

Sons Who Care: Examining the Experience and Meaning of Filial Caregiving for Married and Never-Married Sons

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RÉSUMÉ

Les femmes fournissent généralement plus que les hommes dans les soins des enfants. La prédominance numérique des aidantes féminines a été expliquée de telle façon que la diversité chez les aidants masculins a été négligée. C'est à dire que les explications internes, qui mettent l'accent sur l'expérience de socialisation divergentes des femmes et des hommes, ont la tendance à homogénéiser l'expérience de soins du groupe de chaque sexe. Pourtant, les explications externes, qui permettent de faire ressortir les facteurs divers qui motivent les femmes et les hommes à s'occuper des soins, réduisent les acteurs aux agents passives dont la compréhension subjective des soins au fil du temps est ignorée. Les deux explications détournent l'attention de la diversité dans les soins de sexe masculin. Cet article présente des données qualitatives dérivées des entrevues avec 48 des fils de soins pour fournir des preuves de cette diversité. Certains thèmes sont communs aux hommes aidants mariés et aidants jamais mariés, mais il y a également des différences systématiques entre les deux expériences des soins. Pour les fils mariés les soins étaient plus limités; les soins pour les fils jamais mariés étaient un élément plus central dans leurs vies.

ABSTRACT

In filial caregiving, women typically provide more care than men. The numerical predominance of female caregivers has been explained such that diversity among male caregivers has been overlooked. That is, "internalist" explanations, which emphasize the differing socialization experience of females and males, tend to homogenize each gender's caregiving experience. "Externalist" explanations, which emphasize various factors that push or pull women and men into caregiving, reduce the actors involved to passive agents whose subjective understanding of caregiving over time is ignored. Both explanations divert attention from the diversity in male caregiving. This article presents qualitative data derived from interviews with 48 caregiving sons to provide evidence of that diversity. Some themes are common to both married and never-married male caregivers, yet there are also systematic differences between the two groups of caregivers. For example, caregiving for married sons was more limited; caregiving for never-married sons was a more central element in their lives.

Manuscript received: / manuscrit reçu : 25/08/08

Manuscript accepted: / manuscrit accepté : 30/06/09

Mots clés : vieillissement, soins, soins filiales, aidant(e)

Keywords: aging, caregiving, filial care, men's caregiving

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Introduction

One of the overarching empirical patterns that confronts anyone who studies filial caregiving is that adult daughters are far more likely than adult sons to provide care to an aging parent (Abel & Nelson, 1990; Amirkhanyan & Wolf, 2006; Brody, Litvin,

Albert, & Hoffman, 1994; Calasanti & Slevin, 2001; Chang & White-Means, 1991; Sims-Gould, Martin-Matthews, & Rosenthal, 2008). Unfortunately, this numerical predominance of female caregivers has structured the study of filial caregiving in ways that have created theoretical blind spots. Essentially, the

numerical predominance of female caregivers has led to a disciplinary focus on female caregivers. This is not to suggest that research on male caregivers is non-existent; such research certainly does exist and has in fact become more common over the past decade or so (Campbell & Carroll, 2007; Campbell & Martin-Matthews, 2000a; Carroll & Campbell, 2008; Gerstel & Gallagher, 2001; Harris, 1998; Harris & Bichler, 1997; Kaye & Applegate, 1990; Matthews, 1995; Matthews & Heidorn, 1998; Parsons, 1997; the various essays in Kramer & Thompson, 2002). Even so, research on male caregivers is still far exceeded by the scholarly literature on the care that women provide to their aging parents. Indeed, it is not uncommon, even now, to come across studies of filial caregiving in which the sex of caregivers involved is not mentioned because it is implicitly female. In other cases, investigators quite explicitly focus only on female caregivers when describing their sample but then go on to report their results using more inclusive language (e.g., “adult children” who provide care; see Grundy & Henretta, 2006).

The numerical predominance of female caregivers has also structured the study of filial caregiving by giving rise to what Thompson (2002) has called the “gender comparative” approach, by which he means a methodological tendency to compare men’s caregiving against an implicit female norm. The gender comparativist approach is problematic, Thompson (2002) suggests, because it homogenizes the category “male” and so blinds us to the diversity that exists among male caregivers. But there is a third way in which the numerical predominance of female caregivers has structured the study of filial caregiving, male filial caregiving in particular, and one that is not generally acknowledged. Simply, the study of male caregiving has been structured by way of the various explanations that have been developed to *explain* the numerical predominance of women.

Thus, explanations of this female predominance tend to fall into two general categories. The first category includes what might be called “internalist” explanations. These explanations suggest that as the result of early childhood experiences women are more likely than men to acquire personality traits that predispose them to caregiving. Sometimes this means nothing more than saying that males and females are socialized into different “sex roles”. But this category would also include those arguments (see, for example, Archer & MacLean, 1993; Dwyer & Secombe, 1991) that build upon the well-known psychoanalytic arguments developed some time ago by Chodorow (1978) and Gilligan (1982). Their central idea is that as the result of the psychoanalytic processes set in motion by the fact that most young children are raised by a female caretaker

(typically the mother), females will acquire a core personality characterized by a strong relational tie to the mother and an emphasis on “relationship” more generally, both of which will predispose them toward caring for kin, while males will acquire a core personality characterized by opposition, separation, and emotional distance, traits that predispose them *away* from caregiving.

It should be acknowledged that over the past two decades internalist arguments have increasingly gone out of fashion, in the study of filial caregiving and also more generally. This is usually explained by suggesting that these arguments, including arguments both in the “sex role socialization” and Chodorow–Gilligan traditions, cannot account for the diversity that undeniably exists across individuals and within the same individual over time (see Bohan, 1993; Jansen, 1990; Kimmel, 2000; Messner, 1998; Thompson, 2002). The fact that meta-analyses have demonstrated that many gender differences among caregivers, expected on the basis of earlier literature, are either non-existent or small in magnitude (e.g., see Pinquart & Sörensen, 2006) has also likely contributed to the decline of internalist explanations. On the other hand, although internalist arguments are no longer cited as explicitly as they once were by investigators studying filial care, the Chodorow–Gilligan tradition can be seen in the widespread suggestion that women (as a group) are more concerned than men (as a group) with maintaining kin networks or that there are gendered styles of caregiving, with female caregiving being more “relational” and male caregiving being more “compartmentalized” (see, for example, Dressel & Clark, 1990; Matthews, 2002a; McGraw & Walker, 2004; Russell, 2001; Thompson, 2000, 2002).

As explicit use of internalist arguments has declined, investigators seeking to explain the predominance of women among filial caregivers have developed what might be called “externalist” explanations (i.e., explanations that attribute this predominance to structural conditions external to the individuals being studied). Sometimes these external conditions are quite broadly defined, as with Calasanti and Slevin’s (2001) suggestion that it is the power relationship between males and females in the larger society that ultimately explains why caregivers are predominantly female. In other cases, the social structural conditions involved are more precisely identified. Sarkisian and Gerstel (2004), for example, argue that not only employment status (having a job) but also certain employment characteristics (in particular, wages and self-employment) explain much of the gender gap in filial caregiving. More usually, investigators working in this tradition, however, are concerned with identifying the variables that pull or push both men and women into caregiving.

In connection with male caregiving, the primary concern of this article, studies have found that (1) wives, sisters, and daughters *pull* husbands into caregiving (Gerstel & Gallagher, 2001; Matthews, 2002a, 2002b); (2) married men without sisters are more likely to depend on their own spouse to assist them in the care of older parents (Matthews & Heidorn, 1998); (3) men with sisters are less likely to be “in charge” of caregiving (Matthews, 1995), and more likely to provide bounded, occasional, and “traditionally male” assistance (Matthews & Rosner, 1988); and (4) men who are only children very often take on primary responsibility for parents’ care by default because they have no siblings with whom to share care (Campbell & Martin-Matthews, 2000a; Horowitz, 1985).

Unfortunately, externalist explanations of why women provide more, and men provide less, filial care are just as limiting as earlier internalist explanations. At the simplest level, for example, an emphasis on the variables that pull or push women or men into caregiving reduces the caregivers involved to passive creatures whose subjective understandings are largely irrelevant to their caregiving, or at least, whose subjective understandings are overdetermined by forces outside their control. But even more importantly, in the specific case of men who do take on filial care responsibilities, the externalist emphasis diverts our attention from the ways in which a subjective understanding of caregiving might change over time in response to changing circumstances. Another way of saying all this is that while internalist explanations were flawed in positing internalized predispositions that were stable and invariant over all situations for all males (and all females), externalist explanations divert our attention from the possibility that for some males an internalized predisposition towards caregiving may have been in place for some time while for other males such an internalized predisposition might have developed over time.

The considerations put forward in the last few paragraphs lead to two broad conclusions. The first is that, when investigating male caregiving, we need to employ methodologies allowing for the possibility that at least some male caregivers, under some conditions, are characterized by the same concern for “relationship” and “closeness” that in the (lingering) internalist tradition is associated mainly with females. The second is that we need to complement studies done in the externalist tradition with studies that pay close attention to the subjective meanings that male caregivers associate with caregiving and with the ways in which these subjective meanings may have changed (or not) over time as caregiving has intersected with other aspects of their lives.

The study of male caregiving that follows is not concerned with explaining why some men participate in

caregiving but others do not, nor with explaining what is distinctive about male caregiving. Rather, the goal was to start with a group of adult sons caring for an aging parent and explore what caregiving means to them, and to identify the ways in which their understanding of caregiving was the same or different. Moreover, given that both the internalist and externalist approaches divert attention from diversity, this study sought to maximize the chances of uncovering diversity by identifying and studying adult son caregivers who differed systematically with regard to marital status, a variable that is routinely included in research precisely because it so often influences other social variables.

Methodology

Data Collection

Data for this qualitative study were collected through face-to-face interviews with adult son caregivers, married and never married, as well as the spouses of some of the married men (in independent interviews). This purposive sample of participants was recruited between 1999 and 2002 through a range of sources in and around Hamilton and London (Ontario, Canada). The majority of sons were located through health and social service agencies (e.g., the local Alzheimer’s Society), and hospital and senior centre day programs. A few of the sons were contacted through caregiver support groups or newspaper solicitations. Men who considered themselves to be caregivers for older parents and who were either co-resident with their parent or who lived within a 2-hour drive of their parent’s home (so distance would not be a barrier to care) were eligible to take part in this study. Recruitment continued until the sample represented diversity by marital status. For this particular analysis, this meant a final sample of 38 married sons (and 24 of their spouses) and 10 never-married sons.

Each participant was interviewed once by either the principal investigator or a research assistant on the study. Each interview lasted between 1½ and 2 hours, and was conducted in the respondent’s home (for the majority of the interviews) or at another location selected by the participant (typically, the principal investigator’s university office). The interviews were audiotaped and later transcribed verbatim.

The interview guide questions were designed to give participants the opportunity to share their subjective experience of caregiving using their own words and in accordance with their own priorities and feelings. The interview guide was also modified for each of the three groups under study (never-married sons, married sons, and married sons’ spouses) to include questions relevant to their family circumstances. For example,

only married men were asked questions related to their spouse's role in care. In all cases, sons (and spouses), however, were asked to talk about the more subjective dimensions of men's caregiving. In particular, sons were asked what it meant to them to provide filial care, how they felt about the experience, whether they felt they had changed as a person because of their involvement in care, and how they as a couple (for married sons) organized care with their spouse. Spouses were asked their perceptions of their husband's caregiving, whether they felt their husband was unique as a son for providing care, and how they felt care was organized and negotiated within their marital relationship.

Data Analysis

As this qualitative study was designed to uncover commonalities and diversity in sons' filial caregiving experience, data collection and analysis used a constant comparative approach (Creswell, 1998) where patterns and themes identified at the beginning of data collection served as "sensitizing lenses" for the subsequent identification of these and other themes and patterns throughout the collection of data. In turn, as new themes and patterns emerged in the data, earlier material was reread in light of the new themes and patterns. Our ultimate goal was to identify the ways in which the caregiving sons in this sample were both simultaneously similar and systematically different. The investigator was assisted throughout the data collection and analysis process by a research assistant who independently read each transcript and identified patterns that emerged in the data. The investigator and research assistant met routinely during this study phase to discuss and compare findings, and arrive at a final shared list of prominent themes.

Sample Characteristics

The analysis was based on interviews with two groups of sons providing care to an aging parent. The first group consisted of 38 married sons; the second consisted of 10 never-married sons. Table 1 provides data on some of the sample characteristics. As is clear, never-married sons were generally younger and far more likely to be co-resident with the parent to whom they were providing care. On the other hand, married sons were somewhat more likely to be caring for a mother.

Adult Sons' Experience of Filial Caregiving: Common Themes

Several common themes emerged in the interviews, although in regard to some of these themes variations in subjective experience were found between the never-married sons and the married sons. These themes,

Table 1: Sample characteristics of caregiving sons

Socio-demographic characteristics	Married Sons n = 38	Never Married Sons n = 10
Age of caregiving sons		
• average	57	48
• range	40-75	35-60
Age of care recipients		
• average	86	81
• range	74-97	73-91
Number caring for		
• mother	26	5
• father	10	4
• both parents	2	1
Number co-resident	5	8
Employment status		
• retired	19	3
• working full-time	16	4
• working part-time	2	1
• unemployed	1	2

and the variations by marital status, are identified under the following headings: Because It's Family; Close or Closer with Care; A Mixture of Emotions; Caregiving as a Gradual Process; and Identity as a Caring Son: Personal Growth or Change through Caregiving.

Because It's Family

One of the recurring themes to emerge from the data was that the sons provided filial care out of a sense of commitment to family. Most of the sons, both married and never-married, talked about a feeling of responsibility or commitment to provide care because it was for family or often, more particularly, for a parent. Sons frequently saw the care as a form of "repayment" for past support or care. Many sons stated that their parents had always been there for them, supporting them through good and bad times. One never-married, co-resident son talked about giving back to his mother for the care she gave to him while he was growing up:

I owe her because she spent a lot of years bringing me up but I wasn't all that great as a kid. She did a lot for me and I just figure at this time in her life that she needs me there, and I am dedicated. I owe her and it's time to pay her back.

Most sons felt strongly that it was "some sort of emotional bond" with the parent or a feeling of emotional indebtedness, rather than "obligation" in the sense of being morally or ethically "forced" to care, that motivated them to *want* to provide assistance to their parent. One married son caring for his mother expressed the feeling of many sons when he talked about there being "some sort of bond that makes you offer to help". He, like many others, felt he was "not obligated" to care. This finding gives us reason to reconsider whether the

term “filial obligation”, typically used in the literature in discussions of what *motivates* adult children to provide care to parents, truly captures *why* adult sons (or, for that matter, daughters) feel committed to care.

Although both married and never-married sons talked about feeling a responsibility to provide care to their parent, it was the never-married sons who were more likely to express this as a deeper moral commitment to care for older parents or to care for others more generally. Some never-married sons, who had previously cared for other family members (often their other parent or another older relative), would say that caring just “seemed to be in them”. These sons, though, did not feel that everyone should be or was capable of being a caregiver. They recognized that if they had married and had children, they would not have been as available to provide filial care. They, however, felt that the role of caregiver more naturally fell to them than to their siblings because they were single. In fact, some never-married men said that they had always felt they would “put aside their lives” to care for their parent when the time came. Often they seemed satisfied to make these sacrifices because they were in a situation where they were able to do so (personally and often occupationally) and because they knew that the caregiving role would not go on forever. One never-married, co-resident son talked about these issues in caring for his father:

I make a lot of sacrifices on my own. I put him first before anything else. I believe he’s my responsibility. The way I look at it is that my time will come later, when he passes away. Then that’s for me. Then I can do what I want.

Some of the never-married sons said they felt that being a caregiver to their parent was more valuable and worthwhile than their previous employment had been. They seemed to have found “purpose” in their role as caregiver, something that was not expressed by any of the married sons. Indeed, within the context of most never-married men’s lives (having a close tie to their parent emotionally, residentially, and often financially, as well as often lacking a strong connection to employment or to other family or social relationships), it seems to make sense that these men would find value and meaning in their filial care role, particularly when value or purpose was often missing from other aspects of their lives. One never-married son expressed these feelings when he talked about what it meant to him to care for his co-resident mother:

I feel pride, and being satisfied that I’m doing something good. I mean [my former job] didn’t seem to be all that important in the scheme of things and this I feel is more important. So it has given me, one might say, value in my life.

Married men certainly felt committed to caring for their parent, but for them, their involvement in care seemed to be much more conditional on other factors: they felt filial care was what they needed to do at this point in their lives, but that there were limits to what they could (or should) do; and that their caregiving role had to be balanced with other important dimensions of their lives, including their work, and their relationship with their spouse and children.

Many never-married men felt that because they were single and had a closer tie to their parent, that they themselves, more so than their siblings (whether sisters or brothers), should take primary responsibility for filial care. Married sons, in contrast, typically felt that all siblings should ideally share in filial care in a more or less equal way (based on their abilities, personalities, and resources). However, all the sons, married and never-married, seemed to feel strongly that adult children should not be “obligated” (compelled) to care and that one could not (and should not) force a son or daughter (or a brother or sister) to be a caregiver. They felt that children should *want* to provide care to a parent. Both married and never-married sons also recognized the legitimacy of other competing work and family commitments that could take precedence over filial care responsibilities.

In short, although the existing literature has stressed the fact that the circumstances of never-married men’s lives, especially when they co-reside with an older parent, make it easier to provide daily care, what emerged here is that male caregivers in the study who were single saw things slightly differently. Although they did recognize that it was easier for them to provide care than might be the case for someone who is married, they also felt that they had a special commitment to their parents that had preceded the need for care. In their minds, in other words, their single status and the fact of co-residence, gave them an opportunity to act upon this longstanding commitment.

Close or Closer with Care

Another pattern closely linked to a commitment to care relates to the pattern of emotional closeness between the adult son and the parent over time. Most men, both married and never-married, talked about having a close tie with their parent over the life course. Most sons seemed to feel that a good relationship was important if one was going to take on the care of a parent and provide them with “good care”. For many men, their earlier feelings of closeness to their mother or father had been an influential factor in their decision to provide assistance. One never-married son, who was an only child, talked about how the close bond he felt to his co-resident father was instrumental in his

decision to provide care and to continue his caregiving role:

We've always been very close. My mom passed away in 1982 and it was just him and [me] left. I'm looking after him 24 hours a day, 7 days a week, and it gets a little stressful sometimes. But, our relationship is so close, that's why I do it.

Even those sons whose earlier relationship with their parent had been less close or emotionally distant or difficult, often felt that the caregiving experience had brought them closer to their parent. A married son providing care to his father spoke of how their earlier relationship was not particularly close, but how the circumstances of providing care had brought them closer together:

I was never really close to my dad in the early years. I've become closer to him now I think in the last little while just because we spend more time together. He enjoys the relationship that [we] have as much as I do.

Although married and never-married sons experienced a continued or increased closeness to their parent through their caregiving role, it was the never-married sons in particular who seemed to demonstrate a greater emotional closeness in this relationship.

A Mixture of Emotions

Another theme that emerged in the interviews is the complex mixture of emotions many men experience in their caregiving role. These emotions include feelings of duty, love, compassion, responsibility, devotion, and commitment, as well as sadness, loss, frustration, and guilt. This interweave of emotions often seemed to be experienced more or more deeply by never-married sons. One never-married son described this "jumble of emotions" and how he coped with it:

Everything is all mixed together. You feel everything. You just put one foot in front of the other and whatever hits you hits you. If you want to sit down and cry then you sit down and cry, and then you kind of carry on.

Sons who helped their parent move into a long-term care home experienced many emotions, including grief, loss, and relief; however, feelings of guilt were particularly salient. One never-married, employed son who visited his mother in a nursing home at least three times a week (with one hour of travel time each way), expressed the emotional turmoil he experienced in placing his mother in a nursing home:

In some ways it sort of eases the pressure, but again, there's still a great deal of guilt. You always have the feeling, am I doing enough. It's such a difficult thing. It's almost like grieving.

Married and never-married sons whose parent resided in a long-term care home often experienced similar kinds of feelings. Even though the facility had taken over primary responsibility for the daily care of their parent, these sons often still found their own role in care emotionally draining. For sons more generally, the experience of filial caregiving often involved a complex mixture of emotions, difficult as well as affirming.

Caregiving as a Gradual Process

Many men in this study talked about the caregiving role as a process, and most often as a process that had evolved and changed gradually over time. The gradual changes that occurred within their caregiving circumstances often helped men deal with the increasing needs of their parent and their expanded role in care. The words of one never-married, co-resident son who cared for his father capture this process:

It slowly evolved and it's just like you're adding another brick on to the pile, so you don't notice it all that much. It's been a slowly evolving process and I think that's why you adapt to it easier. It's easier when it comes gradually because if it was sudden, I'm sure it would have floored me.

For some men, as their parents' capabilities decreased and assistance needs increased, the caregiving process often intensified with a move from anticipated to unanticipated care. In particular, these sons talked about how their caregiving had begun as involvement in instrumental or managerial types of tasks that were more stereotypically male in nature, such as yard work, home maintenance, or providing transportation or financial advice. Over time, some of these men unexpectedly were called upon to assist with more domestic or personal care tasks. Personal care, particularly, was something they had not really anticipated. As one married son said, it was care that was "not preferred, not comfortable, but necessary". Another married son caring for his father, who lives in a nursing home, talked about the "gradual process" of caregiving that involved for him the move from anticipated to unanticipated care, and how he has dealt with that change:

I guess part of this is you grow into the care. Initially, it was more mechanical things that I was doing, but in more recent months, the type of care has changed and I'm doing more personal care. I initially found it very difficult. I think I am much more comfortable with them now. I really had to sort of kick myself to get my mind in gear to do it.

Many men found the move to unanticipated personal care often particularly difficult or uncomfortable when they were caring for a mother, but this was not always the case. For some, like one never-married son who had been providing assistance to his co-resident mother

for more than seven years, providing personal care evolved as a necessary part of the process of caring, and this necessity seemed to diminish any anxiety or awkwardness he might have experienced. Though caregiving often involved a move from anticipated to quite unanticipated responsibilities, the gradualness of the process and the necessity of the care tasks seemed to help many of the sons adapt to their changing circumstances.

Identity as a Caring Son: Personal Growth or Change through Caregiving

It has been suggested that as men's caregiving role changes over time with the changing needs of parents and changing circumstances, their self-identity might also be reformulated to include caregiving as a more salient dimension of self (Daly, 1992). Clearly, both married and never-married sons seemed to feel that they had been changed by the caregiving experience. Many spoke of how they had become "a more caring and compassionate person" or how they had developed greater "patience", "understanding", or "tolerance" through their role in care. Some sons described being "more resilient" or "more resourceful". One son felt he "had grown" through his experience in care and now had "a broader understanding of what other people go through". Others felt that their experience in care had helped them to learn to "prioritize" or "re-prioritize" what was important in their own lives. For one never-married son, for example, it meant focusing on his own physical and psychological health and well-being, something that he felt could get lost in the caregiving experience. For another never-married son, it was coming to understand that for him, family was now his number-one priority. For one married son, the experience of caring for his father had helped him to gain a deeper appreciation for that "caring" part of himself:

I always thought of myself as being a caring person, but helping people in less personal ways. So when things start to get personal and intimate, I tend to get cold feet. But I haven't been able to do that with dad. I have had to jump right in. This has helped me get some new appreciation for that part of me.

Not all changes for these sons, however, were experienced as positive. One never-married son discussed the complex ways in which he changed, both positively and negatively:

I used to be very outgoing, very happy go lucky, you know. Not a lot of things used to bother me. Now I find myself, some days, if I have a bad day, sort of short with people, sort of sad, and you know, sort of edgy, that's in a negative way. But in a positive light, it's opened my eyes that there are people that need help.

Many of the married sons expressed surprise that they had the strength, ability, and resilience to provide the assistance that was required, particularly when that assistance involved providing intense or personal care. In comparison, the never-married sons did not appear to be surprised by their ability to take on the caregiving role. As already mentioned, they typically felt that they had *always* possessed a strong sense of filial responsibility and commitment – that they had held these values throughout their lives. Because of this, many said that they had always expected to take on the role of filial caregiver and so felt confident in their abilities to perform the role. As one never-married son said, the caregiving role just "suited [his] personality".

Marital Status and Caregiving

In general, although the themes just discussed could be detected to some degree in the remarks made by most of the men in this study, the data clearly reveal that, on average, never-married sons were more immersed in the caregiving role than married sons. Never-married sons were more likely to co-reside with their parent, to take responsibility for all the household and domestic chores, and very often, to assist with personal care. Some of these unmarried sons talked about their willingness to give up their job (and to put their personal life on hold) to care for their parent. Most often these men had moved into their parent's home for financial reasons *before* the need for care had arisen. Their co-residence often followed the death of their other parent in combination with other changes in their own life circumstances, such as retirement, loss of employment, or simply a desire to leave work. These never-married men saw their co-resident living arrangements as mutually beneficial. It provided them with a place to live and often some financial security. In exchange, the parent gained companionship and someone to help with household chores. Importantly, for these never-married sons the role of caregiver developed gradually over time as the parent's health and physical or cognitive abilities declined. Many of these men talked about caregiving as being a very emotional and stressful experience, but they also seemed to have few if any regrets about taking on the role. Caregiving seemed to give purpose to their lives. Indeed, for many of these never-married men, their caregiving role was *the* central element in their lives, and all other personal, family, or work commitments were secondary.

The never-married sons, although often intensely involved in most or all aspects of care (including domestic and personal care), typically had little or no support from siblings or other family members. Often, when the son had first moved into his parent's home, it had been the parent (the mother) who had done the housework and provided the meals. But, with the parent's

decline in health and abilities, many parents became almost totally dependent upon their son and on formal services to provide the assistance they needed. Most of the never-married sons did receive some assistance from outside agencies; typically, this meant that someone came in several times a week to help with bathing and dressing their parent. Those never-married sons who were employed also relied on adult day programs. Even so, the fact remains that most never-married sons did provide personal care (like taking their mother to the bathroom, bathing her, and keeping her clean and well groomed), often on a daily basis.

Although the never-married sons commonly identified their single status as one of the reasons they were able to co-reside and provide care to their parent, there were clearly other factors that interacted with their being single. Thus, these men typically had no siblings or had siblings who were geographically, emotionally, or circumstantially unavailable or distant. They also talked about having a particularly close relationship to their parent (often closer than that of their siblings). Finally, financial need was often a significant consideration, particularly for the men who were not employed and who felt they no longer had the freedom to take on employment because of their demanding role in care. Collectively, these situational factors often combined to make the never-married sons feel that it was just more "natural" and expected for them to provide care. As one never-married son who was caring for both his parents, but providing essentially all care for his mother, said:

I'm closer to them than my siblings are. I've always been the closest to them. I was living in the house when my mother had her stroke and it was just assumed and accepted that I would care for her.

By contrast, married sons, even when they were significantly involved in providing assistance, were more likely to see their caregiving role as only one dimension of their lives – an important role, but one that needed to be integrated into other personal, family, and work commitments. Even so, although these sons talked about the difficulty of juggling all their commitments and responsibilities, they typically felt that providing care to their parent was just "the right thing to do". In contrast to the never-married sons, the majority of married sons did not co-reside but rather provided assistance to a parent who lived in the community or in a long-term care home. For those few married sons who did co-reside, it was typically a situation where the parent (usually a mother) had moved in with the adult son and his wife because of the parent's need for care, occupying a separate living space in the son's home. Although caregiving had followed co-residence for most never-married sons, for co-resident married

sons, co-residence was precipitated by the parent's need for care.

Many of the married (as well as a few of the never-married) sons were caring for a parent with Alzheimer's disease who lived in a long-term care home. These sons typically experienced the most stress and frustration in their caregiving role because of this illness. For the married men, it was often when the physical care became too difficult (when the parent had begun to wander or had become incontinent) that the decision was made to move their parent into a facility. This was never an easy decision for sons to make. Some sons suggested that if they had been able to access affordable respite care, they might have been able to keep their parent out of residential care longer.

Many married sons with a parent living in a long-term care home felt that visiting their parent and providing emotional support and companionship was the most significant aspect of their caregiving. Often, their spouse accompanied them on these visits. These sons felt it was important to visit frequently (at least three times a week and often daily) to reassure their parent that he or she was not isolated or alone and "to keep an eye on the care" within the facility: to be a watchful presence to ensure that the parent received good care.

Never-married sons were more likely than married sons to continue to care for their parent in their home even after the parent had reached the stage of incontinence and needed more complex and intense care. While both the married and never-married sons sought to keep their parent independent for as long as possible (independent *and* out of a long-term care facility), this seemed to be a more important mission for never-married sons. One never-married, co-resident son's words capture the feeling of many of the sons:

I don't want dad to end up in an institution. He doesn't want to and I don't want him to, and I think I will make as many sacrifices as is humanly possible to not let him end up in a place.

The never-married sons' commitment to continue to care for their parent in their home, even when the needs intensified, may be at least in part linked to the reasons why these men took on the role of caregiver in the beginning: that is, being single, co-residing for financial security (and perhaps future financial security), having a close relationship with their parent, and feeling that caregiving gave their life purpose and meaning.

In sum, then, although both married and never-married sons were committed to and involved in their parents' care, it was the never-married sons for whom filial caregiving was more likely to be the central focus of their lives, particularly when other aspects of their

lives – personal, social, and occupational – were limited. For married sons, caregiving, while important, was more likely to be seen as only one commitment among many in their lives, and one to be integrated with their other family and work responsibilities. Further, the fact that the never-married sons were, on average, significantly younger than their married counterparts (with an average age of 48 years compared to 57 years for the married sons) and most were not employed full-time (being either retired, unemployed, or working part-time), most likely has important implications for their ability to rejoin the full-time workforce after the caregiving was over. For these never-married sons, in other words, being younger and not employed likely means that the caregiving experience might put their future financial security at risk. Of course this potential effect on their subsequent life course trajectory might be counter-balanced if the sons were especially likely to inherit property or income from the care-receiving parent. Unfortunately, the interviews used in this study did not elicit information about inheritance or inheritance plans.

How Couples Negotiate and Organize Filial Care

Although the married sons in this sample were less likely than the never-married sons to be immersed in the caregiving role, married sons played an important role in filial care. Indeed, in contrast to several earlier studies (Globerman, 1996; Guberman, 1999) that suggest it is typically the daughter-in-law (not the son) who is more likely to provide filial care, the primary role of the spouses of the sons who took part in this study was to support their husband in his filial care role. Thus, a number of spouses assisted their husband in the care of his parent by helping with shopping, laundry, or meal preparation, or by accompanying him when he visited his parent. However, in most cases it was the son who took primary responsibility for the care of his parent. Indeed, it was common for these married sons to identify explicitly their spouse as someone who provided *them* with support, both emotional and practical, and who acted as a resource that helped them to cope with their caregiving role. As one married son said about his wife:

She's always been very encouraging to me to sort of step into new areas of providing the care that I did not feel comfortable with, so I think that's helped me to deal with some of the issues as they came. She helps me sort through what my emotions are about it and also helps me work through a plan to resolve whatever it is that needs to be done.

In turn, the majority of wives expressed positive sentiments about their husband's filial care and felt that it

reflected well on his character. As well, most spouses felt that their husband was indeed "unique" as an adult son in assuming this caring role. Some used words like "amazing" and "incredible" to describe their husband's assistance to his parent, even when that assistance was predominantly telephoning or visiting the parent in her or his home or in a long-term care facility. Spouses felt this was more than most sons did for their parents. This amazing or unique characterization of caring sons fits with findings in previous research (Rose & Bruce, 1995) which states that a man involved in spousal care is often viewed as a "Mr. Wonderful", suggesting that men who engage in caregiving are esteemed in ways that women who engage in the same caregiving activities are not.

The wives in this present study seemed comfortable playing a supporting role. They often made it clear that they felt care decisions were the responsibility of their husband and his siblings. They saw their own role as providing emotional support to their husband so he was able to provide care to his parent without feeling guilty about the time and commitment it involved. One spouse illustrated this feeling as she talked about her supportive role as involving "picking up the slack at home" so her husband could assist his father.

Many couples talked about the importance of staying focused on the marital relationship as a priority when trying to juggle family and filial care, something they said was a difficult and ongoing challenge. They identified "good communication" and "making time for each other" as important for dealing with the challenges of filial care. For many couples, despite the difficulties and challenges they faced in filial care, they also felt they had experienced positive gains as a couple as a result of their husband's caregiving. Some couples talked about how the husband's caregiving had "brought them closer together" and had "strengthened their relationship".

Some couples, however, did *not* feel that caregiving had changed their relationship in any distinctive way. As one spouse said, caregiving had no more or less of an effect on their marital relationship than raising children or any one of many other things that are "just a part of living". In other words, these couples saw filial caregiving as one among many life events and circumstances that formed the tapestry of their lives together.

Summary and Conclusion

It is important to emphasize, once again, what this study is not trying to do. Unlike studies in the internalist tradition, the goal here has not been to contrast male caregivers (either explicitly or implicitly) with female caregivers in order to determine what is distinctive about male caregiving. Then, too, unlike studies done

in the externalist tradition, this study has only been peripherally concerned with the structural conditions that pull or push some men into caregiving. Generally, the intent here has been to start with a sample of adult son caregivers and, through intensive interviews, tease out the diverse and varied subjective understandings that these men had of their caregiving experiences. And what has been the result?

Generally, the adult son caregivers in this study tended to fall into two clusters. The first cluster involves sons who were married, employed or retired, and living apart from their parent. These men tended to be committed to care, but often in more limited or traditional ways (assisting with finances or paying bills, providing transportation, helping with shopping or providing emotional support through visits or phone calls, etc.). The second cluster included sons who were never married and often co-residing with their older parent. These men, particularly those who were not employed, tended to be much more intensely involved in all aspects of care, including “nontraditional” domestic and personal care.

Overall, there were striking differences in life circumstances, level and intensity of involvement in caregiving, and social support that was available to, and utilized by, the two groups of men. The never-married sons, again particularly those who were co-residing and not employed, appeared to be much more intensely involved or “immersed” in all aspects of caregiving, while being more disadvantaged in circumstances. Some of these men particularly seemed to be worn down by the experience, and isolated in their care. Yet, despite mixed feelings about their circumstances, they seemed very committed to caring for their parent and very focused on giving their parent the best care they could give.

Often these never-married sons had negotiated a different relationship with their parent (Laditka & Laditka, 2001), benefited from the living arrangements, and found purpose and meaning in their role as caregiver (Harris, 1998). Based on their work and life situations, the caregiving role often seemed the most reasonable or viable option. For men who co-resided (most of the never-married sons), living in the same household clearly gave them greater opportunity to provide domestic and personal assistance. This supports conclusions reached in earlier research that “co-residence in combination with other factors may structure a situation where these personal or domestic tasks are just more easily woven into the fabric of daily life for these men” (Campbell & Martin-Matthews, 2000b: 1026). The never-married sons, however, may be a particularly “at risk” group (socially and financially) because of their role in care or more likely their social and structural circumstances before and during

care, though this is something that needs to be investigated further (especially in regard to inheritance). What also emerged from this study is that many sons, never married as well as married, had a strong concern for their parent and a strong commitment to providing care, and that this also is a significant contribution to the literature on men’s filial caregiving.

Limitations of Study

One limitation of this study is that as a qualitative study the findings cannot be generalized beyond the particular sample used. Another limitation may derive from the methodological decision to use marital status (married versus never married) as a basis for organizing the results. Structuring the analysis and the discussion by focusing on a different characteristic than marital status, such as age of the caregiver or sex of the parent (whether sons were caring for a father or mother), might well have led to the discovery of different patterns. Further, although it has been convenient to talk of “married sons” and “never-married sons”, the fact is that this distinction was connected with others (the most obvious being co-residence) and that disentangling these interconnected factors was simply not possible given the number of subjects involved. However, in the end, what all this may mean is only that the diversity we encountered among adult son caregivers in relation to the married–never-married divide, does not exhaust the diversity that exists among adult son caregivers generally.

There are some obvious ways in which this analysis might be extended. For example, I and a colleague used interview data from this same study to explore both the ways in which male caregivers “do gender” (Campbell & Carroll, 2007) and the ways in which the wives of the caregiving sons “do gender” when their husband is the primary caregiver for his parent (Carroll & Campbell, 2008). However, there is much still to be done in researching men’s filial care. For example, the study of men’s filial care would benefit from longitudinal data that would allow for an examination of men’s caregiving careers over time and the effects of this on their life course trajectory. Further, collecting data on caregiving sons from diverse cultural backgrounds would expand our understanding of ethnic variations among male caregivers and the unique challenges that may differentially face these men. Finally, research on formal care services in the context of men’s filial care could provide valuable information on benefits (and potential benefits) of these services, gaps in services, challenges men face accessing services, and possible strategies for overcoming barriers to service utilization for caring sons and their families more broadly.

References

- Abel, E.K., & Nelson, M.K. (1990). Circles of care: An introductory essay. In E.K. Abel & M.K. Nelson (Eds.), *Circles of care: Work and identity in women's lives* (pp. 1–34). New York: State University of New York Press.
- Amirkhanyan, A., & Wolf, D.A. (2006). Parent care and the stress process: Findings from panel data. *Journal of Gerontology: Social Sciences, 61B*, S248–S255.
- 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.
- Bohan, J. (1993). Regarding gender: Essentialism, constructionism and feminist psychology. *Psychology of Women Quarterly, 17*, 5–21.
- Brody, E.M., Litvin, S.J., Albert, S.M., & Hoffman, C.J. (1994). Marital status of daughters and patterns of parent care. *Journal of Gerontology: Social Sciences, 49*, S95–S103.
- Calasanti, T.M., & Slevin, K. (2001). *Gender, social inequalities and aging*. Walnut Creek, CA: Altamira Press.
- 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. (2000a). Caring sons: Exploring men's involvement in filial care. *Canadian Journal on Aging, 19*, 57–79.
- Campbell, L.D., & Martin-Matthews, A. (2000b). Primary and proximate: The importance of co-residence and being primary provider of care for men's filial care involvement. *Journal of Family Issues, 21*, 1007–1031.
- Carroll, M.P., & Campbell, L.D. (2008). Who now reads Parsons and Bales?: Casting a critical eye on the "gendered styles of caregiving" literature. *Journal of Aging Studies, 22*, 24–31.
- Chang, C.F., & White-Means, S.I. (1991). The men who care: An analysis of male primary caregivers who care for frail elderly at home. *Journal of Applied Gerontology, 10*, 343–358.
- Chodorow, N.J. (1978). *The reproduction of mothering*. Berkeley, CA: University of California Press.
- Creswell, J.W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Daly, K. (1992). Toward a formal theory of interactive resocialization: The case of adoptive parenthood. *Qualitative Sociology, 15*, 395–417.
- Dressel, P.L., & Clark, A. (1990). A critical look at family care. *Journal of Marriage and Family, 52*, 769–782.
- Dwyer, J.W., & Secombe, K. (1991). Elder care as family labour: The influence of gender and family position. *Journal of Family Issues, 12*, 229–247.
- 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: Psychological theory and women's development*. Cambridge, MA: Harvard.
- Globerman, J. (1996). Motivations to care: Daughters- and sons-in-law caring for relatives with Alzheimer's disease. *Family Relations, 45*, 37–45.
- Grundy, E., & Henretta, J. (2006). Between elderly parents and adult children: A new look at the intergenerational care provided by the "sandwich generation". *Aging and Society, 26*, 707–722.
- Guberman, N. (1999). Daughters-in-law as caregivers: How and why do they come to care? *Journal of Women & Aging, 11*, 85–102.
- Harris, P.B. (1998). Listening to caregiving sons: Misunderstood realities. *The Gerontologist, 38*, 342–352.
- Harris, P.B., & Bichler, J. (1997). *Men giving care: Reflections of husbands and sons*. New York: Garland Publishing.
- Horowitz, A. (1985). Sons and daughters as caregivers to older parents: Differences in role performance and consequences. *The Gerontologist, 25*, 612–617.
- Jansen, S.C. (1990). Is science a man? New feminist epistemologies and reconstructions of knowledge. *Theory and Society, 19*, 235–246.
- Kaye, L.W., & Applegate, J.S. (1990). Men as elder caregivers: Building a research agenda for the 1990s. *Journal of Aging Studies, 4*, 289–298.
- Kimmel, M.S. (2000). *The gendered society*. New York: Oxford University Press.
- Kramer, B.J., & Thompson, E.H., Jr. (2002). *Men as caregivers: Theory, research and service implications*. New York: Springer Publishing Company.
- Laditka, J.N., & Laditka, S.B. (2001). Adult children helping older parents: Variations in likelihood and hours by gender, race, and family role. *Research on Aging, 23*, 429–456.
- 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. (2002a). 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: Springer Publishing.
- Matthews, S.H. (2002b). *Sisters and brothers/daughters and sons: Meeting the needs of old parents*. Bloomington, IN: Unlimited Publishing.
- Matthews, S.H., & Heidorn, J. (1998). Meeting filial responsibilities in brothers-only sibling groups. *Journal of Gerontology: Social Sciences, 53B*, S278–S286.

- Matthews, S.H., & Rosner, T.T. (1988). Shared filial responsibility: The family as the primary caregiver. *Journal of Marriage and Family*, 50, 185–195.
- McGraw, L.A., & Walker, A.J. (2004). Negotiating care: Ties between aging mothers and their caregiving daughters. *Journals of Gerontology: Social Sciences*, 59B, S324–S332.
- Messner, M. (1998). The limits of 'the male sex role': An analysis of the men's liberation and men's rights movements discourse. *Gender and Society*, 12, 255–276.
- Parsons, K. (1997). The male experience of caregiving for a family member with Alzheimer's disease. *Qualitative Health Research*, 7, 391–407.
- Pinquart, M., & Sörensen, S. (2006). Gender differences in caregiver stressors, social resources and health: An updated meta-analysis. *Journal of Gerontology*, 61B, P33–P45.
- Rose, H., & Bruce, E. (1995). Mutual care but differential esteem: Caring between older couples. In S. Arber & J. Ginn (Eds.), *Connecting gender & ageing: A sociological approach* (pp. 114–128). Buckingham, England: Open University Press.
- Russell, R. (2001). In sickness and in health: A qualitative study of elderly men who care for wives with dementia. *Journal of Aging Studies*, 15, 351–367.
- 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.
- Sims-Gould, J., Martin-Matthews, A., & Rosenthal, C.J. (2008). Family caregiving and helping at the intersection of gender and kinship: Social dynamics in the provision of care to older adults in Canada. In A. Martin-Matthews & J.E. Phillips (Eds.), *Aging and caring at the intersection of work and home life: Blurring the boundaries* (pp. 65–83). New York: Taylor & Francis Group.
- 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: Roxbury Publishing Company.
- 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 service implications* (pp. 20–47). New York: Springer Publishing.