The Experience of Gender in Spousal Caregiving: A Phenomenological Psychological Study (Greece)

ABSTRACT

Purpose/Objective: To explore how spousal caregivers of older people undergoing rehabilitation experience gender within the Greek community.

Research method/Design: A psychological phenomenological design and analysis were used to illuminate the unique meanings eleven spousal caregivers attribute to their experience of gender by gathering qualitative data via interviews.

Results: The data provided an insight into the structure of the experience of gender for the spousal caregivers as a normative diachronic identity in a succession of phases: normative constitution, alienation, and reparation.

Conclusions/ Implications: The findings highlight the influence of gender stereotypes on spousal caregivers' self-concept, agency, caregiving evaluations, and practices, emphasizing the importance of adopting an intersectional perspective in future research and interventions, considering various factors such as ethnicity, gender, sexuality, age, power dynamics, and cultural norms. Spousal caregivers experience alienation on entering the caregiving journey, with gender-related vulnerabilities affecting their psychological well-being. Addressing these vulnerabilities can improve caregivers' mental health and foster effective coping strategies. The study emphasizes the moral aspect of caregiving, highlighting the relationship between a sense of obligation, feelings of guilt, gender norms, and motivations calling for challenging self-sacrificial morals and societal norms associated with them to empower caregivers to prioritize their well-being while maintaining their caregiving motivations. This shift in perspective can lead to a more positive and fulfilling caregiving experience.

Keywords: gender, spousal care, rehabilitation, psychological well-being

Impact and implications statement:

46 •Innovative framework for understanding spousal caregiving's psychological effects
47 from a gender perspective.
48 • Highlights the role of gender norms in shaping caregivers' experiences, affecting
49 their well-being, agency, emotional responses, coping and moral decision-making.
50 • Advances gender and care knowledge, informing research and therapy to enhance
51 caregivers' well-being and caregiving experiences.

52 **Introduction**

53 A large and robust literature documents higher rates of psychological
54 morbidity involving emotional distress, depression, anxiety, and social isolation
55 among informal caregivers compared with no caregiver comparison groups,
56 suggesting that caregiving is a significant public health issue (Schulz et al., 2020b).
57 Research demonstrates significant well-being declines as the person enters the
58 caregiving role, further deterioration in well-being as care demands increase, and
59 gradual recovery when the demands of care provision decline or cease (Schulz et al.,
60 2016). Additionally, an abrupt change in lives, lack of sense of agency and lack of
61 perceived choice are linked with increased levels of burden and depression (Schulz et
62 al., 2012; Zygouri et al., 2021). Given that the availability and continuity of informal
63 caregiving is a global requirement, providers and policymakers must have access to
64 comprehensive caregiving research that provides meaningful subgroup analyses
65 exploring the subjective experiences of caregivers, including their attitudes, values,
66 preferences, feelings, and expectations, helping caregivers sustain their motivation for
67 caregiving (Harvath et al., 2020; Schulz et al., 2016; Sharma et al., 2016).

68 **Gender and caregiving**

69 In the caregiving context, gender is a central phenomenon that warrants
70 examination. While research provides conflicting evidence, some studies suggest that

71 being a woman and a care recipient's wife predict adverse psychological effects, but
72 others find no gender differences (Bom et al., 2019; Sharma et al., 2016; Xiong et al.,
73 2020; Yee & Schulz, 2000). Moreover, apart from the equivocal and inconsistent
74 evidence, there is an overemphasis on women caregivers, neglecting data on men,
75 who increasingly assume caregiver roles (Sharma et al., 2016). Evidence suggests that
76 it is not the objective conditions as more hours of care and more caregiving tasks are
77 performed by women, but the subjective evaluation of the caregiving workload as
78 well as the subjective evaluation of its effects that may explain gender differences in
79 psychological morbidity (Pinquart & Sörensen, 2006; Savundranayagam &
80 Montgomery, 2010; Swinkels et al., 2019). The influence of gender in caregiving is
81 structural and not easy to discern as it intersects with several other variables such as
82 culture, ethnicity, age, family relations and socioeconomic status, but these have
83 seldom been considered in research studies highlighting the complexity of this
84 phenomenon (Sharma et al., 2016; Swinkels et al., 2019).

85 **Context of research**

86 In Greece, family caregiving is prevalent (Katrougalos & Lazaridis, 2016),
87 with an estimated 34% of the population providing informal care (EQLS, 2016). A
88 lack of long-term care facilities has hindered women's participation in labor force,
89 leading to part-time work or early retirement (Ziomas et al., 2018). Traditional
90 patriarchal beliefs in Greek society have historically justified gender inequality,
91 although there is a transition towards more individualistic values that will potentially
92 impact women's position in family and caregiving arrangements (Georgas, 1989;
93 Tsiganou J., 2021).

94 **Aim of the study**

95 Given the above, this study uses psychological phenomenological methods
96 and analysis to capture the subjective perspectives of caregivers on the influence of
97 gender on their sense of self and agency to gain valuable insights into the challenges
98 presented by caregiving roles and their connection to the well-being of caregivers.
99 The research question is: How do spousal caregivers of older people undergoing
100 rehabilitation experience gender within the Greek community? The objectives to
101 support the inquiry are a) to describe the gendered patterns of perception, thought,
102 feelings and behaviour of spousal caregivers, b) to investigate the normative
103 structures that constitute the experience of gender, and c) to explore the sense of
104 agency in the experience of gender.

105 This research is exploratory and not grounded on any hypothesis or prediction.
106 The research objectives' content, formulation and rationale are based on a
107 constructionist epistemological position that challenges the notion of universal and
108 objective truth, instead emphasizing the socially constructed nature of knowledge and
109 the importance of multiple perspectives in understanding and interpreting reality
110 (Schwandt, 1994). Under this epistemological stance, a fundamental assumption of
111 this study is the belief that culture exerts influence on people's lives and that
112 knowledge is inherently dependent upon communities and thus governed to a large
113 degree by normative rules that are historically and culturally constituted (Gergen,
114 1985; Guba & Lincoln, 1994). From this perspective, gender is viewed as a dynamic,
115 socially constructed concept rather than a fixed identity (West & Zimmerman, 1987).
116 Contemporary theorists highlight the complex interplay of biology, culture, power
117 dynamics, and individual identity in shaping our understanding of gender (Butler,
118 2011; Fausto-Sterling, 2020). They advocate for a more nuanced understanding of
119 masculinity and femininity, recognizing a spectrum of gender expressions (Connell,

120 2005). In line with this perspective, our research examines the dynamic nature of
121 gender and its effect on caregiving experiences.

122 Methods

123 We followed the Journal Article Reporting Standards (Levitt et al., 2018) and
124 the Consolidated Criteria for Reporting Qualitative Research (Tong et al., 2007) to
125 conduct this study and report the findings. All data is available from the
126 corresponding author upon reasonable request. This study is not preregistered.

127 Design

128 We used a psychological phenomenological design to illuminate the unique
129 perspectives individuals attribute to their experiences of gender by gathering
130 qualitative data via interviews (Langdridge, 2008). We employed phenomenological
131 psychological reduction to suspend our biases and assumptions and remain receptive
132 to participants' experiences, adopting a descriptive approach to thoroughly analyze the
133 data (Englander, 2016; Giorgi et al., 2017).

134 Participants

135 The sample consisted of 11 spousal caregivers of older individuals needing
136 rehabilitation due to brain injury-related disorders. Seven participants are female, four
137 are male, ten are Greek, and one is Albanian. Of the 11 participants, seven identified
138 as women, while four identified as men. Minimum age 62 years old, maximum age
139 83, mean average age 69.9. The minimum time for providing care is nine months, and
140 the maximum is twenty-five years. The sample predominantly consist of retired
141 individuals from working-class socioeconomic background. All participants are Greek
142 residents who speak and write in Greek (see supplementary 1 for participants'
143 demographics).

Purposive sampling was employed to select participants who met predetermined criteria and could offer comprehensive insights into the phenomenon under investigation (Patton & Schwandt, 2014). The study aimed to include caregivers from diverse socio-economic and ethnic backgrounds and at different stages of the caregiving journey but also sought some homogeneity to ensure relevance and personal significance for the respondents (Moustakas, 1994). To achieve homogeneity, considering the highly adverse impact of caregiving on spouses and partners' carers and the intersection of caring practices with the caregivers/ care receiver relationship and care receiver medical needs, the study selected caregivers who lived with and provided primary care to their spouse or partner in need of rehabilitation (Lafiatoglou et al., 2022; Zygouri et al., 2021). Although the initial aim was to include caregivers from various gender and sexual orientation backgrounds, the final sample consisted of cisgender heterosexual individuals due to the demographics of the rehabilitation clinic and the nature of the caregiving context. Data saturation was achieved with 11 participants (Strauss & Corbin, 1998).

Procedures

The recruitment setting was a specialized public rehabilitation clinic in an urban area providing free-of-charge services to individuals requiring rehabilitation. All the participants were recruited through invitation flyers and participant information sheets that included information about the principal researcher and her reasons and interest in the topic, the research purpose, risks, rights, confidentiality, dissemination and contact details. There was no prior relationship between the researchers and the participants. All interviews were conducted once, face to face, by the principal researcher, a white woman psychologist and a PhD researcher trained in qualitative interviews. No one else was present in the interviews. One interview was

169 conducted at the clinic, one at the University and nine in the participants' houses and
170 lasted from 50 to 90 minutes, ensuring sufficient participant engagement. The
171 interviews were audio-recorded with high-quality equipment. The interview phase
172 lasted three months (09/21-11/21). The interviews were transcribed verbatim
173 immediately after completion to ensure data reliability, along with reflective notes
174 (Creswell, 2012). No participant withdrew from the study. Bevan's (2014) interview
175 method for descriptive phenomenological research was used to ensure consistency
176 across phenomenological theoretical assumptions, strategies and techniques (see
177 supplementary 2 for the interview protocol). Not all questions were asked, as
178 questioning was based on the participant's responses. Gender identification was
179 ascertained by open-ended questions (Nunner-Winkler et al., 2007). The pilot
180 interview was included for data analysis due to the richness of the information
181 collected.

182 **Data Analysis and Credibility of the Study**

183 Giorgi's phenomenological method guided the data analysis process (Giorgi,
184 2009). Initially, raw data was repeatedly read to grasp its overall essence. Everyday
185 descriptions were transformed into third-person meaning units, preserving
186 participants' experiences (Giorgi, 2009). Reflection and imaginative variation were
187 employed to express these units in psychological language, focusing on the study's
188 investigated phenomenon, the experience of gender (Giorgi, 2009). Specific meaning
189 units related to the experience of gender were identified and organized in temporal
190 order, representing the experiential structure: Normative Constitution, constructing
191 gender identity, alienation: disruption of the gendered sense of self, and reparation:
192 reconstitution of gender identity (Giorgi, 1985). These transformed units were
193 synthesized into coherent descriptions of individual experiences and a general

194 overview based on multiple cases, encapsulating the phenomenon of gender among
195 older spousal caregivers (see supplementary 3 for a data analysis example). To ensure
196 validity, individual structures were compared (Giorgi, 1985). Data credibility was
197 ensured through prolonged engagement, accurate transcription of high-quality
198 recordings, detailed documentation, and peer debriefings. The study's credibility was
199 further supported by purposeful sampling, a structured interview protocol, and
200 phenomenological reduction (Giorgi, 2009).

201 **Ethical considerations**

202 All research activity complied with the Declaration of Helsinki, followed good
203 practice guidance (E.U. Reg no. 536/2014), and adhered to the Charter of
204 Fundamental Rights of the European Union, 2000/C 364/01. This study has received
205 approval from the University's Research Ethics Committee, where the principal
206 investigator is affiliated. All the participants provided informed consent for
207 participation in the research (see supplementary 4 for participant consent form).

208 **Results**

209 **The Structure of the Experience of Gender in Spousal Caregiving**

210 The experience of gender, grasped by the participants at the time of the
211 interview, supports insight into the structure of the experience of gender for the
212 spousal caregivers as a normative diachronic identity characterized by an intricate
213 interplay between gender identity and agency. Through a temporal lens, the
214 phenomenon unfolds across three discernible phases: Normative Constitution,
215 Alienation, and Reparation. Participants cross these phases, revealing how gender
216 norms shape their identities and caregiving roles, resulting in periods of estrangement
217 and endeavours to reclaim agency, reaffirming their gendered sense of self in the
218 caregiving context. The phases are described below, including illustrative participants'

219 quotations. The participants are quoted as 'wp' for women participants and 'mp' for
220 men participants, reflecting their self-identified gender identities, followed by a case
221 number based on their participation order.

222 **Normative Constitution: Constructing Gender Identity**

223 The participants' experience of gender begins with the anticipated gender roles
224 within the heterosexual marriage institution. These roles are considered normative,
225 involving specific evaluative criteria shaping ideals of gendered existence. One
226 caregiver passionately stated, *"God created us to have a family. This is the destiny of*
227 *humanity" (mp2*), emphasizing how spousal caregivers perceive family creation
228 within heterosexuality as divine and central to personhood. The heterosexual marriage
229 institution operates as an organizing principle in life, legitimizing gender identities,
230 roles, and hierarchies through socialization, as illustrated in a caregiver's narrative: *"I*
231 *did a lesson to my teenage granddaughter: You will marry soon, and the man will*
232 *return from work, and he will not find dinner. He will pardon you once but tell you*
233 *again: return to your mother; you do not know anything" (mp2).* Gender recognition
234 with marital roles assigns discrete duties and liberties to each gender, with one
235 participant sharing her perspective, stating, *"The men do their chores out of the house.*
236 *Always, the woman is at home and with the children. The woman is the 'other'" (wp9).*

237 For men caregivers, their self-worth is deeply intertwined with their role as
238 breadwinners, where honor, independence, and good citizenship hold value. One
239 caregiver articulated, *"Be right, decent, a man who looks at himself and not what the*
240 *other person is doing... I have earned respect in my work, and even today, people*
241 *speak to me respectfully" (mp3)*. In contrast, womanhood's essence is profoundly
242 connected to the roles of a wife and mother, celebrated as a natural gift and the
243 foundation of femininity. One participant passionately declared, *"The woman has all*

244 *the gifts. She is both a wife and a mother! Women are valuable!" (wp4*), illustrating
245 how women are expected to fulfil these traditional roles regarded as essential to their
246 identity.

247 The significance of women further revolves around nurturing relationality and
248 demonstrating love within their families. Participants emphasized this, affirming,
249 "When a woman is right, she must stand by her family" (wp8). Another participant
250 echoed a similar sentiment: "As a woman, I care for my husband as I cared for my
251 father. I was caring for the elders, and I was nurturing the kids" (wp9). relationality

252 While women volunteer for the feminized caregiving roles, men's participation
253 is excused. One participant proudly remarked, *"We have taught the men to abstain*
254 *from household chores! What can men do to you? Well, they cannot do anything!"*
255 (wp9). By emphasizing women's distinctiveness, caregiving solidifies as unnatural for
256 men. A participant captured this sentiment: "*As a man, morally, I support my wife. But*
257 *physically, I do not. I cannot do the laundry of my wife's underwear. From within, I*
258 *cannot. I do not underestimate the woman, but I cannot"* (mp6).

259 While gender norms influence both genders, women are disproportionately
260 affected, shaping their self-perception and agency contingent on men's validation. In a
261 defining moment, one participant shared her thoughts on being a woman, stating, *"As*
262 *a woman, I love to have next to me a man who loves me, respects me, does not talk to*
263 *me badly, and does not offend me. That bothers me. That may kill me"* (wp10). A
264 participant further contributed to this perspective, asserting, *"The woman is in you. It*
265 *is the nature, the position of the woman" (mp6),*

266 In the accounts, the construct of gender situates the participants' cognition in
267 understanding their self and actions and understanding of the world and others,

structuring a continuous, rational, and coherent sense of self while shaping individuals' agency.

Alienation: Disruption of the Gendered Sense of Self

The emergence of the caregiving journey introduces a profound sense of alienation, disrupting the participants' understanding of themselves as gendered subjects. As one participant expressed, *"I feel imprisoned... My life is over... Sometimes my brain gets foolish, and I want to get the cell phone, and I get the bread... I suffer and am alone*" (mp1), revealing the emotional instability experienced by men. Once firmly attached to their masculine identities, these men are detached from traditional masculine activities and deeply immersed in feminized caregiving roles.

This sense of alienation takes various forms, including loneliness, isolation, desperation, emotional vulnerability, depression, and introspection, which significantly impact cognitive functions, as the participant suggested. Men caregivers wrestle with a tension between their desire for personal freedom and the preservation of their reputation. As one caregiver emotionally shared, "*I am in prison… I have been excluded… I could have left her to die on Saturday by not giving her oxygen... I have been told to hire a woman caregiver twenty-four hours a day. No, I cannot do that. If another woman is sleeping here, you will be tempted one day... Everything I do on my own. I have taken it upon myself*" (mp3).

Women caregivers also experience alienation, which manifests as a loss of the traditional marital relationship and heightened nostalgia. Their desires centre on a return to the established gender order, as one participant expressed, "Everything has changed... He was a hyperactive man, and of course, I was right behind him... Sometimes I tell him: become the man you were" (wp5). This sense of longing is

293 echoed by another participant, who added, "*I sense myself being left behind… I grew*
294 *old... I do not even want to attend celebrations anymore*" (wp4).

295 Women caregivers, too, engage in heightened emotional and physical labor
296 that leads to experiences extending beyond depression as fear, hyperarousal,
297 restlessness, and medication reliance. These challenges are further intensified by
298 rumination. As one participant distressingly described, " *How can I leave him? He*
299 *calls me all the time. If I am not there, he feels insecure... I am constantly afraid of*
300 *dealing with these challenging situations because I am alone. Fear, anxiety, sadness –*
301 *I have lost 10 kilos, insomnia, I take Xanax every day, I cry in silence* " (wp7).
302 Another participant disclosed, "*A little bit to hear him move, I jump up because I have*
303 *much anxiety and fear. I need to be well to serve him… I cannot escape this thing; I*
304 *do not know why. It is now in my body... A neurologist has told my children that I am*
305 *in a worse condition than their father (*wp5). The internalized dependency and
306 inadequacy, coupled with an unexpected new form of motherhood, force these
307 caregivers to exhibit heightened empathy as a sense of sharing their husbands'
308 vulnerability and hypervigilant concern.

309 In the accounts, alienation disrupts the participants' sense of belonging in the
310 world as gendered subjects. Formerly skilled at enacting their gender identity,
311 participants struggle to exert control over this conception. An altered sense of self
312 hinges on agency, as the internalized norms of gender force them to adapt to an alien
313 world.

314 **Reparation: Reconstitution of Gender Identity**

315 As the caregiving journey unfolds, the participants in the study justified their
316 caregiving role by (re)constituting themselves as gendered agents. This process was a
317 work of reason involving consciously using the gender norm demands.

318 Men participants actively reconstruct their masculinity, aligning it with values
319 such as being a law-abiding citizen and a protector who embodies decency, reliability,
320 virtue, and respectability. Upholding honor necessitates sacrifices and self-denial,
321 fortified by courage and strength. By distinguishing themselves from less honorable
322 men, these participants emphasize the moral significance of their caregiving acts and
323 are willing to execute them. One participant expressed this sentiment: "*She is my wife,*
324 *and I hold an obligation to her and society. I cannot leave my spouse alone and*
325 *helpless at home while I go out. I am a man, and there are good men and bad men*
326 *who take a divorce" (mp1).* Another participant added, "*I do my duty as I should. I*
327 *have positive feelings. I understand what I need to do. Okay, I like it* (mp2).
328 The public acknowledgement of their heroism, encompassing traditionally
329 masculine attributes like strength, bravery, perseverance, and commitment to
330 exceeding expectations, serves to solidify their gender identity as unquestionable. A
331 participant proudly stated: "*Everyone here wonders how a man can do all these*
332 *things. They call me a hero, and others call me a rock!"* (mp3), highlighting how
333 participants actively redefine their masculinity within the caregiving role.
334 In contrast, women caregivers navigate their reparative journey by embracing
335 caregiving with empathy, benevolence, and an understanding of morality as a form of
336 self-sacrifice. One participant compassionately expressed: *"I feel sorrow for my*
337 *husband now because he was an active man, and he is now plagued by sadness… I*
338 *prioritize his well-being over my own…. I have willingly relegated myself to a*
339 *secondary position.*" (wp4). She continued, *"Since I was 14, I have been raising my*
340 *siblings and children alone…. People often ask me: How do you endure? My response*
341 *is simple: What choice do I have? I have been doing this for years. It is like having a*

342 *baby. I felt inner strength. I felt empowered. I do not perceive it as a burden; I*
343 *undertake it willingly*" (wp4).

344 However, this perception of the feminine identity, defined by caregiving and
345 nurturing, while empowering, also restricts women caregivers from asserting their
346 self-determination within the caregiving role, resulting in an implicit sense of guilt
347 and a denial of their subjectivity. In a reflective moment, one participant stated,
348 *"Okay, I might experience moments of stress. At times, I may wonder why shall I stay*
349 *here? But I do not take it seriously*" (wp8). Another participant contemplated her
350 choices: "*I know a woman who did not provide care; she maintained her career and*
351 *had others attend to her husband. In contrast, I did not work. I had nothing. I left*
352 *myself in ruins.*" (wp7).

353 However, it is crucial to recognize that the apparent self-sacrifice, seemingly
354 devoid of personal gain, conceals a more nuanced survival strategy employed by
355 women caregivers. A participant's statement vividly illustrates this complexity: "*I*
356 *believe that one must be willing to sacrifice oneself to aid someone in such dire*
357 *circumstances. I needed him to stay alive, even paralyzed. My longing was intense. I*
358 *felt a profound need to be with him* " (wp10).

359 Reparation involves a deliberate engagement in normative reflections and
360 practices to restore their gender identity while justifying their existence in the
361 caregiving role. In this phase, individuals recognize the need to align their agency
362 with their gender self-concept and utilize available resources to infuse their caregiving
363 actions with gender significance, thereby mending their identity. Critical moral self-
364 conscious emotions, including guilt and pride, are pivotal in guiding their actions.
365 Meanwhile, self-sacrificial acts contribute to a heightened sense of worth associated
366 with their gendered identity.

367 In visualizing the phenomenon, it becomes evident that normative gender roles
368 are deeply embedded within the spousal caregiving experience. These roles exert
369 influence through anticipated behaviors, ideals, and expectations, shaping how
370 individuals perceive themselves and their roles within the caregiving journey. As the
371 participants contend with their evolving self-concepts, this interplay between societal
372 norms and personal identity leads to alienation. The pervasive influence of societal
373 gender norms is experienced as a constraining force, limiting individual agency and
374 shaping their experiences. Reparation, marked by normative reflections and self-
375 sacrifice, becomes a mechanism for restoring agency and identity alignment. This
376 phase reveals not only the process of identity repair but also sheds light on the
377 complex psychological structure of the phenomenon. This reparation process signifies
378 the malleability and resilience of gender identity, highlighting how participants
379 negotiate their sense of self within the broader context of caregiving and societal
380 norms (see supplementary 5 for an illustration).

381 **Discussion and Implications**

382 The overarching aim of this study was to explore how spousal caregivers in
383 the Greek community experience gender while caring for older individuals in
384 rehabilitation. In the phenomenological analysis of the eleven participants' transcripts,
385 the experience of gender emerged as a normative diachronic identity with distinct
386 phases: normative constitution, alienation, and reparation.

387 In phase one, normative constitution, it is seen how the participants'
388 experience of gender develops within a culture implicitly permeated by
389 heteronormative principles. The participants' mental representations of gender
390 consisted of two distinct gender categories, women and men, encompassing specific
391 evaluative criteria of being that formed the archetypes and ideal members of each of

392 the gender categories and against which individuals were evaluated as better or worse
393 examples of the category (Hampton & Reimer, 2015; Rosch, 1975). For the
394 participants in the study, the perception of two separate and opposing genders was
395 associated with the 'natural' roles that match their assigned sex, making sexual
396 orientation essential to their conceptualization of gender.

397 The findings follow research showing gender and sexuality to be inextricably
398 tied together and inseparable constructs in the mind of the everyday perceiver,
399 supporting that the general categories of 'women' and 'men' often assume
400 heterosexuality emphasizing this constraint on generalizability for researchers and
401 practitioners when employing gender categories of women and men in future
402 research, interventions, or communication with caregivers y (Henry & Steiger, 2022;
403 Kitzinger, 2010; Klysing, 2023).

404 The stereotype content associated with women and men in this study follows a
405 complementary structure found in various cultural contexts where women are
406 stereotyped as high in relatedness and interdependence but low in agency, while men
407 are stereotyped as low in relatedness but high in independence and agency (Ellemers,
408 2018; Guimond et al., 2006). The level of internalization of stereotypical gender
409 characteristics affected the fluidity of the individual's self-concept and sense of
410 agency, shaping independent and relational selves (Cuddy et al., 2009; Guimond et
411 al., 2006). As in this study, the literature shows the relational sense of self as central to
412 women's identity, with women's agency to be manifested as a relational and collective
413 phenomenon rather than an individual (Charrad, 2010; Gallagher, 2007).

414 The findings emphasize the significance of understanding how internalized
415 gender stereotypes and the intersection of gender, sexuality, age, division of labour,
416 power dynamics, cultural norms, and values shape caregiving behaviours and

417 relationships. Recognizing these factors can help explain the stressors associated with
418 the caregiving experience and the strategies employed to cope with the stressors
419 (Calasanti et al., 2021; Onorato & Turner, 2004).

420 In phase two, the study reveals the experience of alienation among caregivers
421 with the emergence of the caregiving journey. There is a lack of research on
422 alienation in informal caregiving, with comparative studies exploring variants of
423 alienation such as loneliness, social isolation, and powerlessness (Seeman, 1959). The
424 findings support research in older adults, suggesting that subjective loneliness is
425 related to social isolation (Wenger & Burholt, 2004). Although women and men
426 experienced social isolation in terms of an objective decline in social interactions, the
427 subjective sense of dwindling social connectedness and rejection was profound among
428 men linked to changes in their masculine identity and engagement in feminized
429 caregiving acts, leading men carers to strive to maintain masculinity avoiding seeking
430 support, further exacerbating their social isolation (Milligan & Morbey, 2016).

431 Primary prevention of loneliness is necessary to preserve social networks and
432 promote resilience among older carers, acknowledging further men's vulnerability
433 who may struggle with evolving perceptions of masculinity and recognizing that an
434 environment that respects their autonomy may be necessary to engage some men in
435 psychological support (Willis et al., 2020). Respite services, daycare, institutional care
436 services or the assignment of a case manager as a nurse to the caregiver and care
437 recipient dyad may benefit the older caregivers with a temporary break from
438 caregiving duties to engage in desired activities (Schulz et al., 2020a). Findings
439 emphasize the importance of recognizing diverse expressions of masculinity in
440 caregiving, the range of emotions, and caregivers' psychological vulnerability,
441 regardless of gender. (Campbell & Carroll, 2007; Giesbrecht et al., 2017).

442 For women caregivers, alienation involves a loss of happiness in the
443 performance of traditional gender roles in marriage and motherhood (Ahmed, 2020;
444 Suppes, 2020). Consistent with the literature on gender differences in psychological
445 morbidity among caregivers, women reported poorer mental health than men in terms
446 of anxiety (Pillemer et al., 2018; Yee & Schulz, 2000). A heightened affective
447 empathy may partially explain women's psychological vulnerability, possibly
448 influenced by gender stereotypes (Zahn-Waxler and Van Hulle, 2012; Michalska,
449 Kinzler and Decety, 2013). Although affective empathy, in contrast to cognitive
450 empathy, is connected to emotional distress, anxiety and depression, few studies have
451 examined the connection between both facets of empathy and mental health outcomes
452 in caregivers (Tone & Tully, 2014). The findings point to affective empathy as a
453 therapeutic target for caregivers with anxiety and depression symptoms, considering
454 risk factors such as spousal caregiving, age and gender and the need to explore if
455 supporting carers to regulate their emotions by maintaining a clear distinction
456 between the self and the other would be beneficial for their well-being (Hua et al.,
457 2021). Meditative intervention strategies may be beneficial as they encourage
458 reflection on what is and is not achievable in helping a loved one and also providing
459 respite to ease care provision and treatments to decrease the suffering of the care
460 recipient (Collins & Kishita, 2019; Schulz et al., 2020). Moreover, understanding
461 caregiver distress considering factors such as care recipients' disabilities is essential to
462 tailor support and interventions for caregivers. For example, in stroke caregiving, the
463 demanding nature of assisting in rehabilitation and the hope of recovery may intensify
464 stress levels, whereas in dementia caregiving, progressive cognitive decline may
465 induce more prolonged and chronic stress (Schulz et al., 2016).

Heightened empathy was also connected to hypervigilant monitoring observed in other studies for women carers and discussed as a strategy to maintain control in unfamiliar situations (Green & King, 2009). It can be argued that this hypervigilant monitoring is associated with a form of intensive mothering driven by internalized prejudices and the 'good mother' stereotype consisting of un-reflected guilt and maladaptive reparation efforts that alleviate distress and depression symptoms (Liss et al., 2013; O'Connor et al., 2007). Men caregivers also experienced guilt characterized by emotional ambivalence, absence of self-disclosure, loneliness and alienation (Bruno et al., 2009). Literature shows that caregivers experience guilt for various reasons: actions, limitations, negative emotions, relationship changes, and for neglecting other areas, connecting guilt with emotional distress (Gallego-Alberto et al., 2022). Research also suggests that women feel guiltier for leaving dependents alone or neglecting other areas, while men feel guilty for not performing domestic tasks and losing patience (Brea et al., 2016). In this study, caregivers' guilt had two components: interpersonal guilt, arising from caregiving motivations, prompting reparatory acts of attentiveness to the care recipient's needs, and intrapsychic guilt that appeared as a dysphoric feeling associated with personal distress and a fear of transgressing moral standards related specifically to gender norm violation (Carnì et al., 2013). These findings suggest examining strategies for managing the two types of guilt and understanding their differences to inform therapy. Exploring experiences to identify vulnerability factors that contribute to each type of guilt could also enhance understanding of psychological processes and guide targeted interventions (Mancini & Gangemi, 2021).

In phase three, reparation, the findings highlight the influence of gender norms on participants' moral motivation for caregiving, showing moral motivation to result

491 from the interaction between individual levels of gender identification and the content
492 of shared gender stereotypes (Nunner-Winkler et al., 2007). Women's care orientation
493 predisposes them to adopt a moral of self-sacrifice led by internalized selflessness
494 (Shabot, 2022). Men's justice orientation, by encompassing excess altruism, also
495 involves a moral of self-sacrifice that is often perceived as heroic and commendable,
496 allowing them to reform their masculinity without displacing their hegemonic vision
497 (Campbell & Carroll, 2007; Connell & Messerschmidt, 2005).

498 It is argued that self-sacrificial acts are praiseworthy, though non-obligatory, in
499 that their omission is not blameworthy (Urmson, 1958). However, this study questions
500 the extent of free will in these acts for carers, as they seem to be influenced by
501 internal and external factors and driven by societal expectations. Compliance with
502 these expectations allowed individuals to affirm their gendered sense of self and self-
503 worth, as deviating from them bred self-doubt, guilt, and alienation, showing that the
504 self-sacrificial caregiving acts were not only pursued solely for the sake of the other
505 but for the sake of avoiding negative consequences for the self. Self-sacrificial acts
506 gave the caregivers a tremendous opportunity for worth gain in their harmed gender
507 identity more than other neutral or pleasurable acts could give (Dugas et al., 2016).
508 Research on daily sacrifices in intimate romantic relationships shows that when the
509 cost is high, or sacrifices are driven by avoidance motivation, they are harmful to the
510 well-being of both partners and determinantal for relationship maintenance (Day &
511 Impett, 2017; Impett et al., 2013).

512 The findings highlight the need for therapeutic and preventive measures to
513 address self-sacrificial morals in caregiving. Differentiating between commitment in a
514 caregiving relationship and self-sacrifice, as well as altruism, is essential. Goal
515 commitment involves persistence and effort, self-sacrifice involves focusing on a

516 cause and neglecting alternative goals, whereas altruism entails acting for others
517 without personal gain and does not involve necessary significant loss (Bélanger et al.,
518 2018).

519 Feelings of guilt and lack of perceived choice in the caregiving role are
520 connected with increased burden and psychological morbidity among caregivers
521 (Schulz et al., 2016). Numerous research highlight the influence of social and cultural
522 factors on caregiver motives and choices (Zarzycki et al., 2022). It has been suggested
523 that social norms and expectations impose a sense of obligation on individuals, which
524 is thought to be the primary caregiving motive (Corey & McCurry, 2017). The current
525 findings add to the literature by addressing the internal, individual, context and
526 gender-based caregiving experience whilst also considering moral and ethical aspects
527 of caregiving, showing how culture and society-dependent factors provide context to
528 psychological factors that shape the perceived obligation to provide care.
529 Understanding caregivers' motivational approach and assessing emotional impact can
530 provide insights into their level of joy and pleasure, determining the genuineness of
531 caregiving acts. Interventions may support caregivers' assertiveness skills to
532 effectively express their needs and desires, communicate boundaries and preferences,
533 and engage in activities that bring them fulfilment. There is a need to support
534 caregivers to think and challenge beliefs that reinforce the necessity of self-sacrifice
535 either for their worth or the happiness of others, empowering them to prioritize their
536 well-being for sustaining their motivations in caregiving. This shift in perspective can
537 lead to a more positive and fulfilling caregiving experience.

538 **Limitations**

539 This study aimed to provide an in-depth analysis of the experiences of a
540 specific subgroup of caregivers; therefore, the purposive sample strategy inherently

541 limits the generalizability of the findings to the under-study population (Palinkas et
542 al., 2015). Greece's sociocultural context, unique historical factors, and specific
543 gender norms shaped participants' experiences. Notably, all participants identified as
544 cisgender and heterosexual, further restricting generalizability to other gender
545 identities and sexual orientations. The sample primarily represented a working-class
546 demographic from one urban clinic, limiting applicability to diverse socioeconomic
547 backgrounds, rural settings, varied clinical contexts, and caregiving dynamics.
548 Nevertheless, this study provides a framework for examination in different
549 populations. Future research should expand on these findings to understand gender
550 stereotypes, caregiving experiences, and moral decision-making across a broader
551 spectrum of caregivers, encompassing diverse cultural, ethnic, and socioeconomic
552 backgrounds, gender and sexual orientations. Qualitative research findings, reliant on
553 subjective analysis and narrative descriptions, may be subject to multiple
554 interpretations influenced by researcher biases, participant responses, and translation
555 issues. Informants may provide unreliable data due to a desire to please or hidden
556 intentions, emotions, principles, or viewpoints (Tongco, 2007). Our research team
557 maintained rigor through reflexivity and transparent data collection, methods, and
558 analysis to mitigate these limitations.

559 **Conclusion**

560 The study offers a framework for examining the caregiving experience and
561 psychological outcomes for spousal caregivers from a gender perspective. It
562 highlights the influence of stereotypical attributes linked to femininity and
563 masculinity on self-concept, agency, and the formulation of caregiving evaluations
564 and practices, highlighting the importance of incorporating an intersectional
565 perspective in future research and interventions with caregivers, considering factors

566 such as gender, sexuality, gender relations, age, division of labour, power dynamics,
567 cultural norms, and values. The results indicate that caregivers feel alienated upon
568 embarking on the caregiving journey, with specific gender-based vulnerabilities that
569 impact their psychological well-being. By recognizing these vulnerabilities and
570 addressing gendered expectations and societal pressures, interventions can foster
571 caregivers' mental health and facilitate the development of effective coping strategies.
572 The findings shed light on the complexity of empathy, the multifaceted nature of guilt,
573 and their connection to the caregivers' gender self-concept, emphasizing the central
574 role of emotions in the experience of stressors guiding caregivers' thoughts and
575 behaviours. The research highlights the moral dimension of caregiving and its
576 relationship with gender norms and motivations, calling for challenging self-
577 sacrificial morals and societal norms associated with them to empower caregivers to
578 prioritize their well-being while sustaining their motivations in caregiving. By
579 recognizing gender-based vulnerabilities in the spousal caregiving journey,
580 rehabilitation psychologists can create a supportive environment for caregivers,
581 fostering a more positive, fulfilling and rewarding caregiving experience.

582 **References**

583 Ahmed, S. (2020). The Promise of Happiness. *The Promise of Happiness*.
584 https://doi.org/10.1515/9780822392781

585 Bélanger, J. J., Schumpe, B. M. M., Menon, B., Ng, J. C., & Nociti, N. (2018). Self-
586 Sacrifice for a Cause: A Review and an Integrative Model. In *The SAGE*
587 *Handbook of Personality and Individual Differences: Volume II: Origins of*
588 *Personality and Individual Differences* (pp. 465–485).
589 https://doi.org/10.4135/9781526451200.n25

590 Bevan, M. T. (2014). A method of phenomenological interviewing. *Qualitative*

591 *Health Research*, *24*(1), 136–144. https://doi.org/10.1177/1049732313519710
592 Bom, J., Bakx, P., Schut, F., & Van Doorslaer, E. (2019). The Impact of Informal
593 Caregiving for Older Adults on the Health of Various Types of Caregivers: A
594 Systematic Review. In *Gerontologist* (Vol. 59, Issue 5, pp. e629–e642).
595 Gerontological Society of America. https://doi.org/10.1093/geront/gny137
596 Brea, M. T., Albar, M. J., & Casado-Mejia, R. (2016). Gendering Guilt among
597 Dependent Family Members' Caregivers. *The Spanish Journal of Psychology*,
598 *19*, E80. https://doi.org/10.1017/SJP.2016.82
599 Bruno, S., Lutwak, N., & Agin, M. A. (2009). Conceptualizations of guilt and the
600 corresponding relationships to emotional ambivalence, self-disclosure, loneliness
601 and alienation. *Personality and Individual Differences*, *47*(5), 487–491.
602 https://doi.org/10.1016/J.PAID.2009.04.023
603 Butler, J. (2011). Bodies that matter: On the discursive limits of sex. *Bodies That*
604 *Matter: On the Discursive Limits of Sex*, 1–226.
605 https://doi.org/10.4324/9780203828274
606 Calasanti, T., De Vries, B., Coyle, C., Mutchler, J., Costantini, H., & Roberts, G.
607 (2021). Doing Everything: Intersections of Gender and Sexual Orientation in
608 Caregiving for a Spouse With Dementia. *Innovation in Aging*, *5*(Supplement_1),
609 489–490. https://doi.org/10.1093/GERONI/IGAB046.1890
610 Campbell, L. D., & Carroll, M. P. (2007). The incomplete revolution: Theorizing
611 gender when studying men who provide care to aging parents. *Men and*
612 *Masculinities*, *9*(4), 491–508. https://doi.org/10.1177/1097184X05284222
613 Carnì, S., Petrocchi, N., Del Miglio, C., Mancini, F., & Couyoumdjian, A. (2013).
614 Intrapsychic and interpersonal guilt: A critical review of the recent literature.
615 *Cognitive Processing*, *14*(4), 333–346. https://doi.org/10.1007/S10339-013-

616 0570-4/METRICS
617 Charrad, M. M. (2010). Women's agency across cultures: Conceptualizing strengths
618 and boundaries. *Women's Studies International Forum*, *33*(6), 517–522.
619 https://doi.org/10.1016/J.WSIF.2010.09.004
620 Collins, R. N., & Kishita, N. (2019). The Effectiveness of Mindfulness- and
621 Acceptance-Based Interventions for Informal Caregivers of People With
622 Dementia: A Meta-Analysis. *The Gerontologist*, *59*(4), e363–e379.
623 https://doi.org/10.1093/GERONT/GNY024
624 Connell, R. W. (2005). *Masculinities*. Allen & Unwin.
625 https://www.routledge.com/Masculinities/Connell/p/book/9781741145199
626 Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic Masculinity: Rethinking
627 the Concept. *Gender and Society*, *19*(6), 829–859.
628 https://doi.org/10.1177/0891243205278639
629 Corey, K. L., & McCurry, M. K. (2017). An exploration of caregiver choice through
630 the lens of Sartrean existentialism. *Nursing Philosophy : An International*
631 *Journal for Healthcare Professionals*, *18*(4). https://doi.org/10.1111/NUP.12170
632 Creswell, J. (2012). Qualitative Inquiry and Research Design: Choosing Among Five
633 Approaches. In *Design: Choosing Among Five Approaches* (Vol. 3, Issue June).
634 Cuddy, A. J. C., Fiske, S. T., Kwan, V. S. Y., Glick, P., Demoulin, S., Leyens, J. P.,
635 Bond, M. H., Croizet, J. C., Ellemers, N., Sleebos, E., Htun, T. T., Kim, H. J.,
636 Maio, G., Perry, J., Petkova, K., Todorov, V., Rodríguez-Bailón, R., Morales, E.,
637 Moya, M., … Ziegler, R. (2009). Stereotype content model across cultures:
638 towards universal similarities and some differences. *The British Journal of*
639 *Social Psychology*, *48*(Pt 1), 1–33. https://doi.org/10.1348/014466608X314935
640 Day, L. C., & Impett, E. A. (2017). Giving when it costs.

641 *Https://Doi.Org/10.1177/0265407517694965*, *35*(5), 722–742.
642 https://doi.org/10.1177/0265407517694965
643 Dugas, M., Bélanger, J. J., Moyano, M., Schumpe, B. M., Kruglanski, A. W.,
644 Gelfand, M. J., Touchton-Leonard, K., & Nociti, N. (2016). The quest for
645 significance motivates self-sacrifice. *Motivation Science*, *2*(1), 15–32.
646 https://doi.org/10.1037/MOT0000030
647 Eisenberg, N., & Miller, P. A. (1987). The Relation of Empathy to Prosocial and
648 Related Behaviors. *Psychological Bulletin*, *101*(1), 91–119.
649 https://doi.org/10.1037/0033-2909.101.1.91
650 Ellemers, N. (2018). Gender Stereotypes. *Https://Doi.Org/10.1146/Annurev-Psych-*
651 *122216-011719*, *69*, 275–298. https://doi.org/10.1146/ANNUREV-PSYCH-
652 122216-011719
653 Englander, M. (2016). The phenomenological method in qualitative psychology and
654 psychiatry. *International Journal of Qualitative Studies on Health and Well-*
655 *Being*, *11*. https://doi.org/10.3402/QHW.V11.30682
656 EQLS. (2016). *European Quality of Life Surveys* .
657 https://www.eurofound.europa.eu/surveys/european-quality-of-life-surveys
658 Fausto-Sterling, A. (2020). *Sexying the Body, Gender Politics and the Construction of*
659 *Sexuality (updated edition)*. https://www.worldcat.org/title/1142009543
660 Gallagher, S. K. (2007). Agency, Resources, and Identity.
661 *Http://Dx.Doi.Org/10.1177/0891243206296990*, *21*(2), 227–249.
662 https://doi.org/10.1177/0891243206296990
663 Gallego-Alberto, L., Losada, A., Cabrera, I., Romero-Moreno, R., Pérez-Miguel, A.,
664 Pedroso-Chaparro, M. D. S., & Márquez-González, M. (2022). "I Feel Guilty".
665 Exploring Guilt-Related Dynamics in Family Caregivers of People with

666 Dementia. *Clinical Gerontologist*, *45*(5), 1294–1303.
667 https://doi.org/10.1080/07317115.2020.1769244
668 Georgas, J. (1989). Changing family values in greece: From Collectivist to
669 Individualist. *Journal of Cross-Cultural Psychology*, *20*(1), 80–91.
670 https://doi.org/10.1177/0022022189201005
671 Gergen, K. J. (1985). The Social Constructionist Movement in Modern Psychology.
672 *American Psychologist*, *40*(3), 266–275. https://doi.org/10.1037/0003-
673 066X.40.3.266
674 Giesbrecht, M., Williams, A. M., Ploeg, J., & Markle-Reid, M. (2017). *Feelings of*
675 *distance and proximity: exploring the emotional geographies of men caregiving*
676 *for family members with multiple chronic conditions Family Care Conferences*
677 *for End of Life in Long-Term Care View project Launching Namaste Care, a*
678 *hospice-like pro*. https://doi.org/10.1080/14649365.2017.1347957
679 Giorgi, A. (1985). *Phenomenology and psychological research*. 216.
680 Giorgi, A. (2009). *The descriptive phenomenological method in psychology : a*
681 *modified Husserlian approach*. 233.
682 Giorgi, A., Giorgi, B., & Morley, J. (2017). The Descriptive Phenomenological
683 Psychological Method. *The SAGE Handbook of Qualitative Research in*
684 *Psychology*, 176–192. https://doi.org/10.4135/9781526405555.N11
685 Green, T. L., & King, K. M. (2009). Experiences of male patients and wife-caregivers
686 in the first year post-discharge following minor stroke: a descriptive qualitative
687 study. *International Journal of Nursing Studies*, *46*(9), 1194–1200.
688 https://doi.org/10.1016/J.IJNURSTU.2009.02.008
689 Guba, E. G. G., & Lincoln, Y. S. (1994). *Competing Paradigms in Qualitative*
690 *Research*. Sage Publications, Inc. https://psycnet.apa.org/record/1994-98625-005

691 Guimond, S., Chatard, A., Martinot, D., Crisp, R. J., & Redersdorff, S. (2006). Social
692 comparison, self-stereotyping, and gender differences in self-construals. *Journal*
693 *of Personality and Social Psychology*, *90*(2), 221–242.
694 https://doi.org/10.1037/0022-3514.90.2.221
695 Hampton, J., & Reimer, N. (2015). *Hampton: Prototypes and Exemplars: Page 1*
696 *Categories, Prototypes and Exemplars*.
697 Harvath, T. A., Mongoven, J. M., Bidwell, J. T., Cothran, F. A., Sexson, K. E.,
698 Mason, D. J., Buckwalter, K., & Siegel, E. O. (2020). Research Priorities in
699 Family Caregiving: Process and Outcomes of a Conference on Family-Centered
700 Care Across the Trajectory of Serious Illness. *The Gerontologist*, *60*.
701 https://academic.oup.com/gerontologist/article/60/Supplement_1/S5/5735604
702 Henry, P. J., & Steiger, R. L. (2022). Sexual Orientation as Gendered to the Everyday
703 Perceiver. *Sex Roles*, *87*(3–4), 117–138. https://doi.org/10.1007/S11199-022-
704 01313-1
705 Hua, A. Y., Wells, J. L., Brown, C. L., & Levenson, R. W. (2021). Emotional and
706 Cognitive Empathy in Caregivers of Persons with Neurodegenerative Disease:
707 Relationships with Caregiver Mental Health. *Clinical Psychological Science : A*
708 *Journal of the Association for Psychological Science*, *9*(3).
709 https://doi.org/10.1177/2167702620974368
710 Impett, E. A., Javam, L., Le, B. M., Asyabi-Eshghi, B., & Kogan, A. (2013). The joys
711 of genuine giving: Approach and avoidance sacrifice motivation and
712 authenticity. *Personal Relationships*, *20*(4), 740–754.
713 https://doi.org/10.1111/PERE.12012
714 Katrougalos, G., & Lazaridis, G. (2016). The South European welfare states at the
715 dawn of the new Millennium: identity and problems. *Social Cohesion and*

716 *Development*, *3*(1), 5–25. https://doi.org/10.12681/scad.8897

717 Kitzinger, C. (2010). "Speaking as a Heterosexual": (How) Does Sexuality Matter for
718 Talk-in-Interaction? *Http://Dx.Doi.Org/10.1207/S15327973rlsi3803_2*, *38*(3),
719 221–265. https://doi.org/10.1207/S15327973RLSI3803_2

720 Klysing, A. (2023). Prototypicality at the intersection of gender and sexual
721 orientation. *British Journal of Social Psychology*, *00*, 1.
722 https://doi.org/10.1111/BJSO.12645

723 Lafiatoglou, P., Ellis-Hill, C., Gouva, M., Ploumis, A., & Mantzoukas, S. (2022). A
724 systematic review of the qualitative literature on older individuals' experiences of
725 care and well-being during physical rehabilitation for acquired brain injury.
726 *Journal of Advanced Nursing*, *78*(2), 377–394.
727 https://doi.org/10.1111/JAN.15016

728 Langdridge, D. (2008). Phenomenology and Critical Social Psychology: Directions
729 and Debates in Theory and Research. *Social and Personality Psychology*
730 *Compass*, *2*(3), 1126–1142. https://doi.org/10.1111/j.1751-9004.2008.00114.x

731 Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-
732 Orozco, C. (2018). Journal article reporting standards for qualitative primary,
733 qualitative meta-analytic, and mixed methods research in psychology: The APA
734 Publications and Communications Board task force report. *American*
735 *Psychologist*, *73*(1), 26. https://doi.org/10.1037/AMP0000151

736 Liss, M., Schiffrin, H. H., Rizzo, K., & Uk, A. (2013). *Maternal Guilt and Shame:*
737 *The Role of Self-discrepancy and Fear of Negative Evaluation CORE View*
738 *metadata, citation and similar papers at core*. https://doi.org/10.1007/s10826-
739 012-9673-2

740 Mancini, F., & Gangemi, A. (2021). Deontological and Altruistic Guilt Feelings: A

741 Dualistic Thesis. *Frontiers in Psychology*, *12*, 2118.
742 https://doi.org/10.3389/FPSYG.2021.651937/BIBTEX
743 Michalska, K. J., Kinzler, K. D., & Decety, J. (2013). Age-related sex differences in
744 explicit measures of empathy do not predict brain responses across childhood
745 and adolescence. *Developmental Cognitive Neuroscience*, *3*(1), 22–32.
746 https://doi.org/10.1016/J.DCN.2012.08.001
747 Milligan, C., & Morbey, H. (2016). Care, coping and identity: Older men's
748 experiences of spousal caregiving. *Journal of Aging Studies*, *38*, 105–114.
749 https://doi.org/10.1016/J.JAGING.2016.05.002
750 Moustakas, C. E. (1994). *Phenomenological research methods*. SAGE Publications.
751 https://www.perlego.com/book/2800762/phenomenological-research-methods-
752 pdf
753 Nunner-Winkler, G., Meyer-Nikele, M., & Wohlrab, D. (2007). Gender differences in
754 moral motivation. *Merrill-Palmer Quarterly*, *53*(1), 26–52.
755 https://doi.org/10.1353/MPQ.2007.0003
756 O'Connor, L. E., Berry, J. W., Lewis, T., Mulherin, K., & Crisostomo, P. S. (2007).
757 Empathy in Mental Illness: Empathy and depression: the moral system on
758 overdrive. *Empathy in Mental Illness*, 49–75.
759 https://doi.org/10.1017/CBO9780511543753.005
760 Onorato, R. S., & Turner, J. C. (2004). Fluidity in the self-concept: the shift from
761 personal to social identity. *European Journal of Social Psychology*, *34*(3), 257–
762 278. https://doi.org/10.1002/EJSP.195
763 Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood,
764 K. (2015). Purposeful sampling for qualitative data collection and analysis in
765 mixed method implementation research. *Administration and Policy in Mental*

766 *Health*, *42*(5), 533. https://doi.org/10.1007/S10488-013-0528-Y
767 Patton, M. Q., & Schwandt, T. A. (2014). *Qualitative Research & Evaluation*
768 *Methods + the Sage Dictionary of Qualitative Inquiry, 4th Ed.* 832.
769 Pillemer, S., Davis, J., & Tremont, G. (2018). *Gender effects on components of*
770 *burden and depression among dementia caregivers*. *22*(9), 1156–1161.
771 https://doi.org/10.1080/13607863.2017.1337718
772 Pinquart, M., & Sörensen, S. (2006). Gender differences in caregiver stressors, social
773 resources, and health: An updated meta-analysis. *Journals of Gerontology -*
774 *Series B Psychological Sciences and Social Sciences*, *61*(1).
775 https://doi.org/10.1093/geronb/61.1.P33
776 Rosch, E. (1975). Cognitive representations of semantic categories. *Journal of*
777 *Experimental Psychology: General*, *104*(3), 192–233.
778 https://doi.org/10.1037/0096-3445.104.3.192
779 Savundranayagam, M. Y., & Montgomery, R. J. V. (2010). Impact of role
780 discrepancies on caregiver burden among spouses. *Research on Aging*, *32*(2),
781 175–199. https://doi.org/10.1177/0164027509351473
782 Schulz, R., Beach, S. R., Cook, T. B., Martire, L. M., Tomlinson, J. M., & Monin, J.
783 K. (2012). Predictors and consequences of perceived lack of choice in becoming
784 an informal caregiver. *Aging & Mental Health*, *16*(6), 712–721.
785 https://doi.org/10.1080/13607863.2011.651439
786 Schulz, R., Beach, S. R., Czaja, S. J., Martire, L. M., & Monin, J. K. (2020a). Family
787 Caregiving for Older Adults. *Annual Review of Psychology*, *71*.
788 https://doi.org/10.1146/ANNUREV-PSYCH-010419-050754
789 Schulz, R., Beach, S. R., Czaja, S. J., Martire, L. M., & Monin, J. K. (2020b). Family
790 Caregiving for Older Adults. *Annual Review of Psychology*, *71*, 635.

791 https://doi.org/10.1146/ANNUREV-PSYCH-010419-050754
792 Schulz, R., Eden, J., Adults, C. on F. C. for O., Services, B. on H. C., Division, H. and
793 M., & National Academies of Sciences, E. and M. (2016). *Family Caregiving*
794 *Roles and Impacts*. https://www.ncbi.nlm.nih.gov/books/NBK396398/
795 Schwandt, T. A. (1994). *Constructivist, interpretivist approaches to human inquiry*
796 (pp. 118–137). SAGE Publishing.
797 https://experts.illinois.edu/en/publications/constructivist-interpretivist-
798 approaches-to-human-inquiry
799 Seeman, M. (1959). On The Meaning of Alienation. *American Sociological Review*,
800 *24*(6), 783. https://doi.org/10.2307/2088565
801 Shabot, S. C. (2022). From Women's Sacrifice to Feminist Sacrifice: Medicalized
802 Birth and "Natural" Birth versus Woman-Centered Birth. *Interdisciplinary*
803 *Journal for Religion and Transformation in Contemporary Society*, *8*(2), 416–
804 434. https://doi.org/10.30965/23642807-BJA10060
805 Sharma, N., Chakrabarti, S., Grover Nidhi Sharma, S., & Grover, S. (2016). *Gender*
806 *differences in caregiving among family-caregivers of people with mental*
807 *illnesses*. *6*(1), 7–17. https://doi.org/10.5498/wjp.v6.i1.7
808 Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and*
809 *procedures for developing grounded theory* (2nd ed.). Sage Publications, Inc.
810 https://psycnet.apa.org/record/1999-02001-000
811 Suppes, A. (2020). Do Women Need to Have Children in Order to Be Fulfilled? A
812 System Justification Account of the Motherhood Norm.
813 *Https://Doi.Org/10.1177/1948550620909728*, *11*(7), 999–1010.
814 https://doi.org/10.1177/1948550620909728
815 Swinkels, J., Tilburg, T. van, Verbakel, E., & Broese van Groenou, M. (2019).

816 Explaining the Gender Gap in the Caregiving Burden of Partner Caregivers. *The*
817 *Journals of Gerontology: Series B*, *74*(2), 309–317.
818 https://doi.org/10.1093/GERONB/GBX036
819 Tone, E. B., & Tully, E. C. (2014). Empathy as a "Risky Strength": A Multilevel
820 Examination of Empathy and Risk for Internalizing Disorders. *Dev*
821 *Psychopathol*, *26*(2), 1547–1565. https://doi.org/10.1017/S0954579414001199
822 Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting
823 qualitative research (COREQ): a 32-item checklist for interviews and focus
824 groups. *International Journal for Quality in Health Care : Journal of the*
825 *International Society for Quality in Health Care*, *19*(6), 349–357.
826 https://doi.org/10.1093/INTQHC/MZM042
827 Tongco, M. D. C. (2007). Purposive sampling as a tool for informant selection.
828 *Ethnobotany Research and Applications*, *5*, 147–158.
829 https://doi.org/10.17348/ERA.5.0.147-158
830 Tsiganou J. (2021). Social representations, beliefs and stereotypes on domestic
831 violence against women in Greece. *Athens: National Center for Social Research*.
832 Urmson, J. O. (1958). *Saints and heroes*. https://philpapers.org/rec/URMSAH
833 Wenger, G. C., & Burholt, V. (2004). Changes in levels of social isolation and
834 loneliness among older people in a rural area: a twenty-year longitudinal study.
835 *Canadian Journal on Aging = La Revue Canadienne Du Vieillissement*, *23*(2),
836 115–127. https://doi.org/10.1353/CJA.2004.0028
837 West, C., & Zimmerman, D. H. (1987). Doing Gender. *Gender & Society*, *1*(2), 125–
838 151. https://doi.org/10.1177/0891243287001002002
839 Willis, P., Vickery, A., & Symonds, J. (2020). "You have got to get off your backside;
840 otherwise, you'll never get out": older male carers' experiences of loneliness and

841 social isolation. *International Journal of Care and Caring*, *4*(3), 311–330.
842 https://doi.org/10.1332/239788220X15912928956778
843 Xiong, C., Biscardi, M., Astell, A., Nalder, E., Cameron, J. I., Mihailidis, A., &
844 Colantonio, A. (2020). Sex and gender differences in caregiving burden
845 experienced by family caregivers of persons with dementia: A systematic review.
846 *PLOS ONE*, *15*(4), e0231848. https://doi.org/10.1371/journal.pone.0231848
847 Yee, J. L., & Schulz, R. (2000). Gender differences in psychiatric morbidity among
848 family caregivers: a review and analysis. *The Gerontologist*, *40*(2), 147–164.
849 https://doi.org/10.1093/GERONT/40.2.147
850 Zahn-Waxler, C., & Van Hulle, C. (2012). *Empathy, guilt, and depression: When*
851 *caring for others becomes costly to children.*
852 https://psycnet.apa.org/record/2012-04471-025
853 Zarzycki, M., Morrison, V., Bei, E., & Seddon, D. (2022). Cultural and societal
854 motivations for being informal caregivers: a qualitative systematic review and
855 meta-synthesis. *Health Psychology Review*.
856 https://doi.org/10.1080/17437199.2022.2032259
857 Ziomas, Konstantinidou, & Capella. (2018). *ESPN Thematic Report on Inequalities in*
858 *access to healthcare: Greece*.
859 https://www.researchgate.net/publication/333421367_ESPN_Thematic_Report_
860 on_Inequalities_in_access_to_healthcare_Greece
861 Zygouri, I., Cowdell, F., Ploumis, A., Gouva, M., & Mantzoukas, S. (2021). Gendered
862 experiences of providing informal care for older people: a systematic review and
863 thematic synthesis. *BMC Health Services Research*, *21*(1).
864 https://doi.org/10.1186/S12913-021-06736-2
865