**ORIGINAL PAPER**

# Conceptualizing Care: US and Finnish Caregivers' Reflections on Caregiving within the Family

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## Abstract

The present study investigated how 45 US ($N = 25$) and Finnish ($N = 20$) familial caregivers of children conceptualized care within the family. Thematic analysis across the 12 focus groups revealed three main themes, including one that explored the culturally shared ideas of care as "Care as meeting a list of present and future needs," and two themes that were specifically grounded on the participants' experiences within their own sociohistorical and cultural context: the US theme of "It's not easy at all" and the Finnish theme of "The evolution of care." This study's findings highlight the culturally situated nature of conceptualizing care and provide evidence of the importance of society in supporting caregivers in their conceptualization and practice of care within the family. Future research should investigate how care is not only conceptualized, but also taught and learned across the lifespan, unraveling the processes that influence how care is understood and practiced.

**Keywords** Parenting · Caregiving · Family care · Focus groups · Culture

## Highlights

- This study highlights how societal differences, such as support for caregiving influence how care is conceptualized.
- How "need" is conceptualized plays an important role in understanding care. US participants report addressing spiritual needs.
- This study suggests the need for continual updates in theory, practice, and policies for improving our understanding of care.

Care, as a practice, is essential to human development, relationships, and the maintenance of society. According to a recent Promundo report on the "State of the World's Fathers 2021," the estimated financial value annually of unpaid care and domestic work is 10.8 trillion dollars (Barker et al., 2021). Care, both paid and unpaid, involves "the relationships and activities involved in maintaining people on a daily basis and intergenerationally" (Glenn, 2010, p. 5). How care is understood as a practice has important implications for various elements of social life, including supporting caregivers as they care for children when they are in the hospital (Salley et al., 2023), their elderly family members (Ceylantekin et al., 2023), or children with disabilities (Arasu & Shanbhag, 2021). Therefore, in various situations, individuals face the need for and have to practice care.

However, much of the scholarship on care has been primarily theoretical (Rummery, 2023; Tronto, 2013) or descriptive of who does the majority of care labor in society and why (e.g., gendered, raced, and classed nature of care labor; Perry-Jenkins & Gerstel, 2020), or focused on the benefits (e.g., reducing child maltreatment; Pace et al., 2022) or challenges of caregiver involvement (e.g., lack of external community support; Liebzeit et al., 2023). When the scholarship has turned to caregivers' conceptualizations and experiences, the focus has often been on individuals'

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understanding of their caregiver role (e.g., motherhood; Schmidt et al., 2023), or has focused on caregiving for a subset of individuals needing care within the family (i.e., those with special needs, ill or disabled; e.g., Arasu & Shanbhag, 2021; Salley et al., 2023). Thus, less is known empirically, about individuals' own definitions of what it means to engage in the practice of care itself (broadly defined: i.e., What does it mean to care within the family?). Given how care is often practiced to address various types of needs within the family (i.e., children with special needs and an elderly family member), understanding how care is conceptualized can inform social policy and educational practices in their endeavor to support caregivers. This is particularly important given that caregivers have previously reported feeling underprepared for their roles (Raudasoja et al., 2022).Thus understanding what caregivers conceptualize care to be can inform what social and educational efforts should aim to support and/or prepare caregivers to be able to do. Moreover, how people understand the care and identify its practices vary between cultures (Tronto, 1995) as different beliefs and values that regulate daily life influence the organization and macro decision-making in a society (Markus, 2016; Markus & Kitayama, 2010). Thus, how care can be practiced and what can be considered to fall within the conceptualization of care is potentially culturally variable, expansive, and rich. In the current study, taking a cross-cultural approach, we investigated experiences and conceptualizations of care within the family, as the family is, theoretically, at least one of the primary contexts where individuals learn about care (Noddings, 2002). We focus on Finnish and US caregivers, as these two countries differ significantly in terms of external social support for family caregiving (US is the only OECD country with no paid parental leave, while Finland has the highest level of paid parental leave; OECD, 2022). Taking a comparative approach across these two countries can therefore also provide a greater understanding of how current differences in societal practices, such as the implementation of parental leaves and social policies, are supportive of care and can potentially be modified to promote care within the family.

## Defining Care: Introducing a Psychological Framework

In this article, we define care as sustained and committed attention to, responsiveness, and engagement in addressing the needs of another (within the family). This definition notes both the cognitive, behavioral and even motivational prerequisites to engaging in the practice of care. This definition also recognizes that care is also a form of labor as "care requires not only nurturing relationships, but also the

physical and mental work of taking care of, cleaning up after, and maintaining bodies" (Tronto, 2013, p. 2). Glenn (2010) further breaks down care labor as involving three types of activities: direct caring (physical care, emotional care, and services to meet needs), maintaining the physical space in which individuals live, and fostering relationships and social connections. Joan Tronto (2013), a leading scholar on the ethics of care, theorized that the following steps are needed for engaging in the act of caring: (1) caring about (noticing need); (2) caring for (responsibility for and determining how to respond to their need); (3) caregiving (competently acting out the caring behavior); and (4) care-receiving (responsiveness to and assessing the effectiveness of the caregiving). Based on interviews with U.S. parent couples on their experiences with household labor, a form of often unpaid care, Daminger (2019) has suggested that tasks such as cooking involve "cognitive labor" which includes four elements: "(1) anticipating needs, (2) identifying options for filling them, (3) making decisions (deciding among options), and (4) monitoring progress (and results)" (p. 609). Thus, the prior literature suggests that care involves various activities (e.g., direct maintenance) which require individuals to engage in several steps to practice successfully.

Conceptualizing care as an effortful and multi-step practice, we aimed to understand care directly within individuals' day-to-day experiences of care. While many scholars have provided theories of what is to provide care and the needs that may be addressed, including helping others be socialized, grow and develop (Folbre, 2022; Folbre & Wright, 2012; Mayeroff, 2011) and much research has investigated experiences and conceptualizations of caring as caregivers of ill and disabled family members (e.g., Arasu & Shanbhag, 2021; Hermanns & Mastel-Smith, 2012; Martinez & Acosta Gonzalez, 2022), to our knowledge, less is known about how across cultures family caregivers themselves approach conceptualizing and defining what it means to care for family members (whether ill or not, or children, or spouses) more broadly. Thus, in light of the diversity of frameworks used to approach care across fields and the "pressing need for a conceptual framework of caregiving that may help to guide research and clinical practice" (Hermanns & Mastel-Smith, 2012, p. 5), we created a framework to guide our study where we further added what we theorized to be the psychological prerequisites for engaging in the four steps previously theorized (e.g., "identifying needs"; see Fig. 1). Distinct from prior frameworks presented, our definition of a care-recipient did not require them to be ill or dependent or unable to care for themselves (e.g., Hermanns & Mastel-Smith, 2012) but instead focused on the caregivers' understanding of what needs caring for within the family beyond and inclusive of those who are potentially vulnerable (e.g., infants, the
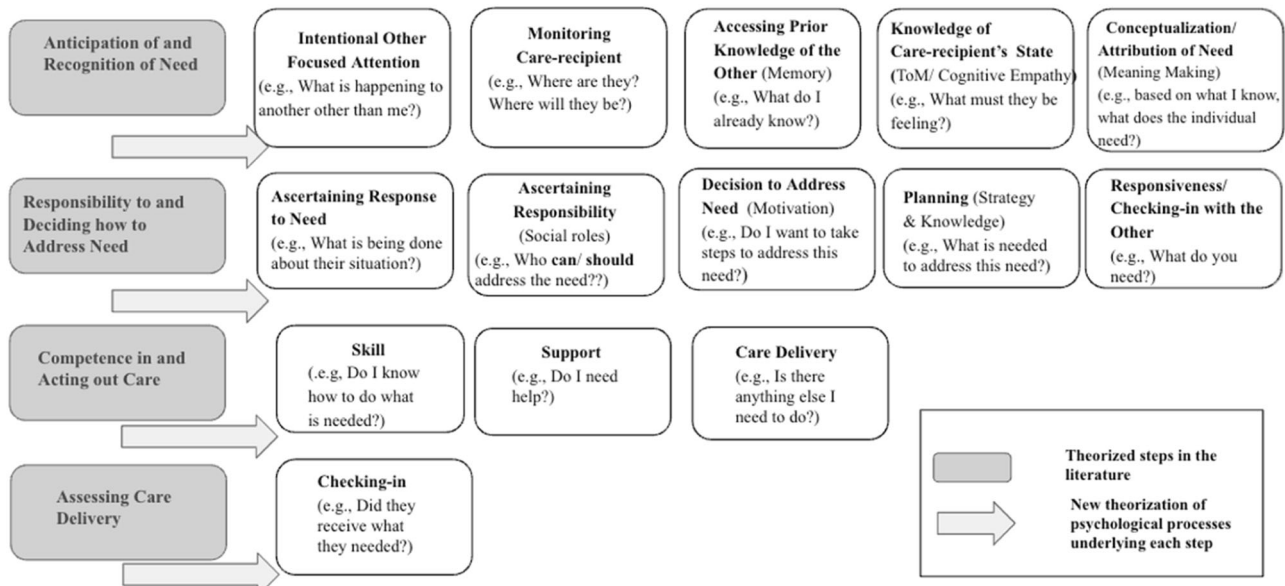
Fig. 1 Psychological processes involved in the practice of care

## Caregivers' Descriptions of their Caregiving Efforts

Prior research has found that caregiving of family members has been described in various ways, including as a role (e.g., motherhood) or activity (e.g., caring for an ill family member) that requires effort and skill. For instance, an experimental study employing a consumer science focus suggests that an important element of caregivers' feelings that they are caregiving is the need for expending effort (Garcia-Rada et al., 2022). Qualitative interviews with US caregivers of family members with cancer found that caregivers reported a series of skills were necessary to engage in caregiving, including monitoring and interpreting the care-receiver's situation effectively (Schumacher et al., 2000). De Sola et al. (2023) found that Spanish informal caregivers (e.g., spouses, daughters) of individuals with chronic pain noted that their caring often included a level of dedication that involved prioritizing the needs of their family member over their own (e.g., ignoring one own's pain or discomfort), and doing a variety of tasks such as doing chores, addressing emotional needs (i.e., cheering up their relative, keeping them company), and being in charge of medical appointments. A scoping review of research in WEIRD countries from 2001–2021 investigating contemporary norms of motherhood highlighted: (1) the norm of a "present mother" who is expected to have "comprehensive knowledge of her child's needs," to be attentive, and emotionally and physically present; and (2) the future-oriented mother, who is dedicated to encouraging their child's physical and cognitive development (Schmidt et al., 2023, p. 62). A qualitative study of first-time mothers living in Hong Kong (Ngai et al., 2011) found that mothers described competent mothers as ones that prevented illness, created a safe environment, cared for, patient, and responsive to an infant's emotional needs, and disciplined the child. According to research with a US focus group investigating caregiving with a diverse array of caregivers (of animals, nurses, disabled or ill family members), participants noted that caregiving included addressing needs holistically (e.g., spiritual, physical) and included skills such as the ability to communicate, *to care*, and to be patient, and being knowledgeable (Hermanns & Mastel-Smith, 2012). An investigation into US Latine family caregivers of elder family members with Alzheimer's disease and related dementias (ADRD), found that caregivers distinguished between paid and unpaid care (care provided by them to their family member, conceptualized as caring), noting that good (unpaid) care involves more than meeting basic needs, but also understanding their care receiver's specific preferences (Martinez & Acosta Gonzalez, 2022). A concept analysis of prior research on motherhood and maternal role (Shrestha et al., 2019) found attributes of the role to include understanding babies' needs, safety and protection, caregiving, and understanding cues. Thus, at times, the literature separates the practice of care from addressing the needs of a family member and the skills that go along with it (e.g., Milkie et al., 2002 suggest caregiving is a distinct domain from providing emotional support), which we along with prior theoretical scholarship (see Fig.

**Table 1** Participant characteristics

| Caregiver characteristics | US (N = 25) | Finnish (N = 20) |
|---|---|---|
| Caregiver type | | |
| Mother/Father | 76%/16% | 95%/5% |
| Grandmother | 4% | – |
| Grand-aunt | 4% | – |
| Number of children | M = 2.28 (range 1–5) | M = 8.95 (range 1–5) |
| Child age | 4 months–18 years | 2 years–18 years |
| Age | Mage = 38.48 (SD = 8.62) | Mage = 40.61 (SD = 5.66) |
| Gender | | |
| Women/ Men | 84%/16% | 95%/5% |
| Race/Ethnicity | Non-Hispanic White 64% Latine 24% Black 8% Asian American 4% | Finnish[a] 41% European 33.3% Non-European 25.6% |
| Marital status | | |
| Married | 88% | 95% |
| Divorced | 4% | 5% |
| Separated | 4% | – |
| Single | 4% | – |
| Education | | |
| Doctorate | 24% | 9% |
| Master's Degree | 32% | 61% |
| Bachelors' Degree | 28% | 10% |
| Vocational Degree | 4% | 10% |
| Some College | 4% | – |
| High school Diploma | 8% | 9% |
| Weekly paid hours worked | | |
| Parental leave | – | 15% |
| Student | 4% | – |
| 0–10 | – | – |
| 15–20 | 24% | – |
| 21–30 | 8% | 10% |
| 31–40 | 48% | 75% |
| 40+ hours | 16% | – |
| Yearly individual income[b] | | |
| Less than $10,000 | 4% | – |
| $10,000–49,999 | 52% | 20% |
| $50,000–80,000 | 40% | 60% |
| $150,000 + | 4% | 20% |
| Religion | | |
| Christian | 88% | 55% |
| Non-practicing/Not-religious | 12% | 30% |
| Muslim | – | 10% |
| Agnostic | – | 5% |

[a]All Finnish participants had lived in Finland for at least 10 years and were Finnish citizens

[b]Before taxes; Finnish income has been converted to US dollars

1) argue all fall within the purview of care. Thus, in the present study, we aim to investigate how cross-culturally caregivers themselves define what indeed involves "care" and give care within the family.

While some scholarship focuses on the skill sets needed to be a competent caregiver, others have noted that many caregivers report feelings of inadequacy and difficulty in providing care due to a lack of knowledge (Erfina et al., 2019; Ngai et al., 2011; Raudasoja et al., 2022). However, most prior scholarship has focused on caregivers' understanding of their role as caregivers (e.g., motherhood, Schmidt et al., 2023; fatherhood, Bataille & Hyland, 2023) rather than their definitions of what it means to engage in the practice of care itself or has focused on caregiving for a specific subset of family members with specific needs (e.g., ADRD, chronic pain; De Sola et al., 2023; Martinez & Acosta Gonzalez, 2022). Thus, what it means to care within the family (whether ill or not, or children, or spouses) more broadly, as defined by caregivers, is less well understood. Considering that prior studies highlight that caregivers, particularly mothers, report not feeling prepared to care for their children, it is important to investigate how experienced caregivers conceptualize caregiving to inform future parental and family caregiver educational programs.

## Care in US and Finnish Society: Taking a Cultural and Cross-Cultural Approach

How people understand the care and identify its practices is expected to vary between cultures as different beliefs and values that regulate daily life influence and are influenced by the organization and macro decision-making in a society (Markus, 2016; Markus & Kitayama, 2010). In the case of cultural differences regarding care, the U.S. is the only OECD country to have no guaranteed paid maternity or paternity leave at the federal level, whereas Finland has the highest rate of available paid parental and home care leave available to mothers across OECD countries, totaling 143.5 weeks, where a little over 100 of those weeks can be shared with fathers (OECD, 2022). In addition, it has been suggested that perceptions of care can differ due to differences in an individual's situation, previous experiences (Lundgren & Berg, 2011), and culture (e.g., Martinez & Acosta Gonzalez, 2022). Thus, caregivers within these two countries will likely have distinct experiences and different conceptualizations of what care means within the family. Therefore, investigating possible distinct and shared conceptualizations of care within and across these two distinct contexts, where caregivers are likely to have distinct experiences, may provide an ampler perspective of how care can be conceptualized based on its afforded social practices and give further advancement to thinking about care beyond one singular approach to care.

## Present Study

The present study investigated conceptualizations of care within the family of caregivers living in two distinct

countries: Finland and the USA. Drawing on an expanded psychological framework in our approach to care, we aimed first at identifying the fundamental ideas grounding the concept of care for caregivers living in families with children (0–18 yo). Thus the study investigated lived experiences of caregivers, more broadly defined than often considered in the literature (i.e., caregivers of the elderly, disabled, sick, infants, or confined by their role "mother"). Second, through juxtaposing the ideas and experiences of caregivers in Finland and the USA, the study aimed to understand the shared assumptions and elements of addressing day-to-day care needs and identify the essentially different experiences that can lead to a distinct understanding of care. The following research questions guided our study:

(1) How is care conceptualized within the family?
(2) What are distinct ideas or experiences of care within the family culturally grounded? How did such ideas build on the concept of care for Finnish and US caregivers?

## Method

### Participant Characteristics

In the US, seven focus groups ($N = 25$) participated in the study. Participants were primarily from Texas. In Finland, five focus groups ($N = 20$) participated in the study. Participants were primarily living in the Pirkanmaa region, which is the second most populated region in Finland. See Table 1 for more information on participant demographics.

### Procedure

Participants for the US focus groups were based in Texas, USA. US participants were recruited through listservs and social media (e.g., Facebook) from October 2021- February 2022 and received $30 for participation. Finnish participants were based in the Pirkanmaa region, located southwest of the county. Finnish participants were recruited from open invitations advertised across the network of daycare centers in the south of Finland and received a movie ticket for their participation.

The inclusion criteria across countries for recruitment was an adult caregiver (18 years plus) that engaged in unpaid care of a child (or children) between 0–18 years-old who belonged to their family. The study received IRB approval from each author's university for data collection in each country (U.S. protocol # IRB2021-0900 M, "Thinking about Care Within the Family"; Finnish protocol #

Statement 59/2022, "From care receiving to caregiving: a developmental and cross-cultural investigation into the conceptualization of care within the family"). In the US, participants were given a consent form at the time of the scheduling of the focus groups, and each participant gave their consent to participate before the start of the focus group. In Finland, the information sheet about the research and consent agreements were forwarded to participants immediately after scheduling the focus group interviews, but the signatures were collected only at the time of the in-person interview. Focus groups were conducted virtually through zoom in the US and in person in Finland, with a minimum of 3 participants per group ($M = 3.5$), and lasted on average 1.5 h. Focus group size was influenced by caregivers' schedules and shared availability, based on the minimum recommended in the literature (e.g., Krueger, 1994), and with the ultimate goal of not being too large so as to prevent limiting each participants' chance to share their responses in more depth (Masadeh, 2012). The total number of focus groups in each country (7 in the US, 5 in Finland) met the standard for saturation suggested in the literature (e.g., Hennink & Kaiser, 2022). U.S. focus groups were led by the first author, a Brazilian-American, faculty member, ciswoman, married, heterosexual, and without children. Finnish focus groups were led by a research assistant, Turkish-Finnish, ciswoman, married, heterosexual, and with two children, who were trained to conduct focus group interviews by the second author. The focus group interviews in both countries were conducted in English. In Finland, participants could use Finnish if they felt uncomfortable or preferred to use Finnish rather than English. However, all participants used English to communicate their opinions.

Participants were asked to discuss a series of questions that were based on a new psychological framework developed to understand conceptualizations, experiences, and methods for learning and teaching about care (see Fig. 1). The focus group questions were semi-structured to allow flexibility and capture responses without unnecessary restrictions placed on participants. Prompts were also used by the interviewer to dive deeper into concepts introduced during the focus group. Focus group questions included: (1) What do you think is care within the family, and what does it look like?; (2) How would you describe good care and bad care?; (3) How do you assess whether care is effective? Or done well?; (4) What do you think are "needs" that children, adolescents, and other family members have that are taken care of?; and (5) What are skills and abilities needed to care for others within the family?

### Analysis

All focus groups were audio recorded and then transcribed verbatim. Transcripts were analyzed thematically (Boyatzis,

| Codes | Definitions | Examples |
|---|---|---|
| Many needs | The idea portrays quantity – a variety of needs. | "There are millions of needs." "There are too many needs." |
| Basic needs | Categorization of needs – needs essential for life maintenance | "There are basic needs from feeding and scheduling sleep" |
| Emotional needs | Categorization of needs – needs connected to emotions | "Nourishing through the experiences in life and love" |
| Sleep | Mentioning specifically sleep as a need | "…scheduling their sleep" |
| Love | Mentioning specifically love as a need | "love" |
| Food | Mentioning specifically food and feeding act as a need | "…feeding them what we choose to feed them" |

**Original transcript**

**Millions of needs**! There are millions of needs. There are the **basic needs**; from **feeding** them and what we choose to feed them, and scheduling their **sleep**, to **emotional needs**, nourishing them through the experiences they have in their life, **love**. I think they are just **too many needs** to this list.

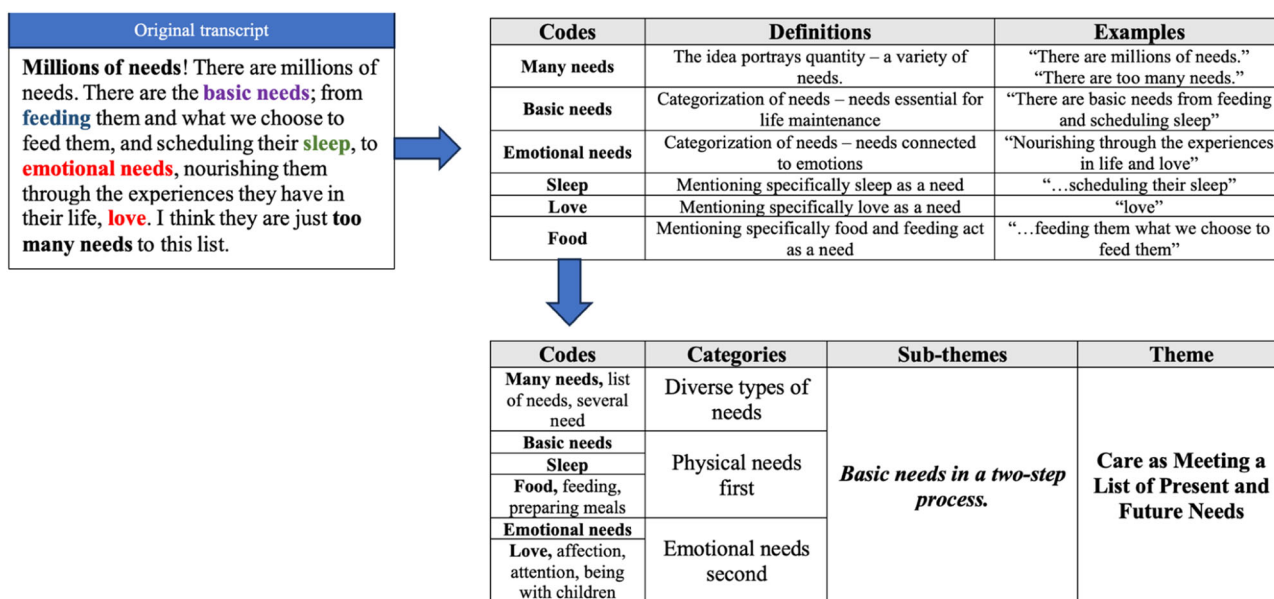| Codes | Categories | Sub-themes | Theme |
|---|---|---|---|
| **Many needs,** list of needs, several need | Diverse types of needs | *Basic needs in a two-step process.* | **Care as Meeting a List of Present and Future Needs** |
| **Basic needs** | Physical needs first | | |
| **Sleep** | Physical needs first | | |
| **Food,** feeding, preparing meals | Physical needs first | | |
| **Emotional needs** | Emotional needs second | | |
| **Love,** affection, attention, being with children | Emotional needs second | | |

**Fig. 2** Example of the analytical process

1998; Braun & Clark, 2006) following a codebook thematic approach (Boyatzis, 1998). The initial codes were constructed for each data set separately by familiarization with the text. Each author read all the transcripts for their data set, made notes on ideas that could serve as potential codes, and after several readings developed a comprehensive set of codes and definitions with example quotes taken from the text. For each code, the authors created a name, included a definition, and provided example(s) from the transcripts that included the code (see Fig. 2). This process considered the semiotic meanings in the text and was inductively developed by each coder in their respective country (the first author as the US-based researcher coded US data, and the second author as the Finnish based researcher coded Finnish data). This process made it possible for the authors to compare across codebooks considering cultural specificities, as including the definition of the code allowed for better shared understanding of how ideas were discussed within each data set (as well as whether ideas were present in both datasets). The authors reviewed and discussed codebook decisions, and, following a first finalized codebook, for each data set and applied codes to the focus group data by transcript. The analysis was supported by Dedoose coding software (Version 9.0.62), which allowed the analytical process of each data set to be shared between Finnish and USA research teams (for the final codebook, please contact the first author).

First and second authors followed the procedure suggested by reflexive thematic analysis (Braun & Clarke, 2022) to ensure rigor and consensus in the analytical process. The authors engaged in continuous peer debriefing as they created, tested, modified, and added codes throughout their coding process. The authors met frequently, reviewed each other's codebook, discussed code names and definitions, and discussed their reflections on the transcripts during the familiarization process. Following code application, themes were developed by each author for each country as they had in-depth familiarity with the data. Themes were created based on code prevalence and frequency across focus groups, code co-occurrence, and shared underlying meanings and assumptions, which were reviewed through re-reading of excerpts associated with the code(s), concerning our research question. For example, the theme "It's not easy at all" was developed as a result of codes such as "care as difficult" being highly prevalent in the US data (39 instances), co-occurring with codes such as "juggling" (having to balance multiple demands) and "isolation" (being alone), and through multiple readings of excerpts in Dedoose in which the codes were applied. Throughout this process, the two authors discussed their findings and reflections as they gained greater familiarity with their data set in the theme development process, including in the process of narrative writing of the results.

## Results

When examining the conceptualization of care within the family, a central element defining care across the two countries was the assumption that care requires meeting a series of human needs. These needs were often mentioned as a list of singular elements that can be related to material goods (e.g., food, clothes, toys), feelings and sensations (e.g., love, affection, feeling valued/ heard, emotional

support), or actions (e.g., chauffeuring to hobbies and being present). However, within the assumption that a list of needs should be met, participants in Finland and the US diverged concerning the priority of the needs, building different concepts and explanations about how care is practiced and understood. Through the main Theme: "Care as meeting a list of present and future needs," this study explores the culturally shared ideas of care and the specific list of needs associated with participants of each country.

Furthermore, this study also identified ideas of care that are specifically grounded on the participants' experiences within their sociohistorical and cultural context. The Theme "It's not easy at all" shows how caring for others within the family is hard and challenging for the participants in the US. Alternatively, participants in Finland bring to the conversation their observations about the transgenerational changes in the concept of care, showing awareness that what and how they think about care is directly connected to societal structures available at a particular time in history. The Theme "The evolution of care" addresses the transgenerational aspects of Finnish ideas about care.

## Theme 1: Care as Meeting a List of Present and Future Needs

### Basic needs in a two-step process

A central element in defining care for participants in both countries was the assumption that care requires meeting a series of human needs. Such needs were characterized as "basic needs" and often framed as a hierarchical spectrum that starts with physical or material provisions (e.g., food, clothes, shelter) and ends with higher forms of care entailing emotional demands (e.g., love, socio-emotional support, and attention). This hierarchical frame builds on the idea that care is a two-step process; once basic material needs are provided, one can and should attend to higher-level needs, such as emotional demands. Fulfilling this list of basic needs was set as the minimum requirement for care, suggesting that the absence or lack of meeting these needs could be considered not caring, neglect, or even abuse.

> "That is pretty much exactly what I think as well, that for the basic needs to be covered, they get food, they get shelter, they have been kept clean and healthy, and then the other step is that they are loved, heard, and appreciated, and they can express themselves as well. The basic needs and then the next level, I see it like that too! (Finland)

> "It starts from basic needs which are at the bottom; safety and then as if you climb up some kind of ladder

of care…It is an emotional attachment, and the care itself may be the most important." (Finland)

> "Okay. Does that, I mean- that we take care of each other as far as ourselves and our spouses go. Whoever that might be. Um, and that we are taking care of our family. Our- whether it's our kids, grandparents, or extended family that might be coming in or going out. So, it's just their well-being, their safety, ensuring that they're fed, have a roof over their head, or taken care of clothes. Kind of those main levels of needs, you know like Maslow's hierarchy of needs. That we need to have those basic foundation to be able to thrive and be successful. Um, yeah." (USA)

When defining basic needs, although participants in Finland and the US had converging understandings of their meaning, they described examples of basic needs differently. In general, while in Finland, participants tended to use short and direct descriptions of the type of physical and material needs, e.g., "the basic needs are food, clothes, their safety, and they get enough sleep" or "the basic needs to be covered is that they get food, they get shelter, they have been kept clean and healthy," participants in the US often used more detailed descriptions and directly referred to Maslow's hierarchy of needs framework to signal their understanding of basic needs. For example, when explaining the need for food and nutrition, they often included breastfeeding. Participants in the US also included attending to medical needs, bathing, toilet training, diaper changing, maintaining clothes in good condition (i.e., clean and dry), creating and maintaining a clean environment, and looking out for children's physical safety as more nuanced actions related to providing physical and material needs.

> "Umm like I mentioned earlier the Maslow's Hierarchy of needs, the basic ones would be the food, clothing, shelter, uhh safety.. security, and then I guess in addition to that would be education, medication, healthcare, clothes, my kids need to have their teeth taken care of, I mean all kids need to have their teeth taken care of, but my kids need to get braces soon, so that extra little bit. Umm glasses, kids need glasses to have their vision stuff, washing their clothes, keeping the area clean, safe ummm, stuff like that." (USA)

> (Bad care is…)"Oh yeah obviously, not clothing them, feeding them, grooming them, their you know their physical health. Including their emotional health. So, physical health is not doing doctor's appointment,

dental, vaccine. Well that wasn't what I meant to say, vaccines, but. All of that's good stuff. The hygiene, the general hygiene not, not encouraging that. Living in filth. Being dirty. You know that's kind of the negative care aspect. With that the positive is obviously the latter, the opposite side of it is ensuring of their safety, taking care of all of that" (USA)

The idea that care is a two-step process was also reinforced by how participants described different categories of care, e.g., physical, mental, emotional, and specifically in the US context, spiritual care, and the order in which they appear in their listing of needs:

"I think there are two layers to care, the way I think about it; there is basic care which is that make sure the child is well, safe, and alive and there is the other side of care, which is the emotional care…how would you qualify emotional care… So, thinking about feelings and making sure that they are heard, and they have positive experiences (…)." (Finland)

"… It involves also caring for each other, and supporting each other, in other ways besides, in addition to you know taking care of children. Where you're providing their needs and feeding them and discipling them and all of the stuff that goes with that. So, in any ways that you can support each other, in a caring kind of way, whether it's physical, emotionally, mentally, spiritually and all those kinds of ways is all I can think about that are an important part of family care." (USA)

The emotional and psychological aspects of care are explained both through concrete actions, e.g., "I'd like to add for … elderly family members because I sometimes help my mom take care of my grandmother and she is disabled… is sitting and listening to her stories " (USA) or "paying attention and observing" (Finland), and more general or conceptual ideas, e.g., "giving the necessary level of understanding and then providing them support" (Finland). In both cases, attending to emotional needs was often referred to as a sign of, or even a condition for, good care. For example, in statements such as "I think it (emotional care) is the attention, being able to provide the attention! Being there present and helping them navigate the situations. That arises with feeling the other people's feelings, and I think that is good care, and it comes from that ability." (Finland), participants conceptualize, identify and apply value to emotional care. It shows that care concepts are built based on lived and reflected experiences.

## Personalization of care

Another important commonly shared assumption about care between participants in Finland and in the US was the recognition of the individuality of the care receiver as an important aspect to consider in the care process. While care was characterized as addressing a series of needs, caregivers also noted that it requires differentialization and personalization. Care is then described as differing (and needing to be different) in response to varying preferences and situations of the care-receiver, such as individual traits, age, or personality. It results in different caregiving strategies or foci by the caregiver. For example, participants stated that:

"And I think, when the basic needs are being met then there is area where the need for care is different. Maybe different in the intensity at some point. Some of my kids, in some situation need much more attention and much more help with practical things but also the psychological support for them; be more there for them and at some points, so its intensity of care where is a little bit different. " (Finland)

"(…) their (children's) needs mean different things in different phases. Even if our kids are the exact some age, they are quite different. How I care for them is quite different and how they like to be comforted is very different; how they seek comfort or care from me is different. It is that, you have to respond to your child and also anybody around, your husband differently. It is not just the age or the phases, but it is the personality, depending on their personality." (Finland)

"…oh I was saying kind of touching on what you were saying uhh, as every child is gonna have different needs, and then one child will have different needs as they're growing older and we have to assess differently as they're evolving, we're going to have to evolve how we assess how we change- how we're meeting needs so it's just an ever evolving um situation I guess." (USA)

" I would also add, and this is something that I think before I was a parent I never would have thought about. But for us like really understanding who our kid is and what our differences are…I think too, it's just like, what your kid needs specifically, if you have that luxury of kind of modifying based off their personality…" (USA)

Besides individual preferences, personalization of care can happen when care receivers face special circumstances. Caregivers noted that children might need individualized care when requiring additional medical assistance and support, or because the child had a disability, they needed advocacy in addition to other forms of care previously noted by other caregivers:

"…umm, especially for my kids umm, their medications are being taken but their medications come with: are they feeling um as if their medications are helping them, because with others if they're not then we have to try do it another set of medications, or adjust the dosage. We have to make it to all those appointments and its constant, like every 4 weeks, we have to go to many doctors, umm we have to go to the therapy sessions, and things like that. We have one today at 5 o'clock so there- its constant." (USA)

"… I think also it's caring for them educationally, so having a um child with a disability, I have to advocate for her um educationally and attend her IEP meetings, and so that's part of caring for her, providing care. Umm its making sure she gets the support that she needs and then also she gets help at home with you know doing the things she needs for for education and it's providing the experiences, opportunities and umm its part of care as well." (USA)

"It is difficult because it depends on the family. T has her elderly mother whom she has to take care of, I have a special needs child (…) So, it depends on whom you care for, almost determines your level of care I would say". (Finland)

Likewise, lacking to understand the individuality aspects of care and trying to standardize practices was understood as bad care. This was often noted because individuals' particular situations as care receivers required personalization to make sure their needs were met:

"Because if they need care for something that they realize themselves and that is very clear, they might be behaving differently than on those occasions … Sometimes they can tell that they are upset, and they want a snack or something like that, or sometimes, it is so much more complicated, and they do not even know themselves whether they need care or conversation or they just want private time to think it over. It depends on the issue as well, I think." (Finland)

"I was gonna say, again, I agree [other participant] loosely speaking, bad care is raising them all the same way, so to speak; I find it to be a huge struggle as a parent again with the three children, different age ranges, extremely different personalities. …" (USA)

### Looking at what children need in the future

A final sub-theme in the description of caregiving as addressing needs included focusing on how care requires taking responsibility for the care recipients' needs in the future. In other words, care was described not only as meeting immediate needs but also perceived future needs, including the need to be independent. Taking a future-oriented approach to need, caregivers noted that children would eventually need to be able to do many things, which caregivers currently did for them, and therefore care required preparing a child to know how to care for themselves and interact with others, taking a growth-oriented focus. For participants in both countries to be able to be an adult, children needed to be introduced and socialized to the demands of life in society. From this perspective– need and the resulting care– are focused on skill-building as a result of situating the care-receiver within their social context and future life. For example:

"I was thinking of one other thing that helps me know what someone needs, and that's kind of the vision that they have and I have for their future, again I have adolescents and so umm you know I'm thinking eventually they're going to be moving out and they need to be equipped and prepared to be able to be successful adults, and so things like learning how to drive …I need them to know how to wash their own clothes, and how to cook a meal, and umm change a tire, you know those kinds of needs, so that when they're independent they're prepared for that. " (USA)

"That are my views on care… Yes, there's always the basic so know, keep the house clean, feed them, clothe them, make sure, yes, that's the basic part, but teaching, teaching a kid how to be a person, how to behave, how to react to pets, to other people, to unfamiliar stimuli, to not getting what they want, I mean. Teaching social graces, teaching, how to be as good as a human being as you possibly can…" (USA)

"You also want to give them the space to become independent. When I thought about my older ones,

maybe there I was overdoing it all the time. I was asking 'what do you need? do you need anything?' all the time! and I can also be too much. Then when I see how much the youngest can actually do then I asked myself 'did I overdo care." (Finland)

"So, I think that for me it is very important to teach the kids to be independent! I mean almost independent; they are quite young still! I want them to learn what it feels like to fail, and I want them to learn that it is okay to fail, you know!" (Finland)

In particular, caregivers noted the importance of children not only having their individual-focused needs met but also noted the need for them to learn how to interact with and be part of society. Providing opportunities for socialization and understanding the dynamic at play in society was described as part of care. Statements such as "I mean like nutritional needs, emotional, social, psychological, I'm sure I'm forgetting a lot. Empathy, currently working on social skills and just how-to live-in society with other people" (USA), where the participant lists socialization as a type of need appears across both data sets. In parallel, an important part of caring was described as being related to the aim of preparing children to "be able to recognize when somebody is in need" (Finland), "understand how the others are feeling and go with that" (Finland), and ultimately "the main goal to make them into people who are considerate and actually nice to be around" (Finland). Looking at the dynamic at play in society today and in the future guided parents to reflect on different situations and shows how care involves planning and offering opportunities for children to experience adequate social settings. To illustrate:

"I know for me care is, you know like, what are- taking care of someone's basic needs. So, do they have food? Do they have a place to sleep? That's, you know- what is their needs? Do they have social opportunities, you know, and with little people you try to make sure they're somewhat socialized. And then looking ahead also to planning care for the future." (USA)

"I know that is needs based on like Malow's Hierarchy of needs like the base level but you know, they also need some emotional, personal development, learn how to act appropriately in social settings, but some people might say that is not a need, if you are only talking about the most basic. …" (USA)

## Spiritual guidance (USA) vs. freedom as a need (Finland)

Still, within the theme care as meeting a list of present and future needs, this study found two culturally distinct and predominant descriptions of needs that required addressing. Spiritual needs, and freedom needs, as part of care, were described solely by participants in the USA and Finland, respectively. The presence of such references was understood as being grounded in important socio-cultural differences that mutually and concomitantly define social practices and are defined by shared social values of care.

In the USA, the noting of spiritual needs was partly informed by the religious background of participants, many of whom were Christian. Spiritual guidance and nurture were described as one of the basic needs or as a category of needs on its own; in both cases, parents were perceived as responsible for identifying and fulfilling such needs. For instance, participants noted:

"Not being there for them uh not taking care of their uh physical or mental needs uh. Not nourishing, no nourishment. I mean there's a lot- nourishment does not always have to mean food. It's also spiritual, food, uh you know there's all kinds of nourishment and I think that is one of the most important things uh a child needs. They need to be nurtured." (USA)

" Yeah, I um, agree with that. I were just- The way that my husband and I think about it whenever we're thinking about caring for our children, uh is kind of in those hierarchy of needs and just the different needs that people need in general. And so there's usually like the four areas like emotional, mental, physical, and spiritual." (USA)

"… I think that, religion is imperative in the rearing of children and I think that having a belief system in a God and a being that is higher than you and it can help you to be the best possible you as well as to find a way to salvation or whatever your personal belief may be with regard to that is absolutely a good core and a great way to base your caretaking decisions and your interactions with each other." (USA)

While spiritual needs were not mentioned among participants in Finland, for this group, freedom was an important aspect of care. The idea of freedom was present across all focus groups and explained as a need related to different areas of life, e.g., "freedom to explore their calls for life" (Finland) or "to learn about what they want and what they do not want" (Finland), and diverse activities in daily

routines, e.g., "freedom to move freely around the house" (Finland) or "freedom to ask questions" (Finland). Moreover, most participants noted how children needed the freedom to express themselves, and thus care involved creating spaces for them to be seen and heard, for example:

"Like 'L' also said, providing them a place where they can express their feelings and all kinds of feelings is also one part of taking care and also taking care of special needs; some children, for example, if they have illnesses or allergies or those kinds of things." (Finland)

"A list of what my kids need and what I consider care (…) physical nourishment, open-availability of toys, clothes that they're allowed to get dirty in, time with their parents and their siblings, and also time to play outside, freedom to ask questions, freedom to explore, they need sleep and like providing sleep and safety and like books and education". (Finland)

Freedom for participants in Finland was thus central to making sure children felt cared for, and thus integral to their responsibilities as caregivers. Together, the findings highlight cultural differences in what constitutes a need.

### Be there or be square (USA) vs. don't overdo it (Finland)

In both countries, a prevalent idea noted by caregivers was that individuals required an emotionally-attentive and present form of care, including suggesting emotional needs such as empathy, love, and affection. Participants also expressed emotional needs as the need to be listened to, comforted, and included. In turn, the caregiver was expected to "be there for them" (USA) and "be present " (Finland) as a form of care. Parallelly, across all focus groups in Finland and the US, bad care was exemplified by parents' absence, for example, "I feel I am a bad parent when I cannot focus as much on my kids" (Finland).

"…toddlers need to get out of the house every so often, you know, to sit and listen to their stories, and so it seems like yeah, the needs may change from person to person, from age to age, but we still want to be heard as humans, we still need to eat good food, we still need to get outside our normal environment, experience some change, and some novelty and we still need to know that we are loved, that our contributions are valued…" (USA)

"Some friends think they provide good basic needs, but also guiding your kids when they ask questions… I mean, that's good care. You provide the basics, but you also show you care about what they care about." (Finland)

It was also shared among caregivers in Finland and the US the concern that children should learn about the consequences of their actions and how to establish boundaries, both for themselves and to be able to interact with others. How children were cared for also was seen as educating them about how the social world functioned, thus boundaries were a form of care through preparing them for future life.

"… you know we gotta let our kids be able to go through things and come out resilient, but not, so it's the balance of you know I'm thinking about my oldest son and you know he wasn't doing a lot of his school work for one year, umm, like 10th 9th grade something like that, and I had to stop myself from wanting to fix everything for him, and letting him have the natural consequence of it." (USA)

" …But, with a little kid for example, it's important to teach them boundaries, have boundaries, teach them boundaries, just for them to develop that self-esteem. As opposed to like overly indulging their desires and wants." (USA)

"I mean caring is like even though you know they want something right then and there but you also know you can't just give them anything they want, so as much as it pains you not to give into their things and the things that they want all the time. And you want to give them the world but you also know that they have to grow up to appreciate things you know." (USA)

"So parenting that you do, should prepare the kids for their life without a parent around (…) last few years with the teenagers have been about teaching them that we have even boundaries and now we are teaching them to take care of their own boundaries and we don't guide them as much as we used to." (Finland)

"They have to start taking care of things themselves. Sometimes they're too tired in the morning to wake

up. We are, of course, trying to wake them up, but they have to carry the consequences of the late nights themselves." (Finland)

However, while both caregivers were concerned with the need to avoid spoiling their children, they framed the role of care in avoiding this outcome differently. USA participants thought that care was defined through creating boundaries, whereas Finnish participants noted boundaries needed to be set on caring itself, meaning caregivers should avoid "caring too much," as care was framed as potentially being over-responsive (i.e., giving too much, addressing all the needs all the time). Caregivers in all focus groups in Finland agreed with the idea that "doing too much for them (children), it's not actually supporting their mental health well-being it's doing the exact opposite" (Finland). Too much attention and doing what children want was believed to hinder their development and the chances of them responding adequately to the demands of society in the future:

> "Sometimes we notice that if we tend to our children too much and we give them what they ask for, and sometimes even more, they become brattish. They become spoiled. They're a bit more arrogant in talking to each other and us. They're less patient. So there comes the point where we sometimes care too much, and we then try to scale it back a little because we want our children to behave well, to be respectful, and to be mature." (Finland)

One way to find the balance between caring enough and caring too much is by observing how children react to limits imposed by parents; their reaction when they listen to a no, for example:

> "like when they get in all their basic needs met and they're having a good time, and they're asking for one more thing. I say no, you can't have it right now. If they're very fine with that NO. Then it feels like, yeah, the world is right." (Finland).

## Theme 2: It's No Easy Task—USA

The description of practices of care as a challenging process underlined many responses from the US participants. Not surprisingly, in describing caregiving as addressing a series of needs, caregivers noted how caregiving was challenging, often expressing feelings of guilt and the need to deal with imperfections or letting go of perfectionist standards while attempting to engage in the practice of care. Ultimately, participants associated the difficulties in practicing care with

self-sacrifice and acknowledged learning self-care to preserve their health. Care, therefore, as a long-term practice, was often characterized as requiring a juggling of both the care receiver's needs and the caregiver's needs.

> " …but sometimes I'm tired, I'm exhausted there is 3 of us, there's … there's so much going on…Like it's hard trying to line up all the dots to address the situation appropriately, but I also have to actively remind myself like, okay, take a step back, think about what it is happening…" (USA)

> "There is not much I can add to either one of those, I think they were great. I think it comes down to the actions that you take, are they for the betterment of the child or are they for the betterment of the caregiver. Am I making this choice because it is easier for me or is it better for the child? Is better for the child but harder for the parent or the person giving care. So that would be a good care that I would give…" (USA)

> " … umm but it's the whole you need to put your face mask on before you put it on somebody else, if I cant take care of myself I can't take care of other people… but how are you supposed to do that? When you haven't been taught how to take care of yourself, you can't find time for yourself, you have your own health problems, your society tells you not to take care of, there are no systems in place to care of yourselves. There is no time, there's no money, there's nobody else to support you, and your job is to take care of these other human beings that you've created, how are you going to do it? …" (USA)

Notably, while some references to difficult parenting did appear among the Finnish discussions, this general understanding was not prevalent and did not characterize the caregiving experiences in Finland. Only the participants of one of the focus groups provided more profound insight into what can be a challenge in caregiving in Finland. They did so by further explaining that caregiving is difficult "when you have to take care of someone that needs extra care, such as a child with disabilities" (Finland) or "when you don't have a family to support you" (Finland). Nevertheless, the US idea that caring for others within the family requires self-sacrifice is not shared with those in Finland.

### Self-care

At the same time, as a sacrifice was expected by US participants, participants often noted the need to care for

themselves. This was often noted as a necessary requirement to be better able to care for others.

"…Because you also as a caretaker have to remind yourself often- or be aware- that you can not be a good caretaker for another if you are not able to care for yourself, properly. So, yeah, I think … reminding myself to put up boundaries and rules so that there is a container for the other person and for my own well-being, which will allow myself to be a better caretaker which I've already said. But, yeah." (USA)

"…I think a need that we may need to teach more and make more, okay, is just like self care like your own mental health is important, and I think that is becoming more and more known and that is a fact that we all need our either alone time or whatever it is that makes us you know feel refreshed and ready to take care of the needs of others. But, you know as hard that it is to meet the needs of people that don't want their needs met, it is also hard to kinda reflect and say like hey, if I don't take care of me nobody else will… " (USA)

### Best you can

Self-care was often described in the context of not being hard on oneself, being aware that not everything will be perfect, and that caregivers need to be kind and understanding with themselves. In particular, participants noted being aware that they were all just doing the best they could.

" The ability to prioritize, the ability to forgive yourself, because ultimately you're going to have that guilt, and I say the mom guilt, because we're all moms here, but maybe that's habit too, I don't know umm but the mom guilt is feeling you're not doing enough, or you could've done it better. Or you should've done it differently, or whatever type of guilt. You have to forgive yourself because you did your best that you could with what you had." (USA)

"… knowing that it's okay for you to not fix this, you know, and not beating yourself down because, oh my gosh I can't fix him right now…to maintain yourself as a person, and knowing that you are, I think someone said earlier, that we are doing the best that we can pretty much, and knowing that you are, and

not getting so bugged down in self doubt, also helps a lot when caring for other people. (USA)

Ultimately, participants noted often reflecting on how caregiving was a challenging practice that resulted in feelings of inadequacy, guilt, or failure. Central to caring then, was being able to adjust, forgive oneself, and make time and space for themselves so that one can be ready for the various tasks and challenges that came with the practice of care. As several U.S. caregivers noted:

"…I went through a thing where my 8-year-old was younger he went- there was this phase where he was just mean and he was acting out and I'm like what is happening, what am I doing- I'm a bad mom. And it turned out, he just needed more sleep. And it's hard, and I think…-So, trying to assess how even the different levels that people need in those four areas I try to look at. It's been really interesting and it's challenging as a caregiver to anyone in your family." (USA)

"… And there were so many nights when they would fall asleep and I would not be able to kiss them goodnight or tell them goodnight and then inside like ate me up, a lot. And or recently my daughter messed up on her homework and it was my fault and that guilt ….I feel that I failed … at the end of the day I need to- it's okay, mentally, to take care of myself. They're breathing, they're there, mommy loves them, I know what I'm doing for them at the end of the day so, yeah. (USA)

## Theme 3: The Evolution of Care—Finland

Caregivers in Finland particularly noticed specific transgenerational differences in how care within the family is understood and practiced, reflecting not only on how ideas about care have changed across the generations but how thinking about their experiences has influenced current care ideas and practices. The recognition that the concept of care has changed appeared as a general statement guiding the reflection about care e.g., "we are a different generation by the way, let us not forget that as well. So, a lot of things have changed" (Finland), and as a thought constructed during the group discussion specifically when participants compared their experiences as care receivers to those as caregivers. In all situations, for caregivers in Finland, care today was described as entailing 'more' than it did in previous generations, meaning that parents nowadays must

think about more issues than those of a couple of decades ago.

> "When I think about the old generation; I mean my dad always smoked cigarettes in the car, my granddad never had a seatbelt in the car - When I think back, I felt loved by them, I had no issue. I do not know, but in today's world, almost everything has to be so perfect (…) the concept of care somehow evolved a lot over the past few decades. You think that when you were a kid, I do not know how it was, but I think at some points when I think of those times, I ask, 'was that thing responsible? But we somehow still made it." (Finland)

Further discussing the transgenerational aspects of care, participants often reflected on how their experiences as care receivers influenced ideas and practices of care today. For example, a common statement among participants included the idea that "I realize I am providing the kind of care that I might have felt that I missed at some point in my life" (Finland). This reflection was associated especially with statements related to emotional needs involved in caring. There was a common understanding that previous generations were either, on the one hand, less attentive to their children's emotional needs, e.g., "they were present, but they weren't really that involved in a way with emotions" (Finland), or didn't openly verbally of bodily express affection on a daily bases, e.g., "there was not all that much of that hugging" (Finland), or "they were kind of, you know, just get on with it, and we love you and of you go!" (Finland).

For participants in Finland, the evolution of care was connected to the fact that nowadays, emotional needs and how to meet them are more openly discussed, which creates an additional demand that needs to be considered when caregiving. As noticed by one of the participants:

> "I think, nowadays, people in Finland talk a lot more about emotional education as 'tunnekasvatusta' for example, than in my childhood in the nineties. (…) I can see my child, and when we play with her a certain amount, she gets attention, she is a lot less grumpy (…) That is too far away from the care we received (…)the inner child wakes up if you have not received enough emotional care in your childhood, and you might be like, 'I also want to be the one that is taking care of, that I need somebody who can comfort me as well'." (Finland)

Besides reflecting on the caring experiences they had, participants noted that access to education was one important tool in understanding the evolution of care. Having better access to books and the internet enhanced their opportunities for self-improvement in their role as caregivers.

> "when we compare to our parents, we can get more information from the books, from the internet so we can educate ourselves better than what they were able to do at that time. So, I think it is also (…) it is good to learn new things, and maybe the old ways of taking care of the kids were not that perfect, but I think we are lucky to take all the good examples and maybe the bad examples, we said just '-ok that is not working for me I will not do that for my kids, I will do it differently, I am happy that we can educate ourselves." (Finland)

Therefore, understanding care pervades considering the socio-historical context and the societal affordances for its practices and developments. Acknowledging that care is different across generations indicates that, for these participants, the social constructs we create to define care will change in the future. Such changes are expected to happen through education and self-improvement.

## Discussion

The present study examined how caregivers in Finland and the USA conceptualized care within the family. It aimed at identifying the common ideas grounding the concept of care for caregivers living with children (0–18 yo) as well as a culturally situated and distinct understanding of care. The findings highlight the importance of considering culture in understanding care as a practice within the family, including distinct ideas of what are "needs" that need addressing as part of care, as well as the important role that larger societal changes and policies may play in supporting changing notions of care, including highlighting that care does not necessarily have to be challenging or difficult.

### Central Ideas Conceptualizing Care within the Family

The results showed that central to care is the notion of needs, the idea that care for children requires taking a long-term perspective to prepare them for their future life and needs, and that care is personalized. These empirical findings support and extend our definition of care, highlighting that "needs" themselves are conceptualized in culturally complex ways. Thus, while prior literature examining care practices has suggested that identifying and foreseeing others' needs is the first step of psychological or cognitive labor involved in caring actions (Daminger, 2019; Tronto,

2013), our study highlights the importance of investigating how "needs" themselves are conceptualized. Distinct assumptions revolving what are the needs that individuals have, such as spiritual needs as found in the US sample, highlight how caregiving practices are situated within their sociohistorical context, including considerations for religious socialization (Abo-Zena & Midgette, 2019). Similarly, in the Finnish context, although participants noticed care as relational and interdependent, it also entailed providing freedom - children's freedom to think, feel, express themselves, and find their way into an independent life. The discussions of freedom as a need to be taken care of suggest an understanding of freedom as what Bay (1970) names psychological freedom, and denotes the absence of inner restrictions created by low self-esteem and lack of individuation in thinking and acting in the world. Among European countries, Finland's high scores on experiences of freedom are positively correlated with high scores in happiness and well-being (Brulé & Veenhoven, 2014). Thus freedom is conceptualized as an important emotional need within the Finnish context. Future research should investigate how caregivers in various cultures develop their notions of what are the needs that family members have, as this is, in fact, the first prerequisite for being able to identify another's "need." Moreover, practical implications involve the awareness of socio-cultural frameworks circumscribing the concept of needs, which guides the standards for identifying care. Assessing whether "good care" is being given, and indeed what is neglected, requires clinicians and practitioners first to ascertain the needs family members believe they and others have. Thus, highlighting the importance of understanding needs when developing culturally informed interventions for supporting caregiving.

Further, another central idea is that care is personalized. Care is tailored to identifying and attending to children's diverse and individual needs, and it is created within the relationship between a care receiver and caregiver. Interestingly, however, are the justifications for why personalization is important. The reflections defined personalization to be due to individual traits or preferences, e.g., needing communication more than physical contact, or specific health demands, e.g., children with disabilities and those presenting health issues demanding constant attention, but gender-related considerations in children's upbringing were not mentioned. This is surprising given the role that gender has often been found to play in children's socialization and care (e.g., O'Leary et al., 2019; Streit et al., 2020). However, our findings highlight the importance of investigating conceptualizations of care more broadly, as the literature has often focused only on a subset of family members that are imagined as needing care (Arasu & Shanbhag, 2021; Hermanns & Mastel-Smith, 2012), thus missing shared and distinct elements involved in the "personalization" process

of caregiving. Thus the current study suggests that personalization is also central in delineating what are the "needs" that caregivers and scholars are focusing on. In our framework for care, the findings suggest that an important first question about care is "who" needs caregiving, and the "who" plays an important role in conceptualizing "need." Future research should consider how individuals come to understand what needs personalization and how personalization can be practiced and improved in the process of caregiving.

## Culturally Grounded Ideas and Experiences of Care: The Importance of a Societal Lens

As expected, care was also defined through people's diverse and distinct socio-culturally grounded experiences, as suggested by Lundgren and Berg (2011). This study found two culturally distinct frameworks for conceptualizing care: care as evolving socio-historical dependent phenomenon and as being hard, respectively. These two concepts highlight the important role that society plays in how individuals come to understand and practice care within their daily lives.

For Finnish participants, care, including greater attention to emotional needs, underwent generational transformation and thus highlighted how conceptualizing care was an evolving phenomenon. This newer and greater focus on emotional care and education, is also a reflection of changing educational understandings of what care means in Finnish society (Asikainen & Simola, 2020). In a way, Finnish participants were highlighting that "basic needs" were the focus of care in the past, while more recently, caregivers are expected to address the higher levels of needs in the need hierarchy of their children. Thus their awareness of the cultural shift within Finland in defining caregiving as increasingly including "more" needs, also presents important considerations for the literature. In particular, it suggests the potentially evolving bar for what care entails, and what needs are imagined and prescribed onto individuals, particularly children. Hence, an important caveat for theorization and empirical discussions of care, is what does it mean to care "now" in this particular historical moment. The findings suggest the importance of considering historical context, and thus the scholarship should consider investigating within societal changes of conceptualizations of care across generations.

Present in the US data was the cultural assumption that care was difficult. As a result, important elements of care included sacrifice and self-care. Considering the laundry list of activities associated with family caregiving roles and related concerns with caregiver stress and burn-out (Aldeman et al., 2014; Furutani et al., 2020; Mikolajczak & Roskam, 2020), it is perhaps unsurprising that care as a practice has further differentiated to include self-care (e.g.,

Barkin & Wisner, 2013). For example, a focus group study with US new mothers found that many participants reported self-care as important for effective mothering (Barkin & Wisner, 2013). It is telling that Finnish participants rarely described care as difficult and challenging.

The findings highlight that the frequent concerns with self-care and burn-out are themselves a reflection of individuals living in a society that provides little social support at the policy level for family caregivers, including parents. Thus, we suggest that our findings further lend evidence of the importance of changing social systems so that U.S. society places greater value on care and becomes more care-oriented and care-organized (e.g., Glenn, 2010; Tronto, 2013). Indeed, studies find that access to services that provide care or support for those who care in the family prevents the aggravation of mental illness and social exclusion (Martinelli et al., 2017) and that supporting fathers to be more involved in child care and take on parental family leave is an important means of reducing child maltreatment (Pace et al., 2022). Thus our study lends further support to the need for creating a system in which care doesn't have to be so hard.

## Practical Implications

The study has practical implications for creating services such as educational interventions and policies to support care within the family. The study indicates the need for services that support parents not only in structuring family life and providing the essential care for children's development (e.g., scheduling sleep, routine, and adequate diet in different ages), but also having the skills and availability to address higher order needs, such as being present and available for the care receiver to have their thoughts and feelings listened to. Thus, there are two main implications from our study: 1) the need for creating educational services that include higher level conceptualizations of care in their curriculum; and 2) the need for creating more opportunities, such as time, for caregiving to address both lower and higher level needs.

As emotional needs become more essential in care practices, it opens space for the discussion of the relational aspects involved in care practices and how the society can better support parents in developing the skills to attend to these needs. By looking at participants' conceptualization of care through the Psychological Process Involved in Caring framework presented in this study, it is possible to elaborate on services that can guide parents, breaking down the complex set of actions involved in caring. Furthermore, social, health, and educational policies that directly or tangentially support care within the family should consider the wide scope of care concepts expressed among family caregivers. Recent research suggests that most parents living in 17 countries believe that their children (both sons and

daughters) should be taught care work (van der Gaag et al., 2023). Our findings suggest that when considering how to develop curriculum for teaching care, including to children, it is valuable and necessary not only to teach the skills to meet basic needs, but also the higher order and often intangible elements of care (i.e., being a listening ear).

Our study highlights that providing care within the family is a complex and time consuming task. For example, given the relational and emotional aspect of care, supporting care labor requires creating spaces for family members to spend quality time with each other across time. This could mean both reshaping social spaces so that they are family friendly, where parents and children are encouraged to interact with each other in meaningful ways as well as providing opportunities for families to spend time together. Given the complexity of tasks involved in practicing care, social policies must be created that consider the need for dedicated time in caring for others within the family. We would argue that policies for supporting care work should go beyond short periods of family leave, towards creating work hours that allow for sustainable quality time with family members (e.g., shorter work days). Together, given that care is expansive, involving a variety of needs, the findings highlight the importance of centering the whole person both within the family and within society (i.e., creating time and space for all of our needs, beyond the basic ones, to be valued and addressed).

## Limitations and Implications for Future Studies

Although this study brings together the conceptualization of care in two distinct social contexts, the views on the definition and practices of care discussed here still depict Western, middle-class perspectives based on the experiences of those living in primarily heterosexual and cisgender partnerships. Future studies should take a more comprehensive approach to understanding universal and culturally distinct principles that define and can be used to assess and practice care. They should include non-Western perspectives, a wider variety of socio-backgrounds, and diverse family configurations (e.g., families composed of same-gender partners or families constituted through adoption). This study also focuses solely on the interpersonal aspects of care and focuses on the practice of care, more broadly conceptualized, and thus did not investigate gendered and developmental differences based on the characteristics of the caregivers themselves. Future research should investigate whether the conceptualization of care undergoes developmental and gender differentiation.

Additionally, future studies should explore the implications of educational programs in caregivers' conceptualization and practice of care. The culturally distinct ideas that care is hard and care is an evolving process indicate how education may play an essential role in supporting caregivers in learning how

to care. Furthermore, future research should investigate how care is taught and learned across the lifespan, unraveling the processes and contents that influence how care is understood and practiced.

## Data Availability

Data and materials may be accessed through contacting A.J.M.

## Compliance with Ethical Standards

**Conflict of Interest** The authors declare no competing interests.

**Ethical Approval** This study involved research with adult human participants. This study received approval by the Institutional Review Board from Texas A&M University (# IRB2021-0900 M) for US data collection and Tampere University (# Statement 59/2022) for Finnish data collection.

**Informed Consent** Informed consent was obtained from all individual participants included in the study.

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