
Current Issues regarding Family Caregiving and Gender Equality in Japan: Male Caregivers and the Interplay between Caregiving and Masculinities

Mao Saito

Ritsumeikan University

This paper addresses issues related to family caregiving, as one of the areas of caregiving in which problems are currently arising in Japan. Family caregiving is presently inseparable from the gender relationship between men as the breadwinners and women as the caregivers. The perspective of gender equality is therefore extremely important when discussing issues related to family caregiving. This paper focuses on the increasing number of male caregivers in Japan, and looks at the actual circumstances of caregiving by male caregivers to investigate what significance the increase in male caregivers may have for achieving gender equality in family caregiving. As men engage in caregiving, they are forced to confront their own masculinities. The difficulties that they experience demonstrate that care and masculinities are not simply conflicting aspects of their identities. In order to achieve gender equality in family caregiving, it is necessary to carefully decipher the complex interplay between care and masculinities.

I. Introduction

This paper addresses issues related to family caregiving, as one of the areas of caregiving in which problems are currently arising in Japan. In Europe and the US, the broad interpretation of care is such that while discussions on the people who provide care, known as “caregivers” or “carers” (hereafter “caregivers”), make a distinction between “formal” caregivers, those who provide care as their profession and “informal” caregivers, who provide care on an unpaid basis. This distinction is generally not drawn based on the recipient of the care—that is, whether it is care for young children or older people, or support for children and adults with disabilities. While there are also those in Japan in recent years who have asserted the necessity of an interpretation of “care” that encompasses a comprehensive range of meanings across the different disciplines (Hiroi 2013; Ochiai et al. 2010), here we shall limit the main subject of analysis to the provision of care for older people, in order to clarify the issues being addressed.

The introduction of Japan’s long-term care insurance system in 2000 was welcomed by caregiving families on the basis that the “socialization” of caregiving would facilitate a break away from the “familization” of care (caregiving being regarded as the responsibility of the family). A certain amount of progress has indeed been made in developing and making caregiving services more widely available, but from the perspective of the theories of “care regimes,” Japan has not seen sufficient progress in the “de-commercialization” or “de-familization” of caregiving, and is sometimes classed as a “familialist” regime

(Shinkawa 2005; Tsuji 2012). In fact, over the course of the three stages of reform to the long-term care insurance system, access to the system has become increasingly restricted, through changes such as the increase in the share of costs to be covered by users, and places at special care facilities only being provided for people with severe conditions. It is anticipated that in the future there will continue to be an increase in the number of people who find they no longer qualify for the service, or who choose not to use the service due to financial reasons. The shift toward home care has also prompted concerns that there will be a further increase in the burdens on families, in other words, a “re-familization” of care. This paper analyzes the current issues regarding family caregiving—the main form of informal care provided in Japan—from the perspective of gender equality.

In the model of the “unencumbered self,” which idealizes being an autonomous individual with no caring responsibilities—the model that has been the premise of modern society—caregiving roles (caring for older relatives or raising children) are regarded as burdens that should be avoided. In contrast with this, “care feminism,” represented by Fineman (1995, 2005) and Kittay (1999), sought to revise the conventional individual model by focusing on the forms of dependence that humans cannot avoid in their lives, such as birth, old age, illness, and death (inevitable dependence), and the “secondary dependence” that arises from supporting such people. The fragility of human life itself is universal, but the fragility of caregivers is socially developed and changeable. In order to achieve the “unencumbered self,” it was necessary to confine the provision of care to the private domain of the household, and ensure that women were fixed in the caregiving role, taking exclusive responsibility for providing care. As a result, problems related to care have predominantly been discussed as issues affecting women, and it is therefore impossible to avoid the problems of gender inequality in care when discussing family caregiving and support for caregivers. In what way can the current problems related to family caregiving be understood from the point of view of gender equality? This paper reveals the challenges regarding gender equality that are being indicated by the increase in the number of male caregivers. What kinds of difficulties are men facing in participating in caregiving? In what way do care and masculinities interplay with each other? In this paper I would like to consider the challenges to be addressed regarding support for caregivers in Japan by investigating the multifaceted impact that male caregivers are having on gender equality.

II. The Growing Diversity of Family Caregivers

In Japan, the increase in longevity and aging of the population have been progressing rapidly at an internationally-unprecedented pace. According to the “2012 Comprehensive Survey of Living Conditions” (Ministry of Health, Labour and Welfare), the 31.9 million older people aged 65 or over account for 25.1% of the population—the highest percentage recorded to date. Households with an older person aged 65 or over account for 43.4% (20.93 million households) of all households (48.17 million households), and the majority

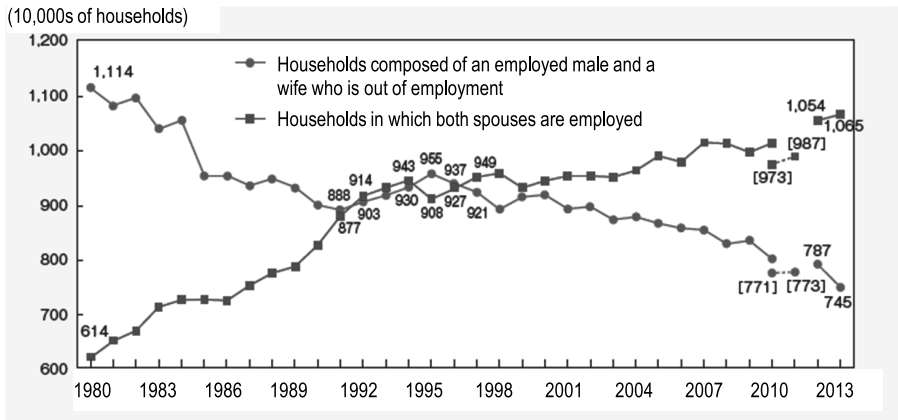
of the households with older people aged 65 or over are households made up of only a couple (30.3%) or one-person households (23.3%). Among older people, one in five females and one in ten males lives alone. The percentages regarding the compositions of households with people requiring care also show that the percentage of one-person households has been consistently increasing, while the percentage of three-generation families has dropped to half its former level.

Along with the aging of society, there is also a steady increase in the number of older people requiring some form of support. The number of people aged 65 or over who are officially recognized as requiring care or support has more than doubled since the introduction of the long-term care insurance system, reaching 6.223 million people as of May 2016 (“Monthly Report on the Long-Term Care Insurance Service” by the Ministry of Health, Labour and Welfare). Moreover, according to estimates by the research team at the Ministry of Health, Labour and Welfare, there are an estimated 4.62 million older people with dementia, and an estimated 4 million people with mild cognitive impairments (MCI), namely, people who have an increased risk of developing dementia in the future.

Japan’s high economic growth in the 1960s and its care regime based on the assumption that “the male breadwinner model” saw the entrenchment of the concept that care is to be provided by full-time housewives. However, today it is progressively becoming the case that only the minority of families is able to secure a “full-time housewife”—a person who does not work and instead focusses exclusively on housework, raising children, and providing care. The diversification of caregivers has become a significant characteristic of family caregiving in recent years. In addition to demographic factors, such as the declining birthrate and aging population, changes in family trends, including the growing tendency for people to marry later, the rise in the divorce rate, and the increase in the number of households in which both spouses work (Figure 1), are exerting a considerable influence on family caregiving.

These trends demonstrate that Japan is now in an age in which all people face the possibility of having to take on caregiving responsibilities. Currently the main forms of family caregiving are partners caring for their partners and son(s) or daughter(s) caring for their biological parents. The diversification of family caregivers also entails various problems, such as issues involving cases of older people caring for older people, cases in which the person requiring long-term care and the caregiver both have dementia, cases of “working caregivers,” (who are predominantly people in their forties and fifties, at the prime of their working lives) and such caregivers leaving their jobs in order to provide care, the issues faced by children who live apart from their parents but need to provide them with care and the related economic burdens, cases of those who find themselves “sandwiched” between caring for children and caring for older relatives, and issues related to the estimated more than 170,000 “young carers.”

Unfortunately, a comprehensive support system predominantly aimed at caregivers has not yet been established in Japan. The “Act on the Prevention of Elder Abuse, Support



Source: White Paper on Gender Equality (2014). http://www.gender.go.jp/about_danjo/whitepaper/h26/zentai/html/zuhyo/zuhyo01-02-08.html (Only available in Japanese).

Notes: 1. Figures for 1980–2001 are based on the *Special Survey of the Labour Force Survey* (conducted in February each year, except in 1980–1982, when it was conducted in March), by the Management and Coordination Agency, figures for 2002 onward are based on the *Labour Force Survey* (Detailed Tabulation) (yearly average) by the Ministry of Internal Affairs and Communications. As the methods and timings, etc. differ from the *Special Survey of the Labour Force Survey* to the *Labour Force Survey* (Detailed Tabulation), it is necessary to exercise caution when drawing comparisons across chronological periods.

2. “Households composed of an employed male and a wife who is out of employment” refers to households in which the male spouse is employed in a profession other than agriculture and forestry, and the female spouse is not employed (not in the labor force population and completely unemployed).
3. “Households in which both partners are employed” refers to households in which both the male and the female spouse are employed in a profession other than agriculture and forestry.
4. Actual figures in the square brackets for 2010 and 2011 are results for Japan as a whole excluding Iwate, Miyagi, and Fukushima prefecture.

Figure 1. Trends in the Numbers of Households in Which Both Spouses Work, etc.

for Caregivers of Elderly Persons and Other Related Matters” enforced in 2006 clearly stipulates that support shall be provided for caregivers, but there have not been sufficient efforts to investigate effective methods of support. The lack of progress in addressing support for caregivers—in spite of the fact that the burdens on families have not been alleviated even after the introduction of the long-term care insurance system—is in part due to the fact that it has been assumed that there is a trade-off relationship between the acts of affirming and approving families’ roles in caregiving and the responsibilities that society takes toward caregiving. The narrowly-defined understanding of support for caregivers is another key factor behind the lack of development of support. In discussions on the bill for the

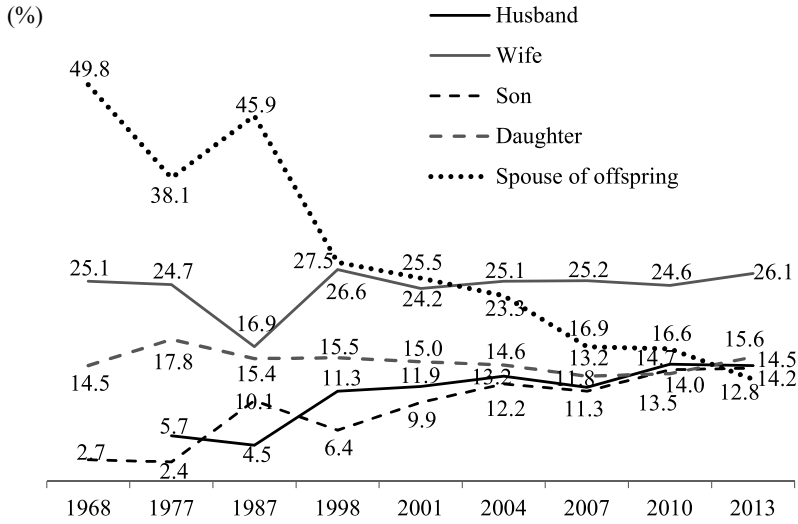
long-term care insurance system, a significant point at issue was the question of whether or not to incorporate cash benefits for family caregivers. Calls from the Liberal Democratic Party, the party in government at the time, for cash benefits for families, aimed at preventing the breakdown of the positive Japanese traditional custom of children looking after their parents, were met with strong objections from women's groups on the basis that cash benefits would delay the expansion of long-term care and result in women becoming stuck in the family (Tsuji 2012). It can be suggested that this trivialization of the topic of caregiving support into an issue related to cash benefits has since prevented room for investigating diverse caregivers' support in Japan.

III. Care and Gender Equality: The Issue of the “Feminization of Men”

Focusing on the social factors related to which of the family members becomes the caregiver, Ungerson (1987) analyzed the process of women taking on the role of caregiver from the perspective of multiple factors, such as position in the labor market and the influence of gender norms. However, the aforementioned trends of rapid population aging and shifts in family makeups are uprooting and breaking down the conventional gender norms related to the order of family members in terms of the level of their duty to take on caregiving. Male caregivers, such as husbands and sons, are increasingly replacing daughters-in-law as the new caregivers (Figure 2). Over one million principal family caregivers—30% of principal family caregivers—are male.

How can the increase in male caregivers be considered from the perspective of gender equality? In order to achieve gender equality in care, Fraser (1997) proposed the “universal caregiver model,” focused on care labor. It focuses on the sharing of care between males and females in the informal sphere, in particular the changes in males taking a role in providing care. According to Lewis and Guillari (2005), the “adult worker model family,” in which both males and females engage in full-time work due to the commercialization of care, places too much emphasis on the participation of women in the labor market, ultimately underrating the importance of the issues of males and females sharing care within the family. Moreover, due to the distinctive features that prevent care from being fully commercialized—that is, the emotional aspects and relationships involved in care—it is not possible for the commercialization of care to alleviate families' responsibilities to provide care. With regard to this, Lewis and Guillari see the “feminization of men”—namely, how men come to take on care—as the most important indicator for achieving gender equality.

Looking at the relationship between the reorganization of labor/care and gender equality, Tamura (2011) compares discourse on the “redistribution of care,” which emphasizes theories on the “feminization of men” raised by Lewis and Guillari among others, with the aforementioned discourse of Fineman and others on care and dependency, and analyzes the fact that the positioning of “male caregiving” differs between the two discourses. While the “redistribution of care” discourse only emphasizes sharing care between males and



Source: Figures for up to 1987 are based on research by the Japan National Council of Social Welfare and other sources, and figures for 1998 onward are based on the *Comprehensive Survey of Living Conditions*.

Figure 2. Trends in Principal Family Caregivers Who Live with Care Recipients

females in the family, the discourse on care and dependency proposes a new family model based on the principle that “everyone is some mother’s child” (Kittay 1999)—the model grounded on the ties of care between mothers and children, as opposed to sexual ties between males and females. This model based on ties of care draws on the symbolic presence of the “mother,” and seeks the “socialization and universalization of compensation” for care labor, in order to make entities that take on care responsibilities, rather than the “unencumbered self,” the universal norm. However, as Tamura points out, the positioning of males is still unclear in this approach. Moreover, when focusing exclusively on caregiving for elderly relatives, it is necessary to keep in mind the possibility that the increase in single people, due to the rise in people not marrying or divorcing, may lead to males taking on the care role through various relationships, conditions, and routes that differ from the kinds of role divisions that can be envisaged in the case of heterosexual couples considering how to share the work involved in caring for children. For instance, even in the case of males who care for parents who live in a different location, their roles in providing care may differ, depending on the care needs or lifestyle condition of the parent(s), the geographical distance, or the caregiver’s form of employment or marital status. In order to investigate gender equality in elderly care, it is necessary to investigate in detail how males can become a presence that takes on care also in the informal field, what kinds of social policy are effective for the feminization of men, and what kinds of new horizons will be brought to care by males who actually take a role in providing care.

IV. Care and Masculinities

Even in Japan, there is a steady expansion in the range of males engaging in elderly care and community activities—not only in family caregiving, but also as professional care specialists, or as post-retirement community volunteers, which mainly consist of members of the baby boom generation. However, there is little progress in empirical research regarding the actual state of caregiving among the rapidly increasing numbers of male caregivers. As one of the key factors behind such delay, it must be noted that a considerable role is played by the way that male caregivers are regarded in research.

Until now discussions analyzing caregiving issues in relation to gender have mainly focused on the question of “why women take on the role of providing care,” and over the years there has repeatedly been emphasis on aspects such as the process of “gender socialization” (Chodorow 1978) and the links between care and femininity (Gilligan 1982). The fact that women engage in care, such as childcare and caregiving for older relatives, is certainly deeply related to the gender practice. In contrast, men have been regarded as having “greater ease in separating themselves from the caregiving role” (Kasuga 2013) in comparison with women. In other words, discussions on the question of “why women take on the role of providing care” have frequently been supported by the hidden question of “why men do *not* take on the role of providing care.”

According to Kramer and Thompson (2002), there are two conventional patterns of referring to male caregivers. The first is to see male caregivers as extraordinary figures who “are capable,” and the second is to see male caregivers as males who “are not capable” of deviating from the norm, that is, who are not able to fulfil the care role as well as females. However, both interpretations essentially look at male caregivers on the basis of the assumption of a link between care and femininity, and therefore do not amount to a fundamental reconsideration of gender and care.

Male caregivers are indeed steadily increasing in number, and the gender gap among caregivers is decreasing. However, the quantitative increase in male caregivers does not automatically link to the reconfiguration of gender relationships related to care, the reform of individual modes of behavior, or the dissolution of the gender norms that form the foundations of such behavior. As ever, the behavior patterns and models for living that society expects men to pursue are incompatible with them sufficiently engaging in housework, childcare, and elderly care. According to the “salaryman” model¹—which since World War II has replaced the previously-conventional “soldier” model as the ideal living model for males—men are expected to deeply internalize values and norms such as rationality and efficiency, and to always develop and maintain their position in competition with others (Taga 2006). However, providing care, such as raising children or caring for older relatives,

¹ Japanese “salarymen” have often been referred to as “corporate warriors,” on the basis that men have transferred their main realm of competition from the battlefield to the workplace (Dasgupta 2013).

is an area of life that is incompatible with rationality and efficiency, and is based on interpersonal relationships in which one responds to the other's needs, as opposed to relationships based on competition and independence. As a result, men who provide care are forced to distance themselves to a greater or lesser extent from the "manliness" that such a society has demanded of them. This can be highlighted as a difficulty faced by male caregivers that is inherent to the conflict between masculinities and providing care. In investigating the challenges toward achieving gender equality from the perspective of males and caregiving, it is necessary to focus on the interplay between caregiving and masculinities.

V. Caring Masculinities: Care as a Choice or Care as a Family Responsibility

It has been pointed out that men have a greater tendency to take on care responsibilities voluntarily in comparison with women (Lewis and Cambell 2007; Hayashi 2010). In recent years, researchers in the field of men's studies have analyzed the link between care and masculinities using the concept of "caring masculinities" (Hanlon 2012; Elliot 2016). Whereas females are socially and morally demanded to take on caregiving roles, for males taking on caregiving responsibilities is based on a voluntary choice, and is connected with a distancing from gender norms. As well as being an important point for discussion in the achievement of gender equality, male participation in care also reflects the appearance of a new form of masculinities: "caring masculinities."

Connell (2005) proposed a framework for analyzing masculinities, which has at its peak "hegemonic masculinity"—masculinity that brings about the subordination of women and the marginalization of certain males. Masculinities can by no means be homogeneous, and always involve a number of different layers and diverse aspects. Developing a "male identity" is a process of negotiating with and interpreting the idealized ideology of masculinities, which includes inconsistency, tension, and resistance with that ideology, and this is provisionally and ceaselessly developed in the course of daily life (Connell and Messerschmidt 2005). It can be said that men's participation in providing care is being highlighted as an important aspect of the discussion on what specific historical contexts see changes in hegemonic masculinity, which is linked with authority and control. However, it is necessary to note that the majority of existing research on caring masculinities is exclusively focused on men's participation in raising children. In other words, treating participation in care as a selective behavior merely limits males to "extraordinary" males who "are capable," and may not have a significant impact on gender equality. While the way in which males transcend or unsettle the gender boundary by taking a role in providing care or raising children does indeed play a part in once again questioning the roles that society develops for men, excessive emphasis on the "diversity" of masculinities prevents us from visualizing power relationships between males and females, and also power relationships between fellow males. At any rate, it must be said that male participation in childcare in Japan is far from bringing about a state of gender equality in childcare, as is demonstrated by the generally

low percentages of men taking childcare leave and low numbers of hours spent on childcare by males. If anything, the current male participation in childcare demonstrates that masculinities and care are not completely opposing aspects of male identity. In other words, it is insufficient to simply position “caring masculinities” as the opposite of “hegemonic masculinity,” and is essential to see them as being connected with each other (Elliot 2016).

It is important to investigate in a historical context what specific kinds of intrinsic connections are demonstrated between the elements that exist within care, such as intimacy and other-centeredness, and the elements that exist within masculinities, such as authority, domination, and competition, as well as exploring the multifaceted nature of caring masculinities by also taking into consideration the connections with other external factors, such as social class, ethnicity, and culture.

VI. The Difficulties Encountered by Male Caregivers

This brings us to the question of how the increase in the numbers of male caregivers in Japan can be analyzed from the perspective of the interplay between care and masculinities.

Firstly, it is necessary to confirm that males are not taking on caregiving responsibilities as a “choice,” as is the premise of the analysis of caring masculinities. The demographic trends and social changes, such as rapid population aging and the depletion of family resources, are generating circumstances in which all people, regardless of their gender or age, will need to take on the responsibility of providing care at some stage in their lives. Naturally the circumstances are developing such that being male is no longer grounds for being able to avoid caregiving responsibilities. In other words, this means that, in comparison with childcare, the field of providing care to older relatives includes many caregivers who are doing so involuntarily. Unlike raising children, in the case of elderly care, there are many caregivers do not receive a period in which they can prepare, and forms of caregiving and lengths of time spent caregiving vary. Due to the fact that caregiving responsibilities arise suddenly, like an “unexpected career” (Pearlin and Aneshensel 1994), they significantly constrict work, family life, personal hobbies, and free time. Caregiving inevitably exerts a considerable impact on the lifestyles and life plans of caregivers, as if they are running a “marathon without being able to see the course ahead.”

What kinds of difficulties are being encountered by male caregivers in Japan? In what ways are these issues associated with masculinities?

In 2005, we conducted a nationwide fact-finding survey of male caregivers—the first of its kind in Japan (Tsudome and Saito 2007; Saito 2009). I would like to draw on the results of the survey to look in detail at difficulties that are specific to male caregivers, difficulties that are now becoming ever more apparent.

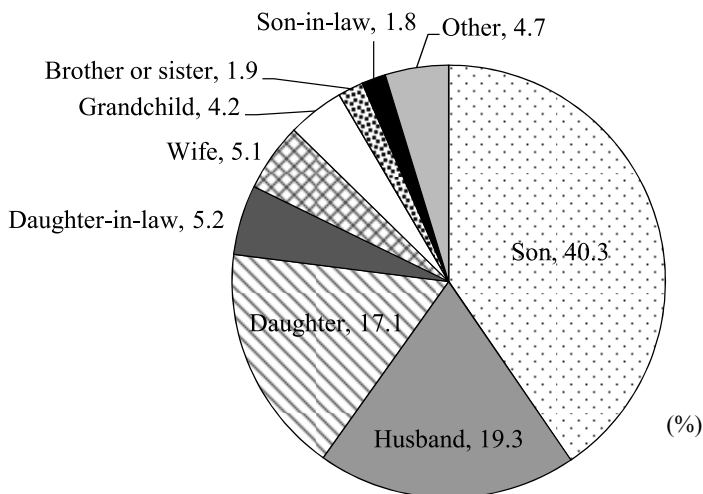
Firstly, male caregivers face difficulties that are related to their life skills. This originates from the fact that males are behind in their ability to carry out housework and other

such elements of “life skill independence,” as a result of the fact that their models for ways of living have been developed with a central focus on “economic independence.” Many male caregivers were completely devoted to their work and left household matters to their wives before becoming caregivers, and therefore find themselves at a loss in all aspects of daily life, including not only cooking meals, but also tasks such as cleaning and doing the laundry. As reflected by those who noted that they had “never even made a cup of coffee” before becoming a caregiver, a significant number of male caregivers struggle to do the shopping and prepare meals. Particularly older men, who have grown up being told that “a man should not set foot in the kitchen,” often have very limited experience of cooking. When providing care to people who are suffering from illness, such as diabetes, high blood pressure, or kidney disease, caregivers need to take care to develop a dietary plan, and also find that providing meals is more demanding than it would typically be, as it is necessary to take into account risks such as misallowing or difficulties chewing when considering how to cook meals or provide assistance with eating.

Secondly, male caregivers encounter difficulties related to balancing caregiving responsibilities with work. For men, who are often the main earner in their household, having to combine the caregiving role with work generates significant obstacles. They find they are no longer able to totally immerse themselves in work and leave the care responsibilities to others as they did in the past. As many males who are caring for parents are forty- to fifty-year-old employees at managerial level, employees who play a core role in their companies, they inevitably face conflict between their caregiving roles and professional careers. The environment is such that men, who take on a central role in the workplace, tend to find themselves isolated and unable to consult with others about the care-related issues they face in their own families, due to excessive concern regarding the negative influence this could have on pay raises or promotions (Saito et al. 2014).

Thirdly, male caregivers face the issue of isolation in the community. Prior to becoming caregivers, their lifestyle spheres were entirely focused on their workplaces, and they therefore have extremely little experience of activities and relationships with neighbors in the community. Particularly as they grow older, men tend to find that the only relationships from which they are able to receive emotional support are their relationships with their wives. In other words, men’s “relationship poverty” (Minashita 2015) is directly linked with the isolation they face in the local society when they take on caregiving. The results of our survey confirmed that male caregivers not only have very few relationships in their local communities before starting to provide care, but also tend to find that they have even less relationships in the community after starting to provide care (Tsudome and Saito 2007).

Finally, another indicator of the difficulties faced by male caregivers is the concerning trends of abuse of older people, and cases of caregivers murdering or committing suicide with the person they are caring for. Despite the enactment of the “Act on the Prevention of Elder Abuse, Support for Caregivers of Elderly Persons and Other Related Matters” in Japan in 2006, there are an overwhelmingly high number of cases of abuse, not by the staff of



Source: Results of the 2014 Survey on State of Response, etc. Based on the Act on the Prevention of Elder Abuse, Support for Caregivers of Elderly Persons and Other Related Matters conducted by the Ministry of Health, Labour and Welfare.

Figure 3. Abuse of Older People by Type of Relative Committing the Abuse (Based on Relationship with the Abused)

care facilities, but by family members. Looking at the perpetrators' genders and relationships with the abused, men account for 60% of all perpetrators, and sons account for the highest percentage among the different family members (Figure 3).

Moreover, even since the introduction of the long-term care insurance system, there has been an endless stream of cases in which the strain of caregiving has pushed the caregiver to murder, or commit suicide with, the person they were caring for. According to Yuhara (2016)'s tabulation of data from newspapers in the period from 2000 (when the long-term care insurance system was introduced) to 2015, there have been as many as 663 cases involving a caregiver murdering or committing suicide with the person they were caring for.² In recent years, such cases have numbered around 40–50 cases per year, accounting for around 3–6% of all homicide cases. Looking at the specific types of cases, 38.5% were double suicide or double suicide attempts, 37.4% were cases involving two-person households, and 30.6% of cases involved the disability or health issues of the perpetrator themselves. In relation to the topic of this paper, it is most important to look at figures on the gender of perpetrators, which show that males account for 72.3% of perpetrators in these cases. In addition to the fact that the number of homicide cases in Japan is low in compari-

² Looking at the specific figures according to the relationships between the perpetrators and victims, the majority of cases are murders of a spouse by the other spouse (46.5%), followed by cases of murder of a parent by their offspring (46.2%). The most common type of case is husbands murdering wives, which accounts for 30% of all cases (Yuhara 2016).

son with other countries, another distinctive trend among homicide cases in Japan is the high number of cases of homicides within families among the total number of homicide cases (Hasegawa and Hasegawa 2000; Hamai 2009). In contrast with the fact that the most common type of homicides within families is filicide, involving either new-born babies or children, and the fact that the majority of these homicides are committed by the child's mother, there is an extremely high number of males among the perpetrators of murders of and double-suicides with care recipients, particularly given that males account for only around 30% of all caregivers. Looking at the difficulties faced by male caregivers in Japan reveals that men taking on care responsibilities does not always connect with the deconstruction of manliness.

Looking at the caregiving styles of male caregivers, it is also possible to see situations in which males exert their "male identity" through providing care (Gollins 2002). Through their education and work, men acquire male values such as sense of responsibility and rationality. This also has a significant influence on the way that male caregivers go about providing care. For example, when male caregivers who have played key roles at the forefront of companies find that the foothold they have established in their work has been placed in jeopardy due to their care responsibilities, they may immerse themselves in caregiving as a new foothold. This is the phenomenon of men engaging in caregiving as if it were "work" (Kramer and Thompson 2002). A caregiver approaching caregiving as "work" carries the risk that they will prioritize rationality and efficiency over consideration for the needs of the person they are caring for. This may manifest itself in strict rehabilitation programs and everyday life management. Such caregivers are also frequently regarded as "high-risk caregivers" or "claimers," as they stringently check what helpers, care managers, and other such professional care providers say and do. However, even if they immerse themselves in providing care as if it were their work, the effort that they invest may not necessarily be rewarded, and it is not uncommon for such caregivers to find that, far from gaining a sense of achievement, they are experiencing strong feelings of despair. There are male caregivers who not only continue to hide their caregiving roles from colleagues and neighbors (Tsudome and Saito 2007), but also do not even voice their troubles to professionals or other family members. Moreover, the strength of their sense of responsibility may play a role in preventing them from sharing the worrying uncertainties and excessive burdens of caregiving, and sending out the right distress signals.

Looking at the current circumstances facing male caregivers it is possible to see that the difficulties unique to male caregivers are twofold: male caregivers both find that their role providing care eliminates and marginalizes them from male society, and also face conflict between their masculinities and their role as a caregiver. This allows us to discover issues concerning the interplay between care and gender identity which form a new focus for discussion on care and gender equality, a focus that steps away from the topic of balancing men's and women's roles, a factor that has been measured primarily using indicators such as time spent caregiving.

Of course it is impossible for all male caregivers to be homogeneous (Kramer and Thompson 2002). Men who have lived alone for long periods or have lived apart from their families for work are competent at housework, and there are also men who are not reluctant to change diapers. However, it is not enough to simply identify that there are different kinds of masculinities among male caregivers. It is necessary to carefully decipher the kind of impact that caregiving and the male identity have on each other, investigating on one hand the influence that caregiving has on male identity, and on the other what kind of caregiving behavior tends to be generated by male identity (Calasanti and Bowen 2006; Hanlon 2009, 2012).

VII. The Development of Relationships between Fellow Men through Caregiving

When taking on the role of caregiver, men in Japan tend to lose the very foundations of their existence, which is focused around work, and also tend to become isolated from local society. At the same time, the efforts that male caregivers are starting to make to find a way into local society also reveal the early signs of new relationships between care and masculinities. Unlike the demonstration of masculinities through caregiving, this new type of relationship is related to the development or redevelopment of emotional intimacy, which has not traditionally been the forte of men.

An important basis for supporting male caregivers, and addressing their tendency to become isolated, is the development of a place for them in local society. From around the time of its establishment in 2009, the “Nationwide Network for Male Caregivers and Supporters” has attached importance to activities that deliver the direct voices of caregivers to greater numbers of people, through initiatives such as regularly gathering and publishing male caregivers’ written accounts of personal experiences. The network has also advocated the development of opportunities for male caregivers to interact with each other face-to-face, by pursuing initiatives such as hosting gatherings for male caregivers and establishing male caregivers’ groups in each community (Tsudome 2013).

O’Connor (2007) suggests that there are three merits to “positioning” oneself as a caregiver—namely, categorizing oneself and finding one’s place as a caregiver with regard to caregiving responsibilities that arise as extensions of personal relationships. The first is that it gives caregivers the sense that they are connected with others through the act of providing care. This helps to prevent isolation, as they are able to position their actions in a context shared with other caregivers, and share common feelings and experiences. Secondly, having the self-awareness that one is a caregiver makes it easier for caregivers to access social services involving themselves or the person they are caring for. This allows them to see their caregiving actions not merely as their role or responsibilities in their family, but also as labor that merits requesting support. Thirdly, caregivers gain opportunities to socially confirm the human development they are achieving through the act of providing care. They secure chances to reevaluate their role in providing care not simply as a burden but as

actions that play an important and valuable part in society. In other words, “positioning” oneself as a caregiver is a discursive vehicle that connects mutual relationships between caregiver and care recipient as extensions of existing personal relationships to issues that are more concerned with society.

There are presently more than 100 caregivers’ organizations and gatherings across Japan that are aimed specifically at men. Rather than focusing on chatting or sharing complaints, which tend to be the forte of women, male caregivers’ gatherings are more effective when they take a “task-oriented” approach, such as study meetings to learn about care services, or cookery classes (Kaye and Crittenden 2005), and also play a role in preventing the isolation of male caregivers. Such gatherings have also become opportunities for men to develop emotional intimacy, which has typically been their weak point. In other words, gatherings are not merely opportunities for male caregivers to acquire caregiving skills and obtain useful information about caregiving, but also forums for them to share their concerns and collaborate to create new ways of living and values. In the process of sharing thoughts and concerns with other men who are experiencing similar issues, male caregivers who were initially at a loss about caregiving have the chance to reconsider their previous working habits and relationships with their families and communities. Such “male-friendly” support programs that take into account the male gender (Saito 2010) are fulfilling an important role in achieving gender equality in caregiving. In the future, it will surely be necessary to reevaluate from a wider perspective the kinds of impact that such relationships between fellow male caregivers have on hegemonic masculinity or the relationships—or “homosociality”—between conventional dominant males.

VIII. Diversifying Family Caregiving and Caregivers’ Support

This analysis has focused on the perspective of problems faced by male caregivers and the topic of care and masculinities, but if we take into account the current state of family caregiving in Japan, it is not enough to develop gender-specific support programs alone, and in order to develop comprehensive support for males it is necessary to reposition problems related to caregiving and gender equality in the comprehensive caregivers’ support measures that form a basis of such support for male caregivers.

Caregiving has an extensive impact on caregivers’ lives over a long period of time. For this very reason, it is necessary to create a system to ensure that the caregiver’s own lifestyle and their financial and relationship resources are not drained by their caregiving responsibilities. Support for caregivers is the framework that makes this possible. The conventional “male breadwinner” model worked on the premise that women would be able to rely on their husbands financially in return for taking on housework and care without remuneration. In contrast, the concept of caregivers’ support implies a fundamental rethinking of the traditional dichotomy that inevitably divided the roles of working and providing care within the household. This is because supporting caregivers does not mean treating caregiv-

ers' responsibilities as a given, and only seeking to ensure that they consistently fulfil those responsibilities, but recognizing them as individual people with their own activities and human relationships outside of the caregiving role, and allowing them to strike a balance between providing care and pursuing a long-term life plan and full lifestyle, including a career and time for other family relationships, as well as private time for leisure and hobbies.

The appraisals of caregivers' support are broadly divided. The most radical criticism suggests that rather than alleviating caregivers' burdens, caregivers' support in fact reinforces the role as a caregiver, at the same time entrenching people requiring care in the role of people who are supported. This is the criticism that caregivers' support reinforces the moral demands to provide care upon family members, women in particular (Heaton 1999). In other words, it is the interpretation that caregivers' support preserves and regenerates the "familialist" ideology. Jegermalm (2005) suggests that there are two types of approach behind caregivers' support: an approach based on partnership focused on cooperating and sharing roles with professional caregivers, and a political and financial approach that sees family caregivers as a convenient resource to draw on in order to use limited resources efficiently. If we look at the gap between the concepts of caregivers' support and the support that is actually provided through the practical provision of care, however much emphasis is placed on "partnership," in reality, the political and financial approach takes precedence, and family caregivers tend to become entrenched in the role of providing care full-time. Moreover, from the perspective of the field of disability studies, caregivers' support is criticized on the basis of fears not only that caregivers will be financially exploited, but also that the label "caregiver" polarizes mutuality and reciprocity-based care relationships, generating a power imbalance between the person providing the care and the person requiring care. This includes the concerns that the "caregiver" label will be used to conceal paternalistic relationships, and above all that it will entrench the person requiring care in the position of care recipient (Molyneux et al. 2011).

At the same time, it must be noted that, particularly in the care regimes of Japan and other East Asian nations in which family caregiving plays a significant role, simply brushing aside caregivers' support as the regeneration of the familialist ideology has the same political effect as not sincerely taking on board the realities and difficulties that family caregivers face in their roles providing care. The process of mutual interaction involved in providing and receiving care is filled with the tension and contradiction of the complex, intertwined mass of at times conflicting needs and emotions from both sides, and the power balance needs to be continuously regulated. Most importantly, caregiving is indivisible from love and other such strong emotions rooted in intimate relationships, while at the same time inducing negative emotions such as feelings of resignation, despair, fear, and anger. This "double-barrel blast of feelings" (Mac Rae 1998) also entails the collision of the caregiver's and care recipient's emotions, which are constantly swinging in large motions like a pendulum. When such highly fragile relationships become imbalanced, care becomes a breeding

ground for violence. This may manifest itself as objectification of, or one-sided violence toward, the person requiring care, or as the caregiver neglecting to care for themselves (O'Connor 2007). It is therefore essential for caregivers' support to incorporate the perspective of guaranteeing the overall individual lifestyle of both the care recipient and the caregiver respectively, while also encompassing the perspective of openly regulating the differing needs of both sides. In other words, precisely because it is not possible to commercialize care, it is necessary to provide support to ensure that the relationship between the two sides—the person providing, and the person receiving care—is kept positive, and adjusted and readjusted through means such as distancing or relativizing the relationship. Namely, it is necessary to support the care relationship itself (Saito 2011). In that respect, it could be suggested that caregivers' support encompasses the possibility of a new form of close relationship that could be described as “informal care that is opened to third parties.”

IX. Conclusion: The Male Caregivers' Movement and Gender Equality

If we consider the current state of family caregiving in Japan, it is necessary to introduce diverse support programs for caregivers that go beyond simply providing cash benefits, and also to enact a basic law to sustain such support measures. With this in mind, let us conclude by taking a final look at the topic of male caregivers.

While on one hand male caregivers face difficulties coping with the unfamiliar tasks involved in caregiving and the conflict between caregiving and their gender identity on the other, they also possess great strengths. Namely, they have the strength of the social experience that they gained while pursuing careers at the center of political and economic society, before becoming caregivers. Such knowledge and experience that men possess may become a considerable asset that can be immediately used for developing a new system of caregiving. The aforementioned community initiatives to connect fellow male caregivers not only play a role in preventing isolation, but also serve as a basis for activities to develop new caregiving and political systems that encompass support for caregivers. For instance, a male caregiver who questioned the fact that recipients of short stay care were charged for one day's worth of meals regardless of the actual number of times they ate meals, and persistently appealed to the local government and organizations involved, was consequently able to ensure that in 2013, ahead of the rest of Japan, Kyoto City established a local regulation stipulating that charges must be made per meal (Hayashi and Hayashi 2013). Such efforts by male caregivers to raise issues and place pressure on political organizations may act as an engine that propels the comprehensive development of the debate regarding the introduction of caregivers' support in Japan.

The problem is whether such initiatives by male caregivers, which are based on dominant masculinities, will link to the power to make drastic changes to the deeply-rooted gender inequality that pervades in every corner of the social system. In what way is engaging in care connected with fixation with the mainstays of society, such as economy and pol-

itics? Will, for instance, males themselves be able to create a new corporate culture in which they are able to continue to work while providing care, and no longer conceal the fact that they are providing care from their workplace? The potential for various links between caregiving and masculinities is indicated by the new connections that form between fellow males through their experiences of caring for elderly relatives, and in turn the highly exciting social practice that is the caregivers' movement based on male values. The question that is being asked is whether males themselves will be capable of taking the opportunities that their caregiving roles give them to rethink their own ways of living, and linking them to the development of gender equality through the reform of the actual working styles and politics that have been supported by masculine values.

References

- Calasanti, Toni, and Mary E. Bowen. 2006. Spousal caregiving and crossing gender boundaries: Maintaining gendered identities. *Journal of Aging Studies* 20, no. 3:253–63.
- Chodorow, Nancy. 1978. *The reproduction of mothering: Psychoanalysis and the sociology of gender*. Berkeley: University of California Press.
- Connell, Robert W. 2005. *Masculinities*. 2nd ed. Berkeley: University of California Press.
- Connell, Robert W., and James W. Messerschmidt. 2005. Hegemonic masculinity: Rethinking the concept. *Gender and Society* 19, no. 6:829–59.
- Dasgupta, Romit. 2013. *Re-reading the salaryman in Japan: Crafting masculinities*. New York: Routledge.
- Elliott, Karla. 2016. Caring masculinities: Theorizing an emerging concept. *Men and Masculinities* 19, no. 3:240–59.
- Fineman, Martha. 1995. *The neutered mother: The sexual family and other twentieth century tragedies*. New York: Routledge Press.
- . 2005. *The autonomy myth: A theory of dependency*. New York: New Press.
- Fraser, Nancy. 1997. *Justice Interruptus: Critical reflections on the “postsocialist” condition*. New York: Routledge.
- Gilligan, Carol. 1982. *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Gollins, Tim. 2002. Male carer: A study of the inter-relations between caring, male identity and age. Sheffield Online Papers in Social Research (ShOP). https://www.sheffield.ac.uk/polopoly_fs/1.71435!/file/gollins.pdf.
- Hamai, Koichi. 2009. *Kazokunai satsujin* [Homicides within families]. Tokyo: Yosensha.
- Hanlon, Niall. 2009. Caregiving masculinities: An exploratory analysis. In *Affective equality: Love, care and injustice*, ed. Kathleen Lynch, John Baker and Maureen Lyones, 180–98. Houndmills, Basingstoke; New York: Palgrave Macmillan.
- . 2012. *Masculinities, care and equality: Identity and nurture in men's lives*. Houndmills, Basingstoke; New York: Palgrave Macmillan

- Hasegawa, Toshikazu, and Mariko Hasegawa. 2000. Sengo Nippon no satsujin no doko: Tokuni eijigoroshi to dansei ni yoru satsujin ni tsuite [Homicide trends in postwar Japan: With a focus on filicide and homicide by males]. *Kagaku* 70, no. 7:560–68.
- Hayashi, Akie, and Masahiro Hayashi. 2013. *Tabeteihen no ni haraunka? Shoto sutei no shokushi: 94 sai no uttae, Kyoto-shi to kuni o ugokasu* [“We have to pay for meals even if they didn’t eat them? Meal charges at short-stay care: A 94-year old’s appeals move Kyoto City and the nation]. Kyoto: Win Kamogawa.
- Hayashi, Yoko. 2010. *Fufukan kaigo ni okeru tekio katei* [The adaptive process in care between spouses]. Tokyo: Nippon Hyoronsha.
- Heaton, Janet. 1999. The gaze and visibility of the carer: A Foucauldian analysis of the discourse of informal care. *Sociology of Health and Illness* 21, no.6:759–77.
- Hiroi, Yoshinori, ed. 2013. *Kozo Kea 1: Kea to wa nan daroka—Roiki no kabe o koete* [Care course 1: What is care?—Surmounting the boundaries of the field]. Kyoto: Mineruva Shobo.
- Jegermalm, Magnus. 2005. Carers in the welfare state: On informal care and support for carers in Sweden. PhD diss., Stockholm University.
- Kaye, Lenard W., and Jennifer A. Crittenden. 2005. Principles of clinical practice with older men. *Journal of Sociology and Social Welfare* 32, part 1:99–123.
- Kasuga, Kisuyo. 2013. Dansei kaigoshu no zodai to kazoku shugi fukushi rejimu no paradokusu [The paradox of the increase in male caregivers and the familialist welfare regime]. In *Shinmitsusei no fukushi shakaigaku: Kea ga orinasu kankei* [The welfare sociology of intimacy: The relationship woven by care], Shirizu Fukushi Shakaigaku 4 [Welfare sociology series 4.], 165–84. Tokyo: University of Tokyo Press.
- Kittay, Eva Feder. 1999. *Love’s labor: Essays on women, equality, and dependency*. New York: Routledge.
- Kramer, Betty J., and Edward H. Thompson, eds. 2002. *Men as caregivers*. Amherst, New York: Prometheus Books.
- Lewis, Jane, and Mary Cambell. 2007. UK work/family balance policies and gender equality 1997–2005. *Journal of Social Policy* 36, no.3:365–81.
- Lewis, Jane, and Susanna Guillari. 2005. The adult worker model family, gender equality and care: The search for new policy principles and the possibilities and problems of a capabilities approach. *Economy and Society* 34, no.1:76–104.
- Mac Rae, Hazel. 1998. Managing feelings: Caregiving as emotion work. *Research on Aging* 20, no. 1:137–60.
- Minashita, Kiriu. 2015. ‘Ibasho’ no nai otoko, ‘jikan’ no nai onna [Males without “a place of their own” and women without “time”]. Tokyo: Nihon Keizai Shinbun Shuppansha.
- Molyneaux, Victoria, Sarah Butchard, Jane Simpson, and Craig Murray. 2011. Reconsidering the term ‘carer’: A critique of the universal adoption of the term ‘carer.’ *Ageing and Society* 31, no. 3:422–37.
- Ochiai, Emiko, Aya Abe, Takafumi Uzuhashi, Yuko Tamiya, and Masato Shikata. 2010.

- Nippon ni okeru kea daiamondo no saihensei: Kaigo hoken wa ‘kazoku shugi’ o kaeta ka [Reconfiguration of care diamond in Japan: The impact of the LTCI on ‘familialism’]. *The Review of Comparative Social Security Research*, no. 170:4–19.
- O’Connor, Deborah L. 2007. Self-identifying as a caregiver: Exploring the positioning process. *Journal of Aging Studies* 21, no. 2:165–74.
- Pearlin, Leonald I. and Carol S. Aneshensel. 1994. Caregiving: The unexpected career. *Social Justice Research* 7, no. 4:373–90.
- Saito, Mao. 2009. Otoko ga kaigo suru to iu koto: Kazoku, kea, jenda no intafeisu [Male carers in Japan: Interface of family, care, and gender]. *Ritsumeikan Social Sciences Review* 45, no. 1:171–88.
- . 2010. Kaigosha shien no ronri to dainamizumu: Kea to jenda no aratana shatei [Logic and dynamics of carer support: The new perspective on care and gender]. *Ritsumeikan Social Sciences Review* 46, no. 1:155–71.
- . 2011. Gendaiteki kadai to shitenno kazoku kaigosha shien [Family caregivers’ support as a modern issue]. In *Kazoku kaigosha shien no ronri: Dansei kaigosha no kaigo jittai to shien no kadai* [The logic of family caregivers’ support: The issues of the caregiving situations and support of male caregivers], 30–122. Research for Collaboration Model of Human Services 4, Institute of Human Sciences, Ritsumeikan University, Kyoto.
- Saito, Mao, Masatoshi Tsudome, Yuka Ogiso, and Hayato Nishino. 2014. Kaigo to shigoto no ryoritsu o meguru kadai: Waku, raifu, kea baransu no jitugen ni muketa yobiteki kosatsu [Seeking a solution to reconciling work and care: Preliminary considerations about balance among work, life, and care]. *Ritsumeikan Social Sciences Review* 49, no. 4:119–37.
- Shinkawa, Toshimitsu. 2005. *Nihongata fukushi rejimu no hatten to henyo* [Development and transformation of the Japanese-style welfare regime]. Kyoto: Mineruva Shobo.
- Taga, Futoshi. 2006. *Otoko rashisa no shakaigaku: Yuragu otoko no raifu kosu* [The sociology of manliness: The shifting of men’s life courses]. Tokyo: Sekai Shisosha.
- Tamura, Tetsuki. 2011. Rodo/Kea no saihei to “seiji” no ichi [The transformation of the work/care relationship and the place of “politics”]. In *Rodo saishin (5): Kea, kyodo, anpeido waku—Yuragu rodo no rinkaku* [Labor review (5): Care, cooperation, and unpaid work—Obscuring the boundaries of work], ed. Norihiro Nihei and Junko Yamashita, 191–220. Tokyo: Otsuki Shoten.
- Tsudome, Masatoshi. 2013. *Keamen o ikiru: Dansei kaigosha hyakuman nin e no eru* [Life as a “keamen”: A cheerleading shout for the one million male caregivers]. Kyoto: Kurieitsu Kamogawa.
- Tsudome, Masatoshi, and Mao Saito. 2007. *Dansei kaigosha hakusho: Kazoku kaigosha shien e no teigen* [White paper on male caregivers: Proposals for family caregivers’ support]. Kyoto: Kamogawa Shuppan.
- Tsuji, Yuki. 2012. *Kazoku shugi fukushi rejimu no saihei to jenda seiji* [Restructuring of the

familialist welfare regime and gender politics]. Kyoto: Mineruva Shobo.

Ungerson, Clare. 1987. *Policy is personal: Sex gender, and informal care*. New York: Tavistock Publications.

Yuhara, Etsuko. 2016. Kaigo satsujin jiken kara miidaseru kaigosha shien no hitsuyosei [The necessity of the caregiver support to be found from the criminal cases of homicides or murder-suicides by family caregivers]. *Journal of Social Welfare, Nihon Fukushi University* 134:9–30.