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Men and elder care in Japan: A ripple of change?

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Abstract. An area that has been ignored in the discussions of elder care in Japan is the role of men. This exploratory study is one of the first to examine the role of men in the day-to-day care of an older family member. For this qualitative study, 16 husbands and sons were interviewed to examine the extent of their involvement in caregiving. The research examined five areas: motivation, tasks, impact on work/family lives, community reaction, and meaning. Sons' motivations went beyond filial piety, to one of love and/or an opportunity to pay back a devoted parent; they experienced greater role conflict and used more formal services than husbands. Husbands evolved a spousal obligation to care for their wives, provided more hands-on care, and exhibited greater caregiver stress. Both sons and husbands gained insights from the caregiving role, which was undertaken with little societal recognition or understanding.

Keywords: Caregiving, Gender roles, Cross-cultural studies, Male caregivers, Japan

Introduction

Japan has the fastest growing elderly population in the world, with its population aging at about 0.4 percentage points each year. It is estimated that the proportion of elderly will double from 10% to 20% in just 25 years (Japan Statistical Yearbook 1997; Iwabuchi 1994). In 1996, 15.1% of the Japanese population was elderly (Kōseishō 1997: 39). By the year 2025, one in every five people in Japan will be age 65 or older and that population will include 2.3 million bedridden elderly. In the more immediate future, by the year 2000, the Japanese government estimates that there will be 1.2 million bedridden elderly, 200,000 non-bedridden demented elderly, and 1.3 million frail elderly (Kōseishō 1996; Iwabuchi 1994; Sodei 1995). At the same time, Japan's fertility rate is very low, with the average number of births per married couple at fewer than 1.5 (Koyano 1997). Seventy percent of bedridden patients rely solely on family members for care. The availability of public services has increased, but remains woefully inadequate to meet Japane's needs. The need for more caregivers is growing, but the number of family members who might provide care is shrinking, placing unprecedented stress on families.

Furthermore, the social roles associated with men and women in late 20th century Japan have been undergoing gradual change. Women have entered the paid workforce in greater numbers, and now constitute 40.8% of the total labor force. Most women working in 1960 were young and unmarried or divorced or widowed; married women made up only 33% of working women in 1960. By 1975, the female labor force was equally divided between single and married women. Today, married women comprise 60% of the total work force (Yoshizumi 1995; Sodei 1994). A survey by the Ministry of Health and Welfare documents attitudinal change as well. In 1987, 36.6% of the women surveyed agreed that women should remain at home and men should work; in 1995 only 22.3% agreed with that view (Kōseishō 1996).

Although married working women in Japan retain the primary responsibility for household, childrearing, and eldercare tasks, recently there is anecdotal evidence of increased involvement of men in these activities. In contrast to the stereotype of the salaryman who works long hours, goes out drinking afterwards with his colleagues, and collapses at home on Sundays, some men have begun to pick up children at daycare, help with cooking, or even become ‘das sara’, escaped salaried workers (Lummis & Nakajima 1995). These men leave their companies after a number of years in order to start a new type of job that will give them more time with their families and more control over their lives (Beck & Beck 1994). Another small but visible indication of change is that in 1991, Tokyo’s Adachi ward offered a ten-week lecture series for men entitled, ‘A Course of Remodeling Men’, attended by men ranging in age from 19 to 79. These lectures were published in 1993, and similar courses were subsequently organized throughout Tokyo (Yamaguchi 1995). Some Senior Citizens Centers now offer courses in housekeeping skills for older men (Jenike 1997). Many people with whom we spoke referred to an American baseball player working in Japan who left his team to return home in order to be with a critically ill family member. The Japanese media accorded a great deal of attention to this American man’s decision to put family before career. In Japan, men are expected to accept any transfer from their companies, resulting in many ‘*tanshin funin*’, married men living away from their families due to their job assignments. Up to now there has been no systematic study of the changing gender roles of men, but such evidence suggests that some show change has indeed been occurring.

Changing demographics and changing gender role expectations have led to the situations which we explore in this study. None of the men in our sample expected when they were young that they would become caregivers of elderly family members. Yet each has taken on this responsibility in response to personal circumstances which make it inevitable that he do so. These men initially expressed this caregiving as a *response* to demographic and gender role changes. Yet their caregiving activities also *contribute to* the process of social change.

Methods

Our study examines the role of men in elder care through a qualitative research approach to gain an in-depth understanding of the experiences of a small group of men. This project did not attempt to gain a statistical understanding of how many men are becoming involved in elder care, but to understand the micro-sociological processes that might motivate a man to take on this role despite its gendered nature, and to explore the extent of his involvement in elder care. It seeks to answer five major research questions: (1) What has motivated some Japanese men to become involve in elder care? (2) What tasks do they undertaken? (3) What influence does this have on their family and work lives? (4) How do others react to their taking on this role? (5) What do they derive from these experiences?

Sample selection. For this exploratory study, a non-random purposive sample was selected. This sample consisted of husbands and sons actively involved in caring for an elderly parent or wife who had been diagnosed with either dementia or severe physical impairments. The sample included 16 male caregivers, 11 husbands and 5 sons. The men were referred by home health nurses, private physicians, a senior center, and a dementia assessment center in the Osaka, Kobe, and Nara areas. Discussions with these health care providers gave additional insights into the mens' caregiving situations.

Data collection. Interview schedules for husbands and sons were developed using an interview guide approach. In this approach, the researcher outlines a set of major issues to be explored, but the exact order and wording of the questions vary depending on the context of the interview. The topics included in the interview schedules were broken into four major categories and then were broken down into more specific areas, with minor changes depending if the caregiver was a husband or son. The four major topics were: (1) the role as a caregiver, including such issues as: tasks, new roles, definitions of these roles, changes over time, difficulties, losses, disappointments, accomplishments, satisfactions, impact of the role on work and family, and life style changes; (2) stress and coping: coping strategies, social support, financial impact of illness, service usage, and role of health care professionals; (3) marital and family relationships: impact of caregiving on relationships with wife, children, and siblings; role and expectations of wife, children, and siblings; impact on relationship with ill parent; and discussion of living wills and funeral arrangements; (4) meaning and motivation: reason for taking on caregiving role, meaning of the experience, sense of purpose, personal growth, and societal reaction. The interview guides had been developed for an American sample. Therefore, the bi-national research team discussed the questions at length to assess their cultural relevance. Problems of meaning were approached through a process of translation and back-translation by bilingual team members.

The data were gathered through personal interviews by one Japanese and two American researchers. The interviews lasted on the average an hour to an hour and a half and took place mainly in the men's homes, though a few were done in health care/social service providers' offices.

Data analysis The interviews were conducted in Japanese, taped and later transcribed. The interview data were analyzed through a process of identifying themes in the men's descriptions of their experiences, and then organizing them around the research questions. The sons' and husbands' data were analyzed separately and then compared for similarities and differences. Despite the small size of the sample, this approach can suggest themes for future research and cross-national comparisons (see Harris & Bichler 1997).

Results

Demographic profile

Sons. The average age of the five sons in the sample was 56 years old, with the youngest son being 38 and the oldest being 68 years old. All five men were university graduates. Three worked in business or government related jobs, one son had retired, but worked part time for board of education, and one son was unemployed while he cared full-time for his mother. This is summarized in Table 1 using pseudonyms. None of the sons considered themselves to be religious, but four did have a Buddhist alter in their home 'for the ancestors'. All five of the sons lived with their parent during the caregiving period. As their parent became ill, the sons either moved into their parent's house or moved their parent into their homes. All the men were the eldest son of the family. All but one were married.

Four of the sons were caring for elderly mothers. The average age of their parents was 87 years old with the youngest being 71 and the oldest being 95 years old. The two primary diagnoses were stroke and Alzheimer's disease. On the average sons had been caring for their parent for 5.6 years, ranging

Table 1. Summary of interview sample of the (Japanese) male caregivers

Cargiver	Age	Occupation	Relative cared for	Relative's age	Relative's primary diagnosis
Mr. Hara	68	Small business owner	Mother	95	Frailty
Mr. Horisawa	85	Kimono maker (retired)	Wife	84	Back pain and high blood pressure
Mr. Kato	60	Security guard	Wife	68	Rheumatiod arthritis
Mr. Kawabe	62	Civil service employee	Mother	90	Cerebral infarction
Mr. Kishimoto	70	Insuranc co. (retired)	Wife	70	Dementia
Mr. Kotsuki	75	Construction co. employee	Wife	71	Back pain
Mr. Mikawa	58	Unemployed	Mother	87	Cerebral infarction
Mr. Moriguchi	75	Engineer (retired)	Wife	75	Cancer
Mr. Nashimoto	87	Railway worker	Wife	85	Parkinson's disease
Mr. Nomura	46	Business employee	Father	71	Alzheimer's disease
Mr. Sekiguchi	76	Security guard (retired)	wife	75	Cerebral infarction
Mr. Shiroda	80	Farmer	Wife	77	Arthritis
Mr. Toda	82	Retired	Wife	80	Cerebral infarction
Mr. Tanimoto	60	Stock brocker	Wife	62	Alzheimer's disease
Mr. Yamamoto	38	Business employee	Mother	71	Alzheimer's disease
Mr. Yanagita	75	Electrical machinist	Wife	69	Cerebral infarction

from one son caring for his father with dementia for one and a half years to one son caring for his 95 years old mother for 8 years.

Husbands. The average age of the husband caregivers was 75 years old, with the youngest being 60 and the oldest being 85 years old. Nine out of the eleven men were retired from such diverse occupations as a traditional kimono maker, a security guard and a stock broker (see Table 1). Their educational level was quite varied. Three men were university graduates, four had graduated from high school, and four had graduated from junior high school. Because of the Japanese retirement pension system, none of these men complained of overwhelming financial concerns. Some men lived in comfortable modern homes, some lived in their old family homes on small plots of agricultural land, and others lived in one bedroom apartments. Six men lived with or near their children (most often the eldest son); three lived with their wives only; and two had placed their wives in nursing homes and lived alone. Except for two men, all had children within commuting distance. Six out of the eleven men did not consider themselves religious, but it was not uncommon for them to have a Buddhist alter in their home to express respect for their ancestors. Of the other five husbands, two responded that they were Buddhist, two members of New Religions, and one Catholic.

The average age of their wives was 75 years old with the youngest being 62 and the oldest 85 years old. These were long-term marriages averaging 48 years; only one was a second marriage. The most common primary diagnoses were cerebral infarction, Alzheimer's disease, and severe arthritis. Many of the women were bedridden, completely dependent on their husband for total physical care. The average length of time the husbands had been caring for their wives was 4.5 years, though the range extended from six months to 17 years.

Motivation

Sons. When we questioned the sons about their motivation to care for an ill parent, all replied initially by referring to their place in the family structure and/or to obligations of filial piety. All were the oldest sons in their families. Mr. Mikawa is a 58 year old construction engineer, the oldest son of four siblings now caring for his 87 years old mother bedridden with a cerebral infarction. He stated, "We [he and his siblings] hadn't talked about what to do before my mother was sick. I'm the oldest son, so everyone just assumed [my wife and I] would take care of her." Another eldest son, Mr. Hara who had been caring for his mother for eight years, stressed that caregiving was just part of life. "This is a natural process, people getting old and having illness. Nobody can change this flow. I naturally take care of my mother."

Although this norm of caregiving by the eldest son is widely acknowledged, if frequently resented, in practice it has usually meant that his wife (the daughter-in-law of the elderly person) has been the person with the greatest day-to-day responsibility for caring for her elderly in-law (see Lock 1993). Yet the sons we interviewed, and not their wives, were the primary caregivers. Their reference to a Confucian norm of filial responsibility thus served to legitimate their activities in contemporary society in which male caregiving is unusual. As they talked more about their role, it became clear that the sons' motivations were more complex and went beyond an obligation based merely upon birth order.

Mr. Mikawa, the construction engineer, spoke of returning a debt of gratitude to his mother and his feelings for her. He stated,

> My father died when I was young, only seven years old. That was in 1947, of pneumonia. Now, that could be so easily treated. So my mother raised us. My mother's older sister had a job in Kobe, so we all came here. My mother helped with her sister's work. She managed to give me a college education, and my sisters. The most important thing, though, is loving my mother. If there is no love, this kind of care could be very difficult.

Other son caregivers added another dimension to the explanation for taking on this responsibility, feelings of guilt. Mr. Yamamoto's mother had been hospitalized for four moths, first diagnosed with a psychiatric disorder and then finally with Alzheimer's disease. For two and a half months, after work Mr. Yamamoto would stay with his mother in the evening to care for her in the hospital [a common practice in Japan on the part of family members], but he did not feel that he had done enough. He believed that if he had understood the illness better, and if it had been diagnosed earlier, he could have helped her more. He was often extremely angry at his mother's behavior. He felt guilty about the rapid progression of her disease and anger at his own reactions. Another son, Mr. Nomura, had similarly wondered if he had done enough. His father had died several years previously of Alzheimer's disease. As Mr. Nomura reflected back on his activities and commitment in providing care for his father, he commented, "In my opinion, people who take care of patients like my dad always have a sense of guilt."

Thus, although family structure and the norm of eldest son responsibility are prominent factors motivating these sons to care for their ill parents, their motivations are deeper than such societal obligations. All of the sons expressed an emotional attachment beyond the structural role that in their minds legitimated their taking on this usually feminine role.

Husbands. If daughters-in-law were expected to provide care for elderly parents in 20th century Japan, what would motivate husbands to take on a caregiving role? We found an evolving sense of spousal responsibility among the eleven husbands in the study which justified their assumption of a role associated with a different gender and generation.

Many of the husbands we interviewed explained that it seemed 'natural' for them to take on this caregiving role. Mr. Nashimoto, an 87 year old retired railroad worker physically exhausted from ten years of caring for his wife with Parkinson's disease, explained simply, "I have to care for my wife because I am her husband." Mr. Shiroda, an 88 year old farmer, first reacted to his wife's multiple health problems with the question, "Why is this happening to me? There are many healthy couples around here." But he has come to accept his situation. *Shikata ga nai* [It can't be helped]. "We are husband and wife. Everyone will become sick one day. It is natural that the healthy spouse help the sick one. No one knows what will happen tomorrow."

Mr. Sekiguchi was caring for his wife who had had two strokes that had left her bedridden. He illustrated his own commitment to caregiving by contrasting his attitude with those of husbands he knows who put their wives into hospitals and then enjoyed their own lives. He criticized them, exclaiming, "I cannot believe that [men placing their wives in hospitals], because husband and wife share one body and one soul (*Fufu wa isshin dotai*). I think this is my life, my destiny. I have come to accept this situation (*Akiramete iru*)."

Many of the husbands also saw their caregiving as an opportunity to pay back their wives for the years of care, loyalty, and devotion they had received throughout their lifetimes together. For some, the sense of spousal duty was mingled with a deep love for their wives. Mr. Sekiguchi had been a pilot in the army for eight years. Due to an accident in which his lower jaw was smashed, he was in a hospital outside of Tokyo for six months. During that time, his wife came from Tokyo every day to take care of him in an era in which hospitals did not provide full-time nursing care. He appreciated her devotion then, and now believes that it is his turn to provide care. He takes care of her as *kaeshi*, or 'pay back'.

Similar sentiments were expressed by Mr. Yanagita, whose wife had a stroke two years ago. He explained,

> She took good care of me. She made me lunch every day and would bring me an umbrella if it were raining when I got out from work. She knew exactly when I would be getting out, and she would walk to work – it was about four kilometers – in the rain, to bring me an umbrella. She took care of me for so many years, even with my drinking. Like after a *bōnenkai* (end-of-year party). Then she would say, "Wouldn't it be better to drink beer than *sake*?" I am very thankful to her. If she hadn't been so good to me, I don't know if I could do this. I think I'd probably not be bothered with her. I couldn't care for her now. She always listened well to my problems and put up with me (*gaman-zuyoi*).

For this generation of Japanese women and men, direct expression of spousal love is unusual. Most were married in arranged marriages without expectation of romance. We were thus surprised when Mr. Moriguchi spoke of his love (*ai*) for his wife. For two years he had been caring for his wife who was, at the time of the interview, in the last stages of cancer of the esophagus.

> We have been married for 50 years. I understand what she thinks and how she feels even I she doesn't say anything. We have a Japanese saying, '*Isshin denshin*', which means that people understand each other through *kokoro* (heart/mind). Taking care of my wife is the way to show my appreciation for those 50 years of support she gave me. Love is the basis for everything. I can take care of her because I love her. Love at 75 is different from love in your 20's, 30's and 40's. Love is the only force capable of motivating me to take care of her. True love must derive from the heart, not from a sense of duty.

Feelings of gratitude and love thus contribute to the motivation of the husbands to become the main caregivers for their ill wives. As with the *sons*, these were individual desires to pay back the spouse or parent for their care. Yet these emotional factors must be seen in the context of social change. Some sons, due to factors such as later age of marriage, higher rates of divorce, and greater participation of women in the labor force, had taken on the caregiving role rather than their wife (the daughters-in-law). The sons experienced strong pressure of traditional obligation to provide care, even when their wives would not, but they could also refer to that norm to explain their willingness to cross gender roles. Similarly, husbands became caregivers because daughters-in-law are less available to be full-time caregives. Yet when husbands become caregivers, they must redefine their role not by reference to tradition, but by developing, new explanations, contributing to a new norm of spousal obligation.

Tasks

Sons. The tasks the five sons performed for their ill parent varied, from instrumental and hands-on care to emotional support. All of the sons additionally used some formal services from public or private agencies to supplement and aid in the care. Those sons who were working hired help in the home during the day, but at night provided care themselves. Common tasks at night were feeding and helping bathe. Some sons slept in the same room with the ill parent. It remains common for young children to sleep in the room with their parents as an expression of emotional closeness (Caudill & Plath 1966). In a similar manner, the sons believed that their physical presence in the room at night provided a sense of reassurance to their parents.

Mr. Yamamoto, for example, described his caregiving activities as follows. While he worked for a large clothing manufacturer during the day, he obtained a combination of services from the Welfare Department for the Aged and a private nursing service to care for his mother with dementia. When he returned home at 7 or 8 p.m., he would warm food for dinner and feed his mother. He added, “I also sleep by my mother, as she often wakes up calling, ‘Help me! Help me!’ I tell her, ‘Okay, I will help you.’ ” As a result, he did not sleep well at night, often getting only four hours of sleep.

Another example of a son’s caregiving activities is Mr. Hara, who is self-employed. He works with the assistance of his wife and son out of his own home, but he has moved into his mother’s home to care for her. He stays with her in the morning and early afternoon until a home helper comes, and returns to her home in the evening. His mother is 95 years old and evidencing signs of dementia. He assists in toileting her, does simple cooking, and takes her outside in her wheelchair for fresh air. As her condition worsens, he too is now sleeping near his mother. She usually wakes him up three times a night, but he states proudly, “She counts on me.” Mr. Hara believes that one of the most important tasks he provides for his mother is *kimochi no kaiwa*, talking with her and understanding her feelings.

Mr. Mikawa, in contrast to the previous two examples, is unemployed. He has taken on caring for his mother as a full-time responsibility, in particular monitoring her feeding tube. A home health nurse from the local community comes twice a week to assist with and monitor the care of his 87 year old bedridden mother. He describes his main tasks:

> I give her food through the tube. It’s like a baby formula, it has all the nutrition she needs. I give it to her three times a day. I have to make sure the speed is right, because if it goes too fast she throws up. I feed her at 8 a.m., 2 p.m., and 8 p.m. and each time takes one and a half to two hours. I sit near her the whole time. I also try to keep her comfortable by wiping her off [in hot weather] and moving her if it doesn’t hurt too much.

Mr. Kawabe, a retired civil servant, shares the care of his 90 year old mother with his wife. He feeds his frail mother who had had a stroke, helps toilet her, and takes her out for walks. When she needs help, his mother rings a bell that connects into his bedroom. Mr. Kawabe’s wife does the cooking and cleaning. he too is cognizant of his mother’s need for emotional support and is sensitive to her feelings. He explained, “Mother seems to be very happy when family members talks to her. She left behind the place where she used to live for so long, and she doesn’t have any friends here. I try to talk with her as often as I can.” He uses formal services for respite, to have time away so he can pursue some of his hobbies.

The sons in this sample illustrate a wide variety of tasks and combinations of services to provide care for their elderly parents. They supplement their own caregiving with the assistance of home health aides, chore services, visiting nurses, day care, and respite care. These services are affordable, but are limited in their availability, with priority given to elderly without family support. This remained true when these interviews were conducted in 1996 despite the significant increase in formal services under the Gold Plan of 1989 (Ministry of Health and Welfare, n. d.).

Husbands. Like the sons, the tasks the husbands undertook varied. Some provided hand-on care such as toileting and changing their wife’s diapers. Others gave minimal assistance, leaving most of the direct care to home health nurses and aides. However, whereas the variation among the sons appeared to be related to other work and family commitments, the variation among the husbands seemed to reflect the emotional relationships they had with their wives, unrelated to their age or health, or to the wife’s diagnosis. Since all of the husbands in this sample were eligible for pensions and for government subsidized services, all were able to afford in-home assistance. The greater difficulty was accessibility of services due to limited availability and to the priority on services for elderly living alone.

Mr. Moriguchi, who expressed his love for his wife unequivocally (see above), eloquently explained his involvement in her care. “I do not ask anyone to help me. Even if I fell over due to the heavy work, it would be okay. I would rather it be that way than any other.” Aside from a weekly visit from a doctor, he receives no in-home services to help in his wife’s care. Similarly, Mr. Tanimoto has also cared for his wife, diagnosed with Alzheimer’s disease, out of love for her. He cooked, washed dishes, dressed her, did laundry, cleaned, and bought groceries. Mrs. Tanimoto would not allow him to bathe her, so he asked her friends for assistance. He had given up his hobbies such as Chinese poetry, *go* (Japanese checkers) and *shogi* (Japanese chess) to spend his hours caring for his wife. He sadly admitted, “It is hard to say that taking care of my wife is pleasurable, because it is so painful to see her like this. However, I love her even if she has Alzheimer’s disease.”

In contrast to Mr. Moriguchi and Mr. Tanimoto described above, Mr. Kato has spent most of his married life living apart from his wife in the military. His wife has severe rheumatoid arthritis that has impaired the functioning of her arms and legs and left her bedridden most of the day. They have very little communication with each other, as he explained, “We don’t have any common topics, but then we never did.” He cares for his wife because there is no one else. Mr. Kato stated, “If I had a daughter-in-law [his son is not married], I would ask her to take care of my wife.” He provides very little assistance except for grocery shopping and laundry. A home health nurse visits weekly, and home helpers did the cooking and provided emotional support to Mrs. Kato six days a week.

Other husbands, whose main motivation to care for their wives was that of duty or spousal obligation, shared some of the caregiving tasks with children and formal service providers. Eighty-two year old Mr. Toda helped move his wife, who had had a stroke, to the portable toilet beside her bed. However his daughter prepared lunch for them, and he used public services such as day care twice a week, a home helper four hours a day three times a week, and short stay respite programs.

Thus, husbands provided a full range of services to their wives. However, a critical factor that appears to influence whether a husband provides hands-on care to his wife is the warmth of the relationship that he felt toward her.

A significant difference between husbands and sons in the sample was that husbands provided more direct hands-on care and used formal services less. There are a number of possible reasons for this. First, there was a reluctance on the part of some husbands to admit they needed assistance. They felt they could do the best job and viewed it as an opportunity to pay back their wives. Additionally, there may be generational differences in willingness to use formal services. Sons were not unwilling to do hands-on tasks, but were working during the day and thus unavailable to perform these services on a 24-h basis as did most of the husbands. They dealt with their role conflict by obtaining outside services for their parents. However, for both husbands and sons, limited availability of services was seen as problematical.

Impact on work, family, and personal life

Sons. The caregiving experience had a major impact upon these men in all facets of their lives. They were the primary caregivers to their ill parents, with little support in caregiving tasks from siblings, wives, or children. With the exception of Mr. Kawabe, there were no secondary family caergivers, and their assumption of these tasks often created conflict within their families.

Family conflict. Mr. Nomura's resentful comments represent the tension among siblings, whether the caregiver is a son or a daughter-in-law. He believed that his sisters did not think he took good enough care of his father. Such conflict with siblings was emotionally the hardest part of caregiving for him. They told him, "Your way of caretaking is not enough for him. You should take a paid leave (*yūkyū kyūka*)." He explained in the interview that Japanese businessmen rarely take this type of leave because they would have too much work to make up, and because it was looked down upon by companies. Mr. Nomura's sister thought she could do a better job caring for her demented father so brought him to live with her family. But after one month she could not handle the situation and brought her father back to Mr. Nomura's home. The range of assistance provided by siblings was quite limited, from the outright criticism of Mr. Nomura's sister to sharing in the financial support of the parent as in Mr. Mikawa's case.

Caregiving also created conflicts between the caregiving son and his wife. Mr. Hara had moved into his 95 year old mother's home because his wife and mother did not get along, and his wife provided no support to Mr. Hara. Mr. Nomura admitted, "My wife and I often had quarrels when we talked about caregiving, but in the end, the experience did help us understand each other better." Only Mrs. Kawabe shared the caregiving burden with her husband. Mr. Kawabe reflected, "Through his experience we learned to grow old together."

There was also little expectation of help from the sons' children. It was assumed that they had their own busy lives and did not have any responsibility for caring for grandparents. Thus, although low expectations of family support meant that conflict was avoided, it also meant that a potential source of assistance for the son caregivers was not tapped.

Loss and coping. All of the sons experienced some sense of loss due to their caregiving responsibilities. For the two sons who were working full-time in corporations, caregiving put them at a disadvantage in their careers. They could not work the long hours that were expected of them so they lost out on career advancements. Mr. Yamamoto voiced his disappointment when he said, “As a matter of fact I was unable to play an important part in a big project. My boss understands my situation, but if I were married, the company would expect me to work more. In Japan, people think the daughter-in-law should be expected to care for her husband’s parents.” The three other sons in the sample were self-employed or working in a post-retirement job where job flexibility allowed them more time to care for their ill parents. They did not experience the same loss regarding their career.

Several sons expressed a loss of personal freedom. One noted that in the past he had traveled to Europe every year on business, but with his caregiving responsibilities he could no longer do so. He missed that ‘time to refresh himself’. Another son voiced similar thoughts in that he missed his social times to go drinking with friends and business colleagues. These men had lost control over their activities and their time.

These losses added to the caregiver stress these sons experienced. One son acknowledged that in his frustration he would often yell at his mother and even hit her. Lack of sleep and feelings of guilt were common complaints of the son caregivers. One son, acknowledging this burden, commented, “Each person has his own ability to give care and he can only do so much. If tasks are beyond their capacities, they should ask for public services.”

Sons tried to cope with this caregiver stress in different ways. Mr. Kawabe used respite care to have time away and to enjoy hobbies like photography and walking that he found relaxing. He stated, “Recreation is important to the person who takes care of an ill person for a long period. Mental and physical health are one.” Mr. Nomura’s caregiving experience led him to join and organize a support group. He explained, “the family support group really helped me a lot. The group gave me a lot of emotional support. They shared my feelings and I felt I was not alone. I met many people who were struggling with difficult situations.” Another son escaped from his caregiving responsibilities by working on his computer which provided relief, time away, and enjoyment.

No son went untouched by this experience. Caregiving had a tremendous impact upon their family, personal, and work lives. Yet they also mentioned a positive side to their experiences, that it brought them to new understandings with their spouse in the cases of Mr. Kawabe and Mr. Nomura. Three of the sons mentioned that their caregiving brought them emotionally closer to their mothers.

Husbands. Most of the husband caregivers had been married for close to 50 yeas, dependent on their wives in a society where the woman's role has been that of nurturer and housekeeper. Her illness had a vast impact upon their lifestyles, their lives were irrevocably changed.

Impact on family and personal lives. These men experienced feelings of stress and caregiver burden, the totalizing nature of the caregiving role, and a sense of loss on multiple levels. Eighty-seven year old Mr. Nashimoto, caring for his wife with Parkinson's Disease for ten years, embodied the exhaustion some of the caregivers experienced. He looked tired and complained about the difficulty of caring for his wife. Another husband, Mr. Tanimoto, explained that he had become so mentally exhausted from caring for his wife with Alzheimer's disease that he had to place her in a nursing home. One man admitted that he became so frustrated with caring for his wife that he hit her.

In Japan, being a good caregiver may mean sacrificing work, hobbies, and other activities to be available at all times. The caregiver role thus takes priority over other roles the caregiver assumes in his or her daily life. (Long 1996) Most husbands were physically present 24 h a day with their wives. Mr. Yanagita explained that when his wife came home from the hospital after a stroke, he had decided to take care of her.

> But it's a 24 h a day job. I never get to go out to relax (*asobi ni ikenai*). There's no chance to catch my breath (*ikinuki dekinai*). I can't even go to the toilet or take a bath without her calling for me. Sometimes by daughter-in-law will say to her, 'Give *Ojiisan* (grandfather) a few minutes to take his bath.' So I am really exhausted.

Impact on work lives. Work careers were clearly affected even among older men. A number of the men chose to retire early from second careers [taking another job after retirement is not unusual in Japan] to care for their ill wives. Mr. Sekiguchi had to abandon his post-retirement shop after his wife had a second stroke which left her aphasic and bedridden. He believes that he could care for her better than anyone else. he does not protest this role, believing it is a virtue that men not complain. Mr. Yanagita is a retired machine worker who after retirement continued working for his company on a part-time basis. After his wife's stroke though, he no longer had the time or space at home in which to work, as his wife's hospital bed took up so much of their apartment. One husband whose wife had early onset Alzheimer's disease had to make arrangements with his boss to leave work at 6:00, which influenced his chance for promotions, much like the employed sons previously described. For some of the men, the extra income and outside interests were suddenly curtailed. Other husbands had retired permanently, so the impact of caregiving on their work life was limited.

Loss and coping. As with the sons, loss was a common theme among the husbands: loss of plans to travel together after retirement, loss of the freedom and time to go out, loss of a job, and loss of a person he could always depend upon. Many of the men expressed great sadness at the loss of their wives as they used to be. As he talked about his wife with cancer, Mr. Moriguchi often had tears in his eyes, seemingly mourning her death to come.

The husbands coped with their stress and loss by turning to the support of children, by using respite services, and by maintaining their own health. A number of the husbands remarked that they knew how important it was for them to remain healthy so as to be able to continue caring for their wives. Mr. Sekiguchi, 76 years old, stated, “Even if caregivers want to take care of their wives, they can not do so if they are not healthy. I am very careful about my health and take a nap during the day whenever I can.” He also felt lucky to have a supportive daughter living nearby. He admitted, “I feel comfortable living here with my wife near our daughter’s place. If we lived far from our daughter’s house, I would be more stressed.” His daughter brings them their meals before she goes to work, does their laundry, and provides emotional support to both he and his wife. Another husband explained that he used the time his wife was away at adult day care to rejuvenate himself by going for walks and enjoying his garden.

A few husbands, however, did not cope as well with the stresses of caring for an ill wife. These husbands mentioned losing control and hitting their wives, using alcohol as an escape, and taking prescription drugs to deal with depression. The demands of their caregiving situation and exceeded their ability to cope.

Children were often sources of support for husband caregivers. Many daughter-in-law or daughters provided meals for them, and sons and grandchildren visited on weekends. But some husbands expected greater support from their children than they received, and experienced disappointment. Mr. Yanagita, who lives with his son, daughter-in-law, and grandchildren as well as his wife, expressed, “My son is good with people outside the home, but not with the family. My wife calls to him to come to her room, but he won’t come. It is a great sadness for her. The world has certainly changed.”

The impact of caregiving was similar for husbands and sons in that men in both groups felt the effects on their work and family lives. Yet these interviews also suggested that the lives of the husbands were more deeply changed than those of the sons. The sons spent much of the time in the interviews discussing the role conflict they experienced trying to meet competing demands of work and caregiving. Sons, in order to care for ill parents, had to make sacrifices at work, passing up job opportunities and promotions because of their need to return home early in the evening. Sons were caught between two societal expectations of Japanese men, to work and to be filial. They experienced caregiver stress, yet they recognized that with age often comes infirmity. A parent's illness and consequent death was not totally unexpected, and they knew that eventually their lives would return to 'normal'.

Husbands appeared to be more deeply affected by their wives' illness. Their lives were changed forever. These women who cared for them, some for close to 50 years, could no longer perform this role, forcing husbands to learn her tasks and take on direct caregiving responsibilities. Every aspect of their lives were affected, and they consequently showed more stress than the sons. by their own assessment, some had adjusted well; others were overwhelmed by the totalizing nature of their new caregiving responsibilities.

The reactions of others

Sons. In general, the sons felt that other people did not understand or could not accept that they would take on a caregiving role, challenging gender norms. Mr. Omura commented about his experience in a Japanese business. He explained that he felt unable to take paid days off because, "In Japan, a wife usually quits her job to care for her husband's parents. Although some big companies provide *kaigo kyūka* (caregiving leave) for six months or one year, most companies do not have that kind of leave. The government depends on the family's capacity for caregiving." Perhaps a new precedent for family caregiving will be passed down by these son caregivers. Mr. Nomura, for example, thinks that his son has learned from watching him care for his father. "My son no longer thinks that caregiving is a woman's job as many Japanese men do." He hopes that his son has learned 'real kindness and consideration' from his experience.

Many of the sons expressed frustration that others do not understand their experiences Mr. Yamamoto felt that unless people have gone through this type of situation, they cannot understand the hardships, frustrations, and difficulties. He commented, "Whenever I am tired and stressed with my caregiving role, I try to talk to friends. However no one really understands my situation. So I spend my spare time watching TV and using my computer." Mr. Hara complained that the Japanese government does not pay attention to the needs of men trying to provide care to their ill relatives. He questioned, "Why are [you] American [researchers] here looking at these issues when the Japanese government isn't? The problem of elder care will only become greater."

Husbands. Husbands also believed that people did not understand their motivations or their situations. Some told us that they had been asked why they did not just place their wives in nursing homes and continue on with their lives. Mr. Kishimoto talked with a friend about placing his wife with dementia in a nursing home, but the friend responded, “Why don’t you just get a new wife?” Mr. Kishimoto thought he was joking, until his friend mentioned it two or three times. Realizing that he meant it, Mr. Kishimoto ‘got mad and yelled at him to shut up! But people think that way . . . ’.

Other husbands suggested that ideas about husband caregiving may be starting to change. Mr. Sekiguchi takes personal pride in his ability to care for his aphasic and bedridden wife, and he finds that it gives him stature in the community. He believes that he has a good reputation among the neighbors for the way he cares for her. Mr. Yanagita emphasized the changing times when he explained, “It used to be that daughters and daugther-in-law cared for old people. Now gradually there has been change, so they don’t care for them any more. Old people take care of each other now. If I pushed my children to provide care, we’d have a broken family!”

Sons and husbands in out sample experienced similar reactions of others to their caregiving. Most neighbors, friends, and co-workers, they believe, could not understand their acceptance of that role. Caregiving by men goes against traditionally accepted gender roles in Japan. Whether ridiculed or admired for doing so, they received little support or understanding of their situations.

Lessons gleaned from the caregiving experience

Although discouraged or resentful at the lack of support they received, some caregivers regarded their experiences as opportunities for personal growth. They gained new insights and improved relationships as they struggled with gendered definitions of their work and caregiving tasks.

Sons. As difficult as it was to care for an ill parent, a number of the sons believed they had gained broader understanding of the caregiver role. Mr. Hara admitted that he had learned a great deal about elder care, its emotional dimensions, and the toll it takes. “We [my mother and I] had a good relationship. I chose to take care of her at home, but I learned more than I had expected. The good thing is that we learned to communicate.” He himself wants to die at home without the life-prolonging machinery of hospitals, and he wants to be able to provide his mother with a similar good health.

From their experiences, other sons came to recognize the need for advocacy for caregiver services. Mr. Yamamoto has begun to work for greater availability of public and private services, something he would never before have considered doing. Mr. Nomura is highly involved in family support groups and active in his local senior center. He has become a vocal spokesperson in the community for the needs of caregivers. He asserted:

> The people who have had caretaking experiences need to speak up in order to develop public services. The government doesn’t know what’s

> going on with families and Alzheimer's patients and what kind of services would be helpful to them. Families, volunteers, and government must talk together about these issues in order to establish efficient services. We [family members caring for Alzheimer's patients] really need services because we cannot take all of the responsibility for caregiving any more.

Mr. Nomura also said that he learned that the very hectic, overworked Japanese businessman's lifestyle is just one way of living; there are other options. "I thought it was the best way [for a man to live], to work hard in the big city and spend my whole life there. But I realize now that I have alternatives." He found through his caregiving experience that there are other meaningful ways to live life.

Husbands. As stressful and at times heart wrenching as the experience of caring for an ill wife was, some husbands found it to be a period of personal growth as well, something that surprised them. Mr. Kishimoto stated, "Through my experience, I can feel another person's pain or sad feelings, almost as my own. Before her illness, I couldn't sympathize with another person's pain. This has been a valuable experience for me." Mr. Sekiguchi has been caring for his wife for four years since her second stroke. He echoed Mr. Kishimoto's reflections, "If my wife were healthy and I had not taken care of her, I could not have learned that there are some things more important than my job. Since she became ill I have realized, 'Ah, this is what husbands and wives are.' "

For some husbands, their experience as caregivers has made them acutely aware of the need for more formal services. It has also directed their attention to the emotional needs of their wives and themselves. Mr. Moriguchi stated,

> People say, 'You are really doing a tough job', or 'I admire you'. But only the people who have had the same experience can understand how I feel or what my situation is. As a matter of fact, some caregivers have committed suicide. No one can help caregivers. Here, there is a real need for expanding services. The government must spend more money to provide them.

Mr. Tanimoto also felt that no one pays attention to the emotional pain of caregivers or their wives. For him, the most important help would be to have someone with whom you can confide and talk. Mr. Kishimoto thought it was important not to hide the fact that a family member has dementia, as was frequently the practice in the past. He received support from a family support group for Alzheimer's caregivers. He stated, "I was happy that I could obtain a lot of support from people who were in the same situation." He stressed that more nursing homes and new kinds of institutional setting were also needed. He wished especially for a home-like institution where an ill wife and a healthy husband could live together.

Discussion

This explanatory study has many limitations: a small sample size, a non-random sample, a cross-sectional collection of data about a dynamic process such as caregiving, and language and translation difficulties often inherent in cross-cultural research. Yet, statistics point out that 10–15% of caregivers of the elderly are men. It is therefore important to begin to ask important questions about this growing phenomenon, which remains hidden from the view of most Japanese because of the strength of gendered norms. Identifying commonalities and differences in the motivations and experiences of the men we interviewed, represents the first step in shedding light on this invisible group of caregivers.

Together the experiences of these five sons and eleven husbands caring for ill parents and wives portray a different picture of men than the stereotype of the Japanese businessman Americans usually expect to see in Japan. Expanding the one-dimensional image of Japanese men assists us in developing a better understanding of gender in Japan. Our interview data also expose the struggles and issues with which men grapple as they care for ill relatives.

We have found that the world of the male caregiver is complex. The experiences of husbands and sons exhibited commonalities created by the wider society, such as norms of social reciprocity and the limited availability of formal services. Like female caregivers, men found this work physically exhausting and emotionally draining (see Harris & Long 1993; Okamoto 1988). Although these male caregivers recognized the frequent need for providing emotional support, like their female counterparts, the men emphasized their concrete physical tasks as they related their activities to us. If their ill relatives needed or wanted their physical presence, a caregiver of *either* gender often gave up other activities to be with the person 24 h a day. Not surprisingly then, men as well as women complained of caregiver burden. They especially felt a lack of support in that other family members might help out occasionally, but generally left the *responsibility* for providing care entirely to a single caregiver, male or female (see Long 1996). Most of the men we interviewed claimed little satisfaction from their efforts, but the experience of caregiving brought them new insights and thus a sense of personal growth. Some came to recognize for the first time the limitations imposed by a lifestyle based on the gendered distinction between nurturing and outside employment. Many husbands and sons expressed strong interest in the policy issues surrounding elder care that grew from their personal experiences as caregivers. Some publicly became advocates for expanded services, but all perceived the need.

Yet the motivations, tasks, impacts, societal responses, and insights also varied among the men we interviewed and, furthermore, these sometimes changed over time. Some of the variation was related to family structure and relationships, some to particular life circumstances such as type of employment, and some to individual inclination and personality. We were also able to identify patterns of difference between the two groups of male caregivers. The sons in our sample experienced greater role conflict, particularly in obligations toward their parent and toward work, which resulted in greater use of formal services. Husband caregivers exhibited greater stress and expressed a stronger sense of caregiver burden as they adopted new roles in their advanced years.

The assumption that men do not provide elder care is widespread in society, and thus any special needs of male caregivers are not considered or included in service planning or in workplace scheduling. Some husbands in our sample were able to count on their children for assistance, but others could not expect their children to help with the care (see Hashimoto 1996). Daughters-in-law and sisters were often employed themselves, or they rejected the norm that delegated caregiving tasks to them because they were women. The consequences of social change have influenced these men and moved them beyond their traditional gender roles.

Conclusion

This study begins to explore the role of the male caregiver in Japan. Further research will expand on the themes identified in our interviews with the 16 husbands and sons caring for an elderly relative in order to better understand the needs, concerns, and issues of this group of caregivers. As a group, the men with whom we spoke raised issues of reciprocity and gratitude, obligation and commitment, love and guilt. They described a high level of attention to physical care, limits of family support, and the shortage of public services. Many reported experiencing role conflict and personal sacrifice, but also increased awareness and altered patterns of intimate communication.

In light of the social, demographic, and value changes it has experienced in recent decades, Japanese society has embarked on the path of searching for alternatives for providing elder care. The national legislature has approved the establishment of a public long term care insurance system for the elderly which is expected to begin in the year 2000, financed by premiums and supplemented by tax funds. Under this system a care manager will assess the needs of individual elderly, and appropriate institutional or home care services will be provided. This will undoubtedly relieve some of the burden currently borne solely by family caregivers. However, the infrastructure for such a system, including institutions and personnel, must still be developed.

How will this new system impact the trend we have identified toward greater involvement of men in cargiving, and how will it influence the experience of male caregivers? At this early time, we can only guess the direction of change. Given Japanese low fertility, high life expectency, and labor force changes, we expect that the trend toward more men providing care will continue. With increased assistance in caregiving and homemaking tasks, perhaps elder care will be a less daunting and less lonely experience, and more men may be willing to accept this role.

If the long term care system is successful, a man *or* a woman caring for a spouse or parent will experience less burden through in-home assistance and respite opportunities. The hope expressed by supporters of the long term care insurance system is that when caregiving is no longer seen as the job of one particular person, that resentments will be less likely to build up, and that family emotional support may actually increase as outside assistance with hands-on tasks becomes more available. Birth order, gender, and other characteristics will become less important than personal bonds as the motivation to care for an elderly relative. If these policy makers are correct, the androgenization of elder care may help move Japanese society in the 21st century away from the highly gendered social roles that have characterized it in the 20th. The 16 male caregivers in this study offer a glimpse of one alternative model of Japanese family caregiving for the 21st century.

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