du tänker på situationen som den är nu, är det någonting som du tycker är svårt i den här situationen? (Intervjuaren). Nää, det tycker jag väl inte. Ibland kan jag väl tycka att jag har lite dåligt om tid emellanåt, har väl hänt faktiskt. Men att då får man väl göra det nödvändigaste och så får man väl skjuta på resten, om det går alltså. Annars tycker jag inte att det är några problem (Jonny). Är det någonting som tycker är särskilt meningsfullt? (Intervjuaren). Ja, det vardagliga tycker jag, det är väl roligt för henne att jag kommer och hjälper till. (Jonny). Får du ut någonting av att ge omsorg till henne? (Intervjuaren). Nä, det tror jag väl inte. Förutom att jag får kontakt med mamma mycket (Jonny).

a deeper connection. Also, his mother has home care so he can rely on professional caregivers to step in when he does not have the time. For him it also seems that caring for his mother was a conscious and reciprocal decision though she was in extra need of care during the first period of his unemployment. It could be suggested that for Jonny the caregiving responsibility meant doing something meaningful during his time as unemployed. He also continues to find the caring responsibility meaningful, though by providing care he also gets more contact with his mother. Thus, it might be suggested that his caregiving experience is positive because it is built on reciprocity, since Jonny is caring for his mother because he likes to spend time with her as well.

Rickard provides care to his mother who had a stroke and now is in a wheelchair. She needs extensive help and is, as the reader might remember, not very fond of receiving help from professional caregivers. He lives in a nearby apartment and provides extensive help to her (see Table 5 and 5). In the interview I ask Rickard if he experiences that his life has been affected by providing care for his mother.

Rickard: Well it has. Off course it has. You have got to set aside time for other things and such. And as I said, it can be tough sometimes. So, so therefore it is clear that one gets affected, so, one does. Now I see things in a different way¹⁵⁴.

Rickard says that it is definitely clear that his life has been affected by being a care provider for his mother. The caring responsibility takes time that perhaps he would otherwise have used for other things. He also says that the caring responsibility can be hard sometimes. He emphasizes that he now looks at things in another way. So from Rickard's quote it is clear that he experiences the caring responsibility as having an effect on his life, it is sometimes tough and it is time-consuming. However, he also says that the experience of providing care has made him look at things differently. In the interview I ask what he means by that and Rickard answers that he now has a different understanding of how it is for people that are disabled, but then he also says that for him the experience of providing care is a very emotional one.

Rickard: I have quite a lot of feelings as a person, like that, so it is clear that it gets to you. I feel compassion for others easily. And it is clear, then, then it can be a struggle. There are people who are totally heartless and feel no compassion. And then they are not affected. I do not think it is good, then they just live in a vacuum. But at the same time when you become

¹⁵⁴ In Swedish: Jaa det gör det väl. Det, det är klart att det gör. Man får ju avsätta tid från annat och så. Och som sagt var det kan vara kämpigt ibland. Så, så alltså det är klart att man alltså påverkas, det, det gör man. Man ser på saker och ting på ett annat sätt (Rickard).

engaged and feel compassion, then it is clear that it affects you, it surely does¹⁵⁵.

Rickard says that he is a person that has a lot of feelings, hence, he easily feels compassion for others. He says that others perhaps do not have the same connection to their emotions and therefore they do not feel this compassion. He says that while people without connections to their emotion just live in an emotional vacuum, being an emotional person means to become affected. I would suggest that what Rickard is saying is that because he easily feels compassion for other humans it is also painful to become engaged in caregiving. However, when he talks about other people that are heartless and do not become emotionally involved he thinks that they just live in an emotional vacuum and miss out on an important part of life. I would suggest that he means that while those he refers to as heartless do not experience caregiving as emotionally hard, they probably also do not experience caregiving as emotionally rewarding. Not becoming emotionally engaged also probably means that they are not so affected by the caregiving situation. However, Rickard, being an emotional person in a caregiving relationship, gets emotionally affected by the caregiving situation. In the interview He tells me that the hardest time when providing care to his mother was at the beginning when his mother had the stroke. He then felt like she had died. The most positive thing for Rickard was that she actually survived against all odds.

Rickard: Yes, yes, then it has definitely not only been hard. It, it, it's not easy, but at the same time I have had very pleasant moments with my mother. Like me, when it happened [the stroke] they did not know if she would survive at all. So to begin with, I was of course happy that she survived. And then we have made, well, we're able to hang out and do stuff and all that. We have experienced a lot of stuff together anyway, that has been really nice¹⁵⁶.

Rickard says that he definitely has experienced the caregiving as hard. Even though the situation is not easy he still thinks that he and his mother now get to spend good times together. He says that when the stroke happened he did not know if she would survive and that he is so happy that she did survive. Because she survived they

¹⁵⁵ In Swedish: Jag har rätt mycket känslor jag som person sådär så det är klart att det välver om i en liksom. Jag har väldigt lätt för att känna medlidande med andra och så där. Och det är klart, då, då kan det vara kämpigt. Är man, alltså man, det finns ju personer som är totalt känslökalla och inte känner något medlidande. Då berörs man ju inte. Det tycker inte jag är nåt bra då, då lever dom ju i nåt vacuum då. Men samtidigt när man blir påverkad och känner, så det är klart att man påverkas, det gör man (Rickard).

¹⁵⁶ In Swedish: Jaa, jaa, alltså det har definitivt inte bara varit jobbigt. Det, det, det är ju inte enkelt men samtidigt så har jag haft jättetrevliga stunder med min mamma. Liksom jag, när det där inträffade [stroken] liksom man visste ju inte om hon skulle överleva överhuvudtaget. Så till att börja med så var man ju glad att hon överlevde överhuvudtaget. Och sen har vi gjort, ja kunnat umgås och göra saker och så där. Upplevt en hel del prylar ändå som har vart jättetrevliga (Rickard).

got to spend more time together and they have experienced good things together since she recovered from the stroke. It could be suggested that he expresses gratefulness that his mother survived. In that sense he feels that they have now been granted extra time together. With that extra time, he and his mother like to hang out together, just talking. As the reader might remember in the chapter “Adult sons’ motives to provide care” Rickard emphasizes that he has always been supportive of his mother and that they have a close bond. In the interview, he also says that he is happy because his mother got to become a grandmother when his brother had a baby. His mother had always longed for grandchildren and she is a really proud grandmother according to him. Rickard is so happy that she survived and could therefore experience becoming a grandmother.

As the reader might also remember from the chapter “Adult sons’ motives to provide care” Rickard said that to become a caregiver was not something he thought about; rather, for him it was obvious to respond to his mother’s need for care. Therefore, it might be suggested that it was a conscious decision he took because of the love and mutual respect he feels for his mother. However, for Rickard it seems that the caring responsibility is built on reciprocity because just as he provides care for his mother, she continues to support Rickard, and they have a close bond to each other. Therefore, Rickard also finds the caring responsibility meaningful. Furthermore, his mother has home care (see Table 5). Even though she is not that fond of professional caregiving, Rickard can rely on the home care staff providing care when he is at work or away somewhere. Hence, Rickard has support from professional caregivers in his caring responsibility. Rickard’s father is also involved in caring for his mother even though they are divorced. However, his father is also in need of care himself and Rickard also supports his father. As the reader might remember from the chapter “Adult sons’ motives to provide care”, Rickard does not find his father to be entirely reliable as a caregiver to his mother.

While Rickard and his mother’s relationship is built on a history of reciprocity, this is very different from Stig and how his relationship to his mother was in the past. However, even though Stig was left in the care of his grandparents when he was around four years old, he still decided to provide care for his mother when her husband (not Stig’s father) died. Overall, Stig seems to experience the caring responsibility as positive. Even so, he sometimes finds it a little difficult to go to his mother on Sundays.

Stig: No, not overall. Sometimes you may think: “So now it's Sunday morning, now we are off again.” Well, it is so structured so that it just goes. We sleep maybe a little longer and then we eat breakfast and then, yes, around half past nine we go. It is, and if we wake up really early we go out and go for a walk before. And then we take a little [breakfast]. So it doesn’t really impose, it doesn’t. And for her I think she feels safe knowing that we will visit her. Because every time we go

on holiday and have said that to her she has become ill. [...] But then we talk to our son so that he can visit her. And we have a daughter who lives in [name of city], so we ask her if she can call or visit my mother¹⁵⁷.

In the quote, Stig says that some Sunday mornings he and his wife find it a little like an uphill struggle to go visit his mother. This is because their life then just feels so structured. On Sundays they tend to sleep a little longer and after breakfast they normally go to visit Stig's mother. Even though it sometimes feels a little difficult for Stig to visit his mother every Sunday morning he still does not experience that the caregiving situation is imposing on his life. Stig also thinks that it is important to his mother that he visits her every Sunday morning. Stig tells me that when they tell his mother in advance that they are going away on a trip and cannot come and visit her, she often gets ill. Stig says in the interview that he thinks she gets ill because she gets so worried when Stig does not visit her as normal. However, Stig can then count on his children, a son and a daughter, to fill in for him, and Stig's mother then becomes satisfied with the arrangement. As the reader might remember from the chapter "Adult sons' motives to provide care", Stig took a very conscious decision to take on a caregiving responsibility for his mother. She lived in another town far away from Stig when her husband died. Stig then arranged for his mother to come and live in the same town as him. Overall, in the interview it seems that Stig finds the caregiving responsibility meaningful and even though his mother does not have home care, Stig has great support from his wife and from his adult children. Though Stig's relationship to his mother in the past did not include much reciprocity it now seems that it does (see Table 10). While Stig is providing care for his mother he also gets to know her in a way that he never did before. As I wrote in the presentation of the informants, providing care to his mother gives Stig the possibility to ask questions about why his mother left him and so on, even though he also hesitates to do this sometimes because he thinks she will get sad. Still, building on a new reciprocal relationship also helps Stig in understanding things from his childhood. Stig visits his mother once a week (see Table 5) and he does not provide such extensive care, since his mother manages rather well on her own and does not have home care. However, Stig has good support from his wife who, as a retired pharmacist, handles his mother's medications. Stig can also rely on help from his grown-up children. In the next section I will continue to discuss the importance of having a second carer, i.e. help from other family members or professional caregivers.

¹⁵⁷ In Swedish: Nää, inte i stort. Ibland kan man tänka; "Jaha nu är det söndag morgon, nu ska vi iväg igen". Men, nää, jo visst har man sagt; "Fan, nu". Nja, det är så inrutat så att det bara går. Vi sover kanske lite längre där och sen äter vi frukost och sen, ja, framåt halv tio åker vi. Det är, och vaknar vi redigt tidigt så går vi ut och går innan. Och sen tar vi lite [frukost]. Så att det inkräktar egentligen inte, det gör det inte. Och hon känner säkert en väldig trygghet i att vi kommer. För att varje gång vi ska åka på semester och har sagt det så har hon blivit dålig. [...] Men då är det bara att prata ihop sig med sonen så att han tar en sväng. Och så har vi en dotter som bor i [namn på ort] så att då kan hon ju ringa eller komma (Stig).

Having support from family or professional caregivers

For Anton, Carl, Gunnar, Holger, Jonny, Lars, Martin, Oscar, Rickard, Stig and Tommy it seems that having support from professional caregivers or other family members is important for experiencing caregiving as positive. In this section I will use quotes from Martin, Lars and Oscar to illustrate how support from other family members and from professional caregivers is important for the experience of caregiving.

Martin is providing rather extensive care (see Table 5 and 5) for his mother who, according to Martin, suffers from dementia. He has been taking care of his mother in his own home for three years but at the time of the interview Martin's mother was moving to an assisted living. He found that it was very hard to decide that it was now time for his mother to move to an assisted living. In the interview, Martin tells me that the situation became worse when his mother became more and more demented. She woke him up during the night, she was incontinent, and she got angry if he went to the store even though he was not away for long. She took things out of the pantry and ate them raw and made a mess in the kitchen, and she mistook toothpaste for facial cream. Martin therefore realized that he could not keep his mother safe and could not provide all the care she needed any more, and therefore he decided that she would have a better life in an assisted living. However, even though the caregiving responsibility for his mother has been extensive, Martin still feels that the caregiving situation has been positive.

Martin: Well, then it's like I told you, there has not been a problem because I have had the help of my family. Both my wife and my daughter, huh. And Mom was a cute person, huh. [...] Then it was good, huh. There has not been a problem, huh. The only thing there is though..., but I have not felt that need. Then I focus on mom, huh. Then I do not need to go to [name of restaurants] to go out to eat, and things like that, huh. But it has been, yes, 100 percent focused on mom¹⁵⁸.

Because Martin has had support from his family, his wife, and his youngest grown-up daughter who still lives at home, he does not experience the caregiving situation as a problem. As the reader might remember, Martin did not grow up with his mother and she was living in another European country when he found out that she was suffering from dementia and living in terrible conditions. Martin then went to see her and together with his wife he decided to bring his mother to Sweden to live with

¹⁵⁸ In Swedish: Ja, alltså det är som jag sa till dej, det har inte varit problem för jag har fått hjälp av min familj. Både min fru och min dotter va. Och mamma har varit en gullig person va. [...] Då var det gott va. Det har inte varit problem så va. Det enda det är att det..., men jag har inte känt det där behovet. Alltså jag fokuserar på mamma va. Då har inte jag behov att gå på [namn på restauranger] gå ut och äta och såna saker va. Men det har vart, ja, 100 procent fokuserat på mamma va (Martin).

them. Therefore, it seems that it was a conscious decision for him to take on a caring responsibility for his mother.

When it comes to having support as a caregiver, Martin has five adult children that have also worked as backups in taking care of his mother. He is the only man in this study that has had frequent contact with the Family Resource Center (see footnote 94), which has supported him as a caregiver. Therefore, it seems that Martin has had great support in his caregiving responsibility from his wife, his children and from the family resource center. In the quote, he says that in a way he has not had a need to go to restaurants. This might be interpreted to mean that perhaps going to a restaurant would have been something that Martin appreciated before, but while caring for his mother he did not have the time to do that. On the other hand, while he says that he did not have the need to go to a restaurant, this could be interpreted to mean that it is something he has had to abstain from because he was caring for his mother. He then says that he has focused all his time on his mother. For Martin, who did not grow up with his mother, the motives to provide care are to have the possibility to have a relationship with his mother, to get to know her, and for his children to get to know their grandmother. This is what makes the caring responsibility meaningful for him, and he finds it rewarding to know that his mother feels good when his children spend time with their grandmother. Hence, for Martin it could be suggested that the reciprocity in the relationship is the chance for him to spend time with his mother. He also receives admiration from others that he says have never heard about a son that takes care of their mother to the extent that Martin does.

While Martin talks about the great support he has had from his family and from the family resource center it is important to recognize that this support has mostly been directed towards him as emotional support and has not necessarily been hands-on support to his mother. Hence, Martin is the one that has been taking care of his mother full-time, though he took early retirement to do so. This is different from Lars who actually shares the caring responsibility for his mother with his sister.

Lars provides care for his mother (see Tables 4 and 5) with his sister. Overall, he thinks that providing care to his mother is mostly positive, and for him it is very important that people should help each other. In addition to Lars and his sister caring for their mother, their children, Lars's mother's grandchildren, also work as backups when needed; therefore, there are several persons engaged in caregiving for Lars's mother. As the reader may remember from the chapter "Adult sons' motives to provide care", Lars contracted polio as a child and his mother cared for him. Therefore, he feels a deep connection to his mother. Because of the experience of having polio, caring for each other, and family members helping each other out, is a fundamental and very important attitude for Lars. In the quote, Lars tells a story about a time when he and his wife canceled a trip because they did not want to leave his mother alone.

Lars: Yes, one can experience that [the caring responsibility] sometimes encroaches on one's life when you had intended to

do something else. But then we'll surely show respect to her. I remember that it was last year's midsummer [a Swedish holiday], I think it was. We go every midsummer, to [name of place] up there in the [Swedish] archipelago to good friends, and then, I do not know about my sister, she was somewhere, but then mom would have been home alone. And so we canceled the trip. We went and ate a midsummer lunch with her instead, huh. And it really did not feel onerous at all, I think. But we made a choice though, and it gave more joy [...] That is how it works after all, huh. Such things have happened since then, now and again¹⁵⁹.

In the quote Lars says that he and his wife had planned to visit some friends during the Swedish holiday of midsummer. Then it happened that his sister also was going on a trip. When Lars realized that his mother would be alone, he and his wife decided to cancel their trip and instead celebrated midsummer with his mother by having a midsummer lunch. Lars says that he did not think that this choice was a sacrifice and instead he thinks that it was a way of showing respect to his mother, and of showing his concern that she should not be alone at midsummer. In the interview, Lars tells me that the only thing he thinks is hard about caring for his mother is that she is sometimes depressed. Lars says that that is hard on him on a mental level. However, Lars finds it very meaningful to provide care to his mother. He finds it very meaningful and satisfying knowing that his mother is being well taken care of by him and his sister and other family members. His mother, according to Lars, says that she thinks she is very well cared for. Lars thinks that taking care of one's elderly parents and one's children are the most important things to do. In the interview, Lars tells me that he was also involved in providing care for his wife's parents, who are now deceased. Even though Lars thinks that caring for one's elderly parents and helping adult children and grandchildren are fundamental aspects of family life, he sometimes hears from other friends that he supports his mother and children too much.

Lars: Respect and being compassionate, these are important aspects of life, I think. They are hugely important. What do we live for otherwise? [...] And therefore I think it is important to help each other. And if one cannot help others within the family, then one is too far gone already. [...] there are those who think that we do too much.

Interviewer: In your circle of acquaintances?

¹⁵⁹ In Swedish: Ja man kan ju uppleva ibland att det [omsorgsansvaret] inkräktar på ens liv så till vida att man hade tänkt göra vissa saker va. Men då ska vi ju visa hänsyn till henne. Jag minns att det var förra midsommarn tror jag att det var. Vi åker varje midsommar, har vi åkt till [namn på ort] där uppe, i den [svenska] skärgården hos goda vänner och då, jag vet inte min syster var hon var någonstans, men då var mamma ensam hemma. Och då åkte vi inte va. Utan då åkte vi och åt midsommarlunch med henne istället va. Och det kändes egentligen inget betungande i sig, det tycker jag inte va. Men alltså vi gjorde ju ett val där och såna tillfällen uppstår ju. Och då tyckte vi att det gav ju henne mer [...] Sådana saker händer ju då, till och ifrån (Lars).

Lars: Yes, they think we do too much. "What? Well, are you babysitting now? Will you do it? Oh well. Are you helping your mother now?" And I cannot understand that. It is much more important for me [to help his children and his mother] than to go on holiday to [name of country]. And that's how it is. I have time to go to [name of country] too. So it is of course, it works that way. But then, some people are, they are more selfish than others. Only think of themselves. And if society were like that, it would not be good. I think¹⁶⁰.

Lars tells me that he thinks showing respect and compassion is very important in life. He wonders; what do we live for otherwise? If a family did not help each other Lars thinks that something would be terribly wrong in the family. He then says that there are those who think that he and his wife do too much for their children and for Lars's mother. They question why Lars and his wife are babysitting again or why Lars helps his mother so much. However, Lars says that he cannot understand his acquaintances in this. The way Lars sees it, it is much more important for him to help his children or to provide care for his mother than to travel to other countries on holiday. He says that in time he will be able to travel. Lars says that some people are more selfish and only think of themselves, but if everyone just thought of themselves in society, it would not be a good society. In interpreting Lars's story, his experience of having polio and of spending time in an isolated institution with just a window that he could wave to his parents through, and the time he spent with his mother learning to walk again, involved such a strong experience of reciprocity that it also affects his decision to provide care for his mother so she will not have to live at an assisted living, and the experience of polio has also affected the way he views life. As the reader might remember, Lars and his sister agreed that their mother would never have to live in an institution. For Lars, the decision to provide care to his mother was a very conscious one. Lars's mother lives in her own apartment and does not have home care; she does not have to because Lars and his sister do everything that is necessary for their mother. Even though Lars and his sister do not have any kind of backup from professional caregivers, they have each other and their children, hence both families, with children and grandchildren, are mobilized to provide care for Lars's mother. Furthermore, they also help each other within the families. Lars feels that the most meaningful aspect of providing care for his mother is knowing that she is happy and that she feels fine.

¹⁶⁰ In Swedish: Det här med att respektera och vara medmänsklig, det är ju en viktig bit här i livet tycker jag. Det är kolossalt viktigt. Vad lever vi för? [...] Och därför tycker jag att det är viktigt att man hjälper varann. Och kan man inte hjälpa varann inom familjen, då är det långt gånget alltså. [...] det finns ju dom som tycker att man ställer upp för mycket (Lars). I er bekantskapskrets? (Intervjuaren). Ja, dom tycker att man gör. "Vadå? Jaha, är ni barnvakt nu igen? Ska ni göra det? Jaha. Ska du upp till din mamma nu?" Och det där kan jag inte förstå alltså. Det är mycket viktigare för mig [att hjälpa barn och sin mamma] än att åka på semester till [namn på land]. Så är det ju. Jag hinner åka till [namn på land] också. Så är det ju, det funkar ju så. Men alltså, vissa människor är ju mer egoistiska än andra. Tänker bara på sig själva. Och om samhället vore sånt, det vore inte roligt. Tycker jag (Lars).

Lars's mother also says that she is very grateful and happy that she is so well cared for by Lars and his sister.

Though Oscar is an only child he does not have any siblings with whom to share the caring responsibility for his mother. Oscar's mother is 104 years old and lives at an assisted living (see Table 5). When I ask Oscar if he feels that his life has been affected by providing care for his mother he answers:

Oscar: No, I cannot say that. But it is like that sometimes, when you are away and you think about it. [...] How is she now? Will she be alive when I get home? Or something like that, huh. But I cannot say it is something that has a big impact on my life. We [Oscar and his wife] live just as we have always done these last years since [name of the wife], she retired three years after me and we have a darn good life, I must say. And we have not changed anything so far. Although one must take it into account sometimes [to organize the caring responsibility], but you're not supposed to do that or it will nearly destroy your own life, huh. Then there would be something wrong. Then you'll become sick yourself¹⁶¹.

Overall, Oscar seems to experience providing care for his mother as meaningful and satisfying. Though his mother lives in an assisted living, Oscar has great support from professional caregivers and so his own caregiving is not that extensive (see Table 6). However, in the quote Oscar says that even though his mother is being well taken care of at the assisted living he stills worries about her when he is away on a trip or something similar. He also wonders if she will still be alive when he gets back. Because his mother is so very old Oscar knows that there is perhaps not so much time left in his mother's life. Even so, he still does not feel that providing care for his mother has made such a great impact on his life. His wife retired three years after Oscar and he think that he and his wife have a very good life together. He says that they have not had to change anything in their life in order to provide care to his mother. Oscar also says that he certainly has to plan for the things that he has to do for his mother but that these cannot take over his life. If the caregiving took over one's one life Oscar thinks that something would be wrong. As the reader might remember from the chapter "Adult sons' motives to provide care", Oscar was the son that told me a story about another son that did not visit his mother that much. So even though Oscar very strongly expressed the view that it is important to take care of one's elderly parents he also

¹⁶¹ In Swedish: Nää, det kan jag inte påstå. Men det är väl så här att man ibland, när man är borta att man tänker på det. [...] Hur är det nu då? Lever hon när jag kommer hem? Eller nånting sånt där va. Men det är ingenting som, som kraftfullt har påverkat mitt liv, det kan jag inte säga. Utan vi lever ju, jaa, precis som vi har gjort dom här [namn på hustrun] hon gick i pension tre år efter mig och vi lever, har ett jäkla bra liv alltså, det måste jag säga. Och det har vi ändrat på nånting såtillvida. Även om man kan ta hänsyn ibland [att organisera omsorgen] men man får ju inte ta hänsyn så att man liksom nästan förstör sitt eget liv va. Då blir det nåt fel. Då blir man sjuk själv (Oscar).

says in this quote that the caregiving situation cannot come to take over one's whole life. Hence, for Oscar it seems important to fulfill a certain responsibility to one's elderly parents but it also seems important to keep some distance, and not to become too involved to the extent that caring takes over one's own life, as Oscar expresses it. Oscar has no doubts about caring for his mother, as was rather clear in the chapter "Adult sons' motives to provide care". For Oscar, it therefore seems to be a conscious decision to provide care for his mother; however, this decision also took into consideration that caregiving should not take over Oscar and his wife's chances to have a good retirement.

Oscar's mother lives at an assisted living and Oscar finds that she is well cared for there. In the interview, Oscar tells me that he experienced a struggle getting a place at the assisted living for his mother. However, since it was decided by the Needs assessor that his mother could live at the assisted living and she finally moved there, Oscar feels satisfied knowing that his mother is well cared for. Even though Oscar is rather pleased overall with the current situation he finds it hard to know that his mother does not want to live any more. In the interview Oscar tells me that he also agrees with his mother's thinking that it perhaps would be better if she died because she is so old. However, when Oscar visits his mother he knows that she gets really happy and never wants to stop chit-chatting with him. Oscar says that his mother has always loved talking with people and that she talks a lot with Oscar when he is there. In that sense, Oscar finds it very meaningful to visit his mother, knowing that she is happy to see him. Therefore, it might be suggested that Oscar also experiences reciprocity in the caring relationship. His mother gets happy to see him and Oscar feels good knowing that she is happy.

In the next section I will discuss how the sons that mostly experience caregiving as negative talk about their situation.

Caring experienced as mostly negative

Overall it seems that Bo, David, Fredrik, Ivan, Kurt, Peter and Viktor (see Table 10) experience caregiving as mostly negative. In analyzing the interviews, I find it very striking how the absence of dimensions that contribute to a positive experience of a caring relationship leads to a negative experience instead. The key aspects I have found to be relevant to the experience of caring as negative are the opposite of what promotes a positive caring experience. Not to have had the chance of undertaking the caring responsibility through a conscious decision, not to experience reciprocity in the caring relationship, and lack of support from other family members or professional caregivers are factors that seem to contribute to an overall negative experience of being a caregiver. The observant reader might note that while the experience of meaningfulness in the caring responsibility seems to contribute to an overall positive experience of caregiving, its opposite of not feeling meaningfulness is not included as a

theme for the overall negative experience of care. Instead, the positive dimensions in the theme of meaningfulness are reflected as a negative experience of caring for someone with dementia or mental health problems. This does not mean that the caregivers do not experience caregiving as meaningful; rather, it means they experience their caregiving situation as negative overall because the care receiver suffers from dementia or mental health problems. When I asked the sons that are included in this theme if they felt that providing care was meaningful, they all connected the notion of meaningfulness to dementia or mental health problems that their care receiver had; hence, they could not see anything meaningful about becoming demented or having mental health problems. This does not imply that they could sometimes experience that what they were doing when providing care was meaningful and to some extent rewarding. Nonetheless, they all seemed to find the situation of providing care to an elderly parent with dementia or mental health problems as very demanding and hard.

Now, I will start with caregivers that experience that their caregiving responsibility did not start through a conscious decision. I will use quotes from Kurt to illustrate this.

Not a conscious decision to provide care

Bo, David, Fredrik, Kurt, and Viktor (see Table 10) are sons who, during the interviews, say that their decision to provide care was not a conscious decision. Rather it was just something that happened, that was their responsibility and perhaps therefore it was not something they had counted on. The experience of not taking on the caregiving responsibility through a conscious decision seemed to contribute to an overall negative caregiving experience. For Bo and David, caregiving was something that happened gradually and suddenly they just found themselves being involved in a caregiving responsibility that they also experienced as being rather demanding. For Fredrik and Viktor, caregiving to their fathers was something that started when they were very young. Fredrik thinks he has been taking care of his father his whole life, and Viktor was only 12 years when his father became in need of care, and because caregiving started so early they just became involved without really having a chance to consider not providing care. In this section, I will use Kurt's story to illustrate how the situation can be experienced when caregiving is not undertaken through a conscious decision.

Just like for Bo and David, Kurt also seems to experience that caregiving for his father was something that happened gradually, something he became involved with without perhaps realizing how time-consuming it would be. What also affects Kurt's experience of not making a conscious decision to provide care is that he shares his caring responsibility with his sister and she makes most of the decisions about what kind of tasks should be done. Kurt's sister is ten years older than him. Because Kurt and his sister share the caring responsibility the reader should note that Kurt has not been categorized in the column of having "Lack of support from family and professional caregivers". Instead, he is categorized in the column of "Having support from family and

professional caregivers". Even so, sharing the caring responsibility with his sister is partially why Kurt feels that he was led into caregiving without really making a decision about it, and why he lets his sister decide what tasks should be done.

Kurt's sister works part-time as a professional caregiver at an assisted living within walking distance of where their father lives. Kurt works full-time as an IT developer in another city but it is possible for him to work from home if he needs to accompany his father somewhere, for example to a doctor's appointment. Kurt relies greatly on his sister's professional competence when it comes to providing care for their father, and he appreciates his sister and her ability to be considerate and to take care of their father as well as Kurt and other family members. He describes his sister as a person that is caring and considerate, as well as being vigorous and having the ability to see what needs to be done. From the interview it seems that Kurt very much appreciates his sister and he says that she has been like a second mother to him. It is Kurt's sister that mainly decides what they should do and what tasks the home care service can perform for their father. For example, Kurt's sister has decided that the home care service does not have to do laundry for their father because she would like to manage that. Kurt says that he respects her decision even though he thinks that doing the laundry is a task that the home care service could do instead. So for Kurt the experience of the caregiving responsibility might be interpreted as follows: providing care for Kurt's father and deciding on what tasks should be done has not involved a conscious decision for Kurt, and this contributes to a negative experience of caregiving. To do the laundry was something that his sister decided, and Kurt does as she says even though he thinks it is time-consuming. He does it because he trusts his sister's competence as a professional caregiver and because he wants to support his sister in her decisions. In the interview he says that he understands that for her as a professional caregiver and as a woman it is perhaps more important to do tasks for their father even though the home care service can do them. This is perhaps because it makes her feel in control of the situation and reflects her caregiving ability as a woman. This means that Kurt has to do tasks that he in some way feels are unnecessary because the home care service could manage them for his father. When his sister is going on vacation, on a five-week trip, it is Kurt that has to do the laundry for his father. The siblings have also divided tasks between them; for example, Kurt does the grocery shopping for his father. They have also agreed to take turns going on vacation so that one sibling can stay home to care for their father. Kurt says that providing care to his father has cut into the free time he had before.

Even though the caregiving is not very extensive (see Tables 4 and 5) and even though Kurt in the interview says that providing care for his father is not that onerous a task, he stills talks about having guilt and that he sometimes does not want to go to see his father. The guilt comes from him thinking that he perhaps should visit his father more often, but that he wants to prioritize playing golf and working on his summer house also. The reason he sometimes does not want to go to see his father could perhaps have to do with him experiencing that his father has changed as a person due to

his dementia. In the quote below I ask Kurt if he feels that providing care for his father has affected his life in any way.

Kurt: Yes, it has a little bit in that I do not have all the free time that I had before. But as I said, it is not too burdensome. But sometimes you might think that now it is Wednesday, yes, right, I have to go see Dad. If I'd wanted to do something else then, yes, then I'd have to cancel it. That doesn't happen too often, so that, though, but I guess it is because he is changing with the dementia and so on. One cannot discuss things the same way as one did back then. Maybe before he could give advice and little things like that sometimes, but he is now less and less capable of giving advice. Like when I was in the country and building [the summer house], before I could perhaps ask: "Yes, but how did you do it? Why did you do this when you built?" "No, I do not know." I mean, I'm old myself so I can manage on my own. It's not so then though. But it's a bit...¹⁶².

Then Kurt says that his father has changed because of the dementia. Before his father got ill Kurt could ask his father for advice on matters such as construction work and so on. Kurt says that of course he himself is older now so he can manage on his own. However, Kurt seems to experience that there is a lack of reciprocity in the relationship. Kurt says that before his father's dementia began he could count on his father for advice, but now he cannot and for Kurt that seems to be causing frustration. Even though Kurt is providing care to his father together with his sister, and his father has home care Kurt still thinks that caring is time-consuming. The caregiving responsibility consumes his free time, which he uses to play golf and renovate the family summer house. Consequently, for the overall negative experience of providing care it is not just that Kurt has not taken a conscious decision to provide care, nor that he has little to say regarding what task to do, that affects the negative experience. Rather it is that he also feels that there is no reciprocity in the relationship because his father is suffering from dementia. In the next section I will discuss how dementia and mental health problems affect the experience of caregiving.

¹⁶² In Swedish: Ja lite påverkar det ju i och med att jag inte har all den fritiden som jag hade förut då. Men att som sagt var det är ju inte så betungande ändå då. Men ibland kan man ju tycka att nu är det onsdag, ja just det jag måste åka till farsan. Om jag skulle gjort nåt annat då, ja jag får hoppa över det då. Det är ju inte så ofta på så sätt då, så att det, men, men det är väl det alltså att han förändras lite det där med demensen och så. Man kan ju inte diskutera saker på samma sätt som man gjorde förr då. Kanske han kunde väl ge råd och lite sånt där ibland då men det blir ju mindre och mindre för sånt också då. Som nu när jag höll på på landet och byggde och greja liksom, då kunde man ju liksom frågat kanske: "Ja, men hur gjorde du när du skulle göra. Varför gjorde du så här för när du byggde?" "Ja det vet jag inte." Jag menar, jag är ju gammal själv så jag klarar mig ju. Det är ju inte så då men. Men det är ju lite... (Kurt).

Care receiver with dementia, or mental health problems

Bo, Ivan, Kurt and Martin's care receivers suffer, according to them, from dementia, while David, Fredrik and Viktor's fathers, according to them, suffer from mental health problems (see Table 10). For the overall experience of caregiving, the cognitive and mental health of the care receiver seems to be important for experiencing reciprocity in the caring relationship and experiencing the situation as meaningful and reciprocal. However, I would like to explain that Even though Martin's mother suffers from dementia (see Table 10) his overall experience of caregiving is positive. Though he made a conscious decision to provide care to his mother, he has support from other family caregivers, he experiences that he is doing something meaningful, and he feels that there is reciprocity in his relationship to his mother. Therefore, even though Martin's mother suffers from dementia these other dimensions contribute to an overall positive experience for him.

In this section I will use quotes from Bo and Viktor to illustrate how providing care to an elderly parent with dementia or mental health problems can contribute to a negative caregiving experience. As the reader might recall, Bo is providing care for his mother who, according to Bo, suffers from dementia. Bo has provided care to her for 15 years (see Table 5). From the interview it seems that, overall, Bo experiences the caregiving situation as quite burdensome, mostly because his mother resists help from the home care service and does not want to move to an assisted living. During the interviewee Bo sighs a lot and he seems to feel exhausted.

Bo: Yes (sigh), it's clear, I think it has been quite annoying. Oh, I must say that I know... I know that she'd be better if she was with others. She does like to be with people and talk to people. And these nursing homes she has spent time at or these short-term elderly care facilities, they have always done some things. They have gymnastics and there are some musicians and stuff like that, and I think she likes that. Luckily, she has of course a few old ladies in the building where she lives. One neighbor likes to bake, and often brings cinnamon buns and then they'll have coffee together. And those kinds of things have kept her from thinking about moving from there. But of course I have been both irritated and sad that she did not want to take this step herself¹⁶³

¹⁶³ In Swedish: Ja (suck) det är klart jag tycker det har varit rätt så irriterande. Äh måste jag nog säga för att jag vet att... jag vet ju att hon skulle ha det bättre om hon var ihop med lite folk hon gillar ju att vara ihop med mäniskor och prata med folk. Och de här äldreboendena som hon har vart på eller de här korttidsboendena de har ju alltid gjort någonting de har gymnastik och det kommer någon sångare och sådär och det tycker hon ju om. Som tur var har hon ju haft några gamla damer i fastigheten där hon bor som hon har träffat. Någon granne har gillat att baka och kom ofta upp då med lite bulla och de ska ha en kopp kaffe tillsammans. Och det där har ju gjort också att det har bromsat upp hennes tankar om att flytta därifrån. Men det är klart jag har blivit både irriterad och ledsen att hon inte ville ta det här steget själv (Bo).

In the quote Bo says that it is annoying that his mother does not want to move to an assisted living. He feels that it is annoying because he thinks she would have a better life there, where she could socialize with others, which is something that he knows she would enjoy. When she has been to short-term elderly care facilities she has participated in gymnastics and enjoyed listening to musicians. However, he also says that it is positive that in the house where she lives she has neighbors that she socializes with. However, that Bo's mother socializes with her neighbors is also a contributing reason that she does not want to move to an assisted living. Bo ends the quote by saying that he and his wife have both been irritated and sad that his mother does not want to move to an assisted living. This situation where Bo's mother does not want help from the home care service and does not want to move to an elderly care home causes much stress and frustration for him. I then ask Bo why he gets irritated and sad and he answers:

Bo: Yes, for her part especially and then I... for some years I have been really annoyed, even mad at her because she did not understand and she did not bother to listen, and that she did not hear properly. Often you think that a mother should be the way she always has been when you were a child, so to speak. And [Bo's wife] told me several times when we were there having coffee, "You are so angry and when we get there you become so quiet and say nothing". But it has been a threshold to cross; now I accept how things are. I am not so angry anymore. It is clear I scream at her because she hears so badly but so (laughs), that sounds worse sometimes than it is. Yes...

Interviewer: How does it feel to get angry then?

Bo: Yes, you feel guilty afterwards and think, "Damn, why did you yell at her, it was completely unnecessary." Yes, you'll feel a bit guilty about it¹⁶⁴.

Bo gets irritated because he thinks his mother would have a much better time at an assisted living. He then tells me that some years ago he had been really annoyed by his mother because he thought that she did not listen to him. He also says that he somehow thought that his mother would stay the same as she was during childhood, even as an elderly person. Bo's wife had said that he was always very angry when they visited his mother. However, he says that he has now accepted things as they are. In the inter-

¹⁶⁴ In Swedish: Ja för hennes del framförallt och sen jag... själv för nått år sedan då vet jag att jag vart väldigt irriterad jag vart arg på henne för att hon inte fattade vad hon sa att hon inte brydde sig om att lyssna och att hon inte hörde ordentligt. Man tror ju att ens morsa ska vara på det sättet hon var när man var barn så att säga. Och [namn på hustru] sa ju det flera gånger när vi var och tog en fika "du blir så arg så fort vi kommer dit du blir så tyst och säger ingenting". Men nu har ju det varit en tröskel som man har kommit över nu acceptera man det här. Bli man inte så arg längre. Det är klart man skriker ju åt henne för hon hör ju så illa men så (skratt), det låter väl värre ibland än vad det är. Ja... (Bo). Hur känns det att bli arg då? (Intervjuaren). Ja man får ju ångestkänslor efteråt och "fasen varför röt du i där för varför röt du i då det var väl onödigt". Ja man får väl lite dåligt samvete det får man (Bo).

view it seems that Bo actually did not know or did not understand that his mother was suffering from dementia. The things he mentions in the quote happened before he knew that his mother had dementia. Therefore, it seems that Bo is now accepting things as they are, and this is also connected to his mother being diagnosed with dementia. Bo says that he is not so angry anymore. To my question about how it feels to lose his temper with his mother, he answers that he feels guilty and he thinks that it is unnecessary to become angry with his mother. On many occasions in Bo's interview he emphasizes the feeling of guilt and frustration. In the interview I then ask Bo how he has experienced his mother's illness with dementia, and he answers that it is hard because he prefers to remember her as she was before.

Bo: (Sigh) Yes, of course you would rather remember her as she was before. You think, well, that it feels a little sad and overwhelming; it is of course. But this is nothing that comes up over a day. It's not from one day to the other. It has happened slowly. But it is clear that I have thought many times about it, and I am a bit disappointed with myself that I did not try harder to get her to move to another facility. Where I know she would have enjoyed herself and hopefully, that she would be better off. But it is, unfortunately, it's so that you cannot... you cannot just decide like that, it's her decision, and I think of course that in the current situation, it feels, it's a bit foolish that the team from the home care, the health district nurse, the needs assessor, and ourselves cannot make the decision against her will. For she is not aware or able to make the right decisions now. And therefore I realize with regret that it was foolish not to do anything before. For now I cannot do anything. It has come too far. But now she is finally willing to move even though she calls every day and is worried about how it will go and asks if I will help her. It is also one of those questions that comes up, "Will you help me well?" That is also when you become irritated and say, "Yes, but you know I will"¹⁶⁵.

¹⁶⁵ In Swedish: (Suck) ja det är klart man vill ju hellre minnas henne som hon var förr man tycker väl att det känns lite tråkigt och lite jobbigt är det ju. Men det här är ju ingenting som har gått över en dag. Det är ju inte från den ena dagen till den andra. Utan det har ju fasats ut långsamt. Men det är klart att vi har tyckt många gånger att ja man är väl lite besviken på sig själv att man inte har legat på kraftigare tidigare att komma till ett annat boende. Där jag veta att hon skulle ha trivts förmodligen och förhoppningsvis och att hon skulle få ha det bättre. Men det är ju tyvärr är det ju som så att man kan ju inte ... är man kan ju inte besluta sånt det är ju hennes beslut och jag tycker ju att i dagsläget så känns det ju lite galet att inte nått team från hemtjänst, sjukvården distriktssköterskan, samordnare och plus oss skulle kunna få bestämma det här mot hennes vilja. För hon är inte medveten själv om att ta rätt beslut nu. Och det ser man och inser man med facit i hand att det var dumt att inte göra någonting tidigare. För nu går det inte längre. Det har kommit så långt. Men nu är hon ju med på vagnen just nu då även om hon ringer varje dag och ja är orolig om hur det skall gå och frågar om jag hjälper henne. Det är också en sådan där fråga som kommer upp "du hjälper mig väl" det är också då man blir irriterad och "ja men det vet du väl"(Bo).

In the quote Bo says that it is sad to see his mother ill with dementia but that this did not happen overnight; rather, his mother's illness has developed gradually. He also says that he is disappointed at himself that he did not try to convince his mother to move to an assisted living earlier. This is because he thinks that his mother would have had a much better life in an assisted living. He then emphasizes that he thinks it is very unfortunate that the home care team, the district nurse, the Needs assessor and Bo and his wife cannot take the decision for his demented mother to move to an assisted living. As he says, his mother is not able to make that decision herself due to her dementia. But now it seems that Bo's mother has agreed to move to an assisted living but she calls him every day saying that she is worried and wonders if he will still help her even though she is moving. He says that he then answers that she ought to know that of course he will help her even though she is moving to the assisted living home.

Bo's story shows that there are many aspects to caregiving responsibility. That Bo has been caring for his mother for as long as 15 years has put him under great strain and he is very exhausted. His mother's dementia and her resistance to receiving home care or to moving to an assisted living have almost forced Bo into a situation where he has to provide caregiving, but most of all he is always worried about his mother – worried that she will walk outside during the night, worried that she will accidentally set the apartment on fire and so on. Bo tells me that he often feels guilty about not being patient enough with his mother and that in the beginning he did not understand that she was suffering from dementia. Bo's story is also about not being able to take decisions for his mother to put her in an assisted living because in Sweden an elder (even though suffering from dementia) cannot be forced to move to an assisted living against their will. It also seems very hard for Bo to experience how the dementia has changed his mother. He says that he wishes he could remember her as she used to be. Of course Bo sometimes experiences caregiving as rewarding, when he knows his mother is happy. However, the lack of reciprocity, the difficult situation that causes much strain for him, and the experience of seeing his mother change are aspects that make it hard to talk about meaningfulness in the situation.

From the story of Viktor this ambivalence towards experiencing a loved one changing in personality also appears as something that affects the caregiving situation. In the interview with Viktor he says that it was hard to lose his strong role model and to see his father become weak and in need of help. Hence, it seems that both Viktor and Bo express what I would like to suggest is a "reverse relationship", a loss of someone that they once looked up to or relied on for care, and instead they become the caregiver for the parent that once took care of them. This is expressed in the interview with Viktor and Bo but also in the interview with Fredrik (see the section on Lack of reciprocity in the caring relationship) where he says that he has taken on the parental role of his father.

When I asked Viktor if he had experienced that providing care had affected his life he replied that I had to be more specific. Perhaps the reason Viktor replied in that way

is that his father's illness has affected Viktor's life greatly. Viktor has provided rather extensive care to his father for a very long time (see Tables 4 and 5). Viktor was a child when his father got ill but as an adult he continued to provide care for his father, mostly perhaps to ease the burden for his mother. In the interview I then ask Viktor what he has experienced as the hardest, and Viktor answers:

Viktor: To put together the pieces of my life, to find the time and the strength. And then it was, it was during such a long period too, but I had to be there for them. I went back and forth between things. My apartment and school and then back to my parents¹⁶⁶.

In the quote Viktor says that what he experienced as the hardest was to juggle between his own life and providing care. It was hard to find the time as well as the strength to cope with his father and his father's care needs. Viktor says that he frequently between school, his own apartment and his parent's house. He says that his father was in need of care for a very long time, and that he had to be there for his mother, helping her by providing care to his father. Throughout the interview it seems that Viktor emphasizes that the caregiving situation with his father is rather negative and hard. As he says in the quote, the caregiving was time-consuming and it was hard to find the strength to cope as well as trying to live his life and get an education. I then ask Viktor if he experienced anything as meaningful when providing care to his father.

Viktor: I must say, sometimes I've had a little praise. But meaningful? There's nothing meaningful about a serious illness. It would have been better without [the illness]. And then to go there when they need help – it's not like having quality time together. And because I was there and helped them so much we did not hang out just to socialize. Perhaps I had already been there two times that day. I stayed sometimes to eat dinner with them and then I went home. It was not as if we as a family ever did anything together. He did not want to go anywhere¹⁶⁷.

In the quote Viktor says that he sometimes got some thanks but other than that he cannot see anything meaningful in the situation. He does not think that it was mean-

¹⁶⁶ In Swedish: Pussa ihop livet och få tiden och räcka till och orken. Sen är det ju, det är ju så lång period också så att, men det var ju att finnas till liksom. Mycket farande mellan saker och ting. Min lägenhet och skolan och tillbaka till föräldrarna (Viktor).

¹⁶⁷ In Swedish: Man får väl ändå en, ibland fick man väl uppskattning i alla fall. Men meningsfullt? Det finns väl inget meningsfullt med en allvarlig sjukdom liksom? Det hade ju vart bättre utan. Och sen att man kommer dit när dom behöver hjälp det är ju liksom inte nån kvalitetstid tillsammans. Och eftersom man då var där och hjälpte till så mycket så kanske man inte umgicks på det sociala sättet lika mycket liksom. Då har jag varit här två gånger om dan. Man stannade kanske på nån mat och sen så fick det vara bra liksom. Det var ju inte så att vi i familjen gjorde nånting. Han ville ju inte åka nästan eller så (Viktor).

ingful that his father got the illness. He also says that providing care was not “like having quality time”, which could be interpreted to mean that he did not experience that he got very much back from his father when caring for him; hence, there was no reciprocity in the relationship. Viktor says that since his father came to need care the family stopped socializing like a family. When he went to his parent’s house he did so just to provide care, even though he sometimes stayed for dinner. He says that they never did anything together as a family and did not therefore have fun together. This was because his father did not want to go anywhere. As the reader might remember from the chapter “Adult sons’ motives to provide care” Viktor said that he had no choice but to care. Therefore, it seems that providing care was not a conscious decision for him. Viktor’s father also suffered from depression due to the illness and as Viktor says in the quote, his father was rather unwilling to go outside or to do anything. In the interview it seems that his father’s depression was very hard to handle for both Viktor and his mother, especially since his father refused to take any medication for the depression. His father did not want any care from professional caregivers, which made the caring situation for Viktor and his mother very extensive and burdensome. In the interview, Viktor says that he never received any kind of support himself, except for prescriptions for antidepressants. His mother was on the verge of a breakdown herself and Viktor was the one that supported her, easing the burden by providing care to his father. Therefore, it seems that there was not much reciprocity in the relationship between Viktor and his father, and also that Viktor experienced that their relationship was reversed. Viktor’s experience of a reversed relationship and lack of reciprocity bears similarities, as I have already pointed out, with Bo and Fredrik. In the next section I will continue to discuss how lack of reciprocity contributes to a negative experience of caregiving.

Lack of reciprocity in the caring relationship

It seems in the interviews that Bo, David, Fredrik, Ivan, Kurt and Viktor (see Table 10) experience the caregiving situation as rather one-sided; hence, they do not feel that they have received much back by providing care. Rather, the caring situation is experienced as exhausting and time-consuming. In this section I will use quotes from Fredrik and David to illustrate how the sons experience a lack of reciprocity. Fredrik provides care to his father (see Table 5), and as the reader might remember, he has a rather complicated relationship with him. His father, according to Fredrik, has some kind of mental health problem and Fredrik is finding the situation hard. In the interview I ask him why he experiences the situation as hard, and he explains that one problem is that the caregiving seems to be a never-ending story:

Fredrik: Well, it was well on... Yes, it's probably because it will never end, one gets the feeling that it just increases and there is no relief. A little relief, I think actually that I got that

now with home care. Now when they help him, it is a small relief. Because otherwise there would be so much misery, so to speak. I get to listen to [his father talking], it's just misery for the most part. Now there is, finally, something that is not just misery [the home care]. It's easier to listen to him, so to speak.

Interviewer: Do you feel that your life has been affected by supporting and helping your dad?

Fredrik: Yes, it has. [...] It takes a lot of energy, it does¹⁶⁸.

In the quote Fredrik says that he experiences the caregiving as something that never ends; that it is just more and more things to do and that there is little that can be experienced as relieving. However, since the home care service became involved Fredrik feels that there has been a little relief, mostly because there are now more people that can cope with his father's depression and the misery his father feels. Therefore, he feels that not all his father's depression and anxiety is left only to him to deal with, and that he can handle the situation better. I then ask if Fredrik feels that the caregiving to his father has affected his life. He answers that it has, because it takes much of his energy. As the reader can see in tables 4 and 5, it might appear that Fredrik is not engaged in extensive caregiving; however, the physical stage his father is at is very emotional and physically demanding for Fredrik. As he says, it takes much of his energy. This might suggest that just looking at what kind of task a caregiver is doing really cannot reveal how demanding the situation is.

In the chapter "Phenomenology as the methodological approach chosen" section "Presentation of the informants" I wrote that Fredrik says that he has been taking care of his father his whole life because his father has had problems with his mental health. In the quote below, Fredrik talks about how he experienced that he and his father have a reversed relationship.

Fredrik: I think he is, that it is a relationship, I experience it as reversed. I have taken the parental role and I notice that Dad needs this, and somehow he, he wants this help but I do not think he's really – it feels like he is the child.

Interviewer: Your Dad?

Fredrik: Yes, in some ways.

Interviewer: How does it feel that you have taken a parental role?

¹⁶⁸ In Swedish: Jaa, det var väl om... Ja det beror väl på liksom när det aldrig tar slut, man får känslan av att det bara fylls på och fylls på och det inte finns någon avlastning. Lite avlastning tycker jag faktiskt att jag fick här nu i och med hemtjänsten. För att då kunde ju dom, till exempel dom kommer och går med honom så där och det blir ju som en liten avlastning. För att om allting, det blir så mycket elände så att säga. Jag får höra allting [som hans pappa pratar om], det är bara elände i stort sett. Nu finns det ju i alla fall nånting som inte bara är elände. Det är ju lättare att höra på då så att säga (Fredrik). Upplever du att ditt liv har påverkats av att stötta och hjälpa din pappa? (Intervjuaren). Ja det har det gjort. [...] Det tar väldigt mycket energi, det gör det (Fredrik).

Fredrik: It's hard sometimes, but I have not felt that I had any choice, it just happened this way (Fredrik)¹⁶⁹.

In the quote Fredrik says that he has taken on a parental role with his father. This is because he has the ability to see his father's needs and because his father wants Fredrik's care. He says that it feels like a reversed relationship where his father is the one that is the child and that Fredrik has become the parent. When I ask how Fredrik feels about taking on the parental role he answers that it feels hard but that he never really had a choice; the caregiving situation just happened because his father was in need of help and he felt trapped in the situation. He also felt that there is little or no reciprocity in the caring situation, so he is providing care but does not get that much back from the care receiver. Therefore, the situation has also become very demanding.

This lack of reciprocity is also something that David experiences. As the reader might remember, David provides care to his father (see Table 5). David experiences the caregiving situation as very demanding. His father is in bed most of the time and sleeps a lot, but he also demands that David visit him every day and asks David to bring groceries from the store.

David: Yes, it is almost always something. If it is, then it's not, that I will not buy too much, you know. Then he is afraid that I will not come the next day (laughs), so there is always something.

Interviewer: So he wants you to visit?

David: Well, probably, but it is just too much that he wants me to visit as often as possible then. Yes. And I feel, I experience pressure sometimes: "Will you not visit today, blah blah?". And then I say it: "Not today, I don't have time"¹⁷⁰.

In the quote David says that almost every day there is something that his father wants him to pick up at the store. However, his father does not want him to buy too many groceries because, according to David, his father then fears that David will not come and visit the next day. As the reader might recall from the chapter "Adult sons' motives to provide care" David, had great trouble buying the right brand of cheese to satisfy his father and sometimes had to visit five different stores to get the right sort.

¹⁶⁹ In Swedish: Jag tror att han, det är ju lite förhållandet som, jag upplever det som ett bak och framvänt, alltså jag har tagit föräldrarollen och jag märker att pappa behöver det här och på nåt sätt är han ju, han vill ha den här hjälpen helt enkelt och jag finns men jag tror inte han är riktigt – det är lite barnkänsla (Fredrik). Hos din pappa? (Intervjuaren). Ja på vissa sätt (Fredrik). Hur känns det då att du har liksom fått tagit föräldrarollen? (Intervjuaren). Det är tungt ibland men det, jag har inte upplevt att jag har haft något val utan det har bara varit så (Fredrik).

¹⁷⁰ In Swedish: Ja, det är nästan jämt är det nåt. Om man handlar, så ska man ju inte, man får inte handla för mycket vet du. Då är han ju rädd att man inte kommer nästa dag då (skratt), så det är alltid nåt som (David). Så han vill att du ska komma? (Intervjuaren). Jaa, förmodligen är det väl mycket att han vill att jag ska komma så ofta som möjligt då. Ja. Och då känner man ju också den här pressen ibland att: "Kommer du inte idag, bla bla". Och då säger man: "Nä idag har jag inte tid" (David).

From his story it seems that his father wants David to visit him every day, but in the interview David tells me that when he visits, his father mostly lies in bed and sleeps. Therefore, David does not find it a particularly reciprocal experience to visit his dad because he just sleeps. In the quote, David also says his father asks too much of him and that he feels a pressure to visit his father every day even though he does not want to. David has two brothers but they are not involved so much in caregiving to their father. When I ask why they are not involved he says that it just happened that he became the caregiver. The caregiving responsibility just fell to David; it was not a decision that he took. David feels forced to provide care to his father. As the reader might remember, even though his father was told by the Needs assessor that the home care service could do his grocery shopping and laundry, his father wanted David to do those tasks. Referring to the quote it might be suggested that engaging David in those tasks reassures David's father that his son will visit him often. In the interview I asked David what he thinks would help him in this situation, and he answers:

David: [That his brothers] Took a little more responsibility, or responsibility and responsibility. They could also buy something for him when they are going to the store anyway. But then you do not know, maybe it will be, well, then, he has 40 packages of buns someday. I know what he needs and what kind of groceries he already has. I know what's going on¹⁷¹.

In the quote David says that it would help if his brothers took a greater responsibility; they at least could pick up something from the store for their father when they were grocery shopping for themselves. However, then David sees that there might be a problem with that because then they all would shop for their father and it would result in the father having 40 packages of buns. He says that he is the one that knows what his father needs in terms of groceries. This might be interpreted to mean that David sees that it would be positive to share the caring responsibility with his brothers. However, because his brothers are not so engaged in the caregiving it might also mean more problems for David because he would then have to coordinate the caregiving, as in the case of the grocery shopping, because he is the one that has the big picture of their father's needs when it comes to caregiving. It could be suggested that what David perhaps wants in this situation is not so much help with the grocery shopping but rather some kind of help that would ease the demands on him to visit his father every day. In the interview David says that he might not be able to cope with this caregiving responsibility much longer but on the other hand he thinks that his father does not have so much time left to live.

¹⁷¹ In Swedish: [Att hans bröder] Tog lite mer ansvar, eller ansvar och ansvar va. Men dom kunde också om man säger handla nåt till honom när dom ändå går dit då. Men sen vet man inte heller då kanske det blir, ja, då har han 40 bullpaket kanske en vacker dag. Jag har ju kollen om man säger, egentligen har jag, jag har ju kollen på vad som finns. Jag vet ju är klart (David).

As the observant reader might have noticed, among those sons that experience caregiving as negative overall, Kurt and Peter are two that do not entirely fit this categorization. As I have pointed out, Kurt deviates from one of the four aspects that contribute to an overall negative experience of caregiving. This aspect is that Kurt has support from his sister in providing care; hence, his name appears in the column on “Have support from family and professional caregivers” (see Table 10). Along with the other three dimensions – not a conscious decision to provide care, care receiver with dementia or mental health problems, and lack of reciprocity in the caring relationship – the overall experience for Kurt seems to be that it is mostly negative even though he shares the caring responsibility with his sister, and his father has home care.

Regarding Peter’s experiences, he has been categorized as matching three of the aspects in Table 10 that contribute to the experience of caregiving as mostly positive. This might be surprising, though as seen in the chapter of “Adult sons’ motives to provide care” Peter was one of the sons that had a complicated relationship with his father. However, since he and his father renewed their relationship, it seems that Peter has experienced reciprocity in the caring relationship. It also seems that providing care for his father was a conscious decision that Peter took and that he experiences providing the care as meaningful. Unfortunately, the one aspect that seems to make Peter experience the caring responsibility as negative is the lack of support he feels from professional caregivers and the Needs assessor. This one aspect of not experiencing support from professional caregivers seems to overshadow all the other positive experiences that Peter has had when providing care for his father. In next section I will discuss further the experience of lack of support.

Lack of support from family and professional caregivers

For Bo, David, Fredrik, Ivan, Peter and Viktor (see Table 10) the lack of support from family and/or professional caregivers seems to contribute to an overall negative experience of providing care. In this section I will use quotes from Peter and Ivan to illustrate how the lack of support can contribute to a negative experience of caregiving.

Peter provides care for his father (see Tables 4 and 5) and in the interview he tells me about the struggle he is going through to get a place at an assisted living for his father. He also talks about being constantly worried about his father and his fear of being the one to find his father dead. Peter’s wife died in his arms in the hallway in their apartment. That was a very traumatizing experience for him and therefore he does not want to find his father dead the same way. Peter has also experienced that professional caregivers only let them down. Peter’s faith in professional caregivers is rather damaged.

Peter: No, it's just a fucking concern that he will die soon. Oh, I mean, I have followed him to the hospital [with an ambulance]. I've gone with him every time and it is also strange,

because this time he went to the hospital alone. Then he was lying there for eight hours in the fucking emergency room. I think they drove him to the [name of hospital]. When I'm with him he only has to be at the emergency room for about two and a half hours approximately. So it seems be important, that they need to have someone to speak on their behalf about what is happening. If you have no one to speak for you, then you can lie there until they [professional medics] get the urge to help you. I think this is also very uncomfortable¹⁷².

In the quote Peter says that he is very concerned that his father will die soon. He also says that when his father is acutely ill he has to go to the hospital by ambulance. Ordinarily Peter follows his father to the hospital. However, in the quote Peter tells me that the last time it happened his father went to the emergency room alone. He had to wait there for about eight hours before he got any help. When Peter is there with his father he thinks that it takes less time before his father gets help. He says it seems that people who are ill need someone there that can speak for them and protect their interests because otherwise it seems to him that they do not get the help they need. Peter ends by saying that he finds this very uncomfortable. When I called Peter to book the time for the interview he said on the phone that starting to provide care for his father was the stupidest thing he had ever done. During the interview I ask him what he meant by that.

Peter: Yes, I did, yes, but it, it, it is because after all if I had engaged the home care directly when he needed help to do grocery shopping and so on then it would have been documented on paper that he has been in need of help for four years. Therefore, it was the stupidest thing I did. But it's common sense, you see Dad or Mom is getting to be a little in need of help. You go shopping for them. Sure. And so it becomes a little more and a little more. And I have time, I have, it's when I have not had time then, I have just said: "Dad, I cannot come on Monday, can I come on Wednesday instead?" Sure, it's easy, huh. But it's not something that is visible [getting documented in the welfare] in the system as soon as someone starts to become a little bit, a little weak. I mean, but at the same time much depends on it being visible in the social [welfare] system, for they have then committed themselves. But then nothing works [in the social welfare system], that's

¹⁷² In Swedish: Nää, det är ju bara en jävla oro som kommer att nu dör han snart. Oh jag menar, jag åker ju med in, jag har ju åkt med in varje gång [med ambulans] och det är också märkligt, för nu kom han in själv sist. Då fick han ligga 8 timmar på intaget på den där jävla akuten. Jag tror att dom körde han till [namn på sjukhus]. När jag är med då brukar dom få iväg han på två och en halv timme ungefär. Så att det verkar väldigt mycket, dom som har nån som snackar för dom vad som händer idag. Och har du ingen som snackar för dej då kan du ligga där till vi [professionell sjukvårdspersonal] får lust ungefär och det tycker jag också är väldigt obehagligt (Peter).

another story. So that's why they think you should involve them [administrators in the social welfare system] as soon as there is something. Something "that we take care of", and so on. And then in the spring when I hurt my arm, so, it was when I wrote the application and that, and then [the Needs assessor] wrote: "Well, his son has begun to tire [of providing care]". Then I said, "Now I have pain in my arm," I said, "I cannot lift him up, I can't". Then she writes that I have become tired. "But", I said; "what, tired? I have not grown tired"¹⁷³.

In the quote Peter says that the reason he thinks that starting to provide care for his father was the stupidest thing he had ever done is that this seems to have contributed to his father's caring needs not being taken seriously by Needs assessors. Peter's caregiving concealed from the social services that his father was in need of help and had been so for the last four years while Peter had been helping him. He then says that he thinks that everyone in their right mind probably would have done the same. He then gives an example: if one's mother or father is in need of help with grocery shopping one just does it. And so it was for Peter, his father needed help at first with grocery shopping and then gradually there were more and more things that he needed help with. The reader might remember that when it comes to Peter's motive to provide care he was one of the sons that described having a complicated relationship with his father. His father was a sailor and not often present in Peter's life. Both Peter and his father have also been drug and alcohol addicts. After Peter, very dramatically, lost his wife, his father entered his life again even though they had not been in contact for a very long time. Peter then discovered that his father was in need of care and decided to help him. As Peter says in the quote, this started with smaller tasks and then more and more were required, but it seems that the caregiving responsibility was undertaken following a conscious decision. For Peter, who had just recently lost his wife, his new contact with his father became important, though he seems to experience the caring situation as meaningful and reciprocal. Therefore, Peter is categorized in the column on "Experiencing reciprocity in the caring relationship" in Table 10 but his overall experience all

¹⁷³ In Swedish: Ja, hade jag, ja, men det, det, det grundar sig ju på att hade jag kopplat in hemtjänsten direkt när han behövde hjälp att handla och så där då hade ju han funnits [dokumenterats] i pappren i fyra år att han behövde hjälp. Därför var det det dummaste jag gjorde. Men rent sunt tankesätt, man ser farsan eller morsan börjar bli lite vacklig. Du jag går och handlar åt dej. Javisst. Och så blir det lite mer och lite mer. Och har jag tid så har jag, är det så att jag inte haft tid då har jag bara sagt: "Du farsan, jag kan inte komma på måndag, kan jag komma på onsdag istället?". Javisst, det är lugnt va. Men det är ju inte nånting man hänger på systemet så fort nån börjar bli lite, lite svag. Jag menar, men samtidigt så bygger ju det här samhällssystemet på att väldigt mycket ska ligga på systemet, för det har dom ju åtagit sig själva. Men sen att ingenting fungerar, det är ju en annan femma. Så att det är väl därför dom tycker att man ska hänga på dom så fort det är nånting. Att; "Det där fixar vi och det där fixar vi" och hej och hå. Och sen då i våras när jag gjorde illa armen, så, så, det var då när vi skulle skriva den där ansökan och det där, och då skriver den där att; Jaa, sonen har börjat tröttna. För jag sa det att; "Nu när jag är paj i armen", sa jag, "jag orkar inte lyfta upp honom, jag kan inte." Då skriver hon att jag har tröttnat. "Men", sa jag; "vad då tröttnat? Jag har väl inte tröttnat" (Peter).

the same has been negative. In the interview, he tells me that it is only him and his father left now, and that he has no other relatives. When Peter started to provide care for his father it was rather flexible and he and his father could adjust the days when things needed to be done so they fitted with his life as an entrepreneur. Peter then says that it was a mistake that none of his caregiving was documented within the social welfare system. When Peter hurt his arm and was in great pain, he and his father went to visit a Needs assessor to apply for home care for his father. Then it became evident to Peter that it would have been better to involve the home care service from the beginning just to document all the tasks that needed to be done for his father. The Needs assessor then wrote in the application that Peter had tired of providing care to his father. Peter then said that he was not tired; he was just unable because of his damaged arm. In the interview, he seems to have experienced great disappointment with the social services such as home care and the Needs assessor, as well as with the healthcare system. The reason Peter agreed to be interviewed was to express his great disappointment with the social service system and the healthcare system. Now, when Peter's father has become more ill, he wants his father to be placed in an assisted living. Peter says that it is his father's wish for this to happen. However, he is not happy with the way the Needs assessor responds to his and his father's wish for his father to move to an assisted living.

Peter thinks that his father would have a better life in an assisted living where he could be cared for all the time. This constant worry for Peter about his father makes him feel frustration over the situation. Peter experiences a lack of support from professional caregivers and that he always has to fight for his father's rights. However, for Peter the positive thing about the caring relationship is that he is finally having a relationship with his father, something that he has been missing. Therefore, there seems to be reciprocity in the caring relationship. As the reader should also note, Peter's father does not have dementia or mental health problems, which are factors that seem to hinder a reciprocal experience of a relationship. However, even though there are, as I pointed out, positive elements in the caring situation for Peter, the problems with healthcare professionals, home care and the Needs assessor seem to contribute to an overall negative caring experience because they cause so much strain and worry for Peter.

That not having support from professional caregivers of family members seems to cause great strain also appears in Ivan's story. Ivan's experience of caregiving is closely connected to the time when he came to understand that his mother was suffering from dementia, and his siblings, two brothers and a sister, did not believe Ivan when he told them about her condition and that she had to move to assisted living. It was very difficult for Ivan to persuade his mother to receive home care, and when home care services did not work out, it was even more difficult to persuade his mother to move to assisted living.

Ivan: Yes, I thought it was frustrating because she had to say yes. And it did not work at home, and home care services

were not working. And then there were my siblings who were thinking that she may as well stay at home, they did not say it straight out, but it was hard. So it was quite a hassle. We had to be there every day then¹⁷⁴.

Ivan says in the quote that it was frustrating that his mother had to say yes to the move to assisted living. It was also frustrating that the home care that his mother had did not work. It was hard for Ivan that his siblings mistrusted his intentions even though they did not say anything. He had to visit his mother every day to make sure she was okay and to provide care for her. In the interview I asked Ivan if he doubted himself at any time when his siblings and the Needs assessor did not believe that his mother was in need of expensive help.

Ivan: I had experienced so many things, so I understood that all was not well. I was with her at the hospital; she complained that the newspapers had begun using a smaller font so she wrote letters and complained to them. She lost sight in her eye, she had a yellow, or green, one of those stains that there is no cure for. Or maybe it was cataracts? And then we were in the hospital and it turns out that she could hardly see anything and needed lots of aids and a white cane. The white cane, she refused to take it because it was shameful. And then we got a wheelchair for her but it was packed up and placed directly into a closet. And so there. And I was doing what no one else did. Then I realized that it would not work. Additionally, she was falling. She had a bathtub and she had to climb over the edge when she was showering. She was a bit stiff and old and wobbly, so she fell a few times. She could not handle it, and she was smoking, so there were burn holes in the couch and on the carpet and things like that. So it was, like, just to continue trying. So it was a bit tough¹⁷⁵.

According to Ivan he experienced many things that indicated that his mother was in need of expensive help. When he took her to the hospital to have her eyes examined

¹⁷⁴ In Swedish: Ja, jag tyckte det var frustrerande eftersom hon var tvungen att säga ja. Och det fungerade inte hemma och hemtjänsten fungerade inte. Och sen var det syskon som undrade, hon kan väl bo hemma, dom sa det inte rakt ut men det hördes. Så det var ju ganska jobbigt. Vi var tvungna att vara där varenda dag alltså (Ivan).

¹⁷⁵ In Swedish: Jag upplevde ju så många saker så jag förstod ju att det går inte. Jag var ju med henne på sjukhuset för hon klagade på att tidningarna hade börjat med sämre trycksvärta så hon skrev brev och klagade till dom. För hon tappade synen för hon hade en gula, den gröna, nån sån där fläck som inte går att göra något åt. Eller om det var starr? Och då var vi på sjukhus och det visar sig att hon såg ju knappt nånting och behövde massa hjälpmedel och vit käpp. Vit käpp vägrade hon att ta på sig för det var skamligt. Och sen skulle vi ha rullstol och den paketerades och ställdes in i en garderob direkt. Och så där. Och jag höll på med det där som ingen annan gjorde. Så jag insåg att de inte skulle gå. Plus att ramlade. Hon hade ett badkar som hon skulle över en sån här kant när hon skulle duscha. Lite stel och gammal och vinglig, så hon ramlade några gånger. Hon kunde inte sköta det där och rökte, så det var brännhål i soffan och på mattan och sånt där. Så det var ju liksom bara att stå på. Så det var lite jobbigt (Ivan).

it turned out that she was almost blind and needed to have a white cane with her when walking outside. However, his mother refused to walk with a white cane because she had been taught it was demeaning. When his mother got a wheelchair he just put it in the closet. Ivan says that he was doing things that no one else did, which may be interpreted to mean that he was the only one of the siblings that was engaged in providing care to their mother, and that he was the only one that knew how things stood with their mother. Ivan then says that he realized that his mother could not manage on her own. She fell a few times when she was getting in or out of the bathtub. She was also a smoker and there were burn holes in the couch and in the carpet. Thus, he never doubted that he was doing the right thing for his mother in trying to make her agree to move to a residential home. So he continued trying to persuade her but it was tough. For Ivan this period was one of constant worry about his mother. Besides this worry his siblings mistrusted him. Also, he had to “wrestle”, as he expressed it in the interview, with the Needs assessor, trying to convince the Needs assessor that his mother was not able to make the decision herself to move to assisted living because of her dementia. The home care service for his mother did not work and he had to liaise with the home care manager so his mother would get the help she needed.

This was a very hard situation, and during the interview Ivan returns to this period as something that colored his whole caregiving experience. This experience has made Ivan talk to his children about what they should do if he becomes demented.

Ivan: Yes, I think I was most furious at the incompetence and inertia in the municipality. Plus, I told my children that I would write a note in case I... should develop [dementia]. It would say, I want to move into a home. Because you cannot make that decision if you have developed dementia. When you become like that, you do not want to¹⁷⁶.

Ivan says that he was furious at the municipality because the home care service was not working and because of their inactivity in helping his mother move to an assisted living. However, this experience made Ivan talk to his children and say that he would write a note in case he developed dementia. In the note he would write that he agreed about moving to assisted living, so his children would never have to go through what he went through with his mother.

While Peter experienced lack of support from professional caregivers, healthcare and the Needs assessor, Ivan also experienced being mistrusted by his siblings as well as professional caregivers and the Needs assessor. This experience of lack of support seems to have been very exhausting for the sons and was a strong contributory factor

¹⁷⁶ In Swedish: Ja, jag tror att jag var mest förbannad på inkompetens och tröghet i kommunen. Plus att jag sa till mina barn att jag ska skriva en lapp när jag får [demens]... som ni ska ta fram. Det ska stå, jag vill flytta in på ett hem. Då kan ni ta fram den då när det är läge till sånt. Man blir ju sån att man inte vill när man (Ivan).

to an overall negative experience of caregiving, as the case of Peter suggests. Because even though Peter experienced many positive aspects such as feeling meaningfulness and reciprocity as well as making a conscious decision to provide care, the experience of not getting the right kind of support from professional caregivers seems to have colored the whole caregiving experience as mostly negative.

Juxtaposing findings in relation to four key ideas

In conducting the analysis of the sons' and sons-in-law's experience of caregiving it became rather clear that there were some dimensions that were often brought up as contributing to an overall positive experience, and some dimensions often were brought up as contributing to an overall negative caregiving experience. The positive aspects seemed to be: having the ability to make a conscious decision to provide care, the experience of doing something meaningful, the feeling that the care relationship was reciprocal, and having a secondary caregiver such as another family member or a professional caregiver (see Table 10). The negative aspects seemed to be: not having the possibility of taking a conscious decision to provide care, that the care receiver had dementia or mental health problems, feeling that there was a lack of reciprocity in the caregiving relationship, and a lack of support from other family members (see Table 10). As the reader might remember from the literature review on caregiving experience, there were three key ideas that I used to categorize the literature. These key ideas were: "The key idea of gender and gender differences", "The key idea of cognitive impairment", and "The key idea of caring context" (see Table 3). In the next section I will juxtapose these key ideas with the findings from the analysis of the interviews regarding experience of providing care.

The sons' experience of caregiving, and the key idea of gender and gender differences

"The key idea of gender and gender differences" focuses on the question of whether women and men experience caregiving differently. Several studies seem to conclude that men experience caregiving more positively and women experience caregiving as more burdensome (Fromme *et al.* 2005, Dunér 2010, Friedemann and Buckwalter 2014). My reflection on this is that perhaps the positive aspects of caregiving such as building a deeper relationship, and the experience of meaningfulness in providing care, are things that are particularly important to men. As argued by Hanlon (2012), Kullberg (2003) and Gullvåg Holter (2003), (see the chapter "Theoretical framework", the section "My point of view") structural dimensions contribute to privilege and problems for both genders. Furthermore, the assumption that women and men, due to gender norms, build different types of relationships where women's relationships are deeper and more attached to emotions, while men's relationships are built with less

emotional engagement could be described as *the price of hegemony*. For men, being close to the hegemonic ideal probably means being less involved in caregiving and therefore further away from building deep relationships with others, for example their children. Hanlon (2012) conceptualizes these men as having carefree masculinity because when providing for the family economically they are not often faced with a caring situation. In that sense, accepting the assumption that men that aspire to, or are close to the hegemonic ideal are less involved in caregiving, as well as the assumption that caregiving means building a deeper relationship and investing emotions, then it can be suggested that caregiving does something to the person engaged in it. The logic is then that because men have probably experienced caregiving situations in life to a lesser extent than women, a caring relationship for men could lead to having a chance to build a deeper relationship and to investing emotions in another human. Therefore, according to this logic, when caregiving enters men's lives, whether it is to their children, their partner or to an elderly parent, this gives men a chance to build a deeper relationship than they are otherwise used to. Therefore, caregiving may mean something else for men; caregiving does something to men and therefore they may experience caregiving more positively than women. This is also something that has been discussed by Barker (2006) in terms of fatherhood and the positive effects for men of feeling close to their child and their partner. The positive aspects of caregiving have also been discussed by Ericsson *et al.* (2011) in terms of men providing care to a partner. I agree with this assumption to the extent that caregiving can promote a deeper relationship built on emotional attachments and may therefore contribute some deeper meaningfulness to life, which is probably experienced as very positive. This is also something that the sons and sons-in-law emphasize in the analysis of the experience of caregiving, i.e. that they feel meaningfulness in providing care. However, I would like to suggest that the positive effects that caregiving can bring are probably valid for both men and women, hence these effects are more *human-important* than *gender-important*.

However, the problem with these assumptions is first of all the risk of glorifying caregiving. As the analysis of the sons' and sons-in-law's experience of caregiving suggests, for some sons the overall experience of caregiving is negative. For these sons, caregiving entails an experience of not being able to make a conscious choice to provide care. The sons and sons-in-law also experience that the caregiving relationship is consuming instead of meaningful, particularly the sons that care for elderly people with dementia or mental health problems. What also contributes to an overall negative experience is that many of these sons feel a lack of reciprocity and a lack of support from other family members or professional caregivers. Hence, just like women, men can also experience caregiving as negative and burdensome. The other problem with the above assumption that caregiving means something else for men is that we then assume that men close to the hegemonic ideal are less engaged in caregiving activities to their children and other family members. However, as I discussed in the chapter

“Theoretical framework” and the section “Hegemonic masculinity and its critics” what counts as hegemonic masculinity is changing. I would like to suggest that Swedish men today have to be engaged in caregiving at least for their children if they are to be seen as close to the Swedish hegemonic ideal. This is also in line with what Kimmel and Kegan Gardiner (2011) state, namely that a real man in Sweden is engaged in caregiving to his children. Hence, there is a problem with assuming that men are less engaged in caregiving than women, and that therefore caregiving means something else to them, but even so, for many men this might be true. Another problem with assuming that men close to the hegemonic ideal do not engage so much in caregiving is that this logic also implies that men that do provide care are less masculine.

Even though several studies included in “The key idea of gender and gender differences” seem to emphasize that men experienced caregiving more positively and women experienced caregiving as more negative and burdensome (Fromme *et al.* 2005, Dunér 2010, Friedemann and Buckwalter 2014) other studies problematize this conclusion. For example, Bookwala (2009) suggests that perhaps this difference in experience has to do with women and men having different ways of handling a caregiving situation. Bookwala (2009) suggests that men handle caregiving through an adoption model, while women handle it through a wear-and-tear model. But as I pointed out in the chapter “Literature review- a gender-aware inventory” (section “Experience of caregiving”), there is a bias problem within research in this “Key idea of gender and gender differences” that has to do with assumptions about men and women as caregivers. Though women explain caregiving as positive, it does not seem to be something that is taken into account in research on caregiving to elderly parents (e.g. Mendez-Luck *et al.* 2008, Eriksson *et al.* 2013, Silverman 2015) and men’s expressions of positive experience are instead perhaps given an exaggerated importance. Studies included in “The key idea of gender and gender differences” seem to assume that women’s experience of caregiving is colored by women’s obligation to care, while men’s caregiving is seen as voluntary. One study within “The key idea of gender and gender differences” (Fromme *et al.* 2005) suggests another way to understand why it might seem that men experience caregiving more positively. They find it relevant to ask if this might have to do with how women and men verbalize their feelings of stress and burden, and for men it seems to be more important to give the impression that everything is under control. This might be a point worth considering; however, I would also like to suggest that a problem with drawing conclusions on men’s and women’s caregiving is that men’s caregiving voice is so under-represented compared to women’s. As I have pointed out, looking at “The key idea of gender and gender differences” there is an under-representation of men even in studies that claim to focus on women and men’s experience, which also causes a gendered bias, where men’s experiences are heard less than 2/3 of the time compared to women’s. In relation to the analysis of the sons’ and sons-in-law’s experience of care I would suggest that it is rather clear that while most of the sons and sons-in-law (Anton, Carl, Evert, Gunnar, Holger,

Jonny, Lars, Martin, Oscar, Rickard, Stig and Tommy) experience caregiving as positive overall, some sons (Bo, David, Fredrik, Ivan, Kurt, Peter and Viktor) experience caregiving overall as negative and burdensome. Asking men as caregivers how they experience caregiving seems to reveal that aspects that are often brought up as contributing to the overall negative experience are: not having the chance to make a conscious decision to provide care, providing care to a parent with dementia or mental health problems, feeling a lack of reciprocity in the relationship, and feeling a lack of support from family and professional caregivers. I would suggest that these themes emerge as rather clear when doing the analysis and because this PhD project focuses on men as caregivers, these findings are very important contributions of the voices of men as caregivers. Therefore, in relation to the point made by Fromme *et al.* 2005, that men and women perhaps verbalize their experience of care differently, and therefore it seems that men's experience of care is more positive, I would suggest that it is important to also study men's experience and make the voices of men as caregivers heard. Otherwise, we run the risk of not acknowledging men's burden and negative experience of care. In the worst case the emphasis on care as more positive for men might lead to a neglect of situations in which men experience burden.

In "The key idea of gender and gender differences" the availability of a secondary caregiver seems to be important (Suigura 2009). In Hash's (2006) study of gay and lesbian caregivers as well as in Price's (2011) study of lesbian caregivers, a secondary caregiver seems to be very important for a positive experience, as long as the secondary caregiver is supportive and not judgmental. A non-supportive secondary caregiver could instead, as shown in Hash's (2006) study, contribute to a negative experience and the feeling of burden. In relation to the analysis of the sons' and sons-in-law's experience of care, having support from other family members or professional caregivers seems to be very important for the overall positive experience of caregiving. In the case of Peter, who seems to experience that it was a conscious decision to take on a caregiving responsibility for his father, he seems to experience that he is doing something meaningful, and he experiences reciprocity in the caring relationship; these are factors that were often brought up as contributing to an overall positive experience. However, the lack of support that Peter seems to experience from professional caregivers, and not having any family to help him in caring for his father seems to color the overall experience of caregiving as negative and burdensome for him. Also, the story of Ivan not being trusted by his siblings when he told them that their mother was suffering from dementia shows the importance of having support in the caregiving situation. I would suggest that for those who do not have any family, as in the case of Peter, help from professional caregivers is essential and the lack of such support is devastating for the care provider and the experience of providing care.

In relation to "The key idea of gender and gender differences", the study of Price (2011) on lesbian caregivers also shows that without heteronormative assumptions about caregiving, lesbian caregivers show a variety of different experiences – some

positive and some negative. In relation to the analysis of the sons' and sons-in-law's experience of caregiving, just focusing on men as caregivers also shows that they experience a variety of positive and negative experiences. I would suggest that one important question is what is the point of comparing experience and caregiving burden between men and women? What is the point of saying that women experience more burden than men? Considering the gender bias that exists in literature on gender and caregiving experiences this assumption is rather strange. I also fear the consequences of such an assumption if professional caregivers assume that men do not experience caregiving as burdensome. Such an assumption could lead to men receiving less support as caregivers, which would be very unfortunate because support to family caregivers already is mostly directed and formed with a caregiving wife in mind (see Swedish National Board 2007¹⁷⁷).

As I discussed in the chapter "Conceptual and contextual framework" section "The feminist history of the concept of care", one important contribution to feminist care research has been to show women's invisible and unpaid work that is often experienced as burdensome. Therefore, as Fromme *et al.* (2005) conclude, studies of family caregiving to elderly family members tend to use men as a contrast group to show the additional challenges that women face. I suggest that this is a legacy that the third generation of care researchers need to distance themselves from in order to develop the concept of care and in order to acknowledge the caregiving experience of both men and women as equally important and without hidden political agendas. As Friedemann and Buckwalter's (2014) study also suggests, there might be other aspects that also contribute to an overall negative or positive caregiving experience. For example, they found that because women in their study reported a lower average income this may have contributed to negative effects associated with caregiving. However, Friedemann and Buckwalter (2014) also found that even though women seem to experience a high burden, male adult children reported the highest burden. Hence, even though it might be assumed that men's experience of burden is less compared to women's, the fact that some men may experience burden is still important to acknowledge. Otherwise, men's need for support may risk being neglected.

In the next section I will discuss the sons' and sons-in-law's experience of providing care in relation to "The key idea of cognitive impairment".

¹⁷⁷ In a report from the Swedish National Board (2007) concerning support for family carers, it is stated that: "The archetype of informal care is the old wife, who cares for the elderly spouse, without any help from the government" (my translation, p. 33).

The sons' experience of caregiving, and the key idea of cognitive impairment

“The key idea of cognitive impairment” focuses on the experience of providing care to an elderly relative with dementia or other cognitive impairments as well as mental health problems. As I discussed in the literature review and the section on “The key idea of cognitive impairment” some studies (e.g. Mayor *et al.* 2009, Habermann *et al.* 2013) argue that most of the studies focusing on caregiving to elderly people with cognitive impairments do have a negative point of departure, for example, focusing on the experience of burden and stress (e.g. Massimo *et al.* 2013, Zegwaard *et al.* 2013). Some studies instead focus on the positive experiences of caring for an elderly person with cognitive impairments. However, as I argued in the literature review, to focus only on negative experiences or only on positive experiences does not reveal the complexity of caring for a person with cognitive impairment as effectively as those studies that focus on the experience as a whole (e.g. Betts Adams 2006, Kim 2009)

In the analysis of the sons' and sons-in-laws' experience, caring for an elderly parent with dementia or mental health problems seems to appear as a theme on its own and is a factor that is often brought up as contributing to an overall negative experience. Those sons (Bo, David, Fredrik, Ivan, Kurt and Viktor) that experience that dementia and mental health problems contribute to an overall negative experience speak about how it is hard to see the elderly person changing in personality. Bo, Fredrik and Viktor mention something that I suggest is an expression of a “reverse relationship”, a loss of someone that they once looked up to and relied on; instead, they have become a caregiver to that person. In relation to “The key idea of cognitive impairment” (e.g. Kim 2009, Habermann *et al.* 2013, Zegwaard *et al.* 2013) it can be understood as a very hard experience to see a loved one become ill and change in personality.

For Bo, and Viktor the cognitive impairment and mental health problems their parents have seem to be the very reason they do not feel meaningfulness in the caregiving situation. For example, for Bo, seeing his mother change is something that makes it harder for him to talk about meaningfulness. Likewise, Viktor cannot see anything meaningful in the situation because he does not think that it was meaningful that his father got the illness. The experience of the meaningless of a cognitive impairment such as dementia is also something that can be recognized from the literature on “The key idea of cognitive impairment” (e.g. Massimo *et al.* 2013).

While most of the sons in the analysis that provide care to an elderly parent with dementia or mental health problems experience the caregiving situation overall as negative, there is one son, Martin (as already mentioned in the previous section), that provides care for his mother with dementia. Even though Martin experiences the situation as exhausting it seems that his overall experience of the caring situation is positive. The difference between Martin and the other sons that provide care to parents with dementia and mental health problems is that Martin also seems to experience all the dimensions that contribute to a positive overall caring experience, such as it was a

conscious decision to take on the caregiving responsibility, that he has support from family or professional caregivers, that he experiences reciprocity in the caring relationship, and he feels he is doing something meaningful. In “The key idea of cognitive impairment”, the positive side of caring for an elderly person with dementia or mental health problems is to be able to spend time together and to become close (e.g. Habermann *et al.* 2013). This is also something that Bo emphasizes, even though he experiences the overall caring situation as negative, he still also says that he is happy when he sees that his mother is happy. As Mayor *et al.* (2009) conclude, caregivers to an elderly person with cognitive impairment more often than others interpret their own satisfaction in the light of the care receiver’s wellbeing. In relation to the lack of meaningfulness that the sons that provide care for a parent with dementia seem to experience, this could reflect the problems that the cognitive impairment causes for their elderly parents. For example, for Bo and Viktor, their parents’ cognitive impairment and mental health problems represent the very reason why they do not feel meaningfulness in the caregiving situation. For Bo, seeing his mother change is something that makes it harder for him to talk about meaningfulness. Likewise, Viktor emphasizes that he cannot see anything meaningful in the situation because he does not think that it was meaningful that his father got the illness. Hence, the experience of not feeling meaningfulness in the situation is an expression of knowing that the disease will only lead to decline and ultimately death, and that there is no hope of recovery.

In the next section, I will discuss the findings in the analysis of the sons’ and sons-in-law’s experience of providing care in relation to “The key idea of caring context”.

The sons’ experience of caregiving, and the key idea of caring context

In relation to “The key idea of caring context” it does not seem that the sons or sons-in-law experience that work conflicts with the caregiving responsibility. Rather what seems to matter for the caring context is having time to provide care from the perspective of sacrificing free time (time after work) to provide care and to some extent abstain from interests such as golf and building the summer house as in the case of Kurt. What also seems to matter is the distance to the care receiver, as in the case of Anton and Stig, who arranged for their mothers to come and live in the same city as them, and Martin who brought his mother to Sweden from another European country.

Within “The key idea of caring context” some studies suggest that minority families experience less burden than others, for example white American caregivers (cf. Jervis *et al.* 2010, Vroman and Morency 2011, Sheridan *et al.* 2014). However, as I argued in the literature review one has to be careful about making such assumptions because this emphasis, that minority families experience caregiving more positively, can perhaps be explained in other ways that are not connected to culture. As I pointed out, these studies often have a wider inclusion of caregivers, including caregivers to partners, parents, friends and neighbors. Being a non-relative caregiver is associated with a more positive experience of the caregiving situation, though caregiving is in

that way provided within a more voluntary framework and the caregiving tends to be less extensive (cf. Jervis *et al.* 2010, Vroman and Morency 2011, Sheridan *et al.* 2014). Therefore, this suggestion that minority families experience less burden needs to take account of what kind of caregivers are included in the studies. In regard to the discussion that men are assumed to experience caregiving more positively (see the section on “The sons’ caregiving and the key idea of gender and gender differences”), I think it is relevant to ask if there is some common logic behind the assumptions that men are assumed to be less affected by caregiving responsibilities and that minority families are assumed to be more family-oriented and therefore view caregiving more positively.

Is there a common logic between men as caregivers and minority families as caregivers that unites this need to contrast men and minority families, hence, *the others* against women as caregivers or against the ethnic majority? My reflection is that this logic has to do with making an *otherness*. When de Beauvoir (1973 [1949]) used this concept of *Other* she was describing the cultural context of the man–woman binary relation. The way de Beauvoir (1973 [1949]) used the concept was to point out the woman as the *Other* in relation to man; hence the *Other* often represents a minority or the least-favored social group. When it comes to caregiving, perhaps men instead are the *Other* in the sense that it is often assumed that men provide a lesser quantity of care, provide care with less emotional engagement, and are less capable than women of providing care (cf. Barusch and Spaid 1989; Fitting *et al.* 1986; Horowitz 1985a; Russell 2001; Eriksson *et al.* 2008). Hence, as Hochschild (1995) described it, the typical picture of a caregiver is a woman; therefore, caregiving is defined as feminine, which sets the norms and standard (see Chapter “Conceptual and contextual framework” section “Towards a third generation of care researchers’ concepts of care”). When it comes to the question of caregiving within a minority family Forssell (2004) found, in her study about caregiving in minority families to elderly relatives who immigrated late in life to Sweden, that the *Otherness* instead is constructed as immigrant families being particularly good at providing care. It is assumed that these families have come from cultures and have, as Hochschild (2003) calls it, *warm traditional* caregiving ideology. Immigrant families, and immigrant women in particular, are not only perceived as better caregivers than the ethnic majority families, or white women; they are also assumed to be more family-oriented, and accept their caregiving role within the family. Forssell (2004) suggests that there is a positive romantic image about other cultures where it is assumed that family members live together over generations in big happy families. Meanwhile, she emphasizes that the image is also that ethnic Swedes do not take care of their elderly; rather, elderly in need of care are handed over to a professional caregiver; hence there is what Hochschild (2003) calls *cold modern* caregiving ideology.

In a study of cross-cultural interaction within Swedish elderly care, Torres (2010) argues that essentialist understandings of ethnicity affect the ways in which elders

from ethnic minority backgrounds and their families are viewed within the context of elderly care. As such, they are *Othered* by policymakers and care providers but in different ways. While older immigrants are believed to require extra resources from the sector and are, as such, regarded as a potential burden, younger immigrants (and especially women) are often regarded as a resource or an asset (cf. Torres 2010). By bringing attention to this study, I am trying to point out that while some caregiving research has shown that ethnic minority families are regarded as the *Other* because they are assumed to uphold traditional values and have a more positive attitude to caregiving, men are instead treated as the *Other* because they are deemed to be less suitable caregivers and less emotionally affected. In the case of men, the *Othering* ensures the maintenance of norms of caregiving as a feminine practice. In the case of minority families, the *Othering* becomes the means through which caregiving responsibility is placed onto them so they do not burden the welfare institutions. It also is a way to recruit women (and men) from ethnic minority families as professional caregivers in a low wage profession that may not always attract the ethnic majority as workers.

As I discussed in the section “The sons’ experience of caregiving and the key idea of gender and gender differences” studies of family caregiving to elderly family members tend to use men as a contrast group to show the additional challenges that women face. The consequence, as I pointed out, of such an assumption that men experience caregiving as more positive can lead to less support for men as caregivers. The same warning needs to be given when it comes to caregiving in minority families; that is, assuming that caregivers from minority families experience less burden can lead to less support for these caregivers. Therefore, as I have already pointed out, the result of minority families experiencing less burden can instead be a finding that is due to methodological aspects, for example, studies of minority families have a wider inclusion of caregivers such as partners, parents, grandparents, other relatives, friends and neighbors. As other studies (cf. Mazaheri *et al.* 2011; Pinguart and Sörensen 2011) have suggested, there is a difference in the experience of caregiving, depending on the type of relationship between caregiver and care receiver. For example, spouses experience more burden than adult children, and in-laws and non-relative caregivers experience caregiving as more positive than related caregivers (cf. Han *et al.* 2008). Furthermore, the assumption that minority families experience caregiving as more positive is also challenged by researchers, for example Lawrence *et al.* (2008), that point out that there is also variety within different minority groups as regards whether they experience caregiving as positive or negative.

In relation to the analysis of the son and son’s-in-law experience of caregiving one could perhaps question the relevance of discussing cultural norms because the sons and sons-in-law are all of Swedish ethnicity except for Martin who was born in another European country. Here I would like to remind the reader that the reason that most of the caregivers, except one, are ethnic Swedish has nothing to do with the inclusion criteria. I had no intention of only including ethnic Swedes in the study nor of having

ethnic diversity either. The reason that most men in this study are ethnic Swedes is because these were the men that agreed to participate in the study. Of course this could be discussed as a methodological limitation since one could easily ask: why is it that most men that agreed to be in the study are ethnic Swedes? Sampling men from different ethnic backgrounds is not easy since, among others, language barriers may have to be taken into account when doing so. This explains the decision not to actively seek them out even though one of the men I ended up interviewing was born in another European country. Conversely, even if there is only one son that represents a minority group, that is not to say that culture context does not matter. Caregiving is always done within a cultural context and in this study, the Swedish context is in focus. In the chapter “Conceptual framework”, section “Family care and Swedish statistics” I have tried to outline what the Swedish context might mean for this study. First of all, I think that how the Swedish welfare state is built is an important dimension of caregiving within a Swedish context. Swedish welfare is built on that Berggren and Trägårdh (2006) describe as coming from Swedish culture. One such idea is how the individual in Sweden should be independent from the family, while dependence on one’s family in other countries, for example Germany, is considered natural. I have discussed this in the literature review in “The key idea of gender and gender differences” regarding a discussion of how different welfare solutions affect women’s ability to work or to stay home to provide care.

When it comes to the question of a Swedish cultural caring context, it is first important to acknowledge the idea of individual’s independence from the family. This idea is one reason why most women in Sweden work and are not homemakers – because they should not be dependent on their partner. Using Hochschild’s (2003) suggestion on welfare arrangements being built on cultural ideals, one could argue that the Nordic countries strive for an egalitarian caregiving ideology. She calls this caregiving culture *warm modern*, where family caregiving should be shared between women and men. The Swedish cultural context when it comes to caregiving could be described as building on the ideal of sharing responsibility within the family as well as on the ideal of the individual’s independence. The idea of individual independence is one reason that persons in need of care should be able to rely on help from the municipality and professional caregivers, and not be dependent on the family for care. This is the idea, but whether it always works like this is of course often debated. However, I will not go into that debate. Rather, my point is that it is important to remember this ideal and the Swedish welfare in relation to the findings that suggest that having the chance to take a conscious decision to provide care seems to be an important aspect for an overall positive experience of providing care. Not being able to make a conscious decision about caregiving is one of the factors that contributes to an overall negative experience. Hence, in a country where children by law are obligated to take care of their parents, it would not be possible to make this choice.

In relation to the findings that show that the possibility of having support from other family caregivers or from professional caregivers is important for the overall positive experience, the support from professional caregivers is of course not an option in a country that has no such welfare solution. In that case, support from professional caregivers is only available for those who can afford to hire private caregivers. For Peter, who did not have any other family members that could help him with providing care for his father, the lack of support from professional caregivers contributed to an overall negative experience of caregiving even though Peter also experienced all the other factors that contribute to an overall positive experience (see Table 10). Beside the fact that the lack of support meant much worrying for Peter about his father, it also made him very upset and angry. I would suggest that one way to understand this is that support in old age by the municipality is something that is a given right in Sweden. This because of high taxes; all Swedes contribute to the welfare institutions and should therefore benefit from them when needed. When Peter's father therefore was denied a place at an assisted living he and his father saw this as being denied something that his father had the right to. Now of course we do not know the Needs assessor's reasons for denying Peter's father the place at the assisted living; however, Peter's experience was that his father was being denied something that he had contributed towards for his whole life and was entitled to when needed. For Peter, this lack of support from professional caregivers means that he feels forced to continue providing care; hence he feels forced to provide care, which goes against the Swedish norm that adult children should only provide care voluntarily. The same situation occurs for those sons (Bo, David, Freddy and Viktor) whose elderly parent refuses help from the municipality; they feel forced to provide care even if the Swedish norm is that adult children have no responsibility to care for elderly parents.

Thus if there is a Swedish norm that family caregiving should be provided voluntarily, does this mean that the sons and sons-in-law that provide care to elderly parents and described their decision to do so in terms of lack of choice are breaking a cultural norm? The answer to this is, as mentioned in the chapter entitled "Conceptual and contextual framework" and the section on "Family care and Swedish statistics" that in Sweden, as in most other countries, family caregiving is the most common form of caregiving. Thus, even if there is no juridical obligation, adult children in Sweden do provide care for their parents. This is perhaps why Hochschild (1995; 2003) points out, in her discussion about cultures of care, that Sweden does not have a *cold modern* culture of care, where professional caregivers are a *substitute* for family care. Rather, Sweden has a *warm modern* culture of care, where professional caregiving is a *complement* to family caregiving. This means that professional caregiving should be available when needed. In addition, as shown in the chapter "Adult sons' motives to provide care" having a good relationship to the care receiver also makes it easy to respond to the need for care. A Swedish logic or culture of care could therefore perhaps be seen in a statement that the Minister for Social Affairs (at that time) Gunnar Sträng said in

connection with the abolition of children's economical responsibility for elderly parents in 1957. He stressed that the ties between the generations should be stronger when the economic compulsion ceased (Sundström 2002). His line of reasoning builds on the idea that with independence the relationship and bonds between generations would be strengthened.

In "The key idea of caring context" religion or spiritualism occur as important dimensions that contribute to a positive caregiving experience. African-American family's engagement in religion and spirituality is suggested to be one reason why minority families experience less burden (cf. Sheridan *et al.* 2014). What is rarely discussed in a secular country like Sweden is what kind of implications spirituality and religion have for the norms of providing care. Only one son, Evert, mentions the Lutheran tradition when he talks about the experience of providing care. His point is that the Lutheran tradition is perhaps a reason why his family being farmers always worked hard and helped each other with, for example, providing care if needed. Evert says that as farmers, everyone in the family was important and contributed to the work and therefore they looked after and helped each other. Even if Sweden today can be regarded as a secular country, where less than half are religiously committed or engaged in private religion, Sweden has traditionally been considered a Christian country, belonging to the Evangelical Lutheran tradition. The Lutheran tradition imposed the rule that one should "Honor thy father and thy mother" as stated in one of the Ten Commandments. However, even if this Lutheran tradition is probably a part of the Swedish culture and might influence the way caregiving to elderly parents and in-laws is experienced, this is nothing that the other sons or sons-in-law, except for Evan, explicitly speak about or mention. Interestingly Mazaheri *et al.* (2011) also commented, in their study about Iranian immigrants in Sweden, that the religious aspects were never mentioned. They suggested that it could have been that religion and spiritual beliefs did exist but they never appeared in the caregivers' stories. Another possibility of course, is that they were not religious. On the other hand, being in a cultural context of a secular country, where religion is viewed as a private matter, religion and spiritual beliefs are not things that one might talk about to a stranger as in the case of being interviewed for a study about caregiving. In this study, and as in Mazaheri *et al.*'s (2011) study, religious aspects or spiritual beliefs were never something the informants were asked about explicitly. In this study, it is therefore not possible to tell how much, if at all, the informants were influenced by religion or spiritual beliefs in their experience of caregiving.

Sons' experience of care – Summary

In this section I will summarize some of the central findings from the analysis of the sons' and sons-in-law's experience of caregiving in relation to the literature review and the three key ideas that were developed from the literature review.

What appears to be important in the experience of caregiving is the availability of a secondary caregiver, i.e. support from other family caregivers or professional caregivers. The importance of a secondary caregiver emerges from the literature review concerning "The key idea of gender and gender differences" and "The key idea of caring context". Having support from other caregivers seems to be the single most important aspect creating an overall positive experience of caregiving in the literature and also for the sons and sons-in-law in the analysis of their experience of caregiving. For example, for Martin, providing care for his mother suffering from dementia, the support from his wife, his five adult children and from the Family Resource Center is probably what has contributed to his overall positive experience of caregiving, even though he is exhausted from the extensive caregiving. For Peter, the lack of support instead seems to be the factor that contributes most to an overall negative experience, even though Peter has experienced all the other positive dimensions such as meaningfulness, reciprocity, and that it was a conscious decision to take on a caregiving responsibility for his father. Peter's problem is that because he has injured his arm he cannot manage the caregiving to his father to the same extent as he did before. However, his and his father's request that his father should move to an assisted living has not been granted. Peter seems to feel great frustration because he does not receive the support he and his father want from the municipality and because there is no other family member available to provide care. Even though the availability of a secondary caregiver is important, it is also important that the secondary caregiver is supportive and not judgmental, a point that emerges from literature on "The key idea of gender and gender differences" (cf. Hash 2006; Price 2011). The availability of a secondary caregiver who was judgmental and unsupportive could instead lead to a negative experience of caregiving. In relation to the analysis of the sons' and sons-in-law's experience of caregiving, this issue also appeared in the story of Ivan. When Ivan understood that his mother was suffering from dementia, his three siblings did not believe him and mistrusted his intentions. This, in combination with home care that did not work, contributed to a very negative experience of care. Even so, when I conducted the interview with Ivan, all these problems seemed to have been sorted out. His siblings believed him and his mother had moved to an assisted living, and this probably contributed to Ivan's caregiving experience at the time of the interview as positive overall. Still, in the interview he tells me about how hard it was not being trusted by his siblings and that the home care service was not working. Hence, the availability of a secondary caregiver, such as other family caregivers or professional caregivers, who are supportive and not judgmental, seems to be the single most important factor in creating an overall positive experience of caregiving. Additionally, the lack of a secondary care-

giver seems to be the single most important factor in creating an overall negative experience of caregiving.

Beside the availability of a secondary caregiver, the experience of providing care to a person with dementia or to someone with mental health problems appears to be experienced as rather burdensome and negative. In the literature review, dementia was a factor that contributed to a negative caregiving experience. In relation to the analysis of the sons' and sons-in-law's experience of caregiving, when caring for a person with dementia or mental health problems it seems difficult to see the caregiving situation as meaningful. This is because it seems to be hard for the sons to find a serious disease, that gradually leads to decline in health and cognitive ability, and ultimately to death, as meaningful. The cognitive decline also leads to an experience of a lack of reciprocity. This was something that occurred in some sons' (Bo, Fredrik and Viktor) stories, though they expressed a *reverse relationship*. This was an expression of losing a role model, someone that they had looked up to, or the feeling of becoming a parent to one's parent. What also seems to be an important aspect contributing to the negative experience of caring for a parent with dementia or mental health problems is, as discussed above, the lack of secondary caregivers. For some sons (Bo, David, Fredrik and Viktor), the parent that they care for refuses help from professional caregivers, which seems to contribute to the negative experience of caregiving. For these sons, having a parent with dementia or mental health problems that refuses help from professional caregivers forces the sons into a situation where they feel obliged to provide care; thus, they have not made a conscious choice to provide care. I would therefore suggest that while having a secondary caregiver seems to be the single most important dimension for a positive caregiving experience, caring for a parent with dementia seems to be a dimension that, in itself, also leads to other negative experiences, such as lack of meaningfulness, lack of reciprocity, and not having the chance to make a conscious choice about providing care.

I would like to suggest that the analysis of the sons' and sons-in-law's experience of caregiving contributes to a further understanding of how caregiving can be experienced by men such as sons and sons-in-law. Additionally, the analysis of the sons' and sons-in-law's experience of caregiving shows not only that positive experiences do exist among caregiving men but also that their take on caregiving contributes to our understanding of the aspects that lead to an overall negative experience. As such, the analysis shows in which situations men (such as sons and sons-in-law) experience caregiving as burdensome. This finding then is in contrast to the assumption that men experience caregiving as more positive than women. In this analysis

it is perhaps clear that some sons experience a great burden in the caregiving situation as well as feelings of frustration and worry. Hence, this analysis suggests that caregiving men can be vulnerable and in need of adequate support in a caregiving situation. The analysis also suggests that the best support is the availability of a non-

judgmental and supportive secondary caregiver such as another family member or a professional caregiver.

In the next chapter I will continue to discuss the sons' and sons-in-law's perceptions of care as a concept, and care in relation to gender.

ADULT SONS' PERCEPTIONS OF CARE

In this chapter I discuss and analyze the perceptions of care among the sons and sons-in-law, focusing on two particular aspects: What the sons and sons-in-law consider care to be, i.e., their view of care and caregiving based on their experience of providing care to their elderly parent or parent-in-law; and their view on care in relation to sex or gender. In the latter I examine whether the sons and sons-in-law believe that gender matters in relation to care and caregiving. I start by analyzing the sons' and sons-in-law's perceptions of care as a concept.

The sons' perception of care as a concept

In the interviews, I asked what the sons and sons-in-law considered care to be, i.e., their perception of care and caregiving. If they had difficulty understanding the question or formulating a reply, I asked them to talk about what they believe to be good caregiving. On analyzing the responses, I identified six different themes in their perceptions. These were: "Having an ability to see the needs of others", "Providing a good life", "Love leads to caregiving", "Being on hand/sacrificing one's own time", "Integrity and taking decisions for care receivers" and "Getting some satisfaction back". These themes are shown in the first column in Table 11.

Table 11: SONS' AND SONS-IN-LAW'S PERCEPTIONS OF CARE

INFORMANTS	HAVING AN ABILITY TO SEE THE NEEDS OF OTHERS	LOVE LEADS TO CAREGIVING	BEING ON HAND/SACRIFICING ONE'S OWN TIME	PROVIDING A GOOD LIFE	INTEGRITY AND TAKING DECISIONS FOR CARE RECEIVERS	GETTING SOME SATISFACTION BACK
Anton				X	X	X
Bo	X					
Carl*	X					
David				X		
Evert					X	
Fredrik				X	X	X
Gunnar*			X		X	
Holger	X				X	
Ivan	X					
Jonny			X			
Kurt			X			
Lars				X	X	
Martin		X	X			
Oscar			X			
Peter	X					
Rickard	X		X			
Stig				X		
Tommy			X			
Viktor		X	X			

*Carl and Gunnar are sons-in-law.

As in Tables 8 and 9, it is important for the reader to note that most of the sons and sons-in-law do not have one single perception of care, as indicated in Table 11, but that most mentioned several perceptions of care. In the following sections I analyze the different themes that were developed from the analysis of their perceptions of caregiving.

Having an ability to see the needs of others

Bo, Carl, Holger, Ivan, and Rickard (see Table 11) felt that having the ability to see the needs of others is an important part of caregiving. Below, I use quotes from Bo, Carl, Holger, and Ivan to illustrate what they mean by having an ability to see the care needs of others.

Regarding the question of what care is, Bo first talks about care in a more general way, as in feeling responsibility and trying to be involved, and caring for other humans. He gives the example that he and his wife contribute to charities:

Bo: Yes, but I do think that that one has to try and be there when one can, and to get involved. We both do [Bo and his wife]. We are members of PLAN and we have sponsored children in Africa and we give money to Save the Children and the Red Cross. Things like that. But if (laughs) it's a way to salve our conscience, I don't know, but I don't think so because of course you care about others, and you try to help where you can. But of course it's mostly within the family as regards... yes, well, I can't think of anything else when it comes to this question¹⁷⁸.

Bo first talks about caregiving in a more general way, referring to what is a feeling of empathy for other humans, and mentions that he and his wife give money to charity organizations. In that way he uses a wide definition of caregiving, namely caring for other human beings and having social responsibility. However, he also says that perhaps giving money to charity organizations is a way of assuaging feelings of guilt from knowing that other people, particularly children, are living under terrible conditions. Nevertheless, he points out that contributing to organizations that help other people is a way of showing concern for others and he thinks it is important to help whenever one can. Even if Bo initially talks about giving money to charity as a form of care, he then goes on to say that providing help and care is still more common within the family. I would suggest that what he means is that care is a responsibility between humans and that if one is able to, one should help and provide care. In that regard, being able to understand the need for care and feeling empathy for others, whether they are people one has never met or family members, comes from an inner feeling of recognizing someone's need. For someone aware that others are in need of help, support, or care, paying money to charity is one way of showing concern, but otherwise this concern mostly exists within the family. Bo also indicates that caregiving can be a way of dealing with a bad conscience. In the chapter, "Adult sons' experience of caregiving", it was suggested that a lack of reciprocity affected the caregiving experience negatively, which indicates that feeling some kind of satisfaction for one's caregiving contribution is important if the caregiving responsibility is to be experienced as positive and for the continuing success of the caregiving relationship. This issue is discussed further in the section "Getting some satisfaction back".

Carl explains that care means responding to other people's needs, and that to be able to respond, one has to have a caring personality:

¹⁷⁸ In Swedish: Jo men jag tycker väl att man försöker ställ upp när man kan och att man engagerar sig. Det gör vi båda två [Bo och hans fru]. Vi är med i PLAN och har fadderbarn i Afrika och betalar till rädda barnen och röda korset. Sådana grejer men om (skratt) det är ett sätt att döva samvetet på det vet jag inte men det tror jag väll inte men det är klart att man bryr sig om människor det gör man och man hjälper till där man kan. Men det är klart det är ju mest inom familjen som det gäller... ja något annat tänker jag inte på när det gäller den här aspekten (Bo).

Carl: But yes, it has to do with one's personality. So in my frame of reference, we are all yellow, green, red, and blue people. And if you have some green, you are a caring personality. So that's how it is, but of course it is also affected by the attitude we were programmed with through our lives. The impression we get, and the conclusions that we draw¹⁷⁹.

Carl believes that people's personalities can be seen as different colors, where green represents an empathic and caring person. He says that he is a person that has some "green" in him, and hence he is a caring person with the ability to see other people's needs. He also says that the ability to respond to care needs is affected by how we are brought up, our attitudes, and the conclusions we draw when we see someone in need of care. This could be interpreted as meaning that Carl believes that the ability to respond to caregiving needs involves first being able to recognize a care need, e.g., in the way he connects the ability to recognize care needs to a person's personality. This was also something that was recognized in the chapter "Adult sons' motives to provide care", namely that having a caring personality also motivates caregiving because it is not easy to ignore someone's need of care if you are a person who recognizes such needs.

Holger also viewed caregiving as a way of acknowledging or having the ability to see other people's needs. However, he also said that responding to those needs depends on the relationship one has to the person in need of care.

Holger: I think that it has to do with trying to read the needs. It depends completely on what kind of relationship you have. To try to read the needs of the one that you are trying to help and then think it through, can I do this? Either verbally or depending on the type of relationship you have, huh. Can I manage to meet these wishes? And if you feel that it is okay, and above all that it feels good, because that's what's important. Not only that you can manage to lift someone and change diapers, but rather that you can truly provide care, that's what's important, as I see it¹⁸⁰.

¹⁷⁹ In Swedish: Jamen det sitter ju i personligheten. Alltså i min referensram så har vi gula, gröna, röda och blå människor. Och har man lite grönt i sig så är man ju en omsorgsmänniska. Åh så där sitter det ju men sen sitter det i den inställning som vi programmeras upp med genom våra liv. De intryck vi får och de slutsatser som vi drar (Carl).

¹⁸⁰ In Swedish: Jag tror det alltså försök att läsa av behov. Det beror ju alldeles på vilken relation man har. Att försök att läs av dom önskemål som den man ska hjälpa först och därefter tänka igenom, kan jag? Antingen verbalt eller beroende på vilken typ av relation man har va. Kan jag klara utav att uppfylla dom här önskemålen? Och känner man det att det här är okey och att det känns bra framför allt, för det är ju det som är det viktiga. Inte bara att man praktiskt kan lyfta på nån och byta blöjor utan att man verkligen, alltså omsorg, det är ju det som är det viktiga, som jag upplever det (Holger).

Holger thus believes that caregiving is the ability to see others' needs, but that responding to such needs depends on the relationship. He says when one has acknowledged someone's needs then it is important to think through what to do. Depending on the relationship, Holger believes that it is important to speak with the person in need of care to determine their wishes about the caregiving. The care receiver's wishes being met and the caregiver feeling good are very important, according to him. He then goes on to say that care is not only the practical side of caregiving such as changing diapers, and indicates that care is also something else. I would suggest that Holger believes that caregiving first starts with an ability to acknowledge care. Then, depending on the relationship, caregiving can be extended to take into account the care receiver's wishes, which I would suggest is a competence of caregiving. Therefore, Holger is also marked in the column "Integrity and taking decisions for care receivers" in Table 11. Holger also stresses that it is important for the caregiver to want to provide care, and to feel that it is worth the time and is a good thing. Then caregiving can become practical hands-on care. My interpretation of this is that he perceives that care is not only hands-on caregiving work, but also a deeper connection to the person in need of care.

Being a former drug addict and alcoholic, Peter has a different way of explaining what caregiving is. Peter shared his own experience and told me that as a former addict, he has been involved in starting up a national project to help other addicts break free from their addiction. In the interview, he proudly stated that he has now been free from drugs and alcohol for 22 years, so he knows what other addicts are going through. He then told me a story about trying to help a friend who had been drinking too much, to get sober again:

Peter: So I'm also doing that kind of stuff among friends and acquaintances, huh. Oh, oh, so I am well a little "caretaker" maybe, I do not know. But that's because I know what hell it is¹⁸¹.

In this quote, Peter is referring to trying to take care of his friend who has been drinking again, when he says that he helps friends because he knows what kind of hell they are going through. I would suggest therefore that for Peter, caregiving and the ability to acknowledge someone's need for care come from his own experience. He claims he tries to take care of or help friends that are addicts as well as his father, who is also a former addict. Hence, when he refers to caregiving, it comes from his own experience, which is a slightly different way of talking about caregiving compared with the other sons and sons-in-law interviewed. However, it is perhaps an interesting point that caregiving and the ability to provide attentive care need to come from one's own experience or one's one view of what, for example, a decent or good life is.

¹⁸¹ In Swedish: Så jag håller på med såna grejer också bland bland vänner och bekanta va. Oh, oh, så jag är väl lite "ta hand om" kanske, jag vet inte. Men det är ju för att man vet vilket helvete det är (Peter).

Love leads to caregiving

While Bo, Carl, Holger, Ivan, and Peter talked about caregiving in a perhaps rather general way, Viktor and Martin emphasized that caring is something one does only for people who are really close family or friends, and hence they believed that love leads to caregiving (see Table 11).

Viktor: Those who don't mean anything to you don't represent care. Caring is something you do for those you hold dear or care about¹⁸².

Thus Viktor feels that he would not waste care on those who do not mean anything to him and that he would offer caring and concern only to people that are close to him. Martin also noted that the sacrifice it takes to provide care would not be something that one would invest in a person one does not love:

Martin: It, it, I believe it is love, I think. [...] I think that if one wants, wants to sacrifice the time or to have the strength, it needs to be done through love for the person in need of care or so, then it will work, huh. Otherwise it is difficult¹⁸³.

Martin believes that care is love because it would be more difficult to sacrifice the time and strength required to provide care unless this was done through love. Providing care without feeling love for the person in need of care would be very difficult, according to Martin.

In the case of both Viktor and Martin, it is important to acknowledge that they have in fact provided very extensive care for their elderly parents. What they also have in common is that they have had a complicated relationship with their care receivers, as Martin was abandoned by his mother and Viktor's father was rather emotionally absent. For Martin and Viktor, caregiving has been very emotionally challenging and has required a lot of sacrifice and strength, and therefore it is perhaps not very surprising that they believe that providing care is something they would only do for people that mean the most to them. I would suggest that Martin and Viktor might acknowledge the need for care for a person, but they would only be prepared to take on a caring responsibility for someone close to them and whom they loved.

In the next section, I discuss how the sons and sons-in-law talked about caregiving as being on hand or sacrificing one's own time.

¹⁸² In Swedish: Dom som inte betyder nåt liksom betyder inte omsorg heller nånting. Omsorg visar man för den som man håller kär eller bryr sig om (Viktor).

¹⁸³ In Swedish: Det, det, jag tror att det är kärleken, det tror jag. [...] jag tror vill man, vill offra tid eller man har orken eller har kärlek till en person att hjälpa eller så, då går det va. Annars är det svårt (Martin).

Being on hand/sacrificing one's own time

The responsibility of becoming a caregiver was expressed explicitly as being on hand and sacrificing one's own time (see Table 11). Gunnar, Jonny, Kurt, Martin, Oscar, Rickard, Tommy, and Viktor talked about care as being available and being prepared to sacrifice time to provide care. Below I use quotes from Rickard, Oscar, Jonny, Tommy, and Kurt to illustrate this. When Rickard was explaining what care is, he started from a very wide and open position:

Rickard: Nah, but I would say that it can be as simple as listening to people. There are actually people that, yes, they have no one to talk to, they, they just want to talk a little. It, yes, it is helping an old lady with her grocery bags if she is standing and panting halfway up the stairs. It can be anything. It can be speaking up for someone who is mistreated. To have the guts to speak up and support the one, that person, to say that this is not okay what you are doing. Well, it could be anything, anything possible¹⁸⁴.

Rickard thus believes that care can be everything from just being on hand and listening to someone who perhaps feels lonely or has the need to talk about something. To care for someone can also be to help someone up the stairs with their groceries. While these seem to be two rather general definitions of caregiving, these examples are forms of care that Rickard actually provides. In caring for his mother, they talk a lot and while he supports his mother emotionally, he also (as shown in the chapter "Adult sons' experience of caregiving") receives support from his mother, hence there is a feeling of reciprocity. The example of helping an old lady with groceries that emerged in the interview is also something Rickard actually does, as he has an older woman neighbor whom he often helps with things like carrying bags up the stairs. He then continues by saying that caring for someone can also mean standing up for someone who is being mistreated. It is not clear from the interview whether this is a general example or whether it is something that Rickard does. However, since he is so involved in his mother's caregiving, this might be interpreted as wanting to protect her rights. However, I would suggest that what he means, through his examples of what care comprises, is that it involves being on hand, being prepared to help and providing care to someone in need of care, and hence also being prepared to sacrifice or spend time doing so. For Rickard, this responsibility is not just something he does for the

¹⁸⁴ In Swedish: Nä, men jag säger alltså det kan vara så enkla saker som att lyssna på folk. Det finns faktiskt folk som, ja dom har ingen att prata med, dom, dom bara vill få prata lite. Det, jaa, det är att hjälpa en gammal dam upp med matkassen om hon står och flåsar halvvägs i trappen kan väl vara. Det kan vara allt möjligt. Det kan väl vara att säga ifrån nån som blir illa behandlad. Att liksom våga säga ifrån och stötta den, den personen, att säga att det här är inte okey det ni gör. Jaa, det kan vara allt, allt möjligt (Rickard).

people closest to him, but also for other people in need of care, such as his old lady neighbor.

When Oscar was asked the question of what care is, he was more specific in his answer about who receives the care than Rickard was. In the interview, Oscar said that care means to feel a responsibility and to always be on hand for his mother. He said that caregiving responsibility is something he thinks about very often and that he often worries about his mother and about how she is.

Oscar: Yes, I think about it [the caring responsibility]. Not all the time, but I think of her often. How things are for her at home, and so on, how it is. And I've been worrying more and more. And then, yes, I don't know, sometimes you feel this kind of fatigue¹⁸⁵.

Thus Oscar feels that caring for his mother means that he often thinks about her. He thinks about how things are for her and he is often worried about her. He also says that thinking and worrying about his mother has become more and more common for him lately, as her health has declined. He also says that this worrying and thinking about his mother makes him feel tired. I would suggest that not only does Oscar feel that caring for his mother is a responsibility, but also that he carries with him a concern for his mother all the time because he is on hand and prepared to provide care for her at short notice.

Jonny also claimed that caregiving is a responsibility that means being on hand:

Jonny: But that's a form of care, just helping at all is very much a form of care and support. At least that's what I think¹⁸⁶.

Jonny thinks that every form of help is a form of care, and for him caring means to help, support, and provide backup for a person in need of help. As the reader might remember from the chapter "Adult sons' motives to provide care", Jonny believes that he is the kind of person who tries to help others as much as he can, and that helping others is part of his personality.

Tommy was also one of the sons (see chapter, "Adult sons' motives to provide care") who said that helping others is part of his personality. To the question of what he thinks care is, he answered:

¹⁸⁵ In Swedish: Ja jag tänker ju på det [omsorgsansvaret]. Inte hela tiden men jag tänker ju på henne alltså. Hur är det nu därhemma och så vidare alltså. Och det har ju blivit mer och mer, att man tar med sig det. Och sen, jo, så vet inte jag. Ibland så känner man en sån här trötthet (Oscar).

¹⁸⁶ In Swedish: Men det är väl en form av omsorg när man hjälper till överhuvudtaget är väl en form av omsorg och medhjälp. Tycker jag i alla fall (Jonny).

Tommy: It is good to be on hand, actually. That might not be, but, yes, it is, what could you call it? It's like I am a vital employee, you could say¹⁸⁷.

Thus, Tommy thinks that care means to be there, to be on hand when the need arises. He says a little jokingly that he is like a vital employee, meaning that he feels like he is someone employed to step in at short notice and provide care. As the reader might remember, Tommy has provided extensive care for his mother for many years (see Table 5), and therefore it might not be surprising that he feels he has to step in and provide care at short notice as soon as the need arises. His long experience and commitment to being a caregiver to his mother make him aware that the caring responsibility often means being on hand if something happens.

When Gunnar and Kurt were asked what care is, they both referred to their experience of fatherhood. In the interview, Gunnar said that he has learned what caregiving is from taking care of his three children, and that he uses that experience to provide care for his in-laws. Kurt pointed out that he thinks that he, just as everyone should do, has been taking care of his children, which is as obvious as taking care of parents when they get older.

Kurt: I think it is good that everyone ought to have taken care of their children, too, just as they take care of their parents when they get old¹⁸⁸.

For Kurt it seems that caregiving is a responsibility and, just as parents are obliged to care for their children, adult children are obliged to care for their elderly parents. Kurt draws parallels between caring for children and caring for one's parents, implying that he uses his experience of providing care for his children to help him provide care for his father. In the interview, he stated that he thinks that as a father he has been better in establishing a close relationship with his children than his own father did. Kurt claimed that he has been very involved and engaged in his children's upbringing. In the chapter "Adult sons' motives to provide care", he was one of the sons who said that his motive in providing care was that he felt a responsibility for his father. In that chapter, he also referred to his relationship with his children and seemed to indicate that he hopes they will care about and for him when he gets old. However, in the chapter "Adult sons' experience of caregiving", it appeared that while Kurt feels a responsibility to provide care, he does not believe that he himself made a conscious decision on providing care. It seems that it is his older sister who makes decisions about their father's care. However, Kurt is very grateful to his sister and trusts her expertise, since

¹⁸⁷ In Swedish: Det är väl att finnas till hands egentligen. Det kanske inte är, ja men det är, vad kan man kalla't. Man är ju som en behovsanställd ungefär (Tommy).

¹⁸⁸ In Swedish: Jag tycker väl att alla borde väl ha tagit hand om sina barn också, likaväl som dom tar hand om sina föräldrar när dom blir gamla (Kurt).

she works as a professional caregiver. In the interview, when Kurt was continuing to explain what he thinks that care is, he referred to his sister as a role model for a caring person.

Kurt: Well, it is my sister in such cases. The way she is as a person then, she is on hand for everyone, whether it is her children, or my aunt and uncle, or someone else or some acquaintances, she is always there for them, even if she perhaps does not have the time for it. She takes a lot of her own time so to speak, she is investing her own time¹⁸⁹.

Kurt thus believes that his sister is always there for other people in the family and even if she does not have the time, she still tries to help as much as she can. He claimed that she invests a lot of her own time in caring for or helping others. In the chapter “Adult sons’ experience of caregiving” time seemed to be an issue for Kurt and a reason why he experienced the caregiving situation with his father as rather negative. He experienced providing care to his father as time-consuming and as stealing time from his own interests, such as playing golf and working on his summer house. Therefore, he seems to acknowledge that his sister’s commitment to providing care and help also means giving up her own time, and that is something he admires in her. In that sense, caregiving for Kurt is a responsibility, but also a sacrifice of time and energy. As the reader may remember, sacrificing one’s time and energy was also emphasized by Viktor and Martin when they were talking about how love leads to caregiving. Therefore, they are also marked in the column of “Being on hand/sacrificing one’s time” in Table 11.

Providing a good life

Getting to the question of what care is, Anton, David, Fredrik, Lars, and Stig talked about care as a way of continuing to have a decent or good life. I use quotes from David and Stig to illustrate what they mean by providing a good life. David’s first reflection when asked what care is, was that it is to continue living a decent life:

David: Yes, well it’s to have a decent life, so to speak, huh.

Interviewer: To give your dad that?

¹⁸⁹ In Swedish: Nja, det är väl då min syster i så fall då. Som hon är som person också som sagt var, hon ställer upp för alla andra också. Om det är hennes barn eller min moster och morbror eller vad det är eller någon annan bekant så liksom hon ställer alltid upp, även om hon inte har tid kanske då i alla lägen så tar hon mycket av sin egen tid så att säga då, satsar det alltså (Kurt).

David: Yes. So he can come outside, I was about to say, that I'm bad at – taking him outside. It's very rare for... [David to help his father to get outside]¹⁹⁰.

In providing care to his father, David's ambition is to give him a decent life. In the quote he says that a decent or good life would be for his dad to get outdoors, but then he says that he is very bad at taking his father out. Now the reader must remember that his father sleeps a lot, and that even when David is visiting, his father still lies in bed and sleeps. During the interview he was very concerned about this and the reason why he mentioned care as having a decent or good life and being able to get outside was perhaps that he does not think that his father has a good life. During the interview, David told me that he has tried to bring his father outside, but that he really does not have the strength to go on even a short trip. His quote could be understood as indicating that even if David can see and acknowledge a need for care, he also feels failure in trying to fulfill this need. He thinks that just lying in bed all day is not a decent life, but he is not sure what to do about it. He feels the responsibility (as noted in the chapter "Adult sons' motives to provide care") to give his father a decent and good life. Although feeling responsible and wanting to give his father a good life, he also falls short of achieving this, which seems to create a feeling of guilt within David.

When I asked Stig what he thinks care is, he also first responded that care is ensuring that the person in need of care has as good a life as they had before.

Stig: Care is them having it, I was about to say, just as good as they had before they needed this care. Whether the care is from private care providers or from the municipal authority or wherever it comes from. They should have a decent and good life with food, accommodation and activities, and socializing and everything. That is good care. Whether it is the son, the daughter, or the grandchildren or some professional caregivers that provide this is not so important really. Though of course it's best if it is the family. Otherwise, they say that the family is the worst, but it's good if it is them. I think the person who is in need of care would prefer to have close family around to provide care, instead of leaving it to some professional caregivers or so, eh. If you consider what you yourself would want, it would not be much fun to sit in the assisted living and have your son visit like three times a year, he has some cinnamon buns with him and he sits down to drink coffee for about two hours. It would be not much fun. But okay, it is possible to reverse it. I myself might not have a clue that he or she has been visiting me, it depends a bit on what stage one is

¹⁹⁰ In Swedish: Ja det är väl att man har ett drägligt liv så att säga va (David). Att ge din pappa det? (Intervjuaren). Jaa. Så han får komma ut höll jag på att säga, det är jag dålig på – att ta ut honom. Det är ju väldigt sällan som [som David hjälper sin papa ut] (David).

in of course. But it, it is something you know. And indeed, you can always call the caregivers at the assisted living and ask how things are and receive good information, but still, care from the family is the first choice as far as it is possible. And then again it would be a good thing with siblings, to share the caregiving. But if there are some decisions to be taken, there is no quarrel if you are by yourself. I just turn to myself and say: "Do you want this or do you not?". Nah, that's fine. So¹⁹¹.

For Stig, it seems that care means enabling the person in need of care to feel that they can live as well as they did before they needed care. Stig then says that this care can be provided by professional caregivers from the municipality, by private care providers or by the son or family. According to him, a person in need of care should have a good life which includes good food, a decent place to live, and having the possibility to socialize. In the quote, he once again says that it does not matter who provides this care, the son, the daughter, a grandchild, or professional caregivers. However, he then emphasizes that it is perfectly fine if it is the family that provides the care. He jokes, that otherwise people will say that family are the worst. Stig then says he thinks that if the person in need of care is comfortable with family members as care providers, that is probably best. However, I would suggest that in this, he is talking about the social part of caregiving, that family should care about the person in need of care by visiting and showing concern. He then continues by saying that it would not be fun to be old, living in an assisted living, and having your son visit only three times a year. On the other hand, he points out that the person receiving care may not be aware that the son has visited; Stig refers there to an elderly person with severe dementia. Then he says that the adult child can call and ask the residential staff about how things are going for the older parent, but he does not believe this to be enough in terms of caring for an elderly parent. He then concludes that care is something that is best given by family. He says that it would be best if there were some siblings that could share the caring responsibility. Stig then refers to his own situation of not having any siblings and

¹⁹¹ In Swedish: Omsorg är att dom ska ha det, jag höll på att säga, lika bra som dom hade innan dom behövde den här omsorgen. Vare sig han är privat eller kommunal eller vad han är va. Dom ska ha ett drägligt och bra tillvaro med både mat, boende och aktiviteter och umgänge och allting. Det är en bra omsorg. Sen om det är sonen, dottern eller barnbarnen eller nån personal det har ju inte så stor betydelse egentligen. Fast självklart så är det väl bra om det är släkten. Annars säger dom att släkten är värst men det är väl bra om dom. Jag tror den som ska ha omsorgen trivs bra med om det är dom närmaste eller dom runt omkring än att dom överlåter det till nån personal eller så va. Om man tänker sig själv så här, det skulle ju inte vara så kul och sitta på hemmet och sonen kommer tre gånger om året, har med sig några bullar och fikar lite och är två timmar. Det vore ju inte så kul. Men okay det går att vända på det. Jag själv kanske inte har en susning om att han eller hon har varit, det beror ju lite på i vilket stadie man själv är givetvis. Men det, det vet man ju. Och visserligen, man kan ringa till personalen och fråga; "Hur är det?" och så där och få bra information men ändå så, så är nog omsorgen att släkten i första hand så långt det finns möjlighet. Och då återigen vore det ju bra med syskon, och delar upp det. Men ska det tas nåt beslut så blir det inga träter om man är själv. Jag vänder ju bara på mig och säger: "Vill du ha det här eller vill du inte ha det?". Nä, så är det bra. Så (Stig).

points out that by being an only child, he does not have to argue with a sibling who perhaps has a different opinion on what care needs to be provided.

I would suggest that what both David and Stig are implying is that family, and themselves as caregivers, have a responsibility to make sure that the person in need of care has as decent and good a life as possible. In David's case his response indicates that perhaps he feels he cannot totally fulfill what he thinks is decent living, i.e., that his father can come outdoors. What Stig and David also seem to emphasize is that this responsibility for ensuring that the person in need of care has a decent and good life lies mainly in providing social care, showing concern, visiting, and fulfilling a social care need. In Stig's case he says that providing care – and my interpretation is that he means hands-on care – can be done by professional care providers or family, but that the social part of providing care is best done by the family. I would suggest that what Stig means is that an elderly person in need of care should not feel abandoned by his or her own family. As the reader might remember, Stig is one of the sons that was abandoned by the mother for whom he now provides care. Therefore, I would suggest that when Stig is talking about a family's responsibility to visit and show concern for an elderly parent in need of care, he does so from the perspective of once being abandoned himself. Hence, he talks about being able to acknowledge the need for care in others from the perspective of his own experience, as Peter also did.

In the next section I move on to exemplify how the sons and sons-in-law talked about caregiving as a competence, where they tried to provide care with respect for integrity but sometimes also felt that it was necessary to take decisions for the care receivers and possibly against their will.

Integrity and taking decisions for care receivers

Anton, Evert, Fredrik, Holger, and Lars (sons) and Gunnar (son-in-law) talked about caregiving as having respect for the person in need of care and their integrity, in answer to my question on what they think care is (see Table 11). In this section, I use quotes from Anton, Evert, Gunnar, and Lars to exemplify how they talk about caregiving as respecting a person's integrity and sometimes finding it necessary to go against that person's wishes.

When I asked Anton what he thinks caring is, he answered that it means providing the amount of help the person in need of help wants. Hence, caregiving also means a respect for integrity but, as Anton points out, caregiving sometimes also means making adjustments so that the care arrangement works for the caregiver as well.

Anton: Um... generally, I think that care is to provide opportunities for those in need to get the amount of help and care that they want. There, that was a good answer (laughs). But then if you take the situation with me and my mother, then it's about me giving her a chance to have a decent life. Thus I have forced through some things, and then afterwards she has

realized that it was good. Not only for my own sake because some things that I have done I have done out of pure selfishness, as I have already told you, because I saw it as unmanageable to have her up there, but maybe she thought it was good as it was¹⁹².

Anton seems to speak in general terms when saying that caring means to provide the help that the person in need in help wants. He goes on to say that caring for his mother is about creating a decent life for her, so he is also marked in the column “Providing a good life” in Table 11. In order to create a good life for his mother, he said that he had to force her to make some changes and to take some decisions that she was perhaps not very willing to do. In this case, Anton is referring to arranging for his mother to come and live in the same town as him and his family after his father died suddenly. Anton points out that in this he could not respect his mother’s wishes, since he would not be able to be as involved in his mother’s care as he is today if she lived 200 km away. However, according to him, his mother now seems to think that it was the best decision to move to the same town as Anton. Thus, he thinks that he has got some feedback from his mother that his decision to move her was right and therefore he is also marked in the column “Getting some satisfaction back” in Table 11. Anton says that he took that decision against his mother’s wishes out of pure selfishness, because having a family of his own (and a young daughter) he realized that he would not be able to visit his mother as often as he needed to provide care.

Evert also described caregiving as a way of providing help for someone with respect for their integrity:

Evert: Well you... isn't that what we've talked about, taking into account the individual conditions, I think. To give support when it's needed and provide security so that the person can manage on their own in some way. That you are present and provide good care, and good care is that people feel safe, that they feel that they have self-confidence, and that they feel they have an intrinsic value and that they are in control of their own life. But if you need to get support in some way, then you should feel that you get it without being questioned and that kind of stuff¹⁹³.

¹⁹² In Swedish: Ähm... generellt så är ju omsorg att ge möjligheter tycker jag för den som vill ha det att få den mängd av hjälp och omhändertagande som den själv vill ha. Där, det var ett bra svar (skratt). Men sen om man tar med mig och min mor så handlar det om för mig handlar det om att ge henne förutsättningar för att få ett drägligt liv. Alltså och vissa grejer har jag påtvingat henne och sen har hon insett att det blev bra. Inte bara för min egenskull alltså för vissa grejer gjorde jag av ren egoism för som jag berättade såg jag det som ohållbart att ha henne där uppe medan hon då kanske tyckte att det är bra som det är (Anton).

¹⁹³ In Swedish: Jaha du. Det är väl det vi har pratat om, att man tar vara på individens förutsättningar tycker jag. Stöttar där den behöver och ger trygghet för att kunna fungera på egen hand på något sätt. Att man är här, man ger en god omsorg och en god omsorg är att människor är trygga, att dom får ha det självtilliten, att dom känner

Thus, Evert answered my question of what care is by saying that it is what we have been talking about during the whole interview. He says that care means recognizing the potential of the person in need of care and that caregiving should be done from the viewpoint of what the person in need of care wants. He says that caregiving is about giving help, but also about providing security to the person in need of care, so they can manage on their own. I would suggest that what Evert means is that caregiving is about providing help but also providing security for the person in need of help, so that they feel independent and can manage on their own as much as possible. He then continues to elaborate his point by saying that being present and engaged when giving care is important, and that good caregiving is about making the care receiver feel safe, making it possible for them to have good self-confidence. The care receiver should feel that they have an intrinsic value and the ability to be in control of their own life. If a person is in need of help, Evert continues, that person should get help without being questioned about it. I would suggest that what he means is that it is important to respond to others' need for care if they ask for help, without questioning their integrity. As the reader might remember, Evert also emphasized the importance of integrity in the chapter "Adult sons' motives to provide care", as he said "I can enable her to retain her dignity and respect". Throughout the interview with Evert, he often returned to dignity, respect, and integrity as important key words for his caregiving engagement.

Gunnar also mentioned integrity when he talked about caregiving to his in-laws, saying that after all, his parents-in-law are responsible for themselves, even if they are in need of care:

Gunnar: They are adults, they have the main responsibility for themselves, in fact, as long as you are declared capable, you must surely have that responsibility¹⁹⁴.

Thus Gunnar thinks that his parents-in-law are responsible for themselves, even if he provides care for them. On the one hand this emphasis on his parents-in-law's independence is perhaps connected to him being their son-in-law, hence, he does not feel as responsible for them as a son would do. On the other hand, he is very involved in the caregiving for his in-laws and the emphasis on their ability to be responsible for themselves seems to be part of how he thinks that people should respect each other. Hence, I would suggest that what Gunnar means is that caregiving has to be done with respect for the care receiver's integrity. Gunnar says that even if he provides care for

att dom har ett egenvärde och ett eget liv som man kan bestämma över. Men har man behov av att få tillskott på något sätt så ska man känna att man får det på ett adekvat sätt utan att bli ifrågasatt och såna saker (Evert).

¹⁹⁴ In Swedish: Dom är ju myndiga, dom har ju huvudansvaret själva, faktiskt, så länge man är myndig måste man väl ha det (Gunnar).

his parents-in-law, he does that while assuming that they are also able to take care of themselves and take decisions on their own. As he said in the interview, he thinks that the help that he provides is based on the help his in-laws ask for.

Starting from the wishes of the person in need of care and respecting their integrity is also something that Lars mentioned when I asked what he thinks that care is:

Lars: Yes, good care for me starts with the individual in need of care. That is the basic idea for me. And if you are in need of care, which means being able to live, you should have a good living arrangement and you should have good food. And that's something that you read about the thing with reheated food, and I cannot understand it. Why can it be that when my taste buds get less sensitive as I get older, why should I not enjoy good food then? It's the stupidest thing of all. One should start from the individual, that he still has the will and is clear in his head, so to speak, huh. That the person should be able to decide about their own life, it should not be others who come and tell you to eat reheated meatballs. I think that's the most important when you get older. What is important for me? Yes, it's good food, that's the essence of life. That I do not have pain anywhere and feel good with the medicines and everything and live in a good place, but then it's food, huh. And I do not understand how one can go on and haggle about the food, I do not understand that¹⁹⁵.

Lars answers my question of what good care is by saying that it is to assume caregiving from the perspective of the person in need of care. He then gives a couple of examples of how the fundamental idea of caregiving based on the individual could cover many aspects of caregiving, such as living arrangements and the quality of food. The fact that Lars mentioned living arrangements is the reason he is also marked in the column "Providing a good life" in Table 11. When it comes to food, he says that he cannot understand why care receivers are given reheated food. Lars says that just because their taste buds are perhaps becoming less sensitive, there is no reason to assume that older people will not enjoy good food. He then argues that assuming care for the individual in need of care means letting that person decide what kind of care they want. Lars says that nobody should tell an elderly person in need of care that they have

¹⁹⁵ In Swedish: Ja, god omsorg för mig är att man utgår från den individ som ska ha omsorg. Det är grundtanken för mig. Och ska man ha omsorg då innebär det att man ska bo, man ska ha ett bra boende och man ska ha bra mat. Och det är ju nånting som man läser om det här med uppvärmd mat, och det har jag nånting jag inte kan förstå. Varför kan det vara så att mina smaklökar blir sämre när jag blir äldre för, varför ska jag inte tycka om god mat då. Det är ju det som är det mest korkade av alltihopa. Och att man ska utgå från individen att han har fortfarande vilja och man är klar i huvet så att säga va. Att den ska ju alltså få bestämma över sitt eget liv, det ska inte vara andra som kommer och röjer och talar om att du ska äta uppvärmda köttbullar. Utan det tror jag, det är viktigt alltså när man blir äldre. Vad är det som är viktigt för mig? Ja det är ju god mat, det är ju det centrala i livet. Att jag inte har värk överallt och mår bra av medicin och allt och bor bra, men sen är det ju mat va. Och det förstår inte jag hur man kan hålla på och schackra om maten, det begriper jag inte (Lars).

to eat reheated meatballs. He thinks that enjoying good food becomes more important when you become older, because food is central in life. He also thinks that it is important to have a good standard of living, to have the right medication, not to be in pain and to eat good food. At the end of the quote Lars says that he cannot understand how the quality of food for elderly people can be compromised. I would suggest that what he is referring to is food served reheated by home carers. The quality of these meals has been debated in the media, with the argument that old people deserve better food. Lars's quote might be a little contradictory, since he starts by saying that good caregiving should be based on the individual and their own judgment of what kind of care they want. He then starts to talk about food and mentions that good food is a very important issue for him, and therefore assumes it is also important for everyone. I would say that this perhaps reflects the very difficult challenge of assuming care from the individual care recipient's own perspective, since it is perhaps impossible to know what each individual wants, and there is therefore a risk of the caregiver transferring their opinions onto the care receiver. What the quotes from Anton, Evert, and Lars have in common is that there is an ambition to provide care with respect for the person in need of care's integrity. However, this is not always an easy balance. For example, Anton says in his quote that he did not see any other solution but to go against his mother's wishes when he convinced her to move to the town where he lives. The quote from Lars also shows that even if the ambition is to assume care from the viewpoint of the person in need of care, it is still rather easy to provide care based on one's own preferences.

Fredrik is one of the sons who talked about caregiving with respect for integrity, but noted that there is a fine balance and sometimes the caregiver may go against or be unable to do as the care receiver wants. Therefore, Fredrik is also marked in the column "Integrity and taking decisions for care receivers" in Table 11. In the next section, I use a quote from Fredrik where he is talking about the response from the care receiver.

Getting some satisfaction back

Anton and Fredrik, two sons, spoke about the response to caregiving when asked what they think care is. They talked about knowing that what they are doing is working; I call this theme "Getting some satisfaction back" (see Table 11). In the section "Integrity and taking decisions for care receivers", there is a quote from Anton where he speaks about the importance of respecting the integrity of the person in need of care while providing care. However, Anton also mentions that it is sometimes necessary to go against the wishes of the person in need of care. He says: "I have forced through some things and then she has realized that it was good". The example that Anton gives is that for practical and, as he calls it, selfish reasons, he wanted his mother to move to the same city as him in order to be able to provide care for her. This was something his mother hesitated to do, but Anton persuaded her. The subsequent response from his

mother, according to Anton, was that she came to think it was a good decision. In that sense, caregiving is a competence that balances the integrity of the person in need of care against the need to go against their wishes in some cases.

As the reader might remember, Fredrik provides care for his father, who has mental health problems. In the interview, Fredrik returned to this very difficult balance of respecting his father's integrity and persuading his father about what decision would be for the best. As Fredrik explained to me, his father does not have such good judgment about what he needs. Therefore, he is often faced with the dilemma of respecting his father's wishes, but also knowing that his father's wishes are not good for him. As the reader may remember, in the chapter "Adult sons' experience of caregiving", there seemed to be a lack of reciprocity in Fredrik's relationship with his father. It seems to be difficult for Fredrik to get some acknowledgement of the things he does for his father:

Fredrik: Even if I do not get any response back, so to speak, I can see for myself that it works and it gives me some kind of confirmation¹⁹⁶.

Thus, despite the lack of response from his father for his caregiving efforts, he can see that things are working and gets some confirmation or response to his caregiving.

I will now leave the analysis of the sons' and sons-in-law's perceptions of care as a concept and move on to examine their perception of care in relation to sex and gender.

The sons' perception of care and norms of gender

Once I had asked about the sons' and sons-in-law's perceptions of care, I moved on to ask whether they thought there was a difference for a man or a woman (hence a son/son-in-law instead of a daughter/daughter-in-law) when providing care. If the interviewee had problems understanding the question, I rephrased it to ask if there were any advantages or disadvantages with being a man providing care compared with being a woman providing care. Table 12 shows the different themes that were developed from analysis of their responses to the question of care and norms of gender.

¹⁹⁶ In Swedish: Även om jag inte får tillbaka så att säga så kan jag själv se att det fungerar och det ger mig nån slags av bekräftelse (Fredrik).

Table 12: SONS' AND SONS-IN-LAW'S PERCEPTIONS OF CARE AND GENDER NORMS

INFORMANTS	SEX DOES NOT OR SHOULD NOT MATTER, PERSONALITY DOES	WOMEN ARE EXPECTED TO BE CAREGIVERS	MEN ARE STRONGER/MORE DEMANDING	WOMEN ARE MORE CARING
Anton	X			
Bo				X
Carl*	X			
David				X
Evert		X		
Fredrik	X			
Gunnar*	X		X	
Holger	X	X		
Ivan			X	X
Jonny	X		X	X
Kurt				X
Lars				X
Martin	X			
Oscar				X
Peter		X	X	
Rickard		X		
Stig	X			
Tommy			X	
Viktor	X		X	

*Carl and Gunnar are sons-in-law.

The different themes that were developed were (Table 12): “Sex does not or should not matter, personality does”, “Women are expected to be caregivers”, “Men are stronger/more demanding”, and “Women are more caring”. The sons and sons-in-law who expressed these themes are listed in the second column of Table 12. The reader should note that in the following analysis and in Table 12, a son/son-in-law may occur more than once, under different themes. This is because the analysis showed that the son and sons-in-law often mentioned more than one perception. In the following sections, I go through the different themes and illustrate, using quotes from the sons and sons-in-law, their perceptions of care as related to sex or gender.

Sex does not or should not matter, personality does

Anton, Carl, Fredrik Gunnar, Holger, Jonny, Martin, Stig and Viktor said that sex does or should not matter when it comes to being a care provider for an elderly relative. Anton, Gunnar, Stig, and Viktor stated rather clearly that they do not think the sex of the care provider matters, while Martin said that sex does not matter and that the important

thing is that care is provided out of love. Carl, Fredrik, and Holger said that the sex of the care provider is unimportant and that what matters is their personality. Jonny says that while he thinks that women are more caring, it should not matter whether the caregiver is a man or a woman.

In this section I use quotes from Anton, Martin, Stig, Viktor Carl, Fredrik, and Holger to illustrate their view that the sex of the caregiver is not important. I start with Anton, who questioned whether the ability to provide care is genetic.

Anton: No, it's just a prejudice. Could it be genetic, like from the breast milk? No, I think it's very much inheritance, then the environment. And I come from... in that I have been very much with my grandmother and grandfather and they have been in a special way and my... often very secure childhood, I think as well that for me it is a natural part of being caring. I do not think it has to do with sex. It does not feel like it... they talk about a mothers' feelings. Why can it not be a fathers' feelings?¹⁹⁷

In the quote, Anton disagrees with the view that women would be better caregivers. He questions whether it is genetic or happens because women have the ability to produce breast milk. I would suggest that here he is referring to women's ability to become pregnant and give birth, hence referring to the way women as humans are made when it comes to reproduction. He then says he does not think that the ability to provide care comes from genetic inheritance or how women's or men's bodies are shaped. Rather, he thinks it has more to do with the way one is brought up. For Anton, spending time with his grandparents was important in shaping his personality. In the chapter "Adult sons' motives to provide care", Anton also referred to one's upbringing as an aspect of being an empathic and caring human, in his case spending much time with his grandparents. He thinks that he had a good childhood and that this has contributed to him being a caring person. He says that caring is a natural part of how he is and therefore he does not think it has anything to do with sex. He ends the quote by saying that reference is often made to mothers' feelings but not fathers' feelings. Thus, Anton questions the stereotypical norm of caregiving as an inherent female ability by saying that it has more to do with one's personality and upbringing. He also questions the norm of motherhood by emphasizing that fathers' feelings are just as strong a factor in the decision to become a care provider. For Anton, who has a young daughter and provides care for his mother, this situation of being a care provider to a person in the generations on either side of his has strongly influenced his views on caregiving.

¹⁹⁷ In Swedish: Nej det där är bara en fördom. Skulle det vara genetiskt betingat ja i modersmjölken? Nej jag tror det är väldigt mycket arv alltså och miljö. Och jag kommer från en... genom att jag har varit väldigt mycket hos min mormor och morfar och de har varit på ett speciellt sätt och min... ofta väldigt trygg uppväxt så tror jag liksom att för mig är det en naturlig del att vara vårdande. Det tror jag inte har att göra med kön. Det känns inte som att det är... man säger moderskänslor. Varför kan det inte vara faderskänslor? (Anton).

For Anton, I would suggest that it is rather logical to connect caregiving responsibilities with fatherhood as the reference for being a care provider because he is at the fatherhood stage of his life.

Martin too did not think that it matters what sex the caregiver is:

Martin: No, I don't think so, I don't think so. If I talk to my daughter, my wife, with others, in other words with women, about what they think, what they would do, I don't think they would do any better than I have done. I don't think that they would cope more easily, huh. So I don't think there is any difference so, huh, between.... I believe that the most important thing is love and commitment. To care, huh, for the person, huh. I do not think it has to do with sex, huh, whether male or female, I don't. What matters, huh, therefore, it has to be based on feelings, huh, I think. Mm¹⁹⁸.

Martin states directly that he does not think that the sex of the care provider matters. On talking with his wife, daughters or other women, he does not think that they would have acted differently than he has done when providing care for his mother, or that a woman would have provided care better or coped better than him. Therefore, he does not believe that it makes any difference whether the caregiver is a man or a woman. What is important, according to Martin, is that there is love and commitment, which promotes a caring responsibility. He thinks that caregiving is taken on due to having warm feelings for the person in need of care. Love and commitment is a dimension that Martin returned to often in the interview; for example, when talking about his perception of care he said that it is love for the person in need of care that makes one acknowledge and then respond to the care need. When he says that he does not think that a woman would have done the caregiving better or coped better with the caregiving situation, I would suggest that he is making this comparison from the perspective that women's caring ability is automatically better. However, pride in his caregiving and knowing that he has done the best he can for his mother means that he does not think that a woman could actually have done any better. Martin seems to have that notion confirmed by his wife and his daughters.

Stig also reflected on whether a woman would have provided care better than him:

Stig: It's a bit difficult, I cannot make myself think the way they think. Or? If girls think differently, or. Do they? Well, maybe they do. Yes, they probably do. No, I do not believe

¹⁹⁸ In Swedish: Nä, det tror jag inte, det tror jag inte. Om jag pratar med min dotter, med min fru, med främmande alltså som, alltså kvinnor, som hur dom tänker, vad dom skulle göra. Dom skulle inte göra, jag tror inte dom skulle göra bättre än vad jag har gjort. Jag tror inte att så lätt skulle dom orka va. Så jag tror inte att det är nån skillnad så va, mellan... Jag tror att det är som har betydelse det måste vara kärleken och engagemang. Man bryr sig va, om personen va. Jag tror inte det har med kön att göra va. Om det är kvinna eller man, jag tror inte. Det måste ha betydelse va, alltså grundat på känslor va, tror jag. Mm (Martin).

that there is any significance what sex [the caregiver] is, I don't think so. Nah, but there are girls who would have done this better. They're [women] better, at least they say so on the news [says as a joke and refers to debates on gender equality]. So, no¹⁹⁹.

Stig says that it is difficult for him to know how a woman would think, but acknowledges that women probably think differently from him. Stig then continues by saying that he does not think it makes a difference whether a man or a woman provides care. I would suggest that what Stig means is that even if he believes that women and men think differently, they are just as able to provide care. He then says that some women would have provided better care but jokes about the gender equality debate on television promoting women as equally good or better than men. I would suggest that although Stig is reflecting over the sex of the caregiver and its importance for caregiving, he is also aware that women are often depicted as natural caregivers. He also appears aware of the gender equality debate and his answer navigates between the debate on gender equality and the picture of women as better or more natural caregivers. Being a man providing care, however, he knows from experience that he is capable of providing care and says that the sex of the care provider should not matter at all.

Viktor also states that it should not matter if it is a daughter or a son that provides care.

Viktor: Would it matter whether it was a daughter or son? No, I don't think so. It would not matter to me either if it was my father or mother who was ill, so then I cannot see that the other [referring to sex] would matter either.

Interviewer: Are there any advantages or disadvantages of being a man in this situation?

Viktor: Hmmm, not purely on the mental or psychological level, but maybe on the physical level. You might be stronger and, if someone is sick and needs someone strong for lifting and things like that. It depends on how heavy the patient is or whatever. It is difficult for anyone to move a one-hundred-kilogram block. My dad was quite thin, so. Otherwise, I believe that a healthy 25-year-old woman can do as good a job as a guy, at least generally so. You are not talking about a pure test of strength, so there's no major difference.

¹⁹⁹ In Swedish: Det är ju lite svårt, jag kan ju inte sätta mig in i hur du skulle tänka. Eller? Om tjejer tänker på annorlunda sätt eller. Gör man det? Jo, det kanske man gör. Jo, det gör man säkert men. Nää, jag tror ju inte det har nån betydelse, alltså vilket kön det är så, det tror jag inte. Nä men det finns ju tjejer som skulle ha fixat det här bättre. Dom [kvinnor] är ju bättre säger dom ju på nyheterna [sågs som ett skämt och syftar på jämställdhetsdebatten]. Så att, nää (Stig).

Interviewer: So providing care is something both women and men can do?

Viktor: Yes!²⁰⁰.

For Viktor, it would not matter if he provided care for a mother or a father, and therefore he thinks that it should not matter if the caregiver is a son or a daughter. When asked about the advantages or disadvantages of being a man and providing care, Viktor concludes that since men are stronger, the sex of the care provider perhaps matters on a physical level. Viktor points out that he as a man is perhaps stronger and if necessary could lift the person in need of care. However, he goes on to say that it depends on how heavy that person is, that his father was quite thin but that anyone would find it difficult to lift a person weighing over a hundred kilos, although a young and healthy woman might be able to lift as much as him. He then says that caring cannot be compared to a pure test of strength, and therefore he concludes that there is no major difference for a man or a woman in providing care. When asked if he thinks that providing care is something that both women and men can do, he answers “yes” directly. Hence, other than the fact that some men may be stronger than women, Viktor cannot see that the sex of the person providing care matters. Equally, he cannot see that it matters whether the care receiver is a man or a woman. His mention of strength differences between men and women giving rise to differences in caregiving by men and women is the reason Viktor is also marked in the column “Men are stronger/more demanding” in Table 11.

When Carl, a son-in-law, reflected on whether the sex of the care provider matters, he said that what he is doing, providing care for his in-laws, is more feminine.

Carl: From my point of view? Well, what I am doing is more feminine than masculine, if one wants to assign this to the old gender roles. But I ignore that (laughs). I try to solve problems or to ensure that problems do not occur.

Interviewer: Do you think a woman would do things differently?

Carl: It depends on what type of woman it is. The world does not consist of men and women, rather the world consists of men and women who have different behavioral profiles. A woman with my approach would have done what I have done. But one can say that most girls would not be prepared to be as

²⁰⁰ In Swedish: Skulle det spela någon roll om man är dotter eller son? Nää, det tror jag inte. Det hade inte spelat någon roll om det hade varit pappa eller mamma som var sjuk så då kan jag inte se att det andra skulle spela någon roll heller (Viktor). Finns det några fördelar eller nackdelar med att vara man i den här situationen? (Intervjuaren). Njä inte rent på det mentala eller psykologiska, i så fall på det fysiska planet. Du kanske är starkare och kan, om någon är sjuk att man behöver vara stark och lyfta och såna saker. Det beror givetvis på hur tung patienten är eller vad jag ska säga. Det är svårt för alla att flytta på en hundrakiloskloss. Min pappa var ganska smal så det. Annars så tror jag att en frisk kvinnlig 25-åring gör ett lika bra jobb som en kille, alltså generellt så. Du behöver inte prata om rena styrkeprov, ingen större skillnad (Viktor). Att ge omsorg kan både kvinnor och män göra? (Intervjuaren). Ja! (Viktor).

frank as I am, against the medical care, for example. Most men would probably not be either. I am totally disrespectful. I only see them as suppliers. And if a doctor is not good, I'll call the manager of the hospital and say I want another doctor, I want to have what is best for them [his in-laws]²⁰¹.

Carl starts out by saying that providing care for his in-laws is more feminine than masculine if one were to talk about caregiving through old gender roles. He then goes on to say that he does not care about that, that what he is doing for his in-laws when providing care is to solve or prevent problems. This issue of problem-solving was also something that Carl mentioned in the chapter "Adult sons' experience of caregiving". In that context, he said that providing care for his in-laws means that he tries to ensure that he and his wife do not have to deal with unexpected things that would otherwise occur. I then asked him if he thought a woman would do things differently when providing care. He replied that it depends on what kind of woman, as the world consists of women and men with different behavioral profiles. This is also something that Carl mentioned earlier in this chapter. He also referred to people's different personalities in that case, in terms of colors, and said that he has some green in his personality and hence he is a caring person. He says that a woman with his type of personality would probably have done and acted in the same way as he has. However, he then goes on to say that he does not think that all women would be as frank and straightforward to medical health professionals as he is, and perhaps not most men either. Carl then explains that when dealing with medical health professionals he is totally "disrespectful" and only sees them as "suppliers" and if he thinks that a doctor, for example, is not good he does not hesitate to speak with the manager of the hospital and demand another doctor. The reason he gives is that he wants what is best for his in-laws. Since Carl says that he as a man is more demanding in his contact with health care services than a woman, he is also listed in the column "Men are stronger/more demanding" in Table 12.

I then asked Carl if there was anything about providing care that was typically masculine or feminine:

Carl: Yes, but in the old gender roles, it is of course something feminine, there's no doubt about it. From this point, one could imagine what the people working in the assisted living think

²⁰¹ In Swedish: Alltså ur min synpunkt? Alltså det jag gör är ju mer kvinnligt än manligt om man nu ska peta i de gamla könsrollerna. Men det struntar ju jag i (skratt). Jag försöker att lösa problem eller se till att problem inte uppstår (Carl). Tror du att en kvinna hade gjort annorlunda? (Intervjuaren). Det beror på vilken kvinna det är. För att alltså världen består ju inte av män och kvinnor som huvudgruppering utan den består ju utav män och kvinnor som har olika beteendeprofiler. Åh en kvinna med mitt sätt att vara skulle ha gjort ungefär det jag gör. Men man kan väl säga att de flesta tjejer inte skulle vara bereda att vara så burdusa som jag är emot sjukvården till exempel. Det skulle nog inte de flesta killar vara heller. Jag är fullständigt respektlös alltså. Jag ser dem bara som leverantörer. Och om en läkare inte är bra jag ringer chefen för vårdcentralen och säger att jag vill ha en annan läkare, jag vill ha de här och det här för att de ska bli bra för dem [svärföräldrarna] (Carl).

when I go in there and speak for my father-in-law, it is perhaps not every guy who would do that. I do not think so. But then that does not matter to me. I just do everything I can so my father-in-law gets what he needs.

Interviewer: So would you say that men and women can provide just as good care?

Carl: Oh my God, yes!²⁰²

Carl answers my question on whether there is anything about providing care that is typically masculine or feminine by saying that according to the old gender roles, caregiving is seen as something feminine. Therefore, he also thinks that personnel at the assisted living have less experience of a man coming to speak about care. I would suggest that Carl is aware of gender roles depicting women as natural caregivers and therefore he thinks that staff at the assisted living regard him as challenging these gender norms by being an engaged and caregiving son-in-law. Hence, my interpretation is that Carl is not saying that there is a difference between men and women as caregivers, but rather that “old” norms of gender create this difference. He also refers to the assumption of women as natural caregivers as “old gender roles”, hence, they are outdated. Carl then goes on to say that what people may think of him as a caregiving man does not matter to him; his focus is on doing everything he can for his father-in-law. When I asked Carl if he thought that a man and a woman could provide equally good care, he answered with a clear yes.

On being asked whether it matters if the caregiver is a man or a woman, Fredrik seemed to be a little irritated.

Fredrik: Actually I do not understand the question because I do not think it is interesting but...

Interviewer: I think more about the idea that it is often assumed that it is a woman who provides care?

Fredrik: Mm, mm. I think that it's probably, what's it called, stereotyped maybe. But it is certainly so in most cases, it probably is. But it is probably a little about how you are brought up, when I think about. Maybe from my mother, I think in my case. There are no daughters in the family so to speak, so then...

Intervener: Do you think it would have made a difference if there was a sister, for example?

²⁰² In Swedish: Det här med omsorg då kan man säga att det är någonting typiskt manligt eller kvinnligt? (Intervjuaren). Ja men i gamla könsroller är det ju någonting kvinnligt det är ju inget snack om det alltså. Ur den synpunkten skulle man kunna tänka sig att de som jobbar på äldreboendet när jag går in där och agerar för min svärfars räkning så är det kanske inte varje gång det kommer en kille och gör någonting. Det tror jag inte. Men alltså det där spelar ingen roll för mig. Alltså jag ser ju till att göra allt jag kan för att svärfar ska få det han behöver (Carl). Så skulle du säga att män och kvinnor kan ge lika bra omsorg? (Intervjuaren). Jaha herregud! (Carl).

Fredrik: Then it might be more traditional. But it was [care] work that needed to be done, you had to take who was there. There was no daughter, so I had to do it.

Interviewer: Do you think men and women are different when it comes to providing care?

Fredrik: Yes, yes, in a way I believe it, but not really. But I think, it is really the personality that is most important. But it is also generally everything. In some things, then we're different, that's clear, but the personality's still important. I think that really, if more men spent time with their children, the better it would be, huh²⁰³.

Fredrik initially says that he does not understand the question because he does not think it is an interesting one. I then rephrased the question, asking what he thinks of the frequent assumption that care is normally provided by women. Fredrik answers that it is probably a stereotypical assumption, but then says that perhaps women are caregivers in most cases. However, he then reflects that taking on a care responsibility, hence becoming a caregiver, instead probably depends on how one is brought up. Fredrik says that maybe he learned to provide care from his mother. Because there are no daughters in the family, he had to provide care for his father. When asked whether it would have made any difference if there had been a sister in the family, he says that then perhaps it would have been a more traditional situation. Hence, I would suggest that what Fredrik is saying is that if there had been a sister in the family, she would be in charge of the caregiving, but when the care need occurred there was nothing else to do but to respond to it. Hence, my interpretation is that when caregiving needs occur, one has to respond, whether male or female. However, it is uncertain whether Fredrik believes that if there had been a sister in the family, he would not have provided care for his father. When asked if he thinks that men and women are different when it comes to providing care, he says that he thinks that women and men are different. He then continues to say that personality is important for caregiving. Hence, I would suggest that what Fredrik means is that the personality of a person is more important when it comes to caregiving than their sex. From the interview with Fredrik, I think it is relevant to consider why he became irritated with the question of men and women as care

²⁰³ In Swedish: Egentligen förstår jag inte frågan för jag tycker inte att det är intressant men... (Fredrik). Jag tänker mer på att föreställningen om den som stöttar och hjälper en äldre förälder är en kvinna (Intervjuaren). Mm, mm. Jag tror att delvis är det nog, vad heter det, det är stereotypt kanske. Men det är säkert så också i dom flesta fall, det är det nog. Men det är nog lite hur man är uppfostrad tror jag när jag tänker efter. Kanske är från min mamma, kan jag tänka mig. Det finns ju inga döttrar i familjen så att säga så då... (Fredrik). Tror du det hade gjort skillnad om det fanns en syster till exempel? (Intervjuaren). Då hade det kanske blivit det här traditionella. Men var det arbetsuppgifter som behövde fördelas så fick man ta dom som fanns. Men fanns det då ingen dotter då fick väl jag (Fredrik). Tror du att män och kvinnor är liksom annorlunda när det gäller att ge omsorg? (Intervjuaren). Jaa, jaa, på ett sätt tror jag det, men egentligen inte. Men jag tror, det är egentligen personligheten som är viktigast. Men det är också generellt alltihopa. Men vissa saker, alltså vi är ju olika den saken är ju klar men personligheten är ju ändå viktigare. Jag tror att egentligen, ju mer män som höll på med barn, ju bättre skulle det va (Fredrik).

providers. What was provocative in that question? Did it challenge his masculinity by implying that men who provide care differ from gender norms? Or was the question provocative because it referred to “old gender norms”, as Carl phrases it? This would imply in turn that men who provide care are aware that according to “old gender norms”, they do not fit the stereotype, but as modern men they view caregiving as part of their masculinity. Alternatively does this question imply that these men are breaking gender norms and that they are more feminine men? Perhaps homosexuals? Unfortunately, I did not ask Fredrik why he became irritated with the question, but I still think the reaction is worth noting. Fredrik ended by saying that he still thinks that caregiving has more to do with one’s personality and that it would be better if more men were engaged and spent time with children. I would suggest that what he was referring to there was fatherhood and fathers spending time with their children. It could also be that Fredrik meant that men in general in work life and in private life should be more involved in childcare.

Now as the reader may remember, Fredrik does not have any children. Still I interpret his statement referring to fathers’ engagement with their children or men’s engagement in caregiving in general as important if we want to understand why men provide care to their elderly parents. His line of reasoning seems to be that when men engage in caregiving (either as parents or as professional caregivers), caring for their elderly parents is not so far-fetched. Hence, as Anton, Kurt and Gunnar also indicated, engagement in caring for children seems to be an important aspect of men’s engagement in care to elderly parents and in-laws. In other words, caregiving engagement generates caregiving engagement.

In this respect it is therefore noted that when Holger was asked whether he thought there was a difference for a man or a woman when providing care, he talked about being present at the birth of his children. In other words, he too alluded to caring for elderly parents as a natural step from caring for children. Holger initially said that he did not know whether there is a difference between a woman or a man providing care, but that women feels a greater obligation to provide care.

Holger: No, I do not know. Women have greater demands on themselves, but I do not think anybody as an individual, we are all individual people. I don’t think so, but I have never, I have had the privilege of having been at two births but I have never given birth. Therefore, I cannot really evoke that kind of emotion. But I think that women have a greater pressure on themselves to always be the ones who are there. But there are no women, so I do not think – therefore I can only speak for

myself – I do not think, at least I have not found it more difficult than a woman would to do these things²⁰⁴.

While Holger says women perhaps feel a greater obligation to provide care, he thinks that it has more to do with one's personality and that all people are individuals. However, he also says that while he was present at the birth of his two children, he does not think that he can evoke those feelings that he thinks women have. I would suggest that he is referring to some sort of feelings of wanting to care for the newborn child. Then he says again that he thinks that women feel a greater obligation to be caregivers, to be there. I would suggest that Holger is referencing the picture of the good, self-sacrificing mother. Then he says that there are no women, by which I would suggest he means that he is not a woman, rather than he had to provide care because there was no woman available. This interpretation is logical since he says he can only speak for himself. He also says that he found providing care no more difficult than a woman would have done. My interpretation is that Holger (as well as Carl, Martin, and Stig) believes that women in general provide a better type of care. However, Holger is proud of being a caregiver to his mother and his aunt, and therefore he thinks that he has done the caregiving just as well as a woman would have done.

In the next section I go deeper into how women are the norm of caregiving. In addition to Holger's point on how women place greater demands on themselves to provide care, this is also something that Evert, Peter, and Rickard mentioned.

Women are expected to be caregivers

Evert, Holger (as mentioned in the previous section) Peter, and Rickard said that they think that the difference between men and women as care providers is that women are expected to be caregivers, and hence it is a social norm that women should provide care. In this section I use quotes from Evert, Peter, and Rickard to illustrate this. Evert says that he does not think there is any difference between men and women as caregivers:

Evert: Nah, I don't think so. I think it is a role forced on them [women]. Nah, I don't know, but I don't think so. If so, of course people are different, too, but what it comes from, that you're raised in a certain environment or if they have different genes and so on. But I do not think generally that women are

²⁰⁴ In Swedish: Ja det vet jag inte. Kvinnor har större krav på sig men jag tror inte att nån som individ, alltså som enskilda människor. Det tror jag inte men jag har aldrig, jag har förmånen att varit med vid två förlossningar men jag har aldrig fött barn. Därför så kan jag inte riktigt frammana den typen av känslor. Men jag tror att kvinnor har ett större tryck på sig att alltid vara dom som skall finnas med. Men finns det inga kvinnor så tror jag inte att – alltså jag kan ju bara prata från mig själv – jag tror inte att, jag har åtminstone inte haft svårare än vad en tjej skulle ha för att fixa dom här sakerna [...] (Holger).

more caregiving. Nah, I do not think so. I just think that women expect to be that way²⁰⁵.

Thus, Evert initially says that he does not think there is any difference between women and men as caregivers, then says that the difference is that caregiving is a role forced on women. He then reiterates that he does not think there is any difference in how women and men provide care, but that the difference is due to differences between people, presumably different individuals rather than different sexes. Where that difference comes from is unclear. Evert says that perhaps it depends on the kind of environment in which one is raised, or perhaps different genes. Then he says that he does not think that women are more caregiving generally, but that they are expected to be more caring. My interpretation is that Evert is referring to a social norm which assumes women have a caregiving responsibility, but that this is more an idea rather than something real. Women are assumed to be caregivers, and to be better caregivers, but in reality there is no difference between how women and men provide care, according to Evert.

Peter thinks that women feels more obliged to provide care:

Peter: When I fight? [Because of the current situation with the municipality, Peter refers to providing care for his father as fighting for his father's wish to move to an assisted living]

Interviewer: Mm.

Peter: I think I have an advantage in that I am me. Because I go straight on, I never hold back. There, that's what I think [...]

Interviewer: Do you think there would have been any difference if you had been the daughter who had taken care of your dad?

Peter: Not a clue. I cannot put myself into that situation. If I had been a daughter, I have no idea how I would have become, how I would have thought, how I worked. That's a situation that I have never actually thought about, so I can't say.

Interviewer: Do you think there is any difference in how women and men provide care?

Peter: I think women feel more of an obligation.

Interviewer: Why?

Peter: They're women, there, there, and there would probably be even greater demands from the authorities to manage on your own if there was a woman in the picture than if, as it is now, just my dad and me, we are the only two left. So I think

²⁰⁵ In Swedish: Nä det tror jag inte. Jag tror att det är en roll faktiskt som dom är pådyvlade. Nä jag vet inte, men jag tror inte det. Om man, så är man ju olika som person också men vad det kommer av, av att man är präglad i en viss miljö eller om man har olika gener i sig också och så. Men jag tror nog inte generellt att kvinnor är mera omsorgsgivande. Nä det tror jag inte. Jag tror att kvinnor förväntar sig att vara det (Evert).

if I had been a daughter, the authorities would have put greater demands on me; “Well, you can provide care”²⁰⁶.

In the interview, Peter focused on what he experienced as a rather difficult situation, as shown in the chapter “Adult sons’ experience of caregiving”. He therefore rephrased my question of whether there is a difference between men and women when it comes to care as “When I fight?” Hence, Peter is occupied with his “fight” with the municipality in trying to get his father into an assisted living. He then says that he, as a person, has an advantage in that he is straightforward with the authorities in trying to get his father to move to an assisted living. This alludes to the theme that “Men are stronger and more demanding” and therefore Peter is also marked in that column (see Table 12). When asked if he thinks that it would have made any difference if he was a daughter providing care for his father, Peter says that he could not possibly know that, because he has no idea how he would be as a person if he were a daughter. He says that he has never thought about it, so he cannot answer the question. When asked if there is any difference in how men and women provide care, he says that he thinks women feel more of an obligation to provide care. When asked why, he says because they are women. I would suggest that what Peter is referring to is that the very essence of being a woman (or the assumptions we make about this on the basis of a woman’s body, and the ability to give birth) is associated with the social norm of women as caregivers. Peter then says that if there had been a woman in the picture, i.e., if Peter had been a woman, she would probably have found it even harder to get the father into an assisted living. He thinks that the authorities make greater demands on women to cope longer with providing care. Peter then says that the option does not exist, since only he and his father are left. However, Peter ends by concluding that if he had been a woman the authorities would probably have assumed that she would take care of the father.

While Evert and Peter both mention that women have greater demands placed on them to provide care, Peter says that men who provide care are admired:

²⁰⁶ In Swedish: Tror du att det är en fördel eller nackdel att du är man? (Intervjuaren). När jag krigar? [På grund av den situation som Peter befinner sig med kommunen i att försöka få sin pappa att få flytta till särskilt boende refererar Peter till att ge omsorg som att vara i krig] (Peter). Mm (Intervjuaren). Jag tror jag har en fördel av att jag är jag. För jag går rakt på, jag håller aldrig på och hymlar. Det, det är vad jag tror. [...] (Peter). Tror du att det hade varit någon skillnad om du hade varit dotter som hade tagit hand om din pappa? (Intervjuaren). Inte en susning hörru du. Jag kan inte sätta mig in i den situationen. Om jag hade varit en dotter så har jag ingen aning om hur jag hade blivit, hur jag hade tänkt, hur jag hade fungerat. Det, det är en situation som jag aldrig överhuvudtaget har varit i närheten av och funderat på så att jag kan inte svara på det (Peter). Tror du det är någon skillnad på hur kvinnor och män ger omsorg? (Intervjuaren). Jag tror att kvinnor känner det mer som ett tvång (Peter). Varför då? (Intervjuaren). Dom är ju kvinnor, det, det, och det blir nog även större krav från myndigheternas sida om det finns ett fruntimmer i bilden att klara sig längre själv än om, som det nu är med farsan och mig, det är bara vi två kvar. Så jag tror att hade jag varit en dotter så tror jag att då hade myndigheterna om inte annat ställt högre krav på att: “Det kan väl du ta hand om” (Peter).

Rickard: Well, no, then for me, I like my mother very, very much and for me it is obvious to help her. I, I do not think there had to be something, if I had been a girl that I would have been there more than I am.

Interviewer: Do you think the response from others would have been different [if Rickard had been a woman providing care]?

Rickard: Yeah I think so, I think.

Interviewer: In what way?

Rickard: Nah, but it seems to be that a guy who supports his mother is a little, well, admired in some way. [...] for a girl, it is more so, and it is more taken for granted in some ways than a guy, yeah. It feels, it feels like it [...] For the common man, a girl, a daughter, a girl is assumed to find providing support more natural than a guy, I feel that's the way it is in general. Many people might feel a bit embarrassed themselves because they might not provide support themselves. They, like, almost admire you for, for doing it²⁰⁷.

Thus Rickard starts by saying that he provides care to his mother because he loves her (as the reader may remember, Rickard attributed caring for his mother to love in the chapter “Adult sons’ motives to provide care”). Since Rickard loved his mother, it was obvious for him to provide care for her, and in that perspective it would not matter if he had been a girl. I then asked if he thought that the response from others would have been different if he had been a woman providing care. He says that he thinks it would have been different. When I asked why, he says that he thinks that a man that provides care for his mother is admired by others. He then says that it is more taken for granted that a woman should provide care. He says that a woman is commonly assumed to provide support and that women providing care is viewed as more natural. This is something that Rickard himself seems to have experienced, although he says that he feels in general this is how it is. Hence, I would suggest that when Rickard says that women are assumed to provide care, he means that women as caregivers are so taken for granted that it has become an obligation that women have a hard time escaping. He then goes on to say that others who do not provide care for their parents feel embarrassed about this and that they almost admire Rickard because he provides care for his mother.

²⁰⁷ In Sweden: Jaa, nej alltså jag det är min, jag har tyckt väldigt, väldigt mycket om min mamma och för mig är det självklart att stötta. Jag, jag tror inte det hade vart nåt, om jag hade vart den jag är och varit tjej så hade jag nog, jaa, varit, varit (Rickard). Tror du bemötandet från omgivningen hade varit annorlunda [om Rickard hade varit en kvinna som gav omsorg]? (Intervjuaren). Jaa det tror jag, det tror jag (Rickard). På vilket sätt då? (Intervjuaren). Nä men det verkar ju så att en kille som stöttar en mamma är lite, det, det, det, ja det beundras på nåt vis. [...] en tjej, det är mer så, det tar man mer för givet på nåt vis än att en kille, jaa. Det känns, känns som att det är så. I alla fall [...] En tjej, en dotter, en tjej stöttar det är för gemene man mer naturligt än att en kille gör det kan jag känna generellt alltså. Många, nästan folk så där som känner sig lite pinsamma för att dom inte kanske stöttar själva. Dom, så där, nästan beundrar en för att man, för att man gör det då (Rickard).

Thus, Evert, Peter, and Rickard claim that there is no great difference between men and women when it comes to providing care, but rather that social norms force or oblige women to provide care, and men that provide care are admired. However, in the previous section, the sons and sons-in-law saw a difference between being a man and providing care in relation to being a woman and providing care. This difference involved men's greater physical strength and men's ability to make demands or be forceful in contact with the authorities. In the next section I will move on to discuss how some sons and sons-in-law emphasize that men are stronger or more demanding.

Men are stronger/more demanding

As shown in Table 12, Gunnar, Ivan Jonny, Peter Tommy, Viktor stress that perhaps a difference between men and women is that men are stronger and more demanding. In this section I will use quotes from Gunnar, Jonny, Tommy and Ivan to illustrate how they talk about men as possibly stronger and more demanding. In some ways, Gunnar thinks that it is easier to be a man providing care:

Interviewer: To be a man and give care – how is it?

Gunnar: Yes, how is it to be a woman and to give care? It's the same thing, is not it?

Interviewer: Is it?

Gunnar: Sure, why not? It might be easier to be a man if there is some stuff you have to handle because you are a bit stronger.

Interviewer: Are there any disadvantages then?

Gunnar: It could possibly be the surrounding world. I don't know, though I have not experienced it. It's not that uncommon either. There are of course a number of men who work in home care services. And it works²⁰⁸.

When I ask Gunnar what it is like to be a man and provide care, he replies that it is the same as for a woman. As the reader may remember, Gunnar is a son-in-law who provides care for his in-laws (mostly his father-in-law). I then ask if being a woman providing care is the same thing as being a man providing care. He answers: "Sure, why not?", so he does not seem to think that the sex of the caregiver matters. Hence, Gunnar is also marked in the column of "Gender does not or should not matter, personality does" (see Table 12). He then says that it might be easier to be a man providing care because men are stronger and hence it would be easier for them to lift things.

²⁰⁸ In Swedish: Att vara man och ge omsorg – hur är det? (Intervjuaren). Ja, hur är det är vara kvinna och ge omsorg? Det är ungefär samma sak, är det inte det? (Gunnar). Är det? (Intervjuaren). Ja, varför inte? Det kanske är enklare att vara man om det är några grejor man måste ta i med, man är lite starkare (Gunnar). Finns det några nackdelar då? (Intervjuaren). Det skulle möjligen vara omvärlden. Jag vet inte. Fast jag har inte upplevt det. Det är ju inte så ovanligt heller. Det finns ju inom hemtjänsten ett antal män som har varit där också. Det funkar ju det också (Gunnar).

Asked if there are some disadvantages about being a man in regard to providing care, Gunnar answers that perhaps one disadvantage would be the way the world perceives a man who provides care. He goes on to say that he has never experienced someone thinking it strange that he provides care. He reflects that it is not so uncommon for men to be caregivers, taking home care services as an example. He reflects that there are many men working in home care and that there is no problem with having men as care providers. Hence, while Gunnar says that he really does not think that there is such a big difference between women and men as caregivers, he also considers how others view caregiving men. This can be related back to Fredrik and his irritation on being asked about men and women in relation to caregiving. However, Gunnar had not experienced anyone thinking it strange that he provides care.

While Gunnar saw no great difference between women and men as caregivers, Jonny says that women perhaps think in a different way and therefore may be more caring (therefore Jonny is also marked in the column “Women are more caring” see Table 12).

Interviewer: Are women more caregiving?

Jonny: Well, I think that they are. They think in a different way, I think, anyway, I do not know.

Interviewer: Do you think there are any advantages or disadvantages of being a man, and to provide care?

Jonny: Nah, I do not think, huh. Yes, it is if you think about needing to move things, then maybe. Things like you need a little more strength for. But otherwise I do not think there's much difference. No, I don't think so. I think either works well [men or woman] actually. It should, anyway²⁰⁹.

When asked if he thinks that women are more caring, Jonny says that he thinks they are, that they may think in a different way, but he is not sure. Asked about any advantages or disadvantages of being a man and providing care, Jonny mentions that men have a little bit more strength, e.g., for moving things, but otherwise there is not much difference. He ends by saying that there should not be any difference. This could be interpreted to mean that even if men and women think in different ways or that men are stronger, those differences might or should not matter in the caregiving relationship. Therefore, Jonny is also marked in the column “Sex does or should not matter, personality does” in Table 12. Now I turn to Tommy, who also mentioned that men are stronger and added that women are more into decorating.

²⁰⁹ In Swedish: Är kvinnor mer omsorgsgivande? (Intervjuaren). Det tror jag nog att dom är. Dom tänker på ett annat sätt, tror jag i alla fall, jag vet inte (Jonny). Tror du att det finns några fördelar eller nackdelar med att vara man och ge omsorg? (Intervjuaren). Nä, det tror jag inte va. Ja det är ju om man tänker på om man ska flytta saker och ting då kanske. Sämt här som man behöver lite mera styrka. Men annars tror jag inte nån större, nää, det tror jag inte. Jag tror det går bra vilket som faktiskt. Det borde det ju vara i alla fall (Jonny).

Tommy: Yeah. Advantages, well maybe then if we go back a few years, when I could carry Mom to our car [hence not a specially built one adapted for a wheelchair] and load the wheelchair into the back. In these situations, when you need to carry someone, you have to be strong, and so on. That can be an advantage. Often guys are a little stronger. My sister would never have managed to lift our mother, even though she is not very big, so yeah, it's right heavy anyway to lift her. Otherwise, I do not know if it is, if it is an advantage to be the son. No, I do not think that it is. It is, well, just that, that one is a little stronger physically.

Interviewer: Do you think there is any disadvantage?

Tommy: There may well be. For a girl maybe they, maybe they'll be changing the curtains and decorating. Those things, I think maybe you can do without them because, of course, my mother is perfectly able to tell me: "Now I want my summer curtains" and things like that. But, but true, I think girls decorate a little more. Otherwise I do not think there is much difference. Nah²¹⁰.

Tommy says that the advantage of being a man providing care is greater strength. Since Tommy was able to lift his mother into the car, they could use the family car and put the wheelchair in the trunk. In this situation Tommy thinks that it is an advantage to be a man providing care since his sister would never have been able to lift their mother, but otherwise he does not think that there are any advantages in being a son providing care. When asked if there is any disadvantage in being a man providing care, Tommy replies that perhaps women have more of an eye for when curtains should be changed and for decorating. Then he says that his mother is perfectly able to instruct him in these things. Apart from these points, Tommy does not think that there is much difference between a woman and a man providing care.

While the quotes from Gunnar, Jonny, and Tommy emphasize male strength (also expressed by Viktor), the quote from Ivan indicates that men are perhaps more demanding (also expressed by Peter). On the other hand, Ivan is not as sure as Peter about whether this is due to him being a man, or having had the experience of dealing with the people at the top in his professional life.

²¹⁰ In Swedish: Jaa. Fördelar kan väl vara när då om vi går tillbaks några år när man kunde ta med mamma i egna bilen [en vanlig bil inte specialdesignad för att få plats med rullstolen] och lasta rullstolen där bak. Det här när man ska lyfta i och ur, att man är stark och så där. Det kan ju vara en fördel. Ofta är ju killar lite starkare. Min syster skulle aldrig klara av att lyfta mamma för att, även om hon inte är så stor, så jaa, det är rätt tungt ändå och lyfta. Annars vet jag inte om det kan vara, om är nån fördel att vara son. Nää, det tror jag inte att det är. Det är väl just det där att man är lite starkare fysiskt (Tommy). Tror du att det finns någon nackdel? (Intervjuaren). Det kan det väl göra. Om det är det tjejer så kanske dom, det här med att byta gardiner och liksom fräscha. Liksom sånt där kanske inte en annan ser lika mycket utan, ja, fast det är ju mamma kapabel att tala om att: "Nu vill jag ha opp sommargardiner" och sånt där. Men, men sånt tror jag tjejer ser lite mer. Annars tror jag inte att det är någon större skillnad. Nä (Tommy).

Ivan: Yeah, and with home care services that are not working. There are many who just complain and write letters to the newspaper and stuff and whine. But they do not get much reward. So I have not been afraid and there is nothing I draw back from because I know of course, it's the same when you work somewhere, and a supplier misbehaves then you have to turn to a higher manager, and if they do not act then you write to the CEO of the company and say: "What the hell are you doing?" Whether this is being male or depends on experience, I don't know, but I think there is a difference in any case.

Interviewer: Regarding caregiving then, do you think there are differences there between men and women?

Ivan: I know of course, I don't know if it's because we are man and woman, my sister, she gets sad when our mother is confused or collapses like she did recently. I care more about how she is feeling, there is no point then in getting sad, it doesn't help. Instead you have to fix it so it is good again. I think that there is a little difference I have noticed in other areas, too, in being male and female. "It is so sad that mom or dad are so sick". We have a woman in our circle of acquaintances who cannot visit her father because it's so hard to see that he does not have his strength left. That's not what's important. You have to do something based on where that person finds themselves instead.

Interviewer: Are you suggesting that women are more emotionally involved?

Ivan: Well, yes, I think so. I think²¹¹.

In the quote Ivan points out that many complain about the home care service by writing letters to the newspaper, whereas he has learned from work that if a problem arises, one has to contact higher management or, if that does not work, write to the CEO of the company and demand a solution. However, he then says that he does not know whether this ability to demand solutions from the authorities is because he is a

²¹¹ In Swedish: Jaa och med hemtjänsten som inte fungerar. Det är ju många som bara klagat och skriver insändare och sånt där och gnäller. Men det ger ju inte så mycket. Så det har jag inte varit rädd för och ingenting jag drar mig för heller utan det vet jag ju, det är likadant när man jobbar nånstans och en leverantör inte sköter sig då får man vända sig till högre instans och förstår dom inte så skriver man till vd:n på firman och säger: "Vad fan håller du på med?" Om det är manligt eller beror på erfarenhet det vet jag inte men jag tror att det är en skillnad i vilket fall (Ivan). När det gäller omsorgen då, tror du att det finns skillnader där mellan män och kvinnor? (Intervjuaren). Jag märker ju, jag vet inte om det är för att vi är man och kvinna, min syster hon blir ledsen när mamma är virrig eller sjönk ihop som häromsistens. Jag bryr mig mer om hur hon mår, det är ingen idé att jag blir ledsen, det hjälper ju inte. Utan det får man väl fixa att det blir bra istället. Det tror jag är lite skillnad för det har jag märkt på andra områden också, sådär manligt och kvinnligt. "Det är så sorgligt att mamma eller pappa är så sjuk". Vi har en kvinna i bekantskapskretsen som inte orkar hälsa på sin pappa för att det är så jobbigt när han inte har sin kraft kvar. Det är väl inte det som är det viktiga. Då får man väl göra något utifrån var den personen står istället (Ivan). Skulle du vilja säga att kvinnor blir mer känslomässigt engagerade? (Intervjuaren). Jaa, ja det tror jag. Det tror jag (Ivan).

man or because he has experience of business life. Either way, he sees a difference in how he, compared with others, would raise complaints. Asked if he thinks there is any difference between women and men when it comes to providing care, Ivan refers to his sister and how sad and emotional she becomes in a crisis, whereas he claims to have more focus on how his mother is feeling and on dealing with the crisis. Ivan goes on to say that this is a difference that is typical of women and men. He then refers to a female acquaintance who cannot visit her ailing father because she becomes so emotional and says that one should work from the perspective of the person in need of care. Asked if he thinks that women are more emotionally engaged, Ivan says that he believes so. I would suggest that Ivan's story illustrates a conflict between a logical and rational way of handling care (exemplified by Ivan himself) and an emotional and illogical approach (exemplified by the female acquaintance). Ivan's story then conforms to traditional gender stereotypes of men being logical and women being emotional with one exception, that the woman's emotional engagement becomes an excuse not to provide care.

However, in the next section I move the focus from how men providing care are viewed as stronger and more demanding to how women are viewed as more capable of caring.

Women are more caring

Bo, David, Ivan, Jonny, Kurt, Lars and Oscar all mentioned that women are perhaps more caring than men. In this section, I use quotes from David, Kurt, Oscar, Bo, and Lars to exemplify this. I start with David:

Interviewer: But do you think that women and men provide equally good care?

David: Nah, I think women are a little better.

Interviewer: Why?

David: Well, I think they have a little more feeling for it, I believe. Yes, I think so²¹².

When asked if he thinks that women and men provide equally good care, David replies that women are better, with the only explanation that women have more "feeling" for providing care. I would suggest that David perhaps feels that in the current situation with his father, a woman might do better. As the reader may remember, David is in a rather difficult situation with his father, who demands that David does things for him, such as cleaning and grocery shopping, even though home care services should do this. In the chapter "Adult sons' motives to provide care", David was

²¹² In Swedish: Men tror du att kvinnor och män ger lika bra omsorg? (Intervjuaren). Nä, jag tror kvinnorna är lite bättre (David). Varför då? (Intervjuaren). Men jag tror dom har lite mer känsla skulle jag tro. Joo, så tror jag (David).

the son who had to visit five grocery stores before he could find the right brand of cheese. Hence, the situation with his father is rather demanding. David also has a sister, but because she has a large family, David mostly provides care for their father. In the analysis of the sons' and sons-in-law's perceptions of care earlier in the current chapter, David also says that good care would be to help his father get outdoors, something he actually does not do. Hence, I would suggest that in relation to the current situation with his father, it is perhaps easy for David to believe that a woman would handle it better. However, my suggestion is that the situation is so demanding that it would probably be difficult for anyone, woman or man, to handle. Saying that women provide better care could perhaps be an excuse or an explanation for a man on the edge, coping with a very demanding situation.

However, Kurt stated outright that women are softer and more caring than men.

Kurt: Yes, but, yes, I think so, the fact that women are more soft and caring than men. I think.

Interviewer: Where do women get it from?

Kurt: It is well rooted in a woman's nature. Childbirth and that, maternal instinct and stuff, huh. Empathy and stuff. I think that there is a little genetics also, so to speak.

Interviewer: Do you think that men give poorer care or?

Kurt: It might be the case. If I think of myself, I give help more with the worldly things. It is more practical work you might say, as well as caring for and sitting and talking and providing support. As for the more emotional work, I still think women are far better at that.

Interviewer: Do you think you and your sister have such a division?

Kurt: Yes, but she is probably more so, I think actually. More, what do I say, she is very caring all the time. I'm probably not as caring if I were to state the negative then. She thinks, and thinks herself more into the situation maybe. How they feel inside and what kind of help they would need mentally so to speak, support, and so on.

Interviewer: Do you think she would be like this even if she did not work as a professional caregiver?

Kurt: Yes, I think so in fact. I think absolutely. She is that kind of person, so to speak. She thinks of everything and everyone as well²¹³.

²¹³ In Swedish: Tror du att det är någon skillnad på män och kvinnor när det gäller att stötta och hjälpa? (Intervjuaren). Ja, men, ja det tror jag ju liksom att kvinnor har ju mer det där mjuka och omhändertagande faktiskt än vad män har då. Det tror jag ju (Kurt). Var har kvinnor har fått det ifrån? (Intervjuaren). Det ligger väl i kvinnans natur liksom. Barnafödande och det där, modersinstinkt och sånt va. Empati och sånt. Det tror jag liksom är lite genetiskt också så att säga (Kurt). Tror du att män ger sämre omsorg eller? (Intervjuaren). Det kan va på annat sätt kanske då. Jag kan tänka mig att vi hjälper till mer med dom här världsliga sakerna. Det praktiska mer så att säga, det där liksom att ta hand om och sitta och prata och stötta. Det mer känslomässiga tror jag ändå att kvinnor är bra mycket bättre på (Kurt). Tycker du att du och din syster har en sådan uppdelning? (Intervjuaren). Ja, men

Thus Kurt thinks that women are more caring than men, because of the nature of women; women give birth and have maternal instincts and women have more empathy. According to Kurt this is genetic. Asked if he thinks that men provide poorer care, he answers that this might be the case. Then he takes his own caregiving as an example, explaining that he provides care in the form of practical help and giving comfort and support, but that women are far better at giving support on the emotional level. Asked if he thinks that he and his sister show this difference when providing care for their father, Kurt answers that he thinks this is probably true, that his sister is very caring all the time. As the reader may remember, in the analysis of the sons' and sons-in-law's perceptions of care as a concept earlier in this chapter, Kurt refers to his sister as a role model for a caring person. However, in the chapter "Adult sons' experience of caregiving", Kurt's sister decided on what kind of care should be provided, making Kurt feel that he had not taken a conscious decision to provide care. Hence, I would suggest that his sister is in charge when it comes to planning the caregiving and that he therefore sees her as a role model for a caring person. In the quote, Kurt says that he is probably not as caring and that his sister has the ability to put herself in the situation of others. Kurt says that his sister can understand how others feel inside and therefore also knows what kind of help they need. Asked if he thinks that she would have had that ability even if she did not work as a professional caregiver, Kurt answers that she is the kind of person who thinks of everything and everyone. As the reader might remember, in the earlier section on the sons' and sons-in-law's perceptions of the concept of care, he says that his sister sacrifices much of her time for others. Hence, it seems that for Kurt his sister is the ideal picture of a self-sacrificing and caring woman for whom he has great respect. Kurt's sister is 10 years older than him and in a way has been like a second mother, so it is clear that Kurt looks up to her and respects her, and that she decides the kind for care to be provided for their father.

Oscar also thinks that women are much better caregivers:

Oscar: Well, a woman is much better at it. (Laughter).

Interviewer: Why?

Oscar: Yes, but take this little thing that will come out of you soon [referring to the interviewer being pregnant]. Nah, but it is, we, as men, I know myself when [name of son] was, our son when he was like this in diapers. Sure, I changed diapers and things for him, but I did not at all take care of him in the same way that my wife did. Not at all. Instead, it's like; "it's yours." It is you [referring to pregnant women] who have been

hon är nog mer så det tror jag faktiskt. Mer åt, vad ska man säga, hon är väldigt omtänksam på alla möjliga. Jag är nog inte lika omtänksam om jag nu skulle se negativt då. Hon tänker liksom, tänker sig in mer i situationen och så kanske. Hur man känner inombords och vad man skulle behöva för hjälp mentalt så att säga, stöd och så då (Kurt). Tror du att hon hade gjort det oavsett om hon hade jobbat inom omsorgen eller inte? (Intervjuaren). Ja det tror jag ju. Det tror jag absolut. Hon är ju sån person så att säga då. Hon tänker på allt och alla liksom så där (Kurt).

carrying this for 9 months. It is clear that one becomes more caring and tender and everything. There are some men who are somewhat that way as well, but not the same way as a woman, a mother, I think definitely not. So, later, later when [name of the son] grew up and was more, then it was just he and I almost. He became my friend. We went and trained a lot and we went skiing and we have done everything possible together. It's just that, but it was a while, [name of the son] was very, he cried almost all the time, you know. I do not know whether it was something in his stomach, we never found out what it was really. So sometimes it was really hard (laughs)²¹⁴.

Oscar says at once that women are much better caregivers than men. Asked why he thinks so, he answers by acknowledging that I am heavily pregnant and then tells a story of when his son was a baby. He says that he changed diapers but that he did not at all take care of their son like his wife did. He then says that; "it's yours", implying that caring for a baby comes from giving birth to it, and having the joy of taking care of the baby is something that is exclusive to women. Oscar then says that it is the woman who carries the child for nine months and therefore it is clear that women are more caring and tender. Oscar then says that there are some men that are that way too, but even so they are not as caring and tender as women are as mothers. Hence, I would suggest that what he is referring to is motherhood as a role model for how care should be. Oscar then reflects that when his son grew up, they began doing things together and he and his son became friends. Oscar went training with his son and they went skiing together. He then says, however, that for a while when their son was a baby and cried a lot he had a hard time coping. I would suggest that he perhaps felt rather helpless in that situation and that Oscar's wife did too, because Oscar then tells me in the interview that his mother moved in for a while to help them with their son and helped them a lot. Oscar says that if they had not had that support from his mother, he does not know how they would have coped. Hence, it seems that perhaps for Oscar the experience of not knowing what to do with a screaming baby and the memory of his mother as a savior knowing what to do creates an image of his mother, a woman, as the ideal caregiver. For him, it seems that his mother's ability to cope with the situation is connected to motherhood and the ability to provide care. Hence, I would sug-

²¹⁴ In Swedish: Jaa, en kvinna är mycket bättre på det. (Skratt) (Oscar). Varför då? (Intervjuaren). Ja men ta den här lilla saken som kommer ut hos dej snart alltså [hänvisar till att intervjuaren är gravid]. Nä men det är, vi som män, jag vet ju själv när [namn på son] var, våran son, när han var sånt här blöjbarn. Visst bytte jag blöjor och greja på honom men inte alls, jag tog inte hand om honom på samma sätt som min fru gjorde. Inte alls. Utan det där är ju; "det är ju erat". Det är ju ni som har gått och burit på det här i 9 månader. Det är klart att man blir mera omtänksam och öm och alltihopa. Det finns ju en del karlar som är så också va men inte på samma sätt ändå som en kvinna, en mor, det tror jag definitivt inte alltså. Så att, sen, sen så när [namn på sonen] växte upp och var mera, då var det ju bara han och jag nästan. Det blev ju min kompis. Vi var och tränade mycket och vi åkte skidor och vi gjort allt möjligt alltså. För att, men så var det ett tag, [namn på sonen] han var väldigt, han skrek ju nästan jämt vet du. Jag vet inte vad det var om det var nånting i magen, vi fick aldrig reda på vad det var riktigt alltså. Så ibland blev det riktigt jobbigt (skratt) (Oscar).

gest that in the same way women are assumed to be able to care, men use their gender as an excuse for not being able to do so. A situation with a screaming baby would have been difficult for anyone without experience to cope with, but neither Oscar nor Kurt seemed to connect the ability to provide care with experience (Oscar's mother has experience of one child and Kurt's sister is a professional caregiver). Instead, they seemed to connect it to femininity, thereby playing down their own efforts.

Bo first replied that he does not think there is any difference between women and men as caregivers, then he referred back to what we talked about earlier in the interview concerning providing intimate care.

Bo: No, I don't know. I don't think so. There is probably no difference. The only thing could well be what we touched upon, about providing more intimate [care], I was about to say, that might be something, but otherwise there is probably no difference.

Interviewer: Do you think that women can provide intimate caregiving more easily?

Bo: Yes, I don't know. Maybe it's an old preconception that it's like that. There were no male nurses before, for example. Yes, maybe.

Interviewer: Why?

Bo: I don't know. It might be an old-fashioned view. Society has changed for both good and bad, of course. I don't know²¹⁵.

While Bo initially says that it makes no difference if the care provider is a woman or a man, he goes on to say that there might be a difference when it comes to providing intimate care. When asked if women find it easier to provide intimate care he says that he does not know, but it is a preconception he has. He then says that there used to be no male nurses, for example. This would suggest that Bo thinks that the former lack of male nurses means that men are less suited to providing intimate care. When asked why, he answers that he does not know, that maybe he has an old-fashioned view, and that society has changed; "both for good and bad". In this situation once again, I wonder what it means that a woman is conducting the interview. I do not think the answers would have been different if I were a man, but Bo's old-fashioned view might have been more obvious. What I think Bo is reflecting on is actually changes in gender norms. He might be a rather traditional man, but he has been involved in providing care for his three children, while his wife pursued her career. Therefore, Bo also hesi-

²¹⁵ In Swedish: Nej, jag vet inte. Det tror jag inte. Det har väl ingen betydelse. Det ände skulle väl kunna vara det som vi varit inne på det lite mer intim höll jag på att säga, det är väl den aspekten men annars är det väl ingen skillnad (Bo). Tror du att kvinnor har lättare att göra sådant intimt omsorgsarbete? (Intervjuaren). Ja jag vet inte. Det kanske är en gammal fördom man har att så är det. Förr fans det inga manliga sjuksköterskor till exempel. Ja kanske (Bo). Varför då? (Intervjuaren). Jag vet inte. Det kan vara en gammaldags syn på tillvaron. Samhället har ju förändrats både på gott och ont givetvis. Jag vet inte (Bo).

tates before stating what he calls “old-fashioned” assumptions, as though aware that gender norms have changed but unsure whether he is for or against this change. On the other hand, the situation with Bo’s mother forced him into a caring situation and therefore he has become part of changing gender norms, whether he wanted to or not.

Lars reflected in almost the same way on caregiving and intimate caregiving. On the question of differences in providing care if you are man or a woman, Lars talks about providing intimate care for his mother and that he would feel uncomfortable doing that:

Lars: Yes, I think so, hm. I think so. It is different perhaps. If it’s because you are a man, I don’t know. There are of course many male nurses in medical care and in the care for the elderly as well. Yeah²¹⁶.

Lars initially says that there is a difference for him compared with his sister in providing intimate care, but is unsure that this difference relates to their gender. He then notes that there are many male nurses who provide intimate care, so therefore the difference might not be related to gender. Hence, my reflection is that in this perspective, women’s assumed ability to provide care becomes an excuse for men not to provide intimate care. However, these sons also seemed to be aware that reference to gender is perhaps not a fully acceptable excuse for not providing care or intimate care. The fact that they themselves are engaged in caregiving is evidence that men can provide care, but they still think that women perhaps have some kind of natural instinct to provide care.

In the next section I take the findings from the analysis of the sons’ and sons-in-law’s perceptions of care as a concept and care in relation to gender, and combine them with a discussion about the feminist history of care.

Juxtaposing the findings in relation to the feminist history of care

In the chapter “Conceptual and contextual framework”, I wrote that the reason I chose to allude to Wærness’ (cf. 1983; 1996) definition of the concept of care, which is that care involves doing something for someone who cannot do the task or would have great difficulty in doing it, was that I wanted to keep an open mind on what care can mean for the men I interviewed. On asking the sons and sons-in-law what they think care is, six themes seem to capture their answers: “Having an ability to see the needs

²¹⁶ In Swedish: Ja, det tror jag, mm. Det tror jag. Det är annorlunda kanske. Det beror på att man är man eller jag vet inte. Det finns ju många manliga undersköterskor och sjuksköterskor och inom äldreomsorgen också. Jaa (Lars).

of others”, “Love leads to caregiving”, “Being on hand/sacrificing one’s own time”, “Providing a good life”, “Integrity and taking decisions for care receivers”, and “Getting some satisfaction back”.

On asking the sons and sons-in-law about the role of gender in relation to care as a concept, four additional themes seem to capture their answers: “Gender does not or should not matter, personality does”, “Women are expected to be caregivers”, “Men are stronger/more demanding”, and “Women are more caring”. In the following I consider these themes in light of the feminist history of caregiving. As the reader may remember, in the chapter “Conceptual and contextual framework” and the section “The feminist history of the concept of care”, I used the Anttonen and Zechner (2011) overview of the concept of care, dividing the research into eras by describing the first and second generations of care researchers. I then added a potential third generation, feminist care researchers. Below, I start by placing the sons’ and sons-in-law’s perceptions of care and gender in relation to first generation care researchers.

The son’s perceptions of care, and the first generation’s concept of care

In previously describing the first generation of care researchers, I used Wærness’ (1996) concept of *rationality of care* and then continued with Gilligan’s (1982) *ethics of care*. The *rationality of caring* approach was an attempt to describe all aspects of caring, such as knowledge, experience, and skills, and to show that these skills are situational, based on shared experience, and a willingness and ability to place oneself in the position of a fellow human being who is in need of help and support with certain tasks. Wærness (1996) concluded that care is an activity based on rationality that is situational and thus in contrast to masculine effectiveness, which is based on a rationality of technology. In relation to the sons’ and sons-in-law’s perceptions of care and norms of gender, my reflection is that their view of the rationality of care, i.e., having the ability to put oneself in the position of a fellow human, and care as a situational activity, is illustrated in the section “Having the ability to see the needs of others”, where they describe having the ability to acknowledge and recognize someone’s need for care. The same can be seen in the chapter “Adult sons’ motives to provide care”, and the section “Caring personality”, where being a caring person and having the ability to see other people’s need for care are described as being a part of their personality. This might indicate that the division between the rationality of care and the rationality of technology does not depend on gender, but rather on situation and experience. I would suggest that instead of connecting certain logics to gender, different situations result in different logics. For example, when it comes to the sons’ and sons-in-law’s motives for providing care, they reported acting as though the logic of caring is natural, that they felt a responsibility, that they felt loyalty and wanted to protect the person in need of care, and that they felt empathy for their elderly parents or in-laws (see Table 9). In their perceptions of care, the logic of caring can also be connected to their emphasis on having the ability to see others’ care needs, the importance of being

on hand, and willingness to sacrifice their own time to provide care (see Table 11). The logic of care can also be seen in their efforts to provide a good life for the care receiver and their ambition to provide care with respect for integrity (see Table 11). Hence, analysis of perceptions of care and motives for providing care shows that men can also assume the rationality of caregiving. I would suggest that being engaged in caregiving involves acting from a certain logic and rationality, a logic of care and a rationality of care, through responding to a certain situation that entails this logic. My point is that this logic and rationality comes from providing care and not from being a woman or a man.

In the chapter “Conceptual and contextual framework”, section “First generation of care researchers’ concept of care”, I also made the point that different situations could require different types of rationality. When it comes to the logic of technology, i.e., rationality and effectiveness, there was no such logic in the son’s and sons-in-law’s perceptions of care, although some of them probably use a logic of rationality in their work as they nearly all work in technical occupations (see Table 5). Instead, the son and sons-in-law emphasized their emotional engagement in the person they cared for in different ways. This was apparent for Martin and Viktor under the theme “Love leads to caregiving” (see Table 12) but also for those sons who indicated that “A good relationship promotes caregiving” (see Table 9) and those sons who experienced reciprocity in the caregiving relationship (see Table 11). Nevertheless, some of the sons said that women are more caring (see Table 12). Consequently, it seems that the female dominance and the assumption that women are better caregivers is also an assumption held even by male caregivers.

In relation to Gilligan’s (1982) suggestion that men and women have different ways of achieving moral development, I now will turn to *the ethics of care* and *the ethics of justice*. The characteristics of the ethics of care include responsibility and commitment rather than rules. The ethics of care are anchored in concrete circumstances, instead of being abstract and formal in the way that the ethics of justice tend to be. Gilligan (1982) questioned whether *the ethics of care* represent a typical moral voice of women and if men are capable of caring. In relation to the sons and sons-in-law in this study, I think it is valid to say that men can provide care. However, do they provide care from the perspective of responsibility and commitment rather than rules? In interviews on their perception of care, the sons and sons-in-law described the responsibility to provide care under “Being on hand/sacrificing one’s time” and “Providing a good life” (see Table 11). These views reflect both responsibility and commitment. For that reason, I would suggest that the *ethics of care* do not represent the moral voice of women, but rather the *moral voice of caregivers*. My point is that when it comes to the concepts of *ethics of care* and *rationality of care*, these should not be understood as inherently female, but rather as consequences of being a caregiver. This is also something Tronto (1987) pointed out when criticizing first generation care researchers’ concept of care, warning that the ethics of care and the rationality of care

attribute a specific and unique capacity to care to women, and therefore turn women into caregivers because that is what is expected of them. Therefore, I suggest that to understand the concepts of the rationality of care and the ethics of care, it is necessary to change the focus from women to caregivers, and refrain from the assumption that a caregiver is a woman. I would also like to add that even though it might seem strange to position the sons' and sons-in-law's perceptions of care in relation to the first and perhaps also the second generation of care researchers' concept of care, I believe it is rather important. This is because even though the first generation of care researchers' concept of care is no longer in use, it is still very much part of the common assumptions that exist when it comes to caregiving and gender norms, e.g., that women are more natural caregivers. Some of the sons in this study thought so, even though they provide care themselves (see Table 12). Hence, in a study focusing on men as caregivers, it is necessary to deal with the first generation of care researchers' concept of care, because it is still a part of how caregiving is perceived – as something inherently female.

In the next section I examine the second generation of care researchers' concept of care and compare it against the sons' and sons-in-law's perceptions of care.

The sons' perceptions of care, and the second generation's concept of care

The second generation care researchers' concept of care has a more multidimensional meaning, which has gone from focusing on individuals' (or women's) ability or logic in providing care (the first generation approach) to considering care as a social responsibility. In the chapter "Conceptual and contextual framework" section "Second generation of care researchers' concept of care", I discussed Knijn and Kremer's (1997) *Care as a concept of citizenship*, Daly and Lewis's (2000) *Social care*, Daly's (2002) *Care as a social good*, and Liera and Saraceno's (2002) *Care as a reflective process*. I also discussed Fisher and Tronto's (1990) *Four phases of care*. I will use the above-mentioned concepts when discussing the sons' and sons-in-law's perceptions of care.

I will start with Knijn and Kremer's (1997) *Care as citizenship*. In contrast to first generation care researchers, Knijn and Kremer (1997) do not regard caregiving as women's territory. Rather, they suggest that we need to go beyond the gendered character of care and recognize that every citizen, male or female, can claim the right to care for people in their own life when circumstances demand. Knijn and Kremer (1997) argue that care is not a women's issue, but a citizenship issue. I reasoned then that providing care might only be fulfilled in relation to the cost of what is perceived as the most important aspect of social citizenship, namely paid employment. Thus family caregiving could lead to a reduction of citizenship status because it requires the caregiver to refrain from paid work to provide care. The only way in which this right to provide care to an elderly relative would function is if the welfare state created work

systems that allowed people to reconcile work responsibilities with care responsibilities (such as part-time work and the possibility to take paid or unpaid leave of absence to provide care). In Sweden, parental leave social payments allow parents to take 480 days off work to provide care after the birth of a child. It is also possible to receive social payments for 100 days when caring for a relative who is seriously ill. However, both these types of payment assume that the caregiving situation lasts a limited time, whereas providing care for an elderly parent can go on for many years. For that reason, I can agree with Knijn and Kremer (1997) that caregiving is a citizenship responsibility (hence not women's responsibility), but in arranging for care I do not think that the main burden should be laid on the closest relatives. As shown in the analysis of the sons' and sons-in-law's experience of care, lack of support from other family members or from professional caregivers contributes to an overall negative caregiving experience (see Table 10). What also seems to emerge from the sons' and sons-in-law's experience of providing care was the importance of being able to make a conscious decision to provide care (see Table 10). My point is that if providing care should be the right of every citizen, it must not become an obligation. There must be a willingness to provide care, adequate support should be available (such as secondary caregivers), the possibility to stop providing care must exist, and the risk of losing income or civil status connected to employment must be minimized. The risk with Knijn and Kremer's (1997) concept of care as citizenship is that it can glorify caregiving, whereas my interviewees experienced caregiving overall as negative (see Table 10), reporting that caregiving is sometimes very difficult and exhausting. The other risk of viewing caregiving as citizenship is that it obliges relatives to provide care rather than giving them the option of doing so. I also believe that caregiving is already seen as a citizenship issue in some welfare states. For example, in Sweden every citizen contributes to the care of the elderly through taxes, and a person in need of care therefore has the right to be independent of the family and to receive formal care from the state. This means in theory (though not always in reality) that caregiving from relatives should be voluntary. However, what is perhaps lacking is the option to take some form of paid leave from work to provide care for an elderly relative, other than the 100 days mentioned earlier.

From that perspective, Daly and Lewis's (2000) *Social care* and Daly's (2002) *Care as a social good* have more to offer because they emphasize the responsibility between the family, market, state, and voluntary sectors. Furthermore, with the concept of *care as a social good*, Daly addresses the problem of not having a holistic view of the concept of care, making distinctions between paid and unpaid care and between cash and service as a response to care, and an unnecessary distinction between what caring for children or caring for adults entails. However, the most important distinction is that between the giver and receiver of care. Together, these distinctions are summarized as being either formal or informal care, and fail to recognize that caring is a complex activity and that care provision frames the boundaries between family, state,

and market, and shapes intimate human motivations and relationships. I agree that caregiving needs to be seen in a more complex way, as I suggest in the summary to the chapter “Adult sons’ motives to provide care” and Table 9. To understand why someone assumes a caregiving responsibility, one has to understand the full complexity of such a decision (see Table 9). Hence, as I pointed out in the section “Second generation of care researchers’ concept of care”, these researchers seem to overlook the theoretical possibilities of a male caregiver’s perspective. The reason why a complex pattern of motives for providing care (see Chapter “Adult sons’ motives to provide care”) revealed itself in this study on men as caregivers is, I would suggest, that these men cannot explain caregiving through femininity. Therefore, because caregiving is not considered a masculine trait, when asked why they provide care, the men had to be more specific. In relation to their perceptions of care, complexity also occurred when they stated that care means providing a good life (see Table 11). How this good life would be achieved was not the same in all cases. Evert strongly emphasized that care should be provided with dignity and respect for the person in need of care. However, Anton pointed out that caregiving also means making decisions for the person in need of care, in his case bringing his mother to the city he lives in. Hence, to understand the full complexity of care, one has to consider many aspects of it, such as welfare arrangements and family situation and, at the same time, consider the wishes of the person in need of care and the needs and wishes of potential family caregivers. In any case, family caregiving will always compete with other things, such as work, care of children or grandchildren, free time, or other interests. The caregiver needs to be prepared to be on hand and sacrifice time, as shown in Table 11. Analysis of the sons’ and sons-in-law’s perceptions of care also revealed that while care of the elderly is considered to be a municipality responsibility in Sweden, there are still situations where the caregiver or the care receiver has difficulties accessing care, as in the case of Peter who was trying to get his father into an assisted living.

In relation to Liera and Saraceno’s (2002) concept of *care as a reflective process*, I pointed out in the section “Second generation of care researchers’ concept of care” that a complex concept is a strength when it comes to trying to capture what care is. However, as I pointed out when comparing the sons’ and sons-in-law’s perceptions of care with the first generation care researchers’ concept of care, it is very important to let go of the assumption that the caregiver is a woman. That assumption not only neglects men as caregivers, but also contributes to upholding stereotypical assumptions and to associating caregiving of the elderly with the image of motherhood and the self-sacrificing mother, as pointed out by Hochschild (1995).

The second generation care researchers Fisher and Tronto (1990) suggested that care could be defined as *a species activity*, meaning that care is one of the features that make people human. In their discussion on *caring about* (as in showing affection) and *caring for* (as in giving hands-on caregiving), Fisher and Tronto (1990) define four phases of care: 1) *caring about* or *attentiveness*, i.e., becoming aware of and paying

attention to the need for care; 2) *caring for*, described as the phase when someone assumes a caring *responsibility* to meet the need that has been identified; 3) *caregiving*, which entails meeting the care need hence, *competence*, and 4) *care receiving*, which involves the *response* to the caring, whether the needs have been met or not. Fisher and Tronto (1990) argue that through this fourth phase, the caring process comes full circle. In relation to the sons' and sons-in-law's perceptions of care, I found that these matched Fisher and Tronto's (1990) four phases of care rather well. In Table 13, these perceptions of care are related to Fisher and Tronto's (1990) four phases of care.

Table 13: SONS' AND SONS-IN-LAW'S PERCEPTIONS OF CARE AND FISHER AND TRONTO'S (1990) FOUR PHASES OF CARE

FISHER AND TRONTO'S (1990) 4 PHASES OF CARE	CARING ABOUT: ATTENTIVENESS		CARING FOR: RESPONSIBILITY		CAREGIVING: COMPETENCE	CARE RECEIVING: RESPONSE
	Having an ability to see the needs of others	Love leads to caregiving	Being on hand/sacrificing one's own time	Providing a good life	Integrity and taking decisions for care receivers	Getting some satisfaction back
Informants						
Anton				X	X	X
Bo	X					
Carl*	X					
David				X		
Evert					X	
Fredrik				X	X	X
Gunnar*			X		X	
Holger	X				X	
Ivan	X					
Jonny			X			
Kurt			X			
Lars				X	X	
Martin		X	X			
Oscar			X			
Peter	X					
Rickard	X		X			
Stig				X		
Tommy			X			
Viktor		X	X			

*Carl and Gunnar are sons-in-law.

In Table 13, Fisher and Tronto's (1990) first phase of care "Caring about: Attentiveness" is linked to the sons' and sons-in-law's emphasis on "Having an ability to see the needs of others" and "Love leads to caregiving", both of which describe care as

being able to understand when someone is in need of care. In the themes “Being on hand/sacrificing one’s own time” and “Providing a good life”, the emphasis is on the responsibility these men feel for their elderly parents and in-laws. Consequently, I connect these two themes with Fisher and Tronto’s (1990) second phase of care, namely “Caring for: Responsibility”. The third phase of care according to Fisher and Tronto (1990) is “Caregiving: Competence”, which I connect to the theme “Integrity and taking decisions for care receivers”. I would suggest that caring with respect for integrity is a competence and the sons and sons-in-law in the study said that it is sometimes necessary to go against the wishes of the care receiver, a challenge that might occur when providing care even if the intention is to respect integrity. Finally, I relate the sons’ and sons-in-law’s perceptions of care “Getting some satisfaction back” to Fisher and Tronto’s (1990) fourth phase, “Care receiving: Response”. Getting a positive response is important for the caregiver, as it lets them know that what they are doing is working. Fisher and Tronto (1990) point out with their four phases that our understanding of what *good caring* entails can be developed more fully, since the process in reality does not always occur in accordance with the ideal view of care. Understanding this would minimize the risk of romanticizing care. In relation to the sons’ and sons-in-law’s perceptions of care, this is quite evident when they talk about integrity and taking decisions for the care receiver, possibly against their wishes (see Table 13) and sacrificing one’s time (see Table 13). Hence, these findings contradict the feminine norm of care and the romantic view of caregivers as self-sacrificing (mothers), because they complain about it.

I will now turn to the third generation of care researchers’ concept of care in relation to the sons’ and sons-in-law’s perceptions of care.

The sons’ perceptions of care, and the third generation’s concept of care

In the chapter “Conceptual and contextual framework”, section “Towards a third generation of care researcher’s concept of care”, I suggested that there is now perhaps a third generation of care researchers emerging, for example Calasanti (2003), who argues that because most caregiving research focuses on women, some of the care work that men do may be overlooked. However, in relation to the sons’ and sons-in-law’s perceptions of care (Table 11) and the tasks they perform (Table 6), it might be concluded that these men provide the same type of care as women. Hence, as Calasanti (2003) points out, men and women in similar care work relationships may be more similar than society seems to expect.

In this dissertation, I approached men’s caregiving and what care means to them with an open mind. I found that the sons and sons-in-law in the study talked about having the ability to see others’ need for care. This could include seeing the needs of people in other countries, or of a neighbor or a close relative. The next aspect was responding to the need for care. For some of the interviewees this meant giving money to charity, hence assuming social responsibility or helping a neighbor. However, these

are rather easy caregiving acts. Becoming a caregiver with a full commitment was considered as something done only for those you love or feel responsible for, because it requires being on hand at short notice and giving up one's time. The caregiving men interviewed also considered that caregiving involves the responsibility of allowing the person in need of care to continue having a good life. Caregiving was thus regarded as a competence that balances between respecting the integrity of the person in need of care and sometimes having to take decisions against that person's will. Caregiving was also considered to entail getting some satisfaction back, or some indication that care efforts were being acknowledged. To summarize, the sons' and sons-in-law's perceptions of care were mainly connected to the relational aspects of caregiving. There was also an emphasis on social responsibility, where caregiving is something inherently human. However, there were indications in some responses of tensions between being a man providing care and the social norm of caregiving. As Table 12 shows, while many of the men said that gender should not matter in terms of caregiving, many also said that they believe women are more caring, having previously said that it is only natural for them as men to provide care and to respond to their elderly relatives' need for care. Hence, on one hand it seemed natural for the men to provide care, but on the other hand they believed that women are natural care providers. I would suggest that this discrepancy has been formed through care researchers' focus on women as caregivers and the social norm of motherhood that is associated with caregiving. Hence, as some interviewees said, the difference between men and women as caregivers is that women are more expected to be caregivers than men. In relation to how women and men handle the caring responsibility, most of the men interviewed did not see any difference. When they compared their own caregiving to women's, however, they said that a woman could not have done it any better, thereby assuming that women are the role model of a care provider. The advantages they perceived of being a man providing care were physical strength and men being more demanding in dealing with authorities. The advantages they perceived of a woman providing care were handling intimate care better, handling the psychological aspects of caregiving and knowing how to make a house a home.

In connection to what Hochschild (1995; 2003) suggests, the interviewed caregiving men's perceptions of care could also be seen in care as a cultural ideal. She identified some key dimensions of differences in care and these visions or ideals she calls the traditional, postmodern, cold modern, and warm modern. Because Sweden is a country with welfare solutions close to the warm modern ideal it is perhaps not surprising that some of the men that I interviewed in this study emphasized that caregiving can be done equally well by both women and men; hence, the sex or gender of the caregiver should not matter. On the other some of the interviewed men emphasized that women are better and natural caregivers, as in a traditional ideal. My reflection here is that it there is probably not just one caregiving ideology; within a cultural context rather different ideologies might exist simultaneously. Also, even if a country

seeks to have welfare solutions close to the warm modern ideal, the picture of a woman as the ideal caregiver (as from the quote of Hochschild (1995) in the section “Towards a third generation of care researchers’ concepts of care”) is so strong in people’s minds that men that actually provide care might think that women would have performed caregiving better or are more suited to providing care.

Therefore, while Hankivsky (2014) warns that focusing on gender runs the risk of missing all the other power relations that make up a caring relationship, I suggest that it is (still) relevant to focus on gender because much remains to be done when it comes to gender stereotypical norms and their influence on concepts of care. As I discussed in the section “Towards a third generation of care researchers’ concept of care”, caregiving has been studied by the first and second generations of care researchers from the viewpoint that caregivers are women. I would like to suggest that with more men engaged in caregiving and becoming acknowledged as caregivers (e.g., by researchers and policymakers), the hegemonic of masculinity will be *redone* (West and Zimmerman, 2009) to include caregiving. This might already be happening in Sweden as Kimmel and Kegan Gardiner (2011) remark that men in Sweden are expected today to be engaged in caregiving to their children.

In the next section I summarize the sons’ and sons-in-law’s perceptions of care and gender in relation to the feminist history of care.

The sons’ perception of care – Summary

The first generation of care researchers viewed the ability to provide care as inherent female knowledge. This emphasis on female rationality or female ethics had the aim of acknowledging the unpaid work of women, but in doing so associated care with femininity and motherhood. Based on the sons’ and sons-in-law’s perceptions of care, I suggest that it is necessary to go beyond this and acknowledge that caregiving as such has its own culture, logic and ethics. Hence, to understand the concepts of rationality of care and ethics of care, it is necessary to change focus from women and instead focus on caregivers and refrain from the assumption that all caregivers are women. What also needs to be seen is that different cultures of care and different welfare solutions create the conditions that allow women and men to be able to work and/or be able to provide caregiving.

The second generation of care researchers viewed care as a social responsibility. However, to see the full complexity of the concept of care, they still needed to depart from the assumption that care providers are women. Thus the view of care as a species activity or citizen responsibility did very little to free the concept from being connected to femininity and making it a concept that would be valid for all humans. It is because of this that I compared the sons’ and sons-in-law’s perceptions of care to the third generation of care researchers’ concept of care and concluded that it is still relevant to focus on gender when studying care. This is because the legacy from the previ-

ous generations of care researchers still exists as a common social assumption, but also in the way that care research is being conducted, with a bias to include more women. Thus the voices of men are still under-represented in research on caregiving.

DISCUSSION – INSIGHTS FROM SONS THAT PROVIDE CARE

As the reader might remember, the aims of this dissertation are twofold. Firstly, it attempts to contribute to the rectification of the gender bias found in the literature on family caregiving by focusing on men's caregiving and answering the following research questions:

- What motivates men to provide care for their elderly parents?
- How do adult sons experience caregiving?
- What do adult sons think that care and caregiving are, i.e. what are their perspectives on care?

This means that the first aim of this dissertation is empirical, which is in line with the phenomenological approach chosen. Phenomenology offers an empirically close analysis of the data that one collects, in this case of the interviewed adult son's and sons-in-law perspectives on caregiving. Polkinghorne (1989) argues that a well-executed phenomenological analysis should give the reader a feeling of understanding better how it might be for someone to experience the particular phenomenon. Thus, with that ambition in mind, this dissertation has addressed each of the research questions at length and has done so by focusing on the complex answers that the interviewed caregiving men gave to the questions I posed during the interviews. From the analysis of their answers to these questions, I will now extrapolate the general patterns that their stories brought to the fore as far as the answers to the three research questions listed above. It is namely the totality of these patterns that I will now use to address these dissertation's aims. Thus, in this discussion, I will summarize what I believe to be this dissertation's contribution to caregiving scholarship.

Before starting this discussion, I would like to take a moment to reflect upon the methodological choices made and what they may mean for the findings, since some may wonder if anything can be learned from 19 interviews. In this respect it seems important to state the following: first of all, this study's aims are at a higher abstract level than the research questions that were posed in relation to the first aim; second, as is always the case when one works qualitatively, the findings are not meant to be read as generalizations about how caregiving men are; and third, it is because of the actual methodological approach chosen that I have always tried to be very careful when referring to what the findings suggest. This explains the use of wording such as 'seems', 'suggests', 'propose' and/or 'argue' instead of wording indicating more definitely that things are in a certain way. In relation to the question of the study's aims it seems important, however, to note that just because the three research questions on motives, experiences and perceptions are very specific, this does not mean that I am claiming to have reached – via the 19 interviews I have collected and analyzed – generalizable conclusions about these questions. Instead, the data has been used to capture and de-

scribe a phenomenon from the perspective of informants who have experiences of it. Moreover, as already stated this has been done in order to be able to explore if the use of a gender-aware and masculinity-informed approach to the phenomenon could contribute to caregiving scholarship and to the rectification of the gender bias, which characterizes this field. This means that to some extent this dissertation uses interviews with caregiving men not only to understand their motives, experiences and perceptions but also because their motives, experiences and perceptions could provide theoretically profuse information about caregiving which could enhance caregiving scholars' understanding of this phenomenon.

It is also worth noting, as I discussed in regard to the selection criteria (see the chapter "Phenomenology as the methodological approach chosen", section "Samplings and informants"), that I see variations in the sample as an aspect that strengthens the study's credibility and that I do so partly because this dissertation's aims are formulated as they are. The analysis of the collected data with men having varying professional backgrounds, life situations, different relationships to the care recipients and with varying experiences, divulged an array of patterns in their stories which offered numerous insights into how caregiving can be experienced. In addition, in light of the phenomenological tradition, it seems necessary to stress that sampling variation that generates common patterns is considered to be a strength within this qualitative tradition. Therefore, I would like to suggest that the analysis of the interviews has captured what phenomenologists call the essence of a phenomenon (that is the common experience), and have also given us a better understanding of how caregiving can be experienced by men that are sons and sons-in-law. Even so, it is important to recognize that it is very plausible that other men in another, similar study would talk about other experiences and therefore other patterns could be disclosed. This is why I claim that this dissertation has captured the experience of a few caregiving men but do not dare to say that it has captured the very essence of caregiving from a male perspective. Much more research would be needed before one could claim that. This study offers, however, a good starting point from which studies of caregiving men can be launched.

Thus, this chapter will spell out what this dissertation's focus on men's caregiving motives, experiences and perceptions has contributed to the literature on family caregiving. In doing so, this chapter will show that there is much to be gained from drawing attention to men's perspectives on caregiving, especially if we are interested in rectifying the gender bias that characterizes caregiving scholarship. Ultimately, this chapter will show that the gender-aware and masculinity-informed perspective utilized in this study, is a fruitful one for caregiving studies.

Rectifying the gender bias by focusing on men's motives to provide care

From the literature review on motives to provide care (see specifically the section on “A gendered lens on the common denominators of research on motive to care”) I concluded that, because of the dominant focus on women, and the lack of awareness of how gender norms affect *both* women's and men's possibilities to provide care, we actually do not know very much about men's motives to provide care. A closer look at the literature review hopefully shows that there are some implicit assumptions about men as caregivers that this literature makes, even though men's motives to provide care have rarely been studied through a gender-aware theoretical lens. The first assumption is that men do not have the same pressure on them to provide care (see e.g. Matthews and Rosner 1988; Globerman 1996; Cahill 1999; Donorfino and Sheehan 2001; Hequembourg and Brallier 2005). The second is that men can choose not to provide care and that men therefore have more possibilities than women to negotiate caregiving responsibilities (see e.g. Horowitz 1985a; Guberman 1999; Lyonette and Yardley 2003; Campbell and Martin-Matthews 2000; Watt *et al.* 2014). In the following section I will discuss these assumptions in relation to the first aim of this study.

In table 8 I listed the motives that the caregiving sons and sons-in-law gave when asked why they provided care. As listed in that table it was clear that the caregiving men interviewed emphasized an array of motives when asked why they had taken on caregiving responsibilities. Some alluded to the fact that the relationship they had with their parents or in-laws was of such good quality that caregiving was a given (which in Table 8 is called “A good relationship promotes care”), some talked about caregiving as a responsibility (in Table 8 called “A son's responsibility”) and others talked about having a complicated relationship to the person they provided care for; perhaps the parent had abandoned them as children or had been emotionally absent (in Table 8 called “Complicated relationship”). In addition, some of the caregiving men interviewed talked about not having any other choice but to provide care (in Table 8 called “No other choice”) and others talked about how different circumstances also contributed to them taking on a caregiving responsibility (in Table 8 called “Circumstances affecting caregiving responsibility”).

In the literature review on motives to provide care, I pointed out that there is an assumption that being a woman is in and by itself a motive to provide care, especially in literature within “The key idea of choice/lack of choice” and “The key ideas of roles”. Therefore, the literature focusing on motives to provide care often departs from the assumption that gender norms lie behind the decision to provide care. However, the empirical findings in this study suggest that adult sons are not motivated to accept the caregiving responsibility they have taken on by the fact that they are men; equally, they do not say that they provide care in spite of being a man. Rather, there are other aspects that motivate them to provide care. It is because of this that I cautiously sug-

gest that if gender norms, as assumed in the literature on motives to provide care, were at the core of people's motives to provide care this would also be applicable to adult sons' motives to provide care. The fact that the findings are not in line with this suggests that there are other factors that affect men's motives to provide care and potentially also women's motives to provide care. Therefore, I would argue that gender norms perhaps have a less significant meaning in people's caregiving decisions than the literature assumes. It is worth noting, of course, that in suggesting this I do not mean to imply that gender norms do not affect men's motives to provide care or women's motives to provide care for that matter either. However, the way that family caregiving has been studied (i.e. the fact that caregiving has often been approached as an expression of gender norms) and the different results that have been generated as a result of this, are perhaps indicative of the fact that gendered assumptions guide how we perceive caregiving and how we address it, especially when the caregiver is not a woman.

Something else worth noting is that (as argued in the chapter entitled "Adult sons' motives to provide care" and the section on "Sons' motivations to provide care – Summary" as well as in the literature review on motives to provide care) studies on motive to care have often focused on one motive at a time such as intergenerational relationship, exchange or cultural or societal norms of providing care, failing to see the full complexity of caregiving and the motives that lead to taking on a caregiving responsibility (as shown in Table 9). This has impeded us – I would argue – from grasping the full complexity of caregiving. Failing to see the complexity of care and to recognize that gender norms can matter for both men and women is to ignore that gender norms can also set the framework for the kinds of possibilities that women and men have to become engaged in caregiving. But if we are to recognize that gender norms can matter when it comes to deciding if one is going to take on a caregiving responsibility or not, we need to do so for both sexes and not only for women, as the literature seems to have done so far. My point is, in other words, that gender norms can affect men's possibilities as well but are seldom problematized in literature about family caregiving to elderly parents. For example, gender norms such as the ones that expect men to be breadwinners in their families also need to be considered if a gender-aware approach to caregiving is to be achieved. This is because taking gender norms into consideration when focusing on men's caregiving also means acknowledging structural obstacles (and possibilities) for men to provide care. Instead, the caregiving debate (see section entitled "The feminist history of the concept of care" and the literature on motives to provide care – such as in "The key idea of roles" and "The key idea of choice/lack of choice"), tend to depart from womanhood and, as such, this literature assumes that the ideal caregiver is not only a woman but also feminine. It is because of this that I have argued that caregiving scholarship tends to assume that men do not want to provide care, while women feel pressured to do so. Moreover, I have suggested that circumstances such as welfare structures, work structures and economic struc-

tures are factors that need to be considered in relation to men's caregiving (and women's for that matter) since these are all structural factors which can either hinder or promote the possibility to provide care.

Something else which this dissertation has brought to the fore is that gender norms also matter in terms of the identity as a caregiver. The very act of providing care challenges norms of masculinity in the sense that providing care is not seen as a masculine behavior. In other words, caregiving does not confirm men's masculinity in the same way that it is assumed to confirm women's femininity, and perhaps this will remain so as long as caregiving and womanhood are believed to be synonymous. Caregiving can be a risky business for men since their caregiving activities can lead them to be perceived as less masculine. The men interviewed in this study were fully aware of that, which is why they said that they knew that caregiving is not a typical male thing to do. But even if they were aware that providing care challenges gender norms, it did not stop them from becoming caregivers. Other aspects, such as doing what they regarded as the right thing (i.e. showing love and support or having a last chance of getting to know their parents) were more important to them as motives to care. Thus, for the caregiving men interviewed the risk of being perceived as a feminine man seems to have been less than the risk of being perceived as less moral because they did not engage in caregiving, despite having an elderly parent in need.

Here it is also important to point out that while there is an assumption that men provide care in the absence of female caregivers (see e.g. Horowitz 1985a; Guberman 1999; Lyonette and Yardley 2003; Campbell and Martin-Matthews 2000), the sons and sons-in-laws in this study did not talk about not having any female caregivers that could provide care instead. It is worth keeping in mind nonetheless that in Sweden, daughters are more expected to provide care than sons or daughters-in-law. In this study, some of the caregiving adult sons and sons-in-law interviewed had sisters and other female relatives that could have been potential caregivers who could share these responsibilities with them. They excused them, however, from caregiving because they had a large family of their own, had less time to provide care, or simply did not have to provide care because their brothers did. The caregiving men interviewed knew, in other words, that these expectations did not exist for them even though they existed for their sisters and wives but they just did not seem to feel the need to have their sisters or wives sharing their caregiving responsibilities. The sons-in-law interviewed, for example, knew that it was expected that their wives (or the wife's sister) should provide care to their parents but since they were still working and/or because they themselves had more flexible working hours, they seemed to feel that it was a given that it would be them providing the care. Hence, for the sons-in-law interviewed, care was related to gender norms but not men's gender norms; rather the gender norms that they talked about were the ones that apply to women. So although the caregiving adult sons and sons-in-law interviewed did understand that caregiving and womanhood came hand in hand, they did not seem to think that this in and by itself meant that caregiving and

manhood did not. They also knew that caregiving and femininity were assumed by most to go hand in hand but did not seem to feel that this meant that masculinity and caregiving could not, even though some of them said that women were better at caring.

Something else worth bringing to the fore is that several sons emphasized that their motive to care was connected to feelings of love and responsibility. In this respect it must be reiterated that the literature on motives to provide care as well as the feminist debate on caregiving, has suggested that feelings of love and feelings of responsibility lie behind women's motives to provide care (see e.g. Rose 1983; Graham 1983; Globerman 1996; Cahill 1999). However, this dissertation's findings suggest that men also describe their caregiving motives by making reference to the feelings of love and responsibility that they feel for their parents. This implies that feelings of love and feelings of responsibility are not a unique motive for women as the literature on motives to care tends to take for granted. Rather, it seems to be the gender bias of this literature that has led to the common (miss)interpretation that feelings of love and responsibility are exclusively driving woman's caregiving (see e.g. Rose 1983; Graham 1983; Horowitz 1985a; Guberman 1999; Lyonette and Yardley 2003; Campbell and Martin-Matthews 2000).

The findings of this study suggest also that factors that have been interpreted as expressions of how gender norms obligate women to provide care are also factors that seem to obligate men to provide care. Some of the caregiving adult sons in this study emphasized, for example, that they did not have any other choice but to provide care (see Table 8). For some of these men the expectation to provide care came from themselves as a feeling of moral obligation and/or because they did not have any siblings. Hence, while the caregiving adult sons and sons-in-law in this study did not say that they experienced that they provided care because they were men and that gender norms dictated that they should provide care, they did talk as if expectations to provide care existed in their case as well although they framed their motives against the backdrop that men's obligations to provide and protect their families entails.

Within "The key idea of roles" (see specifically the chapter on "Motives to provide care to parents") the strong association of women with the role of caregivers can sometimes be mistakenly assumed to imply that men do not experience the same expectations and feel the same responsibility which is why it is often taken for granted that it is easier for them to resist caregiving or take a more passive role when it comes to caring. In that way it seems that men have more room for negotiating care. However, for the sons in this study that emphasized that they did not have any other choice but to provide care there was little room for negotiation. This was because the person in need of care refused caregiving from other caregivers, they were the only child, or they felt a moral obligation to provide care. These sons described a rather burdensome situation because they too can feel forced to provide care. The fact that this study – which has been conducted in Sweden where the welfare state is based on dual-earner families – draws attention to a setting in which caring for elderly parents is assumed to

be something one does on a voluntary basis, is something that needs to be mentioned since the caregiving men interviewed did not talk about work expectations getting in the way of their caregiving engagement.

The findings in this study suggest that sometimes what motivates caregivers to provide care is their good relationship with the person in need of care; that they experience having a responsibility to provide care; that due to different circumstances and moral obligations they have no other choice but to provide care; or that they provide care because they have a caring personality. These findings suggest, in other words, that men and women have rather similar ways of describing what motivates them to take on a caregiving responsibility. However, gendered assumptions (as shown in the section on “The feminist history of the concept of care” and the literature review’s section on “Motives to provide care to parents”) and the view that femininity and masculinity are each other’s opposites, imply that women and men are not motivated by the same factors, or that men reluctantly provide care when there are no female caregivers that can step in. A gender-aware and masculinity-informed perspective on men’s motives to provide care therefore contributes to the understanding that the way family caregiving has been studied in previous literature (and as argued in the feminist care debate) may have something to do with the fact that the empirical findings of previous research use gender norms as modes of explanation that pertain mostly to one gender but not both. The findings in this study suggest that there may be more similarities than meet the eye between men’s and women’s motivations to care since it is not only women that experience a lack of choice when negotiating care and it is not only women that feel obligated to provide care to an elderly parent.

What seems to be a unique finding in the son’s motives to provide care is that they also tell a story about the array of circumstances that lead to the caregiving responsibility. Circumstances that affect the caregiving situation have rarely been studied in relation to motives to provide care. While the literature on motives to provide care (within “The key idea of intergenerational solidarity/ambivalence”, “The key idea of societal and cultural norms” and “The key idea of exchange”) do include the sex of the caregiver no gender analysis is made. This contributes to an implicit assumption that caregiving is an obligation for women even if the findings do not show any great differences between women and men (see e.g. Lowenstein and Daatland 2006). This also implicitly contributes to the assumption that it is gender norms that motivate caregiving while social structures such as welfare solutions remain unseen and unproblematised. Because the interviewed caregiving adult sons and sons-in-law in this study could not explain their motives to care solely on the basis of gender norms, they had to explain their caregiving in a more detailed way. In doing so the circumstances in which they found themselves seemed to become central to how they formulated their motives to care. When the sons negotiated the caregiving responsibilities with their sisters or other siblings it was reasons like living close to the person in need of care, having time to provide care and not having a family of their own that were their main

motives to provide care. Focusing on adult sons as caregivers has therefore contributed to seeing that caregiving motives are far more complex than gender norm explanations suggest. There are too many aspects and circumstances that motivate people to engage in caregiving. Thus, by drawing attention to adult son's and sons-in-law's motives to care, this study has contributed, albeit in a modest way, to the rectification of the gender bias that characterizes the caregiving literature which has tended to reduce the question of motives to womanhood.

Rectifying the gender bias by focusing on men's caregiving experiences

From the literature review on "Experience of caregiving" it seems that caregiving is experienced as less burdensome for men than for women (e.g. Fromme *et al.* 2005, Dunér 2010, Friedemann and Buckwalter 2014; Silverman 2015). According to this line of reasoning, men can more easily delegate tasks to others such as other family caregivers or professional caregivers (e.g. Anjos *et al.* 2012; Lüdecke *et al.* 2012). Moreover, the economic strains that caregiving can bring about, can cause a higher burden on caregiving women (e.g. Pinguart and Sörensen 2007; Friedemann and Buckwalter 2014). These are, in other words, some of the assumptions that the literature on caregiving experiences takes for granted. Thus, I will now discuss this dissertation's findings as far as men's caregiving experiences go, in order to explore if their caregiving viewpoints can contribute to the rectification of the gender bias found in the literature on family caregiving. I have namely suggested that it is this gender bias that has contributed to keeping the above-mentioned assumptions unquestioned.

The findings show (as listed in Table 10) that the interviewed caregiving adult sons and sons-in-law experienced that having the chance to make a conscious decision about taking on caregiving responsibilities is important. The analysis also suggests that the experience that one is doing something meaningful can be central to caregivers' experiences; that having experienced reciprocity in the caregiving relationship can play a role; and that having support from family or professional caregivers can make the caregiving experience more manageable. Thus, all of these aspects seem to contribute to an overall positive caregiving experience among the interviewed sons and sons-in-law in this study. In relation to the literature on caregiving experience, it is noted that this seems consistent with previous research that has shown that having the possibility to make a conscious decision to provide care does make a difference (see e.g. Price 2011; Zegwaard *et al.*'s 2013); that it is important to experience meaningfulness in the caregiving relationship that one is engaged in if one is to experience caregiving in a positive manner (see e.g. Mazaheri *et al.* 2011; Sheridan *et al.* 2014); that it is important to experience reciprocity (Jervis *et al.* 2010; Price 2011); and that it is important to experience support from family or professional caregivers if caregiving is

to be experienced as a positive activity (see e.g. Sanders 2007; Sugiura *et al.*'s 2009; Price 2011; Amin and Ingman 2014). Thus, the findings of this study suggest that some men's caregiving experiences can be positive precisely for the same reasons that women's experiences of this phenomenon can sometimes be positive. In that sense what contributes to positive caregiving experiences does not seem to be unique for woman; rather, these aspects seem important for all caregivers, regardless of gender.

When it comes to aspects that contribute to negative experiences, the interviewed men mentioned, as listed in Table 10, not having the chance to make a conscious decision regarding the caregiving responsibility; providing care to a person with dementia or mental health problems; feeling a lack of reciprocity in the caregiving situation and feeling a lack of support from family and professional caregivers. The findings in this study bring to the fore, in other words, the situations and conditions that generated burden for some of the caregiving men interviewed. In relation to the literature on caregiving experience it must therefore be noted that these findings seem consistent with previous research, since not having the chance to make a conscious decision to provide care (see e.g. Price 2011; Zegwaard *et al.*'s 2013); providing care to a person with dementia, cognitive impairment or mental health problems (see e.g. Mayor *et al.* 2009, Massimo *et al.* 2013); and feeling a lack of reciprocity (see e.g. Lawrence *et al.* 2008), or lack of support from family or professional caregivers (see e.g. Sanders 2007; Sugiura *et al.*'s 2009; Price 2011; Amin and Ingman 2014) are all factors that contribute to a burdensome and negative caregiving experience. Thus, the findings of this study suggest that the experience of burden may not be unique for women, even though the gender bias in the literature on experience of care (and in the feminist care debate) has tended to describe burdensome caregiving as something that is mostly experienced by women. Rather, caring for someone with dementia or mental health problems as well as feeling lack of support from family caregivers or professional caregivers are two aspects that the literature review on experience of care, and the findings of this study, highlight as being significant for an overall negative experience.

Something else worth noting, as I argued in the literature review on caregiving experience (see the section entitled "A gendered lens on the common denominators of research on caregiving experiences"), is that while the literature on caregiving experience often claims to have a gender perspective, this is in fact often a woman's perspective. It is because of this that the literature in question tends to interpret the positive experiences that women mention when talking about caregiving as experiences that are gendered. So when women express positive feelings about providing care these are interpreted as masking negative feelings (see e.g. Silverman 2015) and when men express feelings of burden, these are implicitly contrasted to the notion of caregiving women suffering in silence or toning down their need for support (see e.g. Eriksson *et al.* 2013). It is because of this that the literature sometimes regards caregiving men that experience burden as being unwilling to provide care (see e.g. Hochschild 1995) or the assumption that men provide care in the absence of female caregivers (see e.g. Horo-

witz 1985a). It is because of all this that I am arguing that the findings of this study contribute to rectifying the gender bias in studies of caregiving experience by bringing to fore that some caregiving men can experience caregiving in positive terms but also that some men who are devoted to their caregiving responsibilities can, in some situations and just like women, experience burden and regard the caregiving situation in negative terms. Thus, these findings suggest that what contributes to an overall positive or an overall negative caregiving experience could be rather similar for both men and women who engage in caregiving.

I would also like to suggest that the assumption that men experience less burden in caregiving than women do is based on gender norms that perceive women as emotional and vulnerable while men are assumed to be not only less emotional but also more in control. These are all assumptions that the feminist debate on caregiving has put forward when referring to a male patriarchy (see e.g. Graham 1983) where caregiving is assumed to keep women in a subordinated position. Some feminist care researchers have argued, for example, that it is the social structures that men have created that obligate women to provide care (see e.g. Knijn and Kremer 1997). Thus, also from that perspective it is assumed that men do not want to provide care because of the loss of power that taking on a heavy caregiving load might imply for other life spheres. The findings of this study suggest that just like women, men can also experience obligation and a lack of power due to not receiving help when providing care, but even so they continue their caregiving responsibility in the same manner as woman caregivers seem to do. It is against this backdrop that I would suggest that the perpetuation of gendered assumptions that women are obligated to care while men do their best to avoid care could cause extra burden and problems for women and men alike.

Thus, I would like to argue that gender norms might have a significant meaning for men when it comes to the experience of caregiving. This is because the interviewed men, who experienced that they had made no conscious decision regarding caregiving responsibility, may also have felt like failures because they were not living up to masculinity norms that regard men as rational, less emotionally affected, and in control of things. As Hill (2007) says regarding the men's movement (see section on "Men's movement and its relation to studies on gender, men and masculinity" in the chapter on "Theoretical framework"), every time men have tried to become emancipated from masculinity norms by being softer and more caring they have met great resistance and ridicule. Therefore, caregiving men may encounter difficulties when asking for support because it is assumed that they (to a greater extent than women) can be excused from caregiving responsibilities, that they probably get more support from other caregivers, and that they do not risk criticism if they receive help from secondary caregivers. All of these assumptions about men might also perhaps make caregiving men feel less comfortable when asking for help because it might then seem that they do not have control over their situation (see e.g. Fromme *et al.* 2005; Sanders 2007). From that perspective it could be suggested that caregiving men that experience the caregiving

situation as burdensome, might do so also in relation to norms of masculinity. Not being able to control the situation might contribute to them feeling less masculine and falling short of what is expected of them as men. In the chapter entitled “Adult sons’ experience of caregiving” (and specifically in the section on “Lack of support from family and professional caregivers”) I brought attention to one son who sought help from professional caregivers because he had injured his arm. According to him, the Needs assessor seemed to perceive his request for help as a sign that he did not want to continue providing care to his father. Hence, a son that asks for help might also be dealt with under the assumption that men in general do not want to provide care.

Thus, from that perspective, men may not, in fact, find it easier to delegate caregiving tasks to other professionals or family caregivers. Rather, being a man could be an obstacle to both asking for and receiving help from other caregivers. In that sense, a gender-aware and masculinity-informed perspective on family caregiving also means exploring situations where gender norms may affect, not only women’s, but also men’s caregiving. What also needs to be mentioned though, is that even if some of the interviewed men experienced burden and felt that it was difficult to ask for and receive help, some of them also thought that a woman would find it even harder to obtain help. They emphasized that gender norms that imply that women are natural caregivers lead to the expectation that women should be able to handle caregiving responsibilities more easily than men and therefore the situation would probably be worse for a woman. This suggests that the men in this study were familiar with gendered assumptions regarding women’s obligation to care and the numerous obstacles that women could face because they are seen as natural caregivers. However, they did not seem to be aware that gendered norms could also affect them. Thus, just as caregiving scholarship seems oblivious to the fact that gendered norms can affect caregiving men, the interviewed men seemed also to take for granted that such norms affect women but not them. The end result of this seems therefore to be that the interviewed men acknowledged that they were probably deemed to be *different* but did not necessarily seem to understand that this difference could have troublesome implications for them.

While I discussed in the previous section (entitled “Rectifying the gender bias by focusing on men’s motives to provide care”) that welfare structures also need to be taken into account when it comes to caregiving motives, it seems important to stress that the same holds true in the case of caregiving experiences. In the literature review on experience of care there is an assumption that economic aspects affect women’s experience of caregiving (see e.g. Pinquart and Sörensen 2007; Friedemann and Buckwalter’s 2014). This is because women in general have lower wages and because more women in general work part-time and/or are housewives. For all of these reasons, it is rather common, at least in some countries, for women to be dependent on their husbands’ income. This can lead to wives feeling forced to provide care to their in-laws, for example, because their husband demands it (see e.g. Guberman 1999), or experiencing an increased burden in the caregiving situation because of income loss

(Friedemann and Buckwalter's 2014). I would like to suggest, however, that men's lesser possibilities to provide care could also be understood against the backdrop that gender norms can entail, since men are expected to be the family breadwinners and, as such, they do not have the same opportunities to provide care than women do. It is against this backdrop that I have suggested and would like to reiterate that gender norms affect both men and women's experience of care and their maneuvering space between what is expected of them and what is not. And as already stated, the literature on caregiving experiences needs to consider the gender norms associated with manhood when it comes to the ability to become engaged in caregiving, the possibility to ask for and receive help, as well as acknowledging men's caregiving burden. So far, the literature has acknowledged this only with regard to the gender norms that affect women, and in doing so the literature has caused caregiving experiences – which seem to be universal – to be regarded as woman-specific. The analysis of caregiving men's experiences shows, in other words, that the experience of a caregiving burden is not unique to women; the same aspects that women experience as burdensome when it comes to caregiving seem also to be burdensome for men. By bringing men's experiences of care to the forefront, this study contributes therefore – albeit in a modest way – to the rectification of the gender bias that characterizes caregiving scholarship which has, as in the case of motives to provide care, tended to reduce the question of caregiving experience to the women's dimension.

Rectifying the gender bias by focusing on men's perceptions of care and caregiving

From the feminist debate on caregiving, as discussed in the chapter entitled “Conceptual and contextual framework” and the section on “The feminist history of the concept of care”, it is assumed that men perceive caregiving differently than women and also that they do not have the same ability to provide care as women (see e.g. Wærness 1996; Gilligan 1982). I will now discuss how the findings of this study can contribute to the rectification of the gender bias which underlies these assumptions.

In the caregiving debate, and especially as argued by the first generation of care researchers, caregiving was conceptualized as an activity that women were particularly skillful at. The most influential concepts that came from that generation are the one called the *rationality to care* (Wærness 1996) which meant to place oneself in the position of a fellow human (in contrast to the rationality of technology which men were assumed to represent), and the concept of the *ethics of care* (Gilligan 1982) which meant feelings of responsibility and the ability of commitment (in contrast to the *ethics of justice* which men were assumed to have, acting on rules rather than in response to situations). These conceptualizations of care also uphold caregiving as *a labor of love* (Rose 1983) and suggested that caregiving keeps women in a subordinated position in

relation to men (Graham 1983). While these understandings of care were mostly argued by the first generation of care researchers they still influenced the debates on caregiving as shown in the chapter on “Conceptual and contextual framework” and in the section entitled “Literature review – A gender-aware inventory”. Thus, these understandings of care contributed not only to the gender bias that exists in the literature on caregiving but also to the gender oblivious assumptions that some of these earlier studies launched (such as the equation of gender with womanhood or female).

When I asked the interviewed caregiving sons and sons-in-law about their perceptions of care they emphasized (as shown in Table 11), that giving care entails having the ability to see the needs of others; that love leads to caregiving; that caregiving entails being on hand and sacrificing one’s own time; that caregiving entails providing a good life for the person in need of care, and that caregiving also means getting some satisfaction back, for example, by seeing that what one does for the person in need of care works. Hence, the men interviewed in this study made it rather clear that men have the ability to place themselves in the position of a fellow human and that they provide care because they feel a responsibility and commitment to the person for which they care. Some of them emphasized caregiving as a labor of love, saying that love leads to caregiving. Thus these findings suggest that the abilities that have so far been interpreted as unique for women, are perhaps abilities that men engaged in caregiving also have. The caregiving men interviewed in this study did not regard care as something one did because of the *ethics of justice* but rather as something everybody should do because of the *ethics of care*.

Thus, the caregiving men’s perceptions of care suggest that caregiving has *a rationality of its own* and should not therefore be regarded as something that is rational only for women to engage in. To some extent it seems as if some of the men interviewed were suggesting that although caregiving is something that women engage in more often than men, this does not mean that caregiving engagement is only rational for women. This was particularly clear when the interviewed men were asked about their perceptions of care in relation to gender norms. As listed in Table 12, they emphasized that it should not matter whether the caregiver is a woman or a man because they thought that it is one’s personality that makes one a caregiver (in Table 12 called “Sex does or should not matter, personality does”). Thus, although there were some men that emphasized that women are more caring by nature (in Table 12 called “Women are more caring”), there were also some that thought that caregiving men had an advantage because men are physically stronger than women and can be more demanding in contact with the authorities (in Table 12 called “Men are stronger/more demanding”). In regard to the latter it was also noted, however, that some of the interviewed men still thought that women are natural care providers. They referred to motherhood and the fact that women give birth as evidence of this claim. Thus, most of the men interviewed, even those that said that the sex of the caregiver should not matter, still talked about women’s caregiving as an example of how caregiving should

be performed. This suggests that when it comes to caregiving, men are in a subordinated position in relation to women because women's caregiving is the norm.

In this dissertation I have argued that even if the second generation of care researchers have tried to correct the gender biased assumptions that underline the work of the first generation, they have fallen short of doing so. The findings of this study show that what are perceived as unique motives, experience and abilities of women may in fact be unique to the actual experience of being a caregiver. Hence, focusing on men's caregiving, and recognizing when a woman's focus is falsely assumed to be a gender focus, is a way to rectify the gender bias that the concept of care and studies of family caregiving are suffering from. It is because of all this that I would like to propose that we need to understand care also from the experience of men otherwise we run the risk of understanding caregiving men as something different, as the exceptions to the caregiving norm or as the caregiving *Other* (as discussed in the chapter entitled "Adult sons' experience of caregiving" and in the section entitled "The sons' experience of caregiving and the key idea of caring context").

Another point that I would like to stress is that while it is often assumed that men can *care about* (as in showing affection), it is seldom acknowledged that they can *care for* (as in giving hands-on caregiving). Table 13 shows, however, that the motives, experiences and perceptions of the caregiving men whose stories I have drawn attention to, confirm Fisher and Toronto's (1990) four phases of care. Related to this is the fact that when the second generation of care researchers tried to deconstruct the concept of care in order to make it less gender biased, they introduced understandings of care that stress that care is a part of *citizenship* (Knijn and Kremer 1997), and can be regarded as a *social good* (Daly 2002) and as a *species activity* (Fisher and Tronto 1990). In this respect it seems necessary to remind the reader that Knijn and Kremer (1997) suggest (as discussed in the chapter entitled "Conceptual and contextual framework" and the section on "Second generation of care researchers' concepts of care") that their concept of care as *citizenship* is linked to the need to go beyond gendered norms since every citizen should be able to claim the right to care for people in his or her life when the need arises. Thus, when the second generation of care researchers decided to launch new concepts to address angles of caregiving that the first generation of care researchers had failed to address, they did so without understanding that caregiving men had something to contribute to their discussion. By failing to take into account men's perspectives on care they failed to see that if care is to be regarded as citizenship, as they are suggesting we should do, then there is a universality to care that transcends gender norms, but that universality cannot be grasped if only half of the equation so to speak is taken into account. My point is therefore that when the second generation of care researchers launched the ideas of care as a *social good*, as *species activity* and as *citizenship*, they did so from a theoretical platform that lacked empirical grounds.

As Calasanti (2003) stated, we know that men can care but with what kind of gender identities? The findings from the chapter entitled “Adult sons’ perceptions of care” show that sometimes men provide care because they think that this is something natural. Thus, just as it is assumed that women are natural care providers, caregiving men can also perceive themselves as natural care providers even if they also simultaneously acknowledge that it is mainly women that are perceived as such. Some of them also stressed that they felt that the ability to provide care came naturally to them and was a part of their identity even though they acknowledged that caregiving and manhood are not usually considered to be synonymous. Several of the interviewed men also connected their caregiving responsibility to the experience of being fathers. They emphasized fathers’ feelings in relation to the caregiving that they provided to their parents. They stressed that being able to respond to someone’s care needs is not something that only women can do. This suggests that while being a caregiver seems to be a part of these caregiving men’s identity, this not only challenges gender and masculinity norms; it also challenges the *norms of caregiving*.

Within the concept of care, there is what I propose to call a *hegemony of care*, which has so far tended to exclude men’s perspectives on caregiving as valuable sources of information of what caregiving is, why we engage in it and how it can be experienced. By *hegemony of care* I draw parallels to Connell’s (2008 [1995]) theory of *hegemonic masculinity*. Hegemony is about power and domination, and in relation to caregiving women (as in the picture that Hochschild (1995) painted when trying to explain why women were believed to be natural carers and referring to a secular middle-class version of the Madonna and Child), this hegemony means that the literature on family caregiving has so far regarded women as the ideal caregivers. The hegemony of care is an ideal picture which few caregivers can live up to, but to which all caregivers have to relate. It is through the hegemony of care that men are interpreted as less suitable and less capable caregivers just because they are men. With the notion of the *hegemony of care* as a backdrop, I would like to suggest that this study’s findings question the constant tendency of caregiving scholarship to equate female norms with gender norms. If we understand caregiving as a *human ability* rather than a female ability we will see that the gender bias in this literature has impeded us from exploiting the full potential that notions of gender, femininity and masculinity offer to caregiving scholarship.

Concluding remarks

This dissertation posed three research questions (i.e.: What motivates men to provide care for their elderly parents? How do adult sons experience caregiving? What are their perspectives on care?) in order to contribute to the rectification of the gender bias found in the literature on family caregiving. The focus on men's caregiving that this dissertation has had results, in other words, from a desire to explore whether a gender-aware and masculinity-informed perspective can be used to enhance our understanding of caregiving. The extensive and critical review of the literature on caregiving that was used to set the stage for the stipulation of the dissertation's aims showed that caregiving scholarship – through its exclusive focus on women and because it equates gender with womanhood – is actually quite gender biased. This means, in other words, not only that the motives, experiences and perceptions of caregiving men have not been explored in their own right but also that when caregiving men have been the center of attention, the findings have been interpreted through the woman-based lens that is characteristic of caregiving scholarship. It is because of this that this dissertation has argued that a focus on caregiving men – one that is not mediated by assumptions drawn from caregiving women – is needed if we are to further the theoretical development of the concept of care and make the advancements we need in order to rectify the misinterpretations about care and caregiving that the first and second generations of care researchers inadvertently contributed to when trying to bring the unpaid labor that family caregiving entails onto the political and scholarly agenda.

The findings of this study – which have been used in this chapter to explicitly state how they can contribute to the rectification of the gender bias that characterizes the literature on family caregiving – have hopefully, in their own right, shown that the gender-aware and masculinity-informed take on caregiving that has been used in this dissertation can enhance our understanding of the provision of family caregiving. Caregiving scholarship has taken for granted that caregiving women – because of the gender expectations that are placed on them – abide by an *ethics of care* and a *rationality to care*. This dissertation has argued that failure to understand that men also respond to care needs through *ethics of care* and that caregiving has a *rationality of its own* could easily lead us to erroneously assume – just as men and masculinity researchers have done with regard to men with the *hegemonic masculinity* concept – that there is a *hegemony of femininity* when it comes to care. Caregiving men are not caregiving *Others* just as women that do not engage in caregiving are not feminine *Others*. The analysis performed in this dissertation proposes that there is a *hegemony of care* which transcends gender. It is because of this that I suggest that much could be gained if caregiving studies were to expand their imagination and regard caregiving men as theoretically profuse sources of information about the phenomenon that is care, and not just as interesting empirical cases of caregiving that are different from the norm.

SUMMARY IN SWEDISH – SAMMANFATTNING

Genom att fokusera på män som omsorgsgivare till äldre anhöriga är syftet med denna studie att problematisera det genusbias som finns i litteraturen om familjeomsorg. Tre frågeställningar ligger till grund för studien, dessa är:

- Vad motiverar män att ge omsorg till sina gamla föräldrar?
- Hur upplever vuxna söner och svärsöner omsorgssituationen?
- Vad anser vuxna söner och svärsöner att omsorg är dvs. vad är deras perspektiv på omsorg?

Vidare har också denna avhandling syftet att undersöka om ett genus- och maskulinitetsmedveten perspektiv kan användas för att bidra till vår förståelse av omsorg.

Avhandlingen består av nio kapitel. Det första kapitlet är "Introduktion" i vilket ramen för denna studie beskrivs och jag argumenterade för denna studies relevans. Att uppmärksamma att också män ger omsorg är att utmana antagandet att familjeomsorg skall ses som uteslutande en kvinnlig fråga. Problemet, som jag ser det, är inte bara att män inte är lika ofta förekommande som omsorgsgivare i studier om omsorg till vuxna anhöriga, problemet är också att det har varit lite intresse i att ge en mer nyanserad bild av mäns omsorgsgivande. Mäns omsorgsgivande tenderar att uppmärksammas med utgångspunkt i att påvisa kvinnors tyngre börda, vilket bidrar till att upprätthålla stereotypa föreställningar om mäns attityder till omsorg. Detta eftersom män och kvinnor, maskulinitet och femininitet ses som varandras motsatser, därmed antas att män och kvinnor också motiveras, upplever och ser på omsorgen på olika sätt. Kvinnor tas ofta som utgångspunkt för omsorg och därför tenderar män som ger omsorg att inte förstås utifrån sina egna förutsättningar. Dessutom tenderar litteraturen om familjeomsorg att se på omsorgsgivande män som empiriskt intressanta och inte så mycket som teoretiskt intressant. Genom att fokusera på söner och svärsönars upplevelser av att ge omsorg till äldre föräldrar syftar alltså denna studie till att göra mäns röster hörda när det gäller omsorgsgivande och att utmana stereotypa föreställningar om män som ger omsorg. Denna studie ämnar också diskutera vad män som ger omsorg kan bidra med när det gäller vår förståelse av omsorg.

Det andra kapitlet i denna avhandling heter "Begreppsram och kontext". Inledningsvis i detta kapitel klargörs hur begreppet omsorg används i denna avhandling dvs. att jag utgår från Wærness (1983; 1996) definition; att omsorg är att göra något för någon som inte kan göra uppgiften eller skulle ha stora svårigheter att göra den. Således kan omsorg vara nästan vad som helst i termer av vilken typ av uppgift som utförs, så länge som det finns ett behov av den uppgift som skall utföras. Dessutom måste behovet grunda sig på att personen i behov av omsorg är oförmögen att utföra uppgiften, eller skulle kunna göra det, endast med stora svårigheter.

I detta avsnitt klargör jag också hur jag kommer att använda begreppet familjeomsorg. Familjeomsorg som begrepp är relaterad till men skiljer sig också från be-

greppet informell omsorg. Informell omsorg innefattar omsorg från familjen men även från vänner, grannar och frivilligorganisationer. Familjeomsorg som begrepp betonar att omsorgen kommer från de närmast anhöriga. Därmed används begreppet familjeomsorg då de omsorgsgivande sönerna och svärsönerna ger omsorg till nära anhöriga inom familjen. Jag fortsätter sedan med ett avsnitt om familjeomsorg och svensk statistik, för att ge läsaren en kontext i vilken denna studie har blivit utförd inom samt att ge en inblick i hur familjeomsorg kan förstås i Sverige. Enligt svensk lag har inte vuxna barn något ansvar att ta hand om sina gamla föräldrar. Ur ett svenskt perspektiv är väl utvecklad äldreomsorg att betraktas som en resurs både för de äldre i behov av omsorg och för deras familjer. Detta underlättar möjligheten att kombinera omsorgsansvar med avlönat arbete och för äldre familjemedlemmar att vara oberoende från sin familj. Detta betyder dock inte att det inte förekommer familjeomsorg. I Sverige, som i de flesta andra länder i världen står familjen för de mesta av omsorgsinsatserna till äldre. Det finns dock svenska rapporter som tyder på att minskade välfärdsinsatser för äldre gör så att trycket på familjer att ge omsorg ökar. Andra rapporter menar att den offentliga äldreomsorgen i Sverige inte har minskat, om behovet av offentlig omsorg tas med i beaktandet. När det gäller skillnader mellan kvinnor och mäns omsorgsgivande visar flera studier att det inte är särskilt stor skillnad mellan könen, både män och kvinnor i Sverige ger omsorg till äldre anhöriga.

Fortsättningsvis går jag sedan igenom den feministiska historia och kontext som format begreppet omsorg. Detta görs genom en indelning av omsorgsbegrepp i olika epoker, nämligen första och andra generationen av omsorgsforskarens utveckling av omsorgsbegreppet. Det var feministiska forskare i början av 1980-talet som systematiskt började beskriva den samhälleliga betydelse av det obetalda arbetet som utfördes av kvinnor. Detta var den första generationens omsorgsforskare. Omsorgsbegrepp kom för dem att bli förknippat med moderskapet och en feministisk ambition att visa det viktiga ekonomiska bidrag som kvinnors obetalda omsorgsarbete innebar för samhället. Den andra generationen av omsorgsforskare gjorde försök i att frigöra omsorgsbegreppet från moderskap genom att utforma omsorgsbegrepp som skulle uppmärksamma omsorg som viktigt på en samhälls- och mellanmännisklig nivå. De gjorde dock detta utan att föra in mäns erfarenhet av omsorg in till de nya omsorgsbegreppen. Därmed kvarstod problemet med att omsorg förknippas vara en naturlig kunskap som kvinnor har och är särskilt bra på. Vidare föreslår jag i detta avsnitt att vi nu kanske kan se en tredje generation av omsorgsforskare som på olika sätt ger en mer komplex bild av omsorgsgivande.

Det tredje kapitlet är "Litteratur studie – En genusmedveten inventering" och består av två litteraturstudier som är långt mer omfattande än vad litteraturstudier brukar vara. Anledningen till att de är mer omfattande är för att de inte bara ska ge en översikt av tidigare forskning, det är också en kritisk analys av den litteratur som finns i ljuset av genus- och maskulinitetsmedvetenhet dvs. de två perspektiv som denna avhandling argumenterar för att de behövs i forskning om familjeomsorg.

Den första litteraturstudien handlar om motiv för att ge omsorg till äldre föräldrar och svärföräldrar och den andra litteraturstudien handlar om upplevelser av att ge omsorg. I den första litteraturgenomgången identifierar jag fem viktiga idéer om hur litteraturen har fokuserat på vuxna barns motiv till att ge omsorg. Den första idéen handlar om huruvida omsorg mellan generationer bygger på solidaritet eller ambivalens. Motiverande aspekter är bland annat engagemang, altruism, kärlek, empati och relationella aspekter. Den andra idéen kallar jag för roller dvs. omsorgsgivande baseras på de olika roller vi har som till exempel roller baserat på att vara man eller kvinna, föräldraskap och då främst moderskapet samt roller mellan syskon. Den andra idéen är den om samhälleliga och kulturella normer. Motivet till att ge omsorg undersöks här utifrån aspekter om uppoffringar för familjen, hängivenhet, familism, religiösa påbud och plikt. Den fjärde idéen är den om utbyte mellan generationer. Motivet till att ge omsorg från denna idé handlar om att återbetala eller återgälda tidigare omsorg som en fick som barn till äldre föräldrar. Denna idé betonar också kontinuitet mellan familjegenerationer. Den femte idéen handlar om att ha ett val eller att inte ha ett val att ge omsorg. I denna idé behandlas motivet om att ge omsorg med utgångspunkt i frågor som brist på välfärdsinsatser, att det inte finns någon annan omsorgsgivare som kan ge omsorg istället eller att det inte finns någon möjlighet till att förhandla om omsorgsgivandet och att omsorg kan bygga på känslan av skuld eller att det är en plikt.

En kritisk genusanalys av denna litteratur om motiv till att ge omsorg visar att det kvinnodominerande fokus som finns i dessa studier överskuggar möjligheten att se hur genusnormer även påverkar mäns möjligheter att ge omsorg. Därmed vet vi faktiskt inte så mycket om mäns motiv till att ge omsorg. Men även om män som omsorgsgivande sällan har studerats på det sätt som kvinnors omsorgsgivande har, finns det ändå vissa underförstådda antaganden om män som omsorgsgivare. Det första antagandet är att män inte har samma press på sig om att ge omsorg. Det andra antagandet är att män kan välja att inte ge omsorg och att män har därför fler möjligheter än kvinnor att förhandla om omsorgsansvaret. När det gäller motiv till att ge omsorg visar denna genomgång av litteraturen att frågan om omsorg, även om den diskuteras som komplex inom dessa fem idéer om motiv till omsorg, ändå oftast behandlas med utgångspunkt i en av dessa idéer åt gången. Därmed förstås inte frågan om motiv till att ge omsorg med hänsyn till den komplexitet som troligen omger motiv och beslut till att bli omsorgsgivare.

I den andra litteraturgenomgången fokuserar jag på studier om erfarenheter av att ge familjeomsorg. I denna kritiska granskning av litteraturen framträder tre idéer som försöker förklarar upplevelsen av omsorg. Den första behandlar frågan om genus och könsskillnader. För att upplevelsen av omsorg ska bli positiv enligt denna idé, framträder det som viktigt med tillgång till andra potentiella omsorgsgivare, att vara man anses bidra till en mer positiv upplevelse medan att vara kvinna och ge omsorg framträder som särskilt betungande. Den andra idéen består av studier som fokuserar på omsorgsgivande till personer med demens eller andra kognitiva funktionsnedsättningar.

Det som framträder som positiva upplevelser enligt denna idé är känslan av att komma nära den person som är i behov av omsorgen och att finna en meningsfullhet i omsorgssituationen. De negativa aspekterna är själva sjukdomen i sig. Att ge omsorg till någon med demens eller andra kognitiva nedsättningar beskrivs på grund av det som sjukdomen gör med den sjuke som mycket tungt. Den tredje och sista idén handlar om omsorgskontexten dvs. i vilken kontext som omsorgsgivande genomförs. Det handlar om kontext i form av olika kulturer, transnationellt omsorgsgivande, att balansera arbete och omsorg eller att ge omsorg på landsbygd respektive storstad. Positiva aspekter som framträder i forskning som vägleds av denna idé är åter igen (som i den första idén om genus och könsskillnader) tillgången till andra omsorgsgivare. Vidare framträder det som att inte vara nära anhörig kan innebära ett mer positivt omsorgsgivande och religion och spiritualism verkar bidra till ett mer positivt omsorgsgivande. Vad gäller de negativa aspekterna så framträder bristen på andra omsorgsgivare att bidra till upplevelser av börda och stress samt att förväntningar och krav inte överensstämmer med vad som är möjligt, vilket leder till känslor av otillräcklighet.

Genom den kritiska genus- och maskulinitetsanalysen av denna litteratur om erfarenheter av att ge omsorg framträder antagandet om att omsorgsgivandet upplevs som mindre betungande för män än för kvinnor. Att män lättare kan delegera uppgifter till andra familjeomsorgsgivare eller till professionella omsorgsgivare och att ekonomisk påfrestning, orsakar mer börda för kvinnor.

Det fjärde kapitlet är "Teoretisk ram". Detta kapitel inleds med en diskussion om begreppen kön och genus. Med utgångspunkt i ett kontextuellt konstruktivistiskt perspektiv ser jag på kön som mer eller mindre konstant och biologiskt givet på så vis att reproduktions skillnader mellan kvinnor och män innebär att de flesta kvinnor och män föds med olika könsorgan. Detta betyder dock inte att andra biologiska kön är möjliga eller att jag inte kan förstå poängen med att också se kön som socialt konstruerad. Jag erkänner Judith Butlers problematisering av kön och kroppen som viktiga bidrag till genusforskning och queerteori. Men för denna studie är det nödvändigt att skilja på biologiskt kön och socialt kön. Detta då avhandlingen fokuserar på män dvs. män i form av biologiskt kön och dessa mäns erfarenhet av att tillhandahålla omsorg vilket från ett genusperspektiv måste ses i relation till normer om manlighet. Ett kontextuellt konstruktivistiskt genusperspektiv innebär att genus definieras som ett socialt kön och uttrycks i attribut om vad som socialt uppfattas vara kvinnligt eller manligt men dessa sociala strukturer utgår från kroppen och de biologiska könen.

Detta kapitel fortsätter sedan med en diskussion om mansrörelsen och dess relation till studier om genus, män och maskulinitet. Avsnittet behandlar den svenska mansrörelsen men den sätts också i relation till den amerikanska mansrörelsen. I detta kapitel går jag också igenom en del av den forskning som behandlar män och maskulinitet och diskuterar även R.W. Connells begrepp hegemonisk maskulinitet. Hegemonisk maskulinitet kan förstås som en idealbild av hur en *riktig* man ska vara vid en viss historisk tidpunkt och inom en viss kulturell kontext. Få män kan leva upp till denna ideal-

bild men alla dvs. både män och kvinnor måste förhålla sig till denna idealbild. Kapitlet avslutas med en diskussion som gäller hur män som ger omsorg kan studeras. Jag menar att jag i denna avhandling antar ett genus- och maskulinitetsmedvetet perspektiv vilket kan tyckas vara uppenbart. Dock är det inte alltid så att studier som fokuserat på män som omsorgsgivare gör det utifrån ett genus- och maskulinitetsmedvetet perspektiv och/eller att sådana studier är intresserade av att få en djupare förståelse för mäns omsorgsgivande. Istället används mäns omsorgsengagemang för att visa på kvinnors börda och att genusnormer har mest betydelse för kvinnor. Detta bidrar till ett upprätthållande av idén om att omsorg är ett ansvar för kvinnor. Viktigt att påpeka i sammanhanget är dock att även om både kvinnor och män tar skada av könsstereotyper och sexism, så är min uppfattning att kvinnor som grupp förmodligen upplever fler negativa effekter av könsstereotyper och sexism än vad män som grupp gör.

Som socialgerontolog är jag intresserad av familjeomsorg till äldre men också intresserad av genusnormer och hur dessa normer påverkar motiv till att ge omsorg, upplevelsen av omsorg och hur omsorg kan ses och uppfattas. Jag erkänner feministisk teori som ett mycket viktigt bidrag till mans- och maskulinitetsforskningen för utan feministisk teori och studier om kvinnor skulle inte heller forskning om män och maskulinitet existera. Den knepiga frågan är dock om jag ser män som privilegierade i förhållande till kvinnor. Eftersom jag ser genus som något som existerar i relationer ser jag också att denna fråga om att ha privilegier eller inte som situationell. Vem som har makt kan variera beroende på situationen och relationen. För mig är det därför inte så enkelt att säga att det är antingen det ena eller det andra, dvs. att män har makt över kvinnor eller att kvinnor har makt över män. Jag menar att relationer och makt varierar och påverkas av många olika aspekter och kan därför också *vara både och* istället för, antingen det ena eller det andra. Jag utgår alltså inte från en tvådimensionell åskådning utan snarare en multidimensionell där mänskliga relationer bildar komplexa mönster.

I det femte kapitlet "Fenomenologi som metodologiskt val" beskriver jag vad det innebär att avhandling är inspirerad av fenomenologi i sin utformning. Jag beskriver och diskuterar den fenomenologiska filosofi samt fenomenologisk design. Vidare består kapitlet av en redogörelse för de olika metodologiska val som jag har gjort. Studien bygger på djupintervjuer med 19 män (17 söner och 2 svärsöner) som ger omsorg till äldre föräldrar eller svärföräldrar. I en fenomenologisk studie är det viktigt att alla informanter har erfarenhet av fenomenet som studeras. Den form av urval som jag därför använde var ett kriterieurval, vilket innebär att alla potentiella informanter som uppfyllde urvalskriteriet sågs som användbar för kvalitetssäkring. Kriterierna för att inkluderas i studien vara att den potentiella intervjupersonen skulle vara man som regelbundet, nämligen en gång i veckan eller mer, gav omsorg till en eller båda sina föräldrar eller svärföräldrar över 65 år. Jag har även använt en ytterligare typ av urval som kallas maximalvariation. Detta urvalsförfarande innebär att jag erkänner att variationer är viktigt för att kunna upptäcka gemensamma mönster. Detta innebär att jag har valt att inkludera män i olika åldrar, med olika yrkesbakgrund, som utför olika om-

sorgsuppgifter, män som har syskon och män som inte har några syskon samt män som ger omsorg till äldre anhöriga med olika behov och med varierande grader av svårigheter att klara av sin vardag. Jag har även använt mig av ett bekvämlighetsurval då intervjupersonerna är rekryterade från södra delen av Sverige (Götaland och Svealand) men inga intervjupersoner är rekryterade i norra Sverige (dvs. från Norrland).

Den yngsta informanten var vid intervjutillfället 32 år gammal och den äldsta var 72. Informanterna har olika yrken, men fyra av dem är ingenjörer av något slag och tre var vid intervjutillfället arbetslösa. Tre av informanterna (två söner och en svärson) har minskat sin arbetstid för att ge omsorg. De flesta av informanterna (13) är gifta eller lever i ett förhållande, en är frånskild, en är änkling och fyra är singel. De flesta av informanterna (12) har vuxna barn, medan två av dem har barn som fortfarande bor hemma. Fem av informanterna hade inga barn vid tidpunkten för intervjun. Det finns två söner som är mycket tydliga om att de delar omsorgsansvar med ett syskon. En av informanterna delar omsorgsansvaret med sin fru. Av de två svärsönerna anser sig båda ha huvudansvaret för sina svärföräldrar, men deras fruar är också engagerade i att ge omsorg. Männerna i denna studie ger sammanlagt omsorg till 23 äldre personer: 12 mammor, 6 pappor, 2 svärmödrar, 2 svärfäder och en faster. Den äldsta mottagaren av omsorg var vid intervjun 104 år gammal och den yngsta var 66 år gammal. De flesta av omsorgstagarna bor i egen lägenhet (14), medan sex på särskilt boende, två på särskilt boende med anslutning till hemtjänst och en omsorgstagare bor fortfarande i eget hus. Bland de omsorgstagare som bor i egen boende så har de flesta (10) hemtjänst och en (1) hade personlig assistent.

Det första empiriskt baserade analyskapitlet har titeln ”Vuxna söners motiv till att ge omsorg”. Analysen av söner och svärsönernas motiv till att ge omsorg resulterade i fem olika teman. Dessa var: ”En god relation leder till omsorg”, ”En sons ansvar”, ”Svåra relationer”, ”Att vara en omsorgsfull person” och ”Inget annat val”. De söner som beskrev att en god relation leder till omsorgsgivande gav alla omsorg till sina mammor. Dessa söner beskrev hur nära de stod sina mammor och hur mycket de älskade sin mamma. De söner som gav omsorg till sina pappor beskrev detta mer i termer av att det var en plikt att ställa upp och ge omsorg. Det framträdde alltså en skillnad i hur söner förklarade sitt omsorgsgivande till mammor dvs. på grund av kärlek och hur söner förklarade omsorgsgivande till pappor dvs. som ett ansvar. En del söner berättade om att de på olika sätt hade haft en svår relation till sin förälder som de nu gav omsorg till. Några av dessa söner hade blivit bortlämnade som barn till en släkting eller fosterhem. Andra upplevde att relationer hade varit svår för att deras förälder inte varit känslomässigt närvarande. Vissa söner menade att de hade något i deras personlighet som gjorde att de tog på sig ett omsorgsansvar. De beskrev omsorg som en naturlig del i deras personlighet. Andra söner beskrev att de på grund av att de kände ett moraliskt ansvar, att de inte hade några syskon eller att föräldern krävde omsorgsinsatser, kände att de inte hade något annat val än att ge omsorg. Kapitlet avslutas med att föreslå att vuxna barns motiv till att ge omsorg kan ses med utgångspunkt i de kom-

plexa mönster som föranleder ett omsorgsgivande. Jag kallar detta för *omsorgens komplexitet*.

Det andra empiriskt baserade analyskapitlet har titeln ”Vuxna söners upplevelser av omsorgsgivande”. I detta kapitel framträder det ganska tydligt att samtidigt som de flesta av sönerna och svärsöner upplevde omsorgen som övervägande positiv, fanns det några söner som upplevde omsorgen som övervägande betungande och negativ. Vidare fanns det också stora likheter i männens erfarenheter som påverkade om huruvida omsorgssituationen upplevdes som övervägande positiv eller övervägande negativ och betungande. Bland de aspekter som bidrog till en positiv upplevelse av omsorgsgivandet var; att ha möjligheten till att fatta ett medvetet beslut om att ta på sig omsorgsansvaret, att uppleva meningsfullhet, att uppleva ömsesidighet i omsorgsrelationen och att ha stöd från familj eller professionella omsorgsgivare. De aspekter som bidrog till en negativ omsorgserfarenhet var; att inte ha fått möjligheten att fatta ett medvetet beslut om att ta på sig omsorgsansvaret, att omsorgstagaren har demens eller psykiska hälsoproblem, att inte känna ömsesidighet i relationen och att sakna stöd från familj och professionella omsorgsgivare. Vad som dock framträder som särskilt viktigt för huruvida upplevelsen av att ge omsorg blir positiv eller negativ är möjligheten till att få stöd från andra omsorgsgivare i familjen eller från professionella omsorgsgivare. I en annars betungande situation så verkar stöd från andra omsorgsgivare kunna vara den aspekt som hindrar att hela omsorgsansvaret känns betungande och negativt.

Det tredje empiriskt baserade analyskapitlet har titeln ”Vuxna söners uppfattning av omsorg”. Detta kapitel behandlar inledningsvis hur männen ser på omsorg och vad de tycker att omsorg är för något. De pratade om omsorg som; att ha en förmåga att se andras behov, att omsorg är att ge omsorgstagaren ett gott liv, de menade att kärlek leder till ett omsorgsansvar, att omsorg innebär att offra av sin egen tid, att omsorg innefattar en balans mellan att respektera omsorgstagaren integritet samtidigt som det ibland kan vara nödvändigt att fatta beslut åt omsorgstagaren. För vissa innebar omsorg också att få viss tillfredsställelse tillbaka då de omsorgsgivande männen kunde se att de insatser de gjorde fungerade. Vidare behandlar detta kapitel också hur männen såg på omsorg i förhållande till genusnormer. Männen pratade om att kön på den som ger omsorg inte ska spela någon roll utan att personligheten är det viktiga. De trodde dock att kvinnor förväntas ge omsorg mycket mer än män, de menade också att män som ger omsorg är fysiskt starkare och mer krävande i kontakter med myndigheter vilket kan vara en fördel. Vissa av männen menade att kvinnor är mer omsorgsgivande i sin natur.

I det avslutande kapitlet med titeln ”Diskussion – Insikter från söner som ger omsorg” sammanfattar jag och diskutera studiens centrala slutsatser i relation till studiens syften vilket är att bidra till att problematisera det genusbias som finns i litteraturen om familjeomsorg, genom att fokusera på män som ger omsorg samt att undersöka om ett genus- och maskulinitetsmedveten perspektiv kan användas för att bidra till vår förstå-

else av omsorg. Denna studie visar, då det gäller mäns motiv till att ge omsorg, att män kan känna att de har en press på sig att ge omsorg och att de har få möjligheter att förhandla om omsorgsansvaret. Att känna press på att ge omsorg samt att inte ha så mycket utrymme att förhandla om omsorgen är således inte något unikt för kvinnors omsorgsgivande, vilket är ett antagande som finns i familjeomsorgslitteraturen och som jag menar beror på det genusbias som finns i denna litteratur. När det gäller upplevelse av omsorgen visar denna studie att män kan känna att omsorgssituationen är mycket betungande och att de har svårigheter att delegera omsorgsansvaret till någon annan. Att uppleva omsorgen som betungande och inte kunna delegera ansvaret till någon annan är alltså inte en unik upplevelse för kvinnor vilket är ett antagande som finns i litteraturen om familjeomsorg och som beror på det genusbias som finns i denna litteratur. När det gäller hur männen ser på omsorg så framträder det, ganska tydligt, att män har förmågan att sätta sig in omsorgstagarens situation och att de uttrycker känslor av ansvar och engagemang. Männen betonar också omsorg som ett arbete av kärlek. Således visar denna studie att förmågor, som hittills har tolkats som unikt för kvinnor, också är förmågor som omsorgsgivande män berättar om och anser vara viktiga vid omsorgsgivande. Eftersom dessa förmågor har tolkats som specifika för kvinnor har detta också bidragit till antagandet att kvinnor är naturliga omsorgsgivare. Denna studie visar dock att omsorg inte kan ses som en *kvinnlig rationalitet* utan att omsorgen har sin alldeles *en egen rationalitet*. Omsorgsgivande kan inte ses som en kunskap som kvinnor har utan måste ses som en *mänsklig form av kunskap*. Denna kunskap är något en omsorgsgivare utvecklar och lär sig då de kommer i kontakt med omsorgen.

Därmed visar denna studie att ett genus- och maskulinitetsmedvetet perspektiv på omsorg kan öka vår förståelse för omsorg och bidra till kunskap som kan minska det genusbias som omsorgsforskningen lider av. Det är på grund av detta som denna avhandling hävdar att mäns erfarenhet behövs. Detta om vi ska kunna främja teoretiska utveckling av omsorgsbegreppet och göra de framsteg som behövs för att komma till rätta med de problem som första- och andra generationens omsorgsforskarens omsorgsbegrepp har medfört i sin strävan efter att uppmärksamma det obetalda omsorgsarbetet till den politiska och vetenskapliga agendan. Det är med utgångspunkt i detta som jag föreslår att det finns mycket att vinna om studier om omsorg inte bara betraktade män som ger omsorg, som empiriskt intressanta för att de skiljer sig från omsorgsnormen. Män som ger omsorg är också intressanta för möjligheten till teoretisk utveckling.

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Appendix 1: INTERVIEW GUIDE

These questions are intended to act as prompts for the interviews but have been formulated so that the interviews are more like a normal conversation.

How did you come to be supporting and helping your mother/father/mother-in-law/father-in-law/relative?		
Specific events		Experiences, thoughts, feelings Effect on you/other family members
Scope		How long? Experiences during this time When it started and now How often?
What do you help your mother/father/mother-in-law/father-in-law/relative with?		
Routine tasks		Which? Agreed these?
If you didn't do it?		Could someone else do it? Could the relative do it themselves?
Privacy boundaries		Where do they go? For adult children For parents The relative's willingness/lack of willingness to be helped
What are your thoughts on how things have been/are now/might be?		
Thoughts about how things have been		Experiences
Thoughts about the future		Experiences, thoughts Hopes/fears How long will you be able to continue?
Thoughts about how things are now		What's difficult/worthwhile? Do things differently? Advice for anyone else in the same situation?
Have your family/relatives discussed who should take on this caregiving responsibility?		
Negotiation		Amongst the family/relatives Who has the main responsibility? Home care services/housing Private help
Do you get any other help?		From the family Family care services support/respite care etc.
Relationships		With family members/relatives With spouse/partner/others you are close to With public sector/private staff With care manager/s
* Why do you provide care?		
Previous experience of providing care		Care of children Models
Personality		Caring Empathetic Approach to care
Are there people you can talk to about supporting and helping your elderly relative?		
Support from		Family Work colleagues/manager

		Friends Family care support service
The need to talk		
You as an older person		Thoughts Actions
Do you feel that your own life has been affected by supporting and helping your mother/father/mother-in-law/father-in-law/relative?		
Effects		On you On family On relationships On work
Views on care		What it is/involves What is good/poor care?
Care and gender		Difference between men and women
Being a man		Advantages/disadvantages Obstacles/opportunities
In your current situation, is there any form of support or help that you would like to enable you to support your mother/father/mother-in-law/father-in-law/relative?		
Support now		Type of support Where from?
Support at the start		Type of support Where from?
Support in the future		Type of support Where from?
What would a good family care support service look like?		
Support/help		Information Interventions Needs/opportunities

INTERVJU GUIDE (IN SWEDISH)

Dessa frågor har fungerat som ett stöd under intervjuerna men har formulerats på så vis att de mer liknar ett vanligt samtal.

Hur kommer det sig att du stöttar och hjälper din mamma/pappa/svärmor/svärfar/anhörig?		
Särskild händelse		Upplevelser, tankar, känslan Påverkan dig/andra i familjen
Omfattning		Hur länge Upplevelse av perioden När det började och nu Hur ofta
Vad hjälper du din mamma/pappa/svärmor/svärfar/anhörig med?		
Sysslor		Vilka Kommit överens om dessa
Om inte du gjorde det		Skulle någon annan kunna Skulle den anhöriga göra det själv
Gräns för integritet		Var går den För vuxna barn För föräldrar Den anhöriges vilja/ovilja att få hjälp
Vad har du för tankar om hur det har varit/hur det är nu/hur det blir?		
Tankar om hur det varit		Upplevelse
Tankar om framtid		Upplevelse, tankar. Förhoppningar/farhågor När går det inte längre
Tankar om nu		Vad är svårt/meningsfullt Göra annorlunda Råd till någon annan i denna situation
Har ni familjen, släkten diskuterat vem som ska ta detta omsorgsansvar?		
Förhandling		I familjen/släkten Vem har huvudansvar Hemtjänst /boende Privat hjälp
Får du någon annan hjälp		Av familjen Anhörigstöd/växelboende etc.
Relation		Familjemedlemmar/släkt Till närstående Till offentlig/privat personal Till biståndshandläggare
*Varför ger du omsorg?		
Tidigare omsorgserfarenheter		Omsorg om barn Förebilder
Personlighet		Omhändertagande Empatisk Syn på omsorg
Finns det någon eller några som du kan prata med om att du stöttar och hjälper din äldre närstående?		
Stöd från		Familj Arbetskamrater/chef

		Vänner Anhörigstöd
Behov av att prata		
Egen ålderdom		Funderingar Åtgärder
Upplever du att ditt liv har påverkats av att stötta och hjälpa din mamma/pappa/svärmor/svärfar/anhörig?		
Påverkan		Dig Familj Relationer Arbete
Perspektiv på omsorg		Vad det är/innehåller Vad är bra/dålig omsorg
Omsorg och kön		Skillnad mellan män och kvinnor
Att vara man		Fördelar/nackdelar Hinder/möjligheter
I den situation du är i nu finns det något slags stöd eller någon hjälp som du skulle vilja ha för att kunna stötta din mamma/pappa/svärmor/svärfar/anhörig?		
Stöd nu		Typ av stöd Från vem
Stöd i början		Typ av stöd Från vem
Stöd i framtiden		Typ av stöd Från vem
Hur skulle ett bra anhörigstöd vara utformat för att du skulle känna dig hjälpt av det?		
Stöd/hjälp		Information Insatser Behov/möjligheter

Appendix 2: INFORMATION LETTER TO NEEDS ASSESSORS AND FAMILY CARE ADVISORS



Linköpings universitet

I am contacting you in your capacity as family care advisor, administrator or family care team staff member to ask for your help in identifying interview subjects for a study on men (adult sons) who care for elderly relatives. We have limited information about men who care for elderly relatives in Sweden; most research in this area is about women as caregivers. This study is therefore a very important contribution to our understanding of informal care arrangements for elderly relatives.

How does the study work?

The study is based on interviews with men (adult sons) that regularly support and care for older parents or parents-in-law who would otherwise find it difficult to manage by themselves. Taking part in the study is completely optional, and men who agree to be interviewed can withdraw at any time. I will not have access to any documents or records relating to the caregiver or their elderly relative. Men who agree to be interviewed need only say as much as they want to say. I estimate that interviews will take about an hour and they will be recorded provided the interviewee gives their consent. Possible venues for interviews include the caregiver's home, my office or the caregiver's workplace. Whatever the venue, it is important that the interview cannot be overheard and that there is no noise disturbance.

What do I need your help with?

As you come into contact with caregivers as part of your work, I believe you can help me find the interview subjects I am looking for. The men I am looking for must be providing regular care – at least once a week – to one or both of their parents or parents-in-law aged over 65. The care provided by the interviewee might be practical, such as cleaning, shopping, giving lifts, lawn-mowing, providing meals, showering, administration, co-ordination, etc., but might also be emotional or social support such as being someone to talk to or go for a walk with. The interviewee might also provide financial help or help by acting as an agent or coordinating private or public assistance. It will be helpful to the study if there is some variation in the circumstances of the elderly relatives and their care. For example, some elderly relatives may receive care from public or private care providers while others may get no such help. It may also be that the interviewee lives together with one or both parents or parents-in-law. The interviewee may have sole caring responsibility for one or several elderly relatives (e.g. parents and parents-in-law) or may share the responsibility with other relatives.

How will the interview material be managed?

The recorded material and the transcript will be stored securely, and the transcript will be amended to ensure that no-one can identify the interviewee or the elderly relative. The results of the study will be published in research publications and form part of my doctoral dissertation. Interviewees will be sent a copy of the completed dissertation if they so wish.

How should you ask caregivers about a potential interview?

Given this information about the study and the types of men I am looking for, I am hoping that you will be able to help me by asking men (adult sons) who you think will be suitable for the study if they will be willing to be interviewed. When you approach these caregivers, it is important that you send or give them the enclosed information letter so that they can read about how the study works in their own time. If they are interested, the

caregiver is asked to complete the form with their contact details and send it to me in the reply-paid envelope provided.

It is important that you stress that the interviews are optional and are not related to any decisions about assistance or availability of family care support. After I have been in contact with potential interviewees I will be undertaking a selection process. This means that not all prospective interviewees will be selected to take part in the study. Agreeing to let me contact them in the first instance to talk about the study and how it works does not mean that a caregiver will be part of the study. This also means that, although you will have made the first contact with potential interviewees, you will not know which of them will eventually be part of the study.

I would be very grateful for any help you can give me, and I hope that you will also feel that this is an important topic in helping our understanding of the wide range of caring provision for relatives. I would recommend that you retain this letter in case you have any questions and please do get in touch if you have any queries.

Yours sincerely,

Veronika Wallroth

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INFORMATIONSBREV TILL BISTÅNDSHANDLÄGGARE OCH ANHÖRIGKONSULTER (IN SWEDISH)



Linköpings universitet

I egenskap av anhörigkonsulent, handläggare eller som personal för anhörigteam har jag kontaktat dig för att få hjälp med att hitta intervjupersoner till en studie om män (vuxna söner) som ger omsorg till äldre närstående. Kunskapen om män som ger omsorg till äldre närstående är i Sverige begränsad. Den forskning som finns behandlar mest kvinnor som omsorgsgivare. Därför är denna studie ett mycket viktigt bidrag i kunskapen om informella omsorgsinsatser för äldre närstående.

Hur går studien till?

Studien bygger på intervjuer med män (vuxna söner) som regelbundet stöttar och hjälper äldre föräldrar eller svärföräldrar som annars skulle ha de svårt att klara sig själva. Att delta i studien är helt frivilligt och de män som ställer upp på intervjuer kan när som helst avbryta sitt deltagande. Jag har ingen tillgång till några dokument eller journalhandlingar som gäller den anhörige eller den närstående. De män som ställer upp på intervju berättar endast det de vill berätta. Intervjun beräknas ta ca 60 minuter och kommer, om samtycke medges, att spelas in. Platsen för intervjun kan ske t.ex. i den anhöriges hem, på mitt kontor eller den anhöriges arbetsplats. Det är dock viktigt att ingen annan kan höra intervjun eller att det förekommer störande ljud.

Vad behöver jag din hjälp med?

I din yrkesutövning kommer du i kontakt med anhöriga och jag tror därför att du skulle kunna hjälpa mig att hitta de intervjupersoner som jag söker. De män som jag söker skall regelbundet, minst en gång i veckan, ger omsorg till en eller båda sina föräldrar eller svärföräldrar som är över 65 år. Den omsorg intervjupersonen ger kan vara i form av praktisk art så som städning, handling, transporter, gräsklippning, matning, duschning, administration, samordning m.m. Det kan även vara känslomässig eller social hjälp som t.ex. att vara ett samtalsstöd eller ta promenader tillsammans. Intervjupersonen kan även ge ekonomisk hjälp eller hjälp i form av att agera ombud eller samordna privata eller offentliga hjälpinsatser. För studien är det värdefullt att det förekommer en viss variation i anhörigskapets och omsorgssituationens förutsättningar. Detta kan t.ex. gälla att vissa närstående har omsorgsinsatser från offentliga eller privata omsorgsaktörer eller ingen hjälp alls från dessa. Det kan även vara så att intervjupersonen sammanbor med en eller två föräldrar eller svärföräldrar. Intervjupersonen kan ensam ha ett omsorgsansvar för en eller flera äldre närstående (t.ex. föräldrar och svärföräldrar) eller dela på ansvaret med andra anhöriga

Hur hanteras intervjumaterialet?

Det inspelade materialet så väl som den utskrivna texten kommer att förvaras på ett säkert sätt och i den utskrivna texten kommer ändringar göras så att ingen kan identifiera intervjupersonen eller dennes närstående. Resultat från studien kommer att publiceras i vetenskapliga tidskrifter samt ingå i min doktorsavhandling. Intervjupersonen får om så önskar ett exemplar av den färdiga avhandlingen.

Hur gör du för att tillfråga anhöriga om en eventuell intervju?

Då du nu vet mer om studien och vilka män det är som jag söker hoppas jag att du kan hjälpa mig genom att tillfråga, de män (vuxna söner) som du tror kan passa för studien, om de kan tänka sig att bli intervjuade. När du tillfrågar dessa anhöriga är det viktigt att du skickar eller ger den anhörige medföljande informationsbrev så att de i lugn och ro kan läsa om hur studien går till. Om intresse finns ombes den anhörige att fylla i sina kontaktuppgifter och skicka dem med bifogat svarskuvert till mig.

Det är viktigt att du poängterar att detta är frivilligt och att intervjun inte har något med biståndsbeslut eller möjlighet till anhörigstöd att göra. Efter att jag tagit kontakt med den eventuella intervjupersonen kommer jag sedan att göra ett urval. Detta innebär följaktligen att inte alla potentiella intervjupersoner blir utvalda att ingå i studien. Att således tacka ja till att jag tar en första kontakt för att berätta om studien och hur den går till betyder inte att den anhörige kommer att ingå i studien. Detta innebär också att du som tagit den första kontakten med intervjupersonerna inte kommer att veta vilka som så småningom kommer att ingå i studien.

Jag är mycket tacksam för den hjälp som jag kan få av dig och hoppas att också du finner detta ämne vara mycket viktigt för kunskapen om anhörigskapets variationer. Jag rekommenderar dig att spara brevet i fall frågor uppstår. Du kan också höra av dig till mig om det är något som du undrar över.

Med vänliga hälsningar

Veronika Wallroth
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Appendix 3: INFORMATION ABOUT THE STUDY FOR THE INFORMANTS



Linköpings universitet

Information about participating in a study about men (adult sons) who are supporting and helping elderly parents.

You are receiving this letter because you have been contacted by an administrator, family care advisor or a family care team staff member about a study about men (adult sons) who support and help elderly parents or parents-in-law. Thank you for your interest in the study. The study is about men who care for elderly relatives. Most research in Sweden is about women as caregivers, so this study is a very important contribution to our understanding of informal care arrangements for elderly relatives.

How do the interviews work?

The aim of the study is to find out more about the experiences of men (adult sons) that help and support elderly parents who would otherwise find it difficult to manage by themselves. The type of questions that might be asked in the interview include the amount of support and help you give and the type of help you give.

Taking part in the study is completely optional, and you can withdraw at any time even if the study has started and even after you have signed the certificate of consent. You need say only as much as you want to say during the interview, which I estimate will take about an hour. If you are in agreement, the interview will be recorded.

The interview could take place in your own home, my office or at your workplace. Whatever the venue, it is important that the interview cannot be overheard and that there is no noise disturbance.

It is important for you to be aware that although you were initially contacted and asked about participating in the study by a family care advisor, an administrator or a member of family care team staff, they have no involvement in the study. Your decision as to whether or not to take part in the study will not affect you or your relative in any way in terms of the availability of assistance or family care support. My independence as a researcher also means that I will not have access to any documents or records relating to you or your relative.

How will the interview be managed?

If you have agreed to having the interview recorded, the recorded material and the transcript will be stored securely. The transcript will be amended to ensure that no-one can identify you, your relative or any other person you mention. The results of the study will be published in research publications and form part of my doctoral dissertation. I will be happy to provide you with a copy of the dissertation if you would like one.

What happens if I agree to being contacted?

If you think the study sounds interesting and you would like to take part in it, please provide your contact details on the enclosed document and send it back to me in the reply-paid envelope provided. When I receive your contact details, I will contact you to tell you more about the study. I will also ask you a few questions about the support and help you give to your elderly parents or parents-in-law. I do this so that I can judge whether you meet the criteria I have set for potential interviewees.

It is therefore important for you to be aware that, even if you are interested in being interviewed and provide me with your contact details, you may not necessarily be selected to take part in the study. This also means that the people who initially established contact with you, i.e. family care advisors, administrators or family care team staff members will not know which caregivers have been selected to take part in the study.

Thank you for taking the trouble to read this letter, and I would recommend that you retain the letter in case you have any questions. Please do get in touch if you have any queries.

Yours sincerely,

Veronika Wallroth

If you have any questions, please contact me in the first instance:

Project Manager – Veronika Wallroth, Doctoral candidate at NISAL, the National Institute for the Study of Ageing and Later Life, Linköping University, Norrköping Campus; tel:+46 (0)11-36 33 24; Mobile: +46 (0)701 479 123; Email: veronika.wallroth@liu.se

You may also contact:

Overall project leader – Sandra Torres, Professor, Department of Social and Welfare Studies, Uppsala University
Tel: +46 (0)18-471 11 71; email: sandra.torres@soc.uu.se

INFORMATION TILL INFORMANTERNA OM STUDIEN (IN SWEDISH)



Linköpings universitet

Information om deltagande i en studie som handlar om män (vuxna söner) som stöttar och hjälper äldre föräldrar.

Du har av handläggare, anhörigkonsulent eller personal i anhörigteam blivit kontakta angående en studie om män (vuxna söner) som stöttar och hjälper äldre föräldrar eller svärföräldrar. Jag vill därmed tacka dig för visat intresse. Denna studie handlar om män som ger omsorg till äldre anhöriga. Den forskning som finns i Sverige behandlar mest kvinnor som omsorgsgivare. Därför är denna studie ett mycket viktigt bidrag i kunskapen om informella omsorgsinsatser för äldre anhöriga.

Hur går intervjun till?

Syftet med studien är att få mer kunskap om mäns (vuxna söners) upplevelser av att hjälpa och stötta äldre föräldrar som annars skulle ha det svårt att klara sig själva. De frågor som kan komma under intervjun är t.ex. hur mycket stöd och hjälp som du gör och vilket typ av hjälp som du ger.

Att delta i studien är helt frivilligt och du kan välja att avbryta ditt deltagande när du vill även om studien har påbörjats och även efter det att du skrivit under intyg om samtycke. Du berättar endast det du vill under intervjun som beräknas att ta ca 60 minuter. Med ditt tillstånd kommer intervjun att spelas in.

Platsen för intervjun kan ske t.ex. i ditt hem, på mitt kontor eller på din arbetsplats. Det är dock viktigt att ingen annan kan höra intervjun och att det inte förekommer ljud som kan vara störande.

Det är viktigt för dig att veta att även då du kontaktats och först tillfrågats om deltagande i studien av anhörigkonsulenter, handläggare eller personal vid anhörigteam så har dessa personer inget med studien att göra. Huruvida du väljer att delta i studien eller inte kommer inte att påverka dig eller din närstående på något sätt vad gäller möjlighet till bistånd eller anhörigstöd. Min fristående roll som forskare innebär också att jag inte har tillgång till några dokument eller journalhandlingar som gäller dig eller din närstående.

Hur hanteras intervjuerna?

Om du gett godkännande till att spela in intervjun kommer det inspelade materialet så väl som den utskrivna texten förvaras på ett säkert sätt. I den utskrivna texten kommer ändringar göras så att ingen kan identifiera dig, din närstående eller någon annan person som du nämner. Resultat från studien kommer att publiceras i vetenskapliga tidskrifter samt ingå i min doktorsavhandling. Om du så önskar kommer du att få ett exemplar av avhandlingen.

Vad innebär det att tacka ja till att bli kontaktad?

Tycker du att detta låter intressant och att du skulle kunna tänka dig att vara med i denna studie är det viktigt att du fyller i dina kontaktuppgifter i bifogat dokument och skickar dessa uppgifter med medföljande svarskuvert. Då jag mottagit dina kontaktuppgifter kommer jag att kontakta dig för att berätta mer om studien. Jag kommer också ställa en del frågor om de stöd och hjälp som du ger till dina äldre föräldrar eller svärföräldrar. Detta gör jag för att kunna bedöma om du stämmer in på de kriterier som jag söker hos tänkbara intervjupersoner.

Det är därför viktigt för dig att veta att även om du kan tänka dig att ställa upp på intervju och fyller i dina kontaktuppgifter så är det inte säkert att du blir utvald till studien. Detta innebär också att de som först etablerade kontakten dvs. anhörigkonsulenter, handläggare eller personal vid anhörigteam inte kommer veta vilka anhöriga som valts ut för att delta i studien.

Jag vill tacka dig för att du har tagit dig tid att läsa detta informationsbrev och rekommenderar dig att spara brevet i fall frågor uppstår. Du kan också höra av dig till mig om det är något som du undrar över.

Med vänliga hälsningar

Veronika Wallroth

Vid frågor kontakta i första hand:

Projektledare Veronika Wallroth, Doktorand vid NISAL, Nationella institutet för forskning om äldre och åldrande, Linköpings universitet, Campus Norrköping, Tel: 011-36 33 24, Mobil: 0701 479 123, E-post: veronika.wallroth@liu.se

Det går också bra att kontakta:

Huvudansvarig Sandra Torres, Professor vid Sociologiska institutionen, Uppsala universitet
Tel: 018-471 11 71, e-post: sandra.torres@soc.uu.se

Appendix 4: INFORMANTS' CONTACT DETAILS



Code:.....

Contact details:

I hereby confirm that I have received the information about the study and hereby provide my contact details to Veronika Wallroth so that she can contact me about possible participation in the study.

Signature

Date

Name (print)

Contact details:

Address

Town and postcode

Telephone number where I can be most easily reached

Alternative telephone number

Send the completed document in the pre-addressed reply-paid envelope provided to: Veronika Wallroth, NISAL, Linköping University, 601 74 Norrköping, Sweden

Appendix 5: INFORMATION FOR INFORMANTS



Information for informants in a study about men (adult sons) who care for elderly parents.

Thank you for your interest in this study and for agreeing to an interview. We have limited information about men who care for elderly relatives in Sweden; most research in this area is about women as caregivers. This study is therefore a very important contribution to our understanding of care given by men to elderly relatives.

How does the study work?

The study is based on interviews with men (adult sons) that regularly support and care for older parents or parents-in-law who would otherwise find it difficult to manage by themselves. Taking part in the study is completely optional, and you can withdraw at any time even after you have signed the certificate of consent. You can also withdraw from the study during the interview or after the interview has taken place. You need say only as much as you want to say during the interview, which I estimate will take about an hour. If you are in agreement, the interview will be recorded. The type of questions that might be asked in the interview include the amount of support and help you give and the type of help you give.

How will your information and the interview be managed?

Both the recorded material and the transcript will be stored securely and the transcript will be amended to ensure that no-one can identify you, your relative or any other person you mention. The results of the study will be published in research publications and form part of my doctoral dissertation. I will be happy to provide you with a copy of the completed dissertation if you would like one.

It is important for you to be aware that although you were initially contacted and asked about participating in the study by a family care advisor, an administrator or a family care team staff member, this person has no involvement in the study. Neither will the person who initially contacted you, i.e. a family care advisor, an administrator or family care team staff member, know which caregivers I select to take part in the study. My independence as a researcher also means that I will not have access to any documents or records relating to you or your relative.

I would recommend that you keep this letter in case you have any questions. Please do get in touch if you have any queries.

Veronika Wallroth

Doctoral candidate at NISAL, the National Institute for the Study of Ageing and Later Life
Linköping University, Norrköping Campus; Tel: +46 (0)11-36 33 24; Mobile: +46 (0)701 479 123;
Email: veronika.wallroth@liu.se

INFORMATION TILL INFORMANTERNA (IN SWEDISH)



Information till dig som tillfrågats att delta i en studie om män (vuxna söner) som ger omsorg till äldre föräldrar.

Tack för att du är intresserad av denna studie och har valt att tacka ja till en intervju. Kunskapen om män som ger omsorg till äldre anhöriga är i Sverige begränsad. Den forskning som finns behandlar mest kvinnor som omsorgsgivare. Därför är denna studie ett mycket viktigt bidrag i kunskapen om mäns omsorgsinsatser för äldre anhöriga.

Hur går studien till?

Studien bygger på intervjuer med män (vuxna söner) som regelbundet stöttar och hjälper äldre föräldrar eller svärföräldrar som annars skulle ha de svårt att klara sig själva. Att delta i studien är helt frivilligt och du kan välja att avbryta ditt deltagande när du vill även efter att du undertecknat intyg om samtycke. Du kan även avbryta ditt deltagande under intervjun eller efter att intervjun blivit genomförd. Du berättar endast det du vill under intervjun som beräknas att ta ca 60 minuter. Med ditt tillstånd kommer intervjun att spelas in. De frågor som kan komma under intervjun är t.ex. hur mycket stöd och hjälp som du gör och vilket typ av hjälp som du ger.

Hur hanteras dina uppgifter och din intervju?

Det inspelade materialet så väl som den utskrivna texten kommer att förvaras på ett säkert sätt och i den utskrivna texten kommer ändringar göras så att ingen kan identifiera dig, din närstående eller någon annan person som du nämner. Resultat från studien kommer att publiceras i vetenskapliga tidskrifter samt ingå i min doktorsavhandling. Om du önskar kan du få ett exemplar av avhandlingen då den är färdig.

Det är viktigt för dig att veta att även då du kontaktats och först tillfrågats om deltagande i studien av anhörigkonsulenter, handläggare eller personal vid anhörigteam så har dessa personer inget med studien att göra. De som först tog kontakt med dig dvs. anhörigkonsulenter, handläggare eller personal i anhörigteamet vet inte heller vilka anhöriga som av mig blev utvalda till studien. Min fristående roll som forskare innebär också att jag inte har tillgång till några dokument eller journalhandlingar som gäller dig eller din närstående.

Jag rekommenderar dig att spara detta brev i fall frågor uppstår. Du kan också höra av dig till mig om det är något som du undrar över.

Veronika Wallroth

Doktorand vid NISAL, Nationella institutet för forskning om äldre och åldrande

Linköpings universitet, Campus Norrköping, Tel: 011-36 33 24, Mobil: 0701 479 123,

E-post: veronika.wallroth@liu.se

Appendix 6: CERTIFICATE OF CONSENT



Code:.....

Certificate of consent

I hereby confirm that I have received information about the study and I consent to take part.

Signature

Date

Name (print)

I would like a copy of the completed dissertation.

Two copies of this document are provided. Please retain your copy of this document as it contains contact details.

If you have any questions, please contact me in the first instance:

Project Manager – Veronika Wallroth
Doctoral candidate at NISAL, the National Institute for the Study of Ageing and Later Life
Linköping University, Norrköping Campus
Tel: +46 (0)11-36 33 24; Mobile: +46 (0)701 479 123;
Email: veronika.wallroth@liu.se

You may also contact:
Overall project leader – Sandra Torres
Professor, Department of Social and Welfare Studies
Uppsala University
Tel: +46 (0)18-471 11 71
Email: sandra.torres@soc.uu.se

INTYG OM SAMTYCKE (IN SWEDISH)



Linköpings universitet

Kod:.....

Intyg om samtycke

Härmed intygas att jag har tagit del av informationen om studien samt att jag ger mitt medgivande att delta.

Namnteckning

Datum

Namn i klartext

Jag önskar ett exemplar av den färdiga avhandlingen.

Dokumentet upprättas i två exemplar. Spara ditt exemplar av detta dokument då det innehåller kontaktuppgifter.

Vid frågor kontakta i första hand:

Projektledare Veronika Wallroth
Doktorand vid NISAL, Nationella institutet för forskning om äldre och åldrande
Linköpings universitet, Campus Norrköping
Tel: 011-36 33 24, Mobil: 0701 479 123
E-post: veronika.wallroth@liu.se

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Professor vid Sociologiska institutionen
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