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SCHOOL OF MEDICINE AND HEALTH SCIENCE

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EXPLORING INFORMAL CARERS' GENDERED EXPERIENCES AS SHAPED DURING THE CARE OF OLDER INDIVIDUALS IN NEED OF REHABILITATION

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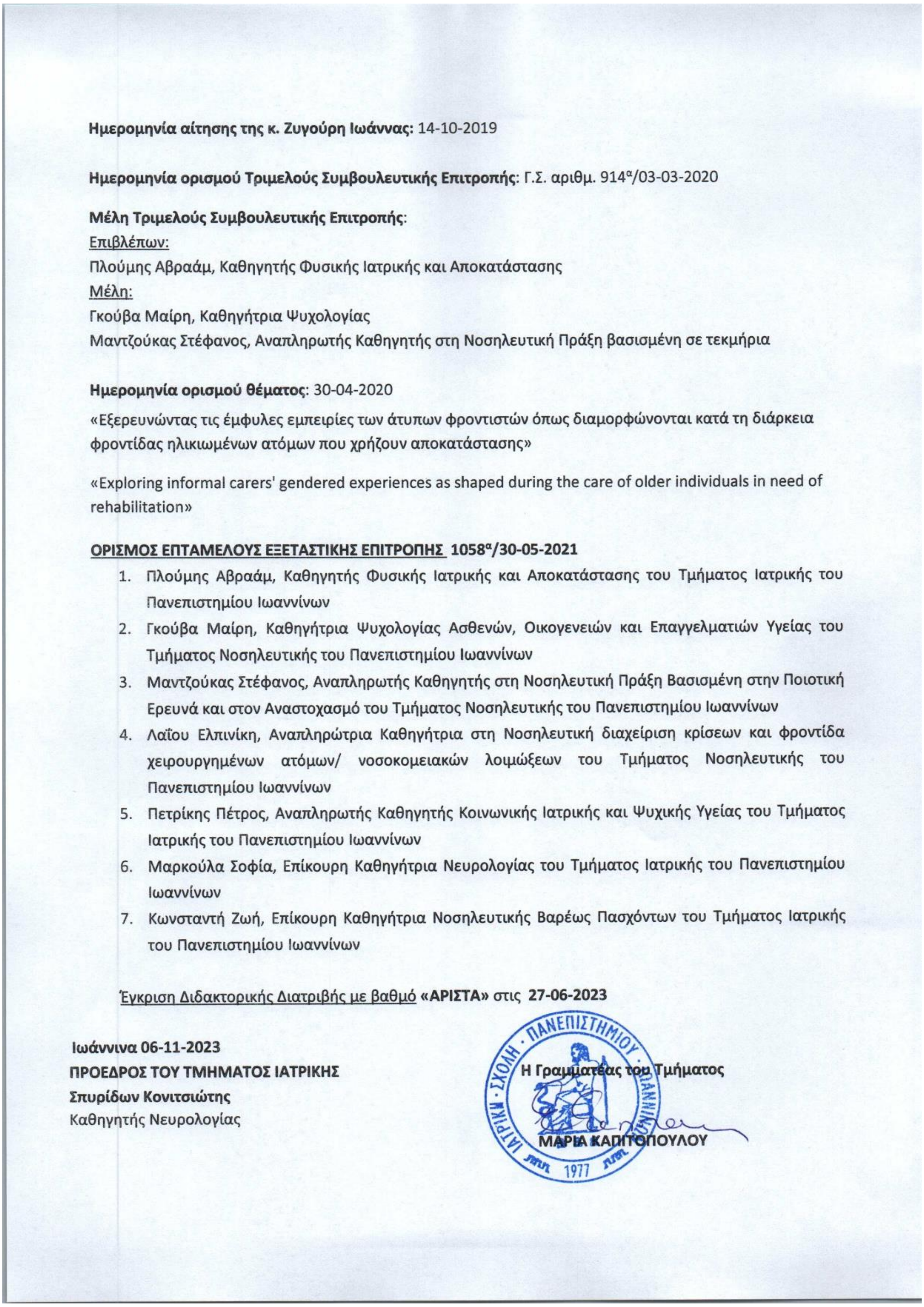

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«Εξερευνώντας τις έμφυλες εμπειρίες των άτυπων φροντιστών όπως διαμορφώνονται κατά τη διάρκεια φροντίδας ηλικιωμένων ατόμων που χρήζουν αποκατάστασης»

«Exploring informal carers' gendered experiences as shaped during the care of older individuals in need of rehabilitation»

<u>ΟΡΙΣΜΟΣ ΕΠΤΑΜΕΛΟΥΣ ΕΞΕΤΑΣΤΙΚΗΣ ΕΠΙΤΡΟΠΗΣ</u> 1058^{α}/30-05-2021

1. Πλούμης Αβραάμ, Καθηγητής Φυσικής Ιατρικής και Αποκατάστασης του Τμήματος Ιατρικής του Πανεπιστημίου Ιωαννίνων
2. Γκούβα Μαίρη, Καθηγήτρια Ψυχολογίας Ασθενών, Οικογενειών και Επαγγελματιών Υγείας του Τμήματος Νοσηλευτικής του Πανεπιστημίου Ιωαννίνων
3. Μαντζούκας Στέφανος, Αναπληρωτής Καθηγητής στη Νοσηλευτική Πράξη Βασισμένη στην Ποιοτική Ερευνά και στον Αναστοχασμό του Τμήματος Νοσηλευτικής του Πανεπιστημίου Ιωαννίνων
4. Λαΐου Ελπινίκη, Αναπληρώτρια Καθηγήτρια στη Νοσηλευτική διαχείριση κρίσεων και φροντίδα χειρουργημένων ατόμων/ νοσοκομειακών λοιμώξεων του Τμήματος Νοσηλευτικής του Πανεπιστημίου Ιωαννίνων
5. Πετρίκης Πέτρος, Αναπληρωτής Καθηγητής Κοινωνικής Ιατρικής και Ψυχικής Υγείας του Τμήματος Ιατρικής του Πανεπιστημίου Ιωαννίνων
6. Μαρκούλα Σοφία, Επίκουρη Καθηγήτρια Νευρολογίας του Τμήματος Ιατρικής του Πανεπιστημίου Ιωαννίνων
7. Κωνσταντή Ζωή, Επίκουρη Καθηγήτρια Νοσηλευτικής Βαρέως Πασχόντων του Τμήματος Ιατρικής του Πανεπιστημίου Ιωαννίνων

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ΜΑΡΙΑ ΚΑΠΙΤΟΠΟΥΛΟΥ

Preface

The PhD dissertation presented in the following pages was conducted from May 2020 to June 2023 at the University of Ioannina School of Medicine. It is part of a large European research project (Horizon 2020) aiming to provide sustainable and dignified care for older people at home and in residential, municipal and hospital settings.

Publications related to this dissertation:

- Abstract: "Gendered experiences of providing informal care for older people: a systematic review and thematic synthesis." Journal of the International Society of Physical and Rehabilitation Medicine (June 2021).
- Article: "Gendered experiences of providing informal care for older people: a systematic review and thematic synthesis" BMC Health Services Research (July 2021).
- Book chapter: "Issues of physical medicine and rehabilitation. With clinical scenarios and interventional methods.' Chapter 31: 'Formal and informal caregivers' interventions in People with acquired brain injuries to gain a sense of well-being.'
- To be published: 'Normative Constitution -Alienation- Reparation: The Experience of Gender in Spousal Caregiving (Greece). Journal: Rehabilitation Psychology. American Psychological Association.

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First and foremost, I am immensely grateful to my committee members for their valuable expertise, guidance, and constructive feedback throughout my research journey. Their insightful recommendations and critical insights have been instrumental in shaping this dissertation and increasing its quality.

I also want to thank this study's participants and my university sincerely. Their cooperation, participation and contributions have been indispensable.

I want to express my heartfelt gratitude to all my dear friends for their encouragement, belief in me, constant motivation and understanding. There must be a huge thanks to my loyal companion, Budget. Throughout the arduous days of writing and research, her wagging tail and unconditional love provided a much-needed respite from the stresses of academic life.

Words cannot adequately express the depth of my appreciation for my beloved mother, whose love, support, and understanding have been my pillars of strength. In loving memory, I would like to dedicate this dissertation to my beloved father, Yorgos. While I deeply miss his presence, I take solace in knowing that his spirit resides within me, guiding me every step of the way.

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CHAPTER I. INTRODUCTION

Part I. Background

The population's ageing impacts all aspects of society, including labour, financial markets, family structures and an ever-increasing demand for formal and informal care networks (1). Informal care is unpaid care provided mainly by family members or other individuals in the patient's wider social environment at home or care institutions (2).

Though caring for a family member may have positive experiences, such as a feeling of gratification or a sense of achievement, overall, the evidence of adverse effects is far more significant than positive ones (3–6). A large and robust literature documents higher rates of psychological morbidity involving emotional distress, depression, anxiety, and social isolation among caregivers compared with no caregiver comparison groups (7–11). Research demonstrates significant well-being declines as the person enters the caregiving role, further deterioration in well-being as care demands increase, and gradual recovery when the demands of care provision decline or cease (12–16). Additionally, a sense of guilt and lack of perceived choice is linked with increased levels of burden and depression, whereas nearly half of all carers report having no option but assuming the caregiving role (17,18).

Caregiving has been associated with inequality as care has been the work of enslaved people, servants, and women in Western history (19). Although men increasingly take the caregiver's role, women still appear to constitute the more significant proportion of informal caregivers worldwide (1,20). The literature attributes this disproportionate involvement of women in caregiving to gender stereotypes and ideologies related to biological criteria and reproduction, framing caregiving as a female affair and feminine activity (21,22). These ideologies and stereotypes can be both an outcome and the cause of certain beliefs and attitudes about men's and women's different caregiving abilities, as men give and receive care, but in the collective unconscious, masculinity is not associated with care (21,23).

Accumulating evidence suggests that being female and the wife of the care recipient are relatively robust predictors of adverse psychological effects (24–27). However, almost an equal number of studies have not found any differences between men and women on the adverse psychological effects of caregiving (28,29). It is suggested that the caregiver stressors may partially explain gender differences in psychological morbidity as more hours of care and more caregiving tasks are performed by women (26). However, other evidence suggests that it is not the objective conditions but the subjective evaluation of the caregiving's workload and its effects that cause caregiver burden and may explain gender differences (30,31). The impact of gender in the subjective experience of caregiving is structural and not easy to be discerned as it intersects with several other variables such as culture, ethnicity, age, family relations and socioeconomic status. However, these have seldom been considered in research studies (28,31). Moreover, apart from the equivocal and inconsistent evidence, there is an overemphasis on female caregivers, neglecting data on male caregivers, who, with changing demographics and social norms, are increasingly assuming caregiver roles (26,32,33).

The prevalence of depressive symptoms, clinical depression, and reduced quality of life among caregivers suggest that caregiving is a significant public health issue (34). Due to population ageing and unhealthy lifestyles, caregiving will become increasingly more prominent in the future decades, and this will happen in a context where formal care is already costly, and innovations in medicine and health care enhance the duration, complexity, and technical difficulty of care for people with severe disease and disability (35). Given that the availability and continuity of informal caregiving is a global requirement, the research emphasises supporting caregivers to sustain their motivations for caring (36,37). One of the priorities is to focus on strategies to identify, assess, and support the unique and varied needs of caregivers by assessing the subjective experiences of caregivers, including their attitudes, values, preferences, feelings, and expectations (38). Gender, sexual orientation, race and ethnicity, culture, personal values and beliefs, the caregiver-care recipient relationship, family dynamics, the care recipient's level of impairment, and financial resources all impact the caregiving experience (35,38). In order to effectively support the diverse groups of caregivers and their care recipients from different nations, providers and policymakers must have access to comprehensive caregiving research that provides meaningful subgroup analyses (3,28).

Context of research

In Greece, the phenomenon of family caregiving is prevalent. A large number of inefficiencies in the Greek healthcare system and the fact that Greece has more doctors than nurses in its public hospitals, combined with the Greek society's denial to place a family member in a nursing home, have led many family members, primarily women, to assume the role of carer for the sick or older members in the family environment (39,40). Although official data about the prevalence of informal care in Greece is scarce, the number of informal carers as estimated amounts to 34% of the Greek population, or more than 3,600,000 people (41). A lack of public institutional long-term care facilities has undeniably hampered and continues to hamper female labour-force participation in Greece as women have often been barred from working full-time and have had to settle for part-time labour, whereas women who work may choose early retirement to be able to perform caring duties (42).

In Greek society, people are primed to comply with hierarchical gender power relations and gender inequalities are often normalised and tolerated (43). Traditional patriarchal beliefs about women's subordinate roles within the family, household, and workplace and how women should be treated, such as needing care for and discipline, justify gender inequality inside Greek institutions, families being one of them (43). In addition to the patriarchal values and gender relations, Greek people are primed into collectivism. They are nurtured and integrated into an extended family with grandparents, uncles, aunts, and cousins, shaping early experiences within a robust and cohesive ingroup that protects its members (44,45). Although traditional orientations and values are still present, especially in rural areas, Greek society is slowly transiting from a collectivist, agricultural and merchant economic society to a service-oriented and industrialised society characterised by nuclear families, a narrow ingroup and individualistic values that will potentially have an impact on the position of women in society, in family and caregiving arrangements (46–48).

Aim of the Dissertation

In this dissertation, I aim to use a phenomenological qualitative method to investigate the experience of gender in caregiving as culturally and institutionally constructed and, at the same time, intentionally and subjectively lived. The overarching aim is to explore what it is like, for spousal caregivers of older people undergoing rehabilitation, the experience of gender within the Greek community. The objectives to support the inquiry are a) to describe the gendered patterns of perception, thought, feelings and behaviour of spousal caregivers, b) to investigate the normative structures that constitute the experience of gender, and c) to explore the sense of agency in the experience of gender.

This research is exploratory and not grounded on any hypothesis or prediction. The content, formulation and rationale behind the research aim and objectives are based on the research paradigm and epistemological position of this study extensively presented in Chapter II and the conclusions regarding gaps in the literature and recommendations for future research derived from the systematic literature review on gender and caregiving presented in Chapter I of this dissertation. This research aims to shed light on the impact of gender in spousal caregiving and to bear significant implications for theory, research, policy and practice, all of which will contribute to the issue of the well-being of spousal caregivers.

Structure of the Dissertation

This dissertation is divided into four chapters: i) introduction, ii) research methodology, iii) findings, and iv) discussion.

Chapter I, introduction, is structured into three major parts. The first part presents the dissertation's background, context, aim and structure and the researcher's position. In the second part, a systematic literature review aims to identify existing knowledge and gaps in the literature on gender and informal caregiving. Part three is dedicated to gender theory and perspectives that act as a bridge connecting the body of knowledge on the field of gender to the concrete area of focus of this study and, along with other theoretical models in an eclectic triangulated manner, are used to discuss the findings of this research from multiple perspectives. Chapter II, research methodology, commences by presenting this study's research paradigm and epistemological position and how these elements inform each other. Then the presentation of the methodological framework follows and why it is best suited to address the research objectives. The chapter concludes with a detailed presentation and justification of the methods regarding participants' recruitment, the research interview processes and techniques employed, the data analysis procedures, ethical considerations, and the research rigour. Chapter III presents the analysis of the empirical research findings. In Chapter IV, I discuss how the findings can contribute to understanding the impact of gender in caregiving, their practical implications, and directions for future research. I also discuss the limitations of this study and provide concluding remarks.

Researcher's Position

Given that this is a qualitative study, I recognise that I cannot wholly remove myself and my interpretation from the study; therefore, clarifying researcher bias from the study's outset is essential so that the reader understands the researcher's position and any biases or assumptions that may impact the inquiry (49).

First and foremost, the epistemological stance of constructionism explicitly presented in Chapter II informed my perceptions in defining this study's focus and aims, designing the method, and describing the research findings. Under this epistemological stance, a fundamental assumption that I bring into the study is my belief that culture exerts a real influence on people's lives and that knowledge is inherently dependent upon communities of shared intelligibility and thus is governed to a large degree by normative rules that are historically and culturally constituted (50,51). My educational and professional background falls within philosophy, pedagogy and psychology. I am interested in questions such as how the mind represents reality, how people learn and understand, and how they reason, make judgments and make decisions. The unique values guiding me throughout my personal and professional life are autonomy, equity, integrity, accountability, diligence, determination, openness, and reflexivity.

My research interest in caregiving was motivated by its potential for investigating diverse psychological phenomena and providing a context for discussing it from multiple theoretical perspectives. Eliminating prejudice and discrimination is a moral issue of high value to me; thus, I see gender perspective in research as a vital tool in the continuous struggle for equality and opportunity for every individual. I acknowledge that gender is a social identity that needs to be contextualised. I am interested in how systems of inequality based on gender, race, ethnicity, sexual orientation, disability, and class, intersect to create unique experiences of discrimination. I reject traditional assumptions on what it means to be a 'man' or a 'woman', which are frequently presumed to be essential. I adhere to the social construction of gender, meaning there is no inherent truth to gender, but social expectations and gender performance construct it. The following quote from the French philosopher and social theorist Simone de Beauvoir was an excellent starting point when I became interested in the study of gender: "One is not born a woman; one becomes one" (52). This basic idea is the centre point for many of the most influential gender theorists, including Judith Butler (53), whose theory I focus on in Chapter I.

Part II. Systematic Literature Review

Systematic literature reviews aim to identify, evaluate, and integrate the existing research findings of studies relevant to a review question, reveal relations, inconsistencies, and gaps in the literature and provide new research proposals and implications for practice and policies (54). This systematic literature review aims to identify how gender relates to the experiences of informal carers during the care of older individuals above 60 years old with mental and physical health needs by synthesising the available empirical data published over the last 20 years. The review question for this systematic literature review is: How does gender relate to the experiences of informal carers in the care of older people?

The review question is framed in terms of Population, Exposure, and Outcome (PEO) to reflect the concepts examined: 'Informal Carers', 'Care' and 'Gender' (55). The review question uses the PEO frame as the most appropriate frame to introduce a review question of association/ relationship between two variables, in this case, "care" and "gender" (56). The objectives of this review are a) to understand how gender impacts the nature of care provided by informal carers to older individuals and b) to understand how informal caregiving influences gender identity.

The importance of systematically reviewing the findings of primary empirical qualitative studies on informal caregivers' caring experiences for older individuals stems from the need to enable a conceptually richer understanding of the gendered experience of being a carer, to address gender inequalities in caring and propose new approaches to research methodologies that account for the complex structures during the whole caregiving trajectory for diverse populations. Synthesis of qualitative data can be invaluable for quantitative research on informal care as it can help identify issues, develop survey questions, develop scales, and interpret findings (57). Informal carers' mental and physical health is a quintessential component of caring for older people, ensuring good quality of care, and safeguarding their fundamental human rights of living with dignity.

The stages associated with synthesising qualitative data are reported following the enhancing transparency in reporting qualitative research synthesis statements (58).

This systematic review protocol is registered with the International Prospective Register of Systematic Reviews (PROSPERO). Registration number: CRD42020190576. The protocol was prepared using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Protocols (59).

Inclusion/exclusion criteria of eligible studies.

Inclusion and exclusion criteria were set before the commencement of any search to determine the factors that make the retrieved studies eligible best to answer the review question (60). The criteria applied to all the steps of the search strategy: a) the population sampling, the setting- exposure, b) the types of outcome measures, c) the types of studies, the publication date and type, and d) the language of the full text of the studies (61). Following this section, the inclusion and exclusion criteria are presented.

Inclusion/ exclusion based on the types of studies.

The current review focuses on the gendered experiences of informal caregivers in caring for older people. This aim guided the decision of the types of studies included in the review. Following the literature, qualitative studies and data from mixed methods studies are best positioned to understand and describe human experiences, such as the gendered experiences of informal caregivers of the current review (62). Therefore, the current review includes qualitative studies and qualitative data from mixed methods studies. Furthermore, as attempts to form policies for incorporating sex and gender analysis in health research have considerably increased in the last twenty years, studies published between the years 2000 and 2020 are only included, written in English or Greek language and to which the author has full-text availability (63–65). Studies using quantitative methodologies are excluded from the current review because they approach the subject from a statistical and numerical analysis perspective, omitting subjective felt experiences (66). The current review also excludes studies using secondary analysis because they reinterpret the original data, depriving the possibility of having a first-hand understanding of the original data (61,67–69). Finally, the current review excluded grey literature because it lacks peer-reviewing processes. It usually lacks an abstract hampering the potential to filter the text's relevance, omitting explications of methodological approaches and may include issues of undeclared biases or conflicts of interest (70–72). A summary of the inclusion and exclusion criteria of the types of studies is presented in Table 1.

Table 1. Inclusion/ exclusion criteria based on types of studies.

Inclusion Criteria Based on Types of Studies	Exclusion Criteria Based on Types of Studies
• Primary qualitative empirical studies • Qualitative data from mixed methods studies • Published between 2000 and 2020 • Written in English or Greek language. • Have a full-text availability for review	• Quantitative studies • Secondary studies • Published before 2000. • Grey literature material (*theses, book chapters, book reviews, thesis and dissertations, anonymous publications, editorials, essays, letters, journalistic or anecdotal articles*)

Inclusion/ exclusion based on the types of participants.

The emphasis of inclusion and exclusion criteria here was a) participants' and care receivers' age and relationship: participants are adults, informal primary caregivers to older relatives aged 60 years and above with mental and physical health care needs that require assistance. Based on attachment theories, this review included only family caregivers to capture the more significant impact of caregiving in familial relationships (73). The care receivers' accounts can supplement the data of a caregiving relationship's dyadic nature, so studies that involve as participants primary family caregivers and their care receivers are included (74). Past primary caregivers are excluded as the time passed might have affected the memories of their caregiving experiences. b) Participants' time spent in caregiving activities: primary family caregivers spend approximately 23.7 hours per week providing care, particularly those who reside with the care receivers, spend approximately 37.4 hours or more per week (75). Therefore, family caregivers who spend more than 23.7 hours per week in caregiving or reside with the care receiver are included in this review. Articles that involve family members who share the caring labour and spend less than 23.7 hours per week are excluded. c) Care receivers' physical and mental health conditions requiring care assistance: the physical and mental health comorbidity and the possibility of multiple non-diagnosed health issues increase with age (76,77). Considering that no single medical issue can be treated in isolation and that caregivers perceive a similar type and level of psychosocial burden and psychological morbidity independently of the care receivers' disease, this review involves caregivers of older individuals with various physical and mental health needs (6,78,79). On the other hand, articles on participants providing help at the end of life are excluded, as those caregivers may experience significantly negative emotions like grief and bereavement, which are not typical in long-term caregiving (80). A summary of the inclusion and exclusion criteria of the types of participants is presented in Table 2.

Table 2. Inclusion/ exclusion criteria based on the types of participants.

	Included	Excluded
Types of participants	• Informal family primary caregivers of older individuals aged 60 years and above who have mental and physical health care needs • Articles including accounts of caregivers and their care receivers	• Caregivers of palliative care • Non-primary caregivers, division of caring labour • Past primary caregivers

Inclusion/exclusion based on the type of setting.

In included articles, informal family care is provided at any geographical location regardless of cultural context. Specific settings are the caregivers' or care receivers' homes, daycare rehabilitation centres and other community-based residencies where primary caregiving occurs. Excluded settings are long-term care settings, nursing homes, and hospitals where family caregiving occasionally occurs. A summary of the inclusion and exclusion criteria for the type of setting is presented in Table 3.

Table 3. Inclusion/ exclusion based on the type of setting.

	Included	Excluded
Type of Setting	• Care is provided at caregivers' or care receivers' homes. • Daycare settings • Rehabilitation centres • Independently of geographical location.	• Long-term care settings • Hospitals

Inclusion/ exclusion based on outcome measures.

This review's phenomenon of interest is the relation of gender to informal primary family caregivers' experiences in caring for older people with mental and physical health needs. Included articles focus exclusively on the participants' caregiving experiences and provide a gender analysis or report outcomes concerning participants' gender. Excluded articles provide only basic demographic characteristics of participants' sex and report only an assignment of the participants' sex to specific caregiving tasks. Articles that do not perform any further gender analysis nor report results relevant to the participants' gender are excluded. A summary of the inclusion and exclusion criteria for types of outcome measures is provided in Table 4.

Table 4. Inclusion/ exclusion based on outcome measures.

	Included	Excluded
Types of Outcome Measures	• Gender analysis • Sex/gender characteristics • Experiences of caregiving • Results, outcomes related to the sex and gender of the participants	• Include only the demographic distribution of the participants' sex. • Not performing further gender analysis • No reporting results relevant to the participants' sex and gender

Methods

This section describes the process of identifying literature relevant to the review question. The process involved the identification of keywords pertinent to the review question, an initial search in selected databases, identification of other keywords and index terms to use in other databases and screening the identified articles in title/ abstract and full-text level based on the predefined inclusion and exclusion criteria.

Search methods.

The search was conducted (June 2020) on PubMed, PsycINFO, Scopus, and Cumulative Index to Nursing and Allied Health Literature databases. An initial search was performed in PubMed using keywords to reflect each one of the PEO components "Population- informal care," "Exposure -caregiving," "Outcome- gender," and "Types of Studies- qualitative research" of the review question. A full version of the PubMed search strategy tailored to other databases is shown in Table 5.

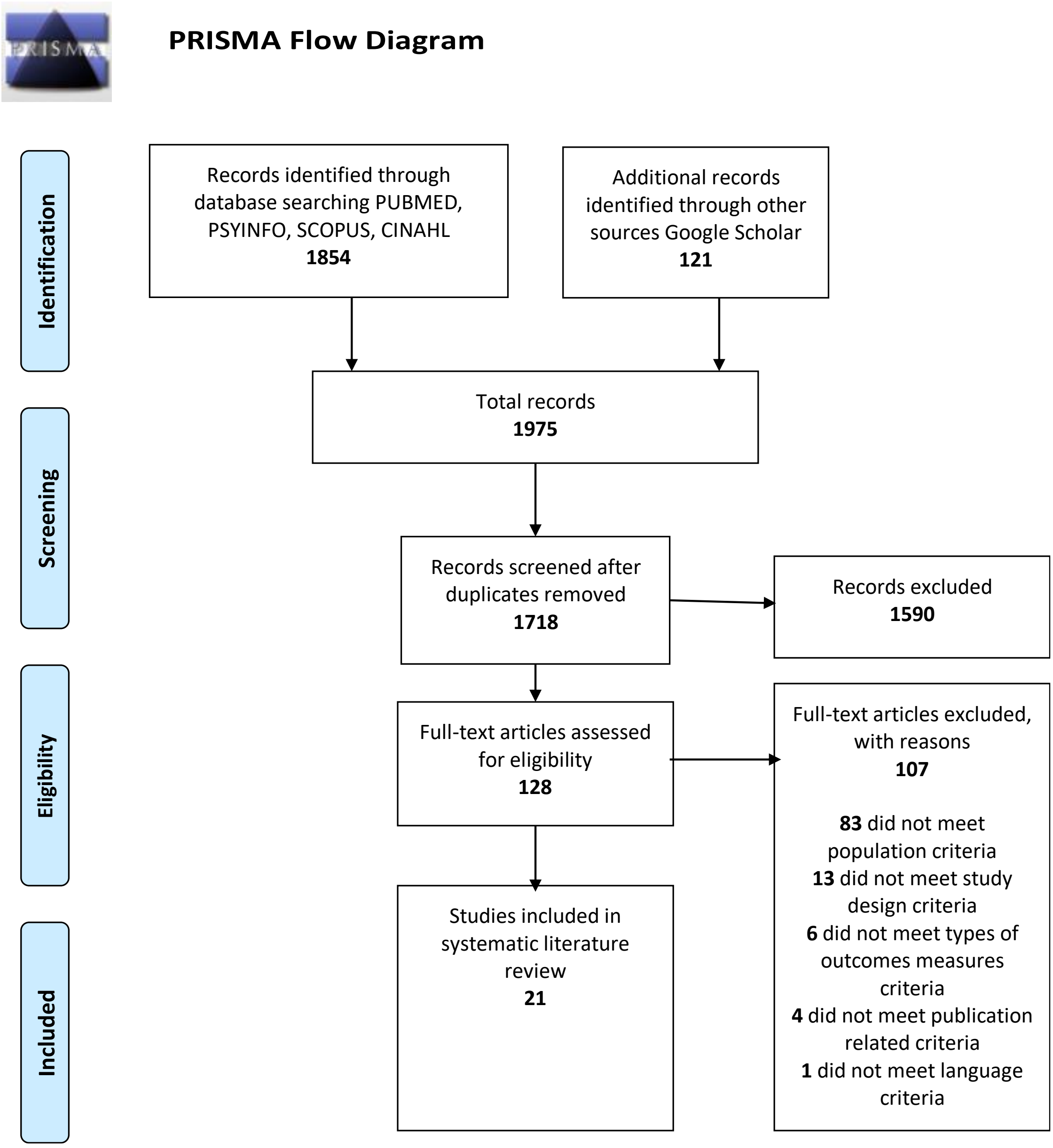
Table 5. PubMed search strategy

Population AND	Exposure AND	Outcome AND	Type of Studies AND
"informal care*" OR "family care*" OR caregiver* OR carer* OR "spousal care*"	caregiving OR eldercare OR gerontolog* OR geriatric* OR ageing OR aging OR aged OR seniors	gender* OR "gender role*" OR "gender norm*" OR "gender relation*" OR "gender identit*" OR "gender continuum" OR feminin* OR masculin* OR "biological sex"	"qualitative research" OR "feminist research" OR phenomenology OR "phenomenological research" OR ethnography OR "action research" OR "grounded theory" OR "ethnographic research" OR "case study research" OR "narrative research" OR "qualitative study"

The search strategy used text and index terms, synonyms, and similar terms to combine the search terms to correspond to each PEO component and Boolean Operators AND and OR. Quotation marks were used to ensure that words searched together to form a concept, for example, "informal caregivers" or "gender identity", and truncation to include several words variations, for example, "care*" to run for "care," "caregivers," "carers," "caretakers" (81).

A total of 1854 articles were identified. That was supplemented by searching Google Scholar, which yielded 121 further articles. After removing duplicates, 1718 articles were screened at the title and abstract level, during which 1590 were excluded and 128 were selected for full-text screening. In full-text screening, 21 articles were identified as eligible for this review fulfilling all the inclusion criteria. The complete selection process is presented in Figure 1 using a Prisma flow diagram, following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines (82).

Figure 1. PRISMA Flow Diagram



Assessment of quality of included studies.

Once the 21 articles meeting the inclusion criteria were identified, the quality assessment and data extraction process commenced. There is a diversity of appraisal tools that qualitative evidence syntheses researchers can use to conduct the quality appraisal of primary research studies (83). This review assessed quality using the Critical Appraisal Skills Program qualitative checklist (84). The checklist is currently a widely used tool in qualitative evidence syntheses in Cochrane and World Health Organization guideline processes as a non-time-consuming and helpful tool for novice researchers who do not wish to challenge the philosophical orientation of a study (83,85). The Critical Appraisal Skills Program consists of 10 questions that can be answered with a yes, no, or cannot tell and aim to assess any possible sources of bias, reflexivity issues, the research design, the recruitment strategy, data collection and rigour of data reporting and analysis (84). Depending on the quality criteria' fulfilment, the CASP tool rates the studies as high, moderate, or low. The Critical Appraisal Skills Program questions are listed in Box 1.

Box 1. CASP tool questions

1. Was there a clear statement of the aims of the research?
2. Is a qualitative methodology appropriate?
3. Was the research design appropriate to address the research aims?
4. Was the recruitment strategy appropriate to the aims of the research?
5. Was the data collected in a way that addressed the research issue?
6. Has the relationship between the researcher and participants been adequately considered?
7. Have critical issues been taken into consideration?
8. Was the data analysis sufficiently rigorous?
9. Is there a clear statement of findings?
10. 10. How valuable is the research?

The inclusion and exclusion of studies based on methodological limitations is a more complicated decision in qualitative evidence syntheses contrasted with reviews of trials (86). The potential methodological limitations of studies are only one of the various factors that can determine the inclusion or exclusion of these studies from data synthesis, and other parameters must be taken carefully into consideration, as the expertise of the reviewer, the reviewer's familiarisation with the assessment tool and with the study designs (86). It was decided not to rate and exclude studies based on their methodological limitations.

However, following the guiding principle of transparency in reporting, each study's overall quality is summarised, reported, and available to the reader (83,86). Concerning question six, if some authors did not transparently acknowledge their influence in the research process to avoid any potential bias, that is assessed as "cannot tell", given that the concept of bias is not compatible with the philosophical foundations of a qualitative inquiry as the researchers are an integral part of the research process (87,88). Ten studies fulfilled all the criteria, eight fulfilled nine out of ten, and three fulfilled eight. The studies' assessment is reported in the last column of the Data Extraction Table 9 (Appendix 1).

Approach to synthesis methodology

Literature reviews can be separated into two categories: background and independent, stand-alone reviews (89). Background reviews can serve as a theoretical foundation for primary research or graduate student theses to identify a literature gap (89). In contrast, stand-alone reviews are conducted for various purposes attempting to answer the question "what the data means" instead of "what the data says" by using aggregation, interpretation, explanation, and integration of the current research data (85,90,91).

Recommendations exist that literature reviews recite the subject matter and contribute to the work by synthesising the available data and presenting a scholarly critique of theory (90). A stand-alone systematic literature review can improve the background review quality, provide relevant significant data for formulating the research question, and offer recommendations to guide practitioners and policymakers (89). However, there is an ongoing debate regarding the degree of 'interpretiveness" of data analysis in different methodologies and a strong argument that the data synthesis should not violate the philosophic paradigm of the method used in primary studies (92). This systematic literature review is a stand-alone and background literature review for my doctoral dissertation.

The various methodologies for qualitative evidence synthesis have been presented adequately in the literature (85,93,94). For choosing the appropriate method for data synthesis, this study applied the RETREAT framework, as the only framework at the time and a helpful tool for novice reviewers, that focuses primarily on qualitative syntheses and guides selecting a suitable synthesis method based on variables such as "review question," "epistemology," "timeframe," "resources," "expertise," "audience and purpose," and "type of data" (85).

The Thematic Synthesis methodology was selected for this review using the RETREAT framework for several reasons (58,85,95,–97). Other methodologies recommended for synthesising quantitative and thin qualitative data, suitable for testing a theory or theory generation or using a highly-structured protocol-driven or requiring other reporting standards, were not considered suitable for this systematic literature review (58,85,95). Table 6 provides the illustrative use of the RETREAT framework for this review.

Table 6. RETREAT framework

Review Question	Qualitative/ Fixed/ Descriptive question. Use of the framework Population, Exposure, and Outcome (PEO) to formulate the question.
Epistemology	Preference for a method less reliant on epistemological considerations
Time/ Timeframe	Limited, less than a year
Resources	An externally funded project, one reviewer with the supervision of three academic staff. Access to software for qualitative evidence synthesis.
Expertise	PhD researcher who needs an accessible form of synthesis
Audience and Purpose	Part of a doctoral dissertation. An audience of academics but also health professionals and practitioners. The analytical themes that will arise from the data synthesis and consist of a stage of 'interpretation' will be used to answer the review question.
Type(s) of Data	Use an exhaustive search on different databases, including any qualitative studies relevant to the review question, irrespectively to their philosophical perspectives, methodologies, or methods.
Reporting Standards	ENTREQ: Enhancing transparency in reporting the synthesis of qualitative research
Choice of Method	Thematic Synthesis

Data extraction and synthesis

The data extraction process for obtaining the essential information about the studies' characteristics and findings was organised in two steps: first, data was extracted comprising study details and assessment of methodological limitations, followed by the extraction of findings (themes) identified in the full text. Data extraction Table 9 (Appendix 1) presents the first step of data extraction, including information regarding the reference details of the included studies as the author, year, country/ region of study and also study design and methodological approaches as sample size/ sampling methodology and the assessment of methodological limitations.

The data extraction followed an inclusive approach, extracting all relevant data found in the full text of the studies, including participants' quotations and authors' interpretations, to increase the face validity of the themes and to avoid omitting potentially valuable findings for the synthesis (85). Following Thomas and Harden (2008), the full text of the studies was uploaded to NVIVO12 software for qualitative data analysis, and codes were created to illustrate extracted data that was also used later for the synthesis (98). The data relating to the authors' findings and corresponding participants' quotations are presented in Table 10 (Appendix 1).

The thematic synthesis was conducted in three stages: coding the included studies' full text and developing descriptive and analytical themes (96). With the completion of the data extraction process, the first stage of the thematic synthesis was accomplished. The study did not use an apriori framework based on the review question to avoid omitting information found in the studies valuable for the synthesis. Thus, the coding was conducted line by line on the studies' full text, including the abstract, findings, and discussion sections. The coding was performed without a hierarchical structure, and codes similar to other studies' codes were incorporated into one, creating a final number of 227 codes. At this stage, the primary studies' data codes were close to the studies' original findings. Then in the second stage, for performing synthesis and not just presenting the original studies' findings, review questions were deployed to organise the codes into descriptive themes and generate the analytical themes.

Results

The 21 studies collectively included primary data representing the views of 484 participants' caregivers, from which 329 participants are female and 155 participants are male (studies 9 and 10 include the same male/ female participants and studies 3 and 4 include the same male participants). Ten of the studies were conducted in the USA, including Native, Asian, African, Hispanic or Chinese participants; two studies were conducted in Canada, two in Japan, one in Sweden, one in Poland, one in China, one in Mexico, one in Portugal, one in Australia and lastly, one in Israel which included Russian immigrants women as participants. Participants had different educational and occupational backgrounds, and most cared for a spouse or partner, whereas a smaller number were the care receivers' daughters, daughters-in-law, sons, or other relatives. The age of the participants ranged from 38 to over 80 years. Table 11 presents the demographic characteristics of the participants (Appendix 1).

How gender relates to informal carers' experiences in older individuals' care is manifested in six interconnected descriptive themes and two major analytical themes: 1) The impact of gender on the caregivers' labour and 2) Negotiating gender identity with self, society and cultural norms**.** Figure 2 illustrates the review questions, the corresponding descriptive themes grouped into two analytical themes, and the number of studies representing each of the descriptive themes.

Figure 2. Descriptive, analytical themes and the number of corresponding studies

How does gender relate to the experiences of informal carers in the care of older individuals?

How does gender impact on the nature of care provided by the informal carers to older individuals?

The Impact of Gender on the Caregivers' Labour

The effect of gender on delivering caregiving tasks
1, 2, 3, 4, 6, 8, 11, 14, 19, 20

Motives of caregiving
1, 2, 3, 7, 12, 13, 14,15, 16, 18, 19,21

Managing the emotional burden of caregiving
1, 4, 8, 12, 13, 15, 16, 17, 18, 20

How does informal caregiving influence gender identity?

Negotiating Gender Identity with Self, Society and Cultural Norms

The sociocultural Influence on the duty of care
1, 2, 7, 8, 12, 13, 14, 15, 16, 17,18, 19,20, 21

Sense of self-agency in the caregiving role
1, 2, 5, 6, 7, 8, 11, 12, 13, 14, 17, 18

Gender identity as a negotiated outcome
1, 3, 5, 9, 10,12, 14, 15, 19

Analytical theme 1: The impact of gender on the caregivers' labour

The first analytical theme discusses the impact of gender on informal caregivers' abilities to deliver caregiving tasks, the motives that influence these tasks, and the coping strategies implemented to cope with the caregiving burdens. This theme reveals that the caregiving process displays distinct gendered characteristics in carrying out care tasks and developing coping strategies.

The effect of gender on delivering caregiving tasks

Men caregivers approached the caregiving process as a new type of occupational role and pragmatically performed this caring role as if executing a set of tasks keeping emotional aspects of care in the background (99–103). Women approached the caregiving process with more sentimentality and emotions and anticipated this caring role not as something new but rather as an extension of their existing feminine roles (99–101,104). In their pragmatic, less emotion-focused, and task-driven approach, men were more likely to employ enforcement techniques upon care-receivers to comply with the caregiving tasks and prioritise the need to complete tasks instead of responding to emotions (104). In contrast, women were more reluctant to enforce compliance as a caregiving technique because they viewed it as contradictory to the perceived nurturing female role. Women spouses mainly avoided practices that could diminish their husbands' sense of self-control (104–106).

As a result, men felt proud when they successfully performed a caregiving task. In contrast, when they were unsuccessful in performing a task, on the one hand, they felt overwhelmed and, on the other hand, were more forthcoming in asking for professional or familial support as they would have done if performing any task (99–101). In contrast, women did not display explicit pride or overwhelming sentiments when succeeding (or not) in caregiving. Instead, they performed caregiving tasks as if they were household tasks without complaining, often underestimating their need for support and de-emphasising the necessity of professional assistance (101,105,107). Finally, men felt more stressed than women in performing caregiving tasks because they considered that the household division of labour was altering, and their role shifted from masculine to more feminine (101).

Motives of caregiving

The core motive for both men and women caregivers was the love they felt for their beloved (64,99,113,100,102,103,108–112). For spousal caregivers, important motivators were their wish to survive as a unit and help their partners sustain a healthy and gendered appearance (99–102). The duty of care was another common motivator, although its origins were differentiated by gender. Women's sense of duty was primarily rooted in filial obligations, whereas men's sense of duty was rooted in their feelings of appreciation for their wives and socially imposed imperatives (102,108,111,112,114). Gender, monetary restrictions, and ethical resistance to nursing homes were additional reasons women provided care (109,110,113). For men, the belief that their wives would have done the same thing for them, positive memories and commitment to marital vows related to moral values of doing the right thing were additional reasons to provide care (100,102). Another significant motivator for men was the positive social visibility they enjoyed, as their extended social network positively acknowledged their efforts to perform their caregiving tasks (103).

Managing the emotional burden of caregiving

Both men and women experienced high emotional burden levels due to their caregiving role. As a result, they expressed distress and hopelessness, fear for the future, and a sense of losing the relationship. By deploying their masculine characteristics and adapting and integrating new for them helpful feminine attributes, men could accept their new role, find purpose in caregiving and preserve their marriage identity (99,104). Moreover, men dealt with the caregiving burden partly by focusing on those rare positive and fulfilling moments when their wives showed clarity of mind reinforcing their perseverance and partly by adapting less favourable tactics, like drinking and self-medicating (99,104). By creating reciprocity with their beloved ones and further developing their feminine attributes, women could find meaning in the caregiving role and achieve increased personal growth (109,111,114,115). Moreover, women dealt with the caregiving burden partly by laughing away its' consequences and emphasising the selflessness qualities encapsulated in caregiving and partly by suppressing emotions and becoming disinterested in their caregiving tasks. Finally, intersections of gender with ageism stereotypes made adopting successful coping strategies more strenuous for older female spouses in contrast to daughters, who could go against the norm by prioritising self-care activities (106,107,110,112).

Analytical theme 2: Negotiating Gender Identity with Self, Society and Cultural Norms

The second analytical theme responds to the second objective of this study of understanding how informal caregiving influences gender identity. It discusses the sociocultural influences on informal caregivers, the role of self-agency in caregiving, and caregivers' negotiated gender identity. This theme reveals the diversity of caregiving effects by interconnecting gender, cultural and societal influences that eventually (re) shape the caregivers' identity in older people's care.

The socio-cultural influence on the duty of care

Social norms shaped by governmental influences, religious systems, cultural principles, and societal ethics define women as the primary caregiver, fulfilling family values, moral considerations, and gender expectations (102,108,111,113). These social norms imprint on female caregivers' stereotypical gender traits such as affection, dutifulness, and compliance when carrying out caregiving activities (106,110,113). Specifically, wives were expected to provide informal care to their husbands in their older life, and daughters were held to a distinct set of ethical standards higher than sons excused from caregiving obligations. For men spouses, social norms' influence was based on the sense of duty as this emerged from their religious marital vows and their faith in God (99,100). By remaining loyal to their vows, men complied with cultural expectations, personal beliefs, and positive social visibility (103). Transgression of caregiving expectations defined by social norms bestows a greater sense of guilt on women. In contrast, men feel lower shame when they fail their caregiving responsibilities and require institutional care (107,109,114,115).

Sense of self-agency in the caregiving role

Becoming a caregiver signified a life turn and a rupture in the planned continuity of caregivers' lifespan, inevitably creating a loss of control and self-agency. Men often felt trapped in their spouses' illnesses and alienated from their life ambitions (99,100). Restoration of continuity of men's life and regaining control of life events required the retrieval of the masculine trait of becoming a defender and undertaking responsibility for salvaging their marriage identity (99,100,102). Maintaining a sense of self-agency appeared to be a more strenuous task for women. Women felt socially restricted in pursuing their interests, personal needs and career ambitions and losing their sexual identity and social status (105,109,112,115,116). Older women especially felt greater restriction levels than daughters due to the intersection of gender with age stereotypes. The primary way to deal with these restrictions was for women to focus on the self rather than the care receiver's needs by cultivating personal growth and becoming as detached as possible from the care receiver. Overall, coming to terms with the new caregiving role was crucial for both men and women to achieve a sense of well-being and hopefulness (105,107,108,114,115,117).

Gender identity as a negotiated outcome.

The core element in accepting the caregivers' role and managing the caregiving burden is to (re)negotiate traditional gender identity features. Men and women caregivers were willing to or had already materialised the crossing of gender lines while performing their caregiving roles (101). Men who were willing to express feelings and emotions clearly and inclined to redefine the traditional masculine identity to include more feminine traits felt greater inner peacefulness in executing their caregiving duties (99,103,104). Similarly, women who were willing to become more pragmatic and task-focused in their caregiving found the necessary space to express their interests, sexuality, personal needs and career ambitions (110,116,118,119). Finally, primarily women and, in some cases, men found this crossing of gender lines not easy and considered it risky out of fear of endangering their sense of social belongingness. An intersection of care to the relationship to care receiver appeared to disadvantage more older wives than daughters in negotiating gender boundaries, as their gender and sexual identity were closely interwoven with their husbands (109,110,119).

Discussion

This section discusses the review's key points and sets them within the context of the broader literature. This review performed a thematic synthesis of qualitative studies on how gender relates to informal carers' experiences in older people's care. Two objectives were formed to guide the thematic synthesis: a) to understand how gender impacts the nature of care provided by informal carers to older individuals, and b) to understand how gender and contextual factors interact and may influence caregivers' identity. A systematic literature search yielded twenty-one studies that met the inclusion criteria. Twenty studies used qualitative methodology for data collection, and one study used a semi-structured questionnaire designed to collect quantitative and qualitative data. The methodological rigour of the studies was assessed using the Critical Appraisal Skills Program. Most studies fulfilled all or at least eight out of ten criteria. Twelve studies focused on spousal/ partner caregiving, six on familial caregiving, and three on spousal and familial caregiving.

Two analytical themes emerged from data synthesis: a) the impact of gender on the caregivers’ labour, and b) negotiating gender identity with self, society, and cultural norms. These analytical themes reveal how important gender is to the experience of caring for older people. The results show that gender determines the caregiving arrangements within the households; gender imbues the caregivers’ motives to provide care, and it affects how they deliver the caring tasks and their coping strategies to mediate the caregiving burden. Gender has significant implications on how flexible individuals adjust to their new caregiving identity at the crucial and abrupt moment that they become carers, and their life changes through the whole course of care. Gender intersects with the relationship to the care receivers and other identity-defining characteristics such as age and ethnicity to further disadvantage subgroups of caregivers. All these findings together shape a significant gender impact in the informal family provision of care to older people.

The current review asserts that women caregivers influenced by traditional feminine roles are much more emotionally involved in caregiving. In contrast, male caregivers influenced by traditional masculine roles are more detached and task-oriented (120,121). Prescriptive components of gender stereotypes that construct the beliefs about what men and women should do suggest that women should be warm, sensitive, cooperative and avoid dominance. In contrast, men should be agentic, assertive, competitive, and independent and avoid weakness (122). These prescriptive components of gender stereotypes partly explain this review's finding of men's tendency to reinforce compliance by providing care in a managerial manner, placing the practical completion of tasks above the means used to achieve it.

Following previous reviews, affection, reciprocity, compassion, and the duty to provide care appeared as common motivators for both women and men (33,123). Moreover, this review highlighted the linkage of these motivators to cultural imperatives of the dutiful spouse, husband, daughter, and son image that preserves social and family harmony (124). However, these motivators were more potent for men as they added to men's masculine identity, offering them further social recognition. While significant for women, these motivators lacked the potency they had for men because they merely upheld the nurturing feminine identity without adding any further credit other than that related to their existing recognition of their gender role.

In agreement with previous studies that used quantitative and qualitative methodologies, women appeared to express a higher burden than men (25,125). Nevertheless, men also suffered from the caregiving burden, but they were less likely to share their negative feelings emanating from this burden and more willing to ask for support (33,126). The literature associates higher burden levels with emotional-focused coping strategies primarily used by women, whereas lower burden levels with problem-solving approaches used primarily by men (127). A set of studies report a similar linkage between caregiving burden and coping strategies concluding that men and women implementing an emotional-focused coping strategy tend to display greater burden levels (121,128). This review expands on the linkage between caregiving burden levels and coping strategies, suggesting that caregivers expressed a lesser burden level when applying emotional and problem-focused coping strategies.

Concerning the intersection of gender and relationship in caregiving burden, findings from this review concur with most quantitative studies. Previous findings showed that wives and daughters report similar stress and depressive symptoms. The depressive symptoms were more significant and induced greater vulnerability in wives' self-esteem than did for daughters (125,129). Similarly, this review concluded that wives and daughters expressed a high burden when they felt trapped in caregiving obligations. However, that was more prominent for older wives as it further intersected with age-related restrictions creating an environment of limited resources for these women to preserve a sense of agency and positive self-image. Studies that identified higher quality of formal and informal support to caregivers concluded that caregivers' perceived burden is lower, regardless of gender, relationship or age (130–133). This review also demonstrates that the intensity of caregiving and the lack of support lead to more significant burdens for both genders and all ages.

Sociocultural factors further disadvantaged the women's healthy adjustment to the new caregiver role. Previous literature suggests that both ethnicity and gender impact caregiving arrangements as differences in the construction of gender across countries strengthen the normative gender ideals on how people behave and explain their actions (57,123,134). Accordingly, the findings of this review show that social imperatives and religious beliefs impact the female coping potential in dealing with the caregiving burden. This is more evident in non-Western settings influenced by religious paradigms such as Catholicism and Confucianism or traditional submissive female roles that approach care as a form of purification. The fact that women conceive caregiving as a normative part of family life implies that cultural values may not directly render caregiving burdensome but may impact the choices and coping strategies that eventually prohibit women from seeking help and interventions (124,135–138).

Furthermore, this review asserts that identity development is a contextualised phenomenon characterised by dynamic interactions between individuals and societies. More importantly, the sense of identity continuation across time and situations leads to a sense of well-being and confirms the individual's self-agency experiences (139,140). The participants in this review on becoming caregivers experienced an abrupt change of role, which forced a shift in their identity. The more successful individuals were in adapting to the new identity role as caregivers, the greater the potential to increase their self-agency, sense of control, and overall well-being. Gender influenced men and women differently in adapting to the new caregiving identity. Women felt physically and emotionally exhausted from the new caregiving role because it emphasised and magnified traditional female stereotypes of family caretakers, further restricting them from pursuing their interests, personal needs, career ambitions, sexual identity and social status. In contrast, men caregivers were able to block some of the emotional aspects of care by suppressing emotions and re-patterning the caregiver role into a challenge that, when successfully achieved, provided a sense of honour in the success and a sense of self-agency (141). Nevertheless, this appeared more of a short-term solution for men, and in the long term, the suppressed emotions added to the caregiving burden (141).

This review concludes that while caring for older people, both men and women can ease the caregiving burden and strengthen their coping strategies by transgressing gender lines. Women who become more pragmatic and task-focused and men who express feelings and emotions can move beyond the socially constructed gender boundaries, attaining greater peace with the caregiving process. The literature defines this transgression of gender boundaries as psychological flexibility that can adapt to contextual changes and situational demands, shifting mindsets or behavioural repertoires (142,143). This final point is vital for health professionals and formal carers in successfully supporting informal carers to adapt to their new role. Healthcare professionals can empower informal carers to challenge the rigid gender binary in informal caring by developing educational programs and communication patterns that expand gender possibilities by intentionally injecting the language of diversity and inclusivity into the caring process (144,145).

Limitations

This review is limited to existing data available in the literature, and therefore, other variables for interpreting data as nuances and context were not available in answering the review question and analysing the data (146). Potential author biases related to the primary studies included in the review and possible influences in these primary studies' research process may impact the review's conclusions. Also, the imbalances concerning gender distribution among caregivers in the reviewed studies, given that most of the studies included female participants, may influence the review's outcomes. The study participants were all primary family caregivers who spent 20 h per week caring for older individuals. Therefore, the transferability of the results to other populations of carers who spend less intensive time in caring activities may not be applicable. In addition, it should be noted that data for male participants in this study were derived mainly from spousal caregivers, as only one study included one male participant who cared for an older parent. More research exploring the experiences of sons as caregivers is needed. This review explored informal primary family carers’ experiences for older people with various health needs independently of race, ethnicity, gender, socioeconomic status, and geographic location, thus creating a non-homogeneous review sample that may impact the review’s applicability findings in specific contexts. Also, non-peer-reviewed work was not included in this review. Finally, the disproportionate emphasis of the literature on dementia-related diseases may have resulted in an imbalance in caregiving needs and caregiving expectations. Hence, future studies should be more forthcoming in studying caregivers’ experiences of older individuals with other health conditions.

Conclusion and Implications

This systematic literature review aimed to understand how gender relates to older people’s informal carers’ experiences. Providing intensive informal primary care to older people affects both men’s and women’s mental and physical health. Informal carers' experiences entail a constant pursuit of self-agency after acquiring the caregiver role. Gender stereotypes of the feminine nurturing role further disadvantage women as they determine caregiving arrangements, the strategies and resources available to sustain the caring burden, and the adaptability to positively experience their new caregiving role. Men appear more flexible in debating their hegemonic masculinity and defending their existence in the caregiving role. The common motivators for both women and men carers are their affection, feelings of compassion, and the duty to provide care for their beloved ones. While women and men caregivers share motivators, traditional gender stereotypes influence informal women and men caregivers differently. Women caregivers influenced by traditional feminine roles are more emotionally involved, whereas men influenced by traditional masculine roles are more practical in completing caregiving tasks.

Furthermore, a linkage between traditional gender stereotypes impacts women’s and men’s felt caregiving burden and coping strategies employed to deal with it. Gender stereotypes influence men and women differently in adapting to the new caregiving identity. Women implement mainly emotional-focused coping strategies, whereas men implement problem-focused coping strategies. Transgressing gender lines and expanding gender possibilities can ease the caregiving burden and strengthen caregivers' coping potential. Health professionals can empower informal careers to challenge gender binaries and expand gender possibilities by intentionally injecting the language of diversity into caring information and caring processes. Finally, the review findings outline a path for research on gender identity and a sense of agency in older people’s care, emphasising the intersection of gender with other identity-defining characteristics such as ethnicity, age, and class. There is a need for gender-sensitive and culturally informed qualitative research to explore the caregivers' subjective experiences while considering the risk of exposure to increased provision of intensive care as spousal caregiving.

Part III. The Construct of Gender

Theories are products of systematic and thorough investigations of events, situations, experiences or processes (147). As research studies are not conducted in isolation but aim to contribute to existing knowledge within a particular field, the incorporation of a theory acts as a bridge connecting the body of knowledge on the field of gender to the concrete area of focus of my study (148,149). Additionally, since the concept of gender covers a range of psychological and actual experiences infused by the individual conceptual worldview, incorporating a gender theory further assisted me in conceptualising participants' experiences better (150). I chose the theory of gender performativity presented in Judith Butler's foundational work with a wide range of cross-disciplinary appeals (151). I begin this chapter by placing Butler's theory of gender performativity into context, presenting the fundamental idea of the social construction of gender and explaining her normativity argument in opposition to gender realism and the binary view of gender. I continue by introducing Butler's notion of gender, as constituted and reconstituted through ritualised performances of gender norms, that challenges categorical conceptions of gender and calls subjects to disrupt gender through subverting naturalised acts. I then suggest that an appropriation of Butler's perspective on spousal care work can assist in discussing the potential and limitations of caregivers' gender performativity under the traditional norms that shape their behaviours. Finally, I present the application of this theory in the context of the phenomenological perspective that guides this study.

In Western societies, feminist theories have increasingly pointed out that gender is not a classification scheme based simply on biological differences but has a cultural character and a highly variable meaning across time, cultures, and groups marking social differences among individuals (152). Those feminist theories argued against biological determinism, suggesting that gender is the social interpretation of sex and is thus socially constructed (153). The social construction of gender is located within the philosophical assumptions of social constructionism. Social constructionists argue that society is a 'habit' and use the term 'habitualisation' to describe how "any action that is repeated frequently becomes cast into a pattern, which can then be … performed again in the future in the same manner" (154).

Under this perspective, gender is not conceptualised as a fixed identity nor an aspect of who someone is, but rather as a social construct, as something that one repeatedly does in interaction with others (155). Females become women, and males become men through socialisation processes whereby they acquire feminine and masculine traits and learn feminine and masculine behaviour (153). Masculinity and femininity are social learning products; they are constructions of social forces that bring gendered individuals into existence (156). This distinction between sex and gender allows for individuals to be sexed males and yet be gendered women and further allows analysing how different social groups construct and maintain gender categories in everyday life and major social institutions, as in the families and the economy (157–159). However, the presumption of gender as a fixed natural entity on which society subscribes traits of masculinity and femininity leads to a gender realism in which women are assumed to share common characteristics and experiences and thus to differ from all men (153).

In Gender Trouble, Butler, with her normativity argument, critiques gender realism claiming that it has created new socially constructed accounts of hypothetical shared femininity (53,153). Butler argues that unitary gender ideas fail to address differences among women and acknowledge the diversity of cultural, social, and political intersections that impact the social construction of gender (53). She further argues that such an account of shared femininity is, from the start, normative as it implies that there is a ‘normal’ way for someone to be a gendered woman or man (53). Therefore, Butler stands against the sex-gender distinction claiming that accepting a binary essential biological sex and viewing gender as its cultural interpretation structures the basis for a binary gender (53). She regards this sex and gender distinction as meaningless, remarking that "perhaps this construct called sex is as culturally constructed as gender " (159 p.10). Butler unfolds her theory, emphasising the sex/gender constructed-ness rather than existence (151,160). She suggests that since all bodies are gendered from the start of their social existence, no ‘body’ can exist that pre-exists its cultural signature (53). Building on Wittig’s (161) concept of the heterosexual matrix, Butler describes how society is structured around heterosexuality as the presumed norm, creating a matrix of power relations that uphold and enforce this norm (53,162). The matrix posits that humanity is divided into two dichotomous sex categories that express themselves through stable genders defined as opposing but complementarity through the practice of heterosexuality (162). Individuals become culturally unintelligible when they engage in gender practices that are not understandable through this matrix, such as not practising heterosexuality and being treated as either failures or impossibilities (53).

In Butler’s theory, gender operates performatively through interpellations, which she conceives as ritualised and sedimented performances through time (163). For Butler, to become a girl or boy is to become exposed to a sequence of gendering interpellations that start as soon as the midwife or the doctor pronounces a newborn ‘girl’ or ‘boy’ (163,164). In that way, gender identities are constructed by language, implying that no gender identity precedes language (165). However, Butler's argument is not that we are non-persons prior to gender identity but that discourses about a person cannot occur prior to a gendered identity (165). Butler argues that this interpellation of gender signals the subjects' autonomy’s fundamental vulnerability: from the moment subjects are born, before any feasible instant of autonomy, they are vulnerable and dependent on others for their social recognition as persons (166). For Butler, one can be recognised as an intelligible subject only with reference to a culturally formed normative framework when he becomes socially recognised through the normative lens (151). Since this recognition is governed by social norms that provide the categories of intelligibility, someone ultimately depends on these norms to acquire social existence. Butler conceptualises this fundamental need for recognition as desire, stating that the desire for recognition is always a desire for social existence (166).

This subject's dependence on norms is crucial in understanding Butler's idea of gender performativity. Gender for Butler is a script from which the subject is limited to constrained choices of gender style; it is a set of repetitive acts within a rigid regulatory frame (53). These repetitive acts and enacted desires create an interior gender core that is nothing more than an illusion created by practices that pursue making gender uniform through heterosexism (53). These gender cores are constructed to naturally belong to women and men, creating the idea that one must be either a feminine female or a masculine male, and following the Freudian principle that one cannot desire the sex with which one identifies, it is natural to desire the opposite sex or gender sexually (153,167). As such, Butler's notion of fundamental vulnerability is twofold: first, subjects are vulnerable as they adopt the dominant social norms through which recognition is bestowed upon them, and second, the norm of gender functions to produce the material reality of their human sexed bodies (163,166,168,169). In other words, Butler argues that biological processes do not alone result in two natural, distinct categories of people, but the two sexes of male and female appear natural due to the consistent performance of two opposite genders. In explaining her idea of performativity, Butler distinguishes between performance and performativity. She emphasises the importance of this distinction, arguing that, whereas performance presupposes a pre-existing subject, performativity contests the very notion of the subject (53).

Butler uses the notion of performativity to emphasise that the gendered body is enacted (167). She claims, ‘’That the gendered body is performative suggests that it has no ontological status apart from the various acts which constitute its reality. This also suggests that if that reality is fabricated as an interior essence, that very interiority is an effect and function of decidedly public and social discourse… and so institutes the ‘integrity’ of the subject”(159 p.136). Contrary to an ontology that links gendered bodies into pre-existing heterosexual categories, performativity proposes that gender and subjectivity are profoundly contingent and subject to change, and therefore gender relations can be changed (167). Gender is an act that brings into being what it names: a masculine man or a feminine woman (160).

Butler argues that "discrete genders are part of what humanises individuals within contemporary culture; indeed, those who fail to do their gender right are regularly punished" (159 p.522). As the broader power structure prioritises the maintenance of a gender binary, those who do not act their gender right are ostracised within the culture (53). This punishment involves marginalising those who violate the gender binary, creating women's oppression. Butler argues that these adverse reactions and the binary performance of gender do not exist coincidentally but serve as instruments of a patriarchal system of power structures that are trying to reproduce and sustain it. As all norms are authorised foundationally, therefore, are the way authority imposes its violent way. These power structures are both prescriptive, create heteronormative gender performance and proscriptive, inhibit deviated gender performance (170). For example, in hegemonic masculinity, by comprising a legitimate, protected normative type, men must continuously prove their masculinity by avoiding anything considered feminine to escape negative consequences such as loss of status (171).

Butler's work calls to create gender trouble, overthrowing these structures and ending their engendering practices. Her work invites collective response among those seeking recognition of their freedom to live liveable lives (166). She argues that how performativity is repeated can displace the societal expectations of gender that perpetuate the cycle (53,166). "If the inner truth of gender is a fabrication and if a true gender is a fantasy instituted and inscribed on the surface of bodies, then it seems that genders can be neither true nor false but are only produced as the true effects of a discourse of primary and stable identity" (159 p.136). In other words, since gender is not a stable identity but a sequence of repeated acts, it will be possible to repeat one's gender differently in subversive ways. It appears that agency is an essential concept for Butler since it signifies the opportunities for subverting the law against itself to radical, political ends (160).

Within psychology, various approaches to gender differ in compatibility with Butler's argument, generally treating gender as a pre-existing fact rather than a performative act. Butler's view differs significantly from evolutionary psychology, as the latter focuses on genetic explanations for gender differences rooted in the reproductive challenges encountered by men and women throughout their evolutionary past, reinforcing traditional gender roles and heteronormativity (170). On the other hand, social structural approaches, such as the stereotype content model, align more closely with Butler's ideas highlighting the influence of societal structures, power dynamics, and gender stereotypes on individuals' behaviours and reactions (172). Approaches rooted in social identity theory view gender as a social identity shaped by contextual factors and the salience, the significance of gender in one's self-perception. Although this perspective may appear contradictory to Butler's viewpoint, research provides evidence that identities can develop based on arbitrary classifications, implying that gender identities are not innate or predetermined (170,173,174). Lastly, research within discursive tradition emphasising the role of language and social interactions in constructing gender and other integrative approaches combine multiple perspectives and acknowledge the complex interplay between biological, social, and cognitive factors in shaping gender-related behaviour appear to be more compatible with Butler's views (175–177).

Butler's claim of no gender identity behind the expressions of gender has also raised debates amongst feminist theorists about whether, by deconstructing the ontological status of gender, a new ontology is founded and whether an essential, stable, sexed, and gendered subject has been replaced by another unstable, performative and contingent (165,178). Some critics have accused Butler of elitism due to her complex prose style, while others claim that Butler's meaning of performativity reduces the body to discourse. Philosophers also wonder whether Butler’s performativity enables or excludes agency as it fluctuates between voluntarism and determinism (165,179). However, from a phenomenological perspective, attending this doubleness of performativity of the subject, as culturally and institutionally constructed and at the same time intentionally and subjectively lived, performativity can be avoided seeing in either decidedly voluntaristic or deterministic terms (180).

A Butlerian approach to discussing gender and its manifestation can be beneficial when considering subjects' experiences within highly gendered contexts, such as care work. As discussed above, for Butler, the category of gender is, from the start, normative and thus has the power to produce and differentiate the bodies it controls (53). One is recognised as a representative of a particular gender in reference to not personal ones but to socially shared features such as expressions, postures and habits (53). This agency's vulnerability is evident in male and female caregivers who experience a loss of autonomy and personal control as they try to do their gender right while executing their caring duties (181). Because cultural conviction maintains that women are bio-psychologically suited to nurturing and, in practice, are trained for it, women caregivers feel trapped in their caring duties seeing no other resources available (182). As a patriarchal society classifies men as active and women as passive, feminine conduct combined with a male body are considered abnormal or transgressive (183–185). As such, men in female-dominated care work fear feminisation and stigmatisation, which further influences how they provide care. It is apparent that gender norms significantly oppress men and women caregivers, as their desire for recognition forces them to represent their gender right by limiting their sense of agency and personal control. However, Butler suggests that representation is always performative, and as such, it is a route of reproducing and possibly challenging gender as a norm. Regarding performativity, the caregivers' gendered patterns of behaviour, thought, and perception, habitually regarded as descriptive or expressive of their gendered identity, can be redefined as productive of this identity.

Women and men caregivers not only consistently function within a context that reinforces feminine heteronormativity, but through their caring practices, they consistently communicate gender relations in their wider familial environment, neighbourhoods, and health care services. Therefore, empowering this group could result in opportunities for subversion of gender norms within caregiving contexts while increasing caregivers' sense of agency and well-being and further inspiring and motivating those related to those agents in the outside world.

Application of the theory in this study

Guided by a phenomenological psychological perspective, this study emphasises the intentionality of consciousness and psychological subjectivity as the personal meaning of cognition concerning the experience of gender among caregivers (150). For phenomenology, consciousness synthesises experience through intentional acts toward objects that are both sensorial, meaning that they physically exist and purely mental in origin as imagined, believed, anticipated, or hallucinated (186,187). Grasping mental and physical objects of consciousness, I examine the body-mind coexistence and its connection to the world to describe the whole experience of gender as the participants live it. Butler's theorisation of gender as a fictional idea that forcibly materialises our bodies and shapes our very concrete and material realities provides an explanatory framework of the underpinning cognitive, behavioural, social and psychodynamic psychological processes of this body-mind-world interrelation in the experience of gender (188).

Phenomenological psychology research, however, is descriptive; as such, there is a theoretical resistance to any explanation of causes and effects (189). In line with the descriptive commitment in phenomenological psychological research, I aimed within the phenomenological reduction to use the theory's descriptive perspective as a call for information needed for description, suspending and setting aside its explanatory power for a later discussion with the broader literature and the phenomenological findings of this study (150,190–192). This study's data analysis section includes more detail about achieving this.

CHAPTER II. RESEARCH METHODOLOGY

This chapter presents the fundamental elements of the research process undertaken in the current study. An explicit epistemological position embedded in the study's research paradigm makes the rationale for choosing a methodology and methods justifiable and is crucial to ensure the research's soundness and reveal motivations and potential biases (193,194). The chapter commences by presenting the research paradigm, this study's epistemological position, and how these elements inform each other. Then the presentation of the methodological framework follows and why it best suits the research objectives. The chapter concludes with a detailed presentation and justification of the methods regarding participants' recruitment, the research interview processes and techniques employed, the data analysis procedures, ethical considerations and the research rigour.

Research paradigm

A fundamental distinction exists in social research between quantitative and qualitative research paradigms (194–196). The different assumptions of the quantitative and qualitative paradigms originated in the positivism-idealism debate of the late 19th century (195,197)(194,195,197). At this time, a group of theorists named positivists maintained that all meaningful statements could be either empirical, hence observable and verifiable, or logical as mathematical statements, and the statements that do not fulfil those criteria are meaningless (198). Therefore, positivists proposed that science and philosophy must be concerned only with scientifically answerable questions. Social scientists should use the methodology used in physical sciences to investigate the social world, as the physical world is more understood than the social (195,198). Opposite to this thesis, other philosophers supported that while natural sciences are concerned with explaining and seeking quantifiable, empirical regularities to establish general laws, the social sciences are concerned with understanding individual cases and tracing their unique qualitative development (195,199). “What distinguishes human action from the movement of physical objects is that the former is inherently meaningful. Thus, to understand a particular social action, the investigator must grasp the meaning inherent in that action (200). Therefore, as natural and social sciences have different orientations, nomothetic in contrast to idiographic, different methods should be used to approach the inquiry (194,195). Contrary to the positivist, quantitative approach to knowledge, a qualitative approach should be applied for understanding (195,199).

The differences between quantitative and qualitative research approaches are reflected in their epistemological assumptions (201). By accepting an objectivist epistemology, quantitative research aims to develop universal explanatory laws that govern a static and independent researcher's reality by measuring and analysing causal relationships between variables within a value-free framework (201,202). Under highly structured protocols, techniques utilized are blinding, randomization and questionnaires with limited predetermined responses so that statistical methods can be used to ensure that samples represent larger populations (203).
In contrast, qualitative research informed by subjectivist or constructionist epistemologies seeks to understand the meaning of a dynamic reality connected to the researcher (195,197,204). As meaning requires understanding, it is influenced by inquirers' personal and epistemological values (195,205). Techniques used are mostly in-depth interviews and participants' observations with small purposeful samples that can provide important information and cannot be regarded as representative of larger groups (197). Consequently, validity in quantitative research means that the results correspond to how things are, whereas validity in qualitative research means the appropriateness of the tools, processes, and data (206,207). This study is positioned within the epistemological stance of constructionism presented below and is conducted under the qualitative paradigm.

Constructionism

The epistemological position responds to the fundamental epistemological question, what is the nature of the relationship between the knower and what can be known or, differently stated, how the inquirer knows what he knows (49,208). Epistemology deriving from the Greek 'episteme', means science, including logic, belief, perception, language, and knowledge (209). Integral to all these notions is that they are directed at something as words refer to something, and knowledge requires a known (209). In this respect, epistemological positions cannot be discussed without regard to what is there to be known (209). Therefore the epistemological position contains the answer to the ontological question (208). As Crotty points out, "To talk of the construction of meaning is to talk of the construction of meaningful reality" (194 p.8). Considering the above, I present this study's epistemological position by describing a continuum of the philosophical principles of the subject-object relationship inherited in three epistemological positions: objectivism, subjectivism, and constructionism (194).

At one end of the continuum, objectivist epistemology assumes that reality exists independently, or outside, of the individual mind and the subject's consciousness (194). The meaning of observed phenomena is believed to be in those phenomena, congenital in the objects, distilled from the subjects, human mind, everyday experiences, and interpretations (194). In this respect, reality exists independently and before any interest or activity on the researchers' part (195). This independence of the object in objectivism forms a dualistic subject-object relationship that constrains an ontological realism as the object is assumed to be a single “real” reality that is driven "by immutable natural laws and mechanisms” can be discovered and also predicted (195,208).

At the other end of the continuum lies the subjectivist epistemology assuming that meaning is imposed on the object by the subject; thus, the object does not contribute to the generation of meaning (194). Instead, subjectivists, by creating coherent schemes and rendering the reality plastic, stretched and shaped by individuals' purposes, impose meaning and value on the world by interpreting it in a way that makes sense to themselves (194,210). Hence, as reality is created in individual minds and meaning arises in the process of social interactions, in subjectivist epistemology, the subject-object relationship takes the form of a subject-subject relationship (195). This subject-subject relationship maintains an ontological idealism of a reality created through thoughts and ideas, perceptual entities or archetypes (194,211), and thus with no fixed rules about how this reality may be experienced and therefore is open to all kinds of interpretation and depends upon how researchers and participants perceive it (49,212,213).

The third epistemological stance, constructionism, states ‘'that all knowledge and therefore all meaningful reality is contingent upon human practices, being constructed in and out of the interaction between human beings and their world and developed and transmitted within a social context" (194 p.53). Thus, meaning arises from an interplay between the subject and the object relationship (194). This interdependence of the subject and the object is the insight captured in the notion of intentionality (214). Intentionality is a mental directedness towards or attending to objects (214). This tending 'toward' is not a passive relation but an ‘aboutness', a being about 'something' and involves the cognitive capacity of the subject to separate himself from the physical stimuli and shape a meaningful subject-object relation (215). This intentional relation between the subject and the object that constructs the meaning characterises constructionism, as meaning is not simply objective or subjective and as such, to accept intentionality is to reject objectivism and, similarly, to reject subjectivism (194). Constructionism evokes a relativist ontological position, affirming that realities are multiple and co-constructed intersubjectively through social processes that are affected by history and culture (194,208). Therefore, the relativist ontology in constructionism sees realities as associated and alterable constructions and is distinguished from ontological idealism in subjectivist epistemology of a reality that itself is a form of thought, and human thought participates in it (216). However, in constructionism, accepting that meaningful reality is socially constructed is not to accept that it is not real (194). Intentionality as the interplay between subject-object for the construction of meaning suggests that constructionism does not affirm nor reject the world out there but criticises the meaning as an object, holding a notion of a becoming meaning (51,217,218). In constructionism, the focus is on the collective generation and transmission of meaning as we not only engage with the world and make sense of it but are already born into a world of meaning (210). In constructionism, being at once realist and relativist, the interplay between subject and object denotes that things can exist independent of human consciousness, but the meaning is not, “the existence of a world without a mind is conceivable, meaning without a mind is not” (194 p.19). In keeping with these ideas, this study is positioned within the epistemological stance of constructionism, answering the epistemological question concerning the relationship between the knower and what can be known as follows: this study views gender not as a static and fixed reality that can be identified once and for all and not as an individual meaning-making activity but as an ongoing production of our participation in an intersubjectively constituted world.

Within qualitative research, different methodological frameworks exist for the conduct of research (205,219). To choose the appropriate framework for a specific study, the researcher needs to evaluate the extent to which the framework’s philosophical underpinnings meet the study's epistemological assumptions (205). Based on this, considering among diverse approaches to the qualitative inquiry as ethnography, hermeneutics, and symbolic interaction, this study is conducted under a phenomenological methodological framework as it best mirrors the epistemological foundations found in constructionism: the interdependence of subject-object captured in the notion of intentionality, the meaning not as something externally real nor internally ideal but as a state of a continuous becoming and also the critical stance towards the culture’s heritage pre-given meanings (49,194). Below are presented the philosophical underpinnings of phenomenology, and the parallels between phenomenology and the epistemological stance of constructionism are drawn.

Phenomenology

Phenomenology is commonly understood in two ways: as a disciplinary field in the history of philosophy and, more recently, as a qualitative approach to inquiry (220,221). Building a phenomenological qualitative research design requires developing an appreciation and understanding of the phenomenological philosophical underpinnings (221). The following section briefly accounts for classical phenomenology's central philosophical thinking, specifically Husserl's phenomenological ideas of intentionality. My purpose is not to provide an analysis of this enormous landscape of philosophical concepts but based on Husserl's contemporary readings in the field of philosophy and psychology to present my belief that Husserl's phenomenological thinking can offer a suitable framework for addressing the concept of gender, the core theme of this study.

The subject matter of phenomenology is the conscious mind, the perception of the meaning it has for the subject (220,222). Phenomenology was introduced in 1900-1901 when Edmund Husserl's 'Logical Investigations' were published (223). The phenomenological movement was continued in the first half of the 20th century by Martin Heidegger, Alfred Schutz, Maurice Merleau-Ponty, Jean-Paul Sartre and others (220). Husserl was a scholar in various fields, such as math, logic, theory of meaning, consciousness and intentionality, ontology, and phenomenology, who criticised the positivist and empiricist conception of the world as an objective universe of facts (224,225). Husserl was influenced by the work of Franz Brentano, who distinguished mental from physical phenomena to define the subject matter of scientific psychology (226). According to Brentano, the intended object is an immanent psychological entity, suggesting that inner perception, as a source of experience, is limited to one's mental life (226). Husserl differentiated from Brentano, stating that the object of intentional acts is transcendent and lies beyond its immanent parts (227). We need to ''set aside all previous habits of thought, see through and break down the mental barriers which these habits have set along the horizons of our thinking… to see what stands before our eyes'' (228 p.43). Mirroring constructionism, Husserl's phenomenological thinking concedes that we are already born into a world of meaning, calling us to question our whole culture for observing the phenomena as they are themselves before we even start thinking about them (227,229).

Husserl's phenomenological method describes how things appear to consciousness by bracketing the natural attitude (230). The natural attitude is a pre-phenomenological way of experiencing things, a pre-phenomenological life, in which we hold a general thesis, that is, our presuppositions and the acceptance of an existing world, a presupposing of the being of the world and the things in it. However, as we continue to live in it, we are naive to its general thesis (231–233). As a pre-phenomenological realm, natural attitude can only be disclosed and thematised, being the thematic core of consciousness, by a phenomenological reflection (227,230). The first method in phenomenological reflection, the first shift in view, is called the epoché. The epoché is not a denial but a suspension of the general thesis of the natural attitude for the constitution of meaning in consciousness to present (230,234). The subject reflectively turns its attention to consciousness, which, in turn, is intentionally directed at the world (233). This shift of the point of view is the transcendental shift; the analysis of the correlation between subjectivity and the world is what Husserl called transcendental reduction, and the movement from the noesis (the intending subject that performs noetic acts) to the noema (the object-referent of a noetic act) is known as intentionality (233,234). Therefore, transcendental subjectivity is a person reflecting on his constitutive relation to the world by analysing the how of the givenness of any objectivities or situations (232).

Husserl's methodology of phenomenological reduction was not left uncriticised. The discovery of an objective world by a transcendental subject through his intentional acts that bracketed the whole external world, including other subjects, would seem inevitable that the other subjects were nothing else but rather the projection of himself, and this solipsistic predicament was problematic (227,235). According to Schutz, only emphasising the transcendental and losing the mundane out of sight was the greatest danger of solipsism (223,236,237). Accordingly, Heidegger rejected Husserl's absolute transcendental consciousness and did not abandon the mundane, arguing that Husserl's ‘being’ presupposes the being of something, and as such, the investigation of being must choose a thematised being for analysis (238,239). Heidegger argued that not only consciousness is intentional, but the whole human being is intentionally related to the world, shifting the focus from the human to the being of the human (150,194). The fundamental phenomenon for Heidegger is not objects of consciousness but a human as being thrown into the world, which he described as Dasein (240,241). Where Husserl and Merleau-Ponty assumed a connection between perception and subjectivity while engaging in phenomenological analysis, Heidegger argued that the analysis of Dasein is prior to any psychological analysis (150). He proposed that Dasein is not a psychological or mental phenomenon but an ontological structure, an existence in this world, a happening in temporality (234). Therefore, he argued that the lived experiences as the comportment of Dasein in the world belong in the structure of Husserlian intentionality, and only by interrogating lived experiences can we uncover the meaning of being (242). However, uncovering the meaning of being for Dasein requires interpretation as Dasein, for Heidegger, can not understand itself authentically but under internalised norms and conventions (242). Under this perspective, Heidegger's phenomenology takes a hermeneutical turn (150).

Hence, when the temporal dimension of consciousness is considered, Husserl's phenomenological method was accused of becoming static as it excludes personal and individual history and could not account for sedimented layers of meaning as memory and habituation, which are in part pre-reflective but still influence the experience of oneself with the other and with the world (243,244). The argument that Husserl excluded all the external world to focus on the internal structures of experience implied that phenomenological reduction involves excluding the world to focus on mental representations for making intentionality possible (245,246). However, for Husserl, the only thing excluded in the epoche is the naivety of simply taking the world for granted (187), and he regarded his analysis as not an investigation of some over-worldly, mental realm and not a turn inwards but a turn that allows a thorough investigation of the world (Zahavi, 2008).
In order to respond to the criticisms of the static schema's solipsism, Husserl explains the structure of inner time, in which all mental processes are combined within a temporal horizon of anticipations of aspects of experiences that just passed (retentions) and aspects of the following experiences (protentions) in one continuum, the stream of consciousness, that gives to the experience a temporal depth (244,247,248). Earlier perceptions do not vanish but remain in consciousness, leaving traces as habituated acts and sediments of meanings, which make possible the associations between past and present based on similarities (247,249). This typification of experience, through the associative synthesis of aspects of the experience, is passive because no active conscious activity is needed as perceived features are combined by themselves (247,249).

This passive synthesis of the experience has implications for Husserl's subject treatment (247). Husserl argues that the transcendental subject not only performs transient acts but is also a temporal formation that refers to its own past (249). Through the habituation of acts in internal time, the self is constituted as a gestalt unique to every individual; thus, every self has a unique mode or style of acting (249). This mode or style runs throughout bodily expression and comportment, offering the unity of the lived body not in fixed terms but as an adverbial unity that is in a continuous becoming in our relationships with others and the surrounding world (250). According to this, the development of the notion of style alters the meaning of essence or being; for example, relevant to this study, the essence of a woman or man or any other gender or subject is recognised not as pre-given and fixed but as being in a state of continual becoming (180,251). Thus, the self is not only a whole of actual or possible acts but is formed in time, and has a genesis, an internal past and an origin (247,249). This passive synthesis of experience gives rise to the core phenomenological concept of normality as, for Husserl, we anticipate and apprehend following the sedimented in our mind typical structures, and if what we experience is different to these typical structures, we have an experience of abnormality, which leads to a modification of our anticipations (252). The concept of normality reveals that the passive synthesis is not structured at the solitary level but under the intersubjective forms of apperception (252). Intersubjectivity is reflected in Husserl's fundamental belief that a being can immediately assign intentional acts to another being by perceiving things from a viewpoint similar to his without drawing inferences (253). That belief lies in the notion of an already pre-given and unreflected intentional background, the lifeworld (253,254).

Husserl's concept of the lifeworld occurs within the intentionality framework (233). The subject directs his intentions to any object and refers to the next object in a meaningfully connected context (230). So the ‘object’ is never single but is embedded in an open nexus of reference (230). Husserl terms this open nexus horizon that includes the communal life that is lived according to familiar habits and traditions and makes up the phenomenological concept of the homeworld (253). Husserl envisions the merging of all worlds, a horizon of all horizons, as one world, which is the concept of the ‘lifeworld’ (230). To the extent that the world is perceived as one world, this presupposes a harmony between a subject’s intentional acts and those of others; if the infinite subjects were related differently to the structure of the world, then the world would not be one, and, consequently, we could neither perceive an objective world nor make claims about it (187,255). On the crucial question of how these worlds relate to each other, Husserl supports the possibility of understanding each other through acts of empathy, grasping the conscious life of another person, and their stream of experience, by constituting him as an alter ego (230,253,256). The prior experience of the other subject fundamentally changes the categories of objectivity as the presence of others, and their perspective on the object gives a verification in terms of the constitutive dimension of intersubjectivity, and as such, in congruence with constructionism, intersubjectivity adds sense to the subject’s experience and the unique world of everyone (187,257).

Thus, lifeworld denotes how social groups and cultural and linguistic communities structure the world into objects (253). In lifeworld, a fixed system of intersubjective standards determines what counts as ‘normal’ under ‘normal’ conditions and is a source of epistemic justification (253). Normality is also conventional as it is not only related to having the same capacities of experience as others but also having the same as most other subjects (258). This form of intersubjectivity, where rules determine the inclusion and exclusion by the community, determine the subject's mundane intersubjectivity, the way someone interacts with others and is integrated into the purely subjective sphere of experience (259). Therefore normality is also strongly related to individual experience: each subject anticipates ‘normal’ experiences and expects specific patterns in his or her experiences, inherited from our predecessors and acquired in the interaction with others (252). As such, the horizon is not only the analysis of subjectivity but, above all, of intersubjectivity, which holds a fundamental role in our constitution as objectively existing subjects, other experiencing subjects, and the objective world (243).

On an epistemological level, Husserl simultaneously adheres to realism and idealism as the objective world, in the constituted intersubjective experience, is not to be regarded as entirely independent of the aspects we represent the world (253). For Husserl, another condition for the possibility of intersubjective experience is the assumption that the other subject structures the world into objects similar to ours (253). Husserl’s noema as an experience of an object is neither something externally real nor internally ideal (253). It is a transcendental concept, the object apprehended by the subject who has experienced other subjects (247,252). Hence, strong parallels with the epistemological position of constructionism are drawn.

Husserl's methodical acknowledgement of the intentionality of consciousness and its engagement in the intersubjective community is of great significance for this study. Attending phenomenologically to the participants' experience, I will observe the gendered styles of their thoughts, feelings, and behaviour. Then, in the framework of the normative structure of the lifeworld, I will observe how the participants, as embodied agents conditioned in culture and discourse, establish meaningful relations between themselves and the world in a space like Greece that has been structured by history and for generations has a specific normative encounter for womanhood and manhood. I aim to provide a phenomenological account of how the lifeworld shapes the perceptual experience of gender for caregivers and how within the stream of experience, its associative relations are constituted and strengthened. Given the above, the research question for the current study was formulated as follows: What is it like for spousal caregivers of older people undergoing rehabilitation the experience of gender within the Greek community? The objectives to support the inquiry are 1) to describe the gendered patterns of perception, thought, feelings and behaviour of spousal caregivers, 2) to investigate the normative structures that constitute the experience of gender, and 3) to explore the sense of agency in the experience of gender.

Applied phenomenology research methods.

The methods and concepts that Husserl and his successors developed were not intended for social research but served as philosophical projects. As a philosophy, phenomenology is not unified but divided among distinct epistemological and ontological realms, which also has implications for applied phenomenological social research (189). From a Husserlian phenomenological epistemological perspective, researchers acknowledging an embodied consciousness employ a descriptive phenomenological method to understand a phenomenon embedded in the structure of intentionality (260). From a Heideggerian phenomenological ontological perspective, researchers employ a hermeneutical method, depart from subjectivity towards subjectivism, and seek meaning in individual lived experiences (150). An example of an empirical hermeneutical phenomenological method is the one developed by Van Manen and, more recently, the interpretative phenomenological analysis that draws on hermeneutical phenomenology and the related tradition of idiography (261,262). As I presented above, this study moves away from a hermeneutical subjective account of the lived experience as it does not focus on what does it mean to be a man, woman or any other gender spousal caregiver but instead, informed by a Husserlian perspective, explores subjectivity as embedded in the structure of intentionality by focusing on what is it like for spousal caregivers to experience gender (150,222,263).

However, Husserlian intentionality as a transcendental subjectivity involving the analysis of the correlation between noesis and noema for the investigation of the universal meaning of consciousness is impossible to be the scope of empirical human research (234,264). In contrast to philosophy, in empirical research, the descriptions come from participants rather than researchers (265,266). Consequently, the researchers cannot distinguish between noesis and noema because they can only recognise noesis (noetic acts) through what is being thought about (noema) (267). Therefore, due to their inability to stay within the transcendental phenomenological reduction as no distinct noesis data can be collected, empirical research related to intentionality becomes a form of psychological phenomenology investigating not the meaning-giving perspective of consciousness but the meaning-giving perspective of the individual, the personal meaning of cognition (150,266). Below are the methods informing the phenomenological psychological research and how they are applied in this study.

Phenomenological psychological research

Numerous scholars address the conduct of psychological phenomenology (189). Phenomenological psychology concerns subjectivity, the experience's phenomenal aspect (191,227,263,268,269). Experience is understood through the structures of intentionality in which the subject relates to objects meaningfully and constitutes a fundamental holon (189). Intentionality is found in all experiences, including perception, thinking, feeling, volition, expectation, imagination remembering, and social behaviour (234,270). Consideration is given to how individuals consciously experience the lifeworld through their social and historical presence in a meaningful transcendent world (270). As such, the description of the human experience involves aspects of the lifeworld illuminating the person-world relationship (271). Because the subject matter in phenomenological psychology is the experience, the participants' experiences shape the qualitative data obtained mainly from interviews and written descriptions (189). The commonly agreed-upon procedure within phenomenology is phenomenological psychological reduction, as is the means of thematising people’s conscious experience of phenomena (272).

Consequently, the phenomenological psychological reduction is fundamental for a phenomenological qualitative method to remain within human consciousness, explore human subjectivity and claim phenomenological results (191,265). Within the perspective of phenomenological psychological reduction, a descriptive approach for a thorough phenomenological psychological analysis of the data takes place (273). The presentation of how these steps are implemented in this study follows below.

Phenomenological psychological reduction

As described already, Husserl's epoche and reduction as a philosophical endeavour permit the researcher to overcome the natural attitude's naivety, accepting the world as a pre-given source of validities by placing into parenthesis its validity (234). Within the transcendental phenomenological reduction, the researcher, by abstaining from the consciousness' inclination to unreflectively focus on the existence of objects independent of experience, can examine the givenness of reality, the way phenomena present themselves through experience

(234,274). Methodologically since phenomenological description yields universal essences, it involves what Husserl called ‘eidetic reduction’ (253). Husserl used the term ‘eidos’ as Plato's alternate term for the idea (form) to design universal essences (227). An eidetic reduction is a form of imaginative variation by which the phenomenologist reduces the phenomenon into its essential qualities by theoretically changing its different qualities; if the quality is changed and the object remains unchanged, then the quality is accidental to the object's essence (275).

Regarding empirical research, Husserl noted the commonalities between phenomenology and psychology, stating that although the two paradigms explore the same thing, without the epoché and the reduction, empirical psychology informed by the natural scientific method focuses only on what can be seen and measured (150,272). Consequently, the epoche and the reduction are fundamental elements for empirical phenomenological psychological research to remain within human consciousness, explore human subjectivity and claim phenomenological results (191,265).

However, given that the descriptions of the experiences in phenomenological psychological research do not come from the immediate perception but from the way consciousness apprehends or registers a particular experience, the phenomenological reduction used in empirical psychology cannot be the same as the transcendental reduction (150,253,256,266). The scientific phenomenological reduction used in empirical psychological research is what Husserl called the psychological phenomenological reduction or vocational epoché (150,266). In contrast to transcendental reduction, psychological phenomenological reduction is a limited or local epoché of the natural attitude, in which the objects or states of affairs (situations) experienced are reduced, but not the acts of consciousness with which they are correlated (253,266,274). That means that the researcher preserves the existence of persons and experiences understudy, but he assigns no existential status to the experienced objects making explicit his reasons for the bracketed existence assumptions (266). As such, in this limited epoché, the threads holding the researcher within the natural attitude are not cut off but loosened to enable him to explore the intentions of others and his own (274). In psychological phenomenological reduction, the phenomenological attitude from the part of the research is reflective (274). Utilising the epoché, the researcher does not forget everything he knows, assuming the role of an unbiased observer, but instead, he is critical of his presuppositions and hypotheses, placing the common sense and scientific knowledge about the phenomena into brackets for the subject matter to reveal (265,276).

What this means for this study is that utilising the epoché I will bracket, put aside my knowledge of scientific theories and research on gender and the concerns about the objective reality of the caregivers' gender apart from their experience of them by focusing exclusively on their descriptions and exploring how they experience processes and situations. In that way, I will avoid making unsubstantiated theoretical explanations regarding cause and effect and provide an intentional analysis of the psychological processes inherited in caregivers' perceptual experience of gender (267,274).

Data Collection

The raw data of phenomenological psychological studies consists of naïve descriptions, the first-person accounts of the experience as it is understood by the participants in their everyday mode of understanding (191,263). Below I present the methods for collecting the raw data of this study, including information about the sample characteristics and size, recruitment and interview procedures.

Sample, sample characteristics and sample size

A purposeful sample was selected for this study, consisting of 11 spousal caregivers of older individuals needing rehabilitation due to brain injury-related disorders. Seven participants are women, four are men, ten are Greek, and one is Albanian. Minimum age 62 years old, maximum age 83, mean average age 69.9. The minimum time for providing care is nine months, and the maximum is twenty-five years. All participants are Greek residents, and they speak and write in Greek. Table 7 below presents the sample’s demographics.

Table 7. Sample's demographics

	Age	Sex	Gender	Citizenship	Ethnicity	Spouses/ partners' needs	Years of the caregiving trajectory	Occupation
1	71	Male	Man	Greece	Greek	Multiple Sclerosis	25 years	Retired driver
2	75	Male	Man	Greece	Greek	Stroke	7 years	Retired factory worker
3	76	Male	Man	Greece	Greek	Stroke	3 years	Retired technician
4	68	Female	Woman	Greece	Greek	Stroke	3 years	Retired animal breeder (family farm)
5	64	Female	Woman	Greece	Greek	Stroke	9 months	Not employed
6	83	Male	Man	Greece	Greek	Stroke	10 years	Retired public servant
7	62	Female	Woman	Greece	Greek	Stroke	1 year	Not employed
8	65	Female	Woman	Greece	Greek	Stroke	2 years	Retired animal breeder (family farm)
9	78	Female	Woman	Greece	Greek	Stroke	11 years	Not employed
10	63	Female	Woman	Greece	Greek	Stroke	9 years	Retired public servant
11	64	Female	Woman	Greece	Albania	Stroke	8 years	Retired tavern owner

In phenomenological studies, the data is collected from individuals who have experienced and can provide rich information about the phenomenon under study (191,192,263). A purposive sample, also called a judgment sample, is widely used in qualitative research to identify and select individuals based on predetermined criteria who have experienced the phenomenon of interest and can provide rich information and descriptions (277–279). As such, to establish rigour in my study, I thoughtfully used purposive sampling to recruit a sample that would yield essential data on the perceptual experience of gender for caregivers keeping in mind the limitations that will arise in the findings based on the selectivity of the individuals that will be sampled (277,280,281).

Based on the purpose of my research and the findings and recommendations of this study's literature review, I applied the following criteria for the participants' selection:
I selected adult caregivers, irrespective of their sex, gender, or ethnicity, who were at different points in their caregiving trajectory but provided care for at least six months at the time of the interview. With this criterion, I aimed to develop a sample where multiple perspectives would offer diversity and depth as the respondents were more likely to provide rich information about the phenomenon under investigation (49,148). However, considering the highly adverse impact of caregiving on spousal carers and the intersection of caring practices with the caregivers/ care receiver relationship and with care receivers medical needs, I aimed for some homogeneity to ensure the study holds relevance and personal significance to respondents and to avoid increased variation enabling me to capture detail and provide in-depth analysis on a specific group of carers (181,263,282). Only caregivers who lived with and provided primary care to their spouse/ partner were selected for the study.

Additionally, given the limited exploration of informal caregiving other than dementia-related diseases and the lack of qualitative research on older individuals with brain injury rehabilitation needs when a brain injury is the leading cause of death and disability worldwide, causing from subtle to severe physical, cognitive, and behavioural/emotional impairments that may be permanent, and require significant care, to respond to this gap in the literature, I selected only caregivers who provide care to older people in need for brain injuries rehabilitation (181,283,284). Other essential criteria I applied following Moustakas are: the participants were willing to participate in a lengthy interview, granted me the right to audio record, and agreed to publish the data in a dissertation and other publications (263). Additionally, the participants could speak, read, and write in Greek and provide informed consent. Table 8 below presents the inclusion and exclusion criteria for the participants' selection applied in this study.

Table 8. Inclusion criteria and operationalisation of the terms employed.

Inclusion Criteria	Operationalisation of terms
Spousal/ partner caregivers	The spouse or partner of the patient who lives with him/her and is most closely involved in taking care of him/her at home
Care receivers age	Care receivers are above 60 years old. According to the new age classification, older age is above 60 years.
Care receivers need	Care receivers need rehabilitation due to brain injuries like stroke, multiple sclerosis, or cerebral palsy.
Language	Greek

Decisions about sample size in qualitative research focus on flexibility and depth, not on generalising the findings as in positivist science (279,285). Regarding determining the number of participants for a phenomenological study, various literature recommendations extend from 3 to 25 participants (150). Polkinghorne recommends that researchers interview from 5 to 25 individuals, while specifically for psychological phenomenological studies, Giorgi recommends that no less than three participants should be interviewed, and Creswell suggests up to 10 with no minimum (191,192,269). Morse suggests that the more valid data are collected from each person, the fewer participants are needed, and Lincoln and Guba propose that the sample size be determined by the criterion of informational redundancy, meaning that sampling should be terminated when no new information is elicited by recruiting more participants (286,287). Similarly, Strauss & Corbin (1998:212) suggest that appropriate saturation occurs when "no new or relevant data seem to emerge regarding a category, the category is well developed in terms of its properties and dimensions, and the relationships among categories are well established and validated" (288 p.212). Considering the above literature, I aimed to recruit no less than six participants and move on progressively through the sample until no new and additional concepts arose, ensuring data saturation, which occurred at 11 participants.

Recruitment

Recruitment complied with my university's equal opportunities policies for research participants with consistent best practices employed throughout all procedures and activities. The recruitment setting was a specialised rehabilitation clinic through which I was likely more able to recruit participants to provide information relative to the phenomenon being studied (148). I contacted the clinic to obtain an access permit to the site to initiate the data collection process. All the participants were recruited through the principal manager, who acted as the gatekeeper (287).

I initially discussed the study details and the selection criteria with the principal manager for recruitment. Then I requested the principal manager to organise meetings to introduce the study details to potential participants and provide them with invitation flyers and participant information sheets, including information about the research purpose, risks, rights, possible benefits, confidentiality, dissemination and contact details. I further asked the principal manager to share the invitation sheets with carers of previous patients or those visiting the clinic regularly for medical and therapeutic reasons who may be interested in participating in the study. In addition to the above strategies, I used a study poster with study details to invite potential participants. The poster was displayed on the clinic's notice board with the relevant permission from the site. Throughout the recruitment, I ensured an excellent professional relationship with the recruitment site through open communication that complies with data protection rules and the standard operating procedures of my university, safeguarding the wellbeing of all the parties involved.

One interview was conducted at the clinic, one at the University and nine in the participants' houses after their request. The interviews lasted from 50 to 90 minutes, ensuring sufficient participant engagement. The interviews were audio-recorded with high-quality equipment with permission from the participants to ensure data completeness and that no valuable information was lost during the interview processes. The interview phase lasted three months. I transcribed all the study’s interviews verbatim immediately after completion to ensure data reliability (192).

Each transcript included a unique numerical identifier, a consistent layout, a document header with interview details; speaker tags to indicate the question/answer sequence; line breaks between turn-takes; numbered pages and pseudonyms to anonymise personal identifying information. Data was housed securely on the university-provided server. I conducted a pilot interview using the interview guide with a person who met the inclusion criteria in the sample participant group. The pilot interview was included for data analysis due to the depth and richness of the information collected. From the pilot interview, I realised that I needed to change the wording of some of the questions to make the language more simplified and accessible to the participants. After each interview, I wrote my thoughts regarding the flow and success of the interview in my research diary, my interaction with the interviewee and further descriptions regarding the place, body language both mine and the participants' mood and atmosphere, pauses and other events of the interview process and personal thoughts allowing myself to hold a sufficient level of reflexivity throughout the interview process.

Interview protocol

The qualitative interview is the leading method for data collection in phenomenological research (49). Qualitative interviews are generally semi-structured or unstructured (289). According to Kvale, qualitative interviews are informed by the following aspects: they are centred on the interviewee's lifeworld seeking to understand the meaning of phenomena; are focused on particular themes; are qualitative, descriptive and specific; they are presuppositionless and open to ambiguities, and changes (276). For phenomenological interviewing, Giorgi and Moustakas highlight that the focus should be on the critical phenomenological concept of the person's lifeworld and suggest that questions must be broad and open so that the participants can express their viewpoints (263,290). Using phenomenological theory, other scholars provide structured approaches to guide the phenomenological interview (291–293). Considering that even an unstructured interview needs an underlying structure to remain focused on the phenomenon under study, I chose to employ Bevan's method of interviewing for descriptive phenomenological research (292,294) (Appendix 2). The interview method offers a straightforward, theoretically-based approach for novice researchers, enabling descriptive phenomenology application within the interview process while remaining faithful to qualitative interview techniques ensuring consistency across phenomenological theoretical assumptions, strategies and techniques (150,292).

The method employs descriptive and structural questioning and imaginative variation to explore the experience in three steps: experience contextualisation, apprehension of the phenomenon, and clarification (292). It is essential that the researcher remains with a phenomenological attitude during the interview process (292). Therefore, I aimed to remain within the phenomenological attitude through active listening, being conscious of my presuppositions, and engaging in reflexive critical dialogue with myself before, during and after interviews. Remaining faithful to the descriptions of the participants' experiences and acknowledging that this is how they describe their world enabled me to be consistent with my epistemological position and maintain a fundamental level of validity for my research (150,292). Below, I explain how I structured my interview questions around Bevan's three domains. It is important to note that not all questions were asked to all participants, as questioning was based on their disclosures.

I initially structured the questioning around the participants' life world to gather information regarding the context in which the participants' experience gains meaning (266,292). I used Ashworth's (2016) notion of lifeworld fractions to assist me in articulating appropriate interview questions for this step (150,271). Among other writers in phenomenological psychology, Ashworth offers an account of the essential features of the lifeworld that can contribute to the meaning of any experience under study (150). The following eight fractions can be regarded as a basic structure of a person's lifeworld: Temporality (the temporal flow an experience is lived through); spatiality (the geography of places an experience takes place, including not only physical places but also social norms) embodiment (the feelings about a person's own body); project (the person's ability to carry out essential activities); discourse (the terms employed for the experience's description including surrounding cultural forms); moodness (the affective context of the experience); sociality (the individual's relation to other people); selfhood (the individuals' social identity and sense of agency) (271).

I used descriptive, context and narrative questions to explore each lifeworld fraction (292). An example of an interview question aiming to elucidate the temporal flow of events in the lives of the caregivers, from the starting point till the time of the interview, is: *Can you describe the events from your spouse's/partner's incident to nowadays?* That open-ended question was also the initial question for all the participants, offering them a broad field to describe their experience (266). According to the participants' descriptions, I kept mental notes for transitioning to the following appropriate questions.

In the second step, I aimed to apprehend the phenomenon by exploring its modes of appearing, as the phenomenological method posits that experience is experienced in many ways (295). Additionally, the experience is not limited to the caregiver but involves other people's experiences, which I needed to investigate (292). For example, in my study, a caregiver might experience a caring activity, like bathing the care receiver in many ways, for the first time or as a part of the daily routine. I asked more descriptive questions to uncover these modes of appearance, such as asking the participants to describe typical days of providing care. Once I had the participants' descriptions of events and activities, I supplemented descriptive questions with structural questions to elicit clarity (292). Structural questions helped me avoid explanatory or premature interpretations and remain within the phenomenological attitude (292,296). The following is an example of how I employed descriptive and structural questioning in my interviews: ''*You mentioned that you worry for* *your husband. Could you please describe what you mean by being worried? Can you describe what you do when you are worried?* ''

In the final step, Bevan proposes a novel approach to phenomenological interviewing linked to Husserl's notion of imaginative variation (292). Using imaginative variation, the researcher varies a given phenomenon freely in its possible forms to uncover invariant parts and clarify its structure (228,292). Bevan suggests that imaginative variation can be applied in the phenomenological interview by asking hypothetical questions like presenting the subjects with a different scenario or actors from what happened (292). Imaginative variation is used in phenomenological studies to analyse interview data (266). However, using it earlier in the research provides clarity, makes the interview process more dynamic, and adds consistency and credibility to the research because the phenomenon is varied with the respondent, and therefore, its structure is context bounded to his perspective (227,292). In my study, I developed the variation questions during the interviews based on the participants' descriptions through active listening. However, given the focus of my study on gender, one common variation question I made to the participants is: ''*If you were another gender, would you be, act or provide care differently? If yes, in what respect would you be different?"*
Following other studies to assess gender identification, assumed gender differences were ascertained by open-ended questions (297). This procedure has three advantages as the participants have to produce rather than merely recognize gender traits; they list those most salient to them and are free to ascribe as many positive or negative traits to each gender as they deem adequate (297). In a second step, gender identification was assessed by exploring the identity relevance of one's gender using the imaginative variation question quoted above.

Data analysis

Phenomenological psychological data analysis steps are overall similar for all psychological phenomenologists (49). I chose Giorgi's descriptive phenomenological psychological method because it provides explicit and systematic analysis procedures, characterised by thorough descriptions and commitment to psychological life by clarifying its processes, meanings, and general eidetic structures (191,274).

By modifying Husserl's method to be useful for psychology, Giorgi provided a discovery-oriented method of analysis that ensures scientific rigour and the phenomenological status of the study (191). The first modification introduces the practice of phenomenological psychological reduction that leads to the exploration, not of a transcendental subjectivity as pure consciousness but of psychological subjectivity as the way subjectivity lives the experience of thematic objects (266). Assuming psychological subjectivity as being in the world leads to the second modification of the Husserlian method that requires a psychological perspective towards the experiences, regarded as manifestations of meanings expressed by human subjects and thereby informed by their conceptual worldview (266). Finally, given the discovery of a psychological and not a universal essence, the claim made by the scientific method is only generality and not universality (266). Below I present how I employed Giorgi's steps to analyse my data and the corresponding philosophical underpinnings supporting its phenomenological character and scientific rigour.

Giorgi explicitly outlined four essential steps of protocol analysis: (1) reading for a sense of the whole; (2) differentiating the description into meaning units; (3) reflecting on the psychological significance of each meaning unit; and (4) clarifying the psychological structure(s) of the phenomenon (191,260). In the first step, within the natural attitude, I read the whole raw data without any agenda or attention to the research phenomenon (191,274). This stands for the phenomenological idea that the whole of an object or state of affairs (situations) is irreducible to its parts and goes back to the rationalist philosophers, who believed that certain truths are knowable a priori (256). I read all the transcriptions with an openness to all details to get a sense of the whole. Acknowledging that the whole is greater than the sum of its parts was essential to keep the raw data intact during all data analysis steps (295). Ending this step, the method for the rest of the analysis required me to assume the attitude of the phenomenological psychological reduction to establish this study's phenomenological perspective (191).

In the second step, within the phenomenological attitude, I moved on to discriminating the parts of the whole raw data referred to as meaning units (191). I reread the description, and every time I experienced a difference in meaning, I marked where I perceived the difference and continued to read. I marked each meaning unit with a numerical identifier and ended it with a hyphen (-) to distinguish the meaning units (191). According to Giorgi (2009), where the meaning units are delineated is not definite as different researchers may place the meaning units differently in the same data, which does not affect the quality of the data analysis (191). During this stage, I did not interrogate the meaning units as I aimed to accept the phenomenon as described by the participants (260). To keep the whole raw data intact, I created a document for meaning unit analysis with superscripts of the participants' numerical identification and three columns. I copied the meaning units intact to the left column with their corresponding ascending numerical identifier.

In the third step of psychological reflection, I transformed the meaning units into psychologically sensitive expressions (191). Additionally, through imaginative variation, I determined the constituent parts, essential meanings, of the general structure of the phenomenon under study (191). First, I transformed the naïve descriptions of each meaning unit into descriptive expressions in the third person that highlighted the psychological meanings lived by participants. The psychological reflection at this point was necessary to explore the phenomenon at an individual and worldly level to practice science and not philosophy (191). This transformation of the meaning units had a dual function. It expressed the meanings directly concerning the participants' psychological individual experience, integrated the various descriptions, and generalised the meanings using psychology-sensitive language (266). However, as Giorgi points the procedure is challenging as the researcher cannot avoid being biased towards his psychological perspective, his individual psychological experience (191). Therefore, remaining within the phenomenological attitude, by acknowledging the assumptions that I bring in the data and by being disinclined to any explanations of cause and effect, I reduced my individual experiences to a part of the phenomenon and remained faithful in my description of the psychological meanings inherited in the participants' descriptions. This psychological reflection in the data finally led to the discovery of a psychological and not universal essence in which the content and context are essential (266). I developed the psychological-sensitive expressions and placed them next to the corresponding meaning units in the second column. To achieve credibility, I immersed myself in the data, reading back and forth the whole data and interpreting meaning units consistent with the experiences as narrated.

Then, I discovered and named the constituent parts of the intentional psychological acts inherited in the transformed meaning units (191). To present the procedures I followed explicitly, first, I clarify the meanings of the phenomenological concepts ‘constituents parts’ or ‘moments of a structure, and then I explain how I discovered those ‘moments’ in the data by naturalising imaginative variation. According to Husserl, an act is, as explained, a psychological process of an experience directed to an object containing an object (256). Acts can be positing acts, affirming the object as existent such as acts of perception or memory, seeing, remembering, and non-positing, presenting the object in a modified form with no assurance of actual existence, such as fantasy or imagining (191,256). Act quality, such as perceiving, loving and object, matter, states of affairs, or other objectivities, comprise two different but non-independent constituent parts of the whole intentional lived experience (191,256). Those constituent parts are what Husserl called ‘moments’ of a structure and become meaningful only in relation to the overall meaning structure showing their interdependency (256,295). This interdependency between the constituent parts and the whole gives rise to the notion of empty intentional acts in which constituent parts can also be ‘absences’, in which the object is not given with physical presence but is implied in relation to the whole structure (295). Empty intentional acts intend or symbolise the object in its intuitive absence in the world, such as the awareness that I live in a city while in a room (256). The moments must be contrasted to ‘pieces’, which are independent parts of the structure and, therefore, non-essential and can be detached from the whole (191,295).

In the philosophical method, the phenomenologist discovers the essential constituent parts through imaginative or eidetic variation central to Husserl's methodology for allowing the phenomenon's essence to manifest itself as the structure of its essential possibilities (258). By abstaining from acceptance of the objects' existence, the phenomenologist varies the constituent parts of the object, matter or state of affairs in the realm of as-if while retaining the perceiving element in the act, act-quality, to discover all its essential features (256).

However, imaginative variation in phenomenological psychological research is challenging as the researcher approaches the phenomenon from a third and not a first-person perspective (150,298). To practice imaginative variation in empirical studies, the researchers need to acquire a variation of an experience that starts with the participants' recruitment stage (298). Therefore, I purposefully selected a diverse sample of participants to approach the phenomenon from varied perspectives and operationalised imaginative variation in the interview process where the phenomenon varied with the assigned participants' perspectives.

Finally, at this step, I operationalised imaginative variation by being in a constant dialogue between the parts and the whole that allowed me to examine the constituents for their interdependence as parts of the whole psychological structure to determine which are essential constituents, moments and which were accidental, pieces (191,295). Given the qualities of the constituents parts described above, I assumed the following: on identifying constituents parts, I assumed that they could not be independent of each other, but they were necessarily part of the whole structure. In naming the constituent parts, I did not merely label nominal acts, naming matters or complex states of affairs, for example, ‘fear’ or ‘unknown future,’ but instead, I named the constituents in a descriptive way of their psychological meaning, such as ‘feelings of fear for an unknown future.’ I also assumed that constituents parts could also be absences, meaning that although they are not apparent in the data, they were contextually implied by the sense of the whole

By remaining in the phenomenological attitude and practising eidetic variation, the aim was to discover the invariant aspects of the participants' experiences that belonged to the general psychological structure of the experience of gender (191). I discovered and named the constituents and placed them next to the transformed meaning units in the third column with their corresponding numerical identifier. Therefore, in the last step, I proceeded to a meaningful integration of the constituent parts of the participants' experiences that provided three major psychological constituents revealing the psychological structure of the experience of gender among caregivers (191)

Ethical considerations

All research activity in this study complied with the Declaration of Helsinki, followed good practice guidance (EU Reg no. 536/2014), and adhered to the Charter of Fundamental Rights of the European Union, 2000/C 364/01. All participants provided informed consent (Appendix 2). All activity with participants was subject to formal ethical approvals. All copies of ethical approvals were made public. This included: the scope and purpose of the research, templates of the informed consent forms and information sheets, participants' recruitment procedures, data collection procedures, issues of anonymity and confidentiality in research, safety and assessment and management of risk, data management plan and dissemination.

The rigour of the study

Many perspectives exist on the procedures for establishing rigour in qualitative research, while critical in assuring and evaluating validity is acknowledging the particular study’s purpose, philosophical underpinnings and research paradigm (192,281). Based on Lincoln and Guba's recommendations, to establish the rigour of this phenomenological study, I focused on four areas: (a) credibility, (b) transferability, and (c) dependability and confirmability (287).

The credibility issue for qualitative inquiry depends on a fundamental understanding and appreciation of the philosophical tenets of naturalistic inquiry, rigorous techniques and methods for data collection and analysis and the researcher's credibility (281).

The theoretical commitment and understanding of the assumptions underpinning qualitative inquiries have been ensured in this study by providing a clear description of the theoretical concepts governing naturalistic research methods, specifically phenomenology. Credibility is achieved in this study by demonstrating consistency across the research paradigm, epistemological position, methodological framework, and methods and showing how they best serve to approach the study's phenomenon that is articulated in a phenomenological concise and transparent way.

Methods followed to ensure credibility involves a purposeful sampling with reference limitations inherited in this strategy and sufficient engagement in the interview process combined with continual observation, phenomenological structured interview protocol with the employment of bracketing focusing on the participants' descriptions and use of imaginative variation (192,281). Reliability in the transcription is achieved through sound quality recording and accurate, detailed transcription of the recording after the interviews, indicating the pauses and overlaps and including observations and reflexive notes (192,299). Credibility in data analysis is supported by following the procedures recommended by Giorgi, characterised by a commitment to phenomenological methods to describe psychological life by clarifying meanings and eidetic structures (191,192). Eidetic reduction, imaginative variation, followed a process of navigating back and forth among all the transcribed data, focusing on reducing the inessential data and conveying the overall essence of the participants' experiences. Data was investigated for polarisations, negative instances and cases that did not fit within the patterns but were maintained as part of the analysis, providing critical information and contributing to the emergent constituents (192,300).

This study used a multi-faceted approach to defend the findings against the investigator's bias (287,300). The study's committee members acted as reviewers, examining the data and checking on selective perception and blind interpretive bias. I kept notes of these meetings (287). The integration of various theoretical perspectives was employed to elucidate further how findings are affected by different fundamental assumptions and premises (281).

The credibility of the researcher is dependent on training, experience, status, and presentation of self by clarifying the researcher's bias from the outset of the study so that the reader understands the researcher's position and any assumptions that may impact the inquiry (192,281). Therefore, in the introduction, I comment on my professional and educational background, values and orientations that have potentially shaped my approach to this study.

Transferability focuses on the theoretical generalizability of research findings determining their applicability to other similar individuals, groups, or settings (285). A strategy I used to establish transferability is to provide a dense description of the population studied with detailed descriptions of demographics such as age, sex, ethnicity, spouses' needs, years on the caregiving trajectory and occupation, aiming to enable readers to determine whether the findings can be transferred (192). However, repeated study methods in other contexts and with different researchers and participants might yield different results as qualitative findings are highly context, time and case-dependent (281,301).

Dependability refers to the consistency and the degree to which research procedures are documented, allowing someone outside the research to follow, audit, and critique the research process (302). Strategies used to establish dependability in this study are a clear description of the purpose of the study, a detailed description of the research methodology, methods, data collection and analysis and the evaluation of these steps by the study's committee. Confirmability refers to the extent to which the findings do not derive from the researchers' motives or biases but are linked to the data (285,287).

Confirmability for this study is established by maintaining a self-critical attitude about how my preconceptions affected the research understanding. After each interview, I wrote notes regarding my feelings, biases, and insights, ensuring that I remained faithful to the participants' descriptions asking for clarifications and examples and allowing them to lead the direction of the interview.

CHAPTER III. FINDINGS

This chapter presents the findings that emerged from the rich and varied narratives of the eleven spousal caregivers of older people undergoing rehabilitation who shared their experience of gender. Analysis of the recordings and the transcribed narratives provided by the eleven participants revealed the psychological structure of the experience of gender through three structural constituents presented below: i) Applying a normative standard in the constitution of the self as a gendered agent, ii) Rupture of continuity of the gendered sense of self and iii) (Re)constitution of the self as a gendered agent. Finally, the psychological structure of the experience of gender is presented.

The findings include direct quotations from the participants in this study. For anonymity reasons, the participants are quoted as (mp) for male participants and (fp) for female participants, followed by a case number according to the chronological order in which the individuals participated in this study. All the participants in the study self-identified as men or women. The terms man and woman are used in this study to refer to the gender identity of the participants as the participants construct it. Quotations are presented in italics based on the length of the quotation. Quotations of fewer than forty words are presented in quotation marks within the text of the paragraph. Quotations of forty or more words are presented in a block-intended quotation.

I) Applying a normative standard in the constitution of the self as a gendered agent

For the participants in the current study, the construction of gender is sexualised, directly linked to a socially and culturally defined 'natural' state for their sex category within context. They perceive the distinction between males and females as physical, impacting and shaping the whole person. Assuming heterosexuality as natural, they regard the creation of a family as a divine obligation and an essential condition for achieving full personhood. As one of the participants notably claimed, *"God created us to have a family. This is the destiny of humanity. You now see a bunch of young unmarried people. I do not know their aim in life" (mp2).* Through the heterosexual marriage institution, the participants' gender identity is role-fulfilled and becomes acceptable and recognised within society. Males are identified as men, recognised in the role of the husband and head of the family, with the additional responsibility of the family's economic survival, whereas females are identified as women, as something different, other, recognised in the roles of wives and mothers. As one participant described, *"The man is a man. The man is for outside chores. For home is the woman (mp6).*

Another participant also claimed, "*The men do their chores out of the house.* ***.*** *Always the woman is at home and with the children. The woman is other" (fp9)*. The distinction from women for avoiding any potential role reversal and the blurring of clear boundaries that it implies is mandatory for men to preserve their head of the family status and not withdraw themselves in the role of nurturing and caring. The following comment is indicative:

> *I took my child by the hand when he was 5-6 months old, and what did my mother tell me? It is a disgrace! Do not do it! The children are to be taken by their mother by hand! She considered it derogatory for the father to take the child by the hand. (mp6)*

The overwhelming sense obtained is that the participants' accounts are informed by a distinct and oppositional view of gender involving the alignment of biological sex, gender identity, and gender roles. Recognition of gender identity with the role of the marriage partner assigns different responsibilities and liberties to gendered subjects. In this study, men designated to the role of the breadwinner are active agents in the social and political realm. In contrast, women are designated primarily to the essential but devalued role of nurturing and caring within the home.

For the participants, strictly monogamous marriage acts are acceptable, and proposals of actions that depart from the conventional view of the traditional family structure are automatically rejected. According to one participant's description, "*I had a friend whose wife had died, and he married another woman. Other children with one, other children with the other, chaos, chaos" (mp6).* Another participant also pointed out that with his wife, he *"went through poverty, building a house for the family"* and continued claiming that *"another woman* would *only want money to go for walks" (mp1),* possibly implying that another woman outside the first marriage would act selfishly, immorally and not for the common interest. In this monogamous domestic sphere, suppressing women's knowledge, thoughts, and emotions appears to be a precondition for men to maintain the head of the family status, rendering women compliant companions. One participant stated, "*If my wife's opinion is correct, I might hear her, but if I believe that what she says is not right, I do what I deem right" (mp2).* Another participant added, "*Sometimes I tell my wife to go to hell, but it is not something serious" (mp6).* As such, little girls learn from a young age to conform to the demands of men to feel secure, loved, accepted and worthy. Through devaluation and guidance of sexual and gender orientation, the girl child is deprived of the intention and autonomy to realise herself according to her will. As characteristically mentioned by a participant:

> *I did a lesson for my granddaughter: you are 15 years old. You will get married in five years, and the man will return from work and not find food. Once he can forgive you, he will tell you next time: go back to your mother; you do not know anything! (mp2)*

In the participants' accounts, the heterosexual marriage institution, blessed by the Greek Orthodox Church, functions as an organising principle in life that drives a mechanism of generating gender capital that legitimises gender identities, gender roles and gender hierarchy through socialisation. This mechanism assumes a ‘normal’ mode of sexual orientation and assigns individuals different tasks, responsibilities, behaviour expectations and allegedly psychological traits based on biological characteristics.

Being the ruler of themselves within their household and bearing the role of the breadwinner, men are building their agency possibilities out in the public realm. One participant said, *"The man must be a competent breadwinner" (mp1).* Other participants complemented, describing the ideal man as *"peaceful, not cunning" (mp2)* and also *"right, decent, a man who is looking at himself and not what the other person is doing (mp3),* and by being always right this enabled *"success in life" (mp3).* Understanding the ideal manhood to be worthy of esteem and respect, being honourable is the identity-bestowing criterion of men's worth.

Respectability is a critical aspect of the construct of honour. The concern for reputation motivates men to behave virtuously, maintaining their self-esteem, their subjective sense of personal value and trust in their attributes and capabilities. One participant said, "*I have had respect in my work, and even today if I see them, they will speak to me respectfully" (mp3). A*nother participant added, "*My friends call me, and I tell them: guys, I have work to do. And they respond to me: are you still battling? Still combative, I say!" (mp6).* The underlying sense of honour corresponds to a set of personal values that build their capacity to act as respectful, autonomous moral agents in a community with other autonomous moral agents. The participants' construct of honour consists of their continuous struggle to build the material prosperity of the family collective, on being independent by exhibiting physical, mental, and emotional toughness without showing vulnerability and most importantly, on voluntarily conforming to fundamental codes of good citizenship practices as fairness, prudency and impartiality by consciously preserving sufficient restraint upon passions and desires and through self-discipline to be able to act for the sake of the common good of the humanity. As one of the participants stated indicatively:

> *Nowadays, there is no purity as in the past, love, dignity or humanity! I have done the business myself, but now it is my son's. And I am here, helping him. I am not sick; my mind is healthy. I am still strong. I am perfect! I have never been to a doctor. I am fearless in my work. I have always been a conservative. I do not smoke or drink; I do not stay up all night. No one is imposing these on me, however. (mp6)*

Thus, the construct of honour provides a prescriptive set of values and rules for behaviour and a guideline for organising their social interactions exposing men to what is proper. However, preserving that these guidelines reflect principles to which they personally choose to abide as they have the rationality to discern right from wrong, they preserve their autonomy and claim their status as autonomous moral agents for which recognition by other agents is essential.

Bearing the role of the mother and the wife, being valuable is the identity-bestowing criterion for a woman's worth in the participants' accounts. The core sense of being valuable amounts to being needed by others by nurturing and caring for them, placing their needs first, and being a successful housewife by running and managing the family's home tirelessly. A participant stated:

> *I provide care to my husband, as I did to my father, and when I got married, I was saddened to leave him. I was caring for the elders, and I was nurturing the kids. And this house I fixed it. You can see the courtyard that I have with flowers. Now it is a great house. I have never had a maid to help me. Now I do not have as many chores as when I was young. I want, and I do them. (fp9)*

According to other participants, being valuable is also of being of great importance, "*the woman offers everything" (fp8)*, or service to others, "*women in life are in the service of others, to tell the truth now about it (mp3).* Other participants added that it involves further the essence of pleasuring others, making their lives agreeable by being the embodiment of love and compliance. According to one participant, "*The woman is always next to the man and the child because of her love for the family" (mp6).* According to another participant, a woman must "*be a good woman to communicate with her. Not being an egoist (mp1).*

Based on their reproductive biology, the women's worth as being needed by others is thought to be given to them by nature. According to a participant, "*The woman is in you. It is in the nature of a woman. It is the woman's position" (mp6).* By apprehending the nurture and care provision as women's nature and position, women are held liable for their behaviours that may impact the well-being of the family's members and are solely accountable for the children's nurture and the general family's viability and stability. According to participants, women *"are responsible for the children's behaviour" (mp2), and "when a woman is right, she must stand by her family (fp8),* and the woman *"will make food and do things if she is right" (mp1).* Another participant resembling the woman as "*roof of the house"* he supported that, "*If the woman is not right, there may be a problem to the family edifice" (mp6).* As childbearing, caring, and nurturing are considered natural, they are perceived as an end in itself, a self-realisation point and conclusion of the feminine gender identity. Women who do not fulfil this purpose and do not comply with this constructed normality lose the status of the ideal woman. One participant characteristically stated:

> *I know a young woman whose husband died and did not marry again because, as she said, why should I marry now after I have children? The lady is perfect! The man escapes a little; he may arrive home an hour late. But the woman does not do this. We talk about women, not for those who work at the café bars." (mp6)*

In the participants' accounts, the woman's worth encloses an instrumentality as women are viewed as serving other people's needs, caring, housekeeping and pleasuring justified in their reproductive biology and realised in the roles of the mother and wife.

This instrumentality of women's worth, summarised in the roles of the wife and mother, is perceived as a valuable gift from the grandiosity of nature. Notably, a participant claimed:

> *The woman has all the gifts. She is both a wife and a mother. She has all the gifts. I admire all women. What else can I say? Because women are valuable. They are not afraid. Women do not give up. Men in the slightest problem are fearful. While women are dynamic. (fp4)*

Perceiving childbearing, caring and nurturing as a gift from nature, this gift is what particularises and defines women; therefore, in achieving this end, women feel empowered, worthy and proud. For example, another female participant stated," *I care for my husband. Like a woman I am, I can do such a job (fp5),* and another one added*, "It is easy for a woman to provide care because she did that with her children (fp8*). Other participants proudly stressed that women "*take care of the men! The men cannot take care of the woman!" (fp9).* Apprehending care provision as something women do entirely voluntarily, men are excused from the perceived owned feminine activities. According to the same participant, "*We (women) have taught the men to abstain from household chores! What can men do to you? Well, they cannot do anything!" (fp9).* Another participant added that when in the past she had a surgical operation and needed care, she hired a woman carer because, as she said, *"I do not know if he would provide care. If he could (fp10).* For another participant, the *"men cannot provide care no matter how much they want to. They are stressed (fp8*). Engagement with caring activities is conceived as intrinsically unnatural for men. For example, one participant in the study, when asked about the care provided to his wife, he stated:

> *As a man, morally, of course, I support my wife. But physically, I do not. I cannot do the laundry of my wife's underwear. I cannot. So, it is not bad. From within, I cannot deal with these things, with kitchens and dishes. I cannot. I do not underestimate the woman, but I cannot. (mp6)*

In the participants' accounts, assigning gender roles involves beliefs about what is appropriate for each sex within context that, in turn, affects the beliefs about what characteristics define men and women. These corresponding personality traits shape the participants' perception of what women and men can or cannot do and, ultimately, what men and women are. Within a view that focuses on what differentiates the two sexes, care and nurturing are the defining, descriptive traits that differentiate women from men.

By asking the female participants in this study the meaning they give to the concept of 'woman', the participants did not outline the concept independently of the existence of men. Instead, they defined the concept of "woman" relationally to man. The following response is illustrative:

> *As a woman, I love to have next to me a man who loves me, respects me, does not talk to me badly, and does not offend me. That bothers me. That may kill me. A man who cares for me to show me his love. (fp10)*

The instrumentality found in women's worth to be successfully realised requires the women's acts to be recognised by men. Women's needs, capabilities, and desires are confounded by being dependent on the recognition by men, leading to the women's selfhood and planning agency to be absorbed into that of men. Even if unconsciously, the female participants in this study perceive womanhood as relational and valuable but also as dependent and objectified.

Summary of Constituent I

The experience of gender for the participants in this study, spousal caregivers of older people needing rehabilitation, relate to their anticipated required roles as sexed subjects marked by the organising principle of the heterosexual marriage institution. These role claims are considered normative by showing that gender consists of specific evaluative criteria of being. These criteria involve essences, concepts and exemplars of appropriate gendered behaviour, reflecting beliefs of what is appropriate and acceptable to believe and intersecting with age, religion and citizenship ideologies to justify actions about moral uprightness and personal wellbeing. These constructed boundaries of what is essential and required and the range of possible actions within these boundaries sequentially create a sense of agency, self-determination and commitment to individuals to successfully enact their reflective understanding of their gendered selves in everyday life. This creates awareness of their embodied abilities and attributes and partially explains how they understand, organise and partake in hierarchies within their social relations. Despite the gender norm imposing constraints on the study's subjects regardless of their self-perceived gender identity, the heteronormative belief that people are divided into distinct and complementary sexes with natural roles in life disproportionately and adversely affects women. While manhood portrays men as honourable and autonomous agents, womanhood depicts women as valuable but heterospecific and dependent ones.

II) Rupture of the continuity of the gendered sense of self

When confronted with their spouse's abrupt and physically debilitating illness, the male participants in the current study experienced a subversion of the gender normative standard that, until that point, shaped their behaviour. In a primarily melancholic mode, they remember the past involving high levels of independence, access to the daily rhythms and routines associated with manhood, bread-earning privilege, and abstinence from stereotypically feminine activities. When asked the participants about the differences in their life now and in the past, one male participant responded, "O*ur life was normal…. Before I was independent, I was not dealing with household chores. Now I do them all. I am a slave" (mp2)*. The male participants experienced and described caregiving as in-home incarceration that bounds their identity performance into a limited space depriving them of their right to operate as independent agents and equal members of the social category of men that offered them self-worth. The following excerpts of two male participants are indicative of the feelings of exclusion and imprisonment, loss of control and meaning in life:

> *Before my wife got sick, I was more in control. I have had a pension for ten years and am now stuck with the woman. I do not go anywhere. I am locked up. My life is now over. What else to do with my life? (mp1)*
>
> *I think of many things I could and could not do because I lack space. I am in prison. Get out on the balcony; get in again. The psychological burden torments me. What to do? Where to go? It is too much too heavy this thing for a man. That is it. I have been excluded. (mp3)*

The male participants understand their caregiving duties as emulating heteronormative femininity that suffocates their subjectivity. By feeling their body restricted and deprived of habituated and recognisable acts, their present ceases to be a structure of meaningful experiential possibilities. Apprehending the deprivation of their independence as losing something constituting self, their awareness of their self as a continuous embodied identity in time collapses.

The male participants subjected to the limitations of the internalised masculine construct responded with anger to the deprivation of their independence and subsequently increased physical and emotional arousal. Their anger panders an alternation between blaming oneself and blaming others. They attribute the source of these negative feelings to their caregiving role, as they regard it as an obstacle to their right to independence. To neutralise their feelings and claim psychological balance, they distance themselves from their caregiving role, ultimately alienating themselves. Feeling estranged from their environment, they experience desynchronisation moments with everyday life events, places, objects, and others. The following excerpt from a participant is indicative of the feelings of alienation:

> *When I am out of the house, I feel good; when I am in the house, I feel stressed. I am very angry. I am angry about the situation. I am locked up. Every day such things, I think. In the morning, I think of picking up the woman to make her coffee, tea or whatever she wants or giving her medication every day. My mind is blurry. Sometimes my brain gets foolish, and I want to get the cell phone, and I get the bread, I do not know. I cannot explain it. So inside me, I suffer. I suffer, and I am alone here. Every day is the same, every day. You understand I have anger. It is because I am blocked. I do not react; I do not have what to do. I am beating myself alone, you see (m1).*

The male participants encounter volitional paralysis and an inner dissonance, unable to act in a committed way. In a state of alienation involving a solid sense of spatial estrangement, their tension of consciousness reduces to a lesser form of awareness, struggling to understand their psychic processes. Acting on caregiving duties without egoic involvement, they lose the feeling that they are the source of their actions.

For the male participants, the concern for reputation and respect and the avoidance of being shameful is central to men's identity. One participant stated," *If I leave my wife for another woman, my children and my wife will spit on me, except that I do not do something like that with anything"* (mp1). Withdrawing regressively into a private fantasy was another response to resisting the deprivations of their bodily in-home restriction. They nurture intrusive escape fantasies from their caregiving role, satisfying the unfulfilled desire for freedom. Feeling the disconnect between their moral conscience and innate desires, they experience guilt that motivates reparative behaviour, a drive to act to compensate for anger and impermissible impulses. The following extract from a male participant is descriptive of this experience:

> *I could have left her to die on Saturday by not giving her oxygen. I might not be with her. I might cook in the kitchen at a time her airway blocks, and thus die. I have been told to take a woman carer twenty-four hours. No, I cannot do that. To have another woman to be at home. If another woman is sleeping here, you will be tempted one day. You will forget your wife because you are with someone else who gives you joy. On Saturday, a fever began. Urinary retention. I did not take her to the hospital. No, no, I am not going anywhere. I started antibiotics and then massaged her. Who sits to think about these? Everything I do on my own. I have taken it upon myself. (mp3)*

The male participants experienced an ambivalent state of inner conflict, whereby on the one hand felt guilt for their forbidden desires and, on the other hand, pride for not acting on those desires. Acting in favour of their innate desires is not a realisable option for the male participants but rather something they view as alien, as wholly constituting another person.

On recollecting the past, the female participants feel nostalgic for the familiar, intact home world involving a sense of normality through the performance of conventional gender roles that they now feel as foreign, distant and unrecognisable. The female participants' accounts of normality are given about their husbands' role as autonomous agents. Viewing themselves through the lens of relating to their husbands, instead of restricting their sense of agency, gave the female participants a sense of control and prosperity. When asked about the differences in their lives now and in the past, one participant stated, "*Everything has changed. We were fine. He was a hyperactive man. Of course, I was behind him. We always did* *something he and I (fp5).* Another participant stated, *"he was working. I was not working. He took care of us. He did not oppress you. I could go out with my girlfriends. I had my freedom (fp7).*

The female participants' alienation occurred when they began to see their husbands in a different and contradictory position of the autonomous agent. The view of their husbands as vulnerable and dependent on them inevitably threatened the female participants' sense of control and normality. One participant stated, "*Now I have no life. I am a prisoner. What to do? Where to leave him? He shouts at me all the time. If I am not there, he feels insecure (fp7).* Another participant said, *"I do not feel happy like before. I grew old ten years earlier and got wrinkles. I feel myself being left behind. I do not want to attend weddings or celebrations because I feel emotional" (fp4).*

Present environmental and physical transformations are being likened to comparable occurrences in the past, leading to emotional discomfort, as the individuals are unable to comprehend the world except through the lens of familiar thoughts, actions, and behaviours they relied upon. The sense of being imprisoned or trapped appears more temporal than spatial, owing to the participant's fear that the transition to the desired state is not among the world possibilities but also the experience of transitioning to a previous mother’s role of captivity. To reclaim their psychological balance and a future with meaningful possibilities, their desire is now the re-establishment of gender order. Characteristically one participant stated:

> *I do not know how the future will be. I am not a demanding person. Sometimes I tell him: to become the man you were. I am nostalgic for how we used to be. I hope we will be better next year. To take the car and go somewhere as we were going. These are gone over. He wants to renew his diploma, but I tell him this cannot happen. But deep down, I think: What will I do now? How will my time pass here? (fp5).*

The view of themselves in relation to men leads female participants to make value judgments about their lives based on their relation to men and increased dependency and to experience a state of shared agency, an understanding of their acts, as embedded in a shared activity with their husbands. Inevitably, restoring their spouses as autonomous agents is essential for the female participants' sense of agency as this was always relational to their husband's agency.

The relational understanding of agency renders female carers to engage in significant physical and emotional labour to respond to the caregiving demand. The female caregivers attribute this mindfulness they experience for their husbands to their perception of being someone that necessarily oughts to help them live. One participant stated, "*I feel responsible. Do you understand? I feel responsible for being with him all the time. And to leave an hour, I have here my mind (fp4).* Another participant said*, " Little bit to hear him move, I jump up because I have much anxiety and fear. I live in fear. The point is for me to be well to serve him (fp5).* Whereas before their husbands' illnesses, the female participants felt to have greater power in their roles as wives and mothers by effectively sustaining their family's viability, nurturing the children and caring for an autonomous man, now, caring for a vulnerable man places them in a position of sharing his vulnerability and a lack of power, control and capability to cope with the adverse situation. The female caregivers undergo a state of restlessness, feeling their minds vigilant and prepared and, simultaneously, their bodies defenceless and vulnerable. The following are excerpts from the participants' descriptions indicative of their intrapsychic state:

> *First, I am afraid because I am alone and must deal with a challenging incident. Fear, anxiety, sadness. I lost 10 Kilos. Insomnia. I do not sleep. I take Xanax every day. I do not take it out of my mind. I cry in silence every day (fp7)*
>
> *I am taking Lonarid every day. I believe that sometimes I am exaggerating. Why should I be so stressed when I see that we are doing well and that he is good? And yet, I do not know. I cannot escape this thing; I do not know why. I do not know why. It is now in my body. It is my physical condition; I do not know. When a neurologist visited us, he told my children: Take care of your mother because she is in a worse situation than your father (fp5.)*

As dependency is implicit, the female caregivers cannot consciously reflect on its effect on their mental and bodily states, understanding it as a personality characteristic responsible for depressive and anxiety symptoms. Self-objectified, the female participants attend to themselves as alien objects of fear and mistrust that lack autonomy and determination to act efficiently.

Summary of Constituent II

The construct of gender situates the participants' cognition in understanding their self and actions and understanding of the world and others, structuring a continuous, rational, and coherent sense of self. Whereas in the past, the participants were successful agents of their conception of gender, encountering the unexpected event of their spouses' illness and acquiring their caregiving role, they can not be active agents of that conception. The disruption in the participants' cognition of a continuous gendered self paves a state of alienation, an estrangement from the world previously perceived as familiar, characterised by a disconnect between intentions and actions and an absence of meaning and motivation. Under this state of alienation, the normative force of the internalised construct of gender is so powerful that it is now experienced by the participants as an uncontrolled load of emotions, desires, thoughts, impulses and bodily sensations, as a sense of impaired agency. For the male participants, alienation appears to be instigated by a change in their masculine image, rooted in now having a solid spatial element accompanied by feelings of incarceration, loneliness, fear of exclusion and desire for freedom. For the female participants, alienation involved the loss of the previous marriage's relational status. It appeared to have a temporal dimension oscillating between the past and the future, accompanied by powerlessness and a desire to re-establish gender roles and order.

III) (Re)Constitution of the self as a gendered agent

Male participants, deprived of the possibility of claiming their right to independence due to the restrictions imposed by their caregiving role, employed other means to reconstruct themselves as gendered agents. As honour is the bestowing identity criterion to men's worth, the male participants reconstruct their masculinity on a status that can sustain and justify their existence in the caregiving role; the status of a law-abiding citizen, a moral being among other moral beings, and a male protector that is decent, reliable, virtuous and respectable. The male participants reported caregiving as an obligation. One participant stated, *"I think it is an obligation. You have an obligation to adapt to certain things, to specific needs. You cannot do otherwise. Either you want it or not (mp2).* Another participant stated*, "I am obliged to do it all. Otherwise, it would be a huge problem or a family disaster, "*and he continued by claiming that*" there are difficult things, easy things, and things that you should not do (mp3).* For the male participants, living with honour requires sacrifice and self-denial supported by courage and strength and acts that accord with duty have moral worth, whereas acts not performed from duty but other motives such as self-interest or desires lack moral worth. Indicative of the male participants' beliefs is the following excerpt:

> *She is my wife. I have an obligation. I respect my wife. I respect society. I cannot go out to the community to leave my spouse inside alone, unable to go to the toilet. I will never do that. I am a man. There are the good men, and there are the bad men who are getting divorced (mp1).*

By apprehending caregiving as a duty, the male participants attribute moral worth to their caregiving acts. Attributing a non-moral worth to alternative scenarios of actions prohibits them from undertaking uncertain ventures that would possibly threaten their identity as men and their honourable status.

By distinguishing themselves from other disgraceful men, the male participants establish the significance of the moral worth of their acts. One participant stated, "*Other men do nothing. They leave their wives, but I would never do this. Of course, I feel good. I will fight it now (mp1).* Another participant also claimed that if it were someone else in his position, he would have abandoned his wife, but he would never do such a thing because, according to his words*, "I cannot split myself into two parts. What I do, I want to do it (mp3)*. By understanding their caregiving acts to rise from within, the male participants describe these actions as a part of their will controlled by internalised ideals, thoughts and judgement concerning right and wrong that drives them to act accordingly, preserving a high degree of agency. Another participant stated:

> *I feel I have to provide care for my wife. Not because of society, of course, but because I have to do it. I look to do my duty as I should. I nurture positive feelings. I understand what I need to do. Okay, I like it (mp2).*

The male participants apprehend their caregiving role as an essential part of their gendered sense of self, rationalising their desires and impulses, and by regarding it as an end in itself, they are determined to execute it.

Perceiving caregiving as a duty and holding themselves responsible for moral blame, the recognition of their caregiving acts, beyond just praise and approval, has the distinctive moral value of esteem, an essential element in the construct of honour. On asking the male participants what other people say about them, two of the participants indicatively responded:

> *However, from what I am told, many people praise me. To say something bad, someone must be nasty. What other can they say? Why do I cook, wash, iron, and clean the house? What can they say? They do not have a bad word to say! They cannot say that I mistreat my wife. I give her whatever she needs and wants. Some even call me a hero. You are a hero, they tell me! (mp2)*

> *Everyone here wonders how a man can do all these things. They call me a hero, and others call me a rock. God gave me strength, enlightened me, and cared for all these things, and I wonder with myself. (mp3)*

With the public announcement of their heroism, which encapsulates the traditionally masculine attributes of strength, bravery, perseverance and, importantly, the self-determination to go above and beyond what is typically expected, their gender identity as masculine moral agents cease to be private, but it is actual and undeniable. For some male participants, the heroic construction of their masculinity is inseparable from religion, as they would not have become these ideal men without God's favour.

To reconstitute themselves as a gendered subject that affords their new caregiving role, the female participants consciously deployed the resources found in their conception of the feminine construct. The feminine identity criterion of being valuable prohibited the women from approaching their caregiving role as something they dutifully ought to do but as being responsive to others' needs. One female participant said, "*I feel sorry for my husband now because he was an active man, and he is sad inside. I am sorry for him because he cannot do anything (fp4).* Another participant added," *It is a pity because he was a strong man; What to do? To leave him at the mercy? I cared for my parents also, and I feel sorry for them as well (fp7).* Indicatively another participant reported:

> *If we were ourselves in this situation, would we like to be abandoned? I would never do this. I provide care to my husband as a woman. To tell you that now I love him more, I feel sorry for him. I hug, kiss, and say to him: do not worry. We are fine. (fp5)*

The apprehension of the masculine self as autonomous and agentic and the feminine self as compassionate, good soul and portrayal of fidelity and perseverance accompanied by lifelong experiences of caring for others and preserving relationships prompted the female participants to approach caregiving under the values of compassion and benevolence and with a view of morality as a form of self-sacrifice. One participant stated that although she had a problem with her hip that required operation when in hospital, she decided to ignore it to provide care to her husband as she said to her doctor, *"Here I am to care for my husband. I am not here to look after myself (fp9).* Another participant added, "*I do not want to remake my life. It is enough that I am here with him, and we are going through it together. If he is well, I will be well, too (fp5).* Characteristically another participant stated:

> *I would say that you should sacrifice yourself to be able to help such a person in his situation. I wanted him so much to stay alive that I was saying to stay alive, even paralysed. I wanted that. I felt the need to see him. I do not know if this is selfish; I wanted him to stay alive. I will make one house room a hospital and provide it with everything. I desperately needed him to remain alive; I did not think about what could happen next. (fp10)*

Notably, another participant, reflecting on her relationship with her husband before the appearance of his illness, which included psychological and verbal abuse, believes that she was saved as her husband can no longer mistreat her due to his illness. She said:

> *He drank a lot all his life and did not know what he was doing. Since he suffered this incident, we are calmer. I was spared. And I thank God. Because I say to myself that if he did not suffer the incident, we might have been worse, and bad things might happen (fp11).*

Female participants' self-sacrifice as a final act with no personal gain appears deceptive as their motives were more self-interest oriented. Implicit dependency transforms their self-sacrifice into a survival strategy.

By reflecting on previous caring experiences in life and placing their caregiving acts in the structure of new motherhood, the female caregivers rationalised their existence in the caregiving role, regarding it as an element of their character and their caregiving acts as something they are doing voluntarily. One participant stated, *"I can pamper him comfortably, wearing gloves. It does not bother me for a moment. I also had the experience of my father. I dare to do many things (fp10).* Another participant said that she provides care as it is a*" part of her character" (fp8).* Indicatively one participant stated:

> *Since I was 14, I raised my siblings and my children alone without help and learned to fight alone without help and without expecting anything from others. I do not put it down. They tell me: How do you endure? How do you do all this? I answer, what can I do? As I have done all the years. What I did before, I do it now as well. Just now, I am tied up, like having a baby. I felt strength inside me. I felt empowered. I do not think about it as a burden; I do it of my own free will; I do not do it with indignation. (fp4)*

The female participants achieved a sense of inner harmony by perceiving their new caregiving role as a fundamental part of their identity. By evaluating themselves as successful in their gender role demands, the women felt empowered, acquiring a sense of control.

Though the perception of the feminine identity defined by nurture and caregiving made them feel empowered, the same perception led female caregivers to place their needs second to their husbands and themselves in an inferior position, prohibiting them from declaring their self-determination in the caregiving role firmly. The same participant stated,

> *I do not care about myself. I only put on clean clothing or take a bath. I do not know. I have neglected myself; I do not think about myself. I put myself in second place. I gave up myself, I honestly tell you (fp4).*

The construct of a feminine identity destined to nurture and care drove female participants to an increased sensitivity towards others, decisiveness in their caregiving role, and an implicit sense of guilt. On thinking about her life, one participant stated," *I do not want to leave him and say: whatever happens to him now, happens. I say it sometimes, but again I am saddened (fp7).* The instrumentality of being valuable drove female caregivers to attend to themselves as someone whose feelings and thoughts do not need to be considered, involving a denial of subjectivity. A participant reported, "*Okay, I will be stressed sometimes. I may sometimes think, why sit here? Why should I be like that? But I do not take it so seriously (fp8)*. Apprehending that under different circumstances and opportunities, they would not have the same motives and desires and not have made the same choices further undermines their self-determination in the caregiving role. Another participant stated:

> *I know a woman who could not provide care. She kept her job. And she had other people who took care of him. I did not work; I did not have anything. I have left myself in ruins. I do not deal with myself. Not even my clothes have been taken out of the closet. I do not look after myself, and the whole day runs out of time to care for my husband. (fp7)*

It appears that achieving inner harmony did not constitute an actual benefit in the sense of agency for the female participants in rationalising their new caregiving role. Even in moments of reflection on questioning their internal thoughts and feelings and reflecting on what they mean, women caregivers are left with no other option but to see themselves as reduced agents as well as objectified.

Finally, the recognition of the female participants' caring acts was centralised around receiving recognition from their husbands, as one participant stated, "*People say that he should be pleased with the care I give." (fp8).* Another participant stated:

> *My husband tells others that I am afraid and sometimes exaggerate in the care I provide, but the others reply that I do very well and care for him so much. A gentleman who saw me at the supermarket told me to make my cross that we are doing well! (fp5)*

Being acknowledged as doing something required of them by virtue of their gender and not as doing something that transcends their capabilities, the recognition of the female participants' caring provision involved praise for their effort and encouragement from which, however, the women caregivers can not elicit esteem.

Summary of Constituent III

As rational subjects aiming for self-preservation, the participants in the study justified their caregiving role by (re)constituting themselves as gendered agents. This process was a work of reason involving the conscious use of the gender norm demands. Understanding those demands constitutive of their sense of self, ‘ought’ became ‘can’ and ceased to be an external demand but was perceived as liberating as a form of self-determination. The self-sacrificial approach to the caregiving role involving acts aligned with the gender norm demands allowed for increased worth gain as gendered agents. The masculine construct of being honourable permitted the male caregivers to affirm their sense of agency in their caregiving role. However, the resources available in the feminine identity construct of being valuable prohibited the female caregivers from asserting their self-determination in the caregiving role. In this process, distinguishing self from others and receiving recognition was essential for the participants' gender identity to become stable and actual.

The Structure of the Experience of Gender and Agency in spousal caregiving: Normative Constitution- Alienation – Reparation

The experience of gender, grasped by the participants at the time of the interview, comprised of three constituents: applying a normative standard in the constitution of the self as a gendered agent, rupture of the continuity of the gendered sense of self and (re)constitution of the self as a gendered agent. The three constituents support an insight into the structure of the experience of gender for the spousal caregivers as a normative diachronic identity in a succession of phases: normative constitution, alienation, and reparation. Below is the description of each of these phases, along with an illustration of the psychological structure of the experience of gender and its connection to the sense of agency for spousal caregivers.

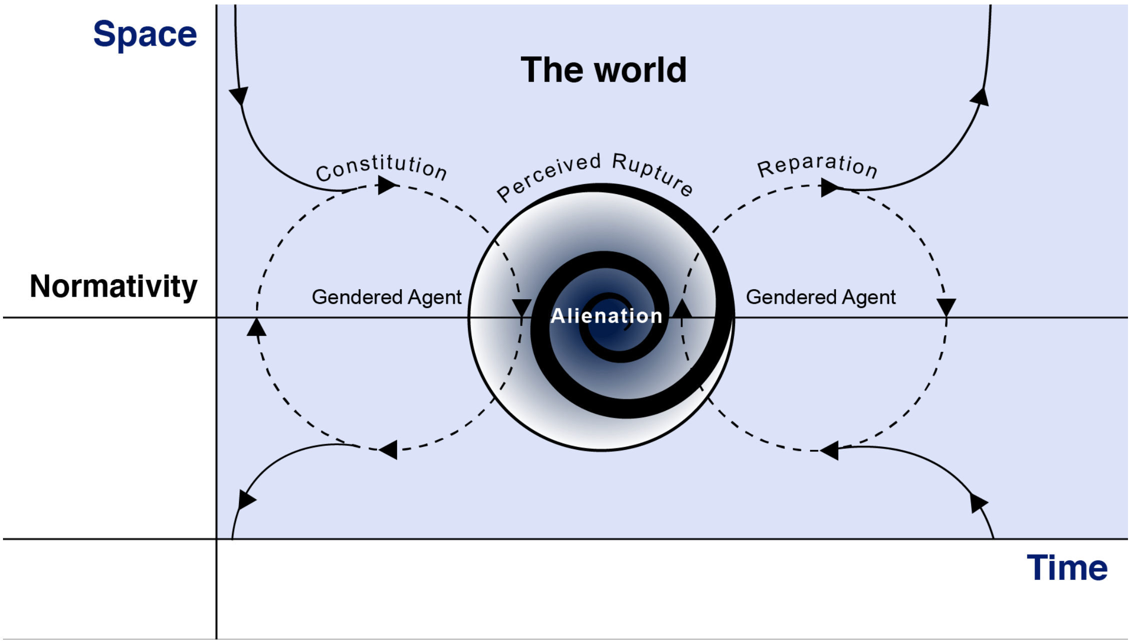
As illustrated in Figure 3, in the spousal caregivers' accounts, time, mind, body, and a world of intersubjectively agreed structures of normality constitute the temporal formation of their gendered sense of self that provides them with a sense of agency while connecting them with a familiar world. In the emergence of the caregiving journey, this spatiotemporal alliance is subjected to a destabilisation perceived as a rupture of the gendered sense of self, paving an alienation from the previously familiar world. The pervasive influence of societal gender norms is experienced as a constraining force that limits individuals' agency. Overcoming alienation necessitates deliberate reflection and active engagement in normative practices to repair and readjust their self-perception as gendered agents.

The normative constitution of the experience of gender refers to the a priori normative structures that govern the whole experience of gender in the caregiving journey passively underlying the agents' intentional acts. These normative structures are a historical network of interwoven forms of agreed regularities and ideologies of what is right or wrong, appropriate or inappropriate, ‘normal’ or not, determining the primary experience of gender, which continues later in social harmonisations providing individuals with a sense of a continuous identity and allowing them to live in a shared, stabilised and familiar world. These normative structures signify legitimate gender role occupiers and dictate the successful and unsuccessful ways of responding to the role possibilities offered for action so that the individuals, by being responsive to and evaluable under them, exist as legible gendered agents. Through accountability and correction, the individuals actively regulate their actions according to the gender norm, building their sense of agency as normative creatures. The structural integrity of the experience of the self as a gendered agent is established on the awareness of the self as continuous in time, on the relationship as gendered beings in the world and others, and associations, non-reflective internalised and habituated gendered forms of perceiving and acting in a pre-given familiar world.

Alienation involves an abnormal experience of the individuals' situatedness in the world as gendered subjects and an account of impaired agency with the emergence of the caregiving journey. On acquiring the caregiving role, the structural integrity of the experience of the self as a gendered agent is fundamentally compromised as the individuals lose the continuity between their past and present gendered selves. This disturbance in the experience of the gendered self as continuous in time is accompanied by feelings of powerlessness, loneliness, and meaninglessness. The individuals no longer experience thoughts, feelings, or bodily actions in the caregiving role as their own but as uncontrolled internal sources to respond to the caregiver's role that impedes their sense of agency. Although the individuals assign this sense of impaired agency to a rupture in the continuity of their gendered sense of self, this sense of impaired agency in the emergence of the caregiving journey does not merely reside in the lack of awareness of the self as a continuous gendered identity but precisely in the powerful internalised normative force of the gender construct that requires individuals to adjust their perceptions and acts, their situatedness as gendered normative beings in a world that appears as alien. What the individuals describe is a reduced ability to act triggered by a transformation of their gendered sense of self embedded in how they perceive the world, showing that the structure of the experience of the self as a diachronic gender identity is not fractured or collapsed but somewhat alienated.

Reparation involves a conscious engagement in normative reflections and practices concerned with adjusting and repairing the diachronic gender identity that relies upon incorporating the caregiving role into their gendered sense of self and gendering the caregiving acts. The individuals apprehend the need to plan agency in relation to their relation to a familiar world. For the caregivers to be the sources of their acts does not involve averting the impact of their new caregiving role but rather being able to drive it in specific directions. For the individuals to be recognisable gendered agents that successfully perform the caregiving acts depends on their conformity to the norm of gender, and a caregiving act only counts as a recognisable gendered act if it is performed under the demands of the gender norm. In this phase, the individuals are involved in reparation and adjustment rather than questioning or breaking the construct of gender. Referring to the intersubjective structures that constitute gender normativity, they use the resources available to gender the caregiving acts and repair their harmed identity. Moral self-conscious emotions such as guilt or pride were crucial for the individuals to perceive the reasons to act, whereas self-sacrificial acts allowed for an increased worth gain for their harmed gendered identity. In this phase, distinguishing the self from others and anticipating social recognition was necessary to establish the self as a gendered agent.

Figure 3. The structure of the experience of gender in spousal caregiving.



CHAPTER IV. DISCUSSION

The overarching aim of this dissertation was to explore how spousal caregivers of older people undergoing rehabilitation experience gender within the Greek community. The objectives to support the inquiry were a) to describe the gendered patterns of perception, thought, feelings and behaviour of spousal caregivers, b) to investigate the normative structures that constitute the experience of gender, and c) to explore the sense of agency in the experience of gender. In this dissertation, I have used a phenomenological qualitative method to investigate the experience of gender as culturally and institutionally constructed and, at the same time, intentionally and subjectively lived. The phenomenological analysis of the transcripts of the eleven participants recruited for this study provided insight into the structure of the experience of gender for the spousal caregivers as a normative diachronic identity in a succession of phases: normative constitution, alienation, and reparation.

Based on these findings, I have built the discussion around what this dissertation brings to continued understanding of the effect of gender in the spousal caregiving trajectory, and I am addressing that by relating my findings with current relevant research in caregiving but also in psychology, sociology, philosophy, and the combined knowledge they produce. I examine the potential contribution to producing new knowledge by discussing the practical implications of the findings and providing suggestions for future research. Finally, I discuss the limitations of this dissertation and provide concluding remarks.

Phase I

In phase one, normative constitution, it is seen how the participants' gendered subjectivity develops within a culture implicitly permeated by heteronormative principles. In the accounts, it is seen that the participants invest in and reproduce institutionalised heterosexuality by orienting their lives around the organising principle of marriage and forming relationships of respectability and good citizenship among heterosexuals (303,304).

The participants' mental representations of gender consisted of two distinct gender categories, women and men, encompassing specific evaluative criteria of being that formed the archetypes and ideal members of each of the gender categories and against which individuals were evaluated as better or worse examples of the category (305,306). For the participants in the study, the perception of two separate and opposing genders was associated with the 'natural' roles that match their assigned sex, making sexual orientation essential to their conceptualisation of gender. Following this study's results, research confirms the far-reaching influence of sexual orientation on cultural representations of gender, showing that a common thread across various disciplines is people's tendency to perceive sexual orientation as a fundamentally gendered phenomenon (307). Per this study, research demonstrates heteronormativity as an ongoing, situated, practical accomplishment that people orient their actions entirely, suggesting how the individuals, in the course of accomplishing other activities, routinely produce themselves and each other as heterosexual through practices that include a heterosexual topic talk, identification of the other concerning terms as husband and wife, and through the production of heterosexual couples showing that heterosexual parents by assuming that their children are heterosexual, describe romantic and adult relationships to children as only heterosexual (175,308–310). Taking this data together, we can assume that gender and sexuality are inextricably tied together and inseparable constructs in the mind of the everyday social perceiver (307).

By perceiving heterosexuality as a crucial element of their gendered sense of self, the individuals organise their lives around the heterosexual institution of marriage in which womanhood is fulfilled in the natural role of motherhood, and manhood is fulfilled in the challenging and demanding breadwinner role. As in other studies, manhood is seen as a precarious social status that is difficult to achieve and is tenuously held compared with womanhood, which is viewed as resulting from a natural developmental transition is valuable, but because it is ascribed and natural, it does not need to be achieved (311). Following other research, the equation of manliness with the breadwinner role requires the attribution of traits that suit the individuals to achieve their demanding role, whereas the equation of womanliness with motherhood requires the attribution of traits that will allow them to preserve their relationships and be good mothers and good wives (312).

The participants' view of traits belonging to men and women follows a general stereotyping model found in many studies, showing the internalisation of culturally shared representations of how members of gender groups are expected to be. Masculine stereotypical traits and attributes tend to emphasise agency, dominance, decisiveness and boldness compared with feminine traits and attributes, which emphasise communality found in the identity of the good woman who is relational, emotional, pleasing, obedient, and silent; a woman who serves her family by cooking, cleaning, and caregiving being happy and fulfilled by doing so, sacrificing her own needs to cultivate and maintain relationships placing voluntary the needs of others ahead of her own (313–315).

The stereotype content associated with women and men in this study follows a complementary structure found in various cultural contexts where women are stereotyped as high in relatedness and interdependence but low in agency, while men are stereotyped as low in relatedness but high in independence and agency (316–318). There are some indications that complementarity is becoming a lesser part of descriptions of gender, with stereotype content for women increasing in agency and competence, showing that while gender stereotype content appears remarkably stable overall, the levels of agency and communion associated with women and men can differ based on societal factors (319–321). Yet, the stability and durability of basic stereotypes about how men and women are perceived to differ persists, despite the changes in the participation and acceptance of women in non-traditional domains, supporting the universality of gender stereotype content (314,318,322).

For the participants in this study, the stereotypical traits and attributes constitute the evaluative criteria of ideal manhood and womanhood that act as the norm against which group members are evaluated (323,324). Those who lack essential traits or withdraw from required activities are still females or males but are not considered authentic or ideal women or men (325). Research suggests that the hegemonic societal ideologies of androcentrism, the tendency to define men as the prototypical exemplars of the human category; heterocentrism, the tendency to assume heterosexuality as the normative standard of human sexuality; and ethnocentrism, the tendency to define the norms of one's social group as the universal determine which members of a social group are seen as prototypical members of that group (326,327). Gender prototypicality in this study was largely determined by membership in other social categories, such as ethnicity, citizenship and religion, creating an intersecting web of normativity and non-normativity under which individuals were gaining value or disregarded and marginalised (324,326,328). For example, in this study, a male, married, Christian, breadwinner, honourable and law-abiding citizen was seen as an ideal man than a lawbreaker, reckless, divorced or second-married male.

It is suggested that the appropriation of these gender roles default templates by encouraging men to be powerful, controlling, and dominant and women to be relational and submissive to men fulfilling their wants and desiring their approval are connected to, allow and normalise the women's objectification as manifested in the instrumentality found in the being valuable criterion of the feminine identity in this study (329,330).

The appropriation of the independent versus relational stereotype had implications for the male and female participants' sense of agency in this study. Under a sociocultural perspective, psychologists based on the distinction between individualist/ independent and collectivist/ interdependent self-construals reconceptualise agency, distinguishing between actions related to self-interest and communion (315,331,332). Agency, for individualists, is typically constructed about privately held attitudes, preferences, and judgments, whereas for collectivists, the agency is constructed about attitudes, preferences, and expectations held by relevant others and is experienced as inseparably engaged and interdependent with others and the surroundings (333,334). Indeed, as in this study, the literature shows the relational sense of self as central to women's identity, with women's agency to be manifested as a relational and collective phenomenon rather than an individual (335,336).

A critical insight in discussing the sense of agency for the participants in this study is that agency as a core motive and capacity to perform actions that align with a person's conscious goals and intentions is dependent on the nature of the relationship between individuals, surroundings, other people and point of view (315,337,338). Considering context essential to the configuration of agency and given that Greece has a long-lasting history of a collectivist patriarchal mentality and a gender hierarchy that privileges men, it is expected that the internalisation of independent, interdependent self-construals would have implications on the individuals' sense of agency motivating differently men and women to act in that system (339–341). As system beneficiaries, men felt motivated to act within the system and sustained a high level of control and independent agency within the family collective (45,173,342,343). On the other side, following other research, the internalisation of an interdependent, relational self-construal, although by encompassing male-controlled relationships, deference, and dependence subordinated the women's status in this study, it did not negate their sense of agency, at least as the female participants understood their agency as formed and given meaning within a particular set of relationships (336). As maintaining interpersonal harmony was essential for the relational female subjectivity, being motivated to act in a way that sustained the relational hierarchy was required to maintain the harmony of interpersonal relationships (336,344,345).

By emphasizing psychological research concerning the prevailing stereotypical representations associated with gender categories and the implicit assumption of heterosexuality, one primary implication derived from this discussion is the necessity to highlight that when individuals refer to women or men, they typically refer to heterosexual women and men (162). There is a vast amount of research conducted on gender differences in caregiving, including gender differences in the experience of caregiving, time spent on caregiving, duration of caregiving, types of tasks, role strain and conflict, satisfaction with caregiving, reasons for providing care, caregivers' burden and psychological morbidity (33). Consequently, the examination of the study's outcomes necessitates acknowledgement that the extensive body of research on gender and caregiving may be predominantly applicable to heterosexual individuals, emphasising this constraint on generalizability for researchers and practitioners when employing gender categories of women and men in future research, interventions, or communication with caregivers (162).

The findings emphasise that when researching gender in caregiving, it is essential to interpret observations and findings within the structure of gender relations, the processes by which division of labour and power shape caregiving behaviours, prioritising research and practices that challenge, rather than perpetuate, gender inequalities in later life (121). Research on the non-heterosexual population may explore how the caregiving experiences intersect with sexual orientation and how this intersection influences their perceptions of gender, caregiving dynamics, and caregiving roles (346). Exploring the stressors encountered and coping mechanisms employed by the non-binary population can inform the development of targeted interventions that foster mental well-being and resilience, addressing the unique requirements of diverse communities.

Additionally, the findings highlight the importance of thinking about how cultural norms, beliefs, and values mould the structure and content of the self, shaping independent and interdependent self-construals and how these construals are incorporated and can coexist into the self in various degrees shaping differences in the individual's behaviour in the context of caregiving (334). Numerous research supports the thesis that individual differences in self-construal can explain gender differences in various domains (347–349). What is important to note again, however, is that the gender differences in self-construals in this study were mediated by the individuals' tendency to ascribe stereotypical gender characteristics to the self, supporting the notion that self-construals are variable and context-dependent rather than inherently fixed and enduring (350). Given that we live in increasingly multicultural societies, awareness of the differences between self-construals, however slight they might be, may help practitioners better understand the caregivers' behaviours, stressors experienced, and strategies to cope with the stressors (333). Lastly, the findings highlight the risk of marginalisation of individuals at the intersection of androcentrism, heterocentrism and ethnocentrism, pointing to the need for the implementation of policies addressing equity-sensitive interventions and communication strategies between practitioners and caregivers, focusing primarily on caregivers who belong to sexual or ethnic minority groups, as each group may have a unique relation to above ideologies and maybe differently marginalised (162).

Phase II

Phase II, alienation, involved the problematic separation of the subjects and their gendered sense of self along with its objects, other subjects, trajectories, rituals and the subjects themselves (351). The separation was problematic as long as the subjects perceived their gendered self as ‘one's own’ belonging together in a natural and harmonious relationship, and that relationship disruption was perceived as irrational, unnatural and wrong (351,352). The problematic separations in alienation in literature are indicated and studied through various alternative variants, such as social isolation, meaninglessness, powerlessness, and meaninglessness (353). As in this study, feelings of loneliness, social isolation, powerlessness, and helplessness for the caregivers articulated against a background of relational deprivations, a profound sense of loss, disrupted life expectations, a feeling of life being upended, and a perception of lacking future prospects (354–359).

Alienation, in this study, for the male caregivers involved the men's perceived inadequacy in belonging to the community of men compared to the belongingness that they would ideally desire to have that was instigated by a lack of psychological relatedness, lack of similarity, or commonality, to the gendered self-concept accompanied by social isolation and meaninglessness (360). Although male and female caregivers experienced social isolation in terms of an objective decline in social interactions with the broader community, the subjective sense of dwindling social connectedness, loneliness and not belongingness and feelings of rejection were profoundly predominant among older male caregivers (361).

In line with previous studies, feelings of loneliness and not belongingness were connected to the loss of the freedom to engage in desired social activities with other older men and engagement in feminised caregiving acts that threaten their eligibility for gender-based membership enhancing a sense of invisibility (361–363). Feelings of loneliness also involve losing the companionship, closeness and intimacy they once shared with their spouses, feeling alone even in their presence, and desiring male-specific emotional support (364,365). Not belongingness induced a desire to exhibit control and maintain masculinity by taking sole responsibility for their spouses' care and providing a protective environment, leading male carers not to seek external support as doing so would be indicative not only of inability to cope but also of a failure to provide for their wives as husbands (72,99,103,363). Loneliness manifested in desperation, sensitivity, emotional vulnerability, depression, boredom, and self-absorption but also negatively influenced cognitive processes such as attention and emotional regulation, with the participants describing a reduced ability to focus on tasks and resentment and frustration (366–368).

Most widely, research on loneliness and social isolation studied those concepts separately, as individuals can be socially isolated without feeling lonely or be lonely without being socially isolated or experience both loneliness and isolation (369). In line with this study's findings, however, research on the general population of older adults and isolation suggests that the distinction between social isolation and loneliness may not be clear-cut as some of the subjective correlates of loneliness may aggravate social isolation (370). Moreover, it is suggested that loneliness, the degree to which one perceives himself as isolated, is informed by personality and other individual-level characteristics and cognitive schemas showing the significance of exploring how gender and other interpersonal characteristics are connected to the subjective feelings of loneliness (371). The findings of this study demonstrate that the gendered sense of self is not unrelated to the experience of loneliness but also to social isolation. For the male caregivers, changes in their masculine sense of self are connected to loneliness through growing a sense of exclusion and invisibility, reduced satisfaction in life and strategies to maintain their masculinity, leading them not to seek support and thus exacerbating their social isolation.

Research suggests that older adults have worse mental health only to the extent that they feel isolated, pointing that older adults who can withstand socially isolating circumstances such as retirement and bereavement or can adjust their expectations so that they do not develop a subjective sense of isolation may fare better, concerning physical and mental health than those who feel isolated (372). These findings deserve attention in the male caregiving population as they point to the need to understand better how gender and its intersection with other psychological or social factors may affect male older adults' appraisals of their social support, companionship and belongingness that could direct implementation of strategies to increase both social connectedness and the perceived availability of social resources among male older adults (371,373). For example, primary prevention of loneliness is likely to require action earlier in the life course, with work to preserve social networks with practitioners to encourage early uptake of support and to acknowledge older male spousal caregiver's abilities in caregiving by planning the delivery of support collaboratively and to help male carers to develop resilience for the upcoming changes in the masculine image. Respite services, daycare, institutional care services or the assignment of a case manager as a nurse to the caregiver and care recipient dyad may be beneficial in providing the male caregivers with a temporary break from caregiving duties to be able to engage in desired activities (374)

Additionally, the findings support research suggesting that gendered expectations and social pressures on men must be acknowledged to engage men in psychological support. Male carers may appear reluctant to accept support, but they may do so if they can do that by maintaining autonomy and if support is provided in a male-centred environment (375). Furthermore, the findings show that male carers' disrupted their binary representations and gendered oppositions, as most reported highly emotional and traditionally labelled feminine experiences of sensitivity and vulnerability. Therefore, the findings support literature highlighting the need to consider the different ways men do masculinity in their roles as caregivers and the various emotions they feel while assuming such roles (376–380).

For female carers, alienation involves the loss of happiness and prosperity related to the performance of their traditional gender role of the housewife of an autonomous husband accompanied by enhanced nostalgia for their previous life and connected to a sense of powerlessness and poor mental health outcomes. The promise of a woman's happiness as being located in the performance of traditional gender roles in marriage, motherhood, family, and monogamy is persistently reported in feminist literature and research studies (381–384). Feelings of uncertainty, emotional distress, powerlessness and hopelessness deriving from the abrupt change of life, loss of marital status, loss of taken-for-granted futures, and loss of the wife/ lover identity, accompanied by role captivity for becoming caregivers again, have been reported in spousal caregiving research for female carers (33,118,385). Consistent with the literature on gender differences in psychological morbidity among caregivers, the female caregivers reported poorer mental health than men in terms of anxiety involving beyond depressed mood and loneliness, fear, hyperarousal, insomnia, loss of weight, restlessness, nervousness, low confidence, increased fatigue and use of prescription drugs (27,386).

Connected to depressive and anxiety symptoms was the female caregivers' tendency to ruminate, dwelling on their husbands' challenging condition and a heightened empathy manifested as a sense of sharing their husbands' vulnerability. While empathy is associated with positive social, emotional, and moral outcomes, research indicates that increased levels of the affective facet of empathy, the ability to feel or share the emotional states of others, as opposed to cognitive empathy, taking someone's perspective, can lead to personal distress, a self-focused affective response characterised by hyperarousal and anxiety symptoms, which, when combined with ruminative tendencies, can increase depressive symptoms (387–389).

In this study, the vulnerability of female carers in terms of heightened affective empathy is partly explained by their tendency to stereotype themselves as more relational, emotional and nurturing than men, who were stereotyped as less emotional and more agentic. Research suggests that the observed gender differences in empathetic functioning may reflect gendered social norms regarding the expression of empathic feelings rather than sex-related differences in the experience of such feelings per se (387). As in this study, empathy has been strongly associated with the feminine attribute of communion, gender roles and gender stereotypes and depictions of normative behaviour, with females being more motivated than males to display empathy as it is more gender normative for them (390).

These tensions between different kinds of empathy have been investigated in professional health providers' settings showing a connection between greater affective empathy and distress, burnout and emotional exhaustion and a connection between greater cognitive empathy with work satisfaction and beneficial patient outcomes (391,392). However, researchers have rarely examined the connection between both facets of empathy to caregivers' mental health. The few conducted studies show, in accordance with the findings of this research, that greater emotional empathy in caregivers, as indicated by the self-reported experience of negative emotions and concern in response to viewing the suffering of others, is associated with greater severity of depression and anxiety symptoms in caregivers with only one of these studies to account for risk factors such as age, spousal caregiving and gender without however reporting a connection between those variables to mental outcomes (393–395). Nevertheless, these findings together highlight affective empathy as a preventative-therapeutic target for carers with increased anxiety and depressive symptoms taking into consideration risk factors such as age, spousal caregiving and gender. Future research, for example, can investigate whether assisting carers with elevated affective empathy to regulate their emotional responses by maintaining a distinction between self and others would have therapeutic implications for their mental well-being (395). Psycho-education and meditative intervention strategies may be beneficial as they encourage reflection on what is and is not achievable in helping a loved one and provide respite to ease care provision and treatments to decrease the suffering of the care recipient (374,396). Moreover, understanding caregiver distress considering factors such as care recipients' disabilities is essential to tailor support and interventions for caregivers. For example, in stroke caregiving, the demanding nature of assisting in rehabilitation and the hope of recovery may intensify stress levels, whereas in dementia caregiving, progressive cognitive decline may induce more prolonged and chronic stress (3).

Connected to heightened affective empathy was the female caregivers' engagement in hyper-vigilant monitoring of their spouses' health. These phenomena of hypervigilance, anxiety and panic have also been reported in studies for wives caregivers discussed as an ineffective strategy to establish control in an unfamiliar situation (397–400). What is more, in this study, this hypervigilant monitoring was linked to the female caregivers' descriptions of experiencing new motherhood, fear of causing unintentional harm, feelings of inadequacy and increased responsibility for alleviating their husband's suffering, sole responsibility for their caring and an implicit perception of being someone that necessarily ought to help them live. It can be argued that the female caregivers' hypervigilant monitoring incorporates a form of intensive mothering, a gendered ideology conveying that to be good mothers, women must spend ample time, energy, and material resources raising their children (401). As the hypervigilant monitoring in the study, intensive mothering is associated with sole maternal responsibility for their children, constant interaction and stimulation of the children for their benefit, rejection of separate to the children's needs and desires, and a belief that childrearing is challenging and exhausting that unavoidably induces feelings of stress (402). Researchers investigating the concept of intensive motherhood demonstrated that when women believed they did not live up to internalised standards of being a good mother, it contributed to a sense of guilt, depression and stress (402).

Hypervigilant monitoring in this study was manifested as a response to internalised oppression, internalisation of oppressive prejudices and biases about womanhood (403,404). Hypervigilant monitoring was a response to the internalisation of the stereotype of the good mother, accompanied by a view of the self as lacking the agency and the skills to cope with a challenging situation, consisting of un-reflected pervasive feelings of guilt and maladaptive reparation efforts (402,405). Male caregivers also experienced guilt characterised by emotional ambivalence, absence of self-disclosure, loneliness and alienation (406).

Research shows that caregivers experience guilt for various reasons; guilt derived from actions themselves; guilt derived from one's limitations; guilt for feeling negative emotions; guilt associated with the change in the relationship with the person cared for; guilt for neglecting other areas; guilt induced by the person cared for, and guilt induced by others (407,408). Research also suggests gender differences in perceived feelings of guilt among caregivers. Women feel guiltier for leaving the dependent person alone or with other caregivers and abandoning their family and friends. Men express more guilt for being unable to perform the domestic tasks involved in care work, feel guilty asking for assistance, and when they lose their patience (409). However, in this study, guilt emerged as a self-reflective emotion encompassing two interrelated yet distinct components, which were separately activated, each expressing distinct forms of guilt, different in their psychological bases, in their relationships with other emotions and, in their influence on the resolution of the moral decision of caregiving (410).

On the one hand, an interpersonal, altruistic sense of guilt for the individuals, derived from the caregiving motivation, empathetic concern, affective bond, and fear of failing to help their spouses and functioned to maintain their relationship cohesion by inducing individuals to carry out reparation acts, communicating their affection and be attentive to their spouses' feelings and needs (411). On the other hand, guilt appeared as a dysphoric feeling associated with a fear of transgressing personal moral standards that were specifically related to gender norm violation as contradictive to the norm situational contexts and behaviours were perceived as impure and should be avoided (410,411). Under this perspective, the psychological distress that characterises guilt is not necessarily related to others and individuals who experience guilt are aimed at diminishing their own discomfort, regardless of whether there is any real damage to repair and are acting to alleviate their guilt but not necessarily another's suffering (411). Hence, in their moral decision-making process, caregivers are driven by a desire to avoid tarnishment by undertaking all necessary actions to maintain the gender norm's approval. These findings suggest examining strategies for managing the two types of guilt and understanding their differences to inform therapy. Exploring experiences to identify vulnerability factors contributing to each type of guilt could also enhance understanding of psychological processes and guide targeted interventions (410). Although the self-conscious emotions as guilt, and negative emotions as anger and resentment, were connected to the loss of the individuals' sense of agency, however, they were crucial for the caregivers to perceive the reasons to act by engaging in reparation efforts, confirming literature that highlights the prominent role of emotions in the individuals' minds (412–414).

Finally, it is seen that the alienation experienced by the subjects did not involve a separation from their gendered sense of self but rather a disturbance of the description under which they valued themselves as gendered agents. In this sense, contra of an understanding of alienation as separation, alienation remains a relation as the subjects are still bound to the gender roles by being realised in them, and thus it can be described as a form of separation within a relationship or a state of being disconnected within a relationship. (352).

Phase III

In phase III, reparation, the participants consciously use the descriptions of the gender norm demands to morally justify their caregiving role and reaffirm themselves as gendered agents showing the influence of gender norms on participants' moral motivation for caregiving,

The gender norm governs the participants' sociomoral cognition as the caregivers' moral reasons for acting were connected to descriptions of the self as man, woman, wife, and husband, found in the gender self-concept, and are all carriers of normative standards dictating to the individuals what they are obliged to do (414). Research on gender and moral reasoning is usually traced back to Kohlberg's six-stage theory of moral development and Gilligan's opposing work accusing Kohlberg’s theory of being biased in favour of men and assuming women are morally deficient by positioning them to stage three of moral development, where moral judgments are based on pleasing others and avoiding their disproval in contrast to more advanced stages where moral judgments involve the application of objective rules and standards (415,416). Gilligan described two distinct patterns of moral development that exist for men and women: an ethic of justice where dilemmas are resolved in terms of equality, reciprocity and the application of universal rules and an ethic of care that emphasises well-being and maintenance of relationships and where dilemmas are resolved in terms of attentiveness, responsiveness, and engagement (416). While some researchers found a statistically significant difference in moral decision-making between women and men, others did not (417,418). Most of these studies used the word gender simply as the biological sex overlooking the social and cultural aspects of gender, gender stereotypes and gender identification. However, moral identity, the source of moral motivation, can motivate behaviour through a desire to maintain self-consistency and is closely related to identity development that evokes social membership categories, such as gender, race or sexual orientation, making those factors vital in studying gender differences on moral motivation (419). In line with the findings of this study, few studies focusing on moral motivation, gender stereotypes and gender identification suggested that gender differences in moral motivation result from an interaction between individually differing degrees of gender identification and the content of culturally shared gender stereotypes (296,297,420). As the participants' perception of gender consists of two distinct and complementary gender categories, this influenced their moral motivation. In line with other studies, in justifying caregiving, female moral reasoning based on a relational stance had a care orientation involving attachment and a strong sense of commitment towards the patient, whereas the male moral thought based on an individualistic stance had a justice orientation involving performing one's duty, commitment to marriage vows, reciprocity and family responsibility (33).

Nevertheless, the care orientation in women's morality, holding the well-being of others as a central imperative, predisposition women to adopt a moral of self-sacrifice (33,421). Self-sacrifice is defined as the sacrifice of oneself or one's interests for others, a cause, or an ideal, and a breakdown of this definition indicates that self-sacrifice has a motivational component (e.g., readiness or disposition), it involves a cost (e.g., suffering, death), and it has an ideological component (e.g., a cause) (422). In line with previous research, the women interviewed for this study explicitly described how they practically ceased to live for themselves but lived for others (358). Internalised selflessness, although it appears to smooth the enduring of the caregiving burden, dispositions women to choose a life of sacrifice and devotion (107,110). Cultural context and internalisations of assumptions, archetypes and symbols further render women vulnerable to engage in self-sacrificial acts, giving an ideological cause as female carers approach caregiving as a form of purification, viewing their caregiving role as the emulation of a female saint, an image of a self-sacrificing mother (111,421). Self-sacrificial acts also maintain relational ties, affording women a sense of inner peace and authenticity, transforming the sacrificial acts into a survival strategy (423). The disposition of women to engage in self-sacrifice is evident in receiving positive evaluation for their caregiving acts but missing tangible benefits in esteem and prestige since doing things for and taking care of others, sacrificing their own needs is an expected part of women's role in this society and is assumed to be performed in virtue of their gender and natural inclinations (424).

Furthermore, in the present study, the internalisation of selflessness and prioritising others' needs rendered the female carers' sacrificial acts to be avoidance-motivated, avoidance of fear of failure and guilt (425). The concept of sacrifice poses challenges to feminist theory. Some feminist theorists advocate that women should reject self-sacrificing practices, along with myths prizing women's sacrifices, since historically, the imperative for women to sacrifice themselves has constituted an essential patriarchal device for keeping women oppressed and powerless (426). Other feminist theorists, on the other hand, acknowledge sacrifice as a potentially empowering tool for women as long as it is freely chosen and experienced as positively transformative (427). However, in this study, the female carers' self-sacrificial acts were not appeared to be freely chosen nor experienced as transformative.

Results concur with literature on male carers' moral motives for providing care emphasising justice, commitment to marriage acts and reciprocity as fairness and repayment to the wife for years of nurturance and support (100,428,429). However, this emphasis on fairness and reciprocity in male carers' moral reasoning must be interpreted in light of the male carers' gender dualistic and essentialist perspective under which women are innately nurturing and compassionate (377). This emphasis on fairness and reciprocity can be viewed as how these males perform masculinity by simultaneously distancing themselves from the essential traits that define femininity and associating themselves with justice and rational thinking identified as fundamentals of the hegemonic ideal (171). As in this study, men in feminised caregiving are found to reform their notions of masculinity so that their caring acts are viewed as commendable and heroic acts but are also in line with patriarchal ideals of gender roles like provider and protector, sustaining their sense of authenticity (430–432). Thus, the findings of this study support previous research and theoretical concepts of masculinity, which suggest that the existence of alternative visions of masculinity does not typically serve to displace the hegemonic vision of masculinity but rather suggest that because men receive a ‘patriarchal dividend’, they ensure that the hegemonic vision is not displaced (171,433).

Considering heroism as a species of excess altruism, and given that male heroic transformation consisted of self-denial attitudes and resistance to temptations, this study adds that the male heroic caregiving acts strongly evoke a moral of self-sacrifice (434,435). However, in contrast to women, the moral act of self-sacrifice allowed male caregivers to reaffirm themselves as autonomous moral gendered agents eliciting esteem. That a heroic form prescribed to the male caregivers' acts is not obscure as heroic acts occur only in extreme and unusual circumstances suggesting that caregiving is not an innate or typical characteristic of masculinity. Although heroism is not a stereotypical trait of masculinity, stereotypical traits historically attributed to men as agency, protection, boldness, and determination, enable men to act heroically. The literature offers diverse conceptualisations of a hero, one who sacrifices himself for others in their community, one protecting and helping the wellbeing of future generations or one who refuses to conform to unjust norms (436). A hero instigates change, and being or becoming heroic requires an autonomous moral agent who will be able to renounce himself in favour of the community bearing the burden of suffering as an ethical person (437). However, as in the female caregivers' accounts, this study shows that feelings of guilt and fear of social rejection reduce the virtue of the heroic self-sacrificial acts as they suggest that heroic caregiving acts are not pursued solely for the sake of the other but also for the sake of avoiding negative consequences of alternative actions for the self.

Moreover, although self-sacrifice appeared as transformative and perceived as deliberately taken by the male caregivers, allowing them to exhibit agency by consciously choosing to bear the total weight of moral caregiving responsibility on their shoulders, it does not, however, validates the male caregivers' freedom of choice nor diminishes the power of the gender norm nor sanitises its violence. Belief in free will in the context of behaviour and cognition is the core abstract belief that a person could have chosen to do otherwise, both in the perception that alternative options are available for the self to choose from and in the perceived ability of the self to choose among these options freely without constraints and should be differentiated from intentionality that refers to the mental representation of purposeful action, meaning an action is perceived as deliberately taken to lead to a specific outcome (438–440). Although the male caregivers appeared to exhibit more evident intentionality than women towards acquiring the caregiving role and their self-sacrifice was experienced as transformative, the question of free will for the male caregivers is not affirmed in this study. Instead, it appears to be constrained by internal factors such as personality, urges, needs and desires and external factors such as family, friends, society, norms, and even fate to God.

In contemporary discussions in moral philosophy, self-sacrificial acts are conceptualised as not belonging to the traditional threefold classification of moral action: obligatory acts, actions that are good to do and bad not to do; the permitted or indifferent, actions that are neither good to do nor bad not to do, and the prohibited acts that are bad to do and good not to do (441). It is argued that self-sacrificial acts, as saintly and heroic acts, are supererogatory acts, a class of morally praiseworthy, valuable though non-obligatory acts, in the sense that their omission is not blameworthy (442). Under this dual source of value of supererogatory acts, the good, intended consequences on the one hand and the optional not blameworthy nature on the other, thinking the caregivers' self-sacrificial acts to be at least partially motivated by avoiding feelings of guilt, failure, fear, rejection and social judgment it is hard to see how the caregivers' self-sacrificial acts can be transcended in any supererogatory way. Instead, the caregivers' saintly and heroic sacrificial acts spring on a high degree by the norms and principles under which the individuals value themselves as gendered subjects, by how a man or woman ought to be and how the ideal man or woman ought to be such the self-sacrificial acts are perceived as obligatory nor supererogatory acts (443,444).

Hence, this study adds that the self-sacrificial acts were incorporated into the agentic process of existing alienation towards reparation of the wholeness of their gendered sense of self. It is seen that complying with the moral requirements of the gender norm enabled individuals to affirm their gendered sense of self and self-worth as contradicting to the norm actions rendered individuals to be at odds with society, be consumed with self-doubt, self-loathing, guilt, breeding alienation, rather than infusing individuals with a sense of meaning. Self-sacrificial acts and the state of a hero or a saint gave the caregivers a tremendous opportunity for worth gain as gendered subjects more than any other neutral or pleasurable acts could give (445,446).

Thus, it is seen that despite the different motivational moral orientations of care and justice, caregiving incorporates an actual living reality of self-sacrifice that cannot be rejected or ignored, moreover when in this study, self-sacrificial acts were perceived as obligatory acts and were instrumental to the restoration of the individual's sense of self and worth as gendered agent. Sacrificing oneself is diminishing or giving up one's welfare or personal existence, which is not morally desirable (351). The cost imposes a rigorous limit on moral obligation even if the acts are morally praiseworthy and worthy of aspiration, for no significantly costly act can be required of the individuals (444,447).

Research on daily sacrifices in intimate romantic relationships suggests that increased commitment to a relationship is associated with an internal, cognitive, and motivational shift, making the desire to make sacrifices to be experienced as rewarding to the self (448). However, the decision about whether or not to sacrifice becomes complicated when the personal costs to the self are high; for example, people are less willing to sacrifice when doing so requires them to incur a high cost, such as moving to a new city versus a low cost such as a partner borrows a book that the other partner wanted to read (449). Moreover, when daily sacrifices are motivated by a desire to avoid adverse outcomes, are determinantal for the maintenance of the relationship and appear to be harmful to the emotional and mental well-being not only of the person who makes the sacrifice but also of his/ her partner who perceives the avoidance motives (450). Further research in other contexts revealed that making sacrifices increases people's commitment toward the cause, and when the sacrifice is costlier, or when the cause is unlikely to succeed, the commitment toward the cause and the intention of engaging in further sacrifice is stronger (422).

These findings point to the significance of therapeutic, preventative actions towards helping caregivers overcome self-sacrificial morals in caregiving. Essential is the differentiation between self-sacrifice, goal commitment and altruism. Goal commitment is defined as one's attachment to or determination to reach a goal and generally involves persistence and the extension of effort, whereas self-sacrifice involves neglecting alternative goals and solely focusing on advancing a cause (451). Both altruism and self-sacrifice are conceptually related to notions of self-effacement and action on behalf of others; however, the former involves no gain for oneself and does not necessarily entail relinquishing objects of high value and wellbeing, whereas the latter involves significant loss (452). For a goal to be altruistic, it must be terminal, not instrumental to another goal meaning that pursuing the good of another person with the ultimate goal of respecting a moral norm could not be an altruistic act, as helping because you care is different psychologically for a person from helping because you think it is what morality demands (410).

Feelings of guilt and lack of perceived choice in assuming the caregiving role are connected with increased burden and psychological morbidity among caregivers (17,18). Numerous research highlights the influence of social and cultural factors on caregiver motives and choice (453). It has been suggested that subjective values placed on caregiving, influenced by social norms and expectations, impose a sense of obligation on the individual, which is thought to be the primary caregiving motive (454). The current findings add to the literature by addressing the internal, individual, context and gender-based caregiving experience whilst also considering moral and ethical aspects of caregiving motivations showing how culture– and society-dependent factors provide context to psychological factors that shape the perceived obligation to provide care. Understanding caregivers' motivational approach and assessing emotional impact can provide insights into their level of joy and pleasure, determining the genuineness of caregiving acts. Interventions may support caregivers' assertiveness skills to express their needs and desires effectively, communicate boundaries and preferences, and prioritise self-care in their daily routine by engaging in activities that bring them fulfilment. There is a need to support caregivers to think and challenge beliefs that reinforce the necessity of self-sacrifice for their worth or the happiness of others and help them cultivate healthier and balanced beliefs to sustain their motivations for caregiving.

In discussing the findings with the theoretical framework of this study, Butler's core argument posits that gender is not a biologically predetermined attribute but a continually performed enactment shaped and reinforced by societal expectations, thus constructing the concept of gender itself and perpetuating the illusion of two inherently natural, distinct and complementary sexes (168). Furthermore, deviations from societal expectations result in adverse consequences, as individuals who do not conform become culturally unintelligible and are subject to being perceived as "failures or logical impossibilities"(168 p.24). Under this perspective, it can be argued that, at least in Greece's heteronormative society, heterosexuality establishes the meaning of gender for older spousal caregivers, as shown by the complementarity found in the caregivers' mental representations of gender. Moreover, with the emergence of the caregiving journey, the unintelligibility of gender non-normativity appeared not only to come with disturbing consequences but was perceived as external to the self, connected to the individuals' alienation.

From a social psychological perspective, gender roles, stereotypes, and schemas provided the script and significantly influenced how gender is performed by the caregivers in this study, as described by Butler (172,455,456). A critical question in the older people's caregiving context is whether challenging prevailing notions of gender, creating ‘gender trouble’ by detaching gender from specific social roles, ultimately have implications for the caregiving experience and its stressors. However, challenging established gender ideas may be perceived as threatening, particularly for individuals strongly identifying with their gender (457). Theories maintain that group members, including men and women, have a need to maintain distinctiveness from outgroups, and when this distinctiveness is jeopardized, individuals with strong group identification tend to emphasize the contrast between their group and the outgroup by manifesting as more stereotypical gender presentations as it can be hypothesised that happened with the adaptation of the self-sacrificial moral in the caregivers accounts in this study (173,174,458).

Important in elucidating the impact of gender in the caregiving context is for the researchers to engage in gender trouble by changing how we treat gender (459–461). For investigating the influence of gender in the caregiving experience, researchers should move away from binary views of gender and from treating gender as an independent variable and instead consider it as an outcome influenced by societal and psychological forces, measuring it in more nuanced ways, such as measuring gender identity salience, gender performance, or using a broader range of gender options in research practices and questionnaires (170)

Limitations

This study aimed to provide an in-depth analysis of the experiences of a specific subgroup of caregivers; therefore, the purposive sample strategy inherently limits the generalizability of the findings to the under-study population (282). Greece's sociocultural context and unique historical factors, along with its specific gender norms and caregiving expectations, may have influenced the participants' experiences. The acknowledgement of influence and intersection of ethnicity, race, sexuality, gender, class, age, and (dis)ability in forming social identities and further the acknowledgement that morality is deeply embedded within social, historical and religious factors further limits the generalizability of the findings (410,462). The findings might be relevant only to older heterosexual individuals in Greece belonging to the working and middle class. It may not be relevant for groups belonging to other ethnicities, other cultures, other sexual orientations, younger ages, or higher educational and socio-economic status. However, the study provides a tentative framework for being examined in different populations (463). Future research may attempt to replicate and expand upon these findings, considering diverse populations and contexts to develop a more comprehensive understanding of the intricate dynamics of gender stereotypes, caregiving experiences, and moral decision-making, generating knowledge that encompasses a broader spectrum of caregivers to inform the development of targeted interventions and support systems applicable to various cultural, ethnic, socioeconomic backgrounds and sexual orientations. The study acknowledges that qualitative research findings can be open to multiple interpretations as they rely on subjective analysis and narrative descriptions. Researchers' biases and preconceptions may have influenced data interpretation, and the principal researcher's presence in the data collection process may have influenced participants' responses and behaviour. The translation process also may have introduced inaccuracies or loss of meaning (464).

Conclusion

This dissertation provides valuable insights into the experience of gender for spousal caregivers of older individuals in need of rehabilitation in the Greek community. By exploring the participants' experiences through phenomenological methods and analysis, the study reveals the diachronic identity of gender for spousal caregivers, consisting of phases of the normative constitution, alienation, and reparation, offering an innovative tentative framework for examining the caregiving journey and its psychological outcomes for the caregivers from a gender perspective. The study highlights the influence of stereotypical attributes linked to femininity and masculinity on self-concept, agency, and the formulation of caregiving evaluations and practices highlighting the importance of incorporating an intersectional perspective in future research and interventions with caregivers, considering factors such as gender, sexuality, gender relations, age, division of labour, power dynamics, cultural norms, and values. The results reveal that both male and female caregivers experience alienation upon embarking on the caregiving journey, with specific gender-based vulnerabilities that limit their sense of agency and impact their psychological well-being. By recognising these vulnerabilities and addressing gendered expectations and societal pressures, interventions can foster caregivers' mental health and facilitate the development of effective coping strategies. The findings emphasise the complexity of empathy and its connection to gender stereotypes and experience of stressors and coping strategies caregivers employ. They also shed light on the multifaceted nature of guilt experienced by caregivers, emphasising the central role of emotions in guiding caregivers' thoughts and behaviours. The research highlights the moral dimension of caregiving and its relationship with gender norms, motivations and a sense of obligation. The dissertation calls for challenging self-sacrificial morals and societal norms associated with them to empower caregivers to prioritise their well-being while sustaining their motivations in caregiving. This shift in perspective can lead to a more positive and fulfilling caregiving experience.

In conclusion, this dissertation highlights the significance of gender stereotypes in shaping the experiences of spousal caregivers in the Greek community. The study reveals how these stereotypes contribute to feelings of alienation, a sense of impaired agency, distinct psychological outcomes and coping strategies for male and female caregivers, empathic responses, moral decision-making in caregiving, and a presence of guilt and self-sacrifice morals. By shedding light on these gendered dynamics, the study provides valuable insights to promote caregivers' well-being and improve their caregiving experiences.

ABSTRACT

The overarching aim of this dissertation was to explore what it is like the experience of gender for spousal caregivers of older people undergoing rehabilitation within the Greek community. The objectives to support the inquiry were a) to describe the gendered patterns of perception, thought, feelings and behaviour of spousal caregivers, b) to investigate the normative structures that constitute the experience of gender, and c) to explore the sense of agency in the experience of gender. This dissertation used a phenomenological qualitative method design to investigate the experience of gender as culturally and institutionally constructed and, at the same time, intentionally and subjectively lived. The phenomenological analysis of the transcripts of the eleven participants recruited for this study provided insight into the structure of the experience of gender for the spousal caregivers as a normative diachronic identity in a succession of phases: normative constitution, alienation, and reparation offering a tentative framework for examining spousal caregivers' experiences and psychological outcomes in the caregiving trajectory from a gender perspective. The findings illuminate the influence of stereotypical attributes linked to femininity and masculinity on self-concept, agency, and the formulation of caregiving evaluations and practices highlighting the importance of incorporating an intersectional perspective in future research and interventions with caregivers, considering factors such as gender, sexuality, gender relations, age, division of labour, power dynamics, cultural norms, and values. The results indicate that both male and female caregivers feel alienated upon embarking on the caregiving journey, with specific gender-based vulnerabilities that impact their psychological well-being. By recognizing these vulnerabilities and addressing gendered expectations and societal pressures, interventions can foster caregivers' mental health and facilitate the development of effective coping strategies. The findings emphasise the complexity of empathy and its connection to the experience of stressors and coping strategies employed by caregivers. They also shed light on the multifaceted nature of guilt experienced by caregivers, elucidating its sources and connection to gendered self-perception while highlighting its effects on caregivers' well-being. The research highlights the moral dimension of caregiving and its relationship with a sense of obligation, gender norms and motivations. It calls for challenging self-sacrificial morals and societal norms associated with them to empower caregivers to prioritize their well-being while sustaining their motivations in caregiving. This shift in perspective can lead to a more positive and fulfilling caregiving experience.

ΠΕΡΙΛΗΨΗ

«Εξερευνώντας τις έμφυλες εμπειρίες των άτυπων φροντιστών όπως διαμορφώνονται κατά τη διάρκεια φροντίδας ηλικιωμένων ατόμων που χρήζουν αποκατάστασης»

ΖΥΓΟΥΡΗ ΙΩΑΝΝΑ

Εισαγωγή: Οι άτυποι φροντιστές συχνά βιώνουν ψυχολογική δυσφορία, κατάθλιψη, άγχος και κοινωνική απομόνωση. Η ευημερία των φροντιστών μειώνεται καθώς αναλαμβάνουν τον ρόλο φροντίδας και αυξάνεται με τη μείωση των απαιτήσεων φροντίδας. Οι απότομες αλλαγές στη ζωή, η αίσθηση έλλειψης αυτενέργειας και η έλλειψη επιλογής συμβάλλουν στην επιβάρυνση και την κατάθλιψη. Το φύλο παίζει σημαντικό ρόλο στη φροντίδα, καθώς στοιχεία υποδηλώνουν ότι οι ανεπιθύμητες ψυχολογικές επιπτώσεις είναι πιο συχνές μεταξύ των γυναικών φροντιστών, αλλά σημαντικός αριθμός ερευνών δείχνουν αντιφατικά ευρήματα. Οι άνδρες φροντιστές συχνά παραβλέπονται στις έρευνες παρά την αυξανόμενη συμμετοχή τους στην παροχή φροντίδας. Το φύλο διασταυρώνεται με άλλες μεταβλητές όπως ο πολιτισμός και η κοινωνικοοικονομική κατάσταση, αλλά η συσχέτιση του φύλου με άλλες μεταβλητές δεν έχει μελετηθεί επαρκώς στην άτυπη παροχή φροντίδας. Μελέτες υποστηρίζουν ότι είναι η υποκειμενική αξιολόγηση και όχι οι αντικειμενικές συνθήκες που μπορεί να εξηγούν τις διαφορές μεταξύ των φύλων στις ψυχολογικές επιπτώσεις και επιβάρυνση. Στην Ελλάδα, η οικογενειακή φροντίδα είναι ευρέως διαδεδομένη, με ένα σημαντικό ποσοστό του πληθυσμού να είναι άτυποι φροντιστές. **Σκοπός**: Ο πρωταρχικός στόχος αυτής της διατριβής ήταν να διερευνήσει την εμπειρία του φύλου συζύγων φροντιστών ηλικιωμένων ατόμων που υποβάλλονται σε αποκατάσταση στην ελληνική κοινότητα. Οι στόχοι για την υποστήριξη της έρευνας ήταν α) να περιγραφούν τα έμφυλα πρότυπα αντίληψης, σκέψης, συναισθημάτων και συμπεριφοράς των συζύγων φροντιστών, β) να διερευνηθούν οι κανονιστικές δομές που συνιστούν την εμπειρία του φύλου και γ) να διερευνηθεί η αίσθηση της αυτενέργειας στην εμπειρία του φύλου. **Μέθοδος:** Αυτή η διατριβή χρησιμοποίησε ένα σχεδιασμό φαινομενολογικής ποιοτικής μεθόδου για να διερευνήσει και να αναλύσει την εμπειρία του φύλου ως πολιτισμικά και θεσμικά κατασκευασμένη και, ταυτόχρονα, σκόπιμα και υποκειμενικά βιωμένη. **Αποτελέσματα:** Η φαινομενολογική ανάλυση των συνεντεύξεων των έντεκα συμμετεχόντων που προσλήφθηκαν για αυτή τη μελέτη παρείχε πληροφορίες σχετικά με τη δομή της εμπειρίας του φύλου για τους συζύγους φροντιστές ως μια κανονιστική διαχρονική ταυτότητα σε διαδοχικές φάσεις: κανονιστική σύσταση, αποξένωση και αποκατάσταση, προσφέροντας ένα

πλαίσιο για την εξέταση των εμπειριών φροντίδας και των ψυχολογικών αποτελεσμάτων αυτής για τους συζύγους φροντιστές υπό το πρίσμα του φύλου. **Συμπεράσματα**: Τα ευρήματα διαφωτίζουν την επίδραση των στερεοτυπικών χαρακτηριστικών που συνδέονται με τη θηλυκότητα και την αρρενωπότητα στην αυτο-ιδέα, την αυτενέργεια και τη διαμόρφωση αξιολογήσεων και πρακτικών φροντίδας, υπογραμμίζοντας τη σημασία της ενσωμάτωσης μιας διατομεακής προοπτικής σε μελλοντικές έρευνες και παρεμβάσεις με τους φροντιστές, λαμβάνοντας υπόψη παράγοντες όπως το φύλο, τη σεξουαλικότητα, τις σχέσεις των φύλων, την ηλικία, τον καταμερισμός της εργασίας, τη δυναμική της εξουσίας, τους πολιτιστικούς κανόνες και αξίες. Τα αποτελέσματα δείχνουν ότι τόσο οι άνδρες όσο και οι γυναίκες φροντιστές αισθάνονται αποξενωμένοι κατά την έναρξη του ταξιδιού φροντίδας, με συγκεκριμένες ευπάθειες με βάση το φύλο που επηρεάζουν την ψυχολογική τους ευημερία. Αναγνωρίζοντας αυτές τις ευπάθειες και αντιμετωπίζοντας τις έμφυλες προσδοκίες και τις κοινωνικές πιέσεις, οι παρεμβάσεις μπορούν να ενισχύσουν την ψυχική υγεία των φροντιστών και να διευκολύνουν την ανάπτυξη αποτελεσματικών στρατηγικών αντιμετώπισης του βάρους της φροντίδας. Τα ευρήματα υπογραμμίζουν την πολυπλοκότητα της ενσυναίσθησης και τη σύνδεσή της με την εμπειρία των στρεσογόνων παραγόντων φροντίδας και τις στρατηγικές αντιμετώπισης που χρησιμοποιούν οι φροντιστές. Ρίχνουν επίσης φως στην πολύπλευρη φύση του αισθήματος ενοχής που βιώνουν οι φροντιστές, διευκρινίζοντας τις πηγές και τη σύνδεσή του με την έμφυλη αυτοαντίληψη, επισημαίνοντας παράλληλα τις επιπτώσεις του στην ευημερία των φροντιστών. Η μελέτη τονίζει τον κεντρικό ρόλο των συναισθημάτων στην καθοδήγηση των σκέψεων και των συμπεριφορών των φροντιστών, συμβάλλοντας σε μια βαθύτερη κατανόηση του συναισθηματικού τοπίου που είναι εγγενές στην εμπειρία φροντίδας. Η έρευνα υπογραμμίζει την ηθική διάσταση της παροχής φροντίδας και τη σχέση της με τα πρότυπα και τα κίνητρα των φύλων, καλώντας την αμφισβήτηση των αυτοθυσιαστικών ηθικών και κοινωνικών κανόνων που σχετίζονται με αυτά, ώστε να δοθεί η δυνατότητα στους φροντιστές να δώσουν προτεραιότητα στην ευημερία τους, διατηρώντας παράλληλα τα κίνητρά τους στη φροντίδα. Αυτή η αλλαγή προοπτικής μπορεί να οδηγήσει σε μια πιο θετική και ικανοποιητική εμπειρία φροντίδας.

APPENDIX 1.

Table 9. Data extraction systematic review

	Authors, year, Country	Aims of the Study	Study Design, Methodology	Sampling Method and Sample	CASP Tool
1	**1.** Black et al., 2008 USA	To explore experiences of suffering in late life.	Ethnographic research Ethnographic interviews and informal conversations.	Sample was selected from data collected for another funded research project: 4 primary at-home caregivers for wives with dementia, aged 80 and above.	6. Cannot tell. The researchers may have not critically examined their role in the research. 10. No clear suggestions for future research
2	Cahill, 2000 Australia (100)	To develop an understanding of the caregiving experiences of men looking after spouses diagnosed with dementia.	In depth interviews collected quantitative and qualitative data	Non-probability sample of service users: 26 aged husbands who cared at home for their cognitively impaired wives.	Satisfied all the criteria
3	Calasanti & Bowen, 2006 USA	To explore the caregiving provided by spouses of persons with Alzheimer's Disease and related dementias	Qualitative, gender-sensitive, constructivist approach. Semi-structured interviews	Sample recruited from formal agencies, churches, and snowball sampling: 22 primary spousal caregivers for non-institutionalised persons with dementia.	Satisfied all the criteria.
4	Calasanti & King, 2007 USA (104)	To explore husbands' experiences of caring for wives with Alzheimer's disease.	Qualitative, constructivist approach to analyse in-depth interviews	Sample recruited from formal agencies and support groups: 9 caregiving husbands.	7. No reference to ethical considerations
5	Drummond et al., 2013 Canada (116)	To understand the meaning older women caregivers attribute to their experience of sexuality and intimacy.	Phenomenology approach. Interviews.	Recruitment strategy focused on identifying older caregiving women spouses: 6 community residing women.	6. Cannot tell. The researchers may have not critically examined their role in the research.

	Authors, year, Country	Aims of the Study	Study Design, Methodology	Sampling Method and Sample	CASP Tool
6	Eriksson et al., 2013 Sweden (105)	To explore the gender aspects of long-term caregiving	In depth interviews	Participants recruited from an assessment unit at a hospital in South–East Sweden: 12 participants.	Satisfied all the criteria
7	Flores et al., 2009 USA	To explore the nuances of an ethics of care that constitute caregiving experiences.	Case study. Semi structured qualitative interview	The case study is drawn from a sample of Latina participants in a larger qualitative study: Ana a primary caregiver to her mother.	7. No reference to ethical considerations
8	Hashizume, 2010 Japan	To explore the experiences of Japanese working women caregivers as they cared for the elderly family member.	Grounded-theory methodology. Open ended interviews around specific topics	Recruitment of women caregivers who met specified criteria: 11 women caregivers including 6 daughters and 5 daughters-in-law.	6. Cannot tell. The researchers may have not critically examined their role in the research.
9	Hayes et al., 2009 USA	To examine how caregivers of spouses diagnosed with ADRDs perceive identity changes in themselves.	Social constructionist, symbolic interactionist perspective. Intensive interviews.	Spousal caregivers were recruited from support groups: 13 men and 15 women whose spouses had ADRD.	7. Cannot tell. Refers only that the participants agreed to be interviewed
10	Hayes et al., 2010 USA (119)	To analyse the process of redefining marital relations within the context of couples dealing with Alzheimer's disease	Intensive qualitative interviewing approach.	Caregivers were selected into the study that met specified criteria: 13 caregiver husbands and 15 caregiver wives.	6. Cannot tell. The researchers may have not critically examined their role in the research.
11	Hepburn et al., 2002 USA (117)	To identify themes in caregivers' discourse and reports on patterns among caregivers.	Constant comparative analysis was used to code open-ended interviews	Sample recruited as part of a larger intervention study of family caregivers of community-dwelling persons with dementia: 132 spouses.	Satisfied all the criteria

	Authors, year, Country	Aims of the Study	Study Design, Methodology	Sampling Method and Sample	CASP Tool
12	Holroyd, 2005 China	To address the dilemmas of elderly Chinese women as spousal caregivers in Hong Kong.	In-depth ethnographic approach. Data interpretation via symbolic interactionism.	Convenience sample: 20 elderly wives who were caregivers from Hong Kong.	Satisfied all the criteria
13	Jones et al., 2002 USA (114)	To describe the process of caring for elderly parents by Asian American women.	Grounded theory methodology. Interviews.	Purposive sample: 41 women (22 Chinese American and 19 Filipino American; aged 38-68 yrs) caring for elderly parents. Subsequent theoretical sample	3. Cannot tell. The researcher did not clearly justify the research design. 6. Cannot tell. The researchers may have not critically examined their role in the research.
14	Kluczyńska, 2015 Poland (102)	To describe how older men who are caring for their wives construct their masculinity in the face of their new role and tasks.	Semi-structured, in-depth interviews. Thematic analysis coding as a mode of interpretation.	Sample recruited via a local clinic in Poznan: 10 men between 64 and 90 years old who are the primary carers for their wives.	3. Cannot tell. The researcher did not clearly justify the research design. 5. Cannot tell. The researcher did not make the methods explicit, no use of a topic guide.
15	Kramer, 2005 USA	To illuminate the relationship between gender and burden.	Descriptive qualitative approach and critical poststructuralist feminist approach.	Participants recruited via community care facilities based on specified criteria: 36 adult women caring for highly dependent adults	6. Cannot tell. The researchers may have not critically examined their role in the research.
16	Mendez-Luck et al., 2008 Mexico	To examine how women in a Mexico City suburb conceptualise the construct of burden.	Phenomenological approach. Semi-structured interviews	Combination of snowball and purposive sampling methods: 41 women.	Satisfied all the criteria

	Authors, year, Country	**Aims of the Study**	**Study Design, Methodology**	**Sampling Method and Sample**	**CASP Tool**
17	Paillard-Borg & Strömberg, 2014 Japan	To describe the observations and thoughts of one Japanese woman's experience of living with her elderly parents.	Case study. Open-ended interview was performed and analysed using content analysis.	Case sampling: Miho, a Japanese female caregiver	Satisfied all the criteria
18	Remennick, 2001 Israel	To explore the experiences of women caregivers with multiple roles.	Qualitative study. Open ended interviews	Women were recruited based on specified criteria: 42 women who lived with the older individual.	6. Cannot tell. The researchers may have not critically examined their role in the research.
19	Ribeiro et al., 2007 Portugal	To report findings on men's caregiving experiences.	Semi-structured interviews. Open coding and content analysis	Snowball sampling: 53 elderly men who were caring for chronically ill wives.	Satisfied all the criteria
20	Silverman, 2013 Canada	To examine the lived reality of women caregivers.	Microethnographic approach. Field research, observations.	Recruitment of caregivers who fit the project's criteria: 5 caregivers' dyads.	Satisfied all the criteria
21	Valadez et al., 2005 USA	To examine Mexican American caregivers' lived caregiving experiences.	Exploratory study. Semi structured interviews.	Recruitment from Adult Day Care Centers: 15 Mexican American participants.	Satisfied all the criteria

Table 10. Participants' quotations, authors' interpretations systematic review

Study 1 Authors' findings	How personal control mediates suffering: Elderly husbands' narratives of caregiving. *Black et al., 2008.*

From abstract: Three thematic "tools" of control emerged as strategies men used to mediate their suffering: 1) the power of the little; 2) preserving self-identity and marriage-identity and, 3) finding purpose in the role of caregiver.

Finding 1 The power of the little.

Participants' quotations: "Give me a foot, put it up on me, I'll take your shoe off. But if you get my knee dirty, you're going to wash my leg." She says, "It would be an honor. And she really meant it, the way she said it".

Authors' interpretation: Theme 1 shows how the "little" of everyday conversations, incidents, or tasks have the power to give hope, change lives, or predict death. A moment of clarity in the wife, dressing her with ease, understanding nuance in her voice, and keeping a link with the "outside," gave elderly caregiving men a sense of control over their lives. Conversely, when the "little" of a wife's comprehension or ability to maneuver through the home lessened, the potential for husbands to maintain control decreased**.**

Finding 2 Preserving self-identity and marriage-identity.

Participants' quotations: "If I don't keep moving and shaking, ennui will set in. Grief will set in"

Authors' interpretation: Theme 2 shows that husbands used long-standing qualities, such as faith, perseverance, and intelligence, and new attributes, such as acceptance, compassion, and "living one day at a time" to manage the emotional difficulties of caregiving. Men also used masculinities, or behaviors they viewed as gender appropriate, such as preparedness, knowledge, and silence, to defend decisions they made as caregivers. Men brought "appropriate" long-standing and recent characteristics together to maintain and foster existing self- and marriage-identities.

Finding 3 Finding purpose in the role of caregiver.

Participants' quotations: "What am I going to do?" One step at a time. One day at a time. I am here for a certain reason, I guess. Maybe I am here for Marie. Marie's here for me." "The moral of my story is: He tried, he tried."

Authors' interpretation: Theme 3 shows that caregiving did not impede existential tasks but provided answers to men's queries about purpose in life. In the latter stage of life, caregiving became not only a symbol of each man's commitment to his wife, but also a reason why each man had lived as long as he had. Their lives' major purpose was clear—to remain their wife's caregiver until death.

Study 2 Authors' findings	Elderly husbands caring at home for wives diagnosed with Alzheimer's disease: are male caregivers different? *Cahill, 2000*

From abstract: Results show how men demonstrated a strong injunction to care, performed intimate personal care tasks competently, received limited government support and derived some satisfaction from the caregiving role. Despite similarities between male and female caregivers being noted, some gender differences in the way in which men approached the care role are described.

Finding 1 Reasons for caring.

Participants' quotations: "She's my wife and partner, we've done everything together for 41 years, you take your vows. ***Authors' interpretation:*** Main reasons for caring included love, marriage, duty or a combination of each. For many caring was also seen as a relational activity.

Finding 2 Caring tasks performed.

Participants' quotations: -. ***Authors' interpretation:*** For the majority, it seems the care role was modelled on earlier work roles.

Finding 3 Incontinence management.

Participants' quotations: "It's part of what has to be done, you just get on with it". ***Authors' interpretation:*** When asked how they coped, the majority (71 %) reported they considered this as a routine aspect of care and approached it pragmatically as a job which had to be done.

Finding 4 Formal support service and caregiving.

Participants' quotations: -. ***Authors' interpretation:*** In general, male caregivers received limited formal support with the physical and personal care services.

Finding 5 Informal support services and caregiving.

Participants' quotations: "My daughter helps, she gives me quite a lot because she's a barmaid and she works odd hours". ***Authors' interpretation:*** Some were defensive about their children's involvement in parent care.

Finding 6 Satisfaction with the care role.

Participants' quotations: "I mean I'm trying to give her better than she'd have if she were to go to a home. I am keeping her alive, that is what we both agreed on. I feel if I can share with her as much as I can she will have a longer fun.". "It's satisfying because I still! have her with me, that's the name of the game' or from having their wives occasionally express gratitude to them". ***Authors' interpretation:*** Interestingly, a major source of satisfaction was seeing their loved one remaining healthy and looking happy. Caregivers seemed to attribute their spouses' health and wellbeing to the individually designed care they could provide at home. One quarter of the sample acknowledged that for them a source of satisfaction was the knowledge that they were responsible for either keeping their marriage and relationship together.

Study 3 Authors' findings	**Spousal caregiving and crossing gender boundaries: Maintaining gendered identities.** ***Calasanti and Bowen, 2006***

From abstract: In exploring the ways gender might influence caregiving, we find that husbands and wives both cross gender boundaries in order to give care to their spouses; and such traversing presents different challenges to each.

Finding 1 Taking over new household tasks

Participants' quotations: Caregiving wives:" Of course I never had to put gas in a car, I never had to check the tires, I never had to do anything about an automobile because he did everything. And now I have that and that is hard."

Caregiving husbands:" I found out how difficult it is to do all these things”.

Authors' interpretation: In this study, gender boundaries were often crossed in relation to the usual division of household labor**.** In both cases, whether male or female, spouses have to take over new tasks to allow the couple to survive as a unit. Overall, it appears that most husbands faced greater challenges than caregiving wives in having to adopt more daily tasks, and they derived a variety of techniques for managing these. They learned to perform some, if not all, of these tasks themselves; received help from other family members; or they paid for others to manage some of these tasks.

Finding 2 Tasks performed to maintain gender identity: Gendered appearance and gendered sense of self.

Participants' quotations: Caregiving wives: «He always loved to look good, you know, and took care of his body and stuff…And I feel like I need for him to look as good. If he doesn’t want to shave, I send him back [to do it]." "I have got to give him a little money, you know, to carry. I am not going to tell him he can't do that because that would really hurt his spirits….". Caregiving husbands:" I use this soap, you know, that is in a bottle that you buy, it's a good grade. It's ladies' soap, and just squeeze a few drops in there and that is what I give her a bath with that … And then dry her off good, and I put a good grade of lotion on her." "I said yeah you made that really look good you know and agree with her to make her feel good. She will grin. Just let her take credit. It doesn’t hurt a thing."

Authors' interpretation: While both husbands and wives help their spouses maintain gendered appearances, differences also emerged. For wives, this behavior entailed an extension of activities they were used to performing: a variety of personal care tasks for others, such as bathing and grooming and making sure others are properly dressed in clean and matching clothing. For men, however, these are generally new tasks: forms of bodily care for another that they were not used to.

Study 4 Authors' findings	**Taking 'Women's Work’ 'Like a Man': Husbands' Experiences of Care Work** ***Calasanti and King, 2007***

From abstract: We found that these husbands' approaches to caregiving and their strategies for dealing with the work and feelings involved were rooted in their sense of selves as men.

Finding 1 Husbands' Approaches to Care: "Pick it up Like You Do a Trade.

Participants' quotations: "At first ... when you start taking care of a woman, you know, you don't know exactly how to do it". "And] the ladies at the day care center ... say, "[Jerry] you do an excellent job."

Authors' interpretation: Men's relative lack of stress resulted not from a refusal on their part to perform difficult work but rather from their relative freedom from responsibility for particular expectations or from their wives' feelings.

Finding 2 Dealing with Care Receivers: "If She Needed a Shower, I Gave Her a Shower".

Participants' quotations: "She is so determined that she is really powerful ... and I have got a lot of scars on me because of that.. . And I ... try my best to keep her in a good mood. [But] I can tell when she is not going to give up and then ... I will say okay, [and] start taking [her clothes] off. And so, I have to forcefully ..."

Authors' interpretation: Thus, in reporting ways in which masculine identities might have led men to attempt enforcement strategies that caregiving wives avoided, we are not making a case for better or worse care. Instead, our focus is only on how strategies flow from gender repertoires, and the importance of understanding the structural bases for these repertoires when designing interventions.

Finding 3 Dealing with Caregivers' Stress/Feelings.

Participants' quotations: "I just keep my cool and go on. She uses a word that starts with a h and a d and a c. I just keep cool. ... I just keep it cool and do not say anything back to her and go on, and just sit tight. ..."‘’ I try to get back to some form of being ‘‘normal’’: hunting, fishing.” “You can go read your e-mail and do some research ... I subscribe to a great magazine and it’s fun to read about the archaeology review ... And so, reading is a diversion.” “Most men keep things to themselves. I am not going to tell everybody I know that I am stressing, or I feel depressed.” “I just go get another beer.”

Authors’ interpretation: These strategies—exerting force, focusing on tasks, blocking emotions, minimising disruption, distracting attention, and self-medicating—fit the structural positions of working-, middle-, and professional-class men, whose occupational roles taught them the values of independence and pride in skills.

Study 5 Authors ‘findings	***The Impact of Caregiving: Older Women’s Experiences of Sexuality and Intimacy*** ***Drummond et al. 2013***

From abstract: Findings suggest that older women’s sexual identities and experiences of sexuality are marked by both ageist constructions of ‘‘older woman as asexual’’ and loss of self-associated with taking on the role of caregiver. Findings also suggest that women resist these constructions of self through the development of other forms of intimacy in their lives.

Finding 1 Shifting Identities

Participants’ quotations: “Him being sick and me being a caregiver have taken over. I know it’s not supposed to for me, I try to do other things,
but that’s sort of the overwhelming part of our identities. So, it’s hard to work ourselves out of it and go back to some sort ofyou know who we were.” “‘‘how could I possibly imagine sleeping with him anymore when I’m wiping his behind’’. It’s not pleasant.”

Authors’ interpretation: In summary, most spouses in this study could describe a moment in time when they became aware of a shift in their multiple identities directly connected to the shift in their role from spouse to that of caregiver.

Finding 2 Women’s Agency Expressed Through Intimacy

Participants’ quotations: “We try to, you know, we try to kiss and hug but R. sits here and I have to bend down and he’s always liked breasts so we try to sort of do something but um it’s not really, it’s playful. I mean it’s not what you would call overtly sexual. It’s nice.”

Authors’ interpretation: In summary, caregivers adapted to the changes resulting from their own and their spouses’ shifts in identity by developing new ways of expressing intimacy in order to create situations in which some of their needs could continue to be met.

Finding 3 Talking to Others About Sexuality and Intimacy

Participants' quotations: "He [my doctor] says things like 'down there' referring to vaginas, my family doctor. He is sort of my age and it's awkward for him I guess ... given that you can see that he doesn't ask too much about our sex lives."

Authors' interpretation: In summary, considering participant's narratives of sexuality as ''irrelevant'' and service provider's assumptions and discomforts, it is not surprising that sexuality is a topic absent in the caregiver and health care service provider encounter.

Study 6 Authors 'findings	***Experiences of long-term home care as an informal caregiver to a spouse: gendered meanings in everyday life for female carers Eriksson et al., 2013***

From abstract: The findings of this study show that the informants frequently reflected on their caregiving activities in terms of both general and heteronormative expectations.

Finding 1 Hetero-polarisation in the relationship

Participants' quotations: "There is no point in arguing, to say anything. In this case, for the woman it is ordered silence in the assembly, a sense of reason doesn't exist. I'll think it is hard, it really is."

Authors' interpretation: The women felt there were no 'rational' arguments they could present to their husbands, family or friends for meeting their own needs; rather, their partners' cognitive impairment took precedence.

Finding 2 Introspection connected to caring activity

Participants' quotations: "It is typical for women, it's in our genes to take care of everything and constantly worrying about everything, it is like all the world's problems are resting on your shoulders. But for men, they seem to go along no matter what, because they got the women to rely on." "And my girls, they are coming and going like frequent flyers in our house, one of them lives a two-hour drive away and the other lives about three hours away, still they're doing everything they can to support, help and arrange our lives to the best, but it isn't easy."

Authors' interpretation: Many different arrangements can be made to keep the personal responsibility for the caring within the 'family'. The nurturing skills associated with each of the different roles throughout a woman's lifetime, such as 'daughter', 'wife' and 'mother', provide support, maintain continuity, and can be regarded as important resources for both the family and society in general.

Study 7 Authors 'findings	***Beyond Familism: A Case Study of the Ethics of Care of a Latina Caregiver of an Elderly Parent with Dementia Flores et al., 2009***

From discussion: Ana's narrative shows the struggle of a second-generation, working-class Latina daughter to conform to a Latino ethics of care, to negotiate the cultural mandates of familism, and to provide compassionate care for her mother.

Finding 1 Understanding Her Mother's Illness

Participants' quotations: "She has always been a stressful person."

Authors' interpretation: Ana's explanatory model of her mother's illness is consistent with other accounts of how Latino caregivers and family members "explain" the cognitive and behavioral symptoms of dementia as being related to "nerves" or long-standing personality traits. Ana's nativity in the United States, her awareness of dementing illnesses, and her belief that her mother suffers from dementia, she relies on a "cultural" explanation for her mother's behaviors.

Finding 2 On Becoming a Caregiver

Participants' quotations:" My brothers are kind of in their own little world, you know. I think it has to do with the culture a lot of it, you know, how they are brought up. Like my Mom has always had this thing that men are to be catered to and women are pretty basically on their own."

Authors' interpretation: While female caregiving of elders is not a uniquely Latino phenomenon, Ana assumes the primary caregiver role because she sees it as a cultural mandate rooted in familistic values; thus, she carries forward the tradition by assuming the caregiver role for her mother.

Finding 3 Model of Care

Participants' quotations: "When she gets verbally (abusive), sometimes I will listen, but then there are other times that I just, I find myself losing it to be honest, you know. I just answer back, you know, and then she becomes more ... and I try, you know, to be more on top of it. I just walk away. I just walk away, and she will continue."

Authors' interpretation: Ana reported relying on her love for her mother to remain patient and compassionate. She alternates between accepting her caregiver role as an obligation, given her cultural upbringing, and wanting to run away and escape her mother's outbursts, which she sometimes does by locking herself in her room.

Study 8 Authors 'findings	***Releasing from the Oppression: Caregiving for the Elderly Parents of Japanese Working Women Hashizume, 2010***

From abstract: I generated a substantive grounded theory, resulting in the identification of the core concept of "releasing self," which included three dimensions: laughing away, self-belief, and losing enthusiasm for the elderly and elderly care.

Finding 1 Following the Norm Automatically

Participants' quotations: "When I started taking care of my mother-in-law, I was the only one to handle it. Both my husband and my daughter had jobs."

Authors' interpretation: They performed all of their tasks without complaining.

Finding 2 Reducing the Amount of Tasks

Participants' quotations: "Ten years have passed since I started taking care of my mother. I am also getting older and cannot give her [a] bath alone."

Authors' interpretation: All the caregivers discovered their limits of power and stamina to manage their numerous tasks alone.

Finding 3 Attributing the Choice of New Coping Strategies to Change with the Times

Participants' quotations: "Some elderly people dislike seeing men in the kitchen, but nowadays men and women are equal."

Authors' interpretation: Caregivers recognised that meeting the needs of their husband and the elderly parent was incompatible with the continuance of the woman's own work and the valuing of her personal life.

Finding 4 Feeling Oppressed

Participants' quotations: "Because I am so busy with work and caring for my mother, my home is an untidy mess. That makes me feel ashamed."

Authors' interpretation: This step, feeling oppressed, involved five categories. Three of them, "feeling sorry," "feeling guilty," and "feeling ashamed" represent a caregiver's negative feelings about herself. Those feelings arose from remorse for having gone against the norm. The other two categories, "feeling angry" and "feeling disgusted," represent the attitudes of the caregivers directed against the caregiver's unreasonable conditions.

Finding 5 Releasing self

Participants' quotations: "Even though I implore my husband about gender equality, he never puts his hands to housework. I sometime tease him and say, "How would you survive by yourself if I get sick and go into hospital?"

Authors' interpretation: Releasing self includes three dimensions: laughing away, self-belief, and losing enthusiasm for the elderly and elderly care.

Finding 6 Making Accomplishments

Participants' quotations:" When I get paid, I feel I am evaluated exactly and that gives me energy for tomorrow."

Authors' interpretation: Successfully managing these demands brought the caregivers a substantial sense of achievement and psychosocial reward.

Study 9 Authors' findings	**Living and loving with dementia: Negotiating spousal and caregiver identity through narrative Hayes et al., 2009**

From abstract: The intensive interviews confirmed that identity change on the part of sick spouses had important implications for intimacy, although not always in adverse ways.

Finding 1 How ADRDs affect intimacy.

Participants' quotations: Caregiver husband: ""Some of your friends just kind of hold you at arm's length when you've got, your spouse has Alzheimer's disease." Caregiver wife: "And it's a little embarrassing to be someplace and people are looking at him like."

Authors' interpretation: The meaning of sexual intimacy and its relation to self- identity was at least partially structured by gender. While husbands frequently struggled with their continued desire to have intercourse with an increasingly impaired spouse, wives often resented their continued sexual intimacy with husbands who were no longer seen as husbands, but children, or empty bodies or different, less desirable persons**.**

Finding 2 The role of gender in structuring intimacy

Participants' quotations: Caregiver husband: "She's lost memory skills, she's lost some certain physical skills, she can't focus in on things, but Kay's still Kay." Caregiver wife: "I'm tired. I do not want sex. 'I don't want sex with you because you're not who you were before."

Authors' interpretation: Men expressed changes in their level of sexual intimacy due to the effects of the ADRD on their wives, the breaking down of bodily functions and changes in appearance were the principle reasons they defined their wives as "less sexy," and not being a "woman first." Husbands often expressed frustration over discontinued sexual intimacy while wives expressed frustration over a lack of emotional, and intellectual and instrumental reciprocity as sexual intimacy continued**.**

Finding 3 The importance of reciprocity in retaining intimacy

Participants' quotations: Caregiver husband:" I couldn't get her interested enough to where I felt comfortable proceeding. . . that's one of the functions that's just left her. I mean to know actually what it [sexual intimacy] even was." Caregiver wife:" 'Okay you can't do anything during the day, and you say you can't figure out anything, but you still want sex.' I mean ...well like he says, 'I can't, you know, I can't balance a checkbook. I cannot do this, and I can't remember things. I can't fix my own meal,' but still you want intimacy. You want sex. In that area your memory is just fine."

Authors' interpretation: *For the caregiver wives who did continue to share sexual intimacy with their husbands, they often resented the lack of emotional reci*procity and their husband's inability to help in daily household activities while they were expected to continue to fulfill their "wifely duties." The most important aspect of self-disclosure for men was that it served to indicate spousal consent, while for women it represented emotional, intellectual, and pragmatic involvement in activities outside of sexual intercourse.

Study 10 **Authors** **'findings**	***Responding to Symptoms of Alzheimer's Disease: Husbands, Wives, and the Gendered Dynamics of Recognition and Disclosure*** ***Hayes et al., 2010***

From abstract: Men were slower to recognise the symptoms of ADRDs, with social others usually bringing the problems to their attention. They often attributed symptoms to a less-problematic cause and engaged in extended normalisation of their wife's condition. Women were quicker to recognise symptoms and often noticed subtle changes in their husbands but failed to take action quickly. They were reluctant to disclose their concerns to their impaired husbands, which might have protected the husband's masculine identity and served to maintain the wife's own sense of self in relation to him. We suggest that husbands were able to normalise because the wife's symptoms did not change marital authority dynamics, but authority relations were reversed by the illness for caregiver wives.

Finding 1 Identifying Moments

Participants' quotations: Caregiver husband:'' She just would not quit working." Caregiver wife: 'The first thing that happened [was that] he had always had the ability to put the eight people in the square back together again. It was always appreciated that he was able to do that. I noticed that he was not doing that anymore and I thought, how strange."

Authors' interpretation: In general, caregiver husbands were likely to engage in extended normalisation and appeared initially to incorporate their wife's symptoms into the customary flow of marital interaction. The dynamics of symptom recognition and response for wives tended to differ sharply as they quickly recognised the behavioral changes but were slow to act on them. Caregiver wives were quicker to interpret behavioral changes as cognitively related but expressed a reluctance to confront their husbands about their interpretations.

Finding 2 Acting on symptoms

Participants' quotations: Caregiver wife: "He went through a period of time in which he was very emotional. He would cry and he would say, "What is wrong with me?" And I just kind of told a therapeutic lie. I said, "Do you remember when you had that bleeding in your head?" And he could relate to that. And I said, "That did damage to your nerves and brain cells in your brain. And some of that is nothing that you can help, nothing that can be corrected… It's just there… And we'll work together as a team and get through it."

Authors' interpretation: Caregiver wives' decisions to withhold the diagnosis from cognitively impaired husband might have served to protect the status and identity of husbands and, in turn, women's own identities as wives. Consistent with prior research, men were generally saddened but accepting of the changes they observed, and proud that they were able to care for their wife.

Study 11 Authors 'findings	***Discourse-derived perspectives: Differentiating among spouses' experiences of caregiving Hepburn et al., 2002***

Authors' findings

From abstract: Results partly confirmed previous findings that wife caregivers are more distressed than husbands, but the results also indicated these caregivers were more similar than dissimilar.

Finding 1 Occurrence of coded expressions (gender focus)

Participants' quotations: no gender assigned: "The next time he does something, I'm going to get mad and finally I'm going to blow up." "."

Authors' interpretation: We were surprised to note the low frequency with which caregivers mentioned certain themes noted in the literature on caregiving. For example, there was almost no mention of the rewards of caregiving, a very low frequency of mention of spiritual dimensions for their activities, and infrequent mentions of the use of humor or the need for additional knowledge for caregiving.

Finding 2 Searching for differentiating factors (gender focus)

Participants' quotations: Caregiver wife:" it's like a constant death."

Authors' interpretation: Other results support the gender-based view of caregiving impact but admit to alternative explanations.

Finding 3 Comparisons on other dimensions

Participants' quotations: *Caregiver husbands:" I don't mind helping her and doing things for her and that. Um, I think that if you love somebody you just take those things as something that you do or that you are willing to do, you know. So, that's what I do." Caregiver wives:" Um, it's been real frustrating."*

***Authors' interpretation**:* We labeled the framing categories relational (linked with "couple identity affirmation"), instrumental ("more work"), role acquiring ("acquisition of new role"), and reactive (where the transcript contained none of the three codes, but spouses described their caregiving experience in terms of their reaction to the losses associated with dementia). Relational spouses seemed in much better condition than those in the other groupings, indicating a balanced and engaged life with their spouse. Reactive spouses appear more ambivalent than either the relational or the instrumental spouses. They continued to express a felt connection with their spouse, but also a sense of loss of relationship with the spouse. Role acquiring spouses were the saddest of all the groups, but also expressed a sense of satisfaction in their own development. Like the reactive spouses, the role acquiring spouses spoke more frequently about losing the spouse they knew, but they also mentioned continued shared activities with the spouse.

Study 12 **Authors** **‘findings**	***Developing a Cultural Model of Caregiving Obligations for Elderly Chinese Wives*** ***Holroyd, 2005***

From abstract: The model proposed for interpreting elderly Chinese wives’ caregiving obligations highlights the tension-filled links between Confucianism and government guidelines, early and ongoing socializing experiences, and self-identity.

Finding 1 Marital Duty-Bound Roles and Responsibilities

Participants’ quotations: “It’s my role as a wife.”

Authors’ interpretation: Behaviors such as caregiving may be so deeply internalized, while at the same time may provide a reward and directed role.

Finding 2 Reciprocity and Burden

Participants’ quotations: “I have for him all this time and he never really did much for me only some money over the years.”

Authors’ interpretation: Some wives who were caregivers felt that, within the confines of marriage, they had given enough.

Finding 3 Public Guidelines and Upholding Reputations as Chinese Wives

Participants’ quotations: “We Chinese women are very traditional; you stay with your husband until he dies.”

Authors’ interpretation: The self-identity of a wife who is a caregiver becomes equated with her social position.

Finding 4 Monetary Restrictions

Participants’ quotations: “Our family budget is very tight because I had to give up my job.”

Authors’ interpretation: This lack of finances combined with the lack of public support for their plight means wives who are caregivers are often left with feelings of confusion and hopelessness.

Finding 5 Affection as an Emotional Force to Sustain Caregiving

Participants’ quotations: -

Authors’ interpretation: This couple fully expected a time when the care would reverse again.

Finding 6 Effects of the Caregiving Role

Participants’ quotations: “I have to cook for him every day and the food is so tasteless. I tell him to sit on the chair, and he yells at me.”

Authors’ interpretation: *W*ives emphasized the emotional burden and anxiety associated with the daily grind of caregiving.

Finding 7 The Creation of Self-Identity Through Caregiving

Participants’ quotations: “..it has given me a new reason in my old age.”

Authors’ interpretation: Creation of self-identity through caregiving.

Study 13	**Caregiving Between Two Cultures: An Integrative Experience**

Authors ‘findings **Jones et al., 2002**

From abstract: Analysis of interview data led to development of a substantive theory of caregiving between two cultures, reflecting the paradox of living and caregiving by two sets of standards and worldviews. The primary strategies used to manage the caregiving challenges were connecting and calibrating. Through personal growth and finding meaning, the caregivers integrated the caregiver role into their lives and became more connected with their families and within themselves.

Finding 1 Causal Conditions Transplanted Filial Values

Participants’ quotations: “It is my duty to take care of them. As Chinese, we received this kind of education.”

Authors’ interpretation: Their sense of obligation, filial responsibility, and commitment was evident in comments from many participants.

Finding 2 Contextual Conditions in Transition

Participants’ quotations: “I am a mother, grandmother, and also a daughter and, of course, a wife. I find it very difficult.”

Authors’ interpretation: Cultural assumptions associated with the roles of mother, daughter, and wife were often inherently conflicting between the traditional and new social systems.

Finding 3 Strategies Connecting and Calibrating

Participants’ quotations: “A woman who has problems with her husband, I don’t think can go through this . . . Without his support, without his understanding, I could not do it.” “This is planned by someone who can see many things we cannot see. That is God, and He prepared me for this.”

Authors’ interpretation: Connecting with family resources. This was a common strategy the caregivers used. Help from husbands directly in providing the care and indirectly in handling other tasks that freed the women for caregiving was frequently mentioned. Caregivers acknowledged the support of husbands in welcoming their parents to live with them and in helping financially. The principle of reciprocity in the sharing of filial responsibility was also evident.

Finding 4 Consequences Integration

Participants’ quotations: “If everything is smooth along the way, [if] there are no difficulties in your life, you are not going to be strong because you have not experienced battles and have not get the training. Because you have gone through many difficult things, you become a strong person.”

Authors’ interpretation: In spite of the difficulties associated with caregiving, caregivers found ways to manage the challenge and to integrate the caregiving role into their lives. Some even reported positive outcomes. Many of the caregivers perceived the challenge of caregiving as a stimulus for personal growth.

Study 14 **Older husbands as carers: Constructions of masculinity in context of caregiving**

Authors ‘findings **Kluczyńska, 2015**

From abstract: The findings revealed four ways in which older caregivers talk about masculinity, and for all of them hegemonic masculinity was a point of reference. Masculinity was defined not only in relation to the carer's role, but also old age and the state of men's health. The ways of perceiving the activity of caring were crucial. Analysis allowed the main motives of providing care to emerge obligation, love, and attachment. The research findings showed that an important factor in the way masculinity is constructed by older men caring for their wives was the definition of care. Men who perceive care as a masculine task feel less frustrated in the care-giver role, and sometimes gain satisfaction and a source of self-esteem from caregiving.

Finding 1 Older men's motives for caring for their wives

Participants' quotations: "We spent 50 years together… it's my duty, full stop!" "That's my wife, I promised till death us do part" "My conscience wouldn't allow me to act differently, as long as I can still do it"

Authors' interpretation: The most common motivation was marital duty.

Finding 2 Household duties and work in the context of caring and the construction of masculinity

Participants' quotations: "I have never distinguished female tasks from male tasks. Work is work, and it's got to be done."

Authors' interpretation: My analysis showed that men more often indicated the practical dimension of care, whereas the emotional one receded into the background. The practical dimension of care, being more visible and often more time-consuming, might be defined as the more important one.

Finding 3 Construction of care and the carer's role

Participants' quotations: "Who should do the job of caring? I'm supposed to get another person in to do it?" "We are together, what can I do?"

Authors' interpretation: Men have a tendency to describe themselves as the person who cares by way of continuous commitment and responsibility, which is manifested through providing financial support.

Finding 4 Construction of masculinity and care

Participants' quotations: "being a man" "

Authors' interpretation: Analysis revealed four ways of talking about masculinity, and for all of these, hegemonic masculinity was a point of reference."

Study 15 Authors 'findings	**Self-Characterizations of Adult Female Informal Caregivers: Gender Identity and the Bearing of Burden** ***Kramer, 2005***

From abstract: Results were tabulated and critically examined in relation to stereotypical gender traits, as well as social and political processes that create gender dichotomies. Overall, self-characterizations indicated caregivers had internalized stereotypical female gender traits that support and facilitate the enduring of burden.

Finding 1 Characterizations and female gender identity

Participants' quotations: "Unsure and distrustful, obligated to care, alone, broken, and invisible, resigned and accepting, wise and resourceful, organizer, planner, mother and healer, honest, fair, hopeful with faith, ambivalent, guilty, dependent ,weak, grateful fortunate, privileged, happy, satisfied confident and capable, out of control, needed, extra miler, intuitive, equal, self-caring, not a victim and intact.”

Authors’ interpretation: Self-characterizations can be interpreted in multiple ways and characterizations that, on the surface, seem inconsistent with female gender identity and can be read as supporting multiple females identified traits

Finding 2 Female gender identity and burden

Participants’ quotations: -

Authors’ interpretation: Women, drawing from self-characterizations provided, have internalized characteristics consistent with a selflessness that is fundamental to the provision of unpaid caregiving labor. Four overarching characteristics of selflessness predominate. These caregivers, on the whole, self-characterized as being (a) open and available to lovingly care, (b) indecisive and uncertain of themselves, (c) compliant and accommodating to the situation, and (d) dutiful and obligated to endure through the course of care provision.

Study 16 Authors ‘findings	***Concepts of Burden in Giving Care to Older Relatives: A Study of Female Caregivers in a Mexico City Neighborhood Mendez et al., 2008***

From abstract: Burden was a multi-dimensional construct that referred to specific situations that made caregivers feel emotionally or physical “heavy.” Burden also referred to “being a burden” by being in the way, making things difficult, or being a ‘weight’ on caregivers’ shoulders. However, women in this study also viewed burden as a positive sacrifice that involved love, initiative, and good will. This study is an important first step in defining the ways in which caregiving is positively and negatively meaningful for Mexican caregivers and their families.

Finding 1 Physically and emotionally pesado (heavy) situations

Participants’ quotations: “tires me a lot. My back gets tired, it makes me pesado.” “Ay! I cannot [do it anymore]. I think my entire body gets tired and sometimes and I [can’t] give but at the same time, I try to revive myself and keep going.” ““Okay, yes, I used to see that it was making me pesado but I didn’t know it. Now, I see it that way, right? It used to be very pesado to take care of her [mother-in-law]. After a while I was getting frustrated because she didn’t want to eat and I almost had to force her to take food, I had to get her get up to go to the bathroom and all that. And you know, I have seen it with my dad [too]. Yes, I feel that, yes, it’s pesado to take care of a sick person.”

Authors’ interpretation: For the women in this study, burden referred to tangible situations that were emotionally or physically pesado for them.

Finding 2 Ser carga (being a burden)

Participants’ quotations: “Let us imagine that I’m 70 years old and she [daughter] is twenty-something and married with children. I’d tell her, ‘listen, daughter, attend to your children, your husband, your life. Don’t worry about me. If I can serve you in some way, I’m here but I’m not going to be a burden on you.’”

Authors’ interpretation: The women also viewed burden as an undesirable state of dependency (ser carga) that inflicted stress or pain on others.

Finding 3 Burden as sacrifice

Participants' quotations: "this love to do it, this good will that [makes me] want to do it." "that having to deal with sick persons, for me, is a form of purification, of unification; I don't see it as a punishment, and I don't complain. No, for me it has been something positive."

Authors' interpretation: Burden meant sacrificing for others in ways that were rewarding for caregivers. We found that the perceptions of burden differed between younger and older generation caregivers; younger caregivers tended to view burden positively and negatively whereas older caregivers were neither positive nor negative in their assessments of caregiving.

Study 17 **Authors** **'findings**	***The Importance of Reciprocity for Female Caregivers in a Super-Aged Society: A Qualitative Journalistic Approach*** ***Paillard-Borg and Stromberg, 2014***

From abstract: Reciprocity was identified as the glue holding the joy and burden of the role of caregiving for elderly parents. Moreover, gender was identified as a motivator for reciprocity from a macro to a micro level in a super-aged society.

Finding 1 Gender

Participants' quotations: "Yes, usually women take care of the elderly family members, but some are not happy about it but they do it.

Authors' interpretation: Anticipated acceptance: She described that it was expected of her family but also her community that she would take over this role. Traditional role: According to Miho, the responsibility for taking care of elderly family members was almost at all times assigned to the women when the time came. Historical adjustment: was a recurrent topic during the interview that the younger generation did not have the same respectful attitude toward elderly persons as their own parents probably had.

Finding 2 Reciprocity

Participants' quotations: "When I am not home, I can call my neighbors and they take care of my parents. We look after one another. ***Authors' interpretation:*** Belonging. The important role of informal support that took place in a neighborhood where the elderly lived was also a frequent subject matter during the interview. It was observed that the use of "I" was immediately changed to "we" when a general opinion was expressed. Family resources. Concerns and worries related to finances were often expressed by Miho. Miho expressed frequently during the interview the importance of intergenerational contact. She stated that it was her observation that grandchildren were not spending as much time with their grandparents in Tokyo compared with the more traditional countryside. Adaptive creativity. Miho voiced confidence when discussing the concrete opportunities of intergenerational relations. Throughout the narrative, the implication of Confucianism, strongly based on exchange and mutual benefit or reciprocity, on familial expectations is present.

Study 18 **Authors** **'findings**	***"All my life is one big nursing home": Russian immigrant women in israel speak about double caregiver stress*** ***Remennick, 2002***

From abstract: Coupled with the challenges of resettlement, this double caregiver stress led to significant emotional and physical burnout. Exhaustion and tight time budgets led to health problems and poor self-care among these women. The informants' social networks were mainly coethnic, and their coping tools drew on the Israeli–Russian community. The study concludes that, even in the relatively egalitarian Russian–Soviet gender system, women function as principal caregivers, often at the expense of other life goals.

Finding 1 Occupational and social downgrading

Participants' quotations: "None of us aspired to this kind of daily routine at work when we embarked on emigration."

Authors' interpretation: Functioning as caregivers for two generations, while giving them much power in the domestic realm, often hinders immigrant women from pursuing upward occupational mobility in the new society.

Finding 2 Family-related pressures

Participants' quotations: "Men have more to lose, and they are less ready for these losses—we should make things easier for them,"

Authors' interpretation: The flow of support and instrumental help was often imbalanced or even one way—from the women "in the middle" to the rest of the extended family members.

Finding 3 Elder care

Participants' quotations: "you wouldn't like to be done to yourself when you get old."

Authors' interpretation: In moral terms, placement was seen as a betrayal of a helpless parent.

Finding 4 Some outcomes of double caregiving

Participants' quotations: " So my life is one big nursing home."

Authors' interpretation: Successful coping also depended on the amount of help they could summon from other able-bodied family members. Chronic role strain, aggravated by some physically demanding tasks, often resulted in various health problems, both somatic and psychological.

Finding 5 Social support: the role of "Russian" networks.

Participants' quotations: "My female friends, fellow immigrants, often prove more understanding and helpful than the family."

Authors' interpretation: In their daily struggles, my informants invariably sought, and found, support among their immigrant friends.

Study 19 Authors' findings	***Real men, real husbands: Caregiving and masculinities in later life*** ***Ribeiro et al., 2007***

From abstract: Through analytic methods based upon content analysis and open coding, authors found that when describing their gendered understanding of themselves participants evidenced several negotiations with the dominant masculine ideology in order to maintain their sense of masculinity and legitimate their presence in a feminine role. This was accomplished by reframing their definition of a man and reinforcing that of a husband and by retaining varying degrees of power over the caregiving relationship. The social visibility of the role within particular gendered community-based social networks was found to be important in shaping these older men's masculinities.

Finding 1 A (wo)man in charge ‘Man/husband/ caregiver’ ‘Power and the caregiving relationship’

Participants’ quotations: “I am a man–woman. I am a man, as a man, [participant's emphasis] you see? I worked all my life, I was a very hardworking man… then I came home, and I became a woman, you see? I started to be a woman.” “It's harder for a woman to take care of a man; a man has more strength than a woman” “Well, I feel no shame. [?]” “She now totally depends on me, there's no one else here but me.”

Authors’ interpretation: In the participants' description of their experience as caregivers, their perception of being in a domain that endangered their sense of masculinity was salient. Caregiving was defined as something “logical” and “natural” within a marital relationship and that interpretation eliminated any potential threats to our participants' masculinity. The balance of power between the caregiver and the care-receiver was also found to be present in the husbands' position of enhanced authority while the wives assumed a dependent position, which was more prominent in the situations of moderate and severe ailment.

Finding 2 Social visibility of care ZPerceived social honour’ ‘Role's social legitimation’ ‘Against the mainstream’

Participants’ quotations: “People see me doing things and say, ‘you're really one of those husbands… one of those husbands like all should be!”

Authors’ interpretation: Perceived social honour, as a source of self-esteem and self-worth for older male carers has been related to positive aspects of care), and, in being salient in the participants' description of their everyday life with caregiving tasks, such positive visibility seems to play an important role in their sense of masculinity as well.

Finding 3 Contemporary notions of masculinity

Participants’ quotations: “Thirty years ago it would be shameful for a man to do certain things.”

Authors’ interpretation: A very few participants, all belonging to a specific subgroup that had higher education and presented the higher incomes of the sample, had a particular understanding of masculinity. They personally defined caregiving as something normative for any person and not dependent of any gender ideology or kin relationship. In their opinion, caregiving within a marital relationship was something broadly accepted nowadays.

Study 20 Authors’ findings	**Sighs, smiles, and worried glances: How the body reveals women caregivers' lived experiences of care to older adults Silverman, 2013**

From abstract: The data revealed a caregiver habitus characterized by the performance of emotional labor. Performance was visible through dissonance between the caregivers' verbal and nonverbal expressions and pointed to a high degree of emotion and body management.

Finding 1 The caregiver habitus

Participants’ observation: Bonnie is emptying dishes from the dishwasher. She looks up, a glass in her hand. She whispers quietly, “You never know. From moment to moment.”

Authors' interpretation: The common dispositions among the caregivers indicate that when women become caregivers, they acquire a common code of socially imprinted, gendered expectations that are learned through the implicit and explicit messages of their social emplacement — watching others, interpreting statements from healthcare practitioners, and imagining what it means to be a caregiver.

Finding 2 Becoming versus performing the caregiver habitus

Participants' observation: She then turns to face the bathroom and calls to Molly in a cheerful voice, "You ok there Mom?"

Authors' interpretation: The data illustrated that the caregivers performed on the front stage, or the public zone, as well as the backstage, where the performance is prepared.

Finding 3 Emotional labour

Participants' observation: She says "NOPE" and then finishes pulling down the diaper.

Authors' interpretation: If performance was revealed through dissonance between the caregivers' verbal and nonverbal expressions, at the heart of this dissonance was the attempt to accomplish the emotional labor necessary for caregiving.

Finding 4 Intersubjectivity and relational boundaries

Participants' observation: She yells to him "WHY ARE YOU THROWING OUT MY BOX?" Eli opens his eyes and says, "What box?"

Authors' interpretation: Eruptions of conflict challenged the performance of emotional labor, pushing forward a full range of sentiments.

Finding 5 Divestment in health capital

Participants' observation: Her right-hand rests on her forehead. "He used to take care of me, I was the sick one. So, it makes it very difficult." Susan raises her hands again to fiddle with her hair clip. "I was always known, as the sick one and all of a sudden he, he does this."

Authors' interpretation: The data demonstrated multiple examples of the women divesting in their health, or depriving themselves of their bodily or health needs, confirming in part what research has shown about the prevalent self-neglect or negative health behaviors among caregivers. Despite the underlying moral reasons, the caregivers' divestment in their own health nonetheless led to resentment.

Study 21 Authors' findings	**Family Caregivers of Impoverished Mexican American Elderly Women: The Perceived Impact of Adult Day Care Centers** ***Valadez et al., 2005***

From abstract: Emergent themes and categories included (a) caretaking and gender differences, (b) resistance to nursing homes, (c) negative perceptions of White caregivers, (d) perceived positive effect of ADCs on the elderly parent's physical and emotional (depression) states and the elderly parent–caregiver relationship, and (d) the negative effects of stress associated with caregiving.

Finding 1 Caretaking and Gender differences

Participants' quotations: "Yeah, I just think it is the way that my parents raised us."

Authors' interpretation: FMPs reported that women were the predominant caregivers for the elderly in the Mexican American culture.

Finding 2 Resistance to Nursing Homes

Participants' quotations: "So, if that person gave you love while you were growing up, how could you repay them by putting them in a place where there is no love?" ***Authors' interpretation:*** The negative sentiment toward nursing homes tended to cluster around these facilities' reputation for abuse.
Finding 3 Perceptions of White Caretakers ***Participants' quotations:*** "Look, I don't have anything against White people…We Mexicans do not do that." ***Authors' interpretation:*** The responses were consistent in the belief that Whites did not care as much about their elderly relatives
Finding 4 Perceived Emotional State and Impact of ADC on Elderly Relative Depression Health changesRelationship between the FMP and the elderly relative. ***Participants' quotations:*** "Before she came to the center, she was always getting sick and depressed." ***Authors' interpretation:*** According to FMPs, isolation and lack of social stimulation were two of the main contributors to their elderly relative's depression.
Finding 5 Caregiver Burden and Impact of Adult Day Care Center Services Worry and guilt Time for family. ***Participants' quotations:*** "The ADC has helped a great deal. I leave her off and I feel relieved." ***Authors' interpretation:*** Two dimensions of worry and guilt emerged from the interviews. The first was related to FMPs' natural preoccupation with their elderly relatives' well-being while they were away at work. The second dimension of worry and guilt had a stronger reflective component.

Table 11. Participants' demographics systematic review

	Number/ Gender	Age	Country of Study	Occupation or Class	Relationship to the Care Receiver
1	4 Male	80+	USA	Retired	Spouse/Partner
2	26 Male	70-79	Australia	Professional, Managerial, Skilled, Unskilled, Retired	Spouse/Partner
3	9 Male/ 13 Female	53-78	USA	Middle Class	Spouse/Partner
4	9 Male	65-83	USA	Upper, Middle, Working Class	Spouse/Partner
5	6 Female	60-80	Canada	Unassigned	Spouse/Partner
6	12 Female	60-80	Sweden	Unassigned	Spouse/Partner
7	1 Female	52	USA	Working Class	Daugther
8	11 Female	39-52	Japan	Employed, Self Empooyed	Daugther/ Daughter-In-Law
9	13 Male/ 15 Female	50-80+	USA	Unassigned	Spouse/Partner
10	13 Male/ 15 Female	50-80+	USA	Unassigned	Spouse/Partner
11	39 Male/ 93 Female	73 mean age	USA	Not Employed (Mainly), Part Time, Full Time	Spouse/Partner
12	20 Female	65-91	China	Not Employed/ Previously Employed as Maids	Spouse/Partner
13	41 Female	38-68	USA	Housewives, Work in Health and No Health-Related Field	Daugther/ Daughter-In-Law
14	10 Male	64-90	Poland	Various Occupational Backgrounds	Spouse/Partner
15	36 Female	42-86	USA	Unassigned	Spouse, Parent, Sibling, Other Relative
16	41 Female	19-83	Mexico	Unemployed, Part Time, Full Time	Daughter, Granddaughter, Daughter-In-Law, Spouse
17	1 Female	40+	Japan	Educated as a Teacher	Daugther
18	20 Female	49 Mean Age	Israel	Nursing, Public Social Services	Daughter
19	53 Male	65-89	Portugal	Retired, Part Time Job, Low Education	Spouse/Partner
20	5 Female	48-63	Canada	Unassigned	Spouse/Partner/ Daughter
21	1 Male/ 14 Female	24-55	USA	Full Time Employed	Son/Daughter

APPENDIX 2.

Table 12. Interview protocol

Domains **Methods**	**Interview questions**
Contextualization (Eliciting the Lifeworld in Natural Attitude) Descriptive/Narrative Context Questions	**About temporality** • Can you describe the events from your spouse's/partner's incident to nowadays? • How was your life before the incident? **About spatiality** • What values are related to the provision of care? **About embodiment** • What do you do to provide care? • How has caregiving affected you physically? • How is gender connected to your role as a caregiver? **About moodness** • What emotions are connected to your caring activities? **About project** • How is caregiving related to other essential roles and activities in your life? **About discourse** • What are the traits a man, woman or any other gender has? • How would you describe the ideal man, woman/or any other gender? **About sociality** • What is your relationship with your spouse/partner like? • How do other people describe you? **About selfhood** • In what ways, if any, do you believe your present (caregiver) self is different from your past (non-caregiver) self? • What are your thoughts about being a caregiver? • What changes do you associate with the experience? • How do you describe the sense of control in your life? • How do you see yourself in the future?
Apprehending the phenomenon (Modes of appearing) Descriptive, structural questions	• Describe typical days that you provided care. • You mentioned that you…can you please describe what you mean...? • You mentioned that... can you please describe what do you do to ...?
Clarifying the phenomenon (Imaginative variation) Varying of structure questions	• If you were another gender, would you be, acted or provide care differently? If yes in what respect would you be different? • What are your thoughts on someone who decided not to become an informal caregiver for their spouse?

Table 13. Participants' consent form

CONSENT FORM FOR PARTICIPATION IN RESEARCH **Exploring informal carers' experience of gender as shaped during the care of older individuals needing rehabilitation.** **Name and Surname of Participant in the research:** **Date:** **Signature:** **Researcher's name: Ioanna Zygouri**	
	Please mark with X if you agree
I certify that I have read and understood the written information regarding the above research given to me by the above researcher. I also confirm that I had the opportunity to study this information, to ask any question I had, and that all my questions are sufficient to be answered.	
I understand that my participation in the above research is voluntary and that I am free to withdraw at any time, without being accountable and without any consequences for my rights.	
I understand that I can request access to any information I provide at any time and claim the destruction of the information I have provided if I wish.	
I understand that my identity will not be revealed, or I will not be recognised in any text resulting from the above research and produced by the above researcher.	
I accept that my participation in the above research is voluntary, and I assure you that any risk associated with the above research has been fully explained to me.	
I agree to participate in the above research.	
I agree that my answers be recorded and used for the purpose of the research.	

References

1. WHO. Decade of healthy ageing: Baseline report [Internet]. 2020 [cited 2021 Jan 25]. Available from: https://www.who.int/publications/m/item/decade-of-healthy-ageing-baseline-report

2. Skinner MS, Lorentzen H, Tingvold L, Sortland O, Andfossen NB, Jegermalm M. Volunteers and Informal Caregivers' Contributions and Collaboration with Formal Caregivers in Norwegian Long-term Care. J Aging Soc Policy [Internet]. 2020 Apr 6 [cited 2021 Jan 9];1–26. Available from: https://www.tandfonline.com/doi/full/10.1080/08959420.2020.1745988

3. Schulz R, Eden J, Adults C on FC for O, Services B on HC, Division H and M, National Academies of Sciences E and M. Family Caregiving Roles and Impacts. 2016 Nov 8 [cited 2021 Sep 8]; Available from: https://www.ncbi.nlm.nih.gov/books/NBK396398/

4. Bauer JM, Sousa-Poza A. Impacts of Informal Caregiving on Caregiver Employment, Health, and Family. J Popul Ageing [Internet]. 2015 Sep [cited 2021 Feb 10];8(3):113–45. Available from: http://dx.doi.org/10.1007/s12062-015-9116-0

5. Mosquera I, Vergara I, Larrañaga I, Machón M, del Río M, Calderón C. Measuring the impact of informal elderly caregiving: a systematic review of tools [Internet]. Vol. 25, Quality of Life Research. Springer International Publishing; 2016 [cited 2021 Jan 9]. p. 1059–92. Available from: https://pubmed.ncbi.nlm.nih.gov/26475138/

6. MacKenzie A, Greenwood N. Positive experiences of caregiving in stroke: A systematic review [Internet]. Vol. 34, Disability and Rehabilitation. Disabil Rehabil; 2012 [cited 2021 Jan 9]. p. 1413–22. Available from: https://pubmed.ncbi.nlm.nih.gov/22309576/

7. Schulz R, O'Brien AT, Bookwala J, Fleissner K. Psychiatric and physical morbidity effects of dementia caregiving: prevalence, correlates, and causes. Gerontologist [Internet]. 1995 [cited 2023 Mar 19];35(6):771–91. Available from: https://pubmed.ncbi.nlm.nih.gov/8557205/

8. Schulz R, Beach SR. Caregiving as a risk factor for mortality: the Caregiver Health Effects Study. JAMA [Internet]. 1999 Dec 15 [cited 2023 Apr 28];282(23):2215–9. Available from: https://pubmed.ncbi.nlm.nih.gov/10605972/

9. Cuijpers P. Depressive disorders in caregivers of dementia patients: a systematic review. Aging Ment Health [Internet]. 2005 Jul [cited 2023 Apr 28];9(4):325–30. Available from: https://pubmed.ncbi.nlm.nih.gov/16019288/

10. Pinquart M, Sörensen S. Associations of stressors and uplifts of caregiving with caregiver burden and depressive mood: a meta-analysis. J Gerontol B Psychol Sci Soc Sci [Internet]. 2003 [cited 2023 Apr 28];58(2). Available from: https://pubmed.ncbi.nlm.nih.gov/12646594/

11. Roth DL, Fredman L, Haley WE. Informal caregiving and its impact on health: a reappraisal from population-based studies. Gerontologist [Internet]. 2015 Apr 1 [cited 2023 Apr 28];55(2):309–19. Available from: https://pubmed.ncbi.nlm.nih.gov/26035608/

12. Beach SR, Schulz R, Yee JL, Jackson S. Negative and positive health effects of caring for a disabled spouse: longitudinal findings from the caregiver health effects study. Psychol Aging [Internet]. 2000 [cited 2023 Apr 28];15(2):259–71. Available from: https://pubmed.ncbi.nlm.nih.gov/10879581/

13. Dunkle RE, Feld S, Lehning AJ, Kim H, Shen HW, Kim MH. Does becoming an ADL spousal caregiver increase the caregiver's depressive symptoms? Res Aging [Internet]. 2014 Nov 1 [cited 2023 Apr 28];36(6):655–82. Available from:

https://pubmed.ncbi.nlm.nih.gov/25651543/

14. Hirst M. Carer distress: a prospective, population-based study. Soc Sci Med [Internet]. 2005 Aug [cited 2023 Apr 28];61(3):697–708. Available from: https://pubmed.ncbi.nlm.nih.gov/15899327/

15. Kurtz ME, Kurtz JC, Given CW, Given B. Relationship of caregiver reactions and depression to cancer patients' symptoms, functional states and depression-A longitudinal view. Soc Sci Med [Internet]. 1995 [cited 2023 Apr 28];40(6):837–46. Available from: https://pubmed.ncbi.nlm.nih.gov/7747219/

16. Schulz R, Mendelsohn AB, Haley WE, Mahoney D, Allen RS, Zhang S, et al. End-of-life care and the effects of bereavement on family caregivers of persons with dementia. N Engl J Med [Internet]. 2003 Nov 13 [cited 2023 Apr 28];349(20):1936–42. Available from: https://pubmed.ncbi.nlm.nih.gov/14614169/

17. Reinhard SC, Young HM, Levine C, Kelly K, Choula R, Accius J. Home Alone Revisited: At a Glance. 2019 Nov 12 [cited 2023 Apr 28]; Available from: https://www.aarp.org/ppi/info-2018/home-alone-family-caregivers-providing-complex-chronic-care.html

18. Schulz R, Beach SR, Cook TB, Martire LM, Tomlinson JM, Monin JK. Predictors and consequences of perceived lack of choice in becoming an informal caregiver. Aging Ment Health [Internet]. 2012 Aug [cited 2023 Apr 28];16(6):712–21. Available from: https://pubmed.ncbi.nlm.nih.gov/22360296/

19. Tronto JC. Moral Boundaries : A Political Argument for an Ethic of Care. Moral Boundaries [Internet]. 1993 Jul 24 [cited 2023 Apr 25]; Available from: https://www.taylorfrancis.com/books/mono/10.4324/9781003070672/moral-boundaries-joan-tronto

20. Calvó-Perxas L, Vilalta-Franch J, Litwin H, Turró-Garriga O, Mira P, Garre-Olmo J. What seems to matter in public policy and the health of informal caregivers? A crosssectional study in 12 European countries. PLoS One [Internet]. 2018 Mar 1 [cited 2021 Jan 9];13(3). Available from: https://pubmed.ncbi.nlm.nih.gov/29518147/

21. Tronto JC. Caring democracy: Markets, equality, and justice [Internet]. Caring Democracy: Markets, Equality, and Justice. New York University Press; 2013 [cited 2023 Apr 25]. 1–227 p. Available from: https://experts.umn.edu/en/publications/caring-democracy-markets-equality-and-justice

22. Cunha V, Atalaia S. The gender(ed) division of labour in Europe: patterns of practices in 18 EU countries. Sociol Probl e Práticas [Internet]. 2018 Nov 14 [cited 2021 Jan 9];90(90):113–37. Available from: https://repositorio.ul.pt/handle/10451/38324

23. Revenson TA, Griva K, Luszczynska A, Morrison V, Panagopoulou E, Vilchinsky N, et al. Caregiving in the illness context. Caregiving Illn Context. 2016 Jan 1;1–156.

24. Bom J, Bakx P, Schut F, Van Doorslaer E. The Impact of Informal Caregiving for Older Adults on the Health of Various Types of Caregivers: A Systematic Review [Internet]. Vol. 59, Gerontologist. Gerontological Society of America; 2019 [cited 2021 Jan 9]. p. e629–42. Available from: https://pubmed.ncbi.nlm.nih.gov/30395200/

25. Xiong C, Biscardi M, Astell A, Nalder E, Cameron JI, Mihailidis A, et al. Sex and gender differences in caregiving burden experienced by family caregivers of persons with dementia: A systematic review. McMunn A, editor. PLoS One [Internet]. 2020 Apr 20 [cited 2021 Jan 9];15(4):e0231848. Available from: https://dx.plos.org/10.1371/journal.pone.0231848

26. Pinquart M, Sörensen S. Gender differences in caregiver stressors, social resources, and health: An updated meta-analysis. Journals Gerontol - Ser B Psychol Sci Soc Sci [Internet]. 2006 [cited 2021 Feb 10];61(1). Available from: https://pubmed.ncbi.nlm.nih.gov/16399940/

27. Yee JL, Schulz R. Gender differences in psychiatric morbidity among family caregivers: a review and analysis. Gerontologist [Internet]. 2000 Apr 1 [cited 2022 Oct 23];40(2):147–64. Available from: https://pubmed.ncbi.nlm.nih.gov/10820918/

28. Sharma N, Chakrabarti S, Grover Nidhi Sharma S, Grover S. Gender differences in caregiving among family-caregivers of people with mental illnesses. 2016 [cited 2023 Mar 17];6(1):7–17. Available from: http://www.wjgnet.com/esps/HelpDesk:http://www.wjgnet.com/esps/helpdesk.aspxURL:http://www.wjgnet.com/2220-3206/full/v6/i1/7.htmDOI:http://dx.doi.org/10.5498/wjp.v6.i1.7

29. Schoenmakers B, Buntinx F, Delepeleire J. Factors determining the impact of care-giving on caregivers of elderly patients with dementia. A systematic literature review. Maturitas [Internet]. 2010 Jun [cited 2023 Apr 28];66(2):191–200. Available from: https://pubmed.ncbi.nlm.nih.gov/20307942/

30. Savundranayagam MY, Montgomery RJV. Impact of role discrepancies on caregiver burden among spouses. Res Aging. 2010 Mar;32(2):175–99.

31. Swinkels J, Tilburg T van, Verbakel E, Broese van Groenou M. Explaining the Gender Gap in the Caregiving Burden of Partner Caregivers. Journals Gerontol Ser B [Internet]. 2019 Jan 10 [cited 2022 Oct 20];74(2):309–17. Available from: https://academic.oup.com/psychsocgerontology/article/74/2/309/3097902

32. Macdonald M, Martin-Misener R, Weeks L, Helwig M, Moody E, Maclean H. Experiences and perceptions of spousal/partner caregivers providing care for community-dwelling adults with dementia: A qualitative systematic review [Internet]. Vol. 18, JBI Evidence Synthesis. Lippincott Williams and Wilkins; 2020 [cited 2021 Jan 9]. p. 647–703. Available from: https://pubmed.ncbi.nlm.nih.gov/31259842/

33. Sharma N, Chakrabarti S, Grover S. Gender differences in caregiving among family - caregivers of people with mental illnesses. World J Psychiatry [Internet]. 2016 [cited 2021 Jan 9];6(1):7. Available from: https://pubmed.ncbi.nlm.nih.gov/27014594/

34. Talley RC, Crews JE. Framing the Public Health of Caregiving. Am J Public Health [Internet]. 2007 [cited 2023 Apr 26];97(2):224. Available from: /pmc/articles/PMC1781412/

35. Schulz R, Beach SR, Czaja SJ, Martire LM, Monin JK. Family Caregiving for Older Adults. Annu Rev Psychol [Internet]. 2020 Jan 1 [cited 2023 Apr 26];71:635. Available from: /pmc/articles/PMC7291827/

36. Zarzycki M, Morrison V. Getting back or giving back: understanding caregiver motivations and willingness to provide informal care. Heal Psychol Behav Med [Internet]. 2021 [cited 2023 Mar 31];9(1):636. Available from: /pmc/articles/PMC8281125/

37. Goldsteen M. Empirical ethics in action in practices of dementia care [Internet]. 2008 [cited 2023 Apr 26]. Available from: https://philpapers.org/rec/GOLEEI

38. Harvath TA, Mongoven JM, Bidwell JT, Cothran FA, Sexson KE, Mason DJ, et al. Research Priorities in Family Caregiving: Process and Outcomes of a Conference on Family-Centered Care Across the Trajectory of Serious Illness. Siegel EO, editor. Gerontologist [Internet]. 2020 Feb 14 [cited 2021 Jan 25];60. Available from: https://academic.oup.com/gerontologist/article/60/Supplement_1/S5/5735604

39. Lazaridis G. Les Infirmières Exclusives and Migrant Quasi-Nurses in Greece. http://dx.doi.org/101177/1350506807079012 [Internet]. 2007 Aug 1 [cited 2023 Apr 26];14(3):227–44. Available from: https://journals.sagepub.com/doi/10.1177/1350506807079012

40. Katrougalos G, Lazaridis G. The South European welfare states at the dawn of the new Millennium: identity and problems. Soc Cohes Dev [Internet]. 2016 Apr 13 [cited 2023 Apr 26];3(1):5–25. Available from: https://ejournals.epublishing.ekt.gr/index.php/SCAD/article/view/8897

41. EQLS. European Quality of Life Surveys [Internet]. 2016 [cited 2023 Apr 28]. Available from: https://www.eurofound.europa.eu/surveys/european-quality-of-life-surveys

42. Ziomas, Konstantinidou, Capella. ESPN Thematic Report on Inequalities in access to healthcare: Greece. 2018 [cited 2021 May 13]; Available from: https://www.researchgate.net/publication/333421367_ESPN_Thematic_Report_on_Inequalities_in_access_to_healthcare_Greece

43. Tsiganou J. Social representations, beliefs and stereotypes on domestic violence against women in Greece. Athens Natl Cent Soc Res. 2021;

44. Chroni SA, Kavoura A. From Silence to Speaking Up About Sexual Violence in Greece: Olympic Journeys in a Culture That Neglects Safety. Front Psychol [Internet]. 2022 Apr 6 [cited 2023 Apr 25];13:862450. Available from: /pmc/articles/PMC9020591/

45. Gazi E. “Fatherland, Religion, Family”: Exploring the History of a Slogan in Greece, 1880-1930. Sex, Gend Sacred Reconfiguring Relig Gend Hist. 2014 May 27;304–14.

46. Hofstede G. Culture’s Consequences: Comparing Values, Behaviors, Institutions, and Organizations Across Nations. Cult Consequences Comp Values, Behav Institutions, Organ Across Nations [Internet]. 2001 Jan 1 [cited 2023 Apr 26]; Available from: https://digitalcommons.usu.edu/unf_research/53

47. Pouliasi K, Verkuyten M. Self-evaluations, psychological well-being, and cultural context: The changing greek society. J Cross Cult Psychol. 2011 Jul;42(5):875–90.

48. Georgas J. Changing family values in greece: From Collectivist to Individualist. J Cross Cult Psychol. 1989;20(1):80–91.

49. Creswell. Qualitative inquiry and research design: Choosing among five approaches, 2nd ed. - PsycNET. 2007.

50. Dickerson VC, Zimmerman JL. Myths, Misconceptions, and a Word or Two About Politics. J Syst Ther. 1996 Mar;15(1):79–88.

51. Gergen KJ. The Social Constructionist Movement in Modern Psychology. Am Psychol [Internet]. 1985 Mar [cited 2021 Apr 3];40(3):266–75. Available from: /record/1986-00014-001

52. De Beauvoir S. The Second Sex . Paris: Editions Gallimard,; 1949. 800 p.

53. Butler J. Gender Trouble: Feminism and the Subversion of Identity [Internet]. 1990 [cited 2021 Jun 17]. Available from: https://philpapers.org/rec/BUTGTF-3

54. Siddaway AP, Wood AM, Hedges L V. How to Do a Systematic Review: A Best Practice Guide for Conducting and Reporting Narrative Reviews, Meta-Analyses, and Meta-Syntheses. Annu Rev Psychol [Internet]. 2019 Jan 4 [cited 2021 Jan 9];70(1):747–70. Available from: https://www.annualreviews.org/doi/10.1146/annurev-psych-010418-102803

55. Bettany-Saltikov J. Learning how to undertake a systematic review: part 1. Nurs Stand [Internet]. 2010 Aug 18 [cited 2021 Jan 8];24(50):47–55. Available from: http://rcnpublishing.com/doi/abs/10.7748/ns2010.08.24.50.47.c7939

56. Moola S, Munn Z, Sears K, Sfetcu R, Currie M, Lisy K, et al. Conducting systematic reviews of association (etiology): The Joanna Briggs Institute's approach. Int J Evid Based Healthc [Internet]. 2015 Sep 1 [cited 2021 Jan 9];13(3):163–9. Available from: https://pubmed.ncbi.nlm.nih.gov/26262566/

57. Dilworth-Anderson P, Williams IC, Gibson BE. Issues of Race, Ethnicity, and Culture in Caregiving Research: A 20-Year Review (1980-2000). Gerontologist [Internet]. 2002 Apr 1 [cited 2021 Apr 24];42(2):237–72. Available from: https://academic.oup.com/gerontologist/article-lookup/doi/10.1093/geront/42.2.237

58. Tong A, Flemming K, McInnes E, Oliver S, Craig J. Enhancing transparency in reporting the synthesis of qualitative research: ENTREQ. BMC Med Res Methodol [Internet]. 2012 Dec 27 [cited 2021 Jan 9];12(1):181. Available from: https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/1471-2288-12-181

59. Shamseer L, Moher D, Clarke M, Ghersi D, Liberati A, Petticrew M, et al. Preferred reporting items for systematic review and meta-analysis protocols (prisma-p) 2015: Elaboration and explanation [Internet]. Vol. 349, BMJ (Online). BMJ Publishing Group; 2015 [cited 2021 Jan 9]. Available from: www.crd.york.ac.uk/prospero/

60. Needleman IG. A guide to systematic reviews [Internet]. Vol. 29, Journal of Clinical Periodontology. Blackwell Munksgaard; 2002 [cited 2021 Jan 9]. p. 6–9. Available from: https://onlinelibrary.wiley.com/doi/full/10.1034/j.1600-051X.29.s3.15.x

61. de Vet HCW, Verhagen AP, Logghe I, Ostelo RWJG. Literature research: Aims and design of systematic reviews. Aust J Physiother. 2005 Jan 1;51(2):125–8.

62. Hesse-Biber S. Qualitative Approaches to Mixed Methods Practice. Qual Inq [Internet]. 2010 Jul 15 [cited 2021 Jan 9];16(6):455–68. Available from: http://journals.sagepub.com/doi/10.1177/1077800410364611

63. Clayton JA, Collins FS. NIH to balance sex in cell and animal studies [Internet]. Vol. 509, Nature. Nature Publishing Group; 2014 [cited 2021 Jan 9]. p. 282–3. Available from: https://pubmed.ncbi.nlm.nih.gov/24834516/

64. Mazure CM, Jones DP. Twenty years and still counting: Including women as participants and studying sex and gender in biomedical research. BMC Womens Health [Internet]. 2015 Oct 26 [cited 2021 Jan 9];15(1). Available from: https://pubmed.ncbi.nlm.nih.gov/26503700/

65. Rich-Edwards JW, Kaiser UB, Chen GL, Manson JAE, Goldstein JM. Sex and gender differences research design for basic, clinical, and population studies: Essentials for investigators [Internet]. Vol. 39, Endocrine Reviews. Oxford University Press; 2018 [cited 2021 Jan 9]. p. 424–39. Available from: https://pubmed.ncbi.nlm.nih.gov/29668873/

66. Adams J, Hillier-Brown FC, Moore HJ, Lake AA, Araujo-Soares V, White M, et al. Searching and synthesising "grey literature" and "grey information" in public health: Critical reflections on three case studies. Syst Rev [Internet]. 2016 Sep 29 [cited 2021 Jan 8];5(1):164. Available from: http://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-016-0337-y

67. Pope C, Mays N, Popay J. Synthesizing Qualitative and Quantitative Health Evidence: A Guide to Methods. Sociol Health Illn [Internet]. 2008 Mar 1 [cited 2021 Jan 9];30(2):330–1. Available

from: http://doi.wiley.com/10.1111/j.1467-9566.2007.1077_5.x

68. Babbie E. The practice of social research. 12th ed. Belmont CA ;London: Wadsworth ;;Cengage Learning [distributor]; 2010.

69. Erwin EJ, Brotherson MJ, Summers JA. Understanding Qualitative Metasynthesis. J Early Interv [Internet]. 2011 Sep 21 [cited 2021 Jan 9];33(3):186–200. Available from: http://journals.sagepub.com/doi/10.1177/1053815111425493

70. Benzies KM, Premji S, Hayden KA, Serrett K. State-of-the-evidence reviews: Advantages and challenges of including grey literature [Internet]. Vol. 3, Worldviews on Evidence-Based Nursing. Worldviews Evid Based Nurs; 2006 [cited 2021 Jan 8]. p. 55–61. Available from: https://pubmed.ncbi.nlm.nih.gov/17040510/

71. Roberts K, Cavill N, Rutter H. Standard evaluation framework for weight management interventions. 2009;

72. Adams RJ, Smart P, Huff AS. Shades of Grey: Guidelines for Working with the Grey Literature in Systematic Reviews for Management and Organizational Studies. Int J Manag Rev [Internet]. 2017 Oct 1 [cited 2021 Jan 8];19(4):432–54. Available from: https://onlinelibrary.wiley.com/doi/full/10.1111/ijmr.12102

73. Karantzas G, Simpson JA. Attachment and aged care. Attach theory Res new Dir Emerg themes. 2015 Jan 1;319–45.

74. Lyons KS, Zarit SH, Sayer AG, Whitlatch CJ. Caregiving as a Dyadic Process: Perspectives From Caregiver and Receiver. Journals Gerontol Ser B Psychol Sci Soc Sci [Internet]. 2002 May 1 [cited 2021 Jan 9];57(3):P195–204. Available from: https://academic.oup.com/psychsocgerontology/article-lookup/doi/10.1093/geronb/57.3.P195

75. Public Policy Institute A. Caregiving in the U.S. 2020 - AARP Research Report [Internet]. 2019 [cited 2021 Jan 9]. Available from: www.greenwaldresearch.com

76. Karlamangla A, Tinetti M, Guralnik J, Studenski S, Wetle T, Reuben D. Comorbidity in Older Adults: Nosology of Impairment, Diseases, and Conditions. Journals Gerontol Ser A Biol Sci Med Sci [Internet]. 2007 Mar 1 [cited 2021 Jan 9];62(3):296–300. Available from: https://academic.oup.com/biomedgerontology/article-lookup/doi/10.1093/gerona/62.3.296

77. Lorem GF, Schirmer H, Wang CEA, Emaus N. Ageing and mental health: Changes in self-reported health due to physical illness and mental health status with consecutive cross-sectional analyses. BMJ Open [Internet]. 2017 Jan 1 [cited 2021 Jan 9];7(1). Available from: /pmc/articles/PMC5253588/?report=abstract

78. Mohamed S, Rosenheck R, Lyketsos CG, Schneider LS. Caregiver burden in alzheimer disease: Cross-sectional and longitudinal patient correlates. Am J Geriatr Psychiatry [Internet]. 2010 [cited 2021 Jan 9];18(10):917–27. Available from: https://pubmed.ncbi.nlm.nih.gov/20808108/

79. Opara JA, Jaracz K. Quality of life of post-stroke patients and their caregivers. [Internet]. Vol. 3, Journal of medicine and life. Carol Davila - University Press; 2010 [cited 2021 Jan 9]. p. 216–20. Available from: /pmc/articles/PMC3018998/?report=abstract

80. Funk L, Stajduhar KI, Toye C, Aoun S, Grande GE, Todd CJ. Part 2: Home-based family caregiving at the end of life: A comprehensive review of published qualitative research (1998-2008) [Internet]. Vol. 24, Palliative Medicine. Palliat Med; 2010 [cited 2021 Jan 9]. p. 594–607. Available from: https://pubmed.ncbi.nlm.nih.gov/20576673/

81. F. Etten-Jamaludin van, Deurenberg HWJ. A practical guide to PubMed : the guide which helps you to search quickly and efficiently in PubMed [Internet]. Springer; 2009 [cited 2021 Jan 9]. Available from: https://research.tue.nl/en/publications/a-practical-guide-to-pubmed-the-guide-which-helps-you-to-search-q

82. Moher D, Liberati A, Tetzlaff J, Altman DG. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med [Internet]. 2009 Jul 21 [cited 2021 Jan 9];6(7):e1000097. Available from: https://dx.plos.org/10.1371/journal.pmed.1000097

83. Majid U, Vanstone M. Appraising Qualitative Research for Evidence Syntheses: A Compendium of Quality Appraisal Tools. Qual Health Res [Internet]. 2018 Nov 1 [cited 2021 Jan 9];28(13):2115–31. Available from: https://pubmed.ncbi.nlm.nih.gov/30047306/

84. CASP. Critical Appraisal Skills Programme. CASP (Qualitative) Checklist. [Internet]. 2019 [cited 2021 Jan 9]. Available from: https://casp-uk.net/wp-content/uploads/2018/01/CASP-Qualitative-Checklist-2018.pdf

85. Booth A, Noyes J, Flemming K, Gerhardus A, Wahlster P, van der Wilt GJ, et al. Structured methodology review identified seven (RETREAT) criteria for selecting qualitative evidence synthesis approaches [Internet]. Vol. 99, Journal of Clinical Epidemiology. Elsevier USA; 2018 [cited 2021 Jan 9]. p. 41–52. Available from: https://pubmed.ncbi.nlm.nih.gov/29548841/

86. Noyes J, Booth A, Flemming K, Garside R, Harden A, Lewin S, et al. Cochrane Qualitative and Implementation Methods Group guidance series—paper 3: methods for assessing methodological limitations, data extraction and synthesis, and confidence in synthesized qualitative findings. J Clin Epidemiol [Internet]. 2018 May 1 [cited 2021 Jan 9];97:49–58. Available from: https://pubmed.ncbi.nlm.nih.gov/29247700/

87. Thorne S, Stephens J, Truant T. Building qualitative study design using nursing's disciplinary epistemology. J Adv Nurs [Internet]. 2016 Feb 1 [cited 2021 Jan 9];72(2):451–60. Available from: https://pubmed.ncbi.nlm.nih.gov/26412414/

88. Galdas P. Revisiting Bias in Qualitative Research. Int J Qual Methods [Internet]. 2017 Dec 14 [cited 2021 Jan 9];16(1):160940691774899. Available from: http://journals.sagepub.com/doi/10.1177/1609406917748992

89. Xiao Y, Watson M. Guidance on Conducting a Systematic Literature Review. J Plan Educ Res [Internet]. 2019 Mar 28 [cited 2021 Jan 9];39(1):93–112. Available from: http://journals.sagepub.com/doi/10.1177/0739456X17723971

90. Okoli C, Schabram K. A Guide to Conducting a Systematic Literature Review of Information Systems Research. SSRN Electron J [Internet]. 2012 Jan 5 [cited 2021 Jan 9]; Available from: https://papers.ssrn.com/abstract=1954824

91. Templier M, Paré G. A framework for guiding and evaluating literature reviews. Commun Assoc Inf Syst. 2015;37:112–37.

92. Peters M, Godfrey C, McInerney P, Munn Z, Trico A, Khalil H. Chapter 11: Scoping Reviews. In: JBI Manual for Evidence Synthesis. JBI; 2020.

93. Noyes J, Popay J, Pearson A, Hannes K, Booth A. Qualitative Research and Cochrane Reviews. In: Cochrane Handbook for Systematic Reviews of Interventions: Cochrane Book Series. John Wiley and Sons; 2008. p. 571–91.

94. Ring N, Ritchie K, Mandava L, Jepson R, Ring N, Ritchie K, et al. A guide to synthesising qualitative research for researchers undertaking health technology assessments and systematic reviews [Internet]. undefined NHS Quality Improvement Scotland (NHS QIS); 2011.

Available from: www.nhshealthquality.org

95. Doyle LH. Synthesis through meta-ethnography: paradoxes, enhancements, and possibilities. Qual Res [Internet]. 2003 Dec 15 [cited 2021 Jan 9];3(3):321–44. Available from: http://journals.sagepub.com/doi/10.1177/1468794103033003

96. Thomas J, Harden A. Methods for the thematic synthesis of qualitative research in systematic reviews. BMC Med Res Methodol [Internet]. 2008 Dec 10 [cited 2021 Jan 9];8(1):45. Available from: https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/1471-2288-8-45

97. Kastner M, Tricco AC, Soobiah C, Lillie E, Perrier L, Horsley T, et al. What is the most appropriate knowledge synthesis method to conduct a review? Protocol for a scoping review. BMC Med Res Methodol [Internet]. 2012 Dec 3 [cited 2021 Jan 9];12(1):114. Available from: https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/1471-2288-12-114

98. NVIVO. Qualitative Data Analysis Software | NVivo [Internet]. 2020. 2020 [cited 2021 Jan 23]. Available from: https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home

99. Black HK, Schwartz AJ, Caruso CJ, Hannum SM. How Personal Control Mediates Suffering: Elderly Husbands' Narratives of Caregiving. J Mens Stud [Internet]. 2008 Apr 1 [cited 2021 Jan 8];16(2):177–92. Available from: http://men.sagepub.com/lookup/doi/10.3149/jms.1602.177

100. Cahill S. Elderly husbands caring at home for wives diagnosed with Alzheimer's disease: Are male caregivers really different? Aust J Soc Issues. 2000;35(1):53–72.

101. Calasanti T, Bowen ME. Spousal caregiving and crossing gender boundaries: Maintaining gendered identities. J Aging Stud. 2006 Sep;20(3):253–63.

102. Kluczyńska U. Older husbands as carers - constructions of masculinity in context of care-giving. Stud Humanist AGH. 2015;14(2):73.

103. Ribeiro O, Paúl C, Nogueira C. Real men, real husbands: Caregiving and masculinities in later life. J Aging Stud. 2007 Dec 1;21(4):302–13.

104. Calasanti T, King N. Taking 'Women's Work' 'Like a Man': Husbands' Experiences of Care Work. Gerontologist [Internet]. 2007 Aug 1 [cited 2021 Jan 9];47(4):516–27. Available from: http://academic.oup.com/gerontologist/article/47/4/516/680293

105. Eriksson H, Sandberg J, Hellström I. Experiences of long-term home care as an informal caregiver to a spouse: Gendered meanings in everyday life for female carers. Int J Older People Nurs [Internet]. 2013 May [cited 2021 Jan 9];8(2):159–65. Available from: https://pubmed.ncbi.nlm.nih.gov/22805660/

106. Silverman M. Sighs, smiles, and worried glances: How the body reveals women caregivers' lived experiences of care to older adults. J Aging Stud [Internet]. 2013 [cited 2021 Jan 9];27(3):288–97. Available from: https://www.academia.edu/38778441/Sighs_smiles_and_worried_glances_How_the_body_reveals_women_caregivers_lived_experiences_of_care_to_older_adults_Journal_of_Aging_Studies_2013_

107. Hashizume Y. Releasing from the oppression: Caregiving for the elderly parents of Japanese working women. Qual Health Res [Internet]. 2010 Jun 24 [cited 2021 Jan 9];20(6):830–44. Available from: http://journals.sagepub.com/doi/10.1177/1049732310362399

108. Flores YG, Hinton L, Barker JC, Franz CE, Velasquez A. Beyond familism: A case study of the ethics of care of a latina caregiver of an elderly parent with dementia. Health Care Women Int

[Internet]. 2009 Dec [cited 2021 Jan 9];30(12):1055–72. Available from: https://www.tandfonline.com/doi/abs/10.1080/07399330903141252

109. Holroyd E. Developing a cultural model of caregiving obligations for elderly Chinese wives. West J Nurs Res [Internet]. 2005 Jun 1 [cited 2021 Jan 9];27(4):437–56. Available from: http://journals.sagepub.com/doi/10.1177/0193945905274907

110. Kramer MK. Self-characterizations of adult female informal caregivers: gender identity and the bearing of burden. Res Theory Nurs Pract [Internet]. 2005 Jun 1 [cited 2021 Jan 9];19(2):137–61. Available from: http://connect.springerpub.com/lookup/doi/10.1891/rtnp.19.2.137.66800

111. Mendez-Luck CA, Kennedy DP, Wallace SP. Concepts of burden in giving care to older relatives: A study of female caregivers in a Mexico City neighborhood. J Cross Cult Gerontol [Internet]. 2008 Sep [cited 2021 Jan 9];23(3):265–82. Available from: /pmc/articles/PMC2930188/?report=abstract

112. Remennick LI. “All my life is one big nursing home”: Russian immigrant women in Israel speak about double caregiver stress. Womens Stud Int Forum. 2001 Nov 1;24(6):685–700.

113. Valadez AA, Lumadue C, Gutierrez B, de Vries-Kell S. Family Caregivers of Impoverished Mexican American Elderly Women: The Perceived Impact of Adult Day Care Centers. Fam Soc J Contemp Soc Serv [Internet]. 2005 Jul 3 [cited 2021 Jan 9];86(3):384–92. Available from: http://journals.sagepub.com/doi/10.1606/1044-3894.3436

114. Jones PS, Zhang XE, Jaceldo-Siegl K, Meleis AI. Caregiving between two cultures: An integrative experience. J Transcult Nurs [Internet]. 2002 Jul 29 [cited 2021 Jan 9];13(3):202–9. Available from: http://journals.sagepub.com/doi/10.1177/10459602013003009

115. Paillard-Borg S, Strömberg L. The Importance of Reciprocity for Female Caregivers in a Super-Aged Society: A Qualitative Journalistic Approach. Health Care Women Int [Internet]. 2014 Dec 2 [cited 2021 Jan 9];35(11–12):1365–77. Available from: https://pubmed.ncbi.nlm.nih.gov/25365632/

116. Drummond JD, Brotman S, Silverman M, Sussman T, Orzeck P, Barylak L, et al. The Impact of Caregiving. Affilia [Internet]. 2013 Nov 17 [cited 2021 Jan 9];28(4):415–28. Available from: http://journals.sagepub.com/doi/10.1177/0886109913504154

117. Hepburn K, Lewis ML, Narayan S, Tomatore JB, Bremer KL, Sherman CW. Discourse-derived perspectives: Differentiating among spouses’ experiences of caregiving. Am J Alzheimers Dis Other Demen [Internet]. 2002 [cited 2021 Jan 9];17(4):213–26. Available from: https://pubmed.ncbi.nlm.nih.gov/12184510/

118. Hayes J, Boylstein C, Zimmerman MK. Living and loving with dementia: Negotiating spousal and caregiver identity through narrative. J Aging Stud. 2009 Jan;23(1):48–59.

119. Hayes J, Zimmerman MK, Boylstein C. Responding to symptoms of Alzheimer’s disease: Husbands, wives, and the gendered dynamics of recognition and disclosure. Qual Health Res [Internet]. 2010 Aug 6 [cited 2021 Jan 9];20(8):1101–15. Available from: http://journals.sagepub.com/doi/10.1177/1049732310369559

120. Hong SC, Coogle CL. Spousal Caregiving for Partners with Dementia: A Deductive Literature Review Testing Calasantis Gendered View of Care Work. J Appl Gerontol [Internet]. 2016 Jul 1 [cited 2021 Jan 9];35(7):759–87. Available from: https://pubmed.ncbi.nlm.nih.gov/25037154/

121. Calasanti T. Gender Relations and Applied Research on Aging. Gerontologist [Internet]. 2010 Dec 1 [cited 2021 Jan 9];50(6):720–34. Available from:

https://academic.oup.com/gerontologist/article-lookup/doi/10.1093/geront/gnq085

122. Koenig AM. Comparing Prescriptive and Descriptive Gender Stereotypes About Children, Adults, and the Elderly. Front Psychol [Internet]. 2018 Jun 26 [cited 2021 Feb 12];9(JUN):1086. Available from: https://www.frontiersin.org/article/10.3389/fpsyg.2018.01086/full

123. Morgan T, Ann Williams L, Trussardi G, Gott M. Gender and family caregiving at the end-of-life in the context of old age: A systematic review [Internet]. Vol. 30, Palliative Medicine. SAGE Publications Ltd; 2016 [cited 2021 Jan 9]. p. 616–24. Available from: https://pubmed.ncbi.nlm.nih.gov/26814213/

124. Pharr JR, Dodge Francis C, Terry C, Clark MC. Culture, Caregiving, and Health: Exploring the Influence of Culture on Family Caregiver Experiences. ISRN Public Health. 2014 Mar 26;2014:1–8.

125. Chappell NL, Dujela C, Smith A. Caregiver Well-Being: Intersections of Relationship and Gender. Res Aging [Internet]. 2015 Aug 9 [cited 2021 Jan 9];37(6):623–45. Available from: https://pubmed.ncbi.nlm.nih.gov/25651586/

126. Robinson CA, Bottorff JL, Pesut B, Oliffe JL, Tomlinson J. The Male Face of Caregiving: A Scoping Review of Men Caring for a Person With Dementia. Am J Mens Health [Internet]. 2014 Sep 27 [cited 2021 Jan 9];8(5):409–26. Available from: http://journals.sagepub.com/doi/10.1177/1557988313519671

127. Papastavrou E, Kalokerinou A, Papacostas SS, Tsangari H, Sourtzi P. Caring for a relative with dementia: Family caregiver burden. J Adv Nurs [Internet]. 2007 Jun [cited 2021 Jan 9];58(5):446–57. Available from: https://pubmed.ncbi.nlm.nih.gov/17442030/

128. Baker KL, Robertson N. Coping with caring for someone with dementia: Reviewing the literature about men [Internet]. Vol. 12, Aging and Mental Health. Aging Ment Health; 2008 [cited 2021 Jan 8]. p. 413–22. Available from: https://pubmed.ncbi.nlm.nih.gov/18791888/

129. Simpson C, Carter P. Mastery a comparison of wife and daughter caregivers of a person with dementia. J Holist Nurs [Internet]. 2013 Jun [cited 2021 Apr 26];31(2):113–20. Available from: https://pubmed.ncbi.nlm.nih.gov/23348554/

130. Savundranayagam MY, Montgomery RJV, Kosloski K. A dimensional analysis of caregiver burden among spouses and adult children. Gerontologist [Internet]. 2011 Jun [cited 2021 Apr 26];51(3):321–31. Available from: https://pubmed.ncbi.nlm.nih.gov/21135026/

131. Juntunen K, Salminen AL, Törmäkangas T, Tillman P, Leinonen K, Nikander R. Perceived burden among spouse, adult child, and parent caregivers. J Adv Nurs [Internet]. 2018 Oct 1 [cited 2021 Apr 26];74(10):2340–50. Available from: https://pubmed.ncbi.nlm.nih.gov/29869807/

132. Galvin JE, Duda JE, Kaufer DI, Lippa CF, Taylor A, Zarit SH. Lewy body dementia: Caregiver burden and unmet needs. Alzheimer Dis Assoc Disord [Internet]. 2010 Apr 1 [cited 2021 Apr 26];24(2):177–81. Available from: www.LBDA.org

133. Zarit SH, Whetzel CA, Kim K, Femia EE, Almeida DM, Rovine MJ, et al. Daily stressors and adult day service use by family caregivers: Effects on depressive symptoms, positive mood, and dehydroepiandrosterone-sulfate. Am J Geriatr Psychiatry [Internet]. 2014 Dec 1 [cited 2021 Apr 26];22(12):1592–602. Available from: /pmc/articles/PMC4119567/

134. Pinquart M, Sörensen S. Ethnic Differences in Stressors, Resources, and Psychological Outcomes of Family Caregiving: A Meta-Analysis. Gerontologist [Internet]. 2005 Feb 1 [cited

2021 Jan 9];45(1):90–106. Available from: https://academic.oup.com/gerontologist/article-lookup/doi/10.1093/geront/45.1.90

135. Meyer OL, Nguyen KH, Dao TN, Vu P, Arean P, Hinton L. The Sociocultural Context of Caregiving Experiences for Vietnamese Dementia Family Caregivers. Asian Am J Psychol [Internet]. 2015 Sep 1 [cited 2021 Feb 11];6(3):263–72. Available from: https://pubmed.ncbi.nlm.nih.gov/26617956/

136. Polenick CA, Struble LM, Stanislawski B, Turnwald M, Broderick B, Gitlin LN, et al. "The Filter is Kind of Broken": Family Caregivers' Attributions About Behavioral and Psychological Symptoms of Dementia. Am J Geriatr Psychiatry [Internet]. 2018 May 1 [cited 2021 Feb 11];26(5):548–56. Available from: https://jhu.pure.elsevier.com/en/publications/the-filter-is-kind-of-broken-family-caregivers-attributions-about

137. Gallagher-Thompson D, Choryan Bilbrey A, Apesoa-Varano EC, Ghatak R, Kim KK, Cothran F, et al. Conceptual Framework to Guide Intervention Research across the Trajectory of Dementia Caregiving [Internet]. Vol. 60, Gerontologist. Gerontological Society of America; 2020 [cited 2021 Feb 12]. p. S29–40. Available from: /pmc/articles/PMC7019661/

138. Knight BG, Sayegh P. Cultural Values and Caregiving: The Updated Sociocultural Stress and Coping Model. Journals Gerontol Ser B Psychol Sci Soc Sci [Internet]. 2010 Jan 1 [cited 2021 Jan 9];65B(1):5–13. Available from: https://academic.oup.com/psychsocgerontology/article-lookup/doi/10.1093/geronb/gbp096

139. McLean KC, Shucard H, Syed M. Applying the Master Narrative Framework to Gender Identity Development in Emerging Adulthood. Emerg Adulthood [Internet]. 2017 Apr 7 [cited 2021 Jan 9];5(2):93–105. Available from: http://journals.sagepub.com/doi/10.1177/2167696816656254

140. McLean KC, Pasupathi M. Processes of Identity Development: Where I Am and How I Got There. Identity [Internet]. 2012 Jan [cited 2021 Jan 23];12(1):8–28. Available from: https://www.tandfonline.com/doi/abs/10.1080/15283488.2011.632363

141. Friedemann ML, Buckwalter KC. Family Caregiver Role and Burden Related to Gender and Family Relationships. J Fam Nurs [Internet]. 2014 Aug 1 [cited 2021 Jan 9];20(3):313–36. Available from: /pmc/articles/PMC4442741/?report=abstract

142. Shifren K. Caregiving identity and flexibility. In: Identity Flexibility During Adulthood: Perspectives in Adult Development [Internet]. Springer International Publishing; 2017 [cited 2021 Jan 9]. p. 289–301. Available from: /record/2017-45299-018

143. Kashdan TB, Rottenberg J. Psychological flexibility as a fundamental aspect of health [Internet]. Vol. 30, Clinical Psychology Review. Elsevier Inc.; 2010 [cited 2021 Jan 9]. p. 865–78. Available from: /pmc/articles/PMC2998793/?report=abstract

144. Burdge BJ. Bending gender, ending gender: Theoretical foundations for social work practice with the Transgender community. Soc Work [Internet]. 2007 [cited 2021 Feb 24];52(3):243–50. Available from: https://pubmed.ncbi.nlm.nih.gov/17850032/

145. Ussher JM, Sandoval M. Gender differences in the construction and experience of cancer care: The consequences of the gendered positioning of carers. Psychol Heal [Internet]. 2008 Nov [cited 2021 Feb 24];23(8):945–63. Available from: /record/2008-14441-004

146. Cheng HG, Phillips MR. Secondary analysis of existing data: opportunities and implementation. Shanghai Arch Psychiatry [Internet]. 2014 Dec 1 [cited 2021 Jan 9];26(6):371–5. Available from: https://pubmed.ncbi.nlm.nih.gov/25642115/

147. Bhattacherjee A. Social Science Research: Principles, Methods, and Practices. Textb Collect [Internet]. 2012 Jan 1 [cited 2022 Feb 8]; Available from: https://digitalcommons.usf.edu/oa_textbooks/3

148. Maxwell JAJ, Maxwell. Qualitative research design : an interactive approach [Internet]. 3 edition. Vol. 62, Qualitative Research Design: An Interactive Approach. Thousand Oaks California: SAGE Publications Inc.; 2013 [cited 2022 Feb 7]. 1–21 p. Available from: http://her.hepg.org/index/8323320856251826.pdf

149. Sinclair M. A guide to understanding theoretical and conceptual frameworks. Evidence-Based Midwifery [Internet]. 2007 Sep 1 [cited 2022 Feb 8];5(2):39–40. Available from: https://go.gale.com/ps/i.do?p=AONE&sw=w&issn=14794489&v=2.1&it=r&id=GALE%7CA167108906&sid=googleScholar&linkaccess=fulltext

150. Larsen HG, Adu P. The theoretical framework in phenomenological research : development and application. Routledge; 2021.

151. Lloyd M. Judith Butler : from norms to politics. 2007 [cited 2021 Dec 12];201. Available from: https://books.google.com/books/about/Judith_Butler.html?id=zd0ZFB577NcC

152. Haslanger S, Sveinsdóttir ÁK. Feminist metaphysics [Internet]. 2008 [cited 2021 May 28]. Available from: https://philpapers.org/rec/HASFM

153. Mikkola M. Feminist Perspectives on Sex and Gender. 2019;

154. Berger PL, Luckmann T. The Social Construction of Reality: A Treatise in the Sociology of Knowledge [Internet]. Open Road Media; 1996 [cited 2021 Dec 22]. 219 p. Available from: https://books.google.com/books/about/The_Social_Construction_of_Reality.html?id=Jcma84waN3AC

155. West C, Zimmerman DH. Doing Gender. Gend Soc [Internet]. 1987 Jun 30 [cited 2021 Feb 10];1(2):125–51. Available from: http://journals.sagepub.com/doi/10.1177/0891243287001002002

156. Haslanger S. Ontology and Social Construction. Philos Top [Internet]. 1995 [cited 2021 Dec 22];23(2):95–125. Available from: https://philpapers.org/rec/HASOAS

157. Haslanger S. Gender and Race: (What) Are They? (What) Do We Want Them To Be? Noûs [Internet]. 2000 Mar 1 [cited 2021 Dec 22];34(1):31–55. Available from: https://onlinelibrary.wiley.com/doi/full/10.1111/0029-4624.00201

158. Stoljar N. Essence, Identity, and the Concept of Woman. Philos Top [Internet]. 1995 Oct 1 [cited 2021 Dec 22];23(2):261–93. Available from: https://www.pdcnet.org/pdc/bvdb.nsf/purchase?openform&fp=philtopics&id=philtopics_1995_0023_0002_0261_0294

159. Lorber J, Farrell SA. The social construction of gender. . Sage Publications; 1991.

160. Salih S. Judith Butler. Routledge; 2002. 177 p.

161. Wittig M. The straight mind. Fem Issues [Internet]. 1980 Mar [cited 2023 May 1];1(1):103–11. Available from: https://link.springer.com/article/10.1007/BF02685561

162. Klysing A. Prototypicality at the intersection of gender and sexual orientation. Br J Soc Psychol [Internet]. 2023 Mar 25 [cited 2023 Apr 22];00:1. Available from: https://onlinelibrary.wiley.com/doi/full/10.1111/bjso.12645

163. Butler J. Bodies that matter: On the discursive limits of sex. Bodies that Matter Discursive

Limits Sex. 2011 Jan 1;1–226.

164. Butler J. Excitable Speech: A Politics of the Performative [Internet]. Routledge Press; 1997 [cited 2021 Dec 22]. Available from: https://papers.ssrn.com/abstract=11511

165. Salih S. On Judith Butler and Performativity. 2006;

166. Butler J. Undoing gender. 2004;273.

167. Lechte J. Fifty key contemporary thinkers : from structuralism to post-humanism. Routledge; 2008. 435 p.

168. Butler J. Gender Trouble: Feminism and the Subversion of Identity -1st Edition [Internet]. Routledge.; 1990 [cited 2021 May 30]. Available from: https://www.routledge.com/Gender-Trouble-Feminism-and-the-Subversion-of-Identity/Butler/p/book/9780415389556

169. Butler J. The psychic life of power : theories in subjection. 1997;218.

170. Morgenroth T, Ryan MK. Gender Trouble in Social Psychology: How Can Butler's Work Inform Experimental Social Psychologists' Conceptualization of Gender? Front Psychol. 2018 Jul 27;9:1320.

171. Connell RW, Messerschmidt JW. Hegemonic Masculinity: Rethinking the Concept. Gend Soc [Internet]. 2005 [cited 2021 Dec 19];19(6):829–59. Available from: https://www.jstor.org/stable/pdf/27640853.pdf

172. Fiske S, Stevens LE. What's so special about sex? Gender stereotyping and discrimination. 1993;

173. Tajfel H, Turner JC. An integrative theory of intergroup conflict. . In: In W G Austin, & S Worchel (Eds), The social psychology of intergroup relations (pp 33-37) Monterey, CA Brooks/Cole - References - Scientific Research Publishing [Internet]. 1979 [cited 2023 Mar 26]. Available from: https://www.scirp.org/(S(351jmbntvnsjt1aadkposzje))/reference/ReferencesPapers.aspx?ReferenceID=757561

174. Turner JC, Reynolds KJ. Self-categorization theory. Handb Theor Soc Psychol. 2012 Jan 1;399–417.

175. Kitzinger C. Heteronormativity in Action: Reproducing the Heterosexual Nuclear Family in After-hours Medical Calls. Soc Probl [Internet]. 2005 Nov 1 [cited 2023 Mar 3];52(4):477–98. Available from: https://academic.oup.com/socpro/article/52/4/477/1692775

176. Deaux K, Major B. Putting Gender Into Context: An Interactive Model of Gender-Related Behavior. Psychol Rev. 1987;94(3):369–89.

177. Eagly AH, Wood W. Social role theory. Handb Theor Soc Psychol. 2012 Jan 1;458–76.

178. Moi T. What is a woman? : and other essays. 1999 [cited 2021 Dec 22];517. Available from: https://global.oup.com/academic/product/what-is-a-woman-9780198186755

179. Welton D. Body and Flesh: A Philosophical Reader [Internet]. 1998 [cited 2021 Dec 22]. Available from: https://philpapers.org/rec/WELBAF-2

180. Käll LF. A Path between Voluntarism and Determinism : Tracing Elements of Phenomenology in Judith Butler's Account of Performativity. Lambda Nord Tidskr om Homosex [Internet]. 2015 [cited 2021 Dec 22];20(2–3):23–48. Available from: http://urn.kb.se/resolve?urn=urn:nbn:se:su:diva-129005

181. Zygouri I, Cowdell F, Ploumis A, Gouva M, Mantzoukas S. Gendered experiences of providing informal care for older people: a systematic review and thematic synthesis. BMC Health Serv Res [Internet]. 2021 Dec 1 [cited 2022 Feb 13];21(1). Available from: https://pubmed.ncbi.nlm.nih.gov/34301248/

182. Narayan U. The Project of Feminist Epistemology. Jagger A, Boedo S, editors. Gender/body/knowledge Fem Reconstr being knowing. 1989;256–72.

183. Mirkin H. The passive female the theory of patriarchy. Am Stud. 1984;25(2):39–57.

184. Connell RW. Masculinities. 1995;295.

185. Connell R. The men and the boys. 2000 [cited 2021 Dec 19];259. Available from: https://www.ucpress.edu/book/9780520228696/the-men-and-the-boys

186. Husserl E. Phenomenological Psychology. Phenomenol Psychol. 1977;

187. Zahavi D. Husserl's phenomenology. 2003;178.

188. Cislaghi B, Heise L. Gender norms and social norms: differences, similarities and why they matter in prevention science. Sociol Health Illn [Internet]. 2020 Feb 1 [cited 2021 Dec 24];42(2):407–22. Available from: https://onlinelibrary.wiley.com/doi/full/10.1111/1467-9566.13008

189. Langdridge D. Phenomenology and Critical Social Psychology: Directions and Debates in Theory and Research. Soc Personal Psychol Compass [Internet]. 2008 May 1 [cited 2021 Jun 17];2(3):1126–42. Available from: https://onlinelibrary.wiley.com/doi/full/10.1111/j.1751-9004.2008.00114.x

190. Stake R. The art of case study. SAGE Publications, Inc; 1995. 84–100 p.

191. Giorgi A. The descriptive phenomenological method in psychology : a modified Husserlian approach. 2009;233.

192. Creswell J. Qualitative Inquiry and Research Design: Choosing Among Five Approaches. Vol. 3, Design: Choosing Among Five Approaches. 2012. 448 p.

193. Denzin, Lincoln. Collecting and Interpreting Qualitative Materials [Internet]. 2003 [cited 2021 Mar 21]. Available from: https://books.google.gr/books/about/Collecting_and_Interpreting_Qualitative.html?id=CdCGek5KJ_QC&redir_esc=y

194. Crotty M. The Foundations of Social Research [Internet]. SAGE Publications Inc, editor. 1998 [cited 2021 Apr 2]. Available from: https://us.sagepub.com/en-us/nam/the-foundations-of-social-research/book207972

195. Smith JK. Quantitative Versus Qualitative Research: An Attempt to Clarify the Issue. Educ Res [Internet]. 1983 Jul 1 [cited 2021 Jun 20];12(3):6–13. Available from: https://journals.sagepub.com/doi/10.3102/0013189X012003006

196. Denzin, Lincoln. The SAGE Handbook of Qualitative Research | SAGE Publications Inc [Internet]. 2017 [cited 2021 Mar 21]. Available from: https://us.sagepub.com/en-us/nam/the-sage-handbook-of-qualitative-research/book242504

197. Sale JEM, Lohfeld LH, Brazil K. Revisiting the Quantitative-Qualitative Debate: Implications for Mixed-Methods Research. Qual Quant [Internet]. 2002 [cited 2022 Feb 10];36(1):43. Available from: /pmc/articles/PMC4623759/

198. Khanna P. Positivism and realism. In: Handbook of Research Methods in Health Social Sciences [Internet]. Springer Singapore; 2019 [cited 2021 Jun 20]. p. 151–68. Available from: https://link.springer.com/referenceworkentry/10.1007/978-981-10-5251-4_59

199. Wertz FJ. Phenomenological Currents in Twentieth-Century Psychology. In: A Companion to Phenomenology and Existentialism [Internet]. John Wiley and Sons; 2007 [cited 2021 Jun 20]. p. 394–411. Available from: https://onlinelibrary.wiley.com/doi/full/10.1002/9780470996508.ch27

200. Schwandt TA. Three epistemological stances for qualityative inquiry Interpretivism, hermeneutics, and social constructionism.), The landscape of qualitative research (2nd ed., pp. 292-331). Thousand Oaks, CA Sage. - References - Scientific Research Publishing. In: Denzin N. K., Lincoln Y. S., editors. The landscape of qualitative research [Internet]. Thousand Oaks, CA: Sage.; 2003 [cited 2021 Jun 20]. Available from: https://www.scirp.org/(S(351jmbntvnsjt1aadkposzje))/reference/ReferencesPapers.aspx?ReferenceID=435057

201. Guba EG, Lincoln YS. Epistemological and Methodological Bases of Naturalistic Inquiry. In: Evaluation Models [Internet]. Springer Netherlands; 1983 [cited 2021 Jun 17]. p. 311–33. Available from: https://link.springer.com/chapter/10.1007/978-94-009-6669-7_18

202. Denzin N, Lincoln YS. Handbook of qualitative research [Internet]. Sage Publications; 1994 [cited 2022 Feb 10]. Available from: https://www.worldcat.org/title/handbook-of-qualitative-research/oclc/29029458

203. Carey JW. Linking Qualitative and Quantitative Methods: Integrating Cultural Factors into Public Health: http://dx.doi.org/101177/104973239300300303 [Internet]. 2016 Jul 1 [cited 2022 Feb 10];3(3):298–318. Available from: https://journals.sagepub.com/doi/10.1177/104973239300300303

204. Crotty MJ. Michael J Crotty - The Foundations of Social Research_ Meaning and Perspective in the Research Process-SAGE Publications Ltd (1998).pdf. 1998. p. 280.

205. Willig C. Introducing Qualitative Research in Psychology . OPEN UNIVERSITY PRESS; 2013.

206. Smith JK, Heshusius L. Closing Down the Conversation: The End of the Quantitative-Qualitative Debate among Educational Inquirers. Educ Res. 1986;15(1):4–12.

207. Leung L. Validity, reliability, and generalizability in qualitative research. J Fam Med Prim Care [Internet]. 2015 [cited 2022 Feb 10];4(3):324. Available from: /pmc/articles/PMC4535087/

208. Guba EGG, Lincoln YS. Competing Paradigms in Qualitative Research [Internet]. Sage Publications, Inc.; 1994 [cited 2021 Mar 21]. Available from: https://psycnet.apa.org/record/1994-98625-005

209. Silverman A. Plato's Middle Period Metaphysics and Epistemology. Stanford Encycl Philos [Internet]. 2014 [cited 2021 Apr 1]; Available from: https://plato.stanford.edu/cgi-bin/encyclopedia/archinfo.cgi?entry=plato-metaphysics

210. Schwandt TA. Constructivist, interpretivist approaches to human inquiry [Internet]. SAGE Publishing; 1994 [cited 2023 May 19]. p. 118–37. Available from: https://experts.illinois.edu/en/publications/constructivist-interpretivist-approaches-to-human-inquiry

211. Moon K, Blackman D. A Guide to Understanding Social Science Research for Natural Scientists [Internet]. Vol. 28, Conservation Biology. Blackwell Publishing Inc.; 2014 [cited 2021 Apr 4]. p. 1167–77. Available from: https://pubmed.ncbi.nlm.nih.gov/24962114/

212. Giacomini M. Theory Matters in Qualitative Health Research. In: The SAGE Handbook of Qualitative Methods in Health Research. SAGE Publications Ltd; 2014. p. 125–56.

213. Hiller J. Epistemological Foundations of Objectivist and Interpretivist Research. An Introd to Music Ther Res [Internet]. 2016 Jan 1 [cited 2021 Mar 21]; Available from: https://ecommons.udayton.edu/books/52

214. Jacob P. “Intentionality.” Stanford Encycl Philos [Internet]. 2019 [cited 2021 Apr 2]; Available from: https://plato.stanford.edu/cgi-bin/encyclopedia/archinfo.cgi?entry=intentionality

215. Ben-Ze’ev A. Explaining the Subject-Object Relation in Perception. 1989 [cited 2021 Apr 4]; Available from: https://www.researchgate.net/publication/268871793_Explaining_the_Subject-Object_Relation_in_Perception

216. Guyer P, Horstmann R-P. Idealism. Stanford Encycl Philos [Internet]. 2021 [cited 2022 Feb 10]; Available from: https://plato.stanford.edu/entries/idealism/

217. Gergen KJ. Realities and Relationships. Soundings in Social Construction [Internet]. 1994 [cited 2021 Mar 21]. Available from: https://www.hup.harvard.edu/catalog.php?isbn=9780674749313

218. Schwandt TA. Three epistemological stances for qualitative inquiry: Interpretivism, hermeneutics, and social constructionism. n N. K. Denzin, & Y. S. Lincoln (Eds.). In: Handbook of Qualitative Research (2 ed, pp 189-213) [Internet]. SAGE Publications Inc..; 2000 [cited 2021 Jun 17]. Available from: https://experts.illinois.edu/en/publications/three-epistemological-stances-for-qualitative-inquiry-interpretiv

219. Silverman D. Doing Qualitative Research [Internet]. 5th ed. SAGE Publications Inc; 2017 [cited 2021 Jun 17]. Available from: https://us.sagepub.com/en-us/nam/doing-qualitative-research/book251108

220. Smith DW. Phenomenology. In: Stanford Encyclopedia of Philosophy) [Internet]. Edward N. Zalta (ed…. 2018 [cited 2021 Jul 31]. Available from: https://plato.stanford.edu/entries/phenomenology/

221. Neubauer BE, Witkop CT, Varpio L. How phenomenology can help us learn from the experiences of others. Perspect Med Educ 2019 82 [Internet]. 2019 Apr 5 [cited 2021 Jul 27];8(2):90–7. Available from: https://link.springer.com/article/10.1007/s40037-019-0509-2

222. Gallagher S, Zahavi D. The Phenomenological Mind [Internet]. 2012 [cited 2021 Jun 17]. Available from: https://philpapers.org/rec/GALTPM-4

223. Overgaard S, Zahavi D. Phenomenological Sociology. Encount Everyday. 2009;93–115.

224. Mohanty JN (Jitendra N. The philosophy of Edmund Husserl : a historical development. 2008;447.

225. Kvale S. The Qualitative Research Interview. J Phenomenol Psychol [Internet]. 1983 [cited 2021 Aug 4];14(1–2):171–96. Available from: https://philpapers.org/rec/KVATQR

226. Wolfgang H. Franz Brentano . In: Stanford Encyclopedia of Philosophy [Internet]. Edward N. Zalta (ed…. 2019 [cited 2021 Jul 31]. Available from: https://plato.stanford.edu/entries/brentano/

227. Spiegelberg H. The Phenomenological Movement. Spiegelberg E (Ed. ., editor. 1994. 1–24 p.

228. Husserl E. Ideas General Introduction to Pure Phenomenology [Internet]. MacMillan, New

York; 1960 [cited 2022 Feb 8]. Available from: https://scirp.org/reference/referencespapers.aspx?referenceid=1546457

229. Wolff KH. Surrender-and-catch and phenomenology. Hum Stud [Internet]. 1984 Jun [cited 2022 Feb 10];7(3–4):191–210. Available from: https://philpapers.org/rec/WOLSAP

230. Luft S. Husserl's Notion of the Natural Attitude and the Shift to Transcendental Phenomenology. Analecta Husserliana. 2002;80:114–9.

231. Küng G. The Phenomenological Reduction As Epoche and As Explication. Monist [Internet]. 1975 [cited 2021 Jul 30];59(1):63–80. Available from: https://philpapers.org/rec/KNGTPR

232. WELTON D. Husserl's Genetic Phenomenology of Perception . Res Phenomenol 12, 59-83. 1982;

233. Luft S. HUSSERL'S THEORY OF THE PHENOMENOLOGICAL REDUCTION: BETWEEN LIFE-WORLD AND CARTESIANISM. Source Res Phenomenol. 2004;34:198–234.

234. Zahavi D. PHENOMENOLOGY [Internet]. Routledge; 2008 [cited 2022 Feb 10]. Available from: https://www.taylorfrancis.com/chapters/edit/10.4324/9780203879368-22/phenomenology-dan-zahavi

235. Oberlander GE. The Transcendental Self in Husserl's Phenomenology: Some Suggested Revisions. Source Res Phenomenol. 1973;3:45–62.

236. Kim K, Berard T. Typification in Society and Social Science: The Continuing Relevance of Schutz's Social Phenomenology. Hum Stud [Internet]. 2009 Dec [cited 2021 Aug 4];32(3):263–89. Available from: https://philpapers.org/rec/KIMTIS

237. Schutz I. Collected Papers III - Studies in Phenomenological Philosophy [Internet]. 1996 [cited 2021 Aug 4]. Available from: https://www.springer.com/gp/book/9789401522205

238. Stolorow RD. Erratum: Heidegger's investigative method in being and time (Psychoanalytic Psychology (2006) 23, 3 (549-602)). Psychoanal Psychol [Internet]. 2006 Sep [cited 2021 Aug 2];23(4):618. Available from: /record/2006-20697-002

239. Wheeler M. Martin Heidegger . In: Stanford Encyclopedia of Philosophy [Internet]. Edward N. Zalta (ed.),; 2020 [cited 2021 Aug 2]. Available from: https://plato.stanford.edu/entries/heidegger/

240. Davidsen AS. Phenomenological Approaches in Psychology and Health Sciences. Qual Res Psychol [Internet]. 2013 Jul [cited 2021 Jun 17];10(3):318–39. Available from: https://pubmed.ncbi.nlm.nih.gov/23606810/

241. Tapper M. THE PRIORITY OF BEING OR CONSCIOUSNESS FOR PHENOMENOLOGY: HEIDEGGER AND HUSSERL on JSTOR. Metaphilosophy Vol 17, No 2/3 [Internet]. 1986 [cited 2021 Aug 4]; Available from: https://www.jstor.org/stable/24436902?seq=1#metadata_info_tab_contents

242. Luchte J. Heidegger's Early Philosophy : The Phenomenology of Ecstatic Temporality. Heidegger's Early Philosophy : The Phenomenology of Ecstatic Temporality. Continuum; 2008.

243. Sousa D. Phenomenological Psychology: Husserl's Static and Genetic Methods. J Phenomenol Psychol [Internet]. 2014 May 28 [cited 2021 Jul 30];45(1):27–60. Available from: https://brill.com/view/journals/jpp/45/1/article-p27_3.xml

244. Mohanty JN. The Unity of Husserl's Philosophy . Rev Int Philos Vol 224, Issue 2, 2003, pages 3 to 20 [Internet]. 2003 [cited 2021 Aug 4]; Available from: https://www.cairn-int.info/journal-revue-internationale-de-philosophie-2003-2-page-3.htm

245. Smith DW, McIntyre R. Husserl and Intentionality. Husserl and Intentionality. 1982;

246. Dreyfus HL. Being-in-the-world [Internet]. Cambridge, MA: MIT Press.; 1991 [cited 2022 Feb 11]. Available from: https://www.penguinrandomhouse.com/books/654421/being-in-the-world-by-hubert-l-dreyfus/

247. Crowell SG. Normativity and phenomenology in Husserl and Heidegger. Cambridge University Press ; 2013.

248. Lohmar D. Genetic phenomenology. O'Rourke F, editor. Routledge Companion to Phenomenol [Internet]. 2013 [cited 2021 Aug 4];286–95. Available from: https://www.taylorfrancis.com/chapters/edit/10.4324/9780203816936-32/genetic-phenomenology-dieter-lohmar-dieter-lohmar

249. Heinämaa S. A phenomenology of sexual difference: Types, styles and persons. Fem Metaphys Explor Ontol Sex, Gend Self. 2011;131–55.

250. Heinämaa S. Woman — Nature, Product, Style? Rethinking the Foundations of Feminist Philosophy of Science. Fem Sci Philos Sci [Internet]. 1996 [cited 2021 Dec 23];289–308. Available from: https://link.springer.com/chapter/10.1007/978-94-009-1742-2_13

251. Dillon MC. Merleau-Ponty's ontology. Publ **1997** Evanst Ill) by Northwest Univ Press [Internet]. Revised. 1997 Jan [cited 2021 Dec 23];306. Available from: https://lib.ugent.be/catalog/rug01:000752382

252. Zahavi D. Husserl's intersubjective transformation of transcendental philosophy |. J Br Soc Phenomenol [Internet]. 1996 [cited 2021 Aug 4];27(3):228–45. Available from: https://www.academia.edu/9326193/Husserls_intersubjective_transformation_of_transcendental_philosophy

253. Beyer C. Edmund Husserl. In: Stanford Encyclopedia of Philosophy) [Internet]. Edward N. Zalta (ed…. 2020 [cited 2021 Jul 31]. Available from: https://plato.stanford.edu/entries/husserl/

254. Zahavi D. Husserl and Transcendental Intersubjectivity. Ohio Univ Press [Internet]. 2001 [cited 2021 Nov 19]; Available from: https://www.ohioswallow.com/book/Husserl+and+Transcendental+Intersubjectivity

255. Waldenfels B. Das Zwischenreich des Dialogs. 1971 [cited 2021 Nov 19];41. Available from: http://link.springer.com/10.1007/978-94-010-3000-7

256. Moran D, Cohen JD. The Husserl dictionary. 2012;376.

257. Schnell A. Intersubjectivity in Husserl's Work. Meta Res Hermeneut Phenomenol Pract Philos [Internet]. 2010 [cited 2021 Nov 19];2(1). Available from: https://philpapers.org/rec/SCHIIH

258. Zahavi D. Phenomenology : the basics. Routledge; 2019 p. 158.

259. Zahavi D. Manhattan Dynamite and no pancakes: Tradition and normality in the work of Tove Jansson. SATS [Internet]. 2018 Jul 26 [cited 2021 Jul 30];19(1):5–19. Available from: https://philpapers.org/rec/ZAHMDA

260. Giorgi A. Phenomenology and psychological research. Pittsburgh Pa. ;Atlantic Highlands N.J.: Duquesne University Press ;;Distributed by Humanities Press; 1985.

261. Smith JA, Osborn M. Interpretative phenomenological analysis [Internet]. Sage Publications, Inc; 2003 [cited 2021 Jun 17]. Available from: https://psycnet.apa.org/record/2003-06442-003

262. Manen M Van. Researching Lived Experience: Human Science for an Action Sensitive Pedagogy [Internet]. 1990 [cited 2022 Feb 14]. Available from: https://philpapers.org/rec/VANRLE-2

263. Moustakas CE. Phenomenological research methods [Internet]. SAGE Publications; 1994 [cited 2022 Feb 7]. 192 p. Available from: https://www.perlego.com/book/2800762/phenomenological-research-methods-pdf

264. Saybrook AG. Concerning the Phenomenological Methods of Husserl and Heidegger and Their Application in Psychology. 2008;

265. Englander M. The phenomenological method in qualitative psychology and psychiatry. Int J Qual Stud Health Well-being [Internet]. 2016 Mar 9 [cited 2022 Feb 7];11. Available from: /pmc/articles/PMC4788767/

266. Giorgi A, Giorgi B, Morley J. The Descriptive Phenomenological Psychological Method. SAGE Handb Qual Res Psychol. 2017 May 18;176–92.

267. Ashworth PD. William James's "psychologist's fallacy" and contemporary human science research. http://dx.doi.org/103109/17482620903223036 [Internet]. 2009 [cited 2022 Feb 7];4(4):195–206. Available from: https://www.tandfonline.com/doi/abs/10.3109/17482620903223036

268. Colaizzi PF. Psychological research as the phenomenologist views it [Internet]. 1978 [cited 2022 Feb 7]. Available from: https://philpapers.org/rec/COLPRA-5

269. Polkinghorne DE. Phenomenological Research Methods. Existent Perspect Psychol [Internet]. 1989 [cited 2022 Feb 7];41–60. Available from: https://link.springer.com/chapter/10.1007/978-1-4615-6989-3_3

270. Schneider KJ, Pierson JF, Bugental JFT. The Handbook of Humanistic Psychology [Internet]. 2nd ed. SAGE Publications Inc; 2014 [cited 2022 Feb 7]. Available from: https://us.sagepub.com/en-us/nam/the-handbook-of-humanistic-psychology/book238925

271. Ashworth PD. The lifeworld – enriching qualitative evidence. Qual Res Psychol [Internet]. 2016 Jan 2 [cited 2022 Feb 7];13(1):20–32. Available from: https://www.tandfonline.com/doi/abs/10.1080/14780887.2015.1076917

272. Husserl E. The Crisis of European Sciences and Transcendental Phenomenology an Introduction to Phenomenological Philosophy. 1970 [cited 2022 Feb 7]; Available from: https://philpapers.org/rec/HUSTCO-7

273. Langdridge D, Hagger-johnson G. Introduction to Research Methods and Data Analysis in Psychology 3rd edn : Darren Langdridge : 9780273756873 [Internet]. 3rd ed. Pearson Education Limited; 2013 [cited 2021 Jun 19]. Available from: https://www.bookdepository.com/Introduction-Research-Methods-Data-Analysis-Psychology-3rd-edn-Darren-Langdridge/9780273756873

274. Frederick J. Wertz KC. Five Ways of Doing Qualitative Analysis: Phenomenological Psychology, Grounded Theory, Discourse Analysis, Narrative Research, and Intuitive Inquiry. The Guilford Press. Guilford Press; 2011. 165–204 p.

275. Smith AD (Arthur D. Routledge philosophy guidebook to Husserl and the Cartesian meditations. 2003;271.

276. Kvale S. The Qualitative Research Interview: A Phenomenological and a Hermeneutical Mode of Understanding . J Phenomenol Psychol [Internet]. 1983 [cited 2022 Feb 7]; Available from:

https://www.proquest.com/openview/c39f66d77f9d13e01f5b7be9eed18c9d/1?pq-origsite=gscholar&cbl=1821473

277. Patton MQ, Schwandt TA. Qualitative Research & Evaluation Methods + the Sage Dictionary of Qualitative Inquiry, 4th Ed. 2014;832.

278. Babbie. The practice of social research [Internet]. 2016 [cited 2021 Mar 21]. Available from: https://www.worldcat.org/title/practice-of-social-research/oclc/899217794

279. Hesse-Biber SN. The Practice of Qualitative Research [Internet]. 3rd ed. SAGE Publications, Inc; 2016 [cited 2021 Jun 17]. Available from: https://us.sagepub.com/en-us/nam/the-practice-of-qualitative-research/book240120

280. Yin. Qualitative Research from Start to Finish - 2nd Edition - Robert K. Y [Internet]. 2015 [cited 2021 Mar 21]. Available from: https://www.routledge.com/Qualitative-Research-from-Start-to-Finish/Yin/p/book/9781462517978

281. Patton MQ. Enhancing the quality and credibility of qualitative analysis. Health Serv Res [Internet]. 1999 Dec [cited 2023 Feb 15];34(5 Pt 2):1189. Available from: /pmc/articles/PMC1089059/?report=abstract

282. Palinkas LA, Horwitz SM, Green CA, Wisdom JP, Duan N, Hoagwood K. Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. Adm Policy Ment Health [Internet]. 2015 Sep 22 [cited 2022 Jan 30];42(5):533. Available from: /pmc/articles/PMC4012002/

283. Brain injury rehabilitation in adults. Scottish Intercoll Guidel Netw [Internet]. 2013 [cited 2022 Feb 13]; Available from: www.sign.ac.uk.

284. Lafiatoglou P, Ellis-Hill C, Gouva M, Ploumis A, Mantzoukas S. A systematic review of the qualitative literature on older individuals' experiences of care and well-being during physical rehabilitation for acquired brain injury. J Adv Nurs. 2022 Feb 1;78(2):377–94.

285. Liamputtong P. Handbook of Research Methods in Health Social Sciences. Handb Res Methods Heal Soc Sci. 2019 Jan 12;1–2248.

286. Morse JM. Determining Sample Size: http://dx.doi.org/101177/104973200129118183 [Internet]. 2016 Jul 1 [cited 2022 Jan 30];10(1):3–5. Available from: https://journals.sagepub.com/doi/10.1177/104973200129118183

287. Lincoln Y, Guba EG. Naturalistic Inquiry. Naturalistic inquiry. Sage; 1985. 92–109, 357–367 p.

288. Strauss A, Corbin J. Basics of qualitative research: Techniques and procedures for developing grounded theory [Internet]. 2nd ed. Sage Publications, Inc; 1998 [cited 2022 Feb 8]. Available from: https://psycnet.apa.org/record/1999-02001-000

289. Hollowayy I, Wheeler S. Qualitative Research in Nursing and Health Care [Internet]. John Wiley and Sons Ltd; 2019 [cited 2021 Sep 8]. Available from: https://www.bookdepository.com/Qualitative-Research-in-Nursing-and-Health-Care-Immy-Holloway/9781405161220?redirected=true&utm_medium=Google&utm_campaign=Base3&utm_source=GR&utm_content=Qualitative-Research-in-Nursing-and-Health-Care&selectCurrency=EUR&w=AFFMAU96DYVVNFA8V9C3

290. Giorgi A. The Theory, Practice, and Evaluation of the Phenomenological Method as a Qualitative Research Procedure. J Phenomenol Psychol. 1997;235–60.

291. Seidman I. Interviewing as qualitative research : a guide for researchers in education and the social sciences. 2006;162.

292. Bevan MT. A method of phenomenological interviewing. Qual Health Res [Internet]. 2014 Jan 10 [cited 2022 Jan 31];24(1):136–44. Available from: https://journals.sagepub.com/doi/10.1177/1049732313519710

293. Brinkmann S, Kvale S. InterViews: Learning the Craft of Qualitative Research Interviewing. G. Balint, Antala B, Carty C, Mabieme J-MA, Amar IB, Kaplanova A, editors. Uniw śląski [Internet]. 2015 [cited 2022 Feb 7];343–54. Available from: https://vbn.aau.dk/en/publications/interviews-learning-the-craft-of-qualitative-research-interviewin

294. Mason J. Qualitative Researching [Internet]. Sage Publications Ltd; 2002 [cited 2022 Feb 7]. Available from: https://www.research.manchester.ac.uk/portal/en/publications/qualitative-researching(aff785c7-5d5a-44f0-9244-63723d4279f6)/export.html

295. Sokolowski R. Introduction to Phenomenology [Internet]. Cambridge: Cambridge University Press.; 2000 [cited 2022 Feb 7]. Available from: https://philpapers.org/rec/SOKITP-3

296. Spradley JP. The Ethnographic Interview [Internet]. Philadelphia: Harcourt Brace Jovanovich College Publishers.; 1979 [cited 2022 Feb 8]. Available from: https://www.yumpu.com/en/document/view/63162839/james-p-spradley-the-ethnographic-interview-1979-harcourt-brace-jovanovich

297. Nunner-Winkler G, Meyer-Nikele M, Wohlrab D. Gender differences in moral motivation. Merrill Palmer Q. 2007 Jan;53(1):26–52.

298. Giorgi A. Concerning variations in the application of the phenomenological method. Humanist Psychol [Internet]. 2006 [cited 2022 Feb 20];34(4). Available from: /record/2006-23327-002

299. Silverman D. Doing qualitative research: a practical handbook - Chapter 11, “Beginning Data Analysis.” 2005;422.

300. Patton MQ. Designing qualitative studies. Qual Eval Res methods [Internet]. 1990 [cited 2023 Feb 15];169–86. Available from: http://legacy.oise.utoronto.ca/research/field-centres/ross/ctl1014/Patton1990.pdf

301. Thomas E, Magilvy JK. Qualitative Rigor or Research Validity in Qualitative Research. J Spec Pediatr Nurs [Internet]. 2011 Apr 1 [cited 2023 Feb 15];16(2):151–5. Available from: https://onlinelibrary.wiley.com/doi/full/10.1111/j.1744-6155.2011.00283.x

302. Sandelowski M. The problem of rigor in qualitative research. ANS Adv Nurs Sci [Internet]. 1986 [cited 2023 Feb 15];8(3):27–37. Available from: https://pubmed.ncbi.nlm.nih.gov/3083765/

303. Jackson S. Gender, sexuality and heterosexuality: The complexity (and limits) of heteronormativity. Fem Theory. 2006 Apr;7(1):105–21.

304. Seidman S. From the Polluted Homosexual to the Normal Gay: Changing Patterns of Sexual Regulation in America. In: pp 39–62 in C Ingraham (ed) Thinking Straight: New Work in Critical Heterosexuality Studies New York: Routledge [Internet]. Routledge; 2013 [cited 2023 Apr 24]. p. 39–61. Available from: https://www.taylorfrancis.com/chapters/edit/10.4324/9780203006368-4/chapter-2-polluted-homosexual-normal-gay-changing-patterns-sexual-regulation-america-steven-seidman

305. Rosch E. Cognitive representations of semantic categories. J Exp Psychol Gen. 1975 Sep;104(3):192–233.

306. Hampton J, Reimer N. Hampton: Prototypes and Exemplars: Page 1 Categories, Prototypes and Exemplars. 2015;

307. Henry PJ, Steiger RL. Sexual Orientation as Gendered to the Everyday Perceiver. Sex Roles [Internet]. 2022 Aug 1 [cited 2023 Mar 3];87(3–4):117–38. Available from: https://nyuscholars.nyu.edu/en/publications/sexual-orientation-as-gendered-to-the-everyday-perceiver

308. Kitzinger C. "Speaking as a Heterosexual": (How) Does Sexuality Matter for Talk-in-Interaction? http://dx.doi.org/101207/s15327973rlsi3803_2 [Internet]. 2010 [cited 2023 Mar 3];38(3):221–65. Available from: https://www.tandfonline.com/doi/abs/10.1207/s15327973rlsi3803_2

309. Schilt K, Westbrook L. Doing Gender, Doing Heteronormativity. http://dx.doi.org/101177/0891243209340034 [Internet]. 2009 Jul 16 [cited 2023 May 20];23(4):440–64. Available from: https://journals.sagepub.com/doi/10.1177/0891243209340034

310. Martin KA. Normalizing Heterosexuality: Mothers' Assumptions, Talk, and Strategies with Young Children. https://doi.org/101177/000312240907400202 [Internet]. 2009 Apr 1 [cited 2023 May 20];74(2):190–207. Available from: https://journals.sagepub.com/doi/10.1177/000312240907400202

311. Vandello JA, Bosson JK. Hard won and easily lost: A review and synthesis of theory and research on precarious manhood. Psychol Men Masculinity. 2013 Apr;14(2):101–13.

312. Bailey AH, Williams A, Cimpian A. Based on billions of words on the internet, people = men. Sci Adv [Internet]. 2022 Apr 1 [cited 2023 Mar 3];8(13):2463. Available from: https://www.science.org/doi/10.1126/sciadv.abm2463

313. Jack DC, Ali A. Silencing the Self Across Cultures: Depression and Gender in the Social World. Silenc Self Across Cult Depress Gend Soc World. 2010 May 1;1–568.

314. Haines EL, Deaux K, Lofaro N. The Times They Are a-Changing … or Are They Not? A Comparison of Gender Stereotypes, 1983–2014. https://doi.org/101177/0361684316634081 [Internet]. 2016 Mar 9 [cited 2023 Mar 3];40(3):353–63. Available from: https://journals.sagepub.com/doi/10.1177/0361684316634081

315. Abele AE, Wojciszke B. Agency and Communion From the Perspective of Self Versus Others. J Pers Soc Psychol. 2007 Nov;93(5):751–63.

316. Guimond S, Chatard A, Martinot D, Crisp RJ, Redersdorff S. Social comparison, self-stereotyping, and gender differences in self-construals. J Pers Soc Psychol [Internet]. 2006 Feb [cited 2023 Mar 3];90(2):221–42. Available from: https://pubmed.ncbi.nlm.nih.gov/16536648/

317. Bye HH, Herrebrøden H, Hjetland GJ, Røyset GO, Westby LL. Stereotypes of Norwegian social groups. Scand J Psychol [Internet]. 2014 [cited 2023 Mar 3];55(5):469–76. Available from: https://pubmed.ncbi.nlm.nih.gov/24975918/

318. Cuddy AJC, Fiske ST, Kwan VSY, Glick P, Demoulin S, Leyens JP, et al. Stereotype content model across cultures: towards universal similarities and some differences. Br J Soc Psychol [Internet]. 2009 Mar [cited 2023 Mar 3];48(Pt 1):1–33. Available from: https://pubmed.ncbi.nlm.nih.gov/19178758/

319. Eagly AH, Nater C, Miller DI, Kaufmann M, Sczesny S. Gender stereotypes have changed: A cross-temporal meta-analysis of U.S. public opinion polls from 1946 to 2018. Am Psychol.

2020 Apr 1;75(3):301–15.

320. Sendén MG, Klysing A, Lindqvist A, Renström EA. The (not so) changing man: Dynamic gender stereotypes in Sweden. Front Psychol. 2019 Jan 30;10(JAN):37.

321. Hentschel T, Heilman ME, Peus C V. The multiple dimensions of gender stereotypes: A current look at men's and women's characterizations of others and themselves. Front Psychol. 2019 Jan 30;10(JAN):11.

322. Cuddy AJC, Wolf EB, Glick P, Crotty S, Chong J, Norton MI. Men as cultural ideals: Cultural values moderate gender stereotype content. J Pers Soc Psychol. 2015 Oct 1;109(4):622–35.

323. Lei RF, Leshin RA, Moty K, Foster-Hanson E, Rhodes M. How Race and Gender Shape the Development of Social Prototypes in the United States. J Exp Psychol Gen. 2022;151(8):1956–71.

324. Hegarty P, Pratto F. The differences that norms make: Empiricism, social constructionism, and the interpretation of group differences. Sex Roles. 2004;50(7–8):445–53.

325. Pickens C, Braun V. "Stroppy Bitches Who Just Need to Learn How to Settle"? Young Single Women and Norms of Femininity and Heterosexuality. Sex Roles [Internet]. 2018 Oct 1 [cited 2023 May 20];79(7–8):431–48. Available from: https://link.springer.com/article/10.1007/s11199-017-0881-5

326. Purdie-Vaughns V, Eibach RP. Intersectional invisibility: The distinctive advantages and disadvantages of multiple subordinate-group identities. Sex Roles [Internet]. 2008 Sep 7 [cited 2023 May 20];59(5–6):377–91. Available from: https://link.springer.com/article/10.1007/s11199-008-9424-4

327. Bem SL. The lenses of gender : transforming the debate on sexual inequality [Internet]. Yale University Press; 1993 [cited 2023 Mar 3]. 244 p. Available from: https://yalebooks.yale.edu/9780300061635/the-lenses-of-gender

328. Losada A, Márquez-González M, Peñacoba C, Romero-Moreno R. Development and validation of the Caregiver Guilt Questionnaire. Int psychogeriatrics [Internet]. 2010 Jun 22 [cited 2023 Mar 9];22(4):650–60. Available from: https://pubmed.ncbi.nlm.nih.gov/20170587/

329. Fredrickson BL, Roberts TA. Objectification Theory: Toward Understanding Women's Lived Experiences and Mental Health Risks. https://doi.org/101111/j1471-64021997.tb00108.x [Internet]. 1997 Jun 1 [cited 2023 Mar 24];21(2):173–206. Available from: https://journals.sagepub.com/doi/10.1111/j.1471-6402.1997.tb00108.x

330. Szymanski DM, Moffitt LB, Carr ER. Sexual Objectification of Women: Advances to Theory and Research 1ψ7. http://dx.doi.org/101177/0011000010378402 [Internet]. 2010 Sep 22 [cited 2023 Mar 7];39(1):6–38. Available from: https://journals.sagepub.com/doi/10.1177/0011000010378402

331. Kitayama S, Uchida Y. Interdependent Agency: An Alternative System for Action. R M Sorrentino, D Cohen, J M Olson, M P Zanna (Eds), Cult Soc Behav Ontario Symp Vol 10, pp 137–164) Lawrence Erlbaum Assoc Publ [Internet]. 2005 [cited 2023 Mar 25]; Available from: https://psycnet.apa.org/record/2005-02118-007

332. Menon T, Fu JHY. Culture and Control: How Independent and Interdependent Selves Experience Agency and Constraint. Res Manag Groups Teams. 2006;9:21–51.

333. Kim MS, Sharkey WF. Independent and Interdependent Construals of Self: Explaining Cultural Patterns of Interpersonal Communication in Multi-Cultural Organizational Settings. Commun

Q. 1995 Jan 1;43(1):20–38.

334. Triandis HC. Individualism and collectivism. Individ Collect [Internet]. 2018 Jan 1 [cited 2023 Mar 26];1–259. Available from: https://www.taylorfrancis.com/books/mono/10.4324/9780429499845/individualism-collectivism-harry-triandis

335. Charrad MM. Women's agency across cultures: Conceptualizing strengths and boundaries. Womens Stud Int Forum. 2010 Nov 1;33(6):517–22.

336. Gallagher SK. Agency, Resources, and Identity. http://dx.doi.org/101177/0891243206296990 [Internet]. 2007 Apr 1 [cited 2023 Mar 26];21(2):227–49. Available from: https://journals.sagepub.com/doi/10.1177/0891243206296990

337. Haggard P, Eitam B. The sense of agency [Internet]. 2015 [cited 2023 Mar 26]. Available from: https://www.researchgate.net/publication/275581922

338. Bandura A. Toward a Psychology of Human Agency. https://doi.org/101111/j1745-6916200600011.x [Internet]. 2006 Jun 1 [cited 2023 Mar 26];1(2):164–80. Available from: https://journals.sagepub.com/doi/10.1111/j.1745-6916.2006.00011.x

339. Nisbett RE, Masuda T. Culture and point of view. Proc Natl Acad Sci U S A [Internet]. 2003 Sep 16 [cited 2023 Mar 26];100(19):11163–70. Available from: https://pubmed.ncbi.nlm.nih.gov/12960375/

340. Nisbett RE. The geography of thought : how Asians and Westerners think differently-- and why [Internet]. Free Press, New York; 2003 [cited 2023 Mar 25]. Available from: https://www.worldcat.org/title/geography-of-thought-how-asians-and-westerners-think-differently-and-why/oclc/55053743

341. Lerner G. The creation of patriarchy. 1986 [cited 2023 Mar 26];318. Available from: https://global.oup.com/academic/product/the-creation-of-patriarchy-9780195051858

342. Schmitt TM, Wirth HJ. Evidence that Gender Differences in Social Dominance Orientation Result from Gendered Self-Stereotyping and Group-Interested Responses to Patriarchy. Psychol Women Q. 2009 Dec;33(4):429–36.

343. Islam G. Social Identity Theory. Encycl Crit Psychol [Internet]. 2014 [cited 2023 Mar 26];1781–3. Available from: https://link.springer.com/referenceworkentry/10.1007/978-1-4614-5583-7_289

344. Sorensen N, Oyserman D. Collectivism, Effects on Relationships. Encycl Hum Relationships. 2009 Feb 21;

345. Yoon E, Lee DY, Koo YR, Yoo SK. A Qualitative Investigation of Korean Immigrant Women's Lives. Couns Psychol [Internet]. 2010 [cited 2023 Mar 26];38(4):523–53. Available from: https://pure.ewha.ac.kr/en/publications/a-qualitative-investigation-of-korean-immigrant-womens-lives

346. Calasanti T, De Vries B, Coyle C, Mutchler J, Costantini H, Roberts G. Doing Everything: Intersections of Gender and Sexual Orientation in Caregiving for a Spouse With Dementia. Innov Aging [Internet]. 2021 Dec 17 [cited 2023 May 18];5(Supplement_1):489–90. Available from: https://academic.oup.com/innovateage/article/5/Supplement_1/489/6466779

347. Buunk AP, Gibbons FX. Social comparison orientation: a new perspective on those who do and those who don't compare with others. Soc Comp Soc Psychol Underst Cogn Intergr Relations, Cult [Internet]. 2005 Jan 1 [cited 2023 Apr 22];15–32. Available from:

https://www.cambridge.org/core/books/social-comparison-and-social-psychology/social-comparison-orientation-a-new-perspective-on-those-who-do-and-those-who-dont-compare-with-others/E1E8D5770D6759EC436E0497BBCD45F4

348. Cross SE, Morris ML, Gore JS. Thinking about oneself and others: The relational-interdependent self-construal and social cognition. J Pers Soc Psychol. 2002;82(3):399–418.

349. Maddux WW, Brewer MB. Gender Differences in the Relational and Collective Bases for Trust. http://dx.doi.org/101177/1368430205051065 [Internet]. 2005 Apr 1 [cited 2023 Apr 22];8(2 SPEC. ISS.):159–71. Available from: https://journals.sagepub.com/doi/10.1177/1368430205051065

350. Onorato RS, Turner JC. Fluidity in the self-concept: the shift from personal to social identity. Eur J Soc Psychol [Internet]. 2004 May 1 [cited 2023 Apr 22];34(3):257–78. Available from: https://onlinelibrary.wiley.com/doi/full/10.1002/ejsp.195

351. Leopold D. Alienation. Stanford Encycl Philos , Edward N Zalta Uri Nodelman [Internet]. 2022 [cited 2023 May 20]; Available from: https://plato.stanford.edu/archives/win2022/entries/alienation/

352. Jaeggi R, Neuhouser F, Smith AE. Alienation. 2014;274.

353. Seeman M. On The Meaning of Alienation. Am Sociol Rev. 1959 Dec;24(6):783.

354. Greenwood N, Pound C, Brearley S, Smith R. A qualitative study of older informal carers' experiences and perceptions of their caring role. Maturitas [Internet]. 2019 Jun 1 [cited 2023 Mar 15];124:1–7. Available from: https://pubmed.ncbi.nlm.nih.gov/31097172/

355. Greenwood N, Mezey G, Smith R. Social exclusion in adult informal carers: A systematic narrative review of the experiences of informal carers of people with dementia and mental illness. Maturitas [Internet]. 2018 Jun 1 [cited 2023 Mar 15];112:39–45. Available from: https://pubmed.ncbi.nlm.nih.gov/29704916/

356. Vasileiou K, Barnett J, Barreto M, Vines J, Atkinson M, Lawson S, et al. Experiences of loneliness associated with being an informal caregiver: A qualitative investigation. Front Psychol [Internet]. 2017 Apr 19 [cited 2023 Mar 9];8(APR):585. Available from: http://journal.frontiersin.org/article/10.3389/fpsyg.2017.00585/full

357. Bergs D. "The Hidden Client"--women caring for husbands with COPD: their experience of quality of life. J Clin Nurs [Internet]. 2002 Sep [cited 2023 Mar 15];11(5):613–21. Available from: https://pubmed.ncbi.nlm.nih.gov/12201888/

358. Del Río-Lozano M, García-Calvente MDM, Marcos-Marcos J, Entrena-Durán F, Maroto-Navarro G. Gender identity in informal care: Impact on health in Spanish caregivers. Qual Health Res [Internet]. 2013 Nov [cited 2021 Jan 9];23(11):1506–20. Available from: https://pubmed.ncbi.nlm.nih.gov/24096518/

359. Russell R. In sickness and in health - A qualitative study of elderly men who care for wives with dementia. J Aging Stud [Internet]. 2001 [cited 2023 Mar 18];351–67. Available from: https://www.infona.pl//resource/bwmeta1.element.elsevier-a987c637-a705-3a5b-b352-d171310c3f5b

360. Levant RF, Richmond K. The gender role strain paradigm and masculinity ideologies. APA Handb men masculinities [Internet]. 2015 Jul 20 [cited 2023 Mar 18];23–49. Available from: https://app.dimensions.ai/details/publication/pub.1086918303

361. Milligan C, Morbey H. Care, coping and identity: Older men's experiences of spousal care-

giving. J Aging Stud. 2016 Aug 1;38:105–14.

362. Milligan C, Morbey H. Older men who care: understanding their support and support needs. 2013;

363. Sandberg J, Eriksson H. From alert commander to passive spectator: older male carers' experience of receiving formal support. Int J Older People Nurs [Internet]. 2009 Mar [cited 2023 Apr 6];4(1):33–40. Available from: https://pubmed.ncbi.nlm.nih.gov/20925799/

364. Fee A, McIlfatrick S, Ryan A. Examining the support needs of older male spousal caregivers of people with a long-term condition: A systematic review of the literature. Int J Older People Nurs [Internet]. 2020 Sep 1 [cited 2021 May 18];15(3):e12318. Available from: https://doi.org/10.1111/opn.12318wileyonlinelibrary.com/journal/opn

365. Muncer SJ, Ling J. Psychometric analysis of the empathy quotient (EQ) scale. Pers Individ Dif. 2006 Apr;40(6):1111–9.

366. Barnes LL, Mendes De Leon CF, Wilson RS, Bienias JL, Evans DA. Social resources and cognitive decline in a population of older African Americans and whites. Neurology [Internet]. 2004 Dec 28 [cited 2023 Apr 6];63(12):2322–6. Available from: https://pubmed.ncbi.nlm.nih.gov/15623694/

367. Wilson RS, Krueger KR, Arnold SE, Schneider JA, Kelly JF, Barnes LL, et al. Loneliness and risk of Alzheimer disease. Arch Gen Psychiatry [Internet]. 2007 Feb [cited 2023 Apr 6];64(2):234–40. Available from: https://pubmed.ncbi.nlm.nih.gov/17283291/

368. Heikkinen RL, Kauppinen M. Depressive symptoms in late life: A 10-year follow-up. Arch Gerontol Geriatr [Internet]. 2004 May [cited 2023 Apr 6];38(3):239–50. Available from: https://pubmed.ncbi.nlm.nih.gov/15066310/

369. Valtorta N, Hanratty B. Loneliness, isolation and the health of older adults: do we need a new research agenda? J R Soc Med [Internet]. 2012 Dec [cited 2023 Apr 6];105(12):518. Available from: /pmc/articles/PMC3536512/

370. Wenger GC, Burholt V. Changes in levels of social isolation and loneliness among older people in a rural area: a twenty-year longitudinal study. Can J Aging [Internet]. 2004 [cited 2023 May 18];23(2):115–27. Available from: https://pubmed.ncbi.nlm.nih.gov/15334812/

371. Lakey B, Cassady PB. Cognitive Processes in Perceived Social Support. J Pers Soc Psychol. 1990;59(2):337–43.

372. Weiss RS. Retirement, Marriage, and Social Isolation. http://dx.doi.org/101177/105413730501300107 [Internet]. 2005 Jan 1 [cited 2023 Apr 6];13(1):75–84. Available from: https://journals.sagepub.com/doi/abs/10.1177/105413730501300107

373. Boomsma DI, Willemsen G, Dolan C V., Hawkley LC, Cacioppo JT. Genetic and environmental contributions to loneliness in adults: the Netherlands twin register study. Behav Genet [Internet]. 2005 Nov [cited 2023 Apr 6];35(6):745–52. Available from: https://pubmed.ncbi.nlm.nih.gov/16273322/

374. Schulz R, Beach SR, Czaja SJ, Martire LM, Monin JK. Family Caregiving for Older Adults. Annu Rev Psychol [Internet]. 2020 Jan [cited 2023 Apr 26];71. Available from: /pmc/articles/PMC7291827/

375. Willis P, Vickery A, Symonds J. "You have got to get off your backside; otherwise, you'll never get out": older male carers' experiences of loneliness and social isolation. Int J Care Caring

[Internet]. 2020 Aug 1 [cited 2023 May 19];4(3):311–30. Available from: https://bristoluniversitypressdigital.com/view/journals/ijcc/4/3/article-p311.xml

376. Giesbrecht M, Williams AM, Ploeg J, Markle-Reid M. Feelings of distance and proximity: exploring the emotional geographies of men caregiving for family members with multiple chronic conditions Family Care Conferences for End of Life in Long-Term Care View project Launching Namaste Care, a hospice-like pro. 2017 [cited 2023 Apr 10]; Available from: http://dx.doi.org/10.1080/14649365.2017.1347957

377. Campbell LD, Carroll MP. The incomplete revolution: Theorizing gender when studying men who provide care to aging parents. Men Masc. 2007 Apr;9(4):491–508.

378. Doucet A. Do Men Mother? : Second Edition. 2018 [cited 2023 Apr 10];Second edition. Available from: https://utorontopress.com/9781487520519/do-men-mother

379. Holmes M. Men's Emotions. http://dx.doi.org/101177/1097184X14557494 [Internet]. 2015 Jun 15 [cited 2023 Apr 10];18(2):176–92. Available from: https://journals.sagepub.com/doi/10.1177/1097184X14557494

380. Latshaw BA. From Mopping to Mowing. http://dx.doi.org/101177/1060826515600880 [Internet]. 2015 Aug 16 [cited 2023 Apr 10];23(3):252–70. Available from: https://journals.sagepub.com/doi/10.1177/1060826515600880

381. Ahmed S. The Promise of Happiness. The Promise of Happiness. 2020 Oct 9;

382. Suppes A. Do Women Need to Have Children in Order to Be Fulfilled? A System Justification Account of the Motherhood Norm. https://doi.org/101177/1948550620909728 [Internet]. 2020 Apr 9 [cited 2023 Mar 30];11(7):999–1010. Available from: https://journals.sagepub.com/doi/10.1177/1948550620909728?icid=int.sj-abstract.citing-articles.53

383. Cuddy AJC, Fiske ST, Glick P. When professionals become mothers, warmth doesn't cut the ice. J Soc Issues [Internet]. 2004 [cited 2023 Mar 30];60(4):701–18. Available from: https://collaborate.princeton.edu/en/publications/when-professionals-become-mothers-warmth-doesnt-cut-the-ice

384. Robinson V. The accomplishment of happiness: feminism, pleasure, heterosexuality and consumption. https://doi.org/101080/0958923620161266999 [Internet]. 2016 Jan 2 [cited 2023 May 20];26(1):13–22. Available from: https://www.tandfonline.com/doi/abs/10.1080/09589236.2016.1266999

385. Bäckström B, Asplund K, Sundin K. The meaning of middle-aged female spouses' lived experience of the relationship with a partner who has suffered a stroke, during the first year postdischarge. Nurs Inq [Internet]. 2010 Sep [cited 2023 Mar 15];17(3):257–68. Available from: https://pubmed.ncbi.nlm.nih.gov/20712664/

386. Pillemer S, Davis J, Tremont G. Gender effects on components of burden and depression among dementia caregivers. 2018 Sep 2 [cited 2022 Oct 20];22(9):1156–61. Available from: https://pubmed.ncbi.nlm.nih.gov/28604059/

387. Tone EB, Tully EC. Empathy as a "Risky Strength": A Multilevel Examination of Empathy and Risk for Internalizing Disorders. Dev Psychopathol. 2014;26(2):1547–65.

388. Eisenberg N, Miller PA. The Relation of Empathy to Prosocial and Related Behaviors. Psychol Bull. 1987;101(1):91–119.

389. Zahn-Waxler C, Van Hulle C. Empathy, guilt, and depression: When caring for others becomes

costly to children. 2012 [cited 2023 Mar 16]; Available from: https://psycnet.apa.org/record/2012-04471-025

390. Michalska KJ, Kinzler KD, Decety J. Age-related sex differences in explicit measures of empathy do not predict brain responses across childhood and adolescence. Dev Cogn Neurosci [Internet]. 2013 Jan [cited 2023 Mar 16];3(1):22–32. Available from: https://pubmed.ncbi.nlm.nih.gov/23245217/

391. Decety J, Fotopoulou A. Why empathy has a beneficial impact on others in medicine: unifying theories. Front Behav Neurosci [Internet]. 2014 Jan 14 [cited 2023 Mar 21];8(JAN). Available from: /pmc/articles/PMC4294163/

392. Wilkinson H, Whittington R, Perry L, Eames C. Examining the relationship between burnout and empathy in healthcare professionals: A systematic review. Burn Res [Internet]. 2017 Sep 1 [cited 2023 Mar 19];6:18–29. Available from: https://pubmed.ncbi.nlm.nih.gov/28868237/

393. Lee HS, Brennan PF, Daly BJ. Relationship of empathy to appraisal, depression, life satisfaction, and physical health in informal caregivers of older adults. Res Nurs Heal 24(1), 44–56 [Internet]. 2001 [cited 2023 Mar 19]; Available from: https://psycnet.apa.org/record/2001-14465-005

394. Jütten LH, Mark RE, Sitskoorn MM. Empathy in informal dementia caregivers and its relationship with depression, anxiety, and burden. Int J Clin Health Psychol [Internet]. 2019 Jan 1 [cited 2023 Mar 19];19(1):12–21. Available from: https://pubmed.ncbi.nlm.nih.gov/30619493/

395. Hua AY, Wells JL, Brown CL, Levenson RW. Emotional and Cognitive Empathy in Caregivers of Persons with Neurodegenerative Disease: Relationships with Caregiver Mental Health. Clin Psychol Sci a J Assoc Psychol Sci [Internet]. 2021 May [cited 2023 Mar 17];9(3). Available from: https://pubmed.ncbi.nlm.nih.gov/34194871/

396. Collins RN, Kishita N. The Effectiveness of Mindfulness- and Acceptance-Based Interventions for Informal Caregivers of People With Dementia: A Meta-Analysis. Gerontologist [Internet]. 2019 Jul 16 [cited 2022 Oct 21];59(4):e363–79. Available from: https://academic.oup.com/gerontologist/article/59/4/e363/4960915

397. Green TL, King KM. Experiences of male patients and wife-caregivers in the first year post-discharge following minor stroke: a descriptive qualitative study. Int J Nurs Stud [Internet]. 2009 Sep [cited 2023 Mar 15];46(9):1194–200. Available from: https://pubmed.ncbi.nlm.nih.gov/19303597/

398. Boltz M, Chippendale T, Resnick B, Galvin JE. Anxiety in family caregivers of hospitalized persons with dementia: Contributing factors and responses. Alzheimer Dis Assoc Disord [Internet]. 2015 Sep 7 [cited 2023 Apr 7];29(3):236. Available from: /pmc/articles/PMC4714710/

399. Menon B, Salini P, Habeeba K, Conjeevaram J, Munisusmitha K. Female Caregivers and Stroke Severity Determines Caregiver Stress in Stroke Patients. Ann Indian Acad Neurol [Internet]. 2017 Oct 1 [cited 2023 Apr 7];20(4):418. Available from: /pmc/articles/PMC5682751/

400. Ainamani HE, Alele PE, Rukundo GZ, Maling S, Wakida EK, Obua C, et al. Caring for people with dementia in rural Uganda: qualitative study of caregiving burden experienced by informal and formal caregivers. J Glob Heal Reports [Internet]. 2020 Jun 16 [cited 2023 Apr 7];4:e2020038. Available from: https://doi.org/10.29392/001c.12848

401. Hays S. The cultural contradictions of motherhood [Internet]. Yale University Press; 1996

[cited 2023 Apr 23]. 252 p. Available from: https://yalebooks.yale.edu/9780300076523/the-cultural-contradictions-of-motherhood

402. Liss M, Schiffrin HH, Rizzo K, Uk A. Maternal Guilt and Shame: The Role of Self-discrepancy and Fear of Negative Evaluation CORE View metadata, citation and similar papers at core. 2013 [cited 2023 Mar 27]; Available from: https://scholar.umw.edu/psychological_science

403. Liebow N. Internalized Oppression and Its Varied Moral Harms: Self-Perceptions of Reduced Agency and Criminality. Hypatia. 2016 Sep 1;31(4):713–29.

404. Bartky SL. Bartky Foucault Feminity and The Modernization [Internet]. Vol. 1, Femininity and Domination. 1990 [cited 2023 Apr 24]. 25–45 p. Available from: https://www.routledge.com/Femininity-and-Domination-Studies-in-the-Phenomenology-of-Oppression/Bartky/p/book/9780415901864

405. O'Connor LE, Berry JW, Lewis T, Mulherin K, Crisostomo PS. Empathy in Mental Illness: Empathy and depression: the moral system on overdrive. Empathy Ment Illn. 2007 Jan 1;49–75.

406. Bruno S, Lutwak N, Agin MA. Conceptualizations of guilt and the corresponding relationships to emotional ambivalence, self-disclosure, loneliness and alienation. Pers Individ Dif. 2009 Oct;47(5):487–91.

407. Gallego-Alberto L, Losada A, Cabrera I, Romero-Moreno R, Pérez-Miguel A, Pedroso-Chaparro MDS, et al. "I Feel Guilty". Exploring Guilt-Related Dynamics in Family Caregivers of People with Dementia. Clin Gerontol [Internet]. 2022 [cited 2023 Mar 9];45(5):1294–303. Available from: https://doi.org/10.1080/07317115.2020.1769244

408. Chhuom TW, Thompson HJ. Older Spousal Dyads and the Experience of Recovery in the Year Following Traumatic Brain Injury. J Neurosci Nurs [Internet]. 2021 Apr 4 [cited 2023 Apr 10];53(2):57. Available from: /pmc/articles/PMC7933048/

409. Brea MT, Albar MJ, Casado-Mejia R. Gendering Guilt among Dependent Family Members' Caregivers. Span J Psychol [Internet]. 2016 Feb 18 [cited 2023 Mar 20];19:E80. Available from: https://www.cambridge.org/core/journals/spanish-journal-of-psychology/article/abs/gendering-guilt-among-dependent-family-members-caregivers/70C468A7CD14F4C47F63637FDD887412

410. Mancini F, Gangemi A. Deontological and Altruistic Guilt Feelings: A Dualistic Thesis. Front Psychol. 2021 Jun 22;12:2118.

411. Carnì S, Petrocchi N, Del Miglio C, Mancini F, Couyoumdjian A. Intrapsychic and interpersonal guilt: A critical review of the recent literature. Cogn Process [Internet]. 2013 Nov 4 [cited 2023 May 19];14(4):333–46. Available from: https://link.springer.com/article/10.1007/s10339-013-0570-4

412. Higgins ET. Self-Discrepancy: A Theory Relating Self and Affect. Psychol Rev. 1987;94(3):319–40.

413. Rogers C. A Theory of Therapy, Personality, and Interpersonal Relationships: [Internet]. New York, NY: McGraw-Hill.; 1959 [cited 2023 May 20]. Available from: https://books.google.gr/books/about/A_Theory_of_Therapy_Personality_and_Inte.html?id=zsIBtwAACAAJ&redir_esc=y

414. Korsgaard CM. The Sources of Normativity [Internet]. 1996 [cited 2023 Mar 27]. Available from: https://philpapers.org/rec/KORTSO-3

415. Kohlberg L. The development of modes of moral thinking and choice in the years 10 to 16 /. 1958.

416. Gilligan C. In a different voice : psychological theory and women's development. 1982 [cited 2023 Mar 20];184. Available from: https://www.hup.harvard.edu/catalog.php?isbn=9780674970960

417. Fumagalli M, Ferrucci R, Mameli F, Marceglia S, Mrakic-Sposta S, Zago S, et al. Gender-related differences in moral judgments. Cogn Process. 2010 Aug;11(3):219–26.

418. Jaffee S, Hyde JS. Gender differences in moral orientation: a meta-analysis. Psychol Bull [Internet]. 2000 [cited 2023 May 20];126(5):703–26. Available from: https://pubmed.ncbi.nlm.nih.gov/10989620/

419. Blasi A. Moral cognition and moral action: A theoretical perspective. Dev Rev. 1983 Jun 1;3(2):178–210.

420. Goler T, Bhatta T, Lekhak N, Kahana E. GENDER AND MORAL CONFLICT. Gerontologist [Internet]. 2016 Nov 1 [cited 2023 Mar 29];56(Suppl_3):625–625. Available from: https://academic.oup.com/gerontologist/article/56/Suppl_3/625/2575963

421. Shabot SC. From Women's Sacrifice to Feminist Sacrifice: Medicalized Birth and "Natural" Birth versus Woman-Centered Birth. Interdiscip J Relig Transform Contemp Soc [Internet]. 2022 Dec 6 [cited 2023 Apr 2];8(2):416–34. Available from: https://brill.com/view/journals/jrat/8/2/article-p416_12.xml

422. Bélanger JJ, Schumpe BMM, Menon B, Ng JC, Nociti N. Self-Sacrifice for a Cause: A Review and an Integrative Model. In: The SAGE Handbook of Personality and Individual Differences: Volume II: Origins of Personality and Individual Differences [Internet]. 2018 [cited 2023 Apr 18]. p. 465–85. Available from: https://www.academia.edu/35501749/Self_Sacrifice_for_a_Cause_A_Review_and_an_Integrative_Model

423. Le BM, Impett EA. When holding back helps: suppressing negative emotions during sacrifice feels authentic and is beneficial for highly interdependent people. Psychol Sci [Internet]. 2013 [cited 2023 Apr 12];24(9):1809–15. Available from: https://pubmed.ncbi.nlm.nih.gov/23846717/

424. Whitton SW, Stanley SM, Markman HJ. If I Help My Partner, Will It Hurt Me? Perceptions of Sacrifice in Romantic Relationships. https://doi.org/101521/jscp200726164 [Internet]. 2007 Mar 2 [cited 2023 Apr 12];26(1):64–92. Available from: https://guilfordjournals.com/doi/10.1521/jscp.2007.26.1.64

425. Elliot AJ, Eder AB, Harmon-Jones E. Approach-avoidance motivation and emotion: Convergence and divergence. Emot Rev. 2013;5(3):308–11.

426. Groenhout RE, Bower M. I Can't Say No: Self-Sacrifice and an Ethics of Care. Philos Fem faith. 2003;302.

427. Cawston A, Archer A. Rehabilitating Self-Sacrifice: Care Ethics and the Politics of Resistance. Int J Philos Stud [Internet]. 2018 May 27 [cited 2023 Apr 14];26(3):456–77. Available from: https://www.tandfonline.com/action/journalInformation?journalCode=riph20

428. Neufeld A, Harrison MJ. Men as caregivers: reciprocal relationships or obligation? J Adv Nurs [Internet]. 1998 [cited 2023 May 20];28(5):959–68. Available from: https://pubmed.ncbi.nlm.nih.gov/9840867/

429. Del-Pino-Casado R, Frías-Osuna A, Palomino-Moral PA. Subjective burden and cultural motives for caregiving in informal caregivers of older people. J Nurs Scholarsh an Off Publ Sigma Theta Tau Int Honor Soc Nurs [Internet]. 2011 Sep [cited 2023 May 20];43(3):282–91. Available from: https://pubmed.ncbi.nlm.nih.gov/21884374/

430. van Wees M, Duijs SE, Mazurel C, Abma TA, Verdonk P. Negotiating masculinities at the expense of health: A qualitative study on men working in long-term care in the Netherlands, from an intersectional perspective. Gender, Work Organ [Internet]. 2023 [cited 2023 May 20]; Available from: https://onlinelibrary.wiley.com/doi/full/10.1111/gwao.12952

431. Jordan A. Masculinizing Care? Gender, Ethics of Care, and Fathers' Rights Groups. https://doi.org/101177/1097184X18776364 [Internet]. 2018 May 22 [cited 2023 May 20];23(1):20–41. Available from: https://journals.sagepub.com/doi/10.1177/1097184X18776364

432. Lopez–anuarbe M, Kohli P. Understanding Male Caregivers' Emotional, Financial, and Physical Burden in the United States. Healthcare [Internet]. 2019 Jun 1 [cited 2023 Apr 5];7(2). Available from: /pmc/articles/PMC6627587/

433. Campbell LD. Sons who care: Examining the experience and meaning of filial caregiving for married and never-married sons. 2010 [cited 2021 Jan 9];29(1):73–84. Available from: https://pubmed.ncbi.nlm.nih.gov/20202266/

434. Acton HB. The Moral Motive. Kant's Moral Philos [Internet]. 1970 [cited 2023 Mar 28];30–4. Available from: https://link.springer.com/chapter/10.1007/978-1-349-00761-5_6

435. Campbell J. Kantian Conceptions of Moral Goodness. Can J Philos [Internet]. 1983 Jan 1 [cited 2023 Apr 24];13(4):527–50. Available from: https://philpapers.org/rec/CAMKCO

436. Bigazzi S, Csernus F, Siegler A, Bokrétás I, Serdült S, Ilea I, et al. ARENA OF VALUES Social Representations of Heroes: Triggers from the Past, Values in the Present, Patterns for the Future. Hum Arenas [Internet]. 2021 [cited 2023 Apr 14]; Available from: https://doi.org/10.1007/s42087-021-00248-5

437. Campbell J. The Hero Whit A Thousand Faces. New World Library; 1949. 417 p.

438. Feldman G. Making sense of agency: Belief in free will as a unique and important construct. Soc Personal Psychol Compass [Internet]. 2017 Jan 1 [cited 2023 Apr 18];11(1):e12293. Available from: https://onlinelibrary.wiley.com/doi/full/10.1111/spc3.12293

439. Kane R. Free Will: New Directions for an Ancient Problem: A Reply to Allen and Rogers [Internet]. 2007 [cited 2023 Apr 19]. Available from: https://philpapers.org/rec/KANFWN

440. Nichols S. The Folk Psychology of Free Will: Fits and Starts. Mind Lang [Internet]. 2004 Nov 1 [cited 2023 Apr 19];19(5):473–502. Available from: https://onlinelibrary.wiley.com/doi/full/10.1111/j.0268-1064.2004.00269.x

441. Heyd D. Supererogation. 2008 [cited 2023 Apr 17]; Available from: https://plato.stanford.edu/entries/supererogation/#TwoFacMorValDut

442. Urmson JO. Saints and heroes [Internet]. 1958 [cited 2023 Apr 19]. Available from: https://philpapers.org/rec/URMSAH

443. Pybus EM. Saints and Heroes. Philosophy [Internet]. 1982 [cited 2023 May 20];57(220):193–9. Available from: https://philpapers.org/rec/PYBSAH

444. Jacobs RA. Obligation, Supererogation and Self-sacrifice. Philosophy [Internet]. 1987 [cited 2023 Apr 15];62(239):96–101. Available from:

https://www.cambridge.org/core/journals/philosophy/article/abs/obligation-supererogation-and-selfsacrifice/CF718D3AA0852C158DE3A4B1305E3458

445. Dugas M, Bélanger JJ, Moyano M, Schumpe BM, Kruglanski AW, Gelfand MJ, et al. The quest for significance motivates self-sacrifice. Motiv Sci. 2016 Mar;2(1):15–32.

446. Kruglanski AW, Molinario E, Jasko K, Webber D, Leander NP, Pierro A. Significance-Quest Theory. https://doi.org/101177/17456916211034825 [Internet]. 2022 Feb 8 [cited 2023 Apr 19];17(4):1050–71. Available from: https://journals.sagepub.com/doi/10.1177/17456916211034825

447. McGoldrick PM. Saints and Heroes: A Plea for the Supererogatory. Philosophy [Internet]. 1984 [cited 2023 Apr 19];59(230):523–8. Available from: https://www.cambridge.org/core/journals/philosophy/article/abs/saints-and-heroes-a-plea-for-the-supererogatory/DF5BE2FA97A634D40135167FE61B30FF

448. Van Lange PAM, Drigotas SM, Rusbult CE, Arriaga XB, Witcher BS, Cox CL. Willingness to sacrifice in close relationships. J Pers Soc Psychol. 1997;72(6):1373–95.

449. Day LC, Impett EA. Giving when it costs. https://doi.org/101177/0265407517694965 [Internet]. 2017 Feb 27 [cited 2023 Apr 12];35(5):722–42. Available from: https://journals.sagepub.com/doi/10.1177/0265407517694965

450. Impett EA, Javam L, Le BM, Asyabi-Eshghi B, Kogan A. The joys of genuine giving: Approach and avoidance sacrifice motivation and authenticity. Pers Relatsh [Internet]. 2013 Dec 1 [cited 2023 May 19];20(4):740–54. Available from: https://onlinelibrary.wiley.com/doi/full/10.1111/pere.12012

451. Wright PM, O'Leary-Kelly AM, Cortina JM, Klein HJ, Hollenbeck JR. On the Meaning and Measurement of Goal Commitment. J Appl Psychol. 1994;79(6):795–803.

452. Krebs D, Miller D. Altruism and Egoism: A False Dichotomy? . Handb Soc Psychol New York Random House [Internet]. 1985 [cited 2023 May 20]; Available from: https://www.jstor.org/stable/1449250

453. Zarzycki M, Morrison V, Bei E, Seddon D. Cultural and societal motivations for being informal caregivers: a qualitative systematic review and meta-synthesis. Health Psychol Rev [Internet]. 2022 [cited 2023 Mar 31]; Available from: https://www.tandfonline.com/action/journalInformation?journalCode=rhpr20

454. Corey KL, McCurry MK. An exploration of caregiver choice through the lens of Sartrean existentialism. Nurs Philos [Internet]. 2017 Oct 1 [cited 2023 Mar 31];18(4). Available from: https://pubmed.ncbi.nlm.nih.gov/28164420/

455. Eagly AH. Sex differences in social behavior: A social-role interpretation [Internet]. Lawrence Erlbaum; 1987 [cited 2023 May 28]. Available from: https://www.scholars.northwestern.edu/en/publications/sex-differences-in-social-behavior-a-social-role-interpretation

456. Bem SL. Gender schema theory: A cognitive account of sex typing. Psychol Rev. 1981 Jul;88(4):354–64.

457. Ryan MK, David B. Gender Differences in Ways of Knowing: The Context Dependence of the Attitudes toward Thinking and Learning Survey. Sex Roles [Internet]. 2003 Dec [cited 2023 May 28];49(11–12):693–9. Available from: https://link.springer.com/article/10.1023/B:SERS.0000003342.16137.32

458. Falomir-Pichastor JM, Hegarty P. Maintaining distinctions under threat: Heterosexual men endorse the biological theory of sexuality when equality is the norm. Br J Soc Psychol [Internet]. 2014 Dec 1 [cited 2023 May 28];53(4):731–51. Available from: https://onlinelibrary.wiley.com/doi/full/10.1111/bjso.12051

459. Bem SL. Dismantling Gender Polarization and Compulsory Heterosexuality: Should We Turn the Volume Down or Up? J Sex Res. 1995 Jan 1;32(4):329–34.

460. Minton HL. Queer Theory: Historical Roots and Implications for Psychology. Theory Psychol. 1997;7(3):337–53.

461. Hegarty P. Materializing the Hypothalamus: A Performative Account of the `Gay Brain'. http://dx.doi.org/101177/0959353597073009 [Internet]. 1997 Aug 1 [cited 2023 May 28];7(3):355–72. Available from: https://journals.sagepub.com/doi/10.1177/0959353597073009

462. Howard JA. Social Psychology of Identities. https://doi.org/101146/annurev.soc261367 [Internet]. 2003 Nov 28 [cited 2023 May 22];26:367–93. Available from: https://www.annualreviews.org/doi/abs/10.1146/annurev.soc.26.1.367

463. Bernard HR. Research methods in anthropology : qualitative and quantitative approaches /. 5th ed. Lanham, Md. : AltaMira Press,; 2011.

464. Tongco MDC. Purposive sampling as a tool for informant selection. Ethnobot Res Appl. 2007;5:147–58.