



AN ABSTRACT OF THE DISSERTATION OF

Ryo Hirayama for the degree of Doctor of Philosophy in Human Development and Family Studies presented on April 21, 2011.

Title: Transforming Social Relations: How Caregiving Sons “Do” Gender Subversively

Abstract approved:

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Alexis J. Walker

In this dissertation, I explored how social relationships influence, and are influenced by, men’s experiences of caregiving to their aging parents. Because of sociodemographic trends such as fewer siblings in younger generations and the growth of women seeking professional careers, men are increasingly likely to be called upon to meet parental care needs. When assuming care responsibility for their parents, however, men must confront the gender ideology that defines family caregiving as “women’s work.” Positioning social relationships as a component of men’s gendered experiences of parental caregiving, I addressed two research questions. First, I sought to understand the role of social relationships in caregiving sons’ negotiation of masculinity. Second, I examined whether and how caregiving sons (re)organize their social networks so as to better manage care responsibility. In pursuing these questions, my ultimate goals were to identify (a) whether and how men’s parental caregiving can subvert gender relations, and (b) whether and how social partners link men’s experiences of parental caregiving to

gendered structural arrangements. In this research, I focused on caregiving sons in Japan, where, despite an increase in sons who (are required to) take on the role of parental caregiver, men's parental caregiving is still seen as "atypical."

This dissertation consists of three studies. In the first study, I sought to clarify how Japanese men typically view and carry out care responsibility for their parents in relation to traditional familial institutions, *Ie*, that are comprised of multiple norms regarding such dimensions as birth order, inheritance, and the family membership of married women. Using data from a nationally representative sample of men in Japan ( $N = 964$ ), results of latent class analyses indicated that Japanese men can be classified into three groups according to level of conformity to each norm in the *Ie* tradition. Further, through multiple group regression analyses on men with at least one living parent in the sample ( $n = 553$ ), I found family circumstances associated with their actual involvement in parental caregiving differ across the three groups. The results suggest possible sociohistorical changes in the influence of *Ie* ideas on Japanese men's views about and styles of parental caregiving.

In the second study, from the perspective of doing gender, I examined how caregiving sons account for their atypical family role, with particular attention paid to their nonnormative use of normative conceptions of gender and family. Using a constructivist version of grounded theory applied to interview data from adult sons in Japan who are primary caregivers for their parents with dementia ( $N = 21$ ), I found they attempt to legitimize their care responsibility by invoking (a) traditional *Ie* norms and (b) stereotypical ideas about masculinity/femininity, both of which have been used in the past to tie women to family caregiving. The findings suggest that sons might deconstruct

normative conceptions in an attempt to frame their parental caregiving as accountable.

In the final study grounded in social convoy theory, I examined (a) how Japanese caregiving sons perceive feedback about their caregiving from members of their social networks, and (b) how, in response, they reconstruct their social relationships. Using a constructivist version of grounded theory, I analyzed interview data from adult sons in the role of primary caregivers for their parents who have dementia ( $N = 21$ ). Despite relatively frequent contact with colleagues, friends, and neighbors, to avoid possible negative reactions, sons rarely told these network members about their care experiences; thus, their parental caregiving was compartmentalized from other aspects of their social lives. The findings suggest that the restricted social relationships of caregiving sons are at least partly the product of their efforts to assume parental care responsibility in a society that marginalizes men's caregiving.

In conclusion, although parental caregiving is a likely context in which men might destabilize the ideological basis for gender relations within attempts to do gender, their network members appear to compel them to confine such subversive gender performance within the caregiving setting. At the same time, the findings also suggest that men in younger generations may take on the role of parental caregiver in different social environments than that of their older counterparts. Building on these findings, I offer suggestions about how to approach both caregiving sons' and their social partners' ideas about gender such that these sons can be more open about their care experiences.

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Transforming Social Relations: How Caregiving Sons “Do” Gender Subversively

by  
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I understand that my dissertation will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my dissertation to any reader upon request.

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Ryo Hirayama, Author

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## CONTRIBUTION OF AUTHORS

As coauthor for the three manuscripts in this dissertation, Alexis Walker advised on the design of the studies and data analyses, and assisted with writing all manuscripts.

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## DEDICATION

I dedicate this dissertation to the people of Sendai, Japan, who left me with the fondest memories of my younger days and who have shown me what sturdy courage is in the face of a devastating disaster.

## Transforming Social Relations: How Caregiving Sons “Do” Gender Subversively

### INTRODUCTION

Few would deny that women have performed a major portion of care responsibilities for aging parents. Research has consistently shown that, compared with daughters, adult sons provide fewer types and amounts of care for their parents (e.g., Arber & Ginn, 1995; Davey & Szinovacz, 2008; Dwyer & Coward, 1991; Finley, 1989; Horowitz, 1985; Wolff & Kasper, 2006). And, when sons *take care* of their parents, it typically means that they focus on financial support while their sisters and spouses (i.e., daughters and daughters-in-law of these parents) are called upon to meet parental needs for personal care (e.g., Horowitz; Stoller, 1990).

Despite the image of sons as “irresponsible” filial caregivers in the gender comparative research, some sons do assume primary responsibility for caregiving to aging parents. U.S. national estimates indicated that 26.7% of adult child caregivers are men (Wolff & Kasper, 2006). Furthermore, it is expected that more men will be required to be primary caregivers for their parents because of sociodemographic trends (Kramer, 2002). First, the number of siblings is decreasing in younger cohorts (Uhlenberg & Chuk, 2008). Because evidence shows that the amount of parental care sons give depends on whether they have sisters (e.g., Coward & Dwyer, 1990; Gerstel & Gallagher, 2001; Matthews, 1995; Stoller, Forster, & Duniho, 1992), fewer siblings, particularly having no sisters, will likely lead sons to take a more active role in filial caregiving.

Second, researchers also have pointed to the influence of more women seeking a professional career that demands intensive time commitment (Kramer, 2002). Gender

gaps in caregiving to parents have been found to be smaller when comparing women and men who are similar in employment status (Gerstel & Gallagher, 1994; Sarkisian & Gerstel, 2004). It also has been shown that parents are more reluctant to receive care from their children with higher earnings (Johnson, 2008). It is thus increasingly difficult for families to turn only to daughters for parent care. Finally, Kramer suggested that there will be a potential cultural shift in filial roles if adult sons are more likely to be called upon to meet parents' needs for care. That is, increasing numbers of men who engage in caregiving to their parents will serve as role models for future generations, which may make it less atypical, or more normative, for men to be active filial caregivers.

Accordingly, there is an increasing societal need to understand how sons fulfill the primary responsibility of caring for their aging parents. On the one hand, more adult sons are seeking information on how their peers manage caregiving to their parents. Indeed, research on caregiving men has suggested that such knowledge helps them to perform elder care more easily and mitigates a sense of isolation that involved caregivers are likely to feel (e.g., Archer & Maclean, 1993; McFarland & Sanders, 1999; Thompson, Tudiver, & Manson, 2000). On the other hand, better understanding of men's filial care experiences may help families, communities, and the state address how to respond to sons as primary caregivers.

Existing literature is not informative in this regard, however. In a growing body of literature on caregiving men, older husbands who care for their wives have been intensively studied whereas sons' caregiving to aging parents remains unexplored. Although it is often the case to employ an inclusive category of caregiving men in



research on gender and caring (Thompson, 2002), the experience of filial care seems to differ from that of spousal care. For example, whereas men typically face their wives' need for care in postretirement, parental need for care is likely to emerge in earlier life phases, when most men are of working age (Harris & Long, 1999; Wolff & Kasper, 2006). In the United States, half of adult children who are primary caregivers for their parents (50.4%) are employed whereas the rate of employment among people who assume primary responsibility for caregiving to their spouses is 8.2% (Wolff & Kasper). Thus, how to make care and work responsibilities compatible is more likely to be a concern among filial than spousal caregivers. In addition, although spousal care responsibility is often seen as part of the marital vow (Davidson, Arber, & Ginn, 2000; Thompson, 2002), a cultural script is lacking for men to perform the role of primary filial caregiver.

The present research is intended to explore the experience of adult sons who take on primary responsibility for caregiving to their aging parents. In doing so, I focus on how their social relationships are related to their gendered care experiences. Previous research on the social relationships of caregiving men has focused on how they can acquire and maintain social networks through which to access social support, a key resource needed to perform care work (e.g., Archer & MacLean, 1993; Kramer & Lambert, 1999; McFarland & Sanders, 1999; Miller & Guo, 2000; Parsons, 1997). Although I acknowledge the value of this course of inquiry, several dimensions are missing from the approach predominantly used thus far. First, the gendered nature of care experiences has rarely been considered. Because of the gender ideology that defines family caregiving as "women's work" (e.g., Calasanti, 2003; Walker, 1992), men who

assume primary responsibility for caregiving to aging family members will likely face a conflict between their expected and actual family roles. In caregiving, therefore, men need to tackle not only care tasks but also normative conceptions of gender. To identify the role of social relationships in *men's* caregiving, whether and how social partners promote or hinder their negotiation of masculinity should be examined.

Second, and relatedly, previous research does not consider that the social relationships of caregiving men may not serve as a psychosocial resource for them unless they negotiate norms around masculinity successfully. It has been demonstrated that sociocultural scripts on masculinity restrain men's help-seeking behavior (Addis & Mahalik, 2003; Courtenay, 2000). Thus, even if caregiving men are embedded in a large, supportive network (i.e., surrounded by many individuals who are willing to help them), they may be reluctant to receive support. Although simply *perceiving* support to be available has been shown to enhance individuals' health and well-being (e.g., Wills & Shinar, 2000), *actually using* others' assistance also is critical for family members to engage in long-term care (Liu & Gallagher-Thompson, 2009). Whether and how much caregiving men can turn to their network members for support depends on their negotiation of masculinity.

Finally, previous research tends to view social relationships merely as *contexts* within which men experience caregiving for elderly family members. In other words, the focus has been on how social relationships shape their experiences (e.g., how members of social networks facilitate their care performance). Yet, social relationships are also *outcomes* of individual acts: Individuals can negotiate their social ties so that their

relationships can satisfy more of the needs that arise in managing various challenges across the life course (Antonucci, Langfahl, & Akiyama, 2004; Connidis & McMullin, 2002). Structural theorists have indicated that individuals are not just passive subjects in the face of social forces; by exercising *agency*, they can construct their social environment (Sewell, 1992). To better understand the structure of caregiving men's social relationships, therefore, it is necessary to explore how they attempt to negotiate their social ties such that they can carry out care responsibility more easily.

### Research Questions

In this research, I pursue two research questions that have not been addressed in research on the social relationships of caregiving men. First, I explore the role of social relationships in how adult sons who assume primary responsibility for caregiving to their aging parents negotiate what it should be like to be a man or a son (i.e., manhood and "son-hood"). Calasanti (2003) has encouraged researchers to move beyond describing gender differences in amounts and types of care to explore variation *within* men's care work in relation to masculinity (e.g., what ideas about masculinity orient men to unpaid care work; how different masculinities shape psychological stress and rewards for caregiving men). At the same time, Calasanti points to the need to conceptualize masculinity as dynamic, given that it has been found to change across time and space, although some studies on men's caregiving operationalized masculinity as a static, personality trait (e.g., Hirsch, 1996; Kaye & Applegate, 1994). My aim in addressing the first question is to position the social relationships of caregiving sons as the locus of masculinity negotiation, a likely background mechanism of filial care experienced

differentially. I seek to identify how caregiving sons negotiate manhood and son-hood in interaction with their social partners.

Whereas the first question explores social relationships as *contexts* of caregiving, the second question focuses on other aspects; that is, social relationships as *outcomes*. Specifically, I explore how men reorganize their social ties in negotiating the “atypical” role of primary caregiver for aging parents. Tackling these two questions combined, my ultimate goal is to locate the potential of men’s filial caregiving for transforming gender relations. Gendered experiences of care work are linked to different structural locations of men and women (e.g., Calasanti, 2010; Davidson, Arber, & Ginn, 2000; Rose & Bruce, 1995). Thus, men’s managing filial care through reconstructing manhood and son-hood can be seen as influencing the social structure. Although research on the link between social structure and individual lives tends to focus on how the former regulates the latter, I seek to theorize about “bottom-up” influences of men’s experiences of filial care. Doing so will identify the social implications of men’s taking on the primary responsibility of filial care, a family role that more adult sons will be required to fulfill. In such theorizing, caregiving son’s social relationships, which seem likely to be involved in their (re)construction of gender, can be conceptualized as a moderator (or inhibitor) not only for individual men’s performing care work but also for social change.

In this research, I focus on caregiving sons in Japan, where the number of men who assume primary responsibility for caregiving to aging parents has been increasing. On the one hand, with the legacy of traditional familial institutions rooted in Confucianism (e.g., Elliott & Campbell, 1993; Hashizume, 2010; Lee, 2010; Long,

Campbell, & Nishimura, 2009), parental caregiving is still seen as an obligation to be fulfilled by adult children. On the other hand, because of a rapid decline in the birth rate, fewer siblings are available, requiring more men to take on the role of primary caregiver for their parents. According to Japanese Ministry of Health, Labor, and Welfare (2004), approximately 36% of adult child caregivers are men. Nevertheless, men's parental caregiving is still considered to be unusual (Nakanishi, 2009). Research suggests that older parents typically expect their daughters or their daughters-in-law, but not their sons, to be their primary caregivers (Nakanishi). Because caregiving sons are relatively accessible but still seen as atypical in terms of normative ideas about gender, Japan is an ideal setting for this research.

### Theoretical Frameworks

#### *Doing Gender*

“Doing gender” (West & Zimmerman, 1987, 2009) and social convoy theory (Antonucci, Birditt, & Akiyama, 2009; Kahn & Antonucci, 1980) serve as guiding frameworks for this research. The doing gender framework guides my exploration of how social partners are involved in caregiving sons' negotiation of masculinity. This theoretical perspective conceives of gender as behaviorally accomplished. It is presumed that individuals regularly attempt to frame their behavior as accountable in relation to normative conceptions of gender. Through such behavioral processes, masculinity and femininity are reified and dichotomized. This perspective suggests that members of one's social networks matter. To do gender means “to engage in behavior *at the risk of gender assessment*” (West & Zimmerman, 1987, p. 136). Feedback about their behavior from

others, therefore, is a component of doing gender. Individuals evaluate whether they practice manhood or womanhood correctly, and reframe their behavior on the basis of others' responses such as affirmation or reproach.

West and Zimmerman (2009) recently argued against common misunderstandings of doing gender; that is, whether individuals "do" gender tends to be confused with whether their behavior seems complicit in *or* resistant to gender ideology (e.g., Deutsch, 2007). They emphasized that nonconformity to normative conception of masculinity and femininity does not necessarily mean "undoing" gender. Indeed, resistance to gender ideology ironically can stabilize gender because a fixed definition of masculine and feminine is required to behave successfully as nonmasculine or nonfeminine (Wetherell & Edley, 1999). In other words, such nonconformity could be implicated in reproducing dominant masculinity and femininity.

Theorists who align with this perspective instead have attempted to locate the potential to subvert gender relations *within* individual attempts at doing gender. Butler (1990, 1997) indicated that social institutions build on normative conceptions of being a man or a woman, and that, for social institutions to be maintained, individuals' behavioral reification and reiteration of these normative conceptions are required. Yet, although we repeatedly use binary categories of masculine and feminine for our behavior to be accountable, each of us may mean something different by these terms. We also may not consistently invoke these binary categories across time and space. Such inconsistent category use can bring what is not originally seen as masculine into the meaning of masculine, making it difficult to distinguish coherently between masculine and feminine.

Because social institutions such as heteronormative family relations build on coherently distinguished masculinity and femininity (Smith, 1993), unclear dichotomization has the potential to subvert such institutions.

Whether and how caregiving sons can negotiate normative masculinity may depend on others' feedback about their atypical family role. Although caregiving sons need to negotiate conflict between normative masculinity and their care responsibility, as Butler (1990) indicated, it is possible to reconstruct masculinity by not invoking it as prescribed. At the same time, because individuals rely on others' feedback to do gender (West & Zimmerman, 1987), whether caregiving sons can perform masculinity in such a nonnormative way depends on perceived reactions from their social partners (e.g., whether their family members and friends see their atypical role of parental caregiving as "masculine"). By regulating how sons do gender, social network members seem likely to influence whether sons can negotiate normative masculinity in parental caregiving.

Furthermore, according to Butler (1997), such "misuse" of normative conceptions in an effort to do gender may destabilize the dichotomization of gender, which is fundamental for hierarchical structural arrangements of women and men (i.e., gender relations). Thus, members of social network not only influence whether sons can do gender in nonnormative way; facilitating or constraining "incorrect" gender behavior by caregiving sons, network members also may condition how likely the subversion of gender relations will be.

#### *Theory of Social Convoys Across the Life Course*

Whereas doing gender suggests the role of network members in caregiving sons'

negotiation of masculinity, social convoy theory (Antonucci, Birditt, & Akiyama, 2009; Kahn & Antonucci, 1980) helps me address the second research question; that is, how sons reorganize their social networks in caregiving. Social convoy theory has been developed to explain individual variations and developmental changes in the composition of support networks. A social convoy represents a group of people tied to an individual, affecting how this individual experiences major life course events and transitions by providing both positive and negative feedback (Antonucci et al.; Kahn & Antonucci). The theory points to individual and situational factors that influence the organization of social convoys. Individual factors are determined by structural location such as age, gender, and race, whereas situational factors consist of societal expectations, demands, and resources related to the roles people occupy in each life stage (Kahn & Antonucci). Empirical research has supported the theoretical proposition that both individual and situational factors shape opportunities for and constraints on individuals' social networking, resulting in variation in both structural (e.g., size, proximity, contact frequency) and functional (e.g., types and amounts of social support exchanged) components of social relationships (e.g., Ajrouch, Antonucci, & Janevic, 2001; Ajrouch, Blandon, & Antonucci, 2005; Akiyama, Elliott, & Antonucci, 1996; Antonucci & Akiyama, 1987a, 1987b).

The theory conceptualizes social relationships as subjectively constructed (Antonucci, Birditt, & Akiyama, 2009). The descriptive characteristics of social relationships (e.g., number of social partners such as relatives and friends, frequency of receiving advice and tangible aid from members) cannot explain well how people experience the life course in interaction with others. More important is people's



evaluation of their relationships with network members especially in terms of the degree to which these members satisfy their needs (Antonucci et al.). Thus, membership of social convoys (i.e., which network members are included in one's social convoy) depends on how individuals perceive social partners' (re)actions to them.

Social convoy theory suggests that parental caregiving influences men's social relationships. Because roles are a situational factor that differentiates the composition of social convoys, when taking on the role of parental caregiver, men are likely to reorganize their convoys. Previous research has focused on how social relationships influence men's care performance; understudied is whether and how men negotiate their social ties in managing care responsibility (i.e., social relationships as outcomes of care experiences). To understand how caregiving sons attempt to reorganize their social convoys, I focus on their perceptions of relationships with network members.

### Overall Literature Review

Although adult sons have received scant attention in the literature on gender and informal family care, some studies have included men who take an active role in filial caregiving. Here, I review these few studies, most of which focused on son caregivers in the United States, to examine when, how, and why men engage in caregiving to their aging parents. I show that previous research has described men's filial caregiving but rarely explained its variability, pointing to the significance of exploring how sons' social relationships make a difference in their gendered care experiences. Next, I examine the sociocultural context in which Japanese sons care for aging parents. The overview of family traditions and gender norms in Japan helps to identify dimensions to consider in

analyzing the experiences of Japanese men who assume primary responsibility for caregiving to their aging parents.

*How Sons Have Been Described in Research on Filial Caregiving*

*Why sons do not care.* Given consistent empirical evidence that shows a gender gap in filial care involvement, researchers have been concerned with why daughters are more committed than men to parental caregiving. Various theoretical frameworks have been employed to explain this gender gap. Some theoretical positions attribute the gender gap to socialization processes by which women and men acquire different personalities and skills early in life phases (e.g., Chodorow, 1978; Gilligan, 1982). Others focus on the different positions women and men occupy in families and in the labor market, resulting in gendered constraints on their choices related to unpaid and paid work (e.g., Gerson, 1993; Risman, 1998). Researchers do not yet agree on a reason.

*When sons care more.* Research has suggested several familial contexts that may increase men's filial care involvement. Although the presence of at least one sister "allows" men's limited commitment to parental caregiving, men's greater geographical proximity to their parents than their sisters' could change the typical pattern of filial care (e.g., Campbell & Martin-Matthews, 2000, 2003; Matthews, 2002; Stoller, Forster, & Duniho, 1992). When men but not their sisters live with their parents in the same household, these men are likely to take on the role of primary filial caregiver; their sisters, who otherwise would take the initiative in coordinating care, are likely to follow their brother's decisions related to caring for their parents (Matthews). At least some research has indicated that men's marital and parental status also makes a difference. For example,

Gerstel and Gallagher (2001) found that men are likely to provide the same type of care as their wives do for their parents. According to Campbell and Martin-Matthews (2003), men whose children are adolescents or older are more likely than men with younger children to provide “nonmasculine,” personal care. The effects of marital and parental status, however, are not consistent across studies (see Sarkisian & Gerstel, 2004 for a review).

*How sons care.* Little research has been conducted on *how* men care for their parents when they assume the primary responsibility for doing so. Furthermore, how sons care is studied as part of the caregiving style of men in general, using an inclusive category of caregiving men (Thompson, 2002). Such studies have reported common findings: men bring managerial skills that they have learned through their paid work, especially problem-solving approach, to their unpaid care work (Harris, 2002) while trying to control their emotional reactions to care experiences (Parsons, 1997). Men also are attentive to their need for respite (Coe & Neufeld, 1999) and try to maintain outside interests (e.g., hobby) (Archer & MacLean, 1993). Some researchers indicate advantages to this “masculine” style of caregiving; that is, such approaches make men relatively immune from perceived care burden and stress, resulting in fewer health problems for caregiving men compared with caregiving women (Thompson, 2000; Yee & Schulz, 2000).

Men’s task-oriented style of caregiving, however, has disadvantages as well. Emotionally distancing the self from caregiving makes it difficult for men to express affection to their care recipients (Harris, 2002). It has been reported that, to perform care

well, both husband and son caregivers struggle to learn how to communicate affection as well as to do household chores (Harris). In fact, previous studies have indicated that men need to integrate emotional into instrumental care skills to adjust to the role of family caregiver (Kaye & Applegate, 1994).

A few studies have suggested how sons experience caregiving differently from husbands. Harris (2002) indicated that sons may accept increasing dependence of care recipients more easily than husbands because adult children anticipate aging parents' illnesses and disabilities. Parsons (1997) suggested, however, that sons face more difficulty than husbands in caring for dependent women. For example, sons, who tend to view their mothers as family caretakers, feel upset about the role reversal (Parsons). Sons also are likely to find it difficult to engage in physical care for their mothers because cross-gender intimate care could violate the incest taboo in family relationships (e.g., Arber & Ginn, 1995; Parsons; Szinovacz & Davey, 2008) although recent research has indicated that adult sons are involved in physical care for their mothers more willingly than conventional wisdom assumes (Campbell, 2010).

At the same time, it has been suggested that son caregivers may have more sources of social support than husband caregivers. Studies have shown that sons confide in their spouse as a way of coping with care-related stress (Harris, 1998; Harris & Long, 1999). In fact, it has been suggested that wives of caregiving sons appreciate their husbands as extraordinary family men and are willing to provide socioemotional support for them (Campbell, 2010). It may be difficult for husband caregivers to confide how stressful care work is to their spouse because doing so can mean saying to their care

receiving spouses “you are burdensome.” In addition, because many caregiving sons are of working age whereas retirees are dominant among husband caregivers, sons are likely to maintain ties with companions in the workplace (Harris). Further, studies also have suggested that sons may use formal support more easily than husbands, who tend to consider use of care services as showing their inability to live up to the marital commitment (Harris & Long; Harris, Long, & Fujii, 1998; see Carpenter & Miller, 2002 for a review).

*Sons as working caregivers.* How to balance work and family responsibilities is a challenge that son caregivers seem more likely than husband caregivers to experience. How work responsibilities influence sons’ caregiving, however, is not clear. On the one hand, qualitative studies have reported that sons as primary filial caregivers had control and flexibility over their work hours because of seniority and/or the nature of their work (Harris, 1998). On the other hand, quantitative studies have found little or no influence of work environment (e.g., work hours, job flexibility) on hours sons spend caring for their parents (Gerstel & Gallagher, 2001; Campbell & Martin-Matthews, 2000, 2003; see Sarkisian & Gerstel, 2004 for a review).

Caregiving sons may continue to work outside the household. Dentinger and Clarkberg (2002) have shown that men are likely to delay retirement when they serve as informal caregivers for their parents. Harris (1998) reported that caregiving sons commit themselves to paid work, which enables them temporarily to forget care responsibilities. Though his focus is retired men caring for spouses, Russell (2004) reported that caregiving men miss the workplace, where they feel a sense of affiliation and where their

activities are recognized by others. Because being a paid worker is a critical component of normative masculinity (Connell, 1995), leaving the workplace may have negative psychological consequences for men even in the face of care responsibilities.

*Motives for sons' caregiving.* Research has pointed to felt filial obligation as sons' motivation to care for their parents. According to Silverstein, Parrot, and Bengtson (1995), affection for older parents predicts the amount of assistance given by daughters but not by sons; for sons, felt filial obligation as well as assured inheritance function as significant predictors. Moreover, no association has been shown between sons' felt filial obligation and affection for parents (Finley, Roberts, & Banahan, 1988). Campbell and Carroll (2007) also suggested that, although sons feel uncomfortable if their motivation is viewed merely as obligation, they tend to account for why they care for their parents in reciprocal (i.e., social-exchange) rather than affective terms.

Some sons do emphasize attachment to parents as motivation to care for them (Harris, 1998, 2002). Furthermore, Matthews (2002) warned that sons' apparently "less affectionate" approach to filial care compared with daughters' should not be interpreted simply. According to Matthews, sons may not provide more care than their parents need because they value independence. Indeed, sons are likely to provide intensive care in concert with their siblings when their parents are in crisis (Matthews & Heidorn, 1998). The appropriate way to show affection in filial caregiving may be gendered, and thus, it is open to question whether providing more care derives from stronger attachment of adult children to their parents.

In summary, research describing when, how, and why sons engage in filial

caregiving is limited. Almost no effort has been made to identify what leads to individual differences in sons' manner of caregiving. Stoller (2002) pointed to the need for a theoretical approach to explain variation in men's caregiving encompassing not only structural/institutional but also interactional dimensions. Her call will be met at least partly by the present research guided by theories of social convoy and "doing gender" on the role of social relationships in men's filial caregiving.

### *Japanese Context of Family Caregiving*

There are many similarities between the United States and Japan in challenges sons face when taking on the role of primary filial caregiver. For example, it has been suggested that son caregivers are more likely than husband caregivers to experience conflict between work and care responsibilities (Harris & Long, 1999). Yet, sociocultural differences between the two countries also exist. To describe the context in which sons engage in filial care in Japan, here I examine (a) traditional familial institutions related to caregiving to aging parents, (b) how Japanese family lives have departed from such traditions because of sociodemographic and political changes, and (c) recent research on gendered care responsibility for aging parents.

*Familial institutions in Japan.* Traditionally, aging parents received care in the context of the stem family, *Ie*, in Japan. The *Ie* was usually composed of three generations headed by the eldest, active (i.e., nonretired) man. The *Ie* was a social institution intended to preserve family property and to transfer it successfully to the next generation (Nakane, 1970). The eldest son was the most preferred successor unless his parents found him incompetent to preserve and enhance *Ie* property *and* unless his

parents had “alternatives” such as younger sons, adopted sons-in-law (typically, husband of their eldest daughter), and, in rare cases, daughters.

The eldest son inherited family property in exchange for the responsibility of caregiving for parents. He and his wife lived with his parents until the parents died; his wife was expected to provide personal care for the parents (Sodei, 1995). Although the *Ie* property belonged to the eldest son, his wife managed the household. Other children, upon marriage, formed independent households and then had limited contact with their original *Ie*. In particular, daughters who married eldest sons in other *Ie* were required to focus on caring for their parents-in-law and not to be involved with their original *Ie* (Elliott & Campbell, 1993; Harris & Long, 1993; Long, Campbell, & Nishimura, 2009). Under the *Ie* system, therefore, filial responsibility for parents was the eldest son’s and his wife’s concern.

*Changing culture of parental caregiving.* In addition to the changes in civil code after World War II, demographic trends toward fewer siblings and the increase of only-child families have made it difficult to provide care for aging parents in line with the *Ie* tradition (Coulmas, 2007). First, although eldest sons are still expected more than other children to take care of their parents, many children are now likely to be eldest. Second, because more adults postpone marriage or remain unmarried throughout their lives, daughters-in-law, the preferable parental caregivers under the *Ie* system, have become less available to aging parents. Relatedly, the composition of multigenerational households also has been changed. Whereas traditionally *married* (eldest) sons have resided with aging parents, it has become more common for parents to live with their



*unmarried* children who postpone leaving the nest (Takagi & Silverstein, 2006). These unmarried adult children, including children who have come back home after divorce, are likely to be called upon to care for their parents (Takagi & Silverstein).

People's attitudes toward care-*receiving* also have changed. Although aging parents' dependence on their (eldest) child was valued, or at least considered natural under the *Ie* system (Elliott & Campbell, 1993), independence in older age has been increasingly preferred (Izuhara, 2006), which is linked to the development of policies for older population (Yamato, 2006). With the advance of pensions since the 1960s, the number of older adults who see financial dependence on their children as undesirable has increased markedly. Although older adults' attitudes toward receiving personal care from adult children have not changed as much, people who consider it desirable to "outsource" care has increased slightly since the 1980s, when formal care services became more available (Yamato).

*Availability of formal care.* The enactment of the public long-term care insurance act in 2000 had a considerable influence on elder care culture in Japan because it was originally implemented to secure care for older adults regardless of whether they have family members to depend on (Hiraoka, 2006). Insured individuals are primarily those aged 65 or older, and in limited cases, those aged 40 to 64 (e.g., patients of early-onset Parkinson's disease). To use care services, they can receive insurance benefits according to their degree of dependence, which is formally certified. Their degree of dependence, which varies from in need of assistance (grade 1 to 2) to in need of care (grade 1 to 5), is determined on the basis of (a) a standardized home-visiting investigation conducted by

assessment officers sent from municipals, and (b) assessment panels consisting of experts in health, medicine, and welfare using information such as diagnostic appraisals of applicants from their primary care physicians.

Using benefits within monthly limits set in monetary terms, insured individuals can choose freely among community care (both those in need of assistance and those in need of care) and institutional care (only those in need of care) services. Community care services include home-visiting services (e.g., housekeeping helpers), facility-visiting services (e.g., adult day care, short-term stay at nursing homes), and aid for rentals and purchases of care-related instruments and housing improvement. Institutional care services are provided in nursing care homes and long-term care geriatric hospitals. To make service arrangements, people may use care management, which is provided free of charge. Although most service costs are covered by the insurance, users need to pay 10% of the cost or around 37,000 Japanese yen (approximately 400 U.S. dollars) (whichever is higher) per month, but the upper limits depend on household income level.

Long-term care insurance has not necessarily decreased care responsibilities for families (Hiraoka, 2006). On the one hand, since the policy was implemented, community care services have been increasingly available, which have made it easier for family members to provide care for older adults in their home. On the other hand, it has become more difficult to place aging family members with severe disability in nursing care homes. Long-term care insurance has enabled families even with limited economic resources to apply for institutional care services, which has increased the size of applicant waiting lists. Also, the current care certification system, which emphasizes physical

disabilities, tends to undervalue time spent by family members in caring for dementia patients (Hiraoka). Further, longitudinal research has suggested that, after the insurance began, primary family caregivers are at risk of being sole caregivers because many family members (e.g., secondary caregivers) have withdrawn from caregiving (Sugisawa, Nakatani, & Sugihara, 2005).

In sum, long-term care insurance has at least partially achieved formalization of care as suggested by the growth of community care services. Despite such political shifts regarding elder care, however, families are still required to assume major responsibility for caregiving to aging members because the availability of services especially to older adults in greater need of care is insufficient. And, primary caregivers may be receiving less support than in the past from their family members, who seem to have transferred care responsibility to formal care providers since the policy began.

*Emergence of daughters as the preferred caregiver.* With the *Ie* tradition declining and independence in older age increasingly favored, Japanese today tend to describe parental caregiving in affective rather than normative terms (Kasugai, 2004; Nakanishi, 2009). Older parents prefer receiving care from their own children, especially their daughters rather than their daughters-in-law (Cabinet Office, 2003). Because daughters have not been expected to care for their own parents under the *Ie* system, their caregiving tends to be seen as motivated by discretionary reasons (e.g., affection for their parents) (Nakanishi). Also, women, especially in younger cohorts, are increasingly resistant to the *Ie* tradition that has obligated them to serve their in-laws (Long, Campbell, & Nishimura, 2009). Accordingly, more aging parents are receiving care from their own

daughters although daughters-in-law still predominate among primary parental caregivers in Japan (Ministry of Health, Labor, & Welfare, 2004).

Feminist researchers have warned that emphasizing discretionary reasons for daughters' caregiving can obscure persistent gender relations that actually *require* women rather than men to assume parental care responsibility (Kasuga, 2001; Nakanishi, 2009). In fact, although care from own children has been increasingly preferred, few parents expect their sons to be their primary caregivers (Cabinet Office, 2003). Despite a marked increase in men's parental caregiving in the last few decades (Tsudome & Saito, 2007), sons (12.2%) are still less likely than daughters (14.6%) and daughters-in-law (22.6%) to be primary caregivers for coresiding aging family members in need of care (Ministry of Health, Labor, & Welfare, 2004). Research has indicated that married women today are urged to care for both their parents-in-law and their own parents (Hashizume, 2010; Lee, 2010). On the one hand, persistent traditional ideas expect a woman to be "a good wife" who prioritizes her parents-in-law over her own parents. On the other hand, older parents expect their daughters to show their affection by serving as primary caregivers for them. Further, because these two expectations are inconsistent, women have been found to be facing structurally created ambivalence (i.e., *sociological ambivalence*; Connidis & McMullin, 2002) (Lee).

Although I found no study that directly examined how Japanese people view men primary caregivers for their aging parents, some research suggests that people do not have positive attitudes toward caregiving sons. For example, Nakanishi (2009) indicated that sons' caring attitudes toward their mothers are likely to be considered a sign of sons'

immaturity. Because the majority of caregiving sons care for their mothers (or for both their mother and father) (Tsudome & Saito, 2007), sons may find it uncomfortable if others learn they are taking care of their mothers. In comparing caregiving men in the United States and Japan, Harris and Long (1998) reported that Japanese but not U.S. caregiving sons likely experience marital conflicts. Family members of caregiving sons in Japan may feel uncomfortable with sons' involvement in filial caregiving.

In summary, Japanese society is in transition regarding how to provide care for aging parents. Despite political shifts toward formalization of care, it is not possible for adult children to transfer parental care responsibility to formal care providers. In addition, although sociodemographic changes have made it difficult to provide care for aging parents in line with traditional *Ie* norms, such normative ideas are still influential especially in people's views of women's roles in family relations, as suggested by the predominance of daughters-in-law among primary parental caregivers in Japan. What has been consistent is gendered filial care responsibility. Cultural ideas that emphasize affection as a motive for parental caregiving urge daughters, traditionally less expected parental caregivers, to care for their parents "voluntarily." Neither traditional nor emerging ideas expect sons to assume primary responsibility for caregiving to their aging parents.

### Overview of Three Studies

This dissertation consists of three studies I conducted in collaboration with Alexis Walker. In the first study, we clarified cultural contexts for men's parental caregiving in Japan. Specifically, we explored dominant ideas shared among Japanese

men regarding parental caregiving in relation to traditional *Ie* ideas. Because research has focused on women's experiences of caregiving to parents (and parents-in-law), how Japanese men *typically* view and carry out filial care responsibility is unclear. Thus, using data from a nationally representative sample of adult men in Japan, we analyzed (a) central tendency and variability in their ideas about filial care responsibility and (b) how their ideas are associated with their actual involvement in parental caregiving. In doing so, we sought to capture Japanese men's normative ideas about gender and family related to parental caregiving, which may confront sons who assume care responsibility for their parents.

The second study aimed to explore how caregiving sons frame their role of parental caregiver as accountable in relation to normative conceptions of gender (i.e., caregiving sons' doing gender). We used a qualitative research method to closely examine sons' accounts of their experiences of parental caregiving collected through in-depth interviews. Particular attention was paid to whether and how caregiving sons do gender subversively; that is, their nonnormative use of normative ideas about gender and family in an attempt to do gender. Our goal in this study was to discover a possible process through which men's parental caregiving can deconstruct gender ideology.

The final study was intended to identify whether and how caregiving sons (re)organize their social networks in negotiating care responsibility. Our focus is on how sons perceive network members' reactions to their atypical role of parental caregiver and how, in response, they reconstruct their relationships with these members. Conducting in-depth interviews with caregiving sons, we used a qualitative approach to their

subjective experiences of relationships with family members, friends, colleagues, and neighbors. In effect, we sought to conceptualize their social relationships as outcomes of their care experiences.

These three studies combine to help understand how social relationships influence, and are influenced by, men's gendered experiences of parental caregiving within the Japanese cultural context. Findings from these studies are synthesized to examine (a) whether and how men's parental caregiving may subvert gender relations and (b) whether and how members of social networks may help caregiving sons to influence gendered structural arrangements in tackling sociocultural norms around masculinity.

MULTIPLE SOCIOCULTURAL GUIDELINES  
FOR MEN'S CAREGIVING TO PARENTS IN JAPAN

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Presented in this study are data from the Japanese General Social Survey 2006 made available by the Inter-University Consortium for Political and Social Research. The Japanese General Social Surveys are designed and carried out by the JGSS Research Center at Osaka University of Commerce (Joint Usage / Research Center for Japanese General Social Surveys accredited by Minister of Education, Culture, Sports, Science, and Technology) in collaboration with the Institute of Social Science at the University of Tokyo.



### Abstract

Despite a growing body of research on filial care in Japan, little is known concerning how Japanese men view and carry out care responsibility for their parents. From the perspective of doing gender, we explored (a) normative ideas shared among Japanese men about gender and family related to parental caregiving and (b) whether and how these ideas guide their actual provision of care for their parents. Using a nationally representative sample of men in the Japanese General Social Survey 2006 ( $N = 964$ ), we first conducted latent class analyses. Results indicated that Japanese men can be classified into three groups according to level of conformity to each of the five components of traditional familial institutions known as *Ie*. Next, from multiple group regression analyses with a subsample of men with at least one living parent ( $n = 553$ ), we found family circumstances associated with men's involvement in parental caregiving differ by which components of *Ie* ideas they emphasize. Our findings suggest both persistent influences of the *Ie* tradition on and sociohistorical changes in men's views and styles of parental caregiving in Japan.

Because of a rapid expansion of life expectancies, Japan has become one of the oldest nations in the world. Among the population in 2010, 25.8% of women and 20.3% of men are 65 years or older. In such a demographic context, adult children have been concerned about how they can meet the care needs of their aging parents. With the legacy of the traditional familial institution rooted in Confucianism, parental caregiving is still seen as an obligation to be fulfilled by adult children (Elliott & Campbell, 1993). In fact, although the government has reformulated elder care policy including the implementation of public long-term care insurance in 2000, individual family members continue to assume major responsibility for caregiving to older adults (Hiraoka, 2006).

Despite a growing body of research on elder care in Japan, adult sons have been almost invisible in the literature. In contrast, considerable attention has been paid to the care experiences of women, especially those of daughters-in-law, the traditionally preferable caregivers in Japan (e.g., Lee, 2010; Long, Campbell, & Nishimura, 2009; Sodei, 1995). Little is known about how Japanese men view and carry out care responsibility for their parents. Although several studies have identified Japanese men who are primary caregivers for their parents (e.g., Harris, Long, & Fujii, 1998), because men's parental caregiving is still seen as "unusual" (Nakanishi, 2009), caregiving sons in these studies may hold unique views of family relations. In other words, almost no attempt has been made to capture ideas about parental caregiving shared among the population of Japanese men. At the same time, because of shrinking sibling networks accompanying a decline in the birth rate, more men will likely take on a central role in parental caregiving (Kramer, 2002; Harris & Long, 1999). In other words, men's views

and ways of caregiving are increasingly likely to be reflected in informal family caregiving in Japan.

Our aim in this study is to explore Japanese men's ideas about parental caregiving in relation to traditional family norms as well as how these ideas are associated with men's caregiving to their aging parents. In doing so, we do not treat men as a homogeneous group. Research has consistently shown that, compared with adult daughters, sons provide fewer amounts of and less care for their parents (e.g., Arber & Ginn, 1995; Wolff & Kasper, 2006). Gender comparative approaches, however, tend to obscure heterogeneity among both women and men. In fact, studies focused on men indicated that adult sons vary in the amount of care they provide for parents, even traditionally "feminine" types of care (e.g., assistance with household chores) (Campbell & Martin-Matthews, 2003; Gerstel & Gallagher, 2001). Thus, to clarify within-gender variability, we restrict our analysis to the population of Japanese men (i.e., we do not compare sons with daughters). Using a nationally representative sample of men in Japan, we seek to capture their normative ideas about filial care. We then examine whether and how men's caregiving to their parents might vary by ideology. In doing so, we propose a typology of parental caregiving among this unexplored population of adult Japanese.

#### Caregiving as Gender Performance

The "doing gender" perspective conceives of gender as behaviorally accomplished (West & Zimmerman, 1987). The theory presumes that individuals continuously frame their behavior as accountable in relation to normative conceptions of masculinity and femininity. In this framework, observed gender differences in social

behavior are thought to reflect individuals' efforts to present themselves as unremarkable in terms of sociocultural ideas about "what women and men should be like." Thus, differential involvement in family caregiving by gender is linked to gender ideology that defines care labor as women's work. In an attempt to do gender, women are devoted to care work to demonstrate their "womanly nature" whereas men are likely to resist performing such "feminine" tasks (Coltrane & Shih, 2010 for a review).

West and Zimmerman (1987) suggested that how to do gender is contextualized. "While it is individuals who do gender, the enterprise is fundamentally interactional and institutional in character" (West & Zimmerman, p. 136). Gender-appropriateness of a person's behavior is assessed considering (a) toward whom this person is behaving and (b) in what institutional setting this person engages in such behavior. For example, men's behavior toward their children is subject to comment in relation to normative *fatherhood* rather than *manhood*. In parental caregiving, therefore, men likely orient their behavior to parents toward cultural discourses of "a good son" rather than normative conceptions of masculinity.

In sum, this theoretical framework suggests that men's parental caregiving is linked to both gender ideology and norms of filial obligation. In the following section, we examine how care responsibility for parents has been traditionally gendered in Japan to specify the sociocultural guidelines for men's doing gender in parental caregiving. Then, briefly reviewing research on historical changes in Japanese normative ideas about gender and family, we discuss how such sociocultural guidelines might be diversified among Japanese men.

### Familial Institutions in Japan: Components and Historical Changes

In Japan, the traditional familial institution, called *Ie*, prescribed how adult children provide care for aging parents (Elliott & Campbell, 1993). The *Ie* institution emphasized the birth order of children; that is, the eldest son was considered to be primarily responsible for parental caregiving. The eldest son and his family were expected to reside with their parents, and in exchange for care responsibility, this son inherited a major portion of the family property. Other children formed their own households unless they were named by parents as successors instead of the eldest son. After leaving their parents' home, these other children's contacts with their family of origin were limited.

Although the coresiding eldest son and his wife assumed care responsibility for his parents, it was actually his wife's responsibility to provide care (Sodei, 1995). As the primary caregiver in his family, the eldest son's wife provided socioemotional support and physical care for his parents while managing the household. The eldest son was responsible for maintaining and expanding the family property he received from his parents. By doing so, he secured his parents' as well as his own family's economic status.

Under the *Ie* institution, upon marriage, women were counted as members of their husbands' families (Long, Campbell, & Nishimura, 2009). Married women were expected *not* to be involved with members of their families of origin. In Japan, therefore, daughters were traditionally *unlikely* to be primary caregivers for their parents. When their brothers are unmarried (i.e., when no daughter-in-law is available to their parents), however, Japanese daughters feel obligated to care for their parents (Nakanishi, 2009).

In sum, the *Ie* institution is comprised of multiple norms, which can be decomposed into five normative ideas about gender and family: (a) the eldest son is most responsible for parental caregiving, (b) care responsibility is assumed in exchange for inheritance of family property, (c) women should care for aging parents whereas men should secure their economic status, (d) married women should prioritize in-law relationships over their families of origin, and (e) adult children should provide care for parents in the same household. In an effort to frame their behavior as accountable in relation to these normative ideas, Japanese men traditionally focused on providing economic support for their parents while leaving care responsibility to their wives (if they were eldest sons) or their sisters-in-law (if they were not eldest).

Although the *Ie* norms continue to influence people's ideas, as suggested by the predominance of daughters-in-law among primary caregivers for aging parents (Ministry of Health, Welfare, & Labor, 2004), Japanese families today do not necessarily arrange parental caregiving in line with the traditional familial institution. First, demographic shifts make it difficult to follow traditional ideas (Coulmas, 2007). Because of a decline in the birth rate, adult children especially in younger cohorts have few siblings; thus, today, many children with living parents are likely to be the eldest child. In addition, because more people postpone marriage or remain unmarried throughout their lives, daughters-in-law are less available to parents than before. Moreover, research suggests changes in people's attitudes toward traditional norms. Women in younger generations consider it overly burdensome to serve their parents-in-law (Long, Campbell, & Nishimura, 2009). Also, more parents prefer receiving care from their own children

(Cabinet Office, 2003). As a result, the number of daughters who serve as primary caregivers for their own parents is increasing (Ministry of Health, Welfare, & Labor).

Yet, the five components of the *Ie* norms have not uniformly lost influence on people's ideas. For example, whereas adult children still expect economic rewards for care provided for parents (i.e., care responsibility is assumed in exchange for inheritance of family property; Elliot & Campbell, 1993), whether married women should reside with and take care of their parents-in-law has become more negotiable (Long, Campbell, & Nishimura, 2009). Indeed, some people seek to receive care from their daughters-in-law but others are reluctant to do so (Cabinet Office, 2003). In contrast, filial care responsibility continues to be gendered; daughters are still more likely than sons to be primary caregivers for parents whereas sons' contribution is typically limited to economic assistance (Nakanishi, 2009). It is suggested, though, that men who intend to take care of their parents by themselves are increasing (Harris, Long, & Fujii, 1998).

Altogether, Japanese people seem to vary in how much they conform to each of the five normative ideas about gender and family. Such variability means there may be different ways of doing gender in parental caregiving. For example, whereas economic support for parents is traditionally thought to be sons' responsibility, how much a son provides such support for his parents may depend on both his level of conformity to the idea "the eldest son is most responsible" and his birth order. If he emphasizes this traditional idea, and if he is an eldest son, he will be compelled to provide economic support for parents so as to frame his behavior as accountable in relation to the cultural ideal of "a good son." At the same time, because previous research has focused on

women's experiences of caregiving, it is unclear whether and how Japanese men vary in conformity to each of the five components of traditional *Ie* ideas about gender and family.

Our specific aims are twofold, and we conduct two studies to address each separately. First, we classify Japanese men into groups on the basis of similarities in how much they emphasize each of the five components of normative ideas (Study 1). Next, we explore differences in parental caregiving among the identified groups (Study 2). Specifically, we examine possible group differences in the influence of relevant family characteristics (i.e., birth order, the amount of economic transfer from parents, availability of women caregivers) on men's parental caregiving. Given that how to do gender is contextualized (West & Zimmerman, 1987), men seem likely to accomplish manhood and "son-hood" differently according to family circumstances. Men will be concerned with different family characteristics, however, depending on how much they emphasize each of the five components of normative ideas.

In our analysis, we include two types of caregiving: (a) economic support and (b) assistance with household chores and physical care. As noted, under the *Ie* institution, men were responsible for securing parents' economic status while women were expected to provide personal care for aging parents while managing the household (Elliott & Campbell, 1993). Thus, economic support for parents is considered to be a traditionally "masculine" type of care whereas assistance with household chores and physical care are counted in traditionally "feminine" types of care. Because of the gendered nature of filial care responsibility, types of care seem to matter for how men do gender in parental caregiving.



To clarify the relations among normative ideas, family circumstances, and parental caregiving, we also include several possible confounders in our analysis. First, we consider parents' care needs, which likely affect the amount of care adult children provide. Second, sons' age also is included because the influence of *Ie* norms is dissolving especially in younger generations (Elliott & Campbell, 1993). Finally, we take into account sons' economic support, a resource for parental support, and other, potentially competing responsibilities such as caregiving to dependent children and paid work. In doing so, our goal is to capture variation in men's ideas about gender and family in Japan and how their ideas structure their parental caregiving.

#### Method

We analyzed data from the Japanese General Social Survey (JGSS) 2006, a population-based survey conducted in 2006. The JGSS 2006 used a nationally representative sample of 4,254 Japanese adults aged 20 years or older. Participants were randomly split into two groups, one of which ( $N = 2,130$ ) answered a questionnaire that included items focused on intergenerational family relationships. In this group, 964 (45.3%) were men, whom we analyzed in Study 1 (classification analysis). Of these 964 men, 553 (57.4%) had at least one living parent and were analyzed in Study 2 (examination of the association among normative ideas, family circumstances, and parental caregiving). Sociodemographic characteristics of men for each study are summarized in Table 1.1.

We used multiple imputation to handle missing data for the 964 men in Study 1. Using the *ice* program in *Stata* (Royston, 2005), we imputed missing responses on all

variables across studies simultaneously because the data for Study 2 were nested in those for Study 1. Further, to obtain nonbiased estimates from regression analyses, missing data on a variable should be inferred from nonmissing responses on the other variables that are included in the model (Allison, 2002). Although variables for Study 1 are not directly entered in the analysis in Study 2, we examine differences in the relation of family circumstances to parental caregiving by group extracted in Study 1 (i.e., interaction between family characteristics and groups using Study 1 variables). Thus, all missing values were imputed in a single process. For all but one variable, the number of respondents with missing data was 15 (1.6%) or fewer. Only the variable *economic status* (i.e., income in the previous year; a control variable for Study 2) had a relatively large amount of missing data ( $n = 150$ ; 16%). Following Acock (2005), our results are based on pooled estimates using five imputed data sets. Because there were no missing data on parents' survival in JGSS 2006, participants with at least one living parent (i.e., participants in Study 2) were consistent across these data sets.

### *Study 1*

#### *Sample*

As shown in Table 1.1, our original sample of 964 men varied in age from 20 to 88 years ( $M = 52.9$ ;  $SD = 16.8$ ). Three fourths (75.2%;  $n = 725$ ) were married. Regarding work status, 72.6% ( $n = 700$ ) worked for pay, and 19.8% ( $n = 191$ ) had reached mandatory retirement age. Around half of the men ( $n = 498$ ; 51.7%) were the eldest son. The average numbers of sisters and brothers were 1.2 ( $SD = 1.3$ ; range = 0-8) and 1.4 ( $SD = 1.3$ ; range = 0-7) respectively. More than half of the men (57.4%;  $n = 553$ ) had at least

one living parent. The average ages of living parents were 69.4 ( $SD = 12.6$ ; range = 42-102) for mothers and 67.2 ( $SD = 10.4$ ; range = 45-97) for fathers.

### *Measurement*

We used six items to measure participants' level of conformity to each of the five components of traditional ideas about gender and family. First, an item asked participants which child they think is most responsible for taking care of parents. Their answer to this question was used to create a binary variable wherein 1 = *eldest son* and 0 = *other*. Second, respondents answered how much they agree that "A child who has taken good care of parents should inherit a larger share of the property" using a 7-point scale ranging from 0 = *strongly disagree* to 6 = *strongly agree*. We used the respondents' score to assess whether and how much they think care responsibility should be assumed in exchange for inheritance of family property.

Third, to create an index of agreement with family caregiving as women's work, two items were used: "A husband's job is to earn money; a wife's job is to look after the home and family" and "It is more important for a wife to help her husband's career than to pursue her own career." Respondents answered how much they agree with each statement using the same 7-point scale as the item on inheritance. We combined answers for these two items ( $r = .62, p < .01$ ), generating an index ranging from 0 = *strongly disagree* to 12 = *strongly agree*. Fourth, respondents' view of married women's obligation to their in-laws was assessed using the item "If husband's family and wife's family need help at the same time, a married women should help husband's family." Responses were coded 0 = *strongly disagree* to 6 = *strongly agree*. Finally, JGSS 2006 asked respondents,

“Do you think it desirable for three generations (older people, their married children, and grandchildren) to share a home?” Their dichotomized answers (1 = *desirable*; 0 = *not desirable*) were used as an indicator of attitudes toward multigenerational coresiding.

### *Results*

We conducted a series of latent class analyses to classify respondents according to similarities in conformity to the five components of normative ideas about gender and family. *Mplus* was used for the latent class analyses because *Mplus* enables us to use both categorical and continuous variables in the same model. To identify the optimal latent class model, we examined multiple fit indices for several models, each of which was comprised of different numbers of classes (Table 1.2). Comparing fit indices for each model, we considered the 3-class solution to be the best model. Although a marked decline in both Akaike information criterion and sample size adjusted Bayesian information criterion and the value of entropy close to 1.0 suggested clear delineation of classes in the 4-class or 5-class models, the result of Lo-Mendel-Rubin’s adjusted likelihood ratio test indicated that the 4-class solution is not significantly better than the 3-class solution ( $p = .20$ ); that is, adding one or more latent classes to the 3-class model was suggested to be redundant. Thus, we concluded that the 3-class solution is the most parsimonious model.

Table 1.3 shows differences among classes in level of conformity to each component of normative ideas about gender and family. Class differences in all components were statistically significant at  $p < .05$ , and in each class, there was no significant correlation among components. Men in the first class ( $n = 134$ ) were lowest in

agreement with both *family caregiving as women's work* and *married women's obligation to in-laws*, suggesting that they do not see care responsibility as gendered. A remarkable characteristic of this group is that they agreed relatively strongly with *inheritance in exchange for caregiving to parents*. Thus, we named this class *inheritance not gender*.

The second class ( $n = 526$ ) was in contrast with the first. Whereas they were lowest in both *eldest son responsible for caregiving to parents* and *inheritance in exchange for caregiving to parents*, they agreed relatively strongly with both *family caregiving as women's work* and *married women's obligation to in-laws*. Because they conform only to norms regarding women, we named this class *liberal except for women's roles*. Men in the third class ( $n = 304$ ) were conservative. They were highest in all five components among the three groups. We named this class *traditionalists*.

The three classes differed significantly in sociodemographic background. Mean ages were significantly different from each other (*inheritance not gender* = 46.0; *liberal except for women's roles* = 50.4; *traditionalists* = 60.3). Regarding marital status, *traditionalists* (84.5%) were more likely than *inheritance not gender* (70.1%) and *liberal except for women's roles* (71.1%) to be married. Also, more retirees were included in *traditionalists* (28.6%) than in *inheritance not gender* (11.2%) and in *liberal except for women's roles* (16.9%). Regarding sibling ties, *traditionalists* (46.1%) were less likely than *inheritance not gender* (52.2%) and *liberal except for women's roles* (54.8%) to be the eldest son. *Traditionalists* also had more brothers and more sisters than the other two groups. Among the three groups, *inheritance not gender* were most likely (74.6%) and *traditionalists* were least likely (39.5%) to have at least one living parent.

The results indicate that men in each class differ in their conformity to normative ideas about gender and family related to parental caregiving. Because the doing gender perspective suggests that men are motivated to frame their caregiving in line with their adherence to normative ideas, we would expect to see class differences in the family circumstances associated with the frequency of providing care for parents. Specifically, parental caregiving by men in *inheritance not gender* may be associated with economic transfer from parents whereas availability of women family members likely matters for men in *liberal except for women's roles*. Because *traditionalists* adhere to all components of *Ie* norms, these men's caregiving seems to be associated with all relevant family variables (i.e., whether they are the eldest son, economic transfer from parents, and whether women family members are available).

### *Study 2*

#### *Sample*

Building on the latent classes identified in Study 1, in Study 2, we explored the relations among normative ideas, family circumstances, and parental caregiving. The sample for Study 2 was restricted to men with at least one living parent ( $N = 553$ ; 57.4% of the sample for Study 1). As shown in Table 1.1, compared with the original sample, this sample was younger ( $M = 42.4$ ;  $SD = 12.9$ ) and less likely to be married (67.1%). In addition, almost 90% of men in this sample were working for pay. Regarding sibling ties, 60% of men were the eldest son. Both the average number of sisters ( $M = 0.8$ ;  $SD = 0.9$ ) and that of brothers ( $M = 1.0$ ;  $SD = 0.9$ ) were smaller in this sample than in the original sample for Study 1.

Because this sample includes men of a wide age range (20-75), we did not necessarily examine men's caregiving to *aging* parents. But, as shown later, despite age differences among latent classes, the percentage of men whose parents are in poor health and thus need care did not differ significantly across groups. To obtain generalizable results on men's parental caregiving in Japan, therefore, we did not set an age restriction on participants. Instead, we controlled for parents' care needs and sons' age in the analyses (specified below).

### *Measurement*

We examined both economic support (i.e., traditionally masculine types of care) and assistance with household chores and physical care (i.e., traditionally feminine types of care). For each of the two types of care, respondents with at least one living parent answered how often they provided it for their parents in the last 12 months using a 5-point scale (0 = *never* to 4 = *very often*). To analyze whether and how men's caregiving to parents depends on family circumstances that are relevant to the five components of normative ideas about gender and family, we included the following family variables.

*Birth Order.* Respondents reported their birth order, from which we created a binary variable that indicated whether they are eldest son (1 = *yes*; 0 = *no*).

*Economic Transfer from Parents.* JGSS 2006 asked respondents about two different types of economic transfer from parents: (a) the frequency of receiving financial aid from parents in the last 12 months (0 = *never* to 4 = *very often*) and (b) the amount of money and/or assets respondents received from parents when they married (0 = *none*; 1 = *some*; 2 = *a great deal*). We included these two items separately because they were not

significantly correlated. Respondents who never married were counted as *received none when they married*.

*Availability of Women Caregivers.* We considered three types of women family members to whom men might transfer care responsibility: wives, sisters, and sisters-in-law. For wives, we included a binary variable that indicated respondents' marital status (1 = *married*; 0 = *unmarried*). We also included the number of sisters. The number of brothers was not considered for both statistical and conceptual reasons. Statistically, the number of brothers was highly correlated with whether respondents are the eldest son ( $r = .65, p < .01$ ). Conceptually, the number of brothers itself is not important in traditional *Ie* ideology. More relevant is whether brothers are married (i.e., whether sisters-in-law are available), which we considered with the next variable.

Regarding availability of sisters-in-law, it is preferable to consider the marital status of *all* brothers. In JGSS 2006 data, however, information is available only about *brothers who live with their parents*. (Further, because JGSS 2006 asked whether parents live with respondents *or* their married brother, it was impossible to examine whether respondents reside with parents, another family circumstance relevant to traditional ideas, separately from the availability of sisters-in-law.) Thus, we could include only sisters-in-law who live with respondents' parents using a binary variable (1 = *a sister-in-law lives with parents*; 0 = *no sister-in-law lives with parents*). Among respondents for whom both parents were alive, two reported only one parent's living arrangement; they did not report about the other parent. For these two respondents, we used living arrangement of parent reported when creating this binary variable. For the



other respondents, both living parents lived in the same household.

*Controls.* We controlled for parents' and respondents' characteristics that might confound the relation among normative ideas, family circumstances, and parental caregiving. As noted earlier, *parents' care needs* and *respondents' age* were included in the analysis. Regarding parents' care needs, respondents reported the health status of their living parents using a 5-point scale ranging from 0 = *very poor* to 4 = *very good*. We considered parents to be in need of care when at least one parent was in *poor* or *very poor* health. Although some studies controlled for parents' age as an alternative index of care needs (e.g., Campbell & Martin-Matthews, 2003), we did not do so for the following reasons. In our data, parents' age was significantly correlated with their health status ( $r = .429, p < .01$  for mothers;  $r = .296, p < .01$  for fathers), suggesting no reason to include both. Moreover, it has been suggested that, when including both parents' age and their physical health as assessed by their children, only the latter is associated with the provision of care for parents by adult sons as well as daughters (Dwyer & Coward, 1991). Thus, age does not serve well as an index of parents' care needs compared with their health status as perceived by their children.

We also controlled for *respondents' economic status*, which is likely to be related to both economic support provided for and financial aid received from parents. Total income in the previous year was used as an index of respondents' economic status. Respondents reported their income using 19 ordered categories (0 = *no income*; 6 = *2.5 million-3.5 million Japanese yen*; 12 = *7.5 million-8.5 million Japanese yen*; 18 = *23 million yen or over*). Finally, we took account of respondents' responsibilities potentially

competing with parental caregiving. Specifically, we included *the number of dependent children* and *weekly work hours*, both of which have been shown to influence men's involvement in informal caregiving (Gerstel & Gallagher, 2000; Sarkisian & Gerstel, 2004). Work hours of respondents with no paid work (e.g., retirees) were counted as zero.

### *Analytic Strategy*

We employed multiple group regression analysis; that is, to explore possible differences by latent classes in the association between family circumstances and the frequency of providing care for parents, the regression analysis was performed for each group separately and simultaneously. In doing so, we examined independently each of the two types of caregiving.

To identify whether and how the association between parental caregiving and family circumstances differ by latent classes, we used chi-square difference tests. Specifically, we ran a model in which regression coefficients of a variable were constrained to be equal across groups. We then compared this constrained model with one in which the coefficients of this variable were freely estimated. If the model chi-square statistic for the constrained model was significantly larger than that for the unconstrained model, we would conclude that the effects of this variable were different among groups.

### *Results*

Table 1.4 shows descriptive statistics of variables by latent class. Overall, this restricted sample of men was homogeneous; group differences were nonsignificant for most variables including the two types of caregiving to parents. Significant class differences were shown in (a) whether respondents were married (i.e., availability of

wives), (b) whether a sister-in-law of respondents lives with parents (i.e., availability of sisters-in-law), and (c) respondents' age. Specifically, *traditionalists* were more likely than men in the other classes to be married; men in *liberal except for women's roles* were less likely than men in the other classes to have a sister-in-law living with their parents; and *traditionalists* were older than men in the other classes. There was no significant class difference in parents' care needs despite significant age differences among classes. Thus, men with parents in need of care were included in each class relatively equally.

Table 1.5 summarizes the results of multiple group regression analysis on men's providing masculine types of care for parents (i.e., economic support). For *inheritance not gender*, no family variable was significantly associated with their provision of economic support for parents. For *liberal except for women's roles*, only marital status was significant; specifically, married men were less likely than unmarried men to provide economic support for their parents. For *traditionalists*, the two variables related to economic transfer from parents were significantly associated with economic support for parents but in opposite directions. On the one hand, men who received financial aid from their parents more frequently provided more economic support for their parents. On the other hand, men provided less economic support for their parents who gave them more money and/or assets when they married. Although significant independent variables differed by class, the results of chi-square difference tests did not reach significance. Thus, the association between family variables and economic support for parents did not differ in magnitude across classes.

Table 1.6 summarizes the results of multiple group regression analysis on men's

providing feminine types of care (i.e., assistance with household chores and physical care). For *inheritance not gender*, the frequency of receiving financial aid from parents was the only significant family variable. Men in this group provided more assistance with chores and/or more physical care for their parents who gave them financial aid more frequently. For *liberal except for women's roles*, most family variables were significantly associated with men's provision of assistance with chores and physical care. In this group, men who are the eldest son were more likely than others to provide these types of care. Also, men who received more financial aid from their parents provided more assistance with chores and/or more physical care for their parents. Additionally, men were less likely to provide these types of care for their parents if they were married and/or if one of their sister-in-law resided with their parents. The results of *traditionalists* were similar to those of *liberal except for women's roles* except that being the eldest son was not significant for *traditionalists*. Specifically, for *traditionalists*, the provision of assistance with chores and physical care is positively associated with the frequency of receiving financial aid from parents and negatively associated with being married and with having a sister-in-law living with parents. The results of chi-square difference tests, however, indicated no significant class difference in the magnitude of the association between family variables and providing these types of care.

Results were mostly as expected especially for traditionally feminine types of caregiving. For example, for men in *inheritance not gender*, only the frequency of receiving financial aid from parents was associated with parental caregiving. Among *traditionalists*, both financial aid from parents and availability of wives and sisters-in-law

were significant family variables, although, contrary to our expectation, there was no association between being the eldest son and parental caregiving. Further, caregiving by *liberal except for women's roles* was associated with more family variables than we expected. Specifically, although neither birth order nor economic transfer from parents was emphasized in their ideological view, these two family variables were significantly associated with their parental caregiving. In sum, normative ideas and actual care performance were fairly consistent for *inheritance not gender* and for *traditionalists* but not for *liberal except for women's roles*.

### Discussion

Guided by the doing gender framework, our aims in this study were to explore (a) possible variation in normative ideas about gender and family related to filial care among Japanese men and (b) whether and how such normative ideas shape men's parental caregiving differently according to family circumstances. The results of latent class analyses indicated that Japanese men can be classified into three groups that differ in level of conformity to each of the five components of normative ideas. The first group of men, who were relatively younger, emphasized inheritance in exchange for parental caregiving, with little concern about gendered family responsibilities. In contrast with this group, a second group of men persisted in traditional norms around women (i.e., family caregiving as women's work and married women's obligation to their in-laws) while deemphasizing both eldest son's care responsibility and inheritance. Because this second group was the majority of our nationally representative sample, this pattern of adherence to normative ideas seems dominant among men in Japan. The remaining group

of men was older and conservative; they agreed strongly with all components of normative *Ie* ideas.

Because the doing gender framework presumes that individuals attempt to orient their behavior toward normative conceptions of gender, with variation in conformity to the norms, we anticipated group differences in family circumstances that are associated with caregiving. Overall, the results are consistent with this theoretical assumption. For *inheritance not gender*, no family variable was significantly associated with their provision of economic support for their parents. For these younger men (mean age = 46.0), family circumstances relevant to traditional ideas about gender and family may not matter for such masculine types of caregiving. Their emphasis on inheritance is reflected in their provision of assistance with household chores and physical care for their parents. They appear to be involved in these traditionally feminine types of caregiving in exchange for financial aid they received from their parents.

Men in *liberal except for women's roles* adhere to the gendered division of labor. In this group, married men were less likely than unmarried men to provide economic support for their parents. Because the number of dependent children also was negatively associated with their economic support for parents, these men seem to focus on their own families, suggesting their attempt to be good family providers in line with their normative ideas. Further, consistent with their view of parental caregiving as daughters-in-law's responsibility, both being married and having a sister-in-law residing with their parents were negatively associated with their provision of assistance with household chores and physical care (i.e., traditionally feminine types of care) for their parents. Unexpectedly,

however, being the eldest son and financial aid from parents were positively associated with their provision of feminine types of care despite their limited concern with birth order and inheritance. In other words, their behavior is not necessarily consistent with their normative ideas.

*Traditionalists* also seem to carry out care responsibility for their parents in line with their normative ideas. As expected from their view of inheritance in relation to parental caregiving, they provided both masculine and feminine types of care in exchange for financial aid from their parents. Although the amount of money and/or assets they received from parents when they married was negatively associated with their economic support for parents, this negative association may indicate they seek to support their parents who were not in good financial situations and could not then afford to transfer economic resources to them. In addition, *traditionalists* provided less assistance with chores and less physical care for their parents if they were married and/or if one of their sisters-in-law lived with their parents. At the same time, being the eldest son was associated neither with masculine nor with feminine types of caregiving. These results may mean, regardless of their birth order, *traditionalists* are involved in masculine types of parental caregiving but are reluctant to provide feminine types of care for parents.

The group differences suggest sociohistorical changes in men's ideas about parental caregiving as well. The youngest group (i.e., *inheritance not gender*) and the oldest group (i.e., *traditionalists*) differ from one another regarding how they provide care for their parents. Men in *inheritance not gender* seem to view parental caregiving simply in terms of social exchanges whereas all components of the *Ie* norms are

preserved among *traditionalists*. Further, their ideas guide their caregiving to parents. Yet, men in the middle, *liberal except for women's roles*, are a “hybrid” of the other two groups. Their parental caregiving is guided by *all* five components of traditional ideas, some of which (i.e., birth order and inheritance) are not important *in their view*.

Compared with *inheritance not gender*, this group of men does not seem liberated from the *Ie* traditions, suggesting gaps between their ideas and their behavior. At the same time, it appears that the influence of each component of normative *Ie* ideas is not weakening among younger cohorts uniformly. The youngest group, *inheritance not gender*, conforms to the norms around inheritance more than their older counterparts, *liberal except for women's roles*. Our results are consistent with previous research on historical changes in people's ideas about gender in Japan (Lee, Tufiş, & Alwin, 2010). Lee and her colleagues indicated Japanese men's attitudes toward the gendered division of family labor differ by birth cohorts whose age interval was operationalized as 7 years, which is similar to the age difference between *inheritance not gender* and *liberal except for women's roles* in the present study. Further, they also suggested that Japanese people's ideas about gender do not seem to be changing linearly over time (i.e., younger cohorts are not necessarily more liberated from *all* normative ideas than older cohorts).

The results are remarkable in relation to existing findings in the literature on men's caregiving and intergenerational relationships. First, although previous research has consistently shown that the presence of sisters decreases men's involvement in parental caregiving (e.g., Campbell & Martin-Matthews, 2003; Gerstel & Gallagher, 2001), in our study, the number of sisters was associated neither with masculine nor with



feminine types of caregiving. These findings were consistent across groups even though two groups of men hold conservative views about women's roles. The existing finding about the influence of sisters may not be applicable to Japan, where parents have traditionally received care from their daughters-in-law rather than their own daughters (from sons' viewpoint, sisters-in-law rather than sisters). To clarify how sisters versus sisters-in-law affect men's parental caregiving in Japan, it is necessary to consider the availability of all sisters-in-law. Because of the structure of JGSS 2006 data, however, we could include only sisters-in-law who live with parents.

Second, and relatedly, our findings suggest that an *array* of normative ideas matter for men's parental caregiving. In other words, each idea may not influence men's behavior independently. For example, without considering men's view of married women's obligation to their in-laws, it would be impossible to explain why the presence of sisters was not associated with caregiving to parents by men who emphasize the gendered division of labor (i.e., *liberal except for women's roles* and *traditionalists*). Thus, multiple normative ideas may *combine* to form a sociocultural guideline for how men do gender in parental caregiving. To better explain men's caregiving in terms of doing gender, it may be necessary to consider not only gender ideology that defines family caregiving as women's work but also other ideas related to gender and family.

Third, the frequency of financial aid from parents was positively associated with feminine types of parental caregiving for all groups of men regardless of their normative ideas. This finding suggests that parents' economic resources and sons' parental care are exchangeable in Japan, although, because of the cross-sectional nature of our data, it is

not possible to identify causal directions (i.e., whether parents “purchased” sons’ care or rewarded sons for their voluntary caregiving). Further, because JGSS asked about financial aid from parents in the last 12 months, when respondents provided care for parents, such exchanges seem to occur within a relatively short time period. This finding is in contrast with the *support bank* concept in gerontological research (Antonucci & Jackson, 1990). According to Antonucci and Jackson, older adults obtain support from adult children in exchange for help they have given to their children in the past. Japanese parents and adult sons, however, may not help one another in line with such a long-term exchange mechanism. Rather, adult sons may repay their parents for support received immediately or in a relatively short timeline.

This finding of short-term exchanges also suggests that Japanese parents with limited economic resources likely face difficulty receiving care from their sons. An advantage of a *support bank* is that, even if older adults have limited resources to pay for support received, they can gain others’ help in exchange for what they have provided in the past (Antonucci & Jackson, 1990). Yet, adult sons may be concerned with parents’ economic resources *at hand*. Because financial aid from parents was consistently associated with men’s feminine types of parental caregiving, to secure care from sons, parents may have to maintain economic resources while they are in need of care. Economic resources may be even more important for parents in younger cohorts because *inheritance not gender* was the youngest of the three groups. Although men in this group do not see caregiving as women’s work, they may not be motivated to provide care for their parents with little property to transfer to them.

### *Limitations and Conclusion*

There are several limitations to this study. To begin with, because only care provided for the past 12 months was examined, we did not consider the total amount of care men have provided for their parents. Also, when analyzing the association between men's parental caregiving and family circumstances, we excluded men whose parents were deceased at the time of the survey. It is unknown whether and how these men were involved in parental caregiving while their parents were alive. These men are relatively older than others in the sample because the average age of respondents declined when we excluded them. Altogether, our findings reflect the care experiences of relatively younger Japanese men during a limited time period.

The cross-sectional nature of our data also results in limitations in addition to such inability to identify causal directions. Although we took account of parents' health status at the time of the survey, research suggests that *changes* in parents' care needs matter for understanding men's parental caregiving. Matthews and Heidorn (1998) suggested that, when parents are in crisis, adult sons are likely to provide intensive care in concert with siblings. Thus, Matthews (2002) warned that sons should not necessarily be seen as "irresponsible" filial caregivers just because they do not provide as much *daily* assistance for parents as daughters do. To better explain how Japanese men take care of their parents, therefore, it seems necessary to examine (a) whether and how they *change* the level of their involvement in caregiving according to their parents' condition and (b) whether and how such family circumstances as those included in our analyses influence men's adjusting their caregiving to meet parents' needs.

Finally, although our results indicated several family circumstances that affect *level* of men's parental caregiving, these variables may not explain whether men take on the role of *primary caregiver* for their parents. For example, among *inheritance not gender*, the availability of sisters-in-law was not associated with their caregiving. This result, however, does not mean that the presence of sisters-in-law is irrelevant to these men's willingness to assume primary responsibility for parental caregiving. In fact, daughters-in-law (sisters-in-law for sons) are still predominant primary caregivers for parents in Japan (Ministry of Health, Welfare, & Labor, 2004). Our focus was whether and how the amount of care men provide varies according to family circumstances in interaction with the normative ideas they hold.

Despite these limitations, this study has shed light on parental caregiving by Japanese men, a population that has been invisible in the literature on elder care. Among Japanese men, there is variability in conformity to each component of normative ideas about gender and family related to parental caregiving. Further, depending on which components of normative ideas they emphasize, family characteristics that motivate or hinder their caregiving differ. Thus, if we assume a single sociocultural guideline for filial care, we cannot fully explain men's parental caregiving as gender performance. Such heterogeneity will likely be observed among men in other countries as well. Future research should further explore what differentiates men's caregiving while considering possible variation in *multiple* normative ideas toward which men likely orient their behavior. Doing so will advance our understanding of how men view and carry out care responsibility for parents, which has increasing significance for many aging societies.

## References

- Acock, A. C. (2005). Working with missing values. *Journal of Marriage and Family*, *67*, 1012 – 1028.
- Allison, P. D. (2002). *Missing data*. Thousand Oaks, CA: Sage.
- Antonucci, T. C., & Jackson, J. S. (1990). The role of reciprocity in social support. In B. R. Sarason, I. G. Sarason, & G. R. Pierce (Eds.), *Social support: An interactional view* (pp. 173 – 198). New York: Wiley.
- Arber, S., & Ginn, J. (1995). Gender differences in informal caring. *Health & Social Care in the Community*, *3*, 19 – 31.
- Cabinet Office, the Government of Japan. (2003). *Kōreisha kaigo ni kansuru yoron chōsa* [A public opinion poll on elder care] Tokyo, Japan: Author.
- Campbell, L. D., & Martin-Matthews, A. (2003). The gendered nature of men's filial care. *Journal of Gerontology: Social Sciences*, *58B*, S350 – S358.
- Coltrane, S., & Shih, K. Y. (2010). Gender and the division of labor. In J. C. Chrisler & D. R. McCreary (Eds.), *Handbook of gender research in psychology* (Vol. 2, pp. 401 – 422). New York: Springer.
- Coulmas, F. (2007). *Population decline and ageing in Japan: The social consequences*. London, England: Routledge.
- Dwyer, J. W., & Coward, R. T. (1991). A multivariate comparison of the involvement of adult sons versus daughters in the care of impaired parents. *Journal of Gerontology: Social Sciences*, *46*, S259 – S269.
- Elliott, K. S., & Campbell, R. (1993). Changing ideas about family care for the elderly in

- Japan. *Journal of Cross-Cultural Gerontology*, 8, 119 – 135.
- Gerstel, N., & Gallagher, S. K. (2001). Men's caregiving: Gender and the contingent character of care. *Gender & Society*, 15, 197 – 217.
- Harris, P. B., & Long, S. O. (1999). Husbands and sons in the United States and Japan: Cultural expectations and caregiving experiences. *Journal of Aging Studies*, 13, 241 – 267.
- Harris, B. P., & Long, S. O., & Fujii, M. (1998). Men and elder care in Japan: A ripple of change? *Journal of Cross-Cultural Gerontology*, 13, 177 – 198.
- Hiraoka, K. 2006. Long-term care insurance in Japan. In H. Yoon & J. Hendricks (Eds.), *Handbook of Asian aging* (pp. 355 – 381). Amityville, NY: Baywood.
- Kramer, B. J. (2002). Men as caregivers: An overview. In B. J. Kramer & E. H. Thompson, Jr. (Eds.), *Men as caregivers: Theory, research, and service implications* (pp. 3 – 19). New York, NY: Springer.
- Lee, K. S. (2010). Gender, care work, and the complexity of family membership in Japan. *Gender & Society*, 24, 647 – 671.
- Lee, K. S., Tufiş, P. A., & Alwin, D. F. (2010). Separate spheres or increasing equality? Changing gender beliefs in postwar Japan. *Journal of Marriage and Family*, 72, 184 – 201.
- Long, S. O., Campbell, R., & Nishimura, C. (2009). Does it matter who cares? A comparison of daughters versus daughters-in-law in Japanese elder care. *Social Science Japan Journal*, 12, 1 – 21.
- Matthews, S. H. (2002). Brothers and parent care: An explanation for sons'

- underrepresentation. In B. J. Kramer & E. H. Thompson, Jr. (Eds.), *Men as caregivers: Theory, research, and service implications* (pp. 234 – 249). New York, NY: Springer.
- Matthews, S. H., & Heidorn, J. (1998). Meeting filial responsibilities in brothers-only sibling groups. *Journal of Gerontology: Social Sciences*, 53B, S278 – S286.
- Ministry of Health, Welfare, and Labor, the Government of Japan. (2004). *Kokumin seikatsu kiso chōsa* [Comprehensive survey of the living conditions of the people]. Tokyo, Japan: Author.
- Nakanishi, Y. (2009). *Wakamono no kaigo ishiki: Oyako kankei to jendā fukinkō* [Young adults' attitudes toward caregiving to older adults: Parent-child relationships and gender inequality]. Tokyo, Japan: Keisō Shobō.
- Royston, P. (2005). Multiple imputation of missing values: Update. *Stata Journal*, 5, 188 – 201.
- Sarkisian, N., & Gerstel, N. (2004). Explaining the gender gap in help to parents: The importance of employment. *Journal of Marriage and Family*, 66, 431 – 451.
- Sodei, T. (1995). Care of the elderly: A women's issue. In K. Fujimura-Fanselow & A. Kameda (Eds.), *Japanese women: New feminist perspectives on the past, present, and future* (pp. 213 – 228). New York: Feminist Press.
- West, C., and Zimmerman, D. H. (1987). Doing gender. *Gender & Society*, 1, 125 – 151.
- Wolff, J. L., & Kasper, J. D. (2006). Caregivers of frail elders: Updating a national profile. *Gerontologist*, 46, 344 – 356.

Table 1.1

## Sociodemographic Background of Participants for Each Study

	Study 1 ( <i>N</i> = 964)			Study 2 ( <i>N</i> = 553)		
	<i>M</i> or %	<i>SD</i>	Range	<i>M</i> or %	<i>SD</i>	Range
Age	52.9	16.8	20-88	42.4	12.9	20-75
Marital status						
Married	75.2			67.1		
Unmarried	24.8			32.9		
Work status						
Working for pay	72.6			89.5		
Retired	19.8			3.8		
Other	7.6			6.7		
Sibling ties						
Eldest son	51.7			60.0		
<i>N</i> of sisters	1.2	1.3	0-8	0.8	0.9	0-5
<i>N</i> of brothers	1.4	1.3	0-7	1.0	0.9	0-5
Parents' survival						
Both parents	33.5			58.3		
Only mother	20.3			35.4		
Only father	3.6			6.3		
Both deceased	42.6			—		
Living parents' age						
Mother	69.4	12.6	42-102			
Father	67.2	10.4	45-97			

*Note.* Participants in Study 2 are men who have at least one living parent among participants in Study 1.



Table 1.2

Fit Indices for the Latent Class Analysis of the Five Components of Normative Ideas  
About Gender and Family

Model	AIC	SSBIC	Entropy	LMR	<i>p</i>
2 Classes	11922	11946	.562	178.74	.007
3 Classes	11770	11805	.802	157.53	.023
4 Classes	11422	11466	.985	118.54	.201
5 Classes	11145	11200	.999	241.87	.193

*Note.* AIC = Akaike information criterion. SSBIC = Sample size adjusted Bayesian information criterion. LMR = Lo-Mendel-Rubin's adjusted likelihood ratio test.

Table 1.3

## Latent Class Differences in Normative Ideas and in Sociodemographic Background

		I Inheritance not gender ( <i>n</i> = 134)	II Liberal except for women's roles ( <i>n</i> = 526)	III Traditionalists ( <i>n</i> = 304)	Total ( <i>N</i> = 964)	Class differences
Normative ideas						
Eldest son responsible for caregiving to parents <sup>a</sup>	(%)	12.7	4.6	53.0	21.0	II < I < III
Inheritance in exchange for caregiving to parents <sup>b</sup>	( <i>M</i> )	4.46	3.85	4.77	4.22	II < I < III
Family caregiving as women's work <sup>c</sup>	( <i>M</i> )	2.68	6.19	8.43	6.41	I < II < III
Married women's obligation to in-laws <sup>b</sup>	( <i>M</i> )	2.16	2.95	3.70	3.08	I < II < III
Multigenerational coresiding desirable <sup>d</sup>	(%)	64.9	65.6	80.3	70.1	I, II < III
Sociodemographic background						
Age	( <i>M</i> )	46.0	50.4	60.3	52.9	I < II < III
Married	(%)	70.1	71.1	84.5	75.2	I, II < III
Retired	(%)	11.2	16.9	28.6	19.8	I, II < III
Eldest son	(%)	52.2	54.8	46.1	51.7	III < I, II
<i>N</i> of sisters	( <i>M</i> )	0.9	1.1	1.6	1.2	I, II < III
<i>N</i> of brothers	( <i>M</i> )	1.2	1.3	1.6	1.4	I, II < III
At least one living parent	(%)	74.6	63.3	39.5	57.4	III < II < I

## Table 1.3 Continued

*Note.* Class differences are based on Tukey's multiple comparisons at  $p < .05$ .

<sup>a</sup>1 = *eldest son most responsible*; 0 = *not necessarily*. <sup>b</sup>0 = *strongly disagree*; 6 = *strongly agree*. <sup>c</sup>0 = *strongly disagree*; 12 = *strongly agree*. <sup>d</sup>1 = *yes*; 0 = *no*.

Table 1.4

## Descriptive Statistics of Variables by Latent Class

	I		II		III		Class differences
	Inheritance not Gender ( <i>n</i> = 100)		Liberal except for women's roles ( <i>n</i> = 333)		Traditionalists ( <i>n</i> = 120)		
	<i>M</i> or %	<i>SD</i>	<i>M</i> or %	<i>SD</i>	<i>M</i> or %	<i>SD</i>	
Frequency of caregiving to parents							
Masculine types of care <sup>a</sup>	1.17	1.21	1.20	1.11	1.43	1.19	<i>ns</i>
Feminine types of care <sup>a</sup>	1.24	1.17	1.28	1.08	1.42	1.18	<i>ns</i>
Birth Order							
Eldest son <sup>b</sup> (%)	52.2		54.8		46.1		<i>ns</i>
Economic transfer from parents							
Frequency of receiving financial aid <sup>a</sup>	1.31	1.26	1.18	1.09	1.13	1.08	<i>ns</i>
Received economic resources at marriage <sup>c</sup>	0.43	0.67	0.49	0.69	0.52	0.67	<i>ns</i>
Women caregivers available							
Married <sup>b</sup> (%)	62.0		64.3		79.2		I, II < III
<i>N</i> of sisters	0.77	0.90	0.76	0.82	0.98	0.97	<i>ns</i>
Sister-in-law lives with parents <sup>b</sup> (%)	14.0		6.0		6.7		II, III < I
Controls							
Parents' care needs <sup>d</sup> (%)	33.0		29.7		31.7		<i>ns</i>
Age	39.93	12.99	41.52	12.61	46.88	12.4	I, II < III
Economic status <sup>c</sup>	6.89	3.41	7.24	3.04	7.79	3.22	<i>ns</i>
<i>N</i> of dependent children	0.80	0.99	0.80	1.02	0.98	1.11	<i>ns</i>
Weekly work hours	42.81	20.07	43.64	19.51	41.28	19.5	<i>ns</i>

## Table 1.4 Continued

*Note.* Class differences based on Tukey's multiple comparisons at  $p < .05$ . *ns* means nonsignificance.

<sup>a</sup>0 = *never*; 4 = *very often*. <sup>b</sup>1 = *yes*; 0 = *no*. <sup>c</sup>0 = *none*; 1 = *some*; 2 = *a great deal*. <sup>d</sup>1 = *at least one parent in poor health*; 0 = *no parents in poor health*. <sup>e</sup>Total income last year using 19 ordered categories (0-18); 0 = *no income last year*.

Table 1.5

Multiple Group Regression Analysis to Predict Men's Provision of Masculine Type of Care for Parents From Family Circumstances

(N = 553)

	I			II			III		
	Inheritance not gender			Liberal Except for Women's Roles			Traditionalists		
	(n = 100)			(n = 333)			(n = 120)		
	B	SE B	$\beta$	B	SE B	$\beta$	B	SE B	$\beta$
Birth order									
Eldest son <sup>a</sup>	-.41	.24	-.17	.16	.12	.07	.12	.22	.05
Economic transfer from parents									
Frequency of receiving financial aid <sup>b</sup>	.16	.13	.16	.10	.06	.10	.28	.10	.26**
Received economic resources at marriage <sup>c</sup>	-.13	.21	-.07	-.02	.10	-.01	-.38	.17	-.22*
Women caregivers available									
Married <sup>a</sup>	-.29	.36	-.12	-.70	.19	-.31**	.03	.33	.01
N of sisters	.15	.14	.11	.09	.07	.07	-.02	.11	-.02
Sister-in-law lives with parents <sup>a</sup>	.22	.35	.06	-.31	.25	-.07	-.54	.42	-.11
Controls									
Parents' care needs <sup>d</sup>	-.09	.25	-.03	.06	.13	.03	.37	.23	.14
Age	.04	.01	.43**	.02	.01	.23**	.02	.01	.16
Economic status <sup>e</sup>	-.01	.05	-.03	.06	.02	.18**	.02	.04	.07
N of dependent children	-.06	.14	-.05	-.14	.07	-.13*	-.16	.11	-.15
Weekly work hours	.00	.01	.01	.00	.00	.04	.00	.01	.04
Intercept	.20	.69		.08	.33		.33	.58	
R <sup>2</sup>		.144*			.152**			.157*	

## Table 1.5 Continued

<sup>a</sup>1 = *yes*; 0 = *no*. <sup>b</sup>0 = *never*; 4 = *very often*. <sup>c</sup>0 = *none*; 1 = *some*; 2 = *a great deal*. <sup>d</sup>1 = *at least one parent in poor health*; 0 = *no parents in poor health*. <sup>e</sup>Total income last year using 19 ordered categories (0-18); 0 = *no income last year*.

\*  $p < .05$ . \*\*  $p < .01$ .

Table 1.6

Multiple Group Regression Analysis to Predict Men's Provision of Feminine Types of Care for Parents From Family Circumstances

(N = 553)

	I			II			III		
	Inheritance not gender			Liberal Except for Women's Roles			Traditionalists		
	(n = 100)			(n = 333)			(n = 120)		
	B	SE B	$\beta$	B	SE B	$\beta$	B	SE B	$\beta$
Birth order									
Eldest son <sup>a</sup>	.29	.23	.12	.29	.11	.13*	.13	.20	.06
Economic transfer from parents									
Frequency of receiving financial aid <sup>b</sup>	.30	.12	.33*	.29	.06	.29**	.43	.10	.39**
Received economic resources at marriage <sup>c</sup>	-.16	.20	-.09	.11	.09	.07	.27	.16	.16
Women caregivers available									
Married <sup>a</sup>	-.52	.35	-.22	-.63	.17	-.28**	-.42	.30	-.15**
N of sisters	-.04	.13	-.03	.01	.07	.01	-.05	.11	-.04
Sister-in-law lives with parents <sup>a</sup>	-.01	.33	-.00	-.25	.23	-.06**	-.62	.39	-.13*
Controls									
Parents' care needs <sup>d</sup>	.12	.24	.05	.44	.12	.18**	.29	.21	.11
Age	.04	.01	.45**	.03	.01	.32**	.03	.01	.27*
Economic status <sup>e</sup>	-.01	.04	-.03	-.02	.02	-.07	-.01	.04	-.02
N of dependent children	-.01	.13	-.01	.06	.06	.06	.03	.11	.03
Weekly work hours	.00	.01	.03	.00	.00	.01	-.01	.01	-.09
Intercept	.53	.65		.03	.30		.10	.53	
R <sup>2</sup>			.193**			.227**			.269**



## Table 1.6 Continued

<sup>a</sup>1 = *yes*; 0 = *no*. <sup>b</sup>0 = *never*; 4 = *very often*. <sup>c</sup>0 = *none*; 1 = *some*; 2 = *a great deal*. <sup>d</sup>1 = *at least one parent in poor health*; 0 = *no parents in poor health*. <sup>e</sup>Total income last year using 19 ordered categories (0-18); 0 = *no income last year*.

\*  $p < .05$ . \*\*  $p < .01$ .

INVOKING NORMATIVE CONCEPTIONS IN A NONNORMATIVE WAY:  
CAREGIVING SONS “DO” GENDER

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### Abstract

Guided by the “doing gender” framework, our aim in this study is to discover a possible process through which caregiving sons can subvert gender relations in familial institutions. Using interview data from adult sons in Japan who are primary caregivers for their aging parents with dementia ( $N = 21$ ), we examined how these sons account for their care responsibility. In an effort to frame their care responsibility as accountable, caregiving sons “misused” traditional family norms to identify themselves as the most responsible children although such norms originally have tied women to the role of parental caregiver. Further, sons reconceptualized care such that men are better suited for caregiving than women, while redefining stereotypical femininity, such as women’s “innate” attentiveness, as harmful to both care providers and recipients. Our findings suggest that parental caregiving can be a context in which men deconstruct the ideological basis for gender relations in familial institutions *within attempts to do gender*.

This study aims to discover a possible process through which men's parental caregiving can subvert gender relations in familial institutions. It has been consistently shown that, compared with daughters, sons provide fewer types and amounts of care for their aging parents (e.g., Davey and Szinovacz 2008). Men, however, are increasingly likely to be called upon to care for aging parents because of sociodemographic trends such as fewer siblings in younger generations and the growth of women in the paid labor force (Kramer 2002). With more men taking on care responsibility for aging family members, feminist research has explored the social implications of men's caregiving in terms of its potential to transform structured social relations (Campbell and Carroll 2007). Their findings are relatively pessimistic, however, showing that men's assuming such an untraditional role is unlikely to threaten the hegemonic ideal of masculinity (Campbell and Carroll 2007). Men, in fact, engage in caregiving in ways that accommodate normative conceptions of masculinity, which can reify male supremacy in family relations (Calasanti 2003).

Nevertheless, this research may have overestimated the potential of men's caregiving to reproduce the social structure. McMullin and Marshall (1999) noted that individual actions can bring about both intended and unintended consequences. Sewell (1992) indicated that attempts to conform to structural arrangements do not necessarily replicate the existing social order. Men's caregiving not only may reproduce but also may (unintentionally) destabilize familial institutions built on such social relations.

We seek to theorize when and how men's ways of parental caregiving might fail to reproduce existing gender relations. Because gendered care experiences are linked to

the different structural locations of women and men (Calasanti 2010), men may influence the social structure in their attempts to negotiate the role of parental caregiver. This study not only investigates how sons manage parental caregiving; it also aims to discover the social meaning of this emerging family responsibility in men's life course.

We focus on caregiving sons in Japan. In this country, approximately 36% of adult child caregivers are men although daughters-in-law, traditionally preferable caregivers, still predominate (Ministry of Health, Welfare, and Labor 2004). Nevertheless, men's parental caregiving is still seen as unusual (Nakanishi 2009). Although Japanese parents today prefer to receive care from their children rather than their daughters-in-law, few expect sons to be their primary caregivers (Nakanishi 2009). Sons, in fact, remain less desirable caregivers than both daughters and daughters-in-law (Cabinet Office 2003). Because caregiving sons are relatively accessible but still "atypical," Japan is an ideal setting for this project.

### Theoretical Framework

The perspective *doing gender* conceives of gender as behaviorally accomplished (West and Zimmerman 1987). It holds an ethnomethodological presumption; that is, using available social categories, individuals regularly account for what they encounter in the world (Heritage 1984). Because of the omnirelevance of gender categories in society, individuals are impelled to frame their behavior such that it is accountable in relation to their assigned sex. The persistent dichotomization of men and women is maintained through such behavioral processes (West and Zimmerman 1987).

Butler (1990), who also conceives of gender as constructed through doing

(Moroney and Fenstermaker 2002), located the opportunity for subversion of gender in individuals' inconsistent use of normative conceptions. For normative conceptions to be maintained, individuals must reify masculine and feminine. Nevertheless, although we repeatedly use binary conceptions of masculine and feminine for our behavior to be accountable, each of us may mean something different by these terms. Furthermore, individuals also may not invoke these binary conceptions consistently across time and space. Such inconsistent use of normative conceptions can bring into the meaning of masculine what was not originally seen as masculine, making it difficult to distinguish coherently between masculine and feminine (Butler 1997).

Such deconstruction can lead to the dysfunction of social institutions that require coherently distinguished gender categories. For example, families are currently institutionalized with heterosexual couples as the basic unit (Smith 1993). For such heteronormative institutions to be maintained, *masculine* and *feminine* must be coherently separated from each other. Otherwise, what it is like to be attracted to the opposite gender would be ambiguous, making it difficult to practice heterosexual "correctly" (Takemura 2001). Unclear dichotomization, therefore, has the potential to subvert heteronormative institutions.

Guided by the doing gender framework, we explore how caregiving sons employ normative conceptions of gender in a nonnormative way so as to frame their atypical family role as accountable. In doing so, we seek to discover the potential of men's parental caregiving to deconstruct the ideological basis for gender relations.

#### The Japanese Context

To analyze caregiving sons' doing gender in Japan adequately, it is necessary to consider how parental care responsibility is gendered in Japanese familial institutions. Traditionally, adult children in Japan provided care for aging parents in the context of the stem family, *Ie*, usually comprised of three generations coresiding (Elliott and Campbell 1993). In the *Ie* institution, the eldest son and his wife typically took on parental care responsibility in exchange for the inheritance of family property. The wife was expected to manage the household, including caregiving to family members. Thus, the eldest son's responsibility was *to have his wife take care of his parents* while preserving and expanding family property until the next generation took it over.

In the *Ie* institution, women were considered to be members of their husbands' families upon marriage and were expected *not* to be involved with their families of origin; it was, in fact, not common for aging parents to receive care from their own daughters. Because the *Ie* institution required women to serve their in-laws, it was difficult for married women (especially eldest sons' wives) to seek support from their husbands' family members when caregiving to parents-in-law. Evidence shows that married women in Japan have received more criticisms of than appreciation for their caregiving from their siblings-in-law (Long, Campbell, and Nishimura 2009). This familial institution, therefore, has created tension between married women and their in-laws.

Recently, it has become difficult to provide care for aging parents in line with the *Ie* tradition (Coulmas 2007). To begin with, adult children with living parents are likely the eldest (or only) child because of a decline in the birth rate. Also, because more people

postpone marriage or even remain single throughout their lives, daughters-in-law are less available than they have been in the past to care for aging parents. Accordingly, more parents today are receiving care from their own children although daughters-in-law are still predominant parental caregivers (Takahashi and Suda 2010).

Policies for the older adult population also have changed the Japanese culture of elder care. Since the establishment of the public pension system that has secured economic status in older age, public opinion has favored the idea that older adults should not depend on their children for financial support, which was long believed to be sons' responsibility (Yamato 2006). Moreover, public long-term care insurance, which began in 2000, provides financial aid for formal care services depending on level of care need, making it easier for older adults who need assistance to live by themselves (Hiraoka 2006). Longitudinal research has shown that the informal support networks of older adults have been shrinking since long-term care insurance was implemented, suggesting that many family members have withdrawn from parental caregiving (Sugisawa, Nakatani, and Sugihara 2005).

Because the *Ie* tradition has declined and independence in older age is increasingly preferred, Japanese people now tend to describe filial caregiving in emotional rather than normative terms (Kasugai 2004). In particular, caregiving by daughters, who were traditionally less expected to care for their own parents, is likely to be seen as voluntary and affectionate. As a result, parents now feel comfortable receiving care from their daughters (Nakanishi 2009). This social change has not undermined gendered structural arrangements: Feminist researchers have warned that emphasizing



affection as a motive for parental caregiving obscures persistent societal expectation that women rather than men should take on informal care responsibility (Kasuga 2001).

In summary, Japanese society is in transition regarding parental caregiving. On the one hand, although long-term care insurance has promoted the formalization of elder care (i.e., paid care), individual family members still assume major caregiving responsibility (Hiraoka 2006). On the other hand, the influence of *Ie* norms has been weakening in terms of how children share care responsibilities. Society, however, continues to expect “voluntary” parental caregiving by women rather than men (Nakanishi 2009). Thus, caregiving sons must do gender without a cultural discourse that encourages or legitimates men’s involvement in parental caregiving.

## Method

### *Recruitment*

We used a qualitative approach to understand how Japanese adult sons do gender in parental caregiving. The data were collected for a larger project on the social relationships of caregiving sons in Japan. In 2010, we recruited 21 adult sons who serve as primary caregivers for their parents with dementia through geriatric clinics in both metropolitan Tokyo ( $n = 9$ ) and suburban Kyoto ( $n = 12$ ) (Table 2.1). Specifically, physicians in the clinics told the family members of their patients, including caregiving sons, about our project, and when patients’ sons showed interest, the first author contacted them and made a formal request for participation. Sons participated in our study only when they provided written consent. We recruited participants both in metropolitan and in suburban areas to cover possible regional variability in conformity to

traditional family norms (Takahashi and Suda 2010). *Primary caregivers* were identified using both subjective (sons' self-report) and objective (information from clinic staff members; e.g., which family member assumes most of the responsibility) criteria. Most self-identified primary caregivers were also considered to be primary caregivers by clinic staff members, but two sons were not. According to staff members, their wives actually performed care tasks.

We used in-depth personal interviews that lasted for one hour on average. The first author interviewed each participant in Japanese in a room in the clinic or in another place the son suggested (e.g., his home). After collecting sociodemographic information, the first author asked a series of open-ended questions covering topics such as the process by which participants decided to take on the role of parental caregiver; care tasks they found most difficult to perform; desired and available sources of support; others' responses to their care performance; and their self-view in relation to traditional ideas of manhood and family roles. All participants were open and willing to describe their experiences, even emotional ones, which men generally are reluctant to discuss (Schwalbe and Wolkomir 2001). Interviews were audio-recorded and then transcribed and translated into English by the first author. Because English is the first author's second language, the second author reviewed the transcripts and, through discussion, helped him to correct ambiguous translations. In editing transcripts, the first author also consulted a bilingual researcher to ensure that the meaning of sons' accounts was accurately translated into English. To protect confidentiality, names of participants, other people, and places mentioned in interviews were replaced with pseudonyms.

### *Participants*

The sons ranged in age from 34 to 66 ( $M = 53.9$ ;  $SD = 7.8$ ). They are relatively highly educated; 17 sons (81%) have a college degree or more. Most sons ( $n = 18$ ; 86%) continued to be of working age; of these, 6 were employed, 9 were self-employed business owners, and 3 left paid work for caregiving. The other 3 sons had reached mandatory retirement age. Nearly two thirds ( $n = 13$ ; 62%) were married, and 4 of the married sons had at least one dependent child. Regarding sibling composition, 3 sons had only brother(s); 6 had only sister(s); and 7 had both brother(s) and sister(s). Thus, more than half ( $n = 13$ ; 62%) had at least one sister and all sisters were married. Five sons had no sibling. The majority ( $n = 18$ ; 86%) were the eldest sons in their families.

At the time of the interviews, 16 sons were providing care for their mothers and 5 sons were providing care for their fathers although 4 sons had taken care of both parents either concurrently or sequentially. All but one parent was unmarried; most ( $n = 17$ ) were widowed. Parents' age ranged from 63 to 99 ( $M = 82.4$ ;  $SD = 7.4$ ). All parents needed at least some assistance with Instrumental Activities of Daily Living (IADLs) and 9 needed assistance with Activities of Daily Living (ADLs) as well. Twelve sons provided care while coresiding with their parents. The average duration of caregiving was 5.8 years (range = 1-21). Almost all sons ( $n = 19$ ) hired in-home helpers and/or enrolled their parents in adult day care at least one day per week, which was available through the parents' long-term care insurance. Parents of the remaining two sons were not certified as being in need of care because they had relatively better physical functioning; only these sons did not use any formal care service.

### *Data Analysis*

Because our focus is how adult sons frame their care experiences as accountable in relation to normative conceptions of gender, we analyzed transcripts using a constructivist version of grounded theory, which is intended to discover inductively how individuals interpret their experiences within their sociocultural context (Charmaz 2003). This methodological framework recognizes that both researchers and their research participants actively construct meanings: The researchers' interpretive process is a component of findings about participants' subjective experiences. Thus, we acknowledge that how we extracted codes and categories was influenced by our interest in how sons negotiate masculinity.

We imported transcripts into a qualitative data analysis software program, *MAXqda*, to organize the textual data. The analytic process began with *open coding*, wherein the first author carefully examined each line of the transcripts and defined actions or events that occurred within it. The next phase of analysis, *focused coding*, involved extracting more abstract, conceptual codes based on initial codes that frequently appeared across participants' accounts. Then, while comparing and contrasting these conceptual codes to identify their similarities and differences, the first author generated thematic categories that subsume concepts. For example, the category *gendered evaluation of care performance* involves such conceptual codes as *men's toughness as an advantage in caregiving*, *women's "innate" attentiveness as a disadvantage*, and *mother as exceptional family caregiver*. The second author reviewed the first author's coding, relying on her own reading of each transcript, and the authors discussed and revised the

coding until reaching agreement on interpretation of the data.

Employing the code matrix analysis tool in *MAXqda*, we also examined the interrelations among conceptual codes within and across categories. Using the category *gendered evaluation of care performance* as an example, we found that one of the properties of this category, *men's suitability for parental caregiving*, coemerges with the code *observing a woman in family providing care* in the category *network members involved in the caregiving process*. Through the analytic process, we identified both central tendencies and variability in sons' accounts of their experiences of parental caregiving.

### Findings

#### *"I'm Not Sure Men Should Do This, But I Know I Should Do This"*

Doing gender suggests that individuals are especially forced to account for their behavior when it is not (perceived to be) in accord with normative conceptions of gender (West and Zimmerman 1987). In this study, sons sensed that what they are doing for their parents who have dementia is not compatible with masculinity. When asked whether parental caregiving matches with what they think men should be like, almost all sons avoided making a clear statement on the compatibility between the two. Typically, sons answered, "I don't know if this is what men should do, but I don't think men can't do it." Some sons ( $n = 4$ ) also mentioned that society seems to expect men *not* to take on this responsibility.

The problem is, in this society, men are not so encouraged to care for their parents. It's not easy for men to prepare for it. . . . Many men still do not have housework skills or can live without such skills.

At the same time, all sons felt that they are the most appropriate person to take on care responsibility for their parents. They believed this to be so even when other family members were available. For example, Mr. Yamashita had three brothers. Although all of the brothers, including Mr. Yamashita, lived in the same town as their father, he had never intended to leave this responsibility to his brothers. To explain why they should take on this caregiving responsibility, sons referred to traditional *Ie* norms; that is, (a) the eldest son has the responsibility to give care to his aging parents, (b) an adult child takes on care responsibility in exchange for the right to inherit family property, and (c) married daughters should be devoted to caregiving for their parents-in-law rather than their own parents. As noted above, most sons ( $n = 18$ ; 86%) were the eldest son in their families, and because of their family status, they believed it was “natural” for them to take on this responsibility. Although three sons had at least one older brother, these three sons had taken over the family business and/or most of the family property from their parents; thus, they believed that, as inheritors, they, but not their brothers, are responsible for caregiving to their parents.

I inherited my father’s property, so I have an obligation to take care of my parents. I took over his apartment, and when I got it, I got responsibility to take care of my mother too. When he died, my brothers waived their inheritance. . . . I got almost all his property. So, I have no choice.

Sons with sisters emphasized traditional norms regarding married daughters in explaining why they cannot depend on their sisters. (As noted earlier, all sisters of participants were married.) Sons’ adherence to this norm was also reflected in their expectations of support from siblings. Sons with both sisters and brothers ( $n = 7$ ) expected less help from their sisters than from their brothers. They were satisfied with

minimal help (e.g., bringing food such as leftovers once a month) from their sisters, and felt uncomfortable if their sisters participated more. In contrast, these sons complained about their brothers who provided the same amount of help as their sisters provided:

I told my brother to come and help some, such as financial things. He doesn't do anything voluntarily.

. . . *How about your sister's share?*

No, she's married. I don't expect help of her. Her parents-in-law are older. She has to take care of them.

Married sons ( $n = 13$ ), however, turned into nontraditional, "liberal" men when explaining why they did not leave care responsibility to their wives, who are seen as the preferred caregivers for aging parents under the *Ie* norm. Some married sons ( $n = 7$ ) stated they took on care responsibility to release their wives from the traditional obligation to take care of their in-laws. To separate their wives from their parents, these married sons decided to care for their parents with little or no help from their wives.

My father and I are very open with each other. He doesn't hesitate to use strong language, and I don't hesitate to answer back (laughs). I don't let him depend on me too much. When he is lazy, I say, "I won't help you with it. You can do it by yourself." He complains, but finally, he does it by himself. Unwillingly, though (laughs). My wife can't refuse if he asks, even if she knows he can do it by himself. . . . She can't answer him back. She's just upset by his words. I don't want her to be involved.

Three sons explained that their wives need not care for their parents because of the lack of a biological relationship. According to these sons, biological children have primary care responsibility; thus, wives do not need to participate in caregiving to their parents-in-law.

My wife and my brother's wife help me some, but they are not so close to my parent.

*You mean, your mother and your wife don't have a good relationship?*

No. I mean, they are not blood relations. They are not her children. I'm glad if they help me, but they don't need to do as much as me.

Finally, some married sons ( $n = 7$ ) also indicated relative availability as another reason. Wives of two retired sons, Mr. Miyake and Mr. Inohara, were still employed, and these sons felt their wives need not assume both paid work and care responsibilities. Similarly, Mr. Masuda, a 52-year-old self-employed business owner, works in his home, where he was taking care of his mother. Because his wife works outside the home, he thought it natural for him to take on primary responsibility of caregiving to his mother. Furthermore, these sons did not think their wives should participate more in caregiving even if they were not employed (e.g., after their wives retire). Pointing to in-law tension and/or the lack of a biological relationship between their wives and their parents, these sons thought it best for them to take care of their own parents. Thus, relative availability seems an ancillary reason why these sons did not leave care responsibility to their wives.

In sum, married sons did not explain why they took on care responsibility coherently because they employed both traditional and nontraditional ideas. Such incoherence was especially evident among married sons with sisters. On the one hand, these sons believed that their (married) sisters should not be involved with their own parents because married daughters are traditionally expected to take care of their parents-in-law. On the other hand, they released their wives from care responsibility because of the lack of a biological relationship between their wives and their parents. At the same time, sons did not invoke traditional family norms as prescribed because, in the *Ie* system, sons are not required to care for aging parents. To explain why they, but not their siblings, should take on care responsibility in line with normative ideas of family



relations, they used *Ie* norms to rationalize sons' parental caregiving.

*“The Caregiving Life Would Be Harder for Women”*

Although sons sensed that men are not expected to take on the role of parental caregiver, they did not believe that men are unable to care for aging parents. Rather, almost all sons ( $n = 19$ ) believed that men can provide *better* care for their parents than women. To explain gendered dis/advantages in parental caregiving, sons employed stereotypical ideas of gender but not in a typical manner. First, sons pointed to men's physical toughness as an advantage. They indicated that caregivers need physical strength even though it is also emotionally difficult to take care of a family member with dementia. According to these sons, men are better suited for caregiving than women, who are generally not strong physically.

I think men have at least one advantage over women, an advantage of physical strength. Usually I help my mother get in bed at 10 pm. Then, every hour, I go see if she is in bed and if she wants to go to the bathroom. I can't go to bed until 3 am or so, but I have to get up early and help her to be ready for the bus from the adult day care by 9 am. It (i.e., this schedule) would be harder for women to manage.

Three unmarried sons also explained that men's potential to be better earners makes caregiving easier. Referring to income gaps between women and men, these sons explained that, without spousal financial support, unmarried women are more likely than unmarried men to face economic difficulties when caring for aging parents. In their view, unmarried men can be better prepared for parental caregiving because they have more economic opportunities than women do.

I have no sibling. My mother is 17 years older than my father. . . . When I started working, she was already in her late sixties. I anticipated I would soon have to take care of her. Then, I started to prepare. I started saving money. I also learned

and started a real estate business so that I can leave the job anytime. . . . In Japan, men are treated better than women. If I were a woman, I couldn't have used the same strategy. I couldn't have saved money in such a short period. If I were a woman, my parents and I might be in a difficult situation.

In explaining women's disadvantages in parental caregiving, sons commonly pointed to women's "innate" attentiveness and/or stronger emotional attachment to their parents. They believed that, to maintain parents' functioning, it is important to minimize caregiving. Describing how their sisters or other women in their families took care of their parents, these sons said women tend to provide too much care for their parents because of women's caring nature. In their view, such a characteristic could be harmful to both caregivers (daughters) and care recipients (parents) because it leads to excessive care, which easily exhausts women while accelerating parents' dependency.

I know my mother can walk without help. If I support her when she walks, that's too much care. Too much care has just a bad influence on her physical ability. . . . My sister has a different style. She treats my mother more gently than my brother and me. We are men, so we can't do it as gently as my sister. But, I've never thought we are poor at caregiving. My sister tends to give her too much care. When I observe it, I say, "Don't do that."

My advantage is, I'm a son and can keep some emotional distance from my mother. My cousin is a woman, taking care of her mother. She is working too hard, probably because they have a very close relationship. She always looks exhausted. Daughters are closer to their mothers, so they are at greater risk of doing too much.

*"I'm Doing Much Better Than Her"*

Sons' view of gendered dis/advantages in caregiving differed by whether they had observed a woman in their families caring for her aging parents. Although most sons had confidence in men's greater ability than women's to care for parents, two sons were negative about being a son.

If I were a daughter, my mother could ask me everything more easily. . . . I wish I were not a son. I could do better for her.

These two sons have no siblings *and* limited contacts with their relatives. Although one of these sons had received some information from his uncle about long-term care insurance, this uncle is the only dependable relative for him. The other son mentioned that he tried not to be involved with his relatives because they had been unkind to him and his mother. By contrast, other sons had at least one woman in their families to whom they were relatively close (e.g., sisters, cousins), and to confirm that sons can care for their parents better than daughters, they compared their caregiving style with that of these women. Because these two sons were relatively isolated from their kin network, they had no opposite-gender reference with whom to compare their care performance.

Limited exposure to women's parental caregiving seems to reinforce sons' stereotypical ideas of feminine; that is, women are naturally suited to caregiving. In fact, these two sons tended to attribute any difficulty in caregiving to being a man, confirming in their view that sons are poor at parental caregiving.

I never did housework (until my mother got dementia), and I'm still struggling with it. When I'm tired (from caregiving), I can't cook. I just give her convenience food. Women wouldn't be so lazy.

Compared with whether sons had observed a woman in their families caring for her parents, feedback from care recipients (i.e., parents) had little influence on sons' view of gendered dis/advantages in parental caregiving. Despite their negative feelings about being a son, these two sons reported that their parents looked happy about their caregiving.

*Prepare meals:* I always do this when I visit her. She doesn't cook well now, and

if she is left alone, she is always eating fish. I think she should eat more balanced food, so I try to give her other things, such as meat and dairy products. Fortunately, she has a good appetite, and she always eats my food happily.

*Change clothes:* She doesn't really need help with it, but it's cold these days, and she complains her pajamas are wet, probably because they're cold. So, even though I don't know if it's OK, I warm her pajamas with a hair drier every night. She's so happy to put them on.

In fact, throughout these sons' narratives, there was no account of parents' disobedience or rejection of care, which almost all the other caregiving sons mentioned. Nevertheless, only these two sons believed, "I can't do well because I'm a son."

Among women in sons' families, however, their *deceased* mothers were seen as exceptional. When two sons caring for their fathers mentioned their mothers who already passed away, they admitted that they cannot be as good a family caregiver as their mother would have been.

Probably, if my mother were alive, she would be caring for my father much better than me. She was a very caring person. I can't do well like her.

These sons, however, did not speak about their mothers' *actual* caregiving to their fathers. Their mothers died before their fathers came to need care. Additionally, because their fathers took care of their mothers, these sons were not previously involved with parental caregiving. These two sons *imagined* that their mothers could take better care of their fathers if they were alive.

Yet, mothers lost the status of exceptional women once they received care from their sons. When sons spoke about their living, care-receiving mothers, they described how *unable* their mothers were to manage housework and how they had compensated for their mothers' inability. No son caring for his mother mentioned that he cannot do as well

as his mother did before she had health limitations.

I never prepared my meals before (my mother got dementia), but her cooking is getting worse. Too salty. So, I tried cooking, starting from easy ones, such as fried rice, and I got used to cooking. We can get many recipes online. Now, I can cook much better than my mother.

*So, you have helped her with laundry and shopping for a long time, right?*  
It's not just help. I do them for both of us. She can't do them at all. If we go shopping together, it's just time consuming because . . . she's forgotten what to do completely. So, I go shopping by myself. I've lived by myself for a long time. It's easy for me to do housework.

She doesn't remember even how to use the rice cooker. She often opens it before the rice is cooked, and she makes something weird. For example, her rice is too sticky and too hard. It's not edible at all. So, I re-cook it and make porridge from it, for example.

How sons see their care-receiving mothers is evident when comparing the two sons just described who cared only for their fathers with three sons who had cared for both their mothers and their fathers. These 3 sons never said, "I can't do well like her." Thus, once mothers come to need sons' care, as with other women in families (e.g., sisters), men refer to their care-receiving mothers in a way that confirms their ability to give care well.

In summary, women network members influence how sons evaluate their care performance. To (re)define stereotypical masculinity (e.g., physical toughness) as an advantage in parental caregiving, sons need to observe a woman in their families giving care to her parents. Same-gender network members seem to have little influence on how sons account for their caregiving in relation to normative conceptions of gender. No son compared his care performance with that of other men. At the same time, regardless of whether sons had observed a woman caring for her parents, gender continued to be

dichotomized in their view: *Either men or women* were believed to be better parental caregivers. Sons hardly considered individual differences *within* each gender.

*“I Need to Continue Working Because I’m a Caregiver”*

Many sons in this study ( $n = 15$ ) mentioned the influence of parental caregiving on their work lives (e.g., need to change work schedules or work locations). Because the ability to provide for one’s family is a significant component of masculinity (Connell 1995; Taga 2005), sons might seem to see care responsibility as a hindrance to their doing gender. By (re)defining paid work as a means of caregiving to their parents, however, sons framed their position of working caregiver as accountable, although their view of work responsibilities varied by type of work and family composition.

First, compared with employed sons ( $n = 6$ ), who have limited control over their work schedules, self-employed sons ( $n = 9$ ) talked about their work relatively positively. Mr. Tegoshi, who ran a restaurant, indicated that his job makes it *easier* to perform the role of parental caregiver.

We, shop owners, have an advantage. Basically, we have no unpaid overtime. If I open my shop longer, more people will come. I don’t need to cut down costs to take care of her. I just need to cut down my personal time. Salaried workers would be more worried about the costs of care. I know that their pay has been dropping off because of this recession. My family is in a different situation. I don’t mean my family is better off. We do have some concerns about care costs. I just mean we can use a different strategy.

For self-employed sons who took over the family business from their parents, work had an additional meaning: They have the responsibility to maintain and expand their family business until they hand it over to their children. To fulfill this responsibility to the previous owners (i.e., their parents), these sons believed that they cannot reduce

commitment to paid work. In other words, work is part of their filial responsibility.

I don't think I was *given* this [family business] by my father. I'm just *keeping* this for the next generation. . . . I shouldn't do anything that could decrease the value of our family property.

Sons' views of paid work also differed by their family composition. Employed sons with dependent children ( $n = 4$ ) talked about their work responsibilities from the viewpoint of fathers, indicating that they have to continue working for their children. *None* of these sons referred to their parents as a reason why they continued to work for pay. For example, Mr. Okada recently was re-employed after he reached a mandatory retirement age. He decided to continue working because not all of his children are independent.

*Can I ask why you decided to become re-employed?*

An economic reason.

*Do you mean, to support your mother?*

No. For my family. For my children. They're not independent yet.

Note that this son does not count his mother as a family member he needs to feed. All four sons also mentioned the economic status of their parents (e.g., being a pension recipient), suggesting that they do not need to provide much financial support for their parents. For sons with dependent children, paid work is necessary to fulfill parental rather than filial responsibilities. These sons also see paid work as competing with care responsibility for their parents.

In contrast, employed sons without dependent children (i.e., sons whose children are independent and sons with no children) are motivated to work to provide for their parents. Further, these sons believed that they should work for pay regardless of their parents' economic status.

*Can you tell me what you think sons' duty is like, sons' duty to aging parents?*  
 To me, it's very important to protect my parents from economic difficulties. . . . I have the responsibility to provide for my parents. I've been trying to not take a risk in my paid work.

Sons without dependent children had an idea of parental caregiving that seems closer to the traditional view; that is, sons should provide financial care for their aging parents (Elliott and Campbell 1993). For these sons, paid work is a means of fulfilling filial responsibility.

At the same time, sons without dependent children indicated that work is not the only way to fulfill filial responsibility. When such sons found a way to better perform the role of caregiver, they reduced paid work hours or even changed jobs.

(My current workplace) is just a 10-minute walk. Previously, I worked at a hotel in a different town. Hotel work started very early and finished very late. . . . I had little time to chat with my father. We could talk just on my off days. I thought it was not good, so I decided to change jobs. Luckily, I found a new job in our neighborhood. . . . Now I can stay with him longer. I think I'm very lucky. . . . My income dropped off a lot, but that's fine.

Commitment to parental caregiving may make it easier for these sons to give up the status of major provider in their families. Married sons without dependent children were relatively comfortable receiving financial support from their working wives, although no son with dependent children mentioned that he expects his wife to contribute more to the household economy. Mr. Nishikido, who has no children, decided to leave the job to take care of his mother. He is supportive of his wife who is working for pay while leaving caregiving to him.

My wife is working from morning till night. My sister complained to me, "She should take care of her. Why don't you tell her to do more?" But I won't ask her to participate more. If anyone who is available takes care of my mother, that's all right. My mother can't live by herself, and unlike my wife, I'm not working. So,



I'm taking care of her.

Mr. Masuda, a 52-year-old self-employed son with no children, left the role of primary breadwinner to his wife. He is satisfied with this division of family labor, however, because he is confident he is making his mother happy by staying with her for longer periods.

*Does your economic condition influence how you help your mother?*

No. If I were single, things might be harder, but my wife has a job, and she helps me financially. . . . Previously, I often went away on business, and I spent little time with my mother. . . . Now, I can almost always stay with her. She's glad about that. I'm glad, too. I enjoy living with her.

It is unclear whether such attitudes of sons toward paid work are a cause or a result of their commitment to parental caregiving. These sons may have taken on care responsibility for their parents because they did not see paid work as important to perform masculinity. Or, these sons may have detached themselves from paid work as they became more involved with parental caregiving. Clearly, however, caregiving sons did not necessarily see paid work and care responsibilities as competing with each other. The analysis suggests at least two dimensions, type of work and family composition, that influence caregiving sons' view of paid work. Indeed, only employed sons with dependent children saw parental caregiving as a hindrance to their performance of the breadwinner role. By situating paid work as a means of providing care for aging parents, other sons negotiated the conflict between paid work and care responsibilities; these sons managed to integrate paid work with parental caregiving.

## Discussion

Guided by the doing gender framework, this study aimed to explore how

caregiving sons frame their atypical family role as accountable in relation to normative conceptions of gender. Our focus was how caregiving sons do gender subversively; that is, how they invoke normative conceptions in a nonnormative way. Consistent with Campbell and Carroll (2007), Japanese caregiving sons in this study adhered to traditional ideas of family and gender despite their nontraditional family role. Sons considered themselves most responsible for parental caregiving in line with traditional *Ie* family norms (e.g., primogeniture, married women as members of their husbands' families). Sons also maintained stereotypical views of masculinity and femininity; they associated men with physical strength while finding "innate" sensitivity in women.

Yet, caregiving sons employed such normative ideas subversively. Although the *Ie* norms require (eldest) sons' wives, not sons themselves, to care for aging parents, caregiving sons invoked these norms to legitimize their own parental caregiving. Sons also managed to connect their caregiving with stereotypical masculinity while redefining femininity as a disadvantage in caregiving, although femininity has been used traditionally to tie women to the caregiver role. Further, sons deconstructed these normative ideas *within* an effort to do gender (i.e., to frame their behavior such that it is accountable to normative views).

Caregiving sons also viewed the relation between paid work and care responsibilities in a nonnormative way. In their view, employment was not necessarily seen as competing with parental care responsibility. Rather, some sons saw it as way to fulfill care responsibility for their parents. Connecting these two roles is remarkable in terms of traditional ideas about paid work and gender, because paid work is essential to

perform masculinity (Connell 1995) whereas informal family caregiving has long been seen as “women’s work” (Walker, Pratt, and Eddy 1995). In negotiating paid work and care responsibilities, caregiving sons integrated two types of work that are otherwise separated by gender.

In terms of other family roles, however, sons face difficulty in accounting for their caregiving. To explain why their wives need not take on care responsibility, married sons had to become *nontraditional* husbands who restricted care responsibility for aging parents to biological children. As a result, their explanations lost consistency; they exempted their sisters from this responsibility because of married women’s obligation to their in-laws. Also, sons with dependent children failed to frame their work responsibilities as compatible with parental caregiving. Because paid work is necessary for fathers to provide for their children, these sons could not accommodate their paid work only to caregiving to their parents. At the same time, being both a son and a husband may be an important context for generating novel discourses to legitimize men’s parental caregiving. The nontraditional ideas married sons employed (e.g., husbands should release wives from care responsibility) are unnecessary for unmarried sons, who are able to explain their care responsibility with traditional *Ie* ideas. In an effort to frame their caregiving as accountable, married sons create discourses to rationalize their parental care responsibility. And, these discourses also can be employed to separate married women from traditional family roles; that is, the obligation to serve parents-in-law.

Caregiving sons, however, do not always challenge the dichotomy between men

and women. They may instead reconstruct this hierarchical order. Although most sons in this study reconceptualized care such that men are better care providers than women, no son described caregiving as gender-neutral. In fact, all sons persistently dichotomized gender, believing that *either* men *or* women are more suitable for caregiving. On the one hand, such reconceptualized care may encourage men to be involved with parental caregiving, reducing the gap in care responsibilities that women and men assume. On the other hand, such reconceptualizations may actually reproduce gender relations, for which the dichotomized gender system is foundational (Calasanti 2010). Thus, men's parental caregiving has the potential not only to dissolve but also to reproduce gender inequality in family relations.

Whether such reconstructed masculinity threatens or will be replaced with the dominant view of gender also is unclear. Yamane (2010) indicated that, in Japan, men in a disadvantaged position in the labor market (e.g., men in irregular employment) are more likely than their advantaged counterparts to take on the role of primary caregiver for aging family members while withdrawing from the paid labor force. Masculinity may be reconstructed only among disadvantaged men because those in an advantaged position are likely "exempt" from care responsibility and thus are less motivated to legitimize men's parental caregiving.

#### *Limitations and Conclusion*

There are several limitations to this research. First, our participants are restricted to adult son caregivers for parents with dementia. On the one hand, our data may be comparable with existing literature because dementia care has been intensively studied in

previous research (Schultz and Martire 2004). On the other hand, these sons may assume heavier care responsibilities because of the current system of long-term care insurance in Japan. Although the government provides financial aid for formal care services depending on older adults' care-need certification, those with *cognitive* impairment tend to be certified as being in need of *less* care because the current certification system focuses on *physical* disabilities (Hiraoka 2006). Therefore, although older adults with dementia may need monitoring because of behavioral problems (e.g., wandering), it may be relatively difficult for their caregivers to leave them in adult day care or other temporary arrangements because less government aid is available in this instance. In fact, predominant among our participants were self-employed business owners who can work at home while taking care of their parents. Our findings may reflect the care experiences of sons who care for their parents relatively intensively.

Second, it also should be acknowledged that caregiving sons may have been doing gender during interviews. West and Zimmerman's (1987) framework suggests that individuals orient their behavior to normative conceptions of gender *in the eyes of others*. Caregiving sons may have been trying to describe their activities and ideas such that the interviewer would not find their caregiving to be deviant in relation to normative masculinity. In other words, the interview setting may have been a context in which caregiving sons were compelled to connect their caregiving with normative conceptions of gender.

Despite these limitations, our findings suggest that men's parental caregiving has the potential to subvert gender relations. In an attempt to frame their parental caregiving

as accountable in relation to normative ideas, caregiving sons reconstructed masculinity such that men are suitable for parental caregiving. In addition, some sons also integrated paid work with parental caregiving although these two have been traditionally separated, the former assigned to men and the latter to women.

West and Zimmerman (2009) argued that doing gender does not mean simple conformity to normative ideas of gender. The essence of their theory is that individuals constantly refer to binary, normative conceptions of gender so as to frame their behavior as accountable. Thus, we do gender even when we try *not* to behave in line with normative masculinity or femininity. To behave in a nonmasculine or nonfeminine way, we inevitably consider what masculine and feminine mean. In other words, such an effort at nonconforming requires referring to normative conceptions. Further, resistance to normative conceptions may ironically stabilize gender because a fixed definition of masculine and feminine is required to behave successfully as nonmasculine or nonfeminine (see Wetherell and Edley 1999). Therefore, critical approaches to the social construction of gender need to move beyond dichotomization of *either* complicity in *or* resistance to gender ideology. Caregiving sons' narratives suggest that we may locate the possibility of destabilizing gender ideology *within* attempts at doing gender. Future research should scrutinize when and how sons would likely "misuse" normative conceptions in parental caregiving. Avoiding simple nonconformity that could be implicated in reproducing normative conceptions, such investigations will contribute to feminist theorizing of family caregiving as the locus for deconstructing the ideological basis of familial institutions.

## References

- Butler, Judith. 1990. *Gender trouble: Feminism and the subversion of identity*. New York: Routledge.
- . 1997. *Excitable speech: A politics of the performance*. New York: Routledge.
- Cabinet Office, the Government of Japan. 2003. *Kōreisha kaigo ni kansuru yoron chōsa* [A public opinion poll on caregiving to older adults]. Tokyo, Japan: Author.
- Calasanti, Toni. 2003. Masculinities and care work in old age. In *Gender and ageing: Changing roles and relationships*, edited by Sara Arber, Kate Davidson, and Jay Ginn. Maidenhead, England: Open University Press.
- Calasanti, Toni. 2010. Gender relations and applied research on aging. *Gerontologist* 50 (6): 720-34.
- Campbell, Lori D., and Michael P. Carroll. 2007. The incomplete revolution: Theorizing gender when studying men who provide care to aging parents. *Men and Masculinities* 9 (4): 491-508.
- Charmaz, Kathy. 2003. Grounded theory: Objectivist and constructivist methods. In *Strategies of qualitative inquiry*, 2<sup>nd</sup> ed., edited by Norman K. Denzin and Yvonna S. Lincoln. Thousand Oaks, CA: Sage.
- Connell, R. W. 1995. *Masculinities*. Berkeley, CA: University of California Press.
- Coulmas, Florian. 2007. *Population decline and ageing in Japan: The social consequences*. London, England: Routledge.
- Davey, Adam, and Maximiliane E. Szinovacz. 2008. Division of care among adult children. In *Caregiving contexts: Cultural, familial, and societal implications*,

- edited by Maximiliane E. Szinovacz and Adam Davey. New York: Springer.
- Elliott, Kathryn S., and Ruth Campbell. 1993. Changing ideas about family care for the elderly in Japan. *Journal of Cross-Cultural Gerontology* 8 (2): 119-35.
- Heritage, John. 1984. *Garfinkel and ethnomethodology*. Cambridge, England: Polity.
- Hiraoka, Koichi. 2006. Long-term care insurance in Japan. In *Handbook of Asian aging*, edited by Hyunsook Yoon and Jon Hendricks. Amityville, NY: Baywood.
- Kasuga, Kisuyo. 2001. *Kaigo mondai no shakaigaku* [Sociology of problems around caregiving to older adults]. Tokyo, Japan: Kazoku-sha.
- Kasugai, Noriko. 2004. *Kaigo raifu sutairu no shakaigaku* [Sociology on the lifestyle of caregivers for older adults]. Tokyo, Japan: Sakai Shisōsha.
- Kramer, Betty J. 2002. Men as caregivers: An overview. In *Men as caregivers: Theory, research, and service implications*, edited by Betty J. Kramer and Edward H. Thompson, Jr. New York: Springer.
- Long, Susan O., Ruth Campbell, and Chie Nishimura. 2009. Does it matter who cares? A comparison of daughters versus daughters-in-law in Japanese elder care. *Social Science Japan Journal* 12 (1): 1-21.
- McMullin, Julie A., and Victor W. Marshall. 1999. Structure and agency in the retirement process: A case study of Montreal garment workers. In *The self and society in aging processes*, edited by Carol D. Ryff and Victor W. Marshall. New York: Springer.
- Ministry of Health, Welfare, and Labor, the Government of Japan. 2004. *Kokumin seikatsu kiso chōsa* [Comprehensive survey of the living conditions of the



people]. Tokyo, Japan: Author.

Moroney, Molly, and Sarah Fenstermaker. 2002. Performance and accomplishment:

Reconciling feminist conceptions of gender. In *Doing gender, doing difference: Inequality, power, and institutional change*, edited by Sarah Fenstermaker and Candace West. New York: Routledge.

Nakanishi, Yasuko. 2009. *Wakamono no kaigo ishiki: Oyako kankei to jendā fukinkō*

[Young adults' attitudes toward caregiving to older adults: Parent-child relationships and gender inequality]. Tokyo, Japan: Keisō Shobō.

Schultz, Richard, and Lynn M. Martire. 2004. Family caregiving of persons with

dementia: Prevalence, health effects, and support strategies. *American Journal of Geriatric Psychiatry* 12 (3): 240-49.

Schwalbe, Michael, and Michelle Wolkomir. 2001. The masculine self as problem and

resource in interview studies of men. *Men and Masculinities* 4 (1): 90 – 103.

Sewell, William H., Jr. 1992. A theory of structure: Duality, agency, and transformation.

*American Journal of Sociology* 98 (1): 1-29.

Smith, Dorothy E. 1993. The standard North American family: SNAF as an ideological

code. *Journal of Family Issues* 14 (1): 50-65.

Sugisawa, Hidehiro, Hiroaki Nakatani, and Yoko Sugihara, eds. 2005. *Kaigo hoken seido*

*no hyōka: Kōreisha to kazoku no shiten kara* [Assessment of the long-term care insurance system: From the perspective of older adults and families]. Tokyo, Japan: Sanwa Shoseki.

Taga, Futoshi. 2005. East Asian masculinities. In *Handbook of studies on men and*

*masculinities*, edited by Michael S. Kimmel, Jeff Hearn, and R. W. Connell.

Thousand Oaks, CA: Sage.

Takahashi, Ryutaro, and Yuko Suda, eds. 2010. *Zaitaku kaigo ni okeru kōreisha to kazoku: Toshi to chihō no hikaku chōsa bunseki* [Frail older adults and their families: Comparative research on urban and rural areas]. Kyoto, Japan: Minerva Shobō.

Takemura, Kazuko. 2001. Shihonshugi-shakai wa mohaya iseiai-shugi wo hitsuyō to shiteinainoka? [Do capitalist societies no longer need heteronormativity?] In *Kōchikushugi towa nanika* [What social constructionism is], edited by Chizuko Ueno. Tokyo, Japan: Keisō Shobō.

West, Candace, and Don H. Zimmerman. 1987. Doing gender. *Gender & Society* 1 (2): 125-51.

West, Candace, and Don H. Zimmerman. 2009. Accounting for doing gender. *Gender & Society* 23 (1): 112-22.

Wetherell, Margaret, and Nigel Edley. 1999. Negotiating hegemonic masculinity: Imaginary positions and psycho-discursive practices. *Feminism & Psychology* 9 (3): 335-56.

Yamane, Sumika. 2010. *Naze josei wa kea roudou wo surunoka: Seibetsu bungyō no saiseisan wo koete* [Why women engage in care work: Beyond the reproduction of the gendered division of labor]. Tokyo, Japan: Keisō Shobō.

Yamato, Reiko. (2006). Changing attitudes towards elderly dependence in postwar Japan. *Current Sociology* 54 (2): 273-91.

Table 2.1

Participants' Background by Marital Status ( $N = 21$ )

		Age	Work Status	Number of Dependent Children	Sibling Composition	Care Receiving Parent	Parent's Age	Co- residing
Married	Mr. Yokoyama	44	Employed	1	Brother Only	Mother	76	No
	Mr. Kato	42	Employed	2	Sister Only	Father	74	No
	Mr. Nagano	56	Employed	2	Both	Mother	80	Yes
	Mr. Okada	61	Employed	2	Both	Mother	88	Yes
	Mr. Morita	60	Self-employed	0	Brother Only	Father	87	No
	Mr. Koyama	54	Self-employed	0	Sister Only	Mother	82	No
	Mr. Masuda	52	Self-employed	0	Sister Only	Mother	83	Yes
	Mr. Sakamoto	59	Self-employed	0	Sister Only	Mother	83	No
	Mr. Yamashita	66	Self-employed	0	Both	Father	99	No
	Mr. Tegoshi	59	Self-employed	0	Both	Mother	92	Yes
	Mr. Nishikido	56	Unemployed	0	Sister Only	Mother	81	Yes
	Mr. Miyake	61	Retired	0	Both	Mother	85	No
	Mr. Inohara	62	Retired	0	No Sibling	Mother	83	No
Unmarried	Mr. Shibutani	34	Employed	0	Brother Only	Mother	63	Yes
	Mr. Maruyama	52	Employed	0	Both	Father	78	Yes
	Mr. Imai	54	Self-employed	0	Sister Only	Mother	90	Yes
	Mr. Okura	52	Self-employed	0	Both	Mother	76	Yes
	Mr. Takizawa	54	Self-employed	0	No Sibling	Mother	84	No
	Mr. Murakami	47	Unemployed	0	No Sibling	Mother	81	Yes
	Mr. Uchi	46	Unemployed	0	No Sibling	Mother	78	Yes
	Mr. Yasuda	61	Retired	0	No Sibling	Father	87	Yes

RESTRICTING SOCIAL TIES:  
ADULT SONS' STRATEGIES FOR NEGOTIATING PARENTAL CAREGIVING

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### Abstract

Although much research on men caregivers has considered social relationships as merely an influence that shapes their care experiences, individuals also have the option of negotiating their social ties. Guided by social convoy theory, we explored (a) how caregiving sons perceive feedback about their “atypical” family role from members of their networks, and (b) how, in response, they may (re)organize their social relationships. We conducted in-depth interviews with Japanese adult sons in the role of primary caregiver for aging parents who have dementia ( $N = 21$ ). Although caregiving sons were embedded in relatively extensive networks comprised of both family and nonfamily members including colleagues, friends, and neighbors, these sons perceived that most members of their networks see men’s parental caregiving as unusual. To avoid negative reactions, therefore, sons compartmentalized their caregiving from other aspects of their social lives; few members of their networks were allowed to be involved in the process of their caregiving. Our findings suggest that the restricted support networks of caregiving sons are at least partly the result of their efforts to negotiate parental care responsibility in a society that separates masculinity from caregiving.

This study aims to explore how men who care for their aging parents negotiate social ties. Whereas women have assumed a major portion of informal care responsibilities, the gender gap is especially wide in parental caregiving. It has been consistently shown that adult sons provide less care for their parents than daughters do (e.g., Davey & Szinovacz, 2008). In men's lives, therefore, it is "atypical" to take on the role of parental caregiver. Our focus is on how son parental caregivers perceive others' reactions to such an atypical family role and how, in response, they reconstruct social relationships.

Social relationships are a significant component of care experiences among family caregivers (Schultz & Matire, 2004). Whereas supportive social ties can mitigate the stress related to caregiving (Thompson, Futterman, Gallagher-Thompson, Rose, & Lovett, 1993), negative interactions, such as conflict over care responsibility, influence caregivers' perception such that care tasks are seen as more difficult to perform (Strawbridge & Wallhagen, 1991). In the literature on men caregivers, social relationships have received considerable attention. With more men assuming responsibility for caregiving to aging family members, one concern is how they can acquire and maintain personal networks through which to access psychosocial resources such as socioemotional and informational support that are key to better managing caregiving (e.g., Kramer & Lambert, 1999; Russell, 2004).

Several dimensions are missing from previous research on the social relationships of men caregivers. First, the interactive nature of social relationships has rarely been considered. Previous research tends to consider social relationships merely as

a context that shapes the experiences of men caregivers. Yet, individuals are not simply passive subjects of their social environment. Rather, they have the potential to optimize their relationships even within structural constraints (Connidis & McMullin, 2002). Thus, social relationships are not only contexts but also outcomes of individual experiences (Antonucci, Langfahl, & Akiyama, 2004). To better understand the structure of men caregivers' networks, it is necessary to examine how they attempt to organize their social ties.

Second, assumptions exist regarding the functions of social relationships; that is, a greater number of social ties is "good" and social support should have a positive influence on men caregivers. Indeed, attention has focused on how to expand the personal networks of men caregivers (e.g., Russell, 2004; Tsudome & Saito, 2007). According to the literature on social relationships, such an assumption should be called into question. For example, it has been shown that individuals in larger networks are more likely to experience negative interactions (e.g., conflict) (Sorkin & Rook, 2004) and that, when social support is unsolicited, the psychological well-being of recipients deteriorates (Smith & Goodnow, 1999). Further, individuals might truncate their social ties to optimize their networks. Gerontological research suggests that shrunken networks in later life are at least partly the result of older adults' efforts to focus their limited psychological resources on their closest social ties (Carstensen, Isaacowitz, & Charles, 1999). Thus, optimal social relationships cannot be determined based solely on objective characteristics such as network size. More important is close examination of men caregivers' subjective experiences of social relationships, especially which relationships

are (un)desirable in *their* view.

Finally, and possibly most importantly, previous research on the social relationships of men caregivers has rarely considered the gendered nature of care experiences. When taking on the role of caregiver, men need to tackle a gender ideology that defines informal family caregiving as “women’s work” (Calasanti, 2003). Thus, to understand the meaning of social relationships in the lives of *men* caregivers, it is essential to explore how social partners facilitate or hinder their negotiation of sociocultural norms around gender and masculinity. The role of social relationships in terms of the negotiation of masculinity seems especially important for caregiving sons (i.e., men who care for their parents). In contrast with caregiving to wives, which is considered to be part of the marital vow (Davidson, Arber, & Ginn, 2000), almost no sociocultural discourse expects sons to care for their parents. In addition, whereas spousal caregivers are mostly retirees (Russell, 2004), men are likely to face parental care needs while they are of working age. During parental caregiving, therefore, men are required to manage paid work, a central component of masculinity (Connell, 1995). In sum, caregiving sons are more likely than caregiving husbands to face difficulty negotiating gender ideology.

To address these gaps in the literature on the social relationships of men caregivers, we examine how caregiving sons reconstruct their social ties. In particular, we seek to identify what caregiving sons do and do not expect from their network members as they negotiate the likely conflict between their care responsibility and normative masculinity. In this study, we focus on caregiving sons in Japan. With long life



expectancies and fewer siblings in younger generations accompanying a rapid decline in the birth rate, men parental caregivers are increasing in this country. According to the Ministry of Health, Welfare, and Labor (2004), approximately 36% of adult child caregivers are men. Despite its growth, however, men's parental caregiving is still seen as unusual in Japan (Nakanishi, 2009). Because caregiving sons are relatively accessible but persistently atypical, Japan is an ideal setting for this study.

#### Theoretical Foundation

Our study is grounded in the theory of social convoys (Antonucci, Birditt, & Akiyama, 2009; Kahn & Antonucci, 1980). A social convoy represents a group of individuals who closely relate to a person and, through both positive and negative feedback, influence how this person experiences the life course. The theory positions the *roles* people occupy as situational factors that influence the organization of their social convoys (Kahn & Antonucci). Because of differing societal expectations, demands, and available resources related to roles individuals occupy in each life phase, their needs for social relationships change across the life course. The theory suggests, therefore, that assuming care responsibility for aging parents modifies what men seek from their social partners, which then motivates men parental caregivers to reorganize their social convoys. In other words, the experiences of parental caregiving influence men's social ties (i.e., social relationships are outcomes of individuals' experiences; Antonucci, Langfahl, & Akiyama, 2004).

Social convoy theory emphasizes that social relationships are subjectively constructed (Antonucci, Birditt, & Akiyama, 2009). The descriptive characteristics of

one's convoy (e.g., the number of close social ties involved, the amount of socioemotional support available) cannot explain well how a person experiences life course events including parental caregiving in interaction with social partners. "One might carefully and successfully—and even completely—describe the social network and the social support that is exchanged, but it is also necessary to include the individual's personal assessment of his or her experience" (Antonucci et al., p. 249). Thus, although men's experiences of parental caregiving are likely influenced by others' feedback, the meaning of that feedback is open to these men's interpretation.

Guided by social convoy theory, we pursue two questions: (a) How do caregiving sons perceive reactions to their caregiving from their social partners?, and (b) whether and how, on the basis of these perceptions, do caregiving sons reorganize their social networks? For example, we are not interested in simply counting the number of support sources available for caregiving sons, which is an approach dominant in previous research on the social relationships of family caregivers. Rather, by closely examining caregiving sons' interpretations of and response to their social ties, we seek to understand the need for social relationships among men in the atypical role of parental caregiver.

#### Social Relationships of Caregiving Sons

Gender comparative research suggests that men rely on their spouse or intimate partner almost exclusively whereas women's networks likely involve multiple, equally significant others (e.g., Antonucci, 2001). Men's exclusive dependence on their wives has been shown in Japan as well (Ikeda, 2000). These restricted networks of men suggest that men caregivers would have few sources of informal social support.

Caregiving sons, however, may have a unique opportunity to maintain large social networks. As noted, unlike men spousal caregivers, who are mostly retirees (Russell, 2004), caregiving sons are likely to be of working age; thus, it might be easy for caregiving sons to stay connected with their colleagues and others they have met through their work. According to Harris (1998), sons who care for their parents seek to maintain their position in the workplace despite the difficulty of making work and care responsibilities compatible. Men also have been found to be more likely than women to *postpone* retirement in the face of care responsibility for aging parents (Dentinger & Clarkberg, 2002).

Despite some similarities in caregiving sons' experiences (e.g., juggling work and care responsibilities) between the United States and Japan, comparative research also suggests unique constraints on the social relationships of caregiving sons in Japan (Harris & Long, 1999). These constraints are linked to traditional ideas about parental caregiving; that is, daughters-in-law (especially wives of eldest sons) should take care of aging parents (Elliott & Campbell, 1993). For example, it is difficult for married caregiving sons to receive support and understanding in the workplace because their colleagues assume that their wives should take on care responsibility instead (Harris, Long, & Fujii, 1998). In addition, one of the reasons why married men take on the role of parental caregiver is because their wives are reluctant to be involved with their parents (Harris, Long, & Fujii). Although women, especially in younger cohorts, increasingly see care responsibility for parents-in-law as overly burdensome, their in-laws (and possibly their husbands) do not necessarily share such a liberal idea, which creates tension

between wives and their in-laws. Thus, in the context of parental caregiving, spousal relationships are not likely to be a dependable source of support for Japanese men. In fact, caregiving sons in Japan report more negative (e.g., conflict) than positive (e.g., receiving emotional support) interactions with their wives, which has not been observed among their counterparts in the United States (Harris & Long).

The Japanese political context also influences caregiving sons' social relationships. In 2000, public long-term care insurance was implemented in Japan, making formal care services more available to families (Hiraoka, 2006). On the one hand, this policy has enabled caregiving sons to compensate with formal care services for their limited sources of informal support. According to Tsudome and Saito (2007), care managers who help families make care service arrangements and home helpers are becoming central to the support networks of caregiving men. On the other hand, after the implementation of long-term care insurance, informal support networks of caregiving sons may have shrunken further. Longitudinal research has shown that, since the insurance began, many family members, such as secondary caregivers, have withdrawn from caregiving to aging family members; thus, primary caregivers are likely to be *sole* caregivers (Sugisawa, Nakatani, & Sugihara, 2005). Kasuga (2008) suggested that caregiving sons are at risk of social isolation when they are reluctant to use formal care services, which are almost the only support sources available to them.

In summary, research has indicated both opportunities for and constraints on the social relationships of caregiving sons in Japan. At the same time, the literature has not explored how men perceive and respond to reactions from social partners to their

caregiving. For example, although it is suggested that caregiving sons are likely to receive negative feedback from their wives and colleagues, how sons cope with such reactions is unknown; in the literature, caregiving sons are passive subjects in their social environment. Thus, considering the unique sociocultural contexts in Japan, we study how caregiving sons (re)act to their social relationships.

## Method

### *Data Collection*

We used a qualitative approach to explore caregiving sons' subjective construction of their social relationships. Through in-depth face-to-face interviews, we sought to understand how caregiving sons in Japan interpret and respond to the reactions of their social partners to their caregiving. We focused on adult sons who serve as primary caregivers for their parents with dementia because dementia care has been studied most intensively (Schultz & Matire, 2004).

We recruited participants through geriatric clinics in both metropolitan Tokyo and in suburban Kyoto in 2010. Specifically, the first author contacted patients' sons who showed interest after being informed of our study by physicians in the clinics. Only those who provided written consent participated. Recruiting participants in both areas enabled us to include possible regional variability in (a) conformity to the traditional idea of caregiving (i.e., daughters-in-law should take care of aging parents) and (b) accessibility to formal care services (Takahashi & Suda, 2010), both of which relate to constraints on the support networks of caregiving sons (Harris, Long, & Fujii, 1998; Tsudome & Saito, 2007). *Primary caregivers* were identified using both subjective (sons' self-report) and

objective (information from clinic staff members; e.g., who assumes most of the responsibility in the family) criteria. We did not include two self-identified primary caregivers because, according to clinic staff members, their wives actually performed a major portion of care tasks. Through this recruitment process, we obtained 21 participants; 9 from Tokyo and 12 from Kyoto.

The first author interviewed each son in Japanese in a room in the clinic or in another place the participant suggested (e.g., his home). Beginning with participants' sociodemographic information, interview questions involved parents' care needs and types of care participants had provided, available and desirable sources of support (both informal and formal), and others' reactions to participants' caregiving. Interviews lasted for one hour on average and were audio-recorded with participants' permission. The first author transcribed audiotapes verbatim and then translated them into English while replacing the names of persons and places mentioned in interviews with pseudonyms. Because English is the first author's second language, through discussion, the second author helped him correct ambiguous translations and edit transcripts. The first author also consulted a bilingual researcher to ensure that the meaning of participants' accounts was accurately transposed into English.

### *Participants*

Our sample involved caregiving sons from a wide age range (34 to 66;  $M = 53.9$ ;  $SD = 7.8$ ). Participants were relatively highly educated; most sons ( $n = 18$ ; 81%) had a college degree or more. Fifteen sons (71%) had a paid job, and among these, 6 (29%) were employed and 9 (43%) were self-employed business owners. Three sons (14%) had

left paid work to care for their parents. The other 3 sons had reached mandatory retirement age. Two thirds ( $n = 13$ ; 62%) were married. Regarding sibling composition, 16 sons (76%) had at least one sibling. Of these sons, 3 had only brother(s) (14%); 6 had only sister(s) (29%); and 7 had both brother(s) and sister(s) (33%).

At the time of the interviews, 16 sons (76%) were providing care for their mothers and 5 sons were providing care for their fathers although 4 sons had taken care of both parents either concurrently or sequentially. All but one parent was unmarried, mostly ( $n = 17$ ) widowed. Parents' age ranged from 63 to 99 ( $M = 82.4$ ;  $SD = 7.4$ ). All parents needed at least some assistance with Instrumental Activities of Daily Living (IADLs) and 9 needed assistance with Activities of Daily Living (ADLs) as well. Twelve sons (57%) coresided with their parents. The average duration of caregiving was 5.8 years (range = 1-21). Through their parents' long-term care insurance, almost all sons ( $n = 19$ ; 90%) used in-home (e.g., helpers) and/or institutional (e.g., day care) care services at least one day per week. Two parents were not certified as being in need of care because of their relatively better physical functioning, and their sons did not use care services.

### *Data Analysis*

Because our focus is caregiving sons' perceptions of their social relationships, we analyzed English-translated transcripts using a constructivist version of grounded theory, an inductive approach to individuals' subjective experiences within their sociocultural contexts (Charmaz, 2003). First, we imported all transcripts and participants' sociodemographic information into a qualitative data analysis software program, *MAXqda*, to organize the textual data electronically. The analytic process began

with *initial coding*. That is, after reading the interview data multiple times, the first author decomposed the transcripts line-by-line and examined each line to define emotions, actions, or events within it. In the second phase of data analysis, *focused coding*, the first author identified initial codes that frequently appeared across transcripts. Using these recurrent codes, he then generated more abstract, conceptual codes. The second author reviewed the first author's coding, relying on her own reading of each transcript, and the authors discussed and revised the coding until reaching agreement on interpretation of the data.

Building on the conceptual codes, we sought to identify general patterns in caregiving sons' interpretations of and (re)actions to their social relationships. In doing so, we conducted negative case analyses; that is, we examined cases that were unlikely to fit the general patterns discovered. For example, regarding *friendships*, we identified *hesitation in confiding* as a general pattern on the basis of dominant codes such as *avoid care-related topics* and *uncomfortable if only I confide*. We also found participants whose accounts of friendships did not involve these dominant codes. When such negative cases were detected, we examined what differentiated participants who did and did not fit these general patterns (e.g., unique sociodemographic characteristics of negative cases). Doing so enabled us to analyze both central tendencies and variability in caregiving sons' subjective experiences of their social relationships.

## Findings

### *Distancing Same-Gender Peers*

According to Kahn and Antonucci (1980), membership in one's social convoy is



determined subjectively. Individuals do not include all persons connected with them in their social convoys. Caregiving sons tended to marginalize their same-gender relationships, such as workplace ties and friendships, within their social convoys despite relatively frequent contacts with these network members. Such placement of same-gender relationships in their social convoys is linked to normative conceptions of masculinity that detach men from both caregiving and emotionality.

Employed sons were embedded in relatively extensive workplace networks comprised of colleagues and other persons they met through their job. They rarely sought workplace support, however, despite their greater difficulty of juggling work and care responsibilities than that of self-employed sons. Rather, they told few colleagues they were caring for their parents.

*Do your colleagues know you are helping your mother?*

I have no idea. They know I live with her, but I haven't told them any more about her.

That employed sons hide care responsibility does not necessarily mean they have no dependable colleague. Three sons (i.e., half of employed sons) mentioned sympathy and understanding they received when they told a person in the workplace about their parents. Further, employed sons in their forties ( $n = 2$ ) had the opportunity to find a caregiver peer in the workplace. Few men at their age have parents in need of care, but because the workplace involves men of different ages, younger sons could meet men who are older and who share care experiences.

One of my colleagues is older than me, and he is taking care of his parents in their eighties. We talk about our parents sometimes. Our talk always ends with the same words. "They are our parents, so we have to keep on." We always say, "We have no choice."

These sons felt that such supportive colleagues are exceptional. They knew that the dominant idea among their colleagues is “Leave it to our wives.”

I know people in my workplace who think caregiving is not men’s work. I heard they have their wives do everything, including changing diapers and feeding.

They sensed that, if they reveal in the workplace that they have assumed parental care responsibility, they might elicit more negative than positive reactions. To protect themselves from lack of understanding, therefore, they decided to behave such that their colleagues would not learn they were caring for their parents.

I rarely talked about my mother, and few colleagues know about her. If I had told it to everyone, I might have had uncomfortable experiences, but nobody could find out I’m taking care of her unless I disclose it. . . .it’s a good idea not to say.

Normative ideas about gender and caregiving make it difficult for sons to include their colleagues in their social convoys. Afraid of being seen as odd, employed sons are reluctant to present themselves as parental caregivers in the workplace. As a result, their extensive workplace networks are disconnected from their caregiving lives.

Behavioral norms around masculinity also forced caregiving sons to place friendships in a peripheral position within their social convoys. Although all sons in this study maintained at least some contact with friends after they began caregiving, almost no son indicated their friends as network members to whom they want to talk about concerns related to caregiving. Consistent with previous research on men’s friendships (Adams & Ueno, 2006), caregiving sons were oriented toward companionship rather than confidant relationships with their friends. Five sons mentioned that they should not take care-related concerns into friend gatherings, where everyone comes just for fun.

It's not necessarily good to talk with friends with similar experiences. If we both have very serious problems, our talk will be depressing. . . . We don't want to talk seriously. We just want fun talk.

They tried not to break the tacit agreement among friends, "Don't bring in negative feelings." When they wanted to cope with care-related concerns through friendships, they instead used a "masculine" style of coping; that is, drinking.

We go to drink together sometimes. I can't always reduce my stress by doing that, but I can get some comfort.

It appears, however, that orientation toward companionship is not the only reason sons do not, or cannot, talk with friends about concerns related to caregiving. Another, possibly more powerful deterrent to openness may be their concern about losing power to other men by revealing signs of weakness.

Sons in their thirties and early forties had almost no friends with parental care experiences. These sons mentioned that they did talk with their friends about concerns *unrelated to caregiving* such as work stress. When asked why, then, only care-related concerns were not disclosed, they indicated that, unlike work stress, which their friends also felt, concerns about caregiving were not shared, and thus, it was not possible to confide *mutually*.

How to care for my mother is my concern, but he has no such a concern. His grandmother had dementia, but his mother took care of her, so he doesn't know what it's like to take care of a person with dementia. . . . If I talk about how I feel about caregiving to my mother, he would only take the role of listener. . . . I wouldn't feel comfortable if only I confide and he just listens.

In contrast, among sons around 60 or older, parental caregiving was not an uncommon experience in their friend networks. According to 2 sons over 60, their friends mentioned their parents' condition in a social gathering, which created a setting for

everyone to be open about his parents. Yet, that almost everyone has concerns about parental caregiving also can prevent sons from confiding such concerns to their friends. One of these older sons thought he should not mention care-related stress to his friends because, if he, but not his friends, mentions such stress, it means that he is more impatient than they are.

At first, I often complained about caregiving to my mother, and my friends listened to me. But, I realized that everyone at my age is concerned about this responsibility. Many people are in the same situation. Not only me. So, I shouldn't speak as if only I am in an unusually difficult situation. I shouldn't complain any more.

For caregiving sons, friendships are an arena to perform masculinity. On the one hand, to meet other men's expectations for friends, sons try to be a fun companion without being emotional. On the other hand, not to be defeated in the power struggle with same-gender peers, they conceal from their friends care-related concerns, which would be a sign of weakness. Because sons maintain friendships in such a masculine way, friends are rarely counted among the closest members of their social convoys on whom to rely for socioemotional support.

#### *Seeking to Play the "Leading Role"*

Sons' styles of parental caregiving also influenced how they organize their social convoys. Their styles were similar to typical ways of men's caregiving reported in the literature (e.g., Matthews, 2002; Miller, 1987). Specifically, sons in this study commonly believed that it is necessary to minimize caregiving to help their parents to maintain their functioning. To accomplish what they believe to be the best care, they sought to control the whole process of caregiving. In an attempt to provide care for their parents in such a

“masculine” way, they excluded from their social convoys persons who seem willing to help; namely, sisters and formal care providers.

Three sons complained about their sisters who often came to help them to provide care for their parents. From their viewpoint, their sisters were “too” caring; that is, their sisters tended to help with things their parents still can do by themselves. Sons were afraid that their sisters’ “feminine” style of caregiving might undermine their care.

I know my mother can walk without help. If I support her when she walks, that’s too much care. Too much care just has a bad influence on her physical ability. . . .My sister has a different style. . . .My sister tends to give her too much care. When I observe it, I say, “Don’t do that.”

From the viewpoint of sisters, however, sons did not care for their parents well. These sons reported their sisters complained to them about their caregiving style. Yet, they did not listen to their sisters. In their view, sisters’ complaints were not reasonable; their sisters did not understand the care their parents really need. Agreement on how to care for parents, therefore, seems unlikely between these sons and their sisters.

My sister comes and stays with my mother only one day each week, so she doesn’t understand her condition. There is a gap between her understanding and my understanding. . . .I talk with her doctor regularly, and based on his advice, I’m doing what I think is best for her. . . .When she complained, I said to her, “You are not a medical doctor, right? How could you know the best care for her?” Actually, my sister never went to the clinic. She never talked with the doctor. She just comes to see my mother once a week.

Other sons did not complain about their sisters who did not or could not come often to help them with caregiving to their parents. To these sons, these sisters were ideal. On the one hand, their sisters did not interfere with their caregiving with a feminine style of providing care. On the other hand, by focusing on their husbands, children, and parents-in-law, these sisters fulfilled daughters-in-law’s responsibility (*yome no tsutome*

in Japanese); that is, married women should be involved with their in-laws rather than their families of origin. Indeed, all sisters of participants were married.

Like me, my sister thinks she wants to do as much as she can do for my mother. But, . . . what she can do is different from what I can do because she is married. She has a family she should take care of.

Compared with their “intrusive” sisters who participated in caregiving frequently, sons found it easier to deal with brothers, although they had some complaints about their brothers who did not come to help them voluntarily. *No* son had argued with their brothers about how to care for their parents. Furthermore, *all* participants with brothers mentioned that their brothers were responsive: When asked, their brothers always helped them.

My brother left every financial issue to me. Also, when I arranged day service for my mother, he showed no interest in it. He just agreed with my arrangement. But, he has never disagreed with me. . . . He wasn’t really involved with these things, but until now, he was willing to do whatever I asked him to do. I appreciate it.

Thus, caregiving sons saw brothers rather than sisters as dependable sources of socioemotional support. Eighty percent of sons with brothers ( $n = 8$ ) referred to their brothers as their network members to whom they can talk easily about feelings and concerns related to caregiving. Although 5 of these sons have sisters as well, they did not indicate their sisters as confidants. In fact, among sons with only sisters ( $n = 6$ ), only one son saw his sister as a network member with whom to share care-related concerns.

In sum, to persist in their style of parental caregiving, sons place sisters and brothers in different positions within their social convoys. They attempt to form the network of care for their parents only with siblings who are obedient. As a result, they

shun their “disagreeable” sisters despite their willingness to help with caregiving while including their manageable brothers as central members of their social convoys.

Sons’ desire to take control of parental caregiving also influenced their placement of formal sources of support, such as home helpers and care managers, within their social convoys. Although sons expected these persons to provide practical knowledge that enabled them to manage caregiving by themselves, few intended to transfer even some care responsibility to these formal care providers. Nor did they expect socioemotional support from these persons.

For example, caregiving tended to consider home helpers as “care trainers” for them. Although housework skills are essential for caregiving, many sons ( $n = 13$ ) took on the role of caregiver with few or no such skills. Five sons had never cooked until they began caregiving to their coresiding mothers. These sons had little trouble with cooking because of helpers’ education.

I couldn’t cook at all before. I worked in a department store, and before I hired helpers, every day, I went down to the deli section in the store and got some food for my parents. I cooked only rice after I came home, and served the deli food with rice, and we ate it. When I finished work late, our dinner was late too. . . .After I left my job, I was changed. I tried to plan meals carefully. . . .One helper was very kind and patient, and started teaching me very basic techniques.

Once sons learned such care-related skills, however, home helpers became less important. Although sons who did not live with their parents ( $n = 7$ ) still needed helpers to take care of their parents when they were unavailable, coresiding sons ( $n = 6$ ) wanted to manage chores by themselves.

Now, I can do everything by myself. I can cook, I can do the laundry, and I can do the cleaning. I also can update our wardrobe when seasons change. . . .If my father gets worse, maybe I will need them (i.e., helpers), but I don’t now.

This coresiding son cancelled his father's helper despite the available benefit of long-term care insurance available. He only needed helpers to teach him cooking, laundry, and cleaning; they were not expected to *help* with housekeeping.

Care managers also were only expected to educate sons such that they can manage caregiving by themselves. Although many sons ( $n = 11$ ) reported their care managers said to them, "Feel free to talk to me about any concern," they did not intend to have informal discussions with these care professionals. They only expected their care managers to provide information for solving problems they faced in caregiving. In fact, sons evaluated their care managers in terms of how information-rich they were; the personality of care managers was important but not necessarily prioritized. Six sons complained that their care managers were attentive to them but not responsive to their requests.

Honestly, I'm not satisfied with my care manager. . . .A couple of months ago, I said to him, "I don't want you just to listen to my concerns. I want you to give me information promptly. I want you to answer me quickly anytime when I ask you a question. This is what I expect of my care manager."

Although formal sources of support are increasingly available because of public long-term care insurance, home helpers and care managers are marginalized in caregiving sons' social convoys despite few informal sources of support available. Because of their "do-it-yourself" style, sons expect only practical knowledge from these formal persons. They do not let these persons participate more, even though they are willing to do so.

#### *Central But Not Dependable Wives*

Typically, spouses and intimate partners are placed at the center of social



convoys. For caregiving sons, however, their wives were not necessarily a dependable source of support. Despite persistent societal pressures on wives to care for their parents-in-law, women, especially in younger cohorts, are increasingly resistant to such traditional familial institutions, resulting in tension between wives and their in-laws who still believe parental caregiving to be daughters-in-law's responsibility (Long, Campbell, & Nakanishi, 2009). In fact, all married sons in this study decided to assume care responsibility to intervene between their wives and their parents. Their wives were not willing to participate in caregiving to their in-laws.

Married sons who resided with their parents especially struggled to negotiate such in-law tension because their wives and their parents stayed close physically but not emotionally. Making the most of public care services such as adult day care, they tried to keep their wives and parents away from each other. In one of these sons' words, their wives were "another care recipient" rather than a source of support for them.

Often times, my wife was crying before I went to work in the morning. She was worried about staying with my father alone. When that happened, I could work only in the morning. I came home quickly and stayed with her in the afternoon. I changed my work schedule for her rather than for my father.

Assuming primary responsibility for caregiving to parents, however, did not necessarily enable coresiding sons to negotiate marital relationships within in-law tension. More important was to balance attention to their parents with that to their wives. For example, although one coresiding son never required his wife to care *for* his mother, his wife stopped showing any concern to him as well as to his mother. His "failure" is that he expected his wife to care *about* his mother while paying little attention to his wife's long-held dissatisfaction at residing with his parents.

I knew my wife didn't like to stay with them, but it's usual with in-law relationships. . . . I rarely saw my wife talking to my mother after we started living together. I thought they talked while I was out.

Married sons who lived separately from their parents did not face *overt* tension between their wives and their parents. Apparently, wives of non-co-residing sons were supportive. These wives were trying to make sons' caregiving easier, for example, by gathering information about care and health services from their networks that involve many women caregivers. Non-co-residing sons sensed, however, that their wives might be helping them such that they could continue assuming care responsibility; in other words, their wives would not need to be more involved with their parents-in-law. Monitoring how these sons were caring for their parents, their wives provided suggestions to change their ways of caregiving before sons became unable to continue caregiving. In fact, wives helped these sons mostly indirectly (i.e., emotional and informational support). They rarely looked after or even visited parents in place of sons.

When I don't know how to dress my mother, I call my wife and ask her, "She wears this and this today. Do you think it's all right?" My wife could better help her with these things than me, but it seems she doesn't want to come and talk to her.

Whether or not married sons reside with their parents, the tension between their wives and their parents influences marital relationships. In parental caregiving, married sons need to be caring sons and caring husbands simultaneously. They have assumed care responsibility for their parents, at least partly, to show their concerns for their wives. Although wives may count such husbands as central members of their social convoys, caregiving sons cannot necessarily depend on their wives for support to take care of their parents.

*Peripheral But Supportive Neighbors*

Although caregiving sons faced difficulty seeking help from their wives, who otherwise would be central members of their social convoys, they received positive feedback from persons who typically are marginalized within convoys; that is, neighbors. Many sons ( $n = 13$ ) received admiration for their caregiving from their neighbors.

I felt rewarded when my neighbors said to me, "You're a nice son." They saw us walking hand in hand. They saw me pushing her wheelchair. It's natural for me to take care of her. I don't think I'm doing a great thing, but when they said "You're a nice son," I felt it was worth it.

Neighbors were almost the only persons sons referred to as a source of positive feedback. For example, sons talked about how unreliable their relatives were. Some relatives (e.g., aunts and uncles) could not help them because these relatives themselves were in need of care and their family members (e.g., cousins) were caring for them. When other relatives visited their parents, they reacted in negative (e.g., complaints) rather than positive (e.g., praise) ways.

Whether a son received positive feedback from neighbors depended on his mothers' relationships; that is, how much his mother socialized with her neighbors before the onset of her cognitive problems. Neighbors who recognized a son's effort were his mother's friends. These mother's friends cared about the son's family and supported him emotionally. In fact, sons who mentioned that their mothers were not sociable ( $n = 6$ ) did not receive such praise from their neighbors. Neither did sons who had cared only for their fathers ( $n = 2$ ). Their mothers, who had been cared for by their fathers, died long before these sons began caregiving for their fathers. After their mothers passed away, these sons lost contact with their neighbors.

Honestly, I don't really know how our neighbors see me. After my mother died, my father and I didn't have much contact with our neighbors. My mother was very popular in this neighborhood. I think nobody was more popular. After she died, we became more isolated.

Thus, although many sons received positive reactions to their caregiving from neighbors, such supportive ties were formed by their mothers. These sons, then, took over neighborhood networks from their mothers.

Furthermore, not all sons perceived such positive feedback positively. They sensed that, although they might be admired as dutiful *sons*, people do not necessarily appreciate their caregiving as *men's* work. When asked about feelings toward neighbors' praise, a son answered, "Not really happy" because "in this society, men are not so encouraged to care for their parents." Normative conceptions of masculinity influence how sons perceived neighbors' reactions as well as how neighbors appraised sons' caregiving. By doing so, such normative ideas restricted caregiving sons' relationships with their neighbors. Providing positive feedback does not necessarily move neighbors from peripheral to more central positions within caregiving sons' social convoys.

### Discussion

Guided by social convoy theory, we explored how caregiving sons negotiate social ties in Japan. Although much research has been concerned with the influence of social relationships on family caregivers, we avoided considering caregiving sons merely as passive subjects of their social environment. Because social relationships are subjectively constructed (Antonucci, Birditt, & Akiyama, 2009), we focused on how men (re)organize their social convoys in negotiating the role of parental caregiver. Overall, caregiving sons are not necessarily socially disconnected. Sons were embedded in

relatively extensive networks built through their paid work. Also, while managing parental caregiving, all sons maintained at least some contact with friends. Moreover, many sons received admiration from their neighbors about their caregiving. Yet, caregiving sons rarely consider these persons to be central members of their social convoys. Rather, they tend to distance themselves from such potential sources of support. Because caregiving sons are afraid that these network members might not appreciate them as men, they cannot be open with these persons. As a result, parental caregiving is disconnected from other aspects of sons' social lives.

The legacy of traditional familial institutions in Japan also influences the family relationships of caregiving sons. Although research has consistently shown that wives and sisters "allow" men to withdraw from parental caregiving (e.g., Campbell & Martin-Matthews, 2003), Japanese caregiving sons seem unlikely to depend on these women family members for help. To maintain their marital relationships, sons struggled to protect their wives from their parents as well as from persistent societal expectation for daughters-in-law to care for aging parents. In addition, they felt uncomfortable with their sisters who participated in caregiving willingly, which not only could prevent them from minimizing care for their parents but also could violate traditional norms that prescribe married women's obligation to their in-laws. Consequently, brothers have become significant to the social convoys of Japanese caregiving sons. On the one hand, seeking support from brothers does not interfere with cultural codes about family relations in Japan. On the other hand, because brothers do not participate in caregiving actively, sons can keep playing the leading role in providing care for their parents. Thus, when men take

on the role of primary parental caregiver, the sibling network of care for aging parents may be “male-dominated,” where brothers rather than sisters are prominent. Exclusion of sisters seems unlikely in other sociocultural contexts (see Matthews, 1995).

Our findings question previous research that argues formal care providers are central to the support networks of men caregivers in Japan (Tsudome & Saito, 2007). True, sons in this study sought information for better managing caregiving, and they turned to care managers and home helpers for such practical knowledge. But, they did so such that they could care for their parents *by themselves*. Further, once sons learned care-related skills, they tended to consider these persons unnecessary despite limited availability of informal sources of support. Although sons are not hesitant to rely on formal care providers, they do not expect these persons to *share* care responsibilities. In other words, caregiving sons do not place formal sources of support in a central position within their social convoys.

Caregiving sons’ “do-it-yourself” style seems unlikely to be changed because of their concerns about possible negative reactions to their atypical family roles. Research on interventions for family caregivers suggests that people reflect and modify their approaches to caregiving in discussions with others (Zarit, 2009). Because sons tend to hide their care experiences especially from nonfamily members, however, they have limited opportunities to reconsider their views and ways of caregiving through others’ feedback. With their desire to play the leading role in parental caregiving, sons seem likely to continue to minimize others’ involvement in caregiving to their parents. In sum, structural gender relations constrain caregiving sons’ social ties. Because society

marginalizes men's caregiving, sons try to compartmentalize their caregiving from other aspects of their social lives, which then maintains or possibly strengthens their "do-it-yourself" style of caregiving. Caregiving sons' restricted social convoys are at least partly the result of their efforts to negotiate parental care responsibility in a society that separates masculinity from caregiving.

#### *Limitations and Conclusion*

Our findings should be interpreted with caution because of several limitations. First, our participants were restricted to dementia caregivers. Because the long-term care insurance system in Japan focuses on physical disabilities, benefits tend to be smaller for older adults with only cognitive impairment (Hiraoka, 2006). Thus, formal care services may be less available to our participants than to Japanese caregiving sons in general. Although our participants were not willing to transfer care responsibility to formal care providers, such attitudes may reflect their limited accessibility to public care services. It is open to question whether Japanese sons try to manage parental caregiving all by themselves *even with more government financial aid to use formal care*.

Second, it also is necessary to consider sociocultural context of Japan. On the one hand, our findings of caregiving sons' relationships with same-gender network members (e.g., friends) may be applicable to other countries in which similar masculine codes of behavior in men's close social ties have been observed (Reid & Fine, 1992). On the other hand, caregiving sons in other countries seem likely to relate to their wives and sisters differently because these relationships in Japan are structured by traditional ideas about married women. Wives and sisters may be more dependable sources of support for

caregiving sons in other countries. At the same time, our findings extend the literature on men's caregiving. That is, whereas whether and how men provide care for their parents is contingent on the availability of women family members (Campbell & Martin-Matthews, 2003; Gerstel & Gallagher, 2000), which women members matter for men's caregiving depends on familial institutions embedded in each culture. Studies on gendered experiences of parental caregiving should consider such sociocultural contexts.

Despite these limitations, this study addresses dimensions that are missing in the literature on the social ties of men caregivers: (a) social relationships as outcomes as well as contexts of men's care experiences, (b) subjectively determined (un)desirable relationships, and (c) whether and how network members facilitate or hinder men's negotiation of the likely conflict between masculinity and care responsibility. Because normative conceptions of masculinity are (perceived to be) maintained in their networks, caregiving sons are reluctant to be open about their experiences. In their view, compartmentalizing parental caregiving from other aspects of their social lives is the best way to negotiate care responsibility in such social environments; thus, they themselves restrict their social convoys. These findings have implications for developing support strategies for caregiving sons. Although researchers recommend that colleagues, friends, and community members reach out to men caregivers so as not to isolate them (Tsudome & Saito, 2007), caregiving sons may not depend on these persons because of their concerns about possible negative reactions to their atypical family role. Thus, expanding social networks may not necessarily increase available psychosocial resources for sons to better manage parental caregiving. It seems more important to approach people's ideas



about gender, which influence others' reactions to caregiving sons as well as sons' perceptions of their social relationships. Future research should explore in what contexts people modify their views of gender and caregiving, and then, their ways of relating to men as parental caregivers. Doing so will help identify social environments in which caregiving sons may develop their social convoys more readily.

## References

- Adams, R. G., & Ueno, K. (2006). Middle-aged and older adult men's friendships. In V. H. Bedford & B. F. Turner (Eds.), *Men in relationships: A new look from a life course perspective* (pp. 103 – 124). New York, NY: Springer.
- Antonucci, T. C. (2001). Social relations: An examination of social networks, social support, and sense of control. In J. E. Birren & K. W. Schaie (Eds.), *Handbook of the psychology of aging* (5<sup>th</sup> ed., pp. 427 – 453). San Diego, CA: Academic Press.
- Antonucci, T. C., Birditt, K. S., & Akiyama, H. (2009). Convoys of social relations: An interdisciplinary approach. In V. L. Bengtson, D. Gans, N. M. Pulney, & M. Silverstein (Eds.), *Handbook of theories of aging* (2<sup>nd</sup> ed., pp. 247 – 260). New York, NY: Springer.
- Antonucci, T. C., Langfahl, E. S., & Akiyama, H. (2004). Relationships as outcomes and contexts. In F. R. Lang & K. L. Fingerman (Eds.), *Growing together: Personal relationships across the lifespan* (pp. 24 – 44). New York, NY: Cambridge University Press.
- Calasanti, T. (2003). Masculinities and care work in old age. In S. Arber, K. Davidson, & J. Ginn (Eds.), *Gender and ageing: Changing roles and relationships* (pp. 15 – 30). Maidenhead, England: Open University Press.
- Campbell, L. D., & Martin-Matthews, A. (2003). The gendered nature of men's filial care. *Journal of Gerontology: Social Sciences*, 58B, S350 – S358.
- Carstensen, L. L., Isaacowitz, D. M., & Charles, S. T. (1999). Taking time seriously: A theory of socioemotional selectivity. *American Psychologist*, 54, 165 – 181.

- Charmaz, K. (2003). Grounded theory: Objectivist and constructivist methods. In N. K. Denzin & Y. S. Lincoln (Eds.), *Strategies of qualitative inquiry* (2<sup>nd</sup> ed., pp. 249 – 291). Thousand Oaks, CA: Sage.
- Connell, R. W. (1995). *Masculinities*. Berkeley, CA: University of California Press.
- Connidis, I. A., & McMullin, J. A. (2002). Sociological ambivalence and family ties: A critical perspective. *Journal of Marriage and Family*, *64*, 558 – 567.
- Davey, A., & Szinovacz, M. E. (2008). Division of care among adult children. In M. E. Szinovacz & A. Davey (Eds.), *Caregiving contexts: Cultural, familial, and societal implications* (pp. 133 – 159). New York, NY: Springer.
- Davidson, K., Arber, S., & Ginn, J. (2000). Gendered meaning of care work within late life marital relationships. *Canadian Journal on Aging*, *29*, 536 – 553.
- Dentinger, E., & Clarkberg, M. (2002). Informal caregiving and retirement timing among men and women. *Journal of Family Issues*, *23*, 857 – 879.
- Elliott, K. S., & Campbell, R. (1993). Changing ideas about family care for the elderly in Japan. *Journal of Cross-Cultural Gerontology*, *8*, 119 – 135.
- Gerstel, N., & Gallagher, S. K. (2001). Men's caregiving: Gender and the contingent character of care. *Gender & Society*, *15*, 197 – 217.
- Harris, P. B. (1998). Listening to caregiving sons: Misunderstood realities. *Gerontologist*, *38*, 342 – 352.
- Harris, P. B., & Long, S. O. (1999). Husbands and sons in the United States and Japan: Cultural expectations and caregiving experiences. *Journal of Aging Studies*, *13*, 241 – 267.

- Harris, P. B., & Long, S. O., & Fujii, M. (1998). Men and elder care in Japan: A ripple of change? *Journal of Cross-Cultural Gerontology*, *13*, 177 – 198.
- Hiraoka, K. (2006). Long-term care insurance in Japan. In H. Yoon & J. Hendricks (Eds.), *Handbook of Asian aging* (pp. 355 – 381). Amityville, NY: Baywood.
- Ikeda, M. (2000). *Fūfu kankei to jendā gyappu* [Spousal relationships and gender gaps]. In Y. Ito (Ed.), *Jendā no hattatsu shinrigaku* [Developmental psychology of gender] (pp. 183 – 208). Kyoto, Japan: Minerva Shobō.
- Kahn, R. L., & Antonucci, T. C. (1980). Convoys over the life course: Attachment, roles, and social support. In P. B. Baltes & O. G. Brim (Eds.), *Life-span development and behavior* (Vol. 3, pp. 253 – 286). New York, NY: Academic Press.
- Kasuga, K. (2008). *Nīzu wa naze senzaika surunoka* [Why people's needs are invisible]. C. Ueno & S. Nakanishi (Eds.), *Nīzu chūshin no fukushi shakai e* [Toward a needs-centered welfare society] (pp. 92 – 124). Tokyo, Japan: Igaku Shoin.
- Kramer, B. J., & Lambert, J. D. (1999). Caregiving as a life course transition among older husbands: A prospective study. *Gerontologist*, *39*, 658 – 667.
- Long, S. O., Campbell, R., & Nishimura, C. (2009). Does it matter who cares? A comparison of daughters versus daughters-in-law in Japanese elder care. *Social Science Japan Journal*, *12*, 1 – 21.
- Matthews, S. H. (1995). Gender and the division of filial responsibility between lone sisters and their brothers. *Journal of Gerontology: Social Sciences*, *50B*, S312 – S320.
- Matthews, S. H. (2002). Brothers and parent care: An explanation for sons'

- underrepresentation. In B. J. Kramer & E. H. Thompson, Jr. (Eds.), *Men as caregivers: Theory, research, and service implications* (pp. 234 – 249). New York, NY: Springer.
- Miller, B. (1987). Gender and control among spouses of the cognitively impaired: A research note. *Gerontologist*, 27, 447 – 453.
- Ministry of Health, Welfare, and Labor, the Government of Japan. (2004). *Kokumin seikatsu kiso chōsa* [Comprehensive survey of the living conditions of the people]. Tokyo, Japan: Author.
- Nakanishi, Y. (2009). *Wakamono no kaigo ishiki: Oyako kankei to jendā fukinkō* [Young adults' attitudes toward caregiving to older adults: Parent-child relationships and gender inequality]. Tokyo, Japan: Keisō Shobō.
- Reid, H. M., & Fine, G. A. (1992). Self-disclosure in men's friendships: Variations associated with intimate relations. In P. M. Nardi (Ed.), *Men's friendships* (pp. 132 – 152). Thousand Oaks, CA: Sage.
- Russell, R. (2004). Social networks among elderly men caregivers. *Journal of Men's Studies*, 13, 121 – 142.
- Schultz, R., & Martire, L. M. (2004). Family caregiving of persons with dementia: Prevalence, health effects, and support strategies. *American Journal of Geriatric Psychiatry*, 12, 240 – 249.
- Smith, J., & Goodnow, J. J. (1999). Unasked-for support and unsolicited advice: Age and the quality of social experience. *Psychology & Aging*, 14, 108 – 121.
- Sorkin, D. H., & Rook, K. S. (2004). Interpersonal control strivings and vulnerability to

negative social exchanges in later life. *Psychology & Aging*, 19, 555 – 564.

Strawbridge, W. J., & Wallhagen, M. I. (1991). Impact of family conflict on adult child caregivers. *Gerontologist*, 31, 770 – 777.

Sugisawa, H., Nakatani, H., & Sugihara, Y. (Eds.), (2005). *Kaigo hoken seido no hyōka: Kōreisha to kazoku no shiten kara* [Assessment of long-term care insurance: From the perspectives of older adults and their families]. Tokyo, Japan: Sanwa Shoseki.

Takahashi, R., & Suda, Y. (Eds.) (2010). *Zaitaku kaigo ni okeru kōreisha to kazoku: Toshi to chihō no hikaku chōsa bunseki* [Frail older adults and their families: Comparative research on urban and rural areas]. Kyoto, Japan: Minerva Shobō.

Thompson, E. H., Jr., Futterman, A. M., Gallagher-Thompson, D., Rose, J. M., & Lovett, S. B. (1993). Social support and caregiving burden in family caregivers of frail elders. *Journal of Gerontology: Social Sciences*, 48, S245 – S254.

Tsudome, M., & Saito, M. (2007). *Dansei kaigoshu hakusho* [A white paper on men caregivers]. Kyoto, Japan: Kamogawa Shuppan.

Zarit, S. H. (2009). Empirically supported treatment for family caregivers. In S. H. Qualls & S. H. Zarit (Eds.), *Aging families and caregiving* (pp. 131 – 153). Hoboken, NJ: Wiley.

## CONCLUSION

In this dissertation, I explored how social relationships influence, and are influenced by, men's experiences of caregiving to their aging parents. In doing so, I highlighted the gendered nature of parental care experiences. Because of the gender ideology that defines informal family caregiving as women's work (e.g., Calasanti, 2003; Walker, 1992), when assuming care responsibility for their parents, men must tackle sociocultural norms around gender. Whereas previous research has been primarily concerned with whether and how social partners can help men caregivers to manage care tasks, I sought to understand the role of social relationships in caregiving sons' negotiation of normative masculinity. At the same time, I did not consider caregiving sons merely as passive subjects of their social environment. Because social relationships are subjectively constructed (Antonucci, Birditt, & Akiyama, 2009), I focused on how men (re)organize their social networks in negotiating care responsibility. Below, I first summarize the findings from each study. Then, I synthesize these findings to address my ultimate goals in this research; that is, to identify (a) whether and how men's parental caregiving can subvert gender relations and (b) whether and how network members link men's experiences of parental caregiving to gendered structural arrangements.

### Summary of Findings

In the first study, conducted with Alexis Walker, I examined how Japanese adult men generally view and carry out care responsibility for their parents, which has been understudied in the literature on family caregiving to older adults in Japan. In doing so, we sought to clarify normative ideas shared among Japanese men about gender and

family related to parental caregiving. Decomposing Japanese traditional familial institutions, *Ie*, into five norms regarding such dimensions as birth order, inheritance, and gendered care responsibility, we found Japanese men can be classified into three groups according to adherence to each component. Further, consistent with the doing gender framework (West & Zimmerman, 1987), we also found family characteristics associated with men's involvement in parental caregiving differ according to their level of conformity to each component of *Ie* ideas.

Our results suggest sociohistorical changes in men's views about and ways of parental caregiving. Among the three groups identified, the oldest group of men adheres to all components of the *Ie* institution, whereas two younger groups of men agree with only one or two ideas. Compared with the youngest group, however, men in the middle do not seem liberated from *Ie* norms because their actual caregiving was associated with the family circumstances that were *deemphasized* in their view. In other words, their behavior was more traditional than their ideas. In contrast, views about and ways of caregiving were consistent for the youngest as well as the oldest group of men.

Several characteristics of men's parental caregiving were consistent across the three groups. Contrary to the U.S. literature (e.g., Coward & Dwyer, 1990; Gerstel & Gallagher, 2001; Matthews, 1995; Stoller, Forster, & Duniho, 1992), the presence of sisters was unrelated to Japanese men's involvement in parental caregiving regardless of their ideas about gender and family. Traditionally, in Japan, daughters-in-law rather than daughters (i.e., sons' sisters-in-law rather than sisters) have been expected to be parental caregivers; for this reason, the availability of sisters may not be associated with men's



caregiving. Also, economic transfer from parents was consistently and positively associated with parental caregiving. In summary, this study clarified the traditional ideas to which Japanese men adhere and cohort differences in the emphasis on particular aspects of the *Ie* view.

In the second study, in collaboration with Alexis Walker, I explored caregiving sons' doing gender in Japan. By analyzing in-depth interview data qualitatively, our focus was on sons' nonnormative use of normative ideas of gender and family. We found caregiving sons tend to "misuse" traditional *Ie* norms and stereotypical ideas of masculinity and femininity in an attempt to frame their atypical family role as accountable. Indicating their status as the eldest son, the amount of family property they inherited, and their married sisters' obligation to their in-laws, these sons identified themselves as the most responsible for parental caregiving among siblings. In addition, sons explained that men are better suited than women for caregiving because of such "masculine" characteristics as physical toughness, while conceiving of women's "innate" attentiveness and closer attachment to their parents as harmful to both care providers and care recipients. Further, sons negotiated the conflict between work and care responsibilities by (re)conceptualizing paid work as a means of better performing the role of caregiver.

We found (a) marital and parental status and (b) type of paid work (i.e., employed or self-employed) may influence caregiving sons' doing gender. Because the traditional obligation of married women to their in-laws can be used to exempt (married) sisters, but not wives, from care responsibility, married sons used different, inconsistent

rationales for their wives and for their sisters in order to release each from parental caregiving. Also, sons with dependent children faced a conflict between fatherhood (i.e., being a good provider for their children) and “son-hood” (i.e., fulfilling filial care responsibility), and could not simply accommodate their paid work schedule to parental caregiving. In addition, employed sons had greater difficulty negotiating work and care responsibilities than did self-employed sons because of limited control over their work schedule. Despite such variability, however, sons in general legitimized their caregiving with normative ideas about gender and family, which have been traditionally used to tie women to the caregiver role.

The final study, coauthored with Alexis Walker, was focused on how caregiving sons negotiate their social ties. Guided by social convoy theory (Antonucci, Birditt, & Akiyama, 2009; Kahn & Antonucci, 1980), we examined (a) how sons perceive network members’ reactions to their caregiving, and (b) how, in response, they reorganize their support networks. Our findings suggest that the restricted social convoys of caregiving sons are at least partly the product of their efforts to carry out parental care responsibility in a society that marginalize men’s caregiving. Anticipating network members might react to their atypical family role negatively, sons tried to disconnect parental caregiving from other parts of their social lives. Thus, few members of their social networks were (allowed to be) involved in the process of their caregiving. Moreover, in an attempt to play the leading role in parental caregiving, sons tended to exclude persons who would help them willingly, such as sisters and formal care providers, from their support networks.

There appears to be a “vicious circle” between sons’ social relationships and their style of caregiving. That is, when taking on the role of parental caregiver, sons may restrict interactions with their network members, which likely limits opportunities for sons to reflect and modify their views and ways of caregiving with reference to others’ feedback. Sons, then, may further stick to their “do-it-yourself” style of caregiving and become even more negative about others’ involvement in the process of their caregiving. In sum, normative conceptions of masculinity constrain the social relationships of caregiving sons, reinforcing their tendency to manage care responsibilities by themselves.

#### General Discussion

##### *The Potential of Men’s Parental Caregiving to Subvert Gender Relations*

As suggested in the second study, parental caregiving can be a context in which men deconstruct normative conceptions of gender. Caregiving sons illustrated how traditional *le* ideas can be (mis)used to account for men’s responsibility for caregiving to their parents. They also reconceptualized *care* such that men can be seen as better care providers than women while still invoking stereotypical views of masculinity and femininity. In doing so, caregiving sons have (unintentionally) demonstrated that these normative ideas can be employed not only to free men from (i.e., traditional use) but also to tie men to (i.e., “subversive” use) parental caregiving. In other words, they have shown that these ideologies are not “useful” for justifying why women, but not men, should take on the role of parental caregiver. Most importantly, in doing so, caregiving sons did not necessarily intend to resist these ideologies. Rather, they attempted to account for their caregiving in normative terms. Their use of normative conceptions is consistent with

Butler's (1990) *subversive performance of gender*; that is, deconstructing normative conceptions while simultaneously attempting to do gender. Taking on the role of parental caregiver may increase the likelihood of men subverting the ideological basis for gender relations.

Because the doing gender perspective suggests that individuals are especially compelled to do gender when they perceive that others consider their behavior deviant in relation to normative conceptions (West & Zimmerman, 1987), it might seem that caregiving sons in this research were motivated to show the interviewer (first author) how consistent their family role is with ideological ideas about gender and family. Their use of normative conceptions, however, cannot be attributed simply to their efforts to do gender within the interview setting. In conversation with me, many sons disclosed their concerns about their lives including their caregiving; moreover, a few sons shed tears when talking about their parents, both of which do not comply with a masculine code of behavior (e.g., Connell, 1995). In other words, during interviews, caregiving sons did not appear to behave in line with normative conceptions of gender. Nevertheless, they invoked ideologies around gender and family to account for their caregiver role. Thus, I conclude that caregiving sons' (subversive) discursive performance of gender is not a simple reflection of pressure to frame their behavior as accountable in relation to normative conceptions in the eyes of the interviewer.

#### *The Role of Social Relationships in Caregiving Sons' Doing Gender*

Contrary to my expectation, however, to frame their care responsibility as accountable, sons do not seem to need feedback from members of their social networks.

The doing gender framework suggests that individuals attempt to present themselves as unremarkable in relation to normative conceptions of gender *in the eyes of others* (West & Zimmerman, 1987). Yet, although women network members, such as sisters and cousins, served as references against whom sons evaluated and confirmed their ability to provide care, almost no son sought others' feedback about his caregiving. Rather, sons compartmentalized their parental caregiving from other aspects of their social lives. Despite relatively frequent contact, few colleagues or friends know that these sons are caring for their parents. Without network members' feedback, caregiving sons are doing gender in a "self-contained" manner.

It appears that members of social networks regulate the influence of caregiving sons' doing gender. Although caregiving sons rarely received feedback about *their own* caregiving, they mentioned that their network members consider men's parental caregiving *in general* to be atypical. For example, from daily conversations in the workplace, sons knew that most colleagues think it is typical to leave parental care responsibility to their wives. Also, sons sensed that their neighbors appreciate their caregiving as *sons'* but not as *men's* work. Because of anticipated negative reactions, caregiving sons behaved as if they were not taking care of their parents in the presence of most members of their social networks. Thus, although caregiving sons create discourses that legitimize men's responsibility for parental caregiving by deconstructing normative ideas about gender and family, such discourses seem unlikely to influence ideology; sons would not tell their friends or colleagues how suitable caregiving is for men. In sum, consistent with the dominant idea that detaches men from caregiving, members of their

social network ultimately force caregiving sons to confine their subversive gender performance within the caregiving setting.

*Possible Historical Changes in the Social Environment of Caregiving Sons*

Despite findings that men and their network members maintain traditional ideas regarding gender and caregiving, the results of the first (quantitative) study suggest that these findings may not be applicable to younger generations of men in Japan. Because participants in the second and the third (qualitative) studies are mostly in their fifties (mean age = 53.9), findings from these studies seem to reflect the experiences of men in the group *liberal except for women's roles* (mean age = 50.4) more than *inheritance not gender* (mean age = 46.0) or than *traditionalists* (mean age = 60.3) in the quantitative study. Men in *liberal except for women's roles* are characterized by (a) emphasis on the gendered division of labor and the traditional obligation of married women to their in-laws, and (b) caregiving in ways that are more consistent with *Ie* ideas than would be expected from their views. These characteristics are likely shared among both caregiving sons and their same-gender peers, as is evident in the qualitative studies.

In contrast, men in the youngest group (i.e., *inheritance not gender*) are less concerned with gendered care responsibility. Further, their behavior is consistent with their ideas; their actual involvement in parental caregiving is not associated with marital status or the presence of sisters/sisters-in-law. Unfortunately, because few sons in the qualitative studies are aged 46 or younger and most sons in this age category are unmarried and/or have no sibling or only a (unmarried) brother, it is difficult to examine whether such cohort differences in ideas and behavior can be found in the qualitative

sample as well. Given cohort differences identified in the quantitative study, however, it seems likely that sons in younger generations will assume care responsibility in a different social environment from that of their older counterparts. If caregiving sons in younger generations are more open about their experiences with their same-gender peers, such openness may facilitate rather than constrain sons' subversive performance of gender.

#### *Placing Findings in the Japanese Context*

These findings should be contextualized because how Japanese caregiving sons do gender, how they negotiate their social ties, and the relation between these two seem to be linked to the sociocultural background of this country. First, multiple components of the *Ie* tradition may make it relatively easy for Japanese men to account for their care responsibility in normative terms. For example, even if men adhere to a gendered division of family labor, they can explain why they are more responsible than their married sisters for parental caregiving by invoking the traditional obligation of married women to their in-laws. In addition, sons can use norms around birth order and inheritance to legitimize their care responsibility. Because of the availability of such multiple rationales, even sons who are not the eldest can identify themselves as the most responsible sons, having received from their parents the larger amount of family property relative to their siblings.

Second, and relatedly, Japanese caregiving sons likely face unique difficulty because of *Ie* norms, more specifically, the traditional obligation of married women to their in-laws. On the one hand, this normative idea enables sons to position themselves as

more responsible than their married sisters for caregiving to their parents. On the other hand, if sons conform to this norm, they cannot rely on their married sisters even if these sisters are willing to participate in parental caregiving. This norm also makes it difficult for sons to negotiate marital relationships in the face of filial care responsibility. Because wives increasingly consider this obligation to be overly burdensome (Hashizume, 2010; Long, Campbell, & Nishimura, 2009), caregiving sons cannot necessarily depend on their spouses for assistance. At the same time, as with the case of a son in the third study whose wife stopped showing her concern both to him and to his mother, wives may see their husbands' involvement in parental caregiving as disregarding marital ties, and thus, may feel dissatisfied with such husbands. Most sons in the qualitative studies tried to distance their wives and their parents from each other while performing a different role in each relationship; that is, *attentive husbands* to their wives and *caring sons* to their parents. The legacy of the *Ie* tradition compels caregiving sons to split their family ties (i.e., compartmentalize their relationship with spouse from their relationship with parents).

Men seem to minimize presenting themselves as *caring sons* even in front of supportive wives. Actually, I had originally planned to interview wives of caregiving sons to examine how significant others see these sons. My plan failed, however, because all sons were reluctant to introduce their wives to me even though some participants talked about their spousal relationships positively. My experiences are in contrast with Campbell's (2010) research on married caregiving sons in Canada. In her research, wives of caregiving sons were approachable and told her willingly how their marital bonds



became stronger after their husbands had taken on care responsibility, suggesting that, without the *Ie* tradition, wives can be a dependable source of support for caregiving sons.

Finally, an increase in the availability of formal care services linked to public long-term care insurance also seems to be a component of the experiences of caregiving sons in Japan. Research on men caregivers in the United States has suggested that caregiving sons seek practical knowledge more than caregiving husbands (Harris, 2002). Consistently, caregiving sons in the present research focused on care-related skills rather than emotional support such as encouragement. Further, these sons obtained “personal care trainers,” such as home helpers, using the benefits of long-term care insurance. Their accessibility to such sources of practical information may influence both their doing gender and their social relationships. Caregiving sons legitimized their atypical family role by exempting their sisters from care responsibility in terms of the *Ie* tradition. Further, they actually attempted to minimize their sisters’ participation in caregiving. Given that many sons began parental caregiving with little experience of housework, however, it seems questionable whether sons would refuse assistance from their sisters if formal sources of information about care-related skills were unavailable. In summary, the Japanese sociocultural context both enhances and constrains sons’ accountability for their care responsibility and their ability to negotiate social ties. Because findings from this research cannot be separated from the sociocultural background of Japan, caution is needed in applying these findings to other contexts.

#### Practical Implications and Conclusion

Findings from the present research suggest the need for social ties within which

men can be more open about their parental care experiences so that caregiving sons may make the most of their social networks. Consistent with previous research (Harris, 1998), caregiving sons in this research are embedded in relatively extensive networks comprised of both family and nonfamily members including colleagues, friends, and neighbors. Most members of caregiving sons' networks, however, are excluded from or marginalized in their social convoys because, in sons' view, normative conceptions of gender (i.e., seeing men's parental caregiving as atypical) predominate in their networks. In short, their networks are "wasted." It is thus desirable that people understand some men around them may be caring for their parents and refrain from indiscreet remarks related to men caregivers (e.g., mockery of men in a "feminine" family role), which may make caregiving sons see their network members as more reliable.

At the same time, caregiving sons may overestimate how widely such ideas about gender are shared in their networks. In fact, some sons mentioned supportive attitudes among a few colleagues to whom they disclosed their care responsibility. Sons *assume*, however, that people should react to their role of parental caregiver negatively. For sons to make the most of their networks, therefore, it seems necessary to modify their views of their social relationships. Formal care providers may have the potential to change sons' attitudes. Other than family members, sons in this research communicated with home helpers and care managers about their caregiving relatively willingly although they did so primarily to learn practical knowledge. Thus, these formal care providers may be able to send sons the message that it is not unusual for men to take care of their parents and that people do not necessarily have unfavorable attitudes toward sons as

parental caregivers.

It seems useful to encourage caregiving sons to be open about their care experiences in terms of social change as well. In an effort to account for their atypical role of parental caregiver, sons in this research managed to connect caregiving with masculinity. Such reconceptions of masculinity may help attenuate the gender gap in family caregiving. From the perspective of doing gender, such masculinity can serve as another cultural guideline for men's behavior, and thus, may motivate men to engage in parental caregiving to present themselves as "masculine." In addition, such reconceptions may be used as a discursive resource for women to negotiate with men over the division of care responsibility. Research has suggested that women's ways of speaking (e.g., convincing speech, assertive tone) are key for achieving an egalitarian division of unpaid family labor within couples (Mannino & Deutsch, 2007). Thus, discourses that position men as good care providers may help women to persuade men to participate in caregiving more. Unfortunately, however, caregiving sons now seem reluctant to tell others about their care experiences including how they view their caregiver role in relation to gender. Encouraging men to be open about their views of parental caregiving may increase cultural discourses that can help the transform structural arrangements of women and men.

In conclusion, social relationships seem to play an important role both in the lives of individual son caregivers and in the link between structured gender relations and sons' parental care experiences. Because of socioemographic trends, men are increasingly likely to be required to take on the role of parental caregiver. How do men manage this

emerging family responsibility? If more men assume primary responsibility for caregiving to aging parents, might the structural arrangements of women and men be changed? To answer these questions, it seems necessary to further explore how caregiving sons interact with their social partners. Such exploration not only will help an increasing number of men in the role of parental caregiver but also will influence the lives of older parents receiving care from their sons and the lives of women, who have long assumed major responsibility for family caregiving.

## BIBLIOGRAPHY

- Acock, A. C. (2005). Working with missing values. *Journal of Marriage and Family*, *67*, 1012 – 1028.
- Adams, R. G., & Ueno, K. (2006). Middle-aged and older adult men's friendships. In V. H. Bedford & B. F. Turner (Eds.), *Men in relationships: A new look from a life course perspective* (pp. 103 – 124). New York, NY: Springer.
- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, *58*, 5 – 14.
- Ajrouch, K. J., Antonucci, T. C., & Janevic, M. R. (2001). Social networks among Blacks and Whites: The interaction between race and age. *Journal of Gerontology: Social Sciences*, *56*, S112 – S118.
- Ajrouch, K. J., Blandon, A. Y., & Antonucci, T. C. (2005). Social networks among men and women: The effects of age and socioeconomic status. *Journal of Gerontology: Social Sciences*, *60*, S311 – S317.
- Akiyama, H., Elliott, K., & Antonucci, T. C. (1996). Same-sex and cross-sex relationships. *Journal of Gerontology: Psychological Sciences*, *51*, P374 – P382.
- Allison, P. D. (2002). *Missing data*. Thousand Oaks, CA: Sage.
- Antonucci, T. C. (2001). Social relations: An examination of social networks, social support, and sense of control. In J. E. Birren & K. W. Schaie (Eds.), *Handbook of the psychology of aging* (5<sup>th</sup> ed., pp. 427 – 453). San Diego, CA: Academic Press.
- Antonucci, T. C., & Akiyama, H. (1987a). An examination of sex differences in social support among older men and women. *Sex Roles*, *17*, 737 – 749.
- Antonucci, T. C., & Akiyama, H. (1987b). Social networks in adult life and a preliminary examination of the convoy model. *Journal of Gerontology*, *42*, 519 – 527.
- Antonucci, T. C., Birditt, K. S., & Akiyama, H. Convoys of social relations: An interdisciplinary approach. In V. L. Bengtson, D. Gans, N. M. Pulney, & M. Silverstein (Eds.), *Handbook of theories of aging* (2<sup>nd</sup> ed., pp. 247 – 260). New York, NY: Springer.
- Antonucci, T. C., & Jackson, J. S. (1990). The role of reciprocity in social support. In B. R. Sarason, I. G. Sarason, & G. R. Pierce (Eds.), *Social support: An interactional view* (pp. 173 – 198). New York: Wiley.

- Antonucci, T. C., Langfahl, E. S., & Akiyama, H. (2004). Relationships as outcomes and contexts. In F. R. Lang & K. L. Fingerman (Eds.), *Growing together: Personal relationships across the lifespan* (pp. 24 – 44). New York, NY: Cambridge University Press.
- Arber, S., & Ginn, J. (1995). Gender differences in informal caring. *Health & Social Care in the Community*, 3, 19 – 31.
- Archer, C. K., & MacLean, M. J. (1993). Husbands and sons as caregivers of chronically-ill elderly women. *Journal of Gerontological Social Work*, 21, 5 – 23.
- Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. New York, NY: Routledge.
- Butler, J. (1997). *Excitable speech: A politics of the performance*. New York, NY: Routledge.
- Cabinet Office, the Government of Japan. (2003). *Kōreisha kaigo ni kansuru yoron chōsa* [A public opinion poll on caregiving to older adults]. Tokyo, Japan: Author.
- Calasanti, T. (2003). Masculinities and care work in old age. In S. Arber, K. Davidson, & J. Ginn (Eds.), *Gender and ageing: Changing roles and relationships* (pp. 15 – 30). Maidenhead, England: Open University Press.
- Calasanti, T. (2006). Gender and old age: Lessons from spousal caregivers. In T. Calasanti & K. Slevin (Eds.), *Age matters: Re-aligning feminist thinking* (pp. 269 – 294). New York, NY: Routledge.
- Calasanti, T. (2010). Gender relations and applied research on aging. *Gerontologist*, 50, 720 – 734.
- Campbell, L. D. (2010). Sons who care: Examining the experience and meaning of filial caregiving for married and never-married sons. *Canadian Journal on Aging*, 29, 73 – 84.
- Campbell, L. D., & Carroll, M. P. (2007). The incomplete revolution: Theorizing gender when studying men who provide care to aging parents. *Men and Masculinities*, 9, 491 – 508.
- Campbell, L. D., & Martin-Matthews, A. (2000). Caring sons: Exploring men's involvement in filial care. *Canadian Journal on Aging*, 19, 57 – 79.
- Campbell, L. D., & Martin-Matthews, A. (2003). The gendered nature of men's filial care. *Journal of Gerontology: Social Sciences*, 58B, S350 – S358.

- Carpenter, E. H., & Miller, B. H. (2002). Psychosocial challenges and rewards experienced by caregiving men: A review of the literature and an empirical case example. In B. J. Kramer & E. H. Thompson, Jr. (Eds.), *Men as caregivers: Theory, research, and practical implications* (pp. 99 – 126). New York, NY: Springer.
- Carstensen, L. L., Isaacowitz, D. M., & Charles, S. T. (1999). Taking time seriously: A theory of socioemotional selectivity. *American Psychologist*, *54*, 165 – 181.
- Charmaz, K. (2003). Grounded theory: Objectivist and constructivist methods. In N. K. Denzin & Y. S. Lincoln (Eds.), *Strategies of qualitative inquiry* (2<sup>nd</sup> ed., pp. 249 – 291). Thousand Oaks, CA: Sage.
- Chodorow, N. (1978). *The reproduction of mothering: Psychoanalysis and the sociology of gender*. Berkeley: University of California Press.
- Coe, M., & Neufeld, A. (1999). Male caregivers' use of formal support. *Western Journal of Nursing Research*, *21*, 568 – 588.
- Coltrane, S., & Shih, K. Y. (2010). Gender and the division of labor. In J. C. Chrisler & D. R. McCreary (Eds.), *Handbook of gender research in psychology* (Vol. 2, pp. 401 – 422). New York: Springer.
- Connell, R. W. (1995). *Masculinities*. Berkeley: University of California Press.
- Connidis, I. A., & McMullin, J. A. (2002). Sociological ambivalence and family ties: A critical perspective. *Journal of Marriage and Family*, *64*, 558 – 567.
- Coulmas, F. (2007). *Population decline and ageing in Japan: The social consequences*. London, England: Routledge.
- Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science & Medicine*, *50*, 1385 – 1401.
- Coward, R. T., & Dwyer, J. W. (1990). The association of gender, sibling network composition, and patterns of parent care by adult children. *Research on Aging*, *12*, 158 – 181.
- Davey, A., & Szinovacz, M. E. (2008). Division of care among adult children. In M. E. Szinovacz & A. Davey (Eds.), *Caregiving contexts: Cultural, familial, and societal implications* (pp. 133 – 159). New York, NY: Springer.
- Davidson, K., Arber, S., & Ginn, J. (2000). Gendered meanings of care work within late

- life marital relationships. *Canadian Journal on Aging*, *19*, 536 – 553.
- Deutsch, F. M. (2007). Undoing gender. *Gender & Society*, *21*, 106 – 127.
- Dentinger, E., & Clarkberg, M. (2002). Informal caregiving and retirement timing among men and women. *Journal of Family Issues*, *23*, 857 – 879.
- Dwyer, J. W., & Coward, R. T. (1991). A multivariate comparison of the involvement of adult sons versus daughters in the care of impaired parents. *Journal of Gerontology: Social Sciences*, *46*, S259 – S269.
- Elliott, K. S., & Campbell, R. (1993). Changing ideas about family care for the elderly in Japan. *Journal of Cross-Cultural Gerontology*, *8*, 119 – 135.
- Finley, N. J. (1989). Theories of family labor as applied to gender differences in caregiving for elderly parents. *Journal of Marriage and the Family*, *51*, 79 – 86.
- Finley, N. J., Roberts, M. D., & Banahan, B. F. (1988). Motivators and inhibitors of attitudes of filial obligation toward aging parents. *Gerontologist*, *28*, 73 – 78.
- Gerson, K. (1993). *No man's land: Men's changing commitments to family and work*. New York, NY: Basic Books.
- Gerstel, N., & Gallagher, S. (1994). Caring for kith and kin: Gender, employment, and the privatization of care. *Social Problems*, *41*, 519 – 538.
- Gerstel, N., & Gallagher, S. K. (2001). Men's caregiving: Gender and the contingent character of care. *Gender & Society*, *15*, 197 – 217.
- Gilligan, C. (1982). *In a different voice*. Cambridge, MA: Harvard University Press.
- Harris, P. B. (1998). Listening to caregiving sons: Misunderstood realities. *Gerontologist*, *38*, 342 – 352.
- Harris, P. B. (2002). The voices of husbands and sons caring for a family member with dementia. In B. J. Kramer & E. H. Thompson, Jr. (Eds.), *Men as caregivers* (pp. 213 – 233). New York, NY: Springer.
- Harris, P. B., & Long, S. O. (1993). Daughter-in-law's burden: An exploratory study of caregiving in Japan. *Journal of Cross-Cultural Gerontology*, *8*, 97 – 118.
- Harris, P. B., & Long, S. O. (1999). Husbands and sons in the United States and Japan: Cultural expectations and caregiving experiences. *Journal of Aging Studies*, *13*, 241 – 267.



- Harris, B. P., & Long, S. O., & Fujii, M. (1998). Men and elder care in Japan: A ripple of change? *Journal of Cross-Cultural Gerontology*, *13*, 177 – 198.
- Hashizume, Y. (2010). Releasing from the oppression: Caregiving for the elderly parents of Japanese working women. *Qualitative Health Research*, *20*, 830 – 844.
- Haritage, J. (1984). *Garfinkel and ethnomethodology*. Cambridge, England: Polity.
- Hiraoka, K. (2006). Long-term care insurance in Japan. In H. Yoon & J. Hendricks (Eds.), *Handbook of Asian aging* (pp. 351 – 381). Amityville, NY: Baywood.
- Hirsch, C. (1996). Understanding the influence of gender role identity on the assumption of family caregiving by men. *International Journal of Aging and Human Development*, *42*, 103 – 121.
- Horowitz, A. (1985). Sons and daughters as caregivers to older parents: Differences in role performance and consequences. *Gerontologist*, *25*, 612 – 617.
- Ikeda, M. (2000). *Fūfu kankei to jendā gyappu* [Spousal relationships and gender gaps]. In Y. Ito (Ed.), *Jendā no hattatsu shinrigaku* [Developmental psychology of gender] (pp. 183 – 208). Kyoto, Japan: Minerva Shobō.
- Izuhara, M. (2006). Changing families and policy responses to an ageing Japanese society. In M. Rebeck & A. Takenaka (Eds.), *The changing Japanese family* (pp. 161 – 176). Abingdon, England: Routledge.
- Johnson, R. W. (2008). Choosing between paid elder care and unpaid help from adult children: The role of relative prices in the care decision. In M. E. Szinovacz & A. Davey (Eds.), *Caregiving contexts: Cultural, familial, and societal implication* (pp. 35 – 69). New York, NY: Springer.
- Kahn, R. L., & Antonucci, T. C. (1980). Convoys over the life course: Attachment, roles, and social support. In B. P. Baltes & O. G. Brim (Eds.), *Life-span development and behavior* (Vol. 3, pp. 253 – 286). New York, NY: Academic Press.
- Kasuga, K. (2001). *Kaigo mondai no shakaigaku* [Sociology of problems around caregiving to older adults]. Tokyo, Japan: Iwanami Shoten.
- Kasuga, K. (2008). *Nīzu wa naze senzaika surunoka* [Why people's needs are invisible]. C. Ueno & S. Nakanishi (Eds.), *Nīzu chūshin no fukushi shakai e* [Toward a needs-centered welfare society] (pp. 92 – 124). Tokyo, Japan: Igaku Shoin.
- Kasugai, N. (2004). *Kaigo raifu sutairu no shakaigaku* [Sociology on the lifestyle of

caregivers for older adults]. Tokyo, Japan: Sekai Shisōsha.

- Kaye, L. W., & Applegate, J. S. (1994). Older men and the family caregiving orientation. In E. H. Thompson, Jr. (Ed.), *Older men's lives* (pp. 218 – 236). Thousand Oaks, CA: Sage.
- Kramer, B. J. (2002). Men as caregivers: An overview. In B. J. Kramer & E. H. Thompson, Jr. (Eds.), *Men as caregivers: Theory, research, and practical implications* (pp. 3 – 19). New York, NY: Springer.
- Kramer, B. J., & Lambert, J. D. (1999). Caregiving as a life course transition among older husbands: A prospective study. *Gerontologist*, *39*, 658 – 667.
- Lang, F. R., & Schütze, Y. (2002). Adult children's supportive behaviors and older parents' subjective well-being: A developmental perspective on intergenerational relationships. *Journal of Social Issues*, *58*, 661 – 680.
- Lee, K. S. (2010). Gender, care work, and the complexity of family membership in Japan. *Gender & Society*, *24*, 647 – 671.
- Lee, K. S., Tufiş, P. A., & Alwin, D. F. (2010). Separate spheres or increasing equality? Changing gender beliefs in postwar Japan. *Journal of Marriage and Family*, *72*, 184 – 201.
- Liu, W., & Gallagher-Thompson, D. (2009). Impact of dementia caregiving: Risks, Strains, and growth. In S. H. Qualls & S. H. Zarit (Eds.), *Aging families and caregiving* (pp. 85 – 111). Hoboken, NJ: Wiley.
- Long, S. O., Campbell, R., & Nishimura, C. (2009). Does it matter who cares? A comparison of daughters versus daughters-in-law in Japanese elder care. *Social Science Japan Journal*, *12*, 1 – 21.
- Long, S. O., & Harris, P. B. (2000). Gender and elder care: Social change and the role of the caregiver in Japan. *Social Science Japan Journal*, *3*, 21 – 36.
- Mannino, C. A., & Deutsch, F. M. (2007). Changing the division of household labor: A negotiated process between partners. *Sex Roles*, *56*, 309 – 324.
- Matthews, S. H. (1995). Gender and the division of filial responsibility between lone sisters and their brothers. *Journal of Gerontology: Social Sciences*, *50B*, 312 – 320.
- Matthews, S. H. (2002). Brothers and parent care: An explanation for sons' underrepresentation. In B. J. Kramer & E. H. Thompson, Jr. (Eds.), *Men as caregivers* (pp. 234 – 249). New York, NY: Springer.

- Matthews, S. H., & Heidorn, J. (1998). Meeting filial responsibilities in brothers-only sibling groups. *Journal of Gerontology: Social Sciences*, 53B, S278 – S 286.
- McFarland & Sanders, S. (1999). Male caregivers: Preparing men for nurturing roles. *American Journal of Alzheimer's Disease*, 14, 278 – 282.
- McMullin, J. A., & Marshall, V. W. (1999). Structure and agency in the retirement process: A case study of Montreal garment workers. In C. D. Ryff & V. W. Marshall (Eds.), *The self and society in aging processes* (pp. 305 – 338). New York: Springer.
- Miller, B. (1987). Gender and control among spouses of the cognitively impaired: A research note. *Gerontologist*, 27, 447 – 453.
- Miller, B., & Guo, S. (2000). Social support for spouse caregivers for persons with dementia. *Journal of Gerontology: Social Sciences*, 55B, S163 – S172.
- Ministry of Health, Welfare, and Labor, the Government of Japan. (2004). *Kokumin seikatsu kiso chosa* [Comprehensive survey of the living conditions of the people]. Tokyo, Japan: Author.
- Moroney, M., & Fenstermaker, S. (2002). Performance and accomplishment: Reconciling feminist conceptions of gender. In S. Fenstermaker & C. West (Eds.), *Doing gender. Doing difference: Inequality, power, and institutional change* (pp. 189 – 204). New York: Routledge.
- Nakane, C. (1970). *Japanese society*. Berkley: University of California Press.
- Nakanishi, Y. (2009). *Wakamono no kaigo ishiki: Oyako kankei to jendā fukinkō* [Young adults' attitudes toward caregiving to older adults: Parent-child relationships and gender inequality]. Tokyo, Japan: Keisō Shobō.
- Parsons, K. (1997). The male experience of caregiving for a family member with Alzheimer's Disease. *Qualitative Health Research*, 7, 391 – 407.
- Reid, H. M., & Fine, G. A. (1992). Self-disclosure in men's friendships: Variations associated with intimate relations. In P. M. Nardi (Ed.), *Men's friendships* (pp. 132 – 152). Thousand Oaks, CA: Sage.
- Risman, B. J. (1998). *Gender vertigo*. New Haven, CT: Yale University Press.
- Rose, H., & Bruce, E. (1995). Mutual care but differential esteem: Caring between older couples. In S. Arber & J. Ginn (Eds.), *Connecting gender and ageing: A*

- sociological approach* (pp. 114 – 128). Buckingham, England: Open University Press.
- Royston, P. (2005). Multiple imputation of missing values: Update. *Stata Journal*, 5, 188 – 201.
- Russell, R. (2004). Social networks among elderly men caregivers. *Journal of Men's Studies*, 13, 121 – 142.
- Russell, R. (2007). The work of elderly men caregivers: From public career to an unseen world. *Men and Masculinities*, 9, 298 – 314.
- Sarkisian, N., & Gerstel, N. (2004). Explaining the gender gap in help to parents: The importance of employment. *Journal of Marriage and Family*, 66, 431 – 451.
- Schultz, Richard, and Lynn M. Martire. 2004. Family caregiving of persons with dementia: Prevalence, health effects, and support strategies. *American Journal of Geriatric Psychiatry*, 12, 240 – 249.
- Schwalbe, Michael, and Michelle Wolkomir. 2001. The masculine self as problem and resource in interview studies of men. *Men and Masculinities*, 4, 90 – 103.
- Sewell, W. H., Jr. (1992). A theory of structure: Duality, agency, and transformation. *American Journal of Sociology*, 98, 1 – 29.
- Silverstein, M., Parrott, T. M., & Bengtson, V. L. (1995). Factors that predispose middle-aged sons and daughters to provide social support to older parents. *Journal of Marriage and the Family*, 57, 465 – 475.
- Smith, D. E. (1993). The standard North American family: SNAF as an ideological code. *Journal of Family Issues*, 14, 50 – 65.
- Smith, J., & Goodnow, J. J. (1999). Unasked-for support and unsolicited advice: Age and the quality of social experience. *Psychology & Aging*, 14, 108 – 121.
- Sorkin, D. H., & Rook, K. S. (2004). Interpersonal control strivings and vulnerability to negative social exchanges in later life. *Psychology & Aging*, 19, 555 – 564.
- Sodei, T. (1995). Care of the elderly: A women's issue. In K. Fujimura-Fanselow & A. Kameda (Eds.), *Japanese women: New feminist perspectives on the past, present, and future* (pp. 213 – 228). New York, NY: Feminist Press.
- Stoller, E. P. (1990). Males as helpers: The role of sons, relatives, and friends. *Gerontologist*, 30, 228 – 235.

- Stoller, E. P. (2002). Theoretical perspectives on caregiving men. In B. J. Kramer & E. H. Thompsn, Jr. (Eds.), *Men as caregivers: Theory, research, and practical implications* (pp. 51 – 68). New York, NY: Springer.
- Stoller, E. P., Forster, L. E., & Duniho, T. S. (1992). Systems of parent care within sibling networks. *Research on Aging*, 14, 28 – 49.
- Strawbridge, W. J., & Wallhagen, M. I. (1991). Impact of family conflict on adult child caregivers. *Gerontologist*, 31, 770 – 777.
- Sugisawa, H., Nakatani, H., & Sugihara, Y. (Eds.), (2005). *Kaigo hoken seido no hyōka: Koreisha to kazoku no shiten kara* [Assessment of the long term care insurance system: From the perspectives of older adults and families]. Tokyo, Japan: Sanwa Shoseki.
- Szinovacz, M. E., & Davey, A. (2008). The division of parent care between spouses. *Ageing & Society*, 28, 571 – 597.
- Taga, F. (2005). East Asian masculinities. In M. S. Kimmel, J. Hearn, & R. W. Connell (Eds.), *Handbook of studies on men and masculinities* (pp. 129 – 140). Thousand Oaks, CA: Sage.
- Takagi, E., & Silverstein, M. (2006). Intergenerational coresidence of the Japanese elderly: Are cultural norms proactive or reactive? *Research on Aging*, 28, 473 – 492.
- Takahashi, R., and Suda, Y. (Eds.) (2010). *Zaitaku kaigo ni okeru kōreisha to kazoku: Toshi to chihō no hikaku chōsa bunseki* [Frail older adults and their families: Comparative research on urban and rural areas]. Kyoto, Japan: Minerva Shobō.
- Takemura, Kazuko. (2001). Shihonshugi-shakai wa mohaya iseiai-shugi wo hitsuyō to shiteinainoka? [Do capitalist societies no longer need heteronormativity?] In C. Ueno (Ed.), *Kōchikushugi towa nanika* [What social constructionism is] (pp. 213 – 253). Tokyo, Japan: Keisō Shobō.
- Thompson, B., Tudiver, F., & Manson, J. (2000). Sons as sole caregivers for their elderly parents: How do they cope? *Canadian Family Physician*, 46, 360 – 365.
- Thompson, E. H., Jr. (2000). Gendered caregiving of husbands and sons. In E. W. Markson & L. A. Hollis-Sawyer (Eds.), *Intersections of aging: Readings in social gerontology* (pp. 333 – 344). Los Angeles, CA: Roxbury.
- Thompson, E. H., Jr. (2002). What's unique about men's caregiving. In B. J. Kramer & E.

- H. Thompson, Jr. (Eds.), *Men as caregivers: Theory, research, and practical implications* (pp. 20 – 47). New York, Japan: Springer.
- Thompson, E. H., Jr., Futterman, A. M., Gallagher-Thompson, D., Rose, J. M., & Lovett, S. B. (1993). Social support and caregiving burden in family caregivers of frail elders. *Journal of Gerontology: Social Sciences*, 48, S245 – S254.
- Tsudome, M., & Saito, M. (2007). *Dansei kaigosha hakusho* [A white paper on men caregivers]. Kyoto, Japan: Kamogawa Shuppan.
- Uhlenberg, P., & Cheuk, M. (2008). Demographic change and the future of informal caregiving. In M. E. Szinovacz & A. Davey (Eds.), *Caregiving contexts: Cultural, familial, and societal implication* (pp. 9 – 33). New York, NY: Springer.
- Walker, A. J. (1992). Conceptual perspectives on gender and family caregiving. In J. W. Dwyer & R. T. Coward (Eds.), *Gender, families, and elder care* (pp. 34 – 46). Thousand Oaks, CA: Sage.
- West, C., & Zimmerman, D. H. (1987). Doing gender. *Gender & Society*, 1, 125 – 151.
- West, C., & Zimmerman, D. H. (2009). Accounting for doing gender. *Gender & Society*, 23, 112 – 122.
- Wetherell, M., & Edley, N. (1999). Negotiating hegemonic masculinity: Imaginary positions and psycho-discursive practices. *Feminism & Psychology*, 9, 335 – 356.
- Wills, T. A., & Shinar, O. (2000). Measuring perceived and received social support. In S. Cohen, L. G. Underwood, & B. H. Gottlieb (Eds.), *Social support measurement and intervention: A guide for health and social scientists* (pp. 86 – 135). New York, NY: Oxford University Press.
- Wolff, J. L., & Kasper, J. D. (2006). Caregivers of frail elders: Updating a national profile. *Gerontologist*, 46, 344 – 356.
- Yamane, S. (2010). *Naze josei wa kea roudou wo surunoka: Seibetsu bungyo no saiseisan wo koete* [Why women engage in care work: Beyond the reproduction of the gendered division of labor]. Tokyo, Japan: Keisō Shobō.
- Yamato, R. (2006). Changing attitudes towards elderly dependence in postwar Japan. *Current Sociology*, 54, 273 – 291.
- Yee, J. L., & Schulz, R. (2000). Gender differences in psychiatric morbidity among family caregivers: A review and analysis. *Gerontologist*, 40, 147 – 164.

Zarit, S. H. (2009). Empirically supported treatment for family caregivers. In S. H. Qualls & S. H. Zarit (Eds.), *Aging families and caregiving* (pp. 131 – 153). Hoboken, NJ: Wiley.

APPENDICES



Appendix A  
Interview Questions (Japanese Original)

デモグラフィック情報

はじめにあなたご自身に関する基本的なことから教えてください。年齢はおいくつですか。

いちばん最後に通ったのはどんな学校でしたか（中学校、高校、大学など）。

現在結婚されていますか。

お子さんはいらっしゃいますか。（もしあれば）お子さんの数とそれぞれの年齢を教えてください。お子さんはどちらにお住まいですか。

ごきょうだいはいらっしゃいますか。（もしあれば）ごきょうだいの数とそれぞれの年齢を教えてください。ごきょうだいはそれぞれどちらにお住まいですか。

お仕事について少し聞かせていただけますか。（もし働いていれば）ご職業はなんですか。1週間のうちだいたい何時間くらい働いていますか。いまのお仕事に就かれてからどれくらいですか。（もし結婚していれば、配偶者についても）

どのように世話・手助けをしているか

あなたがいま、日常生活の手助けをしていらっしゃるお母さま／お父さまについて、年齢はおいくつですか。結婚されていますか。認知症と診断されたのはいつのことですか。

（IADL／ADLのリストを渡して）あなたがお母さま／お父さまにされている手助けはこのなかのどれですか。

あなたのお母さま／お父さまが手助けを必要としているけれどあなた自身は手助けをしたことがないものがありますか、それはどれですか。手助けをされないのはどうしてですか。

ご家族、友人、近所の方、どなたでもかまいません、あなたがお母さま／お父さまの生活の手助けをするのを手伝ってくれている人はいますか。（もしあれば）どんな人が、どのように手伝ってくれているのか教えてください。

お母さま／お父さまの生活の手助けをするのを手伝ってほしいとあなたが思う人で、今は手伝ってくれていない人がいれば、それはどなたですか。その方にはどのように手伝ってほしいと思っていますか。なぜその方は手伝ってくれない、あるいは手伝うことができないのでしょうか。

誰にも手伝ってもらいたくないことがあれば、それはどんなことですか。なぜ手伝ってもらいたくないのですか。

介護保険制度が始まってから、高齢者が公的なケアサービスを利用するために政府が経済的な支援をするようになりました。お母さま／お父さまのために、どんなケアサービスを使っていますか、あるいは使ったことがありますか。

もし今のような制度がなかったとしたら、あなたの状況は現在とはどのように違っていたと思われますか。

そのようなサービスを利用したいと思わせるもの・ことは何ですか。利用する気をなくすようなもの・ことは何ですか。

今のあなたの経済的な状況が、お母さま／お父さまの日常生活の手助けをどのように行うかに影響していると思いますか。(もしそうだとしたら)どのように影響しているか教えてください。

では逆に、お母さま／お父さまの手助けをすることが、あなたの生活の経済的な側面に何か影響を与えていると思いますか。(もしそうだとしたら)どのように影響しているか教えてください。

(経済状況のアンケート用紙を渡して記入してもらう)

#### *周りの反応はどうだったか*

あなたがお母さま／お父さまの手助けをするようになったことを知ったときの、まわりの人たちの反応を教えてください。あなたにとっていちばんうれしかったのはどんな反応でしたか。そのような反応をしたのはどなたでしたか。

あなたにとっていちばんうれしくなかったのはどんな反応でしたか。そのような反応をしたのはどなたでしたか。

まわりの方の反応で、ほかにも何かお話しされたいことがありますか。

ここまで、あなたがお母さま／お父さまにしてさしあげていることをお聞きするとき、私は「日常生活の手助け」ということばを使ってきましたが、もし私がかわりに「介護」ということばを使ったらどのように感じますか。あなたがまわりからお母さま／お父さまの「介護者」と見られて、またそのように振る舞われたら、どのように感じますか。

#### *息子の役割・男の役割*

高齢の親にたいする息子の務めとはどのようなものだと考えますか。息子の務めと娘の務めが違っていたとしたら、それはどのように違うと思いますか。

あなたがお母さま／お父さまの日常生活の手助けをされるようになってから、高齢の親に対する息子の務めについてのあなたの考えに何か変化は起きましたか。

あなた自身からみて、あなたは息子としてのご自分の務めをどれくらいよく果たされていると思いますか。

もしあなたが今のようにお母さま／お父さまの手助けをする必要がなかったら、あなたは息子としてのご自分の務めを、どんな違ったやりかたで果たされようとしたでしょうか。

ここまで、家族における息子の役割と、あなたがそれをどのように果たされてきたかについてお話ししてきました。しかしながら、あなたは（息子であると同時に）ひとりの男性でもあります。お母さま／お父さまの日々の手助けをする自分自身は、あなたが考える「あるべき男性の姿」に合致していますか。お母さま／お父さまにそのような手助けをすることは、あなたが考える「あるべき男性の姿」を実践するのに役立っているでしょうか、それとも逆に難しくしているでしょうか。どのように役立っている／難しくしていますか。

それでは、あなたが考える「あるべき男性の姿」とはどんなものでしょう。

もしあなたが女性だったとしたら、お母さま／お父さまの日常生活の手助けをすることは今よりどのように易しかったでしょうか、あるいは大変だったでしょうか。

終わりに

お母さま／お父さまの日々の手助けをされる経験について、あなたのお考えやご意見で何かほかにお話ししておきたいことはありますか。

## 日常生活動作の手助け

次のうちあなたがお母さま／お父さまを手助けしているのはどれですか。

- ア. 予定の確認・管理をする（例：出かける時間・場所を思い出させる）
- イ. 人との付き合い（例：家族や近所の人と接する機会をつくる）
- ウ. 買い物に行く
- エ. 家のそうじをする
- オ. 洗たくをする
- カ. 食事のしたくをする
- キ. 食器を洗う
- ク. 家のなかの壊れたところを修理する
- ケ. 庭しごとをする
- コ. 請求書の支払いやお金の管理をする
- サ. 届け出用の書類を記入する
- シ. 外出時の移動（例：車での送り迎え）
- ス. 薬をのむ
- セ. 家のなかを移動する
- ソ. 着替えをする
- タ. ごはんを食べる
- チ. トイレで用を足す
- ツ. ベッド・ふとんから出る／に入る

昨年のあなたのすべての収入を考えると、下のどのグループに当てはまりますか。

- ア. なし
- イ. 70 万円未満
- ウ. 70 万円以上 100 万円未満
- エ. 100 万円以上 130 万円未満
- オ. 130 万円以上 150 万円未満
- カ. 150 万円以上 250 万円未満
- キ. 250 万円以上 350 万円未満
- ク. 350 万円以上 450 万円未満
- ケ. 450 万円以上 550 万円未満
- コ. 550 万円以上 650 万円未満
- サ. 650 万円以上 750 万円未満
- シ. 750 万円以上

あなたのおもな収入源は何ですか。

- ア. あなた自身の収入
- イ. 配偶者の収入（結婚している場合）
- ウ. 親の収入
- エ. その他の家族の収入（具体的に： \_\_\_\_\_）
- オ. 年金
- カ. 失業手当
- キ. 預貯金
- ク. 社会福祉給付
- ケ. その他（具体的に： \_\_\_\_\_）

あなたのご家族の収入は下のどのグループに当てはまりますか。

- ア. なし
- イ. 70 万円未満
- ウ. 70 万円以上 100 万円未満
- エ. 100 万円以上 130 万円未満
- オ. 130 万円以上 150 万円未満
- カ. 150 万円以上 250 万円未満
- キ. 250 万円以上 350 万円未満
- ク. 350 万円以上 450 万円未満
- ケ. 450 万円以上 550 万円未満
- コ. 550 万円以上 650 万円未満
- サ. 650 万円以上 750 万円未満
- シ. 750 万円以上

Appendix B  
Interview Questions (English Translation)

*Demographic Background*

First, let me have some basic background information about you. How old are you?

What is the highest level of education you received?

Are you currently married?

Do you have children? If yes: what are the number and ages of your children? Where do your children live?

Do you have siblings? If yes: what are the number and ages of your siblings? Where do your siblings live? How often do you see them?

Can you tell me about your employment? If employed: what is your main occupation? About how many hours do you work on your job in an average week? How long have you held the job? [If married: ask about his spouse's employment.]

*Managing Parental Caregiving*

How old is your parent you provide assistance for? Is she/he married? When was your parent diagnosed with dementia?

[Hand out a list of types of assistance.] What types of assistance do you provide for your parent?

What kind of assistance, if any, do you NOT provide for your parent even though your parent needs it? Why not?

Do you have anyone (family members, friends, neighbors, etc.) who helps you to provide assistance for your parent? If yes: tell me who helps you in what way.

Who, if anyone, do you wish would help you to provide assistance for your parent? How do you wish they would help you? Why do/can they not help you?

With what, if any, would you NOT like anyone to help? Why?

Since Long Term Care Insurance started, the government has given financial aid for older adults to use formal care services. What kinds of care services are you using or have you used for your parent?

If it were not for such a policy, how might things be different for you?

What motivates you to use such services? What makes you reluctant to use them?

Do you think your financial situation has any influence on the way you provide assistance for your parent? If so, tell me how.

Then, does providing assistance for your parent have any influence on the financial aspects of your daily life? If so, tell me how.

[Hand out a sheet on income categories and sources]

### *Others' Reactions to Parental Caregiving*

Tell me how others reacted when they learned you had decided to provide assistance for your parent. What reaction was the most welcome to you? Who reacted in such a way?

What reaction made you most unhappy? Who reacted in such a way?

Do you have anything else you would like to share about others' reactions?

So far I have used the word *assistance* in asking you what you do for your parent. How would you feel if I used the word *care* instead? How would you feel about being seen and treated by others as a *caregiver* for your parent?

### *Manhood and Son-hood*

What do you think *sons'* duty to aging parents is like? How might *sons'* duty differ from daughters'?

Has there been any change in your idea of *sons'* duty to aging parents since you started providing assistance for your parent? If yes: tell me what change.

How well do you think you are doing your duty as a *son*?

If you did not need to provide assistance to your parent as you do now, how differently would you do your duty as a *son*?

So far we have talked about *sons'* role in family and how you have performed it. But, you are also a *man*. Is providing assistance to aging parents compatible with your idea of what *men* should be like? How does providing assistance to your parent make it easier or harder for you to practice your idea of what *men* should be like?

Then, what do you think *men* should be like?

If you were a woman, how would it be easier or harder for you to provide assistance for your parent?

*Closing Comments*

Do you have any additional thoughts or comments about your experience in providing assistance for your parent that you would like to mention?



### Helping Daily Activities

With which of the following activities do you help your parent?

- A. Scheduling (e.g., remind parent of the time and place to meet someone)
- B. Socializing (e.g., make an occasion for parent to interact with neighbors)
- C. Go shopping
- D. Clean the house
- E. Do laundry
- F. Prepare meals
- G. Do the dishes
- H. Do repairs around the house
- I. Do the gardening
- J. Pay bills and manage money
- K. Fill out forms
- L. Transportation (e.g., give a ride)
- M. Take medicines
- N. Get around inside the house
- O. Dressing
- P. Eating
- Q. Bathing
- R. Toileting
- S. Transfer into and out of bed

In which of these groups did your total income, from all sources, fall last year?

*Note.* The grouping is adapted from Japanese General Social Survey. \$1 is exchanged with ¥90 in December 2009.

- A. None
- B. Under ¥700,000
- C. ¥700,000 – Under ¥1.0 million
- D. ¥1.0 million – Under ¥1.3 million
- E. ¥1.3 million – Under ¥1.5 million
- F. ¥1.5 million – Under ¥2.5 million
- G. ¥2.5 million – Under ¥3.5 million
- H. ¥3.5 million – Under ¥4.5 million
- I. ¥4.5 million – Under ¥5.5 million
- J. ¥5.5 million – Under ¥6.5 million
- K. ¥6.5 million – Under ¥7.5 million
- L. ¥7.5 million or Over

What is your main source of income?

- A. Your own income
- B. Spouse's income (if married)
- C. Parents' income
- D. Income from other family members (please specify: \_\_\_\_\_ )
- E. Pension
- F. Unemployment benefits
- G. Savings
- H. Social welfare benefits
- I. Other (please specify: \_\_\_\_\_ )

In which of these groups did your total family income fall last year?

- A. None
- B. Under ¥700,000
- C. ¥700,000 – Under ¥1.0 million
- D. ¥1.0 million – Under ¥1.3 million
- E. ¥1.3 million – Under ¥1.5 million
- F. ¥1.5 million – Under ¥2.5 million
- G. ¥2.5 million – Under ¥3.5 million
- H. ¥3.5 million – Under ¥4.5 million
- I. ¥4.5 million – Under ¥5.5 million
- J. ¥5.5 million – Under ¥6.5 million
- K. ¥6.5 million – Under ¥7.5 million
- L. ¥7.5 million or Over

