



The experience of sons caring for a parent with dementia

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Abstract

This study explored the experiences of sons caring for a parent with dementia. Individual, semi-structured interviews were conducted with a purposeful sample of sons ($n = 13$) in a rural part of Ireland. Interviews were audiotaped, transcribed verbatim and analysed for common themes. The key themes that emerged were 'the parental bond', 'a binding role', 'coordinating care and support' and a 'getting on with it' approach to care. The study highlighted the commitment of sons to their caregiving role and the strong sense of duty that motivated them to provide care. The findings suggested that while many aspects of the caregiving experience such as lack of information and support are gender neutral, there are differences in the caregiving experiences of men and women in how they view their relationship with their parent and in the management of their caregiving role that merit further investigation.

Keywords

caregiver, caring, dementia, sons, parent, role

Introduction

According to Neufeld and Kushner (2009), most research on male caregiving has addressed spousal caregivers (Cahill, 2000; Kramer, 1997, 2000; Pretorius, Walker, & Malan Heyns, 2009), with limited studies on sons in a caregiving role. In a review of the literature on male carers, Houde (2002) reported a lack of analysis by gender and family relationship. Notable exceptions include studies examining the impact of culture on men as carers (Delgado & Tennstedt, 1997; Harris, 1999). Delgado and Tennstedt (1997) found that sons fulfilled the same caregiving responsibilities as daughters but highlighted the need for more research on men in a caregiving role. Campbell and Carroll (2007) argued that from a societal perspective, caregiving is gendered while others point out that, in general, women provide

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more care than men (Pretorius et al., 2009; Shanks-McElroy & Strobino, 2001). This is partially explained by the stereotypical view that associates women with nurturing (Gallicchio, Nauman, Langenberg, & Baumgarten, 2002).

According to Russell (2001), men have been described as incapable and inefficient in their role as carers. Other studies contradict this viewpoint (Cahill, 2000; Kisi, Hervonen, & Jylka, 2004; Pretorius et al., 2009; Russell, 2007a) with evidence to suggest that men are more capable and willing to perform hands on personal care than had been reported previously (Cahill, 2000; Harris, 1993; Parsons, 1997; Russell, 2007b).

There is evidence to suggest that the type of caregiving and its effects are different for men and women (Connell, Janevic, & Gallant, 2001; Eters, Goodall, & Harrison, 2008; Gallicchio et al., 2002; Mannion, 2008). This was supported by other researchers (Brown, Chen, Mitchell, & Province, 2007; Papastavrou, Kalokerinou, Papacostas, Tsangari, & Sourtzi, 2007) who reported that women displayed higher scores of burden, with daughters particularly vulnerable (Coen, O'Boyle, Coakley, & Lawlor, 2002). Gender-specific issues highlighted in the literature suggest that men experience less emotional, physical and psychological distress than their female counterparts (Gallicchio et al., 2002; Kramer, 2000; Yee & Schulz, 2000). Hagedoorn, Sanderman, Buunk, and Wobbes (2002) argued that women are inclined to worry about things and therefore experience more anxiety. A Japanese study (Sugiura, Ito, & Mikami, 2004) used questionnaires to evaluate gender differences of family caregivers ($n = 868$) and concluded that female carers spent more time providing care and performed a greater number of care activities. The average scores for burden and depression were also higher for females in the study. A study by Pretorius et al. (2009) reported that men believed that their caregiving role took from the time they had for themselves whereas women felt deprived of social or relational factors (Adams, 2006). It has also been suggested that men appeared to adopt a task oriented approach to care while still managing to blend the practical side of caring with the nurturing element therein (Pretorius et al., 2009; Russell, 2007a).

Harris (1999) and Sanders and McFarland (2002) investigated sons' perceptions of their caregiving role. They found that sons experienced a multiplicity of personal and professional conflict as they acquired new roles and responsibilities in their endeavours to gain access to vital services for their parent with dementia. Harris (1999) revealed common themes and a typology of sons. Common themes included duty, acceptance, taking charge, common emotions and work flexibility. The typology of sons as caregivers that emerged included the dutiful son, the one who goes the extra mile, the strategic planner and the son who shares the care. Parental bonding and sons was the focus in studies by Daire (2002, 2004) who suggested that sons who had a stronger childhood bond with a parent experienced less distress in their caregiving role than sons who did not have the same degree of bonding.

While there is an increasing amount of research on male carers, there remains a paucity of evidence about the experience of sons caring for a parent with dementia (Sanders & McFarland, 2002) and this study sought to address this imbalance.

Methods

The aim of the study was to explore the experiences of sons caring for a parent with dementia. The research sought answers to the following questions:

- What are the factors that predispose sons to take on a caregiving role?

- How do sons manage their caregiving role?
- How do sons feel about their caregiving role?
- How does a caregiving role impact on other aspects of a son's life?

Research design

A qualitative approach using in depth interviews was selected as the most appropriate research design. Research methods that delve deeply into experiences, social processes and subcultures are referred to as qualitative research methods (Brown, 2012). The focus is exploratory and descriptive and the intention is not the generalisation of findings, but rather a deeper understanding of the experience from the perspective of participants (Munhall, 2012). As this study addressed an emotive topic, a qualitative approach was deemed most appropriate.

Participants

The sample comprised a purposeful sample of sons caring for a parent with dementia in a predominantly rural part of Ireland who were willing and able to participate in the study. Participants were either the primary carer with responsibility for all aspects of care or sons who were actively involved with other family members in a caregiving role. Both co-habiting and non-cohabiting sons were included in the study. Access to sample was obtained through the assistance of the Carers Association and the Alzheimer's Association. A cover letter was sent to the managers of both organisations asking them to make initial contact with potential participants. This was followed by an information pack that contained information about the study, which managers then forwarded to interested participants. Written consent was obtained prior to commencement of the interviews and participants were informed of their right to terminate the interview or withdraw from the study at any time.

Ethical considerations

Ethical approval was sought from the local regional ethics committee and from the University of Ulster. The main ethical considerations pertained to informed consent, confidentiality and anonymity. The authors anticipated that some participants may have found the interview stressful so counselling was available if required.

Data collection

The interviews were held between March and July 2010 and data were generated through interactions between the interviewer and interviewee. Individual, semi-structured interviews were used to address the study's objectives using an interview schedule. The order of the questions depended on the individual interview. Open-ended questions were used and participants were asked to relay their experience of caring for a parent with dementia. All interviews were audio-taped and while the duration varied, most were completed within an hour.

Data analysis

Data were analysed using Colaizzi's (1978) seven-stage process. This is an analysis framework which works on chunks of verbatim quotes with undue repetitions left out. It occurred as follows: (1) the participants' narratives were read to get a feel for their ideas in an effort to understand them. (2) The researcher extracted words and sentences relating to the phenomenon under study, this is called extracting significant statements. (3) Meanings were then formulated for each significant statement. (4) This was repeated for each description from the participants. These formulated meanings were then organised into clusters of themes. (5) The resulting ideas were then formulated into an exhaustive description of the phenomenon under study. (6) These were then reduced to an essential structure. (7) Finally the researcher returned to the participants to validate findings (Holloway & Wheeler, 1996).

Establishing rigour

The rigor of the study was ensured by following the 'trustworthiness' criteria proposed by Lincoln and Guba (1985), which focuses on the credibility, dependability, confirmability and transferability of the research findings. In accordance with the recommendations of Guba and Lincoln (1989), credibility was established by providing a clear audit trail of the research process, with a particular focus on methodology and analysis. Dependability was achieved by demonstrating the appropriateness of the methodological decisions. The researchers worked in the field of dementia care and were mindful of any potential bias. Therefore prior knowledge, experience and beliefs were set aside until themes had emerged and this enhanced confirmability. Transferability, the final criterion relates to how findings from one environment may be relevant to another. This was achieved in this study by careful content analysis and the use of direct quotations.

Independent verification of the data was achieved through a process of member checking and peer review. As part of the data analysis process, participants were contacted and asked if they recognised their experience from the description given to them. Research objectivity was also achieved through a process of peer review where both authors coded transcripts independently and then evaluated emergent themes. While there is evidence to support (Morse, 2003) and challenge (Munhall, 2012) the benefits of data verification, the process enhanced the rigor of this study as the researchers were exposed to other possible interpretations of the data. In accordance with the views of Barbour (2001) the level of agreement between researchers was not the issue but rather, the process of data verification that encouraged 'thoroughness, both in interrogating the data at hand and in providing an account of how an analysis was developed' (p. 1116).

Findings

Twenty-nine information packs were distributed by managers. Thirteen sons did not reply, two refused, one did not qualify as their parent had entered long-term care and the remaining thirteen agreed to participate in the study. The sons were aged between 32 and 60 years of age. The mean age was 48 years. All were Caucasian, twelve provided care to a mother and one to a father with dementia. The duration of the caregiving role ranged between 2 and 5 years. All of the participants had siblings. Six had sisters only, one had a brother and the remaining six had both brothers and sisters. In addition to their caregiving

role, ten of the sons were working outside the home, six as farmers. Two of the sons had to give up their career as a result of caring responsibilities and one was retired.

The parents' ages ranged from 79 to 95 years and comprised one widower, eleven widows and one married couple (living with their son in his house). Five of the parents were living alone in their own home but their sons resided less than an hour away. One parent rotated between the homes of her son and daughter. Three of the parents lived in their own home with their son and three parents were cared for in their own homes by their sons who lived elsewhere. One parent lived in the son's house.

Themes

This study explored the experience of sons caring for a parent with dementia. Some of the themes that emerged from the study were not specific to men in a caregiving role but rather to caregiving in general. These themes included a lack of information and support and have been well documented in the caregiving literature (Davies, 2001; Ryan & Scullion, 2000). This paper will focus on the four themes that appeared to be more specific to sons and their experience of caring for a parent with dementia. These were the *parental bond*, a *binding role*, *coordinating care and support* and *getting on with it*.

Parental bond

Sons in this study demonstrated a strong sense of love, devotion, loyalty and respect for their parent with dementia. They displayed a willingness to take on the role and to be there for their parent. Six of the participants were the only son in the family and had a close relationship with their mother. One son described the role as '*voluntary, done out of love*'. Two of the sons interviewed stated that the early death of their father added to the bond they had with their mother as a result of shared and meaningful experiences. The sons had a strong sense of duty and derived satisfaction from their caring role in the belief that they were '*doing the best*' and giving something back to their parents.

We always had a good strong relationship. When my father died she worked long and hard for us... I owe her. (Interview 1)

Mother was always there for us... we were her life and she done everything for us and now we are going to do everything we can for her... its payback time. (Interview 8)

Other sons expressed satisfaction in their caregiving roles.

I love looking after her I feel I owe her that much and I like doing it... it is only what mother deserves and that's it at the end of the day. (Interview 3)

To be able to do this for her gives me a sense of living up to her wishes. (Interview 13)

In the following quotation a son acknowledges the care devoted to him by his mother and now he is more than willing to return it to her:

We were her life. And to an extent she probably is ours but like everything she has done for us it's just something to give back to her. (Interview 8)

Maintaining the person at home for as long as it was possible was part of 'doing right' by the parent. Perhaps, because of the parental bond, some of the sons stated that they would not

like to see their parent going into a nursing home as they believed that being cared for in a familiar environment was in the best interest of their parents.

If she was not in her own environment she would not be so well. (Interview 3)

As long as I can I will look after her but I would not like to put her into care I don't think about that. (Interview 2)

A binding role

Closely associated with the parental bond was the way in which sons perceived their role as caregivers. Three of the sons described the gradual development of their caregiving role which came about over time as the needs of the parent changed resulting in a greater level of dependence. Sons considered this a time of readjustment and realisation of the impact of their parents' dementia on their lives. While sons were committed to their caring role, they referred to the role as '*binding*' and found it difficult to detach themselves from it. Even when they were not with their parent, they invariably found themselves wondering how things were going and if everything was alright. They appeared to be unable to switch off from their role because of their innate sense of caring and this was something they had no control over. As the disease progressed it exerted more control over the parents and as a result, the sons. This did not happen all at once but rather evolved over time.

Always on your mind . . . at the back of your mind, thinking about getting back and is everything ok. (Interview 1)

You are on a curfew . . . it's like doing a life sentence. (Interview 4)

Co-habiting sons spoke of the vigilance and awareness involved in caring for their parent and being in a constant state of forever listening, watching and being aware of changes that may indicate that something was wrong. Non co-habiting sons were also very much aware of potential hazards and were vigilant in other ways as illustrated in the following quotations:

Must have the mobile turned on in case anything happened. (Interview 6)

You are aware all of the time . . . you don't have peace of mind. (Interview 2)

If the phone rings at night the first thing on my mind is . . . is mam ok? (Interview 12)

Sons were frank in their acknowledgement of the restrictions imposed on them as a result of their caregiving role, particularly in relation to travel plans or attendance at events. They stated that it was impossible to plan anything as things could only be arranged on a daily basis and 'work it from there'. Sons also spoke of the problems trying to organise a replacement if something unexpected came up such as a funeral as illustrated by the following quotation:

You hear people planning a week ahead . . . going somewhere or doing something but that's not me . . . I am limited where I can go . . . the problem is trying to get someone to look after my mother. (Interview 2)

Sons described their caregiving role as all engrossing and consuming particularly for those who were living with their parent. They referred to an inability to continue with recreations, activities and hobbies such as going to the pub, golf or shooting.

I care for her one hundred per cent of my time . . . no time for anything else . . . had to give it all up. (Interview 4)

Never get the chance to go out, meet people or chat. (Interview 10)

Hobbies were seen as a means to escape and refresh oneself. They were seen as a means to meet people and to do normal everyday things. In order to be able to engage in such activities and to derive real benefit from them, sons needed support from other family members. This support was not always forthcoming.

I go to the pub two nights a week, I don't drink either I just go to socialize, to get out. (Interview 10)

In relation to socialising and going out as a means of relaxation, the youngest son in the study saw the role as interfering with personal relationships and how he was perceived by others when he revealed the role he played in caring:

Your social life and your work have to stop . . . even relationships . . . telling a person that you are caring for your mother . . . they look at you as if to say "that's not a job for a man". (Interview 4)

Coordinating care and support

Five of the sons received little or no assistance from siblings. The remaining eight sons were caring with varying degrees of assistance from their siblings. This assistance or negotiated care had enabling or disabling effects on the sons. Sibling relationships impacted on the coordination of care and resulted in some families working well together but others failing to do so. Some participants felt that sibling involvement could be better and they expressed a sense of annoyance and frustration with their siblings for not helping out or doing more. The following quotation highlighted this:

Why it is always one has to seek help from those who should be there for you, why should I have to ask them to come to do what they should be doing themselves, I would like more support from family . . . ringing them to come to do what they should be doing . . . it takes the good out of it. (Interview 7)

We never sat down and agreed between us what are you going to do or not do. (Interview 11)

To get everyone to sit down and talk about it is impossible . . . it is as if there is a sense of fear with some of them that they just don't want to hear. (Interview 12)

The caring role was equated with taking from one area in life to give to another at great cost to family life and relationships with children. This resulted in stress and pressure as sons tried to divide out their time. Two sons who were married with children conveyed this in the following quotations:

Stressful on family life and on family activities . . . time was taken from here to care. (Interview 3)

There is fallout from looking after him . . . my family feel the stress as well as me . . . You are giving to one and taking from the other. (Interview 5)

In coordinating care, support services (e.g. home help) were viewed as a lifeline and all of the sons availed of some sort of support. They acknowledged that, without this, it would be impossible to care for their parent at home. However, sons emphasised the need for flexibility in the delivery of support services and many believed that services were not tailored to meet the needs of individuals. There was variation in the level of support received with some sons having to pay privately for extra help. Sons reported limited

service provision in out of hours care, respite services tailored to the needs of people with dementia and weekend care, all of which added to the stress experienced by participants. Respite care was very important as expressed in the following quotation:

It allows you a sense of relief and freedom from the caring role so you can relax. If there was not the support there you could not cope full time without services... you would not be able to do anything... you could not cope. (Interview 3)

Another son spoke about the difficulty he experienced in accessing services and getting information. The lack of consistent information from health and social care professionals added to the stress of caring:

Told one thing by one person and another thing by someone else and some were unhelpful or just awkward. (Interview 1)

Specialist services were found in general to be good and one son acknowledged that the professional support he received was greatly appreciated as it made him feel that people were concerned about him as much as his mother.

The doctor called to talk with me asked me how I was, how I was coping and if I was managing. It was nice to be asked. It's important, it may not make much of a difference to them but it makes a difference to me. (Interview 10)

Getting on with it

Sons in this study appeared to take a rational view of their caregiving role and of the work to be done and the situations to be managed. While they acknowledged that they often experienced frustration and annoyance, in general, they approached their caregiving in a rational and realistic manner. They appeared to be aware of their limitations as carers and to realise that they had some control over the situation as evidenced by the following quotation:

Not taking on the future but dealing with the here and now (Interview 6)
I look on it as a job that has to be done. I am not emotional or embarrassed... it is not always pleasant emotionally or otherwise. (Interview 11)

The work undertaken by sons ranged from assisting with or doing all the shopping, cooking, meal preparation, gardening and personal care. The same 'getting on with it' approach was evident in situations where sons had to engage in personal care activities with their mother. Rather than dwelling on the rights or wrongs of the situation, they just 'got on with it':

Being my mother and all... I was embarrassed for her because she is my mother and would have been a very private person. I was conscious of her and how she would feel being her son but that is the unfortunate side of the disease. You just have to do it and when you have something to do you just do it and you don't really think twice about doing it. (Interview 8)

Sons realised the potentially negative consequences on their health as a result of the stress and strain associated with their caregiving role. This realisation appeared to enable them to develop coping strategies which in turn enabled them to continue in their caring role. This is

illustrated in the words of a son who spoke of the determination that enabled him to get on with the care of his mother:

Inner strength and courage get me through it . . . will power and determination . . . I have strong will-power and I am determined not to let it get in on me. There are times it does get you down but I will keep going as long as I can. (Interview 10)

Discussion

Research studies focusing exclusively on the experience of men in caregiving roles are limited (Sanders & McFarland, 2002). This study highlighted the devotion and willingness on the part of sons caring for a parent with dementia. It is noteworthy that while the focus of the study centred on caregiving in the context of dementia, very few findings related specifically to dementia but rather focused on the caregiving role of sons in a more general context. The key themes which emerged from the findings, *the parental bond, a binding role, coordinating care and support* and *getting on with it* could equally apply to other caregiving contexts. The limited reference to dementia specific aspects of caregiving may be explained by findings from previous research which suggest that the cognitive disorders of care recipients of female caregivers were more severe (Sugiura et al., 2004) and that females engage in a more intimate and personal type of caregiving than males (Ryan, 2006). While the present findings support other studies on gender differences in family caregiving (Sugiura et al., 2004; Yee & Schulz, 2000), they do not provide convincing evidence about the uniqueness of sons as opposed to males or adult children in a caregiving role and further research is required to explore this phenomenon.

Gender is not purely biologically determined but rather socially and culturally defined. The terms 'male' and 'female' denote the biological differences between the sexes. However, words such as 'masculine' and 'feminine' are used to describe the behaviour and characteristics inherited and enforced by one's culture and viewed as socially suitable to the sexes (Jary & Jary, 2005). The issue of gender has received considerable attention in the literature with the suggestion that gender, in shaping masculinity and femininity, determines how individuals respond to challenges (O'Neill, McCaughan, Semple, & Ryan, 2012). For example, it has been reported that men and women respond in a gendered manner to cancer with men less likely to display emotions (Emslie et al., 2009; McCaughan, Prue, Parahoo, McIlfatrick, & McKenna, 2011). This behaviour was observed in the present as participants did not use emotive language to describe their caregiving role, despite the challenges associated with caring for a parent with dementia. The issue of gender and masculinity was also evident in the words of one son who felt that his peers did not consider his caregiving role as 'a proper job for a man'. These findings can be attributed to the concept of hegemonic masculinity, a perspective that typifies men as stoic and confident (O'Neill et al., 2012). However, such a broad generalisation is not helpful as there are multiple masculinities and there is much diversity among men (Ridge, Emslie, & White, 2011). Rather, the findings suggest that masculinity is not static but rather fluid and subject to change with men more likely to be enacting multiple and competing masculinities (Connell & Messerschmidt, 2005).

The views of the sons that their caregiving role was well deserved and 'reciprocity in kind' has been reported elsewhere (Campbell & Carroll, 2007; Yee & Schulz, 2000). Sons, in this study, who experienced the early death of a father, had very close relationships with their

mothers and as one son put it, they '*assumed the role of the father.*' In effect, these sons appeared to perceive themselves as caring for their mothers long before this became an established role as a result of the onset of dementia. It appears that their adult role as caregiver stemmed from the childhood role which began after the death of their father. Even in situations where a close parental bond was not related to the early death of a father, sons who had a close relationship with their parent appeared to be less distressed by the caregiving role than those who did not feel close to their parent, a finding supported by Daire (2002). Five sons in this study, regardless of the fact that they had siblings including sisters, were their mother's primary carer. This finding runs contrary to evidence which suggested that it was only men without siblings or without sisters who took on the role of parental caregiver (Campbell & Martin-Matthews, 2000).

There are many possible explanations why men in this study took on a caregiving role. Participants referred to parental ties and this was clearly a factor as evidenced by the fact that two of the sons in the study moved house and brought their mother to live with them. However, as the study was conducted in a predominantly rural part of Ireland and six of the sons were farmers, it may have been the case that the caregiving arrangements were influenced to some extent by succession plans for the family home and farm. It is not unusual in farming families for the farm to be 'signed over' to a son on the understanding that he will provide care to the parents if required. This arrangement was observed by Heenan (2000) in her research on farming families in Northern Ireland and described as 'beneficial for everyone'. By virtue of its sensitive nature, this issue was not raised in the interviews for the present study. However, it warrants further examination in future research on sons in a caregiving role.

Not surprisingly, sons who lived with their parent were more involved in all aspects of care than those who did not. Campbell and Martin-Matthews (2000) found that the gender of a parent was an issue where personal care was required as sons were more likely to provide personal care to a father than a mother. Ryan (2006) endorsed this view and reported that the onset of the need for personal care was a trigger for entry to care from the perspective of male caregivers but this was not the case for female carers who were more comfortable undertaking this role. As only a small number of sons in this study provided personal care to their mother, it is difficult to draw any firm conclusions.

The 'getting on with it' approach to care as evidenced in this study has been reported elsewhere (Harris, 1999; Russell, 2001). Sons in this study appeared to perceive their caregiving role as an aspect of work to be done and they did not appear to experience the same degree of emotional involvement as has been reported in studies on female carers (McFarland & Sanders, 1999). While adopting a 'getting on with it' approach, sons managed to incorporate the practical 'doing' side of caring with the nurturing element (Pretorius et al., 2009). They also appeared to use problem focused coping strategies insofar as they concentrated on the 'here and now' (Samuelsson, Annerstedt, Elemstahl, Samuelsson, & Graftström, 2001) as observed in three of the sons by their reluctance to engage in thoughts of future care provision. While the coping strategies used by men in caregiving roles warrant further investigation, it is possible that the combination of 'getting on with it' and 'focusing on the here and now' may explain why male carers have been reported as experiencing less burden and strain than female carers.

In keeping with the findings of other studies, the caregiving role impacted on other aspects of participants' lives including the pursuit of outside interests and relationships with other family members (Nolan & Dellasega, 2000; Pretorius et al., 2009; Ryan & Scullion 2000).

Although not a gender specific finding, it was interesting to note the number of times that participants in this study referred to their inability to pursue hobbies and interests. While the caregiving literature in general, with its predominance of female carers, has reported on the social isolation that accompanies a caregiving role, specific reference to hobbies is not a recurrent theme in the generic caregiving literature. The specific reference to the inability to pursue hobbies and interest by the sons in this study may be explained by the fact that men pursue these activities, not necessarily as an end in itself, but rather as a means of socialising with friends. It could be argued that, in general, women are more likely to maintain contact with friends by regular telephone conversations whereas men tend not to do this and are more likely to chat over a drink or a game of golf. Therefore while on the surface, it appears that the sons in this study were missing their golf, another possible explanation is that they were missing the social engagement that occurred as a by-product of a game of golf but for whatever reason, did not verbalise it in this way.

Consistent with the findings of other studies, sons in this study appeared to be committed, capable and competent caregivers (Cahill, 2000; Sanders, 2007). While they felt a strong sense of duty and devotion to their parent, they also felt that the care should be shared by all family members. In keeping with the literature on caregiving, some sons (albeit a minority) experienced little support from family or siblings, a finding supported elsewhere (Gans & Silverstein, 2006; Willyard, Miller, Shoemaker, & Addison, 2008). These findings raise questions as to whether the experiences of sons are similar or different to those of daughters. To this end, a number of studies have compared the experiences of sons and daughters in a caregiving role. Sanders (2005) found that sons reported the lowest levels of strain and gain, husbands the highest and daughters intermediate. An Irish study by Coen et al. (2002) showed an overrepresentation of daughters in the higher burden group compared to other family members. Chumbler et al. (2003) refuted these findings and found that while daughters scored higher burden scores than more distant relatives, they had equivalent scores to wives, sons and husbands.

The findings tentatively suggest that men and women go about their caregiving role in different ways and greater consideration should be given to the specific needs of male carers, in particular sons. With a growing body of evidence to support gender differences in family caregiving, there remains a dearth of studies on interventions that take cognisance of these differences. As demographic changes are likely to result in the need for more carers, male as well as female, this study calls for further investigation into the role of sons as carers, the issues associated with sons providing intimate or personal care to a parent and the particular types of support services that would benefit this specific group of carers.

Limitations

The limitations of this study include the small sample size, purposeful sample, narrow geographical base and lack of diversity in terms of ethnicity. All of the sons with the exception of one cared for a mother and it is acknowledged that the findings may be different for sons caring for a father with dementia. The interviews were conducted by a female and it is acknowledged that this may also have had a bearing on responses. Participants were recruited through voluntary organisations and the findings may have been biased towards carers who were already in receipt of support services. While the study revealed valuable insights into the role of the male caregiver, it is envisaged that quantitative studies, including longitudinal studies, with larger sample sizes may provide a

more comprehensive picture of the male caregiving phenomenon. However, there is also a need for more rigorous qualitative studies, focusing solely on the role of sons in parental caregiving.

Conclusion

Acknowledgement is needed of the contribution sons currently make and will continue to make to family caregiving. This study suggests that while there are many similarities in the experiences of male and female carers, there are also potential differences and these merit further consideration and investigation in order to normalise the role of the male caregiver. All of the sons received some form of support raising questions about how male and female carers are perceived by health and social care professionals. Did these sons receive support because they were men undertaking a traditionally female role or did they receive support because the caregiving situation warranted it? The study raises other important issues relating to policies and practices in the field of family caregiving and suggests that the current 'one-size-fits-all' approach to carer support may not meet the needs of a diverse range of carers. While female carers may find support groups helpful, males may prefer assistance of a more practical nature. Further research is required to answer these questions.

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