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# Components or Manifestations of Care: A Phenomenological Analysis of the Components of Intergenerational Care Culture in the Family over the Past Half-Century in the Cultural Region of Kashan, Aran and Bidgol

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A B S T R A C T

**Purpose:** This study aimed to phenomenologically explore and identify the indigenous components and manifestations of intergenerational care culture among families across three generations in the cultural region of Kashan, Aran and Bidgol.

**Methods and Materials:** This qualitative study employed a descriptive phenomenological design. Participants were selected through criterion-based purposive and voluntary sampling and included 12 members from four families representing three generations, together with one local specialist, for a total of 13 participants. Data were collected through in-depth semi-structured interviews lasting approximately 40–80 minutes and continued until data saturation was achieved. Twenty-two researcher-developed interview questions were finalized after three pilot interviews. Interviews were audio-recorded with participants' consent, transcribed, coded, and analyzed using Colaizzi's seven-step phenomenological method. Strategies including epoché, member checking, external expert review, and systematic documentation were applied to enhance the trustworthiness of the findings.

**Findings:** The analysis indicated that intergenerational care culture was represented by 15 major components, including ethical conduct, helping behavior, love for the family, enjoining what is right and forbidding what is wrong, balanced affection and firmness, endurance of caregiving burden, responsibility, respect for others' rights, consistency between words and actions, anger management, social cohesion, culturally sensitive policymaking, dignity, proportionate discipline, and ecological concern. Ethical conduct emerged as the most fundamental component, followed by helping behavior, love for the family, and moral guidance. The findings further suggested that the middle generation demonstrated stronger involvement in several dimensions of caregiving, while the overall pattern reflected continuity of traditional caregiving values alongside a gradual transition from a predominantly duty-based model toward a more affective, reciprocal, and exchange-oriented model.

**Conclusion:** Intergenerational care in the studied cultural region is a multidimensional phenomenon grounded in ethical, emotional, familial, social, and cultural values, while simultaneously undergoing generational transformation in the meaning and expression of caregiving.

***Keywords:*** *Care; Intergenerational Care; Culture of Care; Family; Phenomenology; Ethical Conduct; Generational Change; Kashan; Aran and Bidgol*

## 1. Introduction

Care is a fundamental dimension of human life and a central mechanism through which individuals, families, communities, and institutions sustain well-being, social continuity, and collective resilience. Although care has historically been associated with intimate relationships, domestic responsibilities, illness, childhood, and old age, contemporary scholarship increasingly conceptualizes it as a multidimensional social phenomenon that encompasses emotional commitment, ethical responsibility, practical assistance, relational reciprocity, cultural expectations, and institutional arrangements. From this perspective, care cannot be reduced to the provision of physical assistance; rather, it constitutes a relational process through which individuals recognize the needs and vulnerabilities of others and respond to them through material, emotional, moral, and symbolic practices. The growing interdisciplinary interest in care reflects its significance as a societal issue with implications for family organization, social policy, health, welfare, and community life (Yeandle et al., 2017). Philosophical and ethical approaches have similarly expanded the boundaries of care beyond interpersonal assistance, emphasizing its role in maintaining interconnected human and more-than-human worlds and in shaping moral responsibilities toward others and the environments in which social life unfolds (Puig de la Bellacasa, 2017).

The concept of a "culture of care" extends this understanding by directing attention from isolated acts of caregiving toward the values, norms, relationships, practices, and institutional conditions that make care meaningful and sustainable. Cultures of care are created when attentiveness, mutual responsibility, relationality, responsiveness, and support become embedded in everyday practices and collective expectations. Accordingly, care is simultaneously personal and structural: it is enacted in intimate relationships but is also influenced by organizational cultures, economic resources, social policies, spatial arrangements, and cultural narratives. Recent scholarship has therefore called for greater attention to the plurality of cultures of care and to the ways in which caring practices are produced in particular places and social relationships (Greenhough et al., 2023). Studies of welfare systems and everyday experiences of social insecurity further demonstrate that care is shaped by administrative structures and policy environments, which may either facilitate supportive relationships or intensify vulnerability and precarity (Colebrooke et al., 2023). From a management perspective, this broader conceptualization is important because the organization of care involves the allocation of responsibilities, coordination of resources, maintenance of relationships, and management of competing individual and collective needs.

Care is also embedded in broader welfare arrangements. The distribution of caring responsibilities among the family, the state, the market, and civil society varies considerably across societies, reflecting different welfare regimes and assumptions about social responsibility (Esping-Andersen, 2024). When formal welfare provision is limited, families frequently assume a greater proportion of responsibility for children, older adults, persons with disabilities, and family members experiencing illness or dependency. Even in societies with extensive welfare systems, however, informal family care remains indispensable. Caregiving is thus positioned at the intersection of private relationships and public responsibility. Research concerning people with learning disabilities, for example, illustrates how changes in public expenditure and service provision can alter the conditions under which families and communities provide support (Power & Bartlett, 2019). Similarly, housing has been conceptualized not simply as a physical asset but as an "infrastructure of care" that can enable safety, proximity, interdependence, and everyday support (Power & Williams, 2020). At the urban scale, the idea of "cities of care" further demonstrates that social and spatial planning can either reinforce or undermine caring relationships and practices (Power & Mee, 2020).

Within this broader system, the family remains one of the most important sites in which caring norms are learned, reproduced, negotiated, and transformed. Family relationships provide a primary context for emotional support, socialization, assistance during crises, caregiving in illness and old age, and the intergenerational transmission of values. Contemporary family research demonstrates that supportive family functioning and emotional expressiveness are closely connected with psychological adjustment, particularly among younger family members (Naziri & Hooman, 2025). Family care can also strengthen collective coping resources during periods of illness or instability. Evidence from family health nursing indicates that interventions extending beyond individual patient care toward the strengthening of family relationships and coping processes can promote family resilience (Monteiro et al., 2025). Likewise, research conducted in intensive care settings has shown that family resilience develops


Iranian Journal of Educational Sociology
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dynamically through interactions among family resources, healthcare environments, communication, and adaptation to adversity (Sun et al., 2026). These findings suggest that care within families should be understood not simply as the unilateral provision of assistance but as an important mechanism for sustaining the adaptive capacity of the family as a social system.

Intergenerational care is particularly significant because it links the life trajectories of children, parents, and grandparents and contributes to the continuity of family relationships across time. Care between generations may include financial support, emotional companionship, childcare, assistance with household tasks, caregiving during illness, and support for older family members. Research on grandparental involvement demonstrates that intergenerational care can also influence developmental outcomes among younger generations, with grandparental caregiving potentially contributing to children's self-regulatory development (Zheng et al., 2025). At the same time, intergenerational care is rarely a simple one-directional transfer. Relationships between generations involve reciprocity, remembered obligations, emotional attachments, gratitude, authority, duty, and changing expectations across the life course. The meaning attributed to a particular act of care may therefore differ substantially among generations, even when the outward behavior appears similar.

The experience of caregiving also involves substantial psychological, social, physical, and organizational demands. The concept of caregiver burden has been used to capture the multidimensional strain that may arise when caregiving obligations exceed available personal and social resources (Leu et al., 2020). Contemporary approaches consequently emphasize that high-quality care requires attention not only to the recipient but also to the dignity, well-being, and resilience of caregivers. This principle has become increasingly evident in palliative care, where biopsychosocial, spiritual, and family-centered approaches seek to replace narrowly biomedical models with more comprehensive understandings of suffering, dignity, and relational support (Bulia et al., 2026). Spiritual care similarly illustrates the importance of recognizing hope, cultural meaning, identity, and family relationships in caring for individuals experiencing serious illness (Mercier et al., 2023). Such perspectives reinforce the proposition that care is intrinsically relational and that its quality depends on the cultural and ethical frameworks within which individuals interpret both responsibility and vulnerability.

Culture profoundly influences how care is understood, who is expected to provide it, and what behaviors are recognized as caring. Care practices are shaped by conceptions of family obligation, age, gender, respect, religion, authority, reciprocity, and social belonging. Studies in long-term care settings have shown that culturally diverse understandings may substantially influence communication and decision-making concerning future care (Soheilipour et al., 2023). Research with Indigenous communities has likewise demonstrated the importance of placing Indigenous cultures, knowledge systems, relationships, and community values at the center of clinical practice rather than treating culture as an auxiliary consideration (Parter et al., 2023). Organizational research on aged-care delivery similarly indicates that the culture within care institutions affects how quality, safety, dignity, and relationships are enacted in practice (Churruca et al., 2023). Consequently, meaningful investigation of care requires sensitivity to locally embedded meanings rather than the uncritical application of universal categories developed independently of the cultural setting in which caring practices occur.

The concept of care has also expanded beyond conventional family and health settings. Studies of educational environments show that cultures of care can be deliberately developed by centering relationships, trust, restoration, and trauma-informed practices within organizational processes (Lipscomb et al., 2023). Research in laboratory environments has further demonstrated that a culture of care concerns not only those who directly receive care but also the well-being, recognition, and working conditions of those responsible for providing it (Williams, 2023). Environmental communication scholarship has similarly proposed care as a critical framework for understanding food systems, ecological responsibility, and the relationships connecting human well-being with environmental sustainability (Mann, 2024). Even interspecies relationships have been examined as forms of shared care, illustrating how responsibility and attentiveness can extend beyond human relationships to animals and shared environments (Schuurmana & Franklin, 2018). These developments support a broader interpretation of care as a cultural orientation involving responsibility toward family members, other members of society, institutions, animals, and the ecological environment.

In Iran, family-based care has traditionally been embedded in strong moral, religious, and kinship expectations. Religious norms may reinforce social responsibility, compassion, assistance to others, respect for


Iranian Journal of Educational Sociology
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parents, and responsiveness to the needs of vulnerable members of society (Dehdar et al., 2018). Iranian discussions of the ethics of care have likewise emphasized care as an ethically meaningful relationship rather than merely a technical or instrumental activity (Nasr Esfahani, 2019a). Reflections on the relationship between care and meaning suggest that caring for another person can contribute to meaning-making and personal development for both the caregiver and the recipient (Nasr Esfahani, 2019b). Phenomenological research on caring for older parents in Tehran has provided further evidence that family caregiving is associated with deeply experienced meanings of obligation, affection, reciprocity, presence, and responsibility (Majidi Khameneh & Mahdavi, 2018). Such findings highlight the necessity of understanding Iranian family care from within the lived experiences and cultural frameworks through which family members themselves interpret caregiving.

At the same time, Iranian society has undergone substantial demographic, cultural, technological, educational, and socioeconomic transformations over recent decades. Processes of modernization, urbanization, expansion of higher education, changing employment patterns, increased geographical mobility, new communication technologies, and transformations in family size and structure have altered everyday relationships among generations. Analyses of generational formation in Iranian society indicate that generations are shaped by distinctive historical and social experiences and consequently may develop different orientations toward values, identities, family relations, and social responsibilities (Tohidloo, 2021). Changes in lifestyle and widening generational differences may therefore affect the meaning and performance of care within families (Abedi, 2024). Public discussions of accelerated social life and alienation have similarly drawn attention to the ways in which intensified temporal pressures can transform interpersonal relationships and reduce opportunities for sustained social connection (Shargh Newspaper, 2018).

These transformations are particularly important in relation to social indifference and declining interpersonal responsiveness. Social indifference may emerge when individuals become less attentive to the problems and needs of others, potentially weakening interpersonal trust, collective responsibility, and social solidarity (Mousavi Chelak, 2017). Psychological interpretations of contemporary social problems have likewise pointed to the importance of relational, emotional, and behavioral dimensions in understanding social difficulties rather than reducing them entirely to structural indicators (Garibavi, 2019). In this context, strengthening a culture of care may represent a socially significant mechanism for counteracting indifference, reinforcing mutual responsibility, and maintaining meaningful relationships among individuals and generations. Iranian academic and expert discussions have therefore increasingly treated care, social responsibility, and changes in interpersonal relationships as issues requiring contextual investigation (Bokharaei, 2019; Mehraine, 2019; Sheikh Rezaei, 2019).

The management of intergenerational care becomes especially complex when expectations derived from traditional family structures coexist with the values and constraints of contemporary life. Older generations may interpret caregiving primarily through duty, sacrifice, obedience, and family continuity, whereas younger generations may place relatively greater emphasis on emotional quality, personal autonomy, negotiated responsibilities, or reciprocal relationships. These patterns should not necessarily be interpreted as a simple decline in caring; instead, they may indicate a transformation in the forms through which care is expressed and evaluated. Iranian studies and discussions of social and managerial change suggest that shifting cultural expectations influence the organization of social relationships and the interpretation of responsibility (Rashedi, 2023). The central analytical question is therefore not merely whether younger or older generations provide more care, but how different generations conceptualize care, what behaviors they regard as manifestations of genuine care, and which ethical and relational principles they associate with being a caring person.

Such questions are particularly relevant in culturally distinctive regions where long-standing family traditions coexist with rapid socioeconomic transformation. Kashan and Aran and Bidgol constitute a cultural region characterized by historically established family networks, religious traditions, local identities, and patterns of intergenerational interaction. Investigating care within this setting makes it possible to examine how enduring cultural meanings are maintained, modified, or reinterpreted across generations. It also responds to an important methodological requirement in care research: culturally embedded concepts should be explored through participants' lived experiences rather than predetermined exclusively through abstract theoretical definitions. Descriptive phenomenology is particularly appropriate for this purpose because it seeks to


Iranian Journal of Educational Sociology
E-ISSN: 2645-3460

describe the essential structure of a phenomenon as experienced by participants. Colaizzi's systematic approach to phenomenological analysis provides a structured process for moving from significant statements to formulated meanings, thematic clusters, and an exhaustive description of the phenomenon (Akbari Borang & Pour, 2021).

A locally grounded understanding of the manifestations of care also has practical implications for management and policymaking. Social, health, educational, family, and welfare policies are more likely to be effective when they are aligned with the meanings through which individuals understand responsibility, dignity, support, and reciprocity. Policies designed without attention to these cultural dimensions may unintentionally weaken informal networks of support or place unrealistic expectations on family caregivers. Conversely, culturally responsive policy can recognize existing capacities for solidarity while responding to caregiver burden, generational change, and changing family structures. The importance of culturally grounded, relationally oriented care has been demonstrated across healthcare, aged care, education, housing, and community contexts (Churruca et al., 2023; Greenhough et al., 2023; Power & Williams, 2020). Understanding indigenous or locally constructed meanings of care can therefore contribute not only to theoretical development but also to the design of more humane and socially sustainable management practices.

Despite the growing literature on family caregiving, cultures of care, caregiver burden, and intergenerational relations, important conceptual gaps remain. Much existing research focuses on specific populations, such as older adults, patients, professional caregivers, children, or institutional settings, whereas fewer studies examine how ordinary members of several generations within families themselves define the components and manifestations of care. International scholarship demonstrates the diversity of care across familial, institutional, educational, environmental, and cultural contexts (Lipscomb et al., 2023; Mann, 2024; Mercier et al., 2023), while Iranian scholarship has documented changing generations, elderly-parent care, ethical meanings of care, and social indifference (Majidi Khameneh & Mahdavi, 2018; Mousavi Chelak, 2017; Tohidloo, 2021). Nevertheless, there remains a need for phenomenological inquiry into the indigenous structure of intergenerational care culture within specific Iranian cultural regions and for identifying the components through which members of different generations recognize and describe care in everyday family and social life.

Accordingly, the aim of this study was to phenomenologically explore and identify the indigenous components and manifestations of intergenerational care culture within families across three generations in the cultural region of Kashan and Aran and Bidgol.

## 2. Methods and Materials

Data were collected through the study of books and journal articles in both printed and electronic formats, as well as through the use of the World Wide Web and domestic and international databases, including SID, ISC, Magiran, Ensani.ir, Civilica, Google Scholar, and Scopus. Note-taking was used to summarize and classify the information. In addition, field data were collected through in-depth semi-structured interviews with the study sample, conducted in accordance with the research topic until data saturation was achieved. Each interview lasted between 40 and 80 minutes. A total of 22 researcher-developed questions were formulated following three pilot interviews and were subsequently used in the main interviews. Examples of the interview questions included: "What has your experience been like as a caregiver or care recipient?" "What characteristics do caring individuals possess?" and "Does gender play a role in care?"

The study population consisted of residents of Kashan and Aran and Bidgol Counties. Using criterion-based purposive sampling (Polkinghorne, 1989), 13 participants were selected from three generations in approximately equal proportions—young, middle-aged, and older adults—including six women, six men, and one male middle-aged specialist. Participant selection sought to ensure maximum variation, relevant experience with the phenomenon under study, and willingness to participate. Epoché, or the bracketing of the researcher's preconceptions, was also observed, although some degree of flexibility may inevitably remain within such suspension.

After the interview questions had been prepared, the prospective participants were contacted and informed about the topic and objectives of the study, as well as the confidentiality of their information, so that they could participate in the interviews with confidence and peace of mind. The time and location of the interviews were selected according to the participants' preferences, and the interviews were audio-recorded with their consent. Each participant was assigned a unique code, on the basis of which the data were analyzed and the themes and concepts were extracted.


Iranian Journal of Educational Sociology
E-ISSN: 2645-3460

Because the experience of care encompasses complex emotional, value-based, and meaning-related dimensions that can be inferred and identified through in-depth dialogue and reflection on content, following completion of the interviews, data analysis was conducted using Colaizzi's seven-step method of descriptive phenomenology (Akbari Borang & Samirapour, 2021; Emami Sigaroudi et al., 2012).

In qualitative research, one approach to establishing validity is to have the research process and findings evaluated and confirmed by participants (Flick, 1965). In the present study, this procedure was implemented through participant collaboration and member checking. To enhance reliability, the opinions of an experienced specialist and research collaborator serving as an observer were also incorporated throughout the research process. Furthermore, all stages of the study were carefully documented, and the interview audio files, coding sheets, and preliminary versions of the analyses were retained.

## 3. Findings and Results

Through an in-depth examination of the interviews, 377 meaningful textual excerpts were extracted. Following refinement and integration, these excerpts initially yielded 151 primary meaning units, or first-level categories; these were subsequently reduced to 95 second-level categories, followed by 55 third-level categories, and ultimately six main themes related to care: (1) components/manifestations of care; (2) requirements of care; (3) factors affecting the realization of care, including formative, facilitating, and inhibiting factors; (4) factors contributing to generational differences in the concept of care; (5) challenges of care; and (6) outcomes or consequences. These main themes were interconnected and collectively provided an overall representation of the concept of care based on the participants' lived experiences. The present article focuses on the first of these layers, namely, the identification of the components and patterns of care; the remaining themes will be addressed in future articles.

Based on the findings of this study, participants described the components of care in terms of 15 major categories: affection with balanced firmness; willing endurance of caregiving burden; proportionate discipline; responsibility; general helping behavior; respect for the rights of others; consistency between words and actions; anger management; social cohesion; enjoining what is right and forbidding what is wrong; incorporating human and cultural considerations into policymaking and policy implementation; ethical conduct; love for the family; dignity and nobility of character; and concern for the ecological environment.

**Table 1**

*Principal Manifestations or Expressions of Care*

| Explanatory Concepts/Meanings | Main Theme/Component |
|---|---|
| Affection with balanced firmness | Care components / manifestations of care |
| Willing endurance of caregiving burden | Care components / manifestations of care |
| Proportionate discipline | Care components / manifestations of care |
| Responsibility | Care components / manifestations of care |
| General helping behavior | Care components / manifestations of care |
| Respect for the rights of others | Care components / manifestations of care |
| Consistency between words and actions | Care components / manifestations of care |
| Anger management | Care components / manifestations of care |
| Social cohesion | Care components / manifestations of care |
| Enjoining what is right and forbidding what is wrong | Care components / manifestations of care |
| Incorporating human and cultural considerations into policy formulation and implementation | Care components / manifestations of care |
| Ethical conduct | Care components / manifestations of care |
| Love for the family | Care components / manifestations of care |
| Dignity and nobility of character | Care components / manifestations of care |
| Concern for the ecological environment | Care components / manifestations of care |

The most fundamental component of care identified by the participants was ethical conduct. This was followed, respectively, by helping behavior, love for the family, and enjoining what is right and forbidding what is wrong, which occupied the subsequent major positions. A brief description of each is provided below.


Iranian Journal of Educational Sociology
E-ISSN: 2645-3460

**Table 2**

*Overall Structure of the Phenomenon and the Inductive Process of Identifying the Components and Main and Subthemes Derived from the Analysis of Data Meaning Units*

| Sample Interview Excerpt | Descriptive Concepts / First-Level Categories | Interpretive Concepts / Second-Level Categories | Explanatory Concepts / Third-Level Categories | Main Theme / Component |
|---|---|---|---|---|
| "There was no sociology department here. At one point, I was in the [Department of] Educational Sciences. The vice president for education at the time [at the university] came and said, 'Let us eliminate Educational Sciences and bring in Sociology.' I told him, 'These people voted for me; I am their trustee. How could I do this for my own interests?' He said, 'It is not difficult.' I said, 'Even if they kill me, I will not do it.'" (Interviewee Code 1) | Resistance to conflicts of interest | Trustworthiness; custodianship | Ethical conduct | Care components / manifestations of care |
| "I said, 'You owe money; it cannot be done until you pay it.' He said, 'Oh, just stamp it. These people do not understand anything. The head here does not understand anything either, nor does the other one.' … I said, 'They have trusted me, and I will not betray that trust.'" (Interviewee Code 2) | Conscientiousness | Trustworthiness; custodianship | Ethical conduct | Care components / manifestations of care |
| "In my opinion, caring people make a greater effort to observe ethical principles in their lives, whether at work or elsewhere. They do not violate anyone's rights; as they say, they do not bring unlawfully obtained money home." (Interviewee Code 4) | Refraining from violating others' rights | Lawful earnings | Ethical conduct | Care components / manifestations of care |
| "It is always in my mind. This person came five or six times to follow up on my affairs; in other words, he was taking care of me." (Interviewee Code 1) | Not forgetting others' assistance | Humble gratitude | Ethical conduct | Care components / manifestations of care |
| "During the last two years, my father was bedridden because of illness. Thank God, he did not really need anyone; he was still able to get around by himself. But to some extent, even if it was only something very small, if there was anything we could do, we helped him." (Interviewee Code 4) | Considering one's own caregiving insignificant compared with the services received from others | Humble gratitude | Ethical conduct | Care components / manifestations of care |
| "Dr. N could be made president of the university or even a minister, and he would remain the same. His behavior would not change. Even if he sees the service worker, he stops, greets him, and asks how he is doing." (Interviewee Code 1) | Stability of character | Sincere humility / conscious, sincere, and empowered modesty, even in senior positions | Ethical conduct | Care components / manifestations of care |
| "The more a person lowers themselves and becomes closer to their employees and colleagues, cooperates with them and with people, the better. There is a verse that says: 'Every fruitful branch bows its head; the wiser a person becomes, the more humble they become.' The greater a person's understanding and knowledge, the more humble they become." (Interviewee Code 6) | Conscious humility | Sincere humility / conscious, sincere, and empowered modesty | Ethical conduct | Care components / manifestations of care |
| "Caring individuals are usually somewhat authoritative as well. They behave with strength almost instinctively, although they are very humble." (Interviewee Code 1) | Authority combined with humility | Sincere humility / conscious, sincere, and empowered modesty | Ethical conduct | Care components / manifestations of care |
| "Imam Sajjad is said to have behaved in this way: if he saw someone younger than himself, he would say, 'This person is younger than me and has committed fewer sins, so he is better than me.' If he saw someone older, he would say, 'This person has worshipped more than I have, so he is superior to me.' Therefore, he always considered himself lower than others." (Interviewee Code 2) | Respect for younger and older people | Sincere humility | Ethical conduct | Care components / manifestations of care |
| "If, for example, I bought something, I bought two: one for our own home and one for them, my father and mother. These are not things a person should talk about; I was only doing my duty." (Interviewee Code 1) | Helping parents and others as a duty | Unselfish service without expectation of reward; duty-based generosity | Ethical conduct | Care components / manifestations of care |
| "Someone came and made a request. I said, 'I cannot do it now. Come tomorrow and I will do it.' He did not come the next day. I thought perhaps he had become | Helping others as a duty | Unselfish service without expectation of | Ethical conduct | Care components / |


Iranian Journal of Educational Sociology
E-ISSN: 2645-3460

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|---|---|---|---|---|
| embarrassed and could not come, so I went to his house myself and fulfilled his request. Such situations eventually arise in society." (Interviewee Code 6) | | reward; duty-based generosity | | manifestations of care |
| "I had the opportunity to go to the University of Tehran and become a faculty member, but I did not go. I stayed here; nevertheless, I visited my mother every night." (Interviewee Code 1) | Forgoing personal advantages | Altruism / self-sacrifice despite one's own needs | Ethical conduct | Care components / manifestations of care |
| "There, I met some students who had come to prepare for the university entrance examination. One of them had become very depressed psychologically, and several were academically weak. I was somewhat better at my studies than they were. In reality, my own time was very limited and important to me. But I would think that they were hoping to come here and have me [help them], so I would sacrifice my own time to genuinely teach them something." (Interviewee Code 4) | Giving one's time despite personal need | Altruism / self-sacrifice despite one's own needs | Ethical conduct | Care components / manifestations of care |
| "We ourselves do not have much. By God, someone had given me twenty tomans for myself and ten tomans for my mother. We put it together and placed it in his bag [the pocket of our poor elderly grandfather]. He became very happy." (Interviewee Code 11) | Giving money despite personal need | Altruism / self-sacrifice despite one's own needs | Ethical conduct | Care components / manifestations of care |

**Ethical conduct:** The most important and most frequently mentioned manifestation or component of care, according to the number of participants and their statements, was "ethical conduct," understood as possessing virtuous qualities that lead to ethical behavior. It was represented through terms and expressions such as trustworthiness, custodianship, lawful earnings, humble gratitude, sincere humility, duty-based generosity, self-sacrifice, and similar characteristics as its subthemes. Eight of the 13 participants across all three generations referred to "ethical conduct." In this regard, Generation 2 made the highest number of statements, with 10 references, followed by Generation 1 with five and Generation 3 with four. Among the moral virtues identified, in terms of both the number of statements and the number of respondents, "sincere humility combined with authority," particularly in relation to parents, had the highest frequency.

These findings may indicate that care is fundamentally grounded in ethics. They also suggest that Generation 2 demonstrated greater sensitivity to the role of ethics in care than the other two generations. Among ethical characteristics, humility in its general sense, and particularly humility toward parents, occupied a distinctive position.

**Helping behavior:** The second component was helping behavior, both in its general sense—helping individuals outside the family—and in its specific sense—helping family members. Participants referred to subthemes such as dedicating and giving one's possessions, helping others, concern for others, and extending altruistic concern beyond the boundaries of the family. Of the 13 participants, seven addressed this issue: one from Generation 3, three from Generation 2, and three from Generation 1. In terms of the frequency of statements, Generation 2 had the highest frequency with five references, followed by Generation 1 with three and Generation 3 with two. This may indicate greater attention to this component among Generations 1 and 2 than among Generation 3. Examples of their statements are presented below:

"There was a person named Mr. Javad M. At that time, he was a student at Allameh Tabataba'i University in Tehran. He was several years older than us. He would come to Tehran to follow up on my affairs. We were only from the same neighborhood, but he would still make the effort to come. This person came five or six times to follow up on my affairs; that means he was taking care of me." (Interviewee Code 1)

"When we went there, we saw that my child had thrown himself down from a height of four meters. Emergency Medical Services 115 arrived, and some of the neighbors came as well. My husband was not at home at the time. One of the neighbors came and put a Sepah Bank cheque for fifty thousand tomans in my hand—which was a lot of money at that time—and said, 'Take this money; if you need it, use it for the hospital expenses.'" (Interviewee Code 11)

"May God preserve dear Seyyed Azizollah A. Just as someone might receive an hourly teaching fee in advance, he would come every morning, punctually after the dawn prayer, and teach us [without receiving any payment]." (Interviewee Code 2)

**Love for the family:** This component encompassed the following subthemes: (1) prioritizing emotional family relationships over personal interests; (2) emphasizing in-person caregiving; (3) attending to one another; (4) preserving the family's good reputation; (5) providing a sense of reassurance; (6) maintaining an emotional bond even after the death of a family member; and (7)


Iranian Journal of Educational Sociology
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reciprocating or compensating for previous efforts and sacrifices. Examples of this component can also be observed in the findings of previous studies. For instance, one interviewee stated: "I frequently have opportunities to go on administrative missions and benefit from their advantages, which would also be very beneficial for my career advancement, but because of my mother, I do not go anywhere" (Majidi Khameneh & Mahdavi, 2018, p. 118). Of the 13 interviewees in the present study, six commented on this issue: three from Generation 2, two from Generation 1, and one from Generation 3. Generation 2 had the greatest number of statements, with 13 references, followed by Generation 1 with eight and Generation 3 with three. These findings may likewise indicate that Generation 2 paid greater attention to this issue than the other generations interviewed.

Examples of participants' statements:

"My work is very important to me; Dr. S knows that. But my father and mother are always a thousand degrees more important to me. I had many career opportunities in Tehran, such as becoming a faculty member at the University of Tehran and so on, but I stayed in my own city to serve my parents. That is what care means." [Priority of emotional relationships over individual interests; intergenerational solidarity theory; traditional duty-based model of care] (Interviewee Code 1)

"I consider myself obligated to go to my father's house twice every day: once in the morning and once in the afternoon, unless I have a problem and cannot do so. If I am here, I absolutely have to see my father and mother twice a day and take care of them. I am that attached to them, and I try to repay them." [Social exchange theory] (Interviewee Code 6)

"We ourselves had to work to feed ourselves. We had to live in such a way that nobody would hear about our difficulties and our reputation would not be damaged. We had to look after the family." [Preserving the family's reputation] (Interviewee Code 8)

**Enjoining what is right and forbidding what is wrong:** This component ranked fourth. Five interviewees referred to it: three from Generation 1, one from Generation 2, and one from Generation 3. In terms of the frequency of statements, Generation 1 ranked first with six references, followed by Generation 3 with four and Generation 2 with two. Examples include:

"I remember that one day I was at the war front. We had a friend, Mr. Mostafa A. We were walking and came across a thorny bush. There was a green caterpillar on one of its thorns, and I flicked the branch, causing the caterpillar to fall. My friend saw what I had done. He called me and said, 'Come here! What had it done?' I said, 'What?' He said, 'What had this caterpillar done?' I said, 'I did not hit the caterpillar; I hit the branch.' He said, 'Do not play games with me! What sin had this creature committed? What had it done for you to treat it so unjustly?' Forty years have passed since that incident, but hardly a week goes by without my remembering it. That, in my opinion, is what you mean by care." (Interviewee Code 1)

"He told me, 'It is a pity that you are wasting your life here. Either go and study and become a scholar, or go and find yourself a proper occupation. This job you have chosen is useful neither for your worldly life nor for the hereafter.'" (Interviewee Code 2)

**Affection with balanced firmness:** Four participants made statements concerning this component: one from Generation 1, two from Generation 2, and one from Generation 3. Generation 2 demonstrated the greatest emphasis, with eight statements, followed by Generation 1 with three and Generation 3 with one.

One noteworthy finding in the interviewees' statements was the integration or combination of the apparently contradictory qualities of "kindness" and "authority," reflected in the expression "affection with balanced firmness." These findings may be interpreted as supporting the persistence of traditional elder authority. For example:

"[My mother] was both very kind and very firm. We all respected her authority. If she said something, that was it. My mother once said that so-and-so, one of my sisters, should live there [in that inherited house], and she has been living there for 14 years. She could remain there for another 20 or 30 years and nobody would say anything. Her word carried that much authority. Even though she passed away several years ago, her word still stands." (Interviewee Code 1)

"They wanted to employ me as a teacher because I was good at mathematics. My father said, 'No, you do not need to go; self-employment is better.' So we followed his decision. We behaved however he instructed us. The authority belonged to our father. We did not dare say anything against him." (Interviewee Code 5)

**Endurance of caregiving burden:** Two statements by two participants from Generation 1 and five statements by two participants from Generation 2, with no reference from Generation 3, may indicate greater involvement and attention among Generation 2—the so-called "sandwich generation"—in accordance with the traditional duty-based model of care.


Iranian Journal of Educational Sociology
E-ISSN: 2645-3460

"[My car] was just an ordinary passenger car, a Paykan or something similar. I used to take sick people, those who were seriously ill, to Tehran, Isfahan, Qom, and other places, day and night, in snow, rain, good weather, whatever the conditions were." (Interviewee Code 8)

"When my father went out to the fields at night to manage the irrigation water, or when he went to the slaughterhouse, I was afraid. I would put a little salt above the heads of all the children and also at the doorway. I would sit awake like that until my father returned. Only when I heard the bell on his donkey would I finally go to sleep." (Interviewee Code 9)

**Concern for the ecological environment:** A total of four participants referred to this component: one from Generation 1 and three from Generation 2.

"For example, when you are walking along the street and see that a water pipe has burst, you are also part of society, and this is also a matter of rights. You should immediately call the water authority and inform them." (Interviewee Code 6)

"Animals must also be respected. I opened the car door and said, 'Do you understand what you are doing?' He was beating his donkey. I said, 'Why are you doing this?' [Then, threateningly, I said,] 'If you have the courage, hit it one more time.'" (Interviewee Code 8)

"If you treat animals well, God will multiply your sustenance fivefold. One becomes ten." (Interviewee Code 10)

**Responsibility:** Three participants referred to this component: two from Generation 1 and one from Generation 2.

"Based on my duty as a teacher, or my religious duty, I feel that I have to raise this issue, even though the other person may not like it." [Traditional duty-based model of care] (Interviewee Code 3)

"I drove for one year [I was a driver of military vehicles]. When [my military service ended] and we were about to leave, he told me, 'Get the traffic violation record for this vehicle.' I said [in surprise], 'What?! The vehicle's violation record?' He said, 'Yes, you have to get it.' I said, 'You send someone to get it yourself.' When the report arrived, it said, 'No traffic violations.' He said, 'How did you manage to have no violations all these years?!' Someone there said, 'I received a vehicle only four days ago, and I already have five violations.'" (Interviewee Code 8)

**Self-respect / nobility of character:** Two interviewees referred to this issue: one from Generation 2 and one from Generation 3.

"We ourselves do not have much. By God, someone had given me twenty tomans for myself and ten tomans to help my mother. We put it all together and placed it in his bag [the pocket of our poor elderly grandfather]. He became very happy." (Interviewee Code 10)

**Proportionate discipline:** Two participants referred to this component: one from Generation 2 and one from Generation 3.

"Punishment does not necessarily have to be physical. There is verbal discipline, and there is also depriving a child of something. Yes, certainly, if there is no discipline, a person may fall apart when encountering the first serious challenge in adulthood. If you have never experienced discipline [during childhood], where are you supposed to learn? Society punishes people harshly. Parental discipline is much better than the punishment imposed by society." (Interviewee Code 4)

**Respect for the rights of others:** Two participants, both from Generation 2, referred to this component.

"The rights of other people are among the most important things in society. Our religion places great emphasis on the rights of others. A person should not cause inconvenience to society or to their neighbors. Not only should one avoid causing inconvenience, but one should also care for others." (Interviewee Code 6)

**Consistency between words and actions:** One participant from Generation 2 referred to this component.

"I believe that we can be highly influential through our behavior. Behavior means loving other people. These are not things that should merely be spoken about." (Interviewee Code 1)

**Anger management:** One participant from Generation 2 referred to this component.

"Sometimes people need to release what they are carrying inside. I gave him a grade of 20 on his project, put the paper in an envelope, and sealed it. I thought he might swear at me and then I might give him a grade of two. He did swear, of course. I sealed the envelope and told him, 'Go on.' He said another five or six things, and eventually he got it out of his system." (Interviewee Code 1)

**4. Social Cohesion**

**Social cohesion:** One participant from Generation 2 referred to this component.

"This very idea of being together and the notion of 'living for others' can be deeply restorative. When a person is with others, even eating a simple piece of bread and cheese together is truly more enjoyable than eating a hundred


Iranian Journal of Educational Sociology
E-ISSN: 2645-3460

different kinds of food alone. This has not been properly understood." (Interviewee Code 1)

**Incorporating human and cultural considerations into policymaking and implementation:** One participant from Generation 1 referred to this component.

"One of the respected scholars used to recount an incident concerning Haj Sheikh Abdolkarim Haeri—may God have mercy on him—the founder of the Qom Seminary. He said that the late Grand Ayatollah Yathrebi, Allameh Amir Seyyed Ali, was studying under him. While they were discussing the lesson, an elderly man entered the class. Mr. Haeri stopped teaching and asked, 'Sir, what do you need?' The man replied, 'I have come to ask for an istikhara [seeking divine guidance].' Mr. Haeri stopped the lesson and performed the istikhara for the elderly man. Amir Seyyed Ali said to Mr. Haeri, 'Sir, you are teaching an advanced jurisprudence class; why interrupt the lesson for such matters?' Mr. Haeri replied, 'Everything we do is ultimately so that we may solve one problem for a Muslim. This poor elderly man is uncertain and wants to make a decision. [What I am doing for him] is more meritorious than all of those other things.'" (Interviewee Code 2)

## 5. Discussion and Conclusion

The present study sought to identify the indigenous components and manifestations of intergenerational care culture among families in the cultural region of Kashan and Aran and Bidgol. The phenomenological analysis revealed 15 principal components of care: ethical conduct, general helping behavior, love for the family, enjoining what is right and forbidding what is wrong, affection with balanced firmness, willing endurance of caregiving burden, proportionate discipline, responsibility, respect for the rights of others, consistency between words and actions, anger management, social cohesion, consideration of human and cultural dimensions in policymaking and implementation, dignity and nobility of character, and concern for the ecological environment. Among these, ethical conduct emerged as the most fundamental and frequently expressed component, followed by helping behavior, love for the family, and enjoining what is right and forbidding what is wrong. The findings further indicated meaningful generational differences in the frequency and interpretation of these components. Generation 2 showed particularly strong emphasis on ethical conduct, helping behavior, family affection, and caregiving responsibility, while Generation 1 more strongly emphasized moral guidance and duty-oriented forms of care. Generation 3 referred comparatively less often to several traditional caregiving components. Overall, the pattern suggests continuity in the cultural importance of care alongside a gradual transition from a predominantly traditional, duty-based model toward a more affective, reciprocal, and exchange-oriented understanding of caregiving.

The predominance of ethical conduct is one of the central findings of the study. Participants did not define care merely as providing practical assistance; rather, they associated it with trustworthiness, honesty, lawful behavior, gratitude, humility, generosity, sacrifice, and the ability to place moral obligations above personal benefit. This interpretation corresponds closely with ethical approaches that conceptualize care as a moral orientation grounded in attentiveness, responsibility, relationality, and responsiveness to the needs of others (Nasr Esfahani, 2019a, 2019b). Care, from this perspective, is not reducible to a task or service but becomes an ethical way of being in relation to others. The broader literature on cultures of care likewise emphasizes that caring relationships are sustained through norms, values, everyday practices, and forms of mutual recognition rather than through formal service provision alone (Greenhough et al., 2023). The participants' repeated emphasis on trustworthiness, modesty, and integrity therefore reflects a culturally grounded version of an internationally recognized conception of care as a moral-relational practice.

The particularly strong emphasis on humility, especially in relation to parents and older persons, also reflects the cultural embeddedness of care. In the Iranian context, moral and religious values have historically shaped expectations concerning filial responsibility, respect for elders, assistance to others, and the observance of interpersonal obligations (Dehdar et al., 2018). The participants' accounts of sacrificing occupational opportunities, attending regularly to parents, and interpreting service to family members as a duty are consistent with phenomenological evidence indicating that caring for older parents in Iranian families is associated with obligation, affection, reciprocity, respect, and repayment of parental sacrifices (Majidi Khameneh & Mahdavi, 2018). Thus, the present results suggest that ethical conduct in this cultural setting is inseparable from family hierarchy, religiously informed responsibility, and a strong moral expectation that the caregiver should act without excessive concern for personal reward.

Helping behavior emerged as the second most prominent component. Participants described care as extending


Iranian Journal of Educational Sociology
E-ISSN: 2645-3460

assistance both within and beyond the family, including giving time, money, attention, practical help, and emotional support even when the caregiver had limited resources. This finding supports the proposition that care is a relational and socially expansive process rather than a private family activity alone. Cultures of care have been described as systems in which responsibility is extended toward others through everyday practices of support, solidarity, and responsiveness (Colebrooke et al., 2023; Greenhough et al., 2023). The finding is also relevant to discussions of social indifference in Iranian society. Where social indifference is characterized by reduced responsiveness to the needs and problems of others, helping behavior can function as its relational opposite by strengthening interpersonal responsibility, trust, and social cohesion (Mousavi Chelak, 2017). The participants' accounts of helping neighbors, students, friends, strangers, and vulnerable individuals therefore indicate that care may operate as a form of social capital extending beyond kinship boundaries.

The third major finding concerned love for the family. Participants emphasized emotional attachment, regular presence, attention to family reputation, providing reassurance, maintaining emotional bonds, and compensating parents for previous sacrifices. These findings are compatible with contemporary research that considers family care an important resource for resilience and coping. Family-centered support can strengthen adaptive capacity during periods of stress and illness and can reinforce the family as an interconnected system rather than a collection of separate individuals (Monteiro et al., 2025; Sun et al., 2026). Similarly, family functioning and emotional expressiveness are associated with psychological adjustment and emotional security among younger members (Naziri & Hooman, 2025). The present findings extend these perspectives by showing that family care is experienced not merely as instrumental assistance but also as presence, emotional prioritization, protection of family dignity, and sustained relational commitment.

The generational distribution of this component is particularly noteworthy. Generation 2 expressed the greatest number of statements concerning love for the family and caregiving responsibility. This group occupies an intermediate position between older and younger generations and may simultaneously experience responsibility toward aging parents and younger family members. The finding is therefore consistent with the concept of the "sandwich generation" and with research emphasizing the multidimensional burden that can arise when caregiving responsibilities accumulate across several relationships (Leu et al., 2020). The strong involvement of Generation 2 may represent both continued adherence to traditional expectations and adaptation to contemporary family pressures. The results concerning caregiver burden also showed that this generation reported more experiences of enduring caregiving strain than the youngest generation, suggesting that middle generations may carry a disproportionate share of intergenerational care.

Enjoining what is right and forbidding what is wrong ranked fourth among the identified components and was particularly emphasized by Generation 1. Participants understood care to include moral intervention: warning others, correcting harmful behavior, encouraging appropriate life choices, and preventing injustice toward humans or animals. This finding reflects a culturally specific expansion of care beyond emotional support toward moral responsibility for another person's conduct and well-being. Religious approaches to social care have similarly emphasized responsibility for others as a moral obligation rather than a purely voluntary act (Dehdar et al., 2018). More broadly, the ethics of care recognizes that responsiveness sometimes requires active intervention rather than passive sympathy (Nasr Esfahani, 2019a). The stronger emphasis among older participants may indicate that previous generations were more likely to conceptualize care through duty, moral supervision, and communal responsibility.

Affection with balanced firmness was another distinctive finding. Participants described caring individuals, especially parents and older family members, as simultaneously kind and authoritative. This apparently paradoxical combination suggests that care within traditional family structures may incorporate both emotional warmth and legitimate authority. The findings may therefore be interpreted within the context of generational transformation in Iranian society. Research on changing generational formation and lifestyles indicates that younger generations increasingly develop different orientations toward authority, autonomy, identity, and interpersonal relationships (Abedi, 2024; Tohidloo, 2021). The participants' narratives suggest that older models of care may have emphasized obedience and hierarchical authority, whereas contemporary caregiving relationships are increasingly negotiated through emotional communication and reciprocal understanding. The transition observed in the present study should therefore not necessarily be interpreted as a decline of care, but rather as a change in its cultural form.


Iranian Journal of Educational Sociology
E-ISSN: 2645-3460

This interpretation is reinforced by the broader finding that intergenerational care appears to be moving from a traditional duty-based pattern toward a more affective and exchange-oriented model. Traditional family care was frequently described in terms of unquestioned obligations, sacrifice, obedience, and service. In contrast, some accounts emphasized emotional closeness, reciprocity, mutual appreciation, and the desire to "repay" previous parental care. Such changes are compatible with wider transformations in family life under conditions of modernization, urbanization, occupational mobility, individualization, and changing lifestyles (Abedi, 2024; Tohidloo, 2021). Accelerated contemporary life may also place increasing pressure on the time and availability required for sustained face-to-face caregiving, potentially transforming how intergenerational solidarity is expressed (Shargh Newspaper, 2018). Thus, the cultural meaning of care appears to be changing while its underlying relational importance remains substantial.

Another significant result was the inclusion of responsibility, respect for others' rights, consistency between words and behavior, anger management, and social cohesion among the components of care. These categories demonstrate that participants conceptualized care as a broader mode of social conduct. Caring was associated with controlling harmful impulses, behaving consistently with professed values, respecting social rights, fulfilling occupational and civic responsibilities, and maintaining relationships with others. This interpretation is compatible with scholarship that treats cultures of care as organizational and societal phenomena rather than exclusively private emotions (Lipscomb et al., 2023; Williams, 2023). In schools, workplaces, and other institutions, caring cultures are created through trustworthy relationships, responsiveness, respect, and practices that protect both care recipients and caregivers (Lipscomb et al., 2023; Williams, 2023). The present findings suggest that participants similarly regarded care as a principle that should organize public as well as private behavior.

The identification of human and cultural considerations in policymaking is particularly relevant from a management and governance perspective. One participant's account emphasized that formal activities and institutional objectives should remain subordinate to the ultimate purpose of solving human problems. This view corresponds with research showing that care practices are strongly influenced by organizational culture and policy structures (Churruca et al., 2023). Policies may facilitate or obstruct dignity, relational continuity, and responsive support depending on whether they recognize the lived experiences and cultural expectations of those affected. Culturally responsive practice has also been emphasized in healthcare, where local knowledge and culturally meaningful relationships need to be integrated into service design and decision-making (Parter et al., 2023; Soheilipour et al., 2023). The findings therefore indicate that a culture of care should be considered not only a family value but also a criterion for institutional and social policymaking.

The component concerning the ecological environment further broadens the conceptual boundaries of care. Participants included attentiveness to public resources, animals, and environmental surroundings within their understanding of caring behavior. This result resonates with contemporary scholarship arguing that care extends beyond interpersonal relationships to the material, ecological, and more-than-human worlds that sustain life (Puig de la Bellacasa, 2017). Studies of interspecies care similarly demonstrate that responsibility, empathy, and attentiveness may structure relationships between humans and animals (Schuurmana & Franklin, 2018). Environmental communication scholarship has also framed care as a useful ethical orientation for reconsidering human relationships with food systems and ecological sustainability (Mann, 2024). The present study therefore reveals that indigenous understandings of care in Kashan and Aran and Bidgol contain an ecological and civic dimension in addition to familial and interpersonal meanings.

Taken together, the findings support a multidimensional conception of care as an ethical, emotional, familial, social, cultural, and ecological phenomenon. They also reinforce arguments that care cannot be understood independently of the welfare and institutional structures within which families operate. The balance between family responsibility and formal support differs across welfare arrangements (Esping-Andersen, 2024), while housing, urban structures, and public services can function as infrastructures that enable or constrain everyday care (Power & Mee, 2020; Power & Williams, 2020). When public support is inadequate, family members may experience greater strain and become responsible for increasingly complex forms of care, as has also been observed among families supporting persons with disabilities under conditions of austerity (Power & Bartlett, 2019). The present results therefore suggest that preserving intergenerational care culture should not be interpreted as transferring all responsibility to families; instead, social


Iranian Journal of Educational Sociology
E-ISSN: 2645-3460

institutions should reinforce the relational capacities of families while preventing excessive caregiver burden.

Overall, the study shows that intergenerational care culture in the Kashan and Aran and Bidgol region remains strongly rooted in moral commitment, family affection, helping behavior, responsibility, and religiously informed social obligations, while simultaneously undergoing generational reinterpretation. The participants' experiences suggest continuity in the value assigned to caring but transformation in its modes of expression. Care is increasingly articulated not only through sacrifice and duty but also through emotional intimacy, reciprocity, mutual recognition, and negotiated relationships. This combination of continuity and change supports contemporary arguments that cultures of care are dynamic, place-based, and historically situated (Greenhough et al., 2023). It also emphasizes the importance of qualitative and phenomenological inquiry for identifying meanings that may remain invisible in standardized measures of caregiving. The use of Colaizzi's phenomenological analytic procedure enabled the study to move systematically from lived statements to broader conceptual structures of the phenomenon (Akbari Borang & Pour, 2021). In this respect, the findings contribute to understanding care as a culturally embedded system of meanings capable of shaping family resilience, social solidarity, organizational practice, and social policy.

The present study has several limitations that should be considered when interpreting its findings. First, the sample was relatively small and was selected purposively from the cultural region of Kashan and Aran and Bidgol; consequently, the findings are intended to provide contextual and phenomenological understanding rather than statistical generalization to all Iranian families. Second, although participants from three generations and both genders were included, the number of participants within each generational subgroup was limited, and the perspectives of individuals with different socioeconomic, occupational, educational, ethnic, and family circumstances may not have been represented fully. Third, the findings relied on retrospective self-reports and participants' interpretation of their lived experiences, which may have been influenced by memory, social desirability, or culturally preferred presentations of family relationships. Finally, despite the use of bracketing, participant checking, documentation, and external review, complete elimination of researcher interpretation is not possible in phenomenological inquiry, particularly when the phenomenon itself is culturally and morally laden.

Future studies should examine intergenerational cultures of care in other cultural regions of Iran and compare urban, rural, metropolitan, and smaller-community contexts in order to determine which components are culturally specific and which are shared more broadly. Research with larger and more diverse samples could compare care meanings by gender, socioeconomic status, educational level, family structure, migration experience, employment status, and caregiving intensity. Longitudinal research would be especially valuable for determining how concepts and practices of care change over time as younger generations enter middle age and assume responsibility for older family members. Mixed-method studies could also use the present components as the basis for developing and validating an indigenous scale of intergenerational care culture. Additional qualitative research should explore the less frequently identified components, including ecological care, anger management, policy sensitivity, and proportionate discipline, while comparative studies could investigate whether the transition from duty-based to affective-reciprocal care is also present in other Iranian cultural settings.

At the practical level, family, social, educational, health, and welfare organizations should treat care as a multidimensional cultural capacity rather than limiting it to assistance during illness or dependency. Family education programs can strengthen intergenerational communication, reciprocal respect, emotional presence, responsible helping behavior, anger regulation, and awareness of caregivers' needs. Schools and universities can incorporate caring responsibility, civic cooperation, respect for others' rights, and ecological responsibility into educational and organizational programs. Social and welfare policymakers should develop services that support rather than replace constructive family care, particularly for middle-generation caregivers who may simultaneously support children and aging parents. Institutions should also incorporate human and cultural considerations into policy design and implementation so that administrative efficiency does not override dignity, relationships, and local meanings. Finally, public initiatives aimed at reducing social indifference could build on culturally familiar values of ethical conduct, helping others, family solidarity, social responsibility, and care for shared environments.

**Authors' Contributions**


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Authors equally contributed to this article.

## Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

## Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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The authors report no conflict of interest.

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All procedures performed in studies involving human participants were under the ethical standards of the institutional and, or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

## References

Abedi, M. (2024). Generation Gaps and Lifestyle Change.

Akbari Borang, M., & Pour, S. (2021). *Qualitative Data Analysis with a Phenomenological Approach Based on Colaizzi's Method*. University of Birjand Press.

Bokharaei, M. (2019). Research Interview.

Bulia, T., Beruchashvili, T., Abesadze, I., Abzianidze, E., Lobjanidze, V., Khunjgurua, N., & Inaishvili, L. (2026). From suffering to dignity: Redefining palliative care through biopsychosocial, spiritual, and family-centered approaches. *Georgian Scientists*, *8*(1), 26-36. https://doi.org/10.52340/gs.2026.08.01.03

Churruca, K., Long, J. C., Ellis, L. A., Saba, M., & Braithwaite, J. (2023). Cultures of Aged Care Delivery: Qualitative Content Analysis of Australia's Royal Commission into Aged Care Quality and Safety. *Australasian Journal on Ageing*, *42*(2), 417-422.

Colebrooke, L., Leyshon, C., Leyshon, M., & Walker, T. (2023). We Are on the Edge: Cultures of Care and Universal Credit. *Social & Cultural Geography*, *24*(1), 86-103.

Dehdar, M., Dameni, G., & Saygani, L. (2018). The Role of Religion in Social Care. *Quarterly Journal of Applied Studies in Social Sciences and Sociology*, *1*(3), 53-61.

Esping-Andersen, G. (2024). *The Three Worlds of Welfare Capitalism*. Shiraze Publishing.

Garibavi, H. (2019). A Psychological Narrative for Society's Problems. https://aslemajara.ir/?p=2426

Greenhough, B., Davies, G., & Bowlby, S. (2023). Why 'Cultures of Care'? *Social & Cultural Geography*, *24*(1), 1-10.

Leu, Z., Heffernab, C., & Tan, J. (2020). Caregiver Burden: A Concept Analysis. *International Journal of Nursing*, *7*(4), 438-445.

Lipscomb, S. T., Swander, W., & Mason, E. (2023). Building Cultures of Care in Schools: Centering Relations at the Intersection of Trauma-Informed Education and Restorative Practices. *Contemporary School Psychology*, 1-17.

Majidi Khameneh, F., & Mahdavi, S. M. S. (2018). The Concept of Caring for Elderly Parents Based on the Lived Experience of Family Caregivers in Tehran: A Phenomenological Study. *Anthropology Letter*, *15*(26), 101-134.

Mann, A. (2024). Cultures of Care: A Critical Food Systems Agenda for Environmental Communication. *Environmental Communication*, *18*(1-2), 200-205.

Mehraine, M. (2019). Research Interview.

Mercier, M., Maglio, J., Almhanna, K., & Guyer, D. (2023). Spiritual Care for Adult Patients with Cancer: From Maintaining Hope and Respecting Cultures to Supporting Survivors – A Narrative Review. *Annals of Palliative Medicine*, *12*(5), 1041058-1047058.

Monteiro, R. W., Gomes, J. C., Caldeira, E., & Paulo, M. S. (2025). Beyond Care: Family Health Nursing as a Promoter of Family Resilience and Coping; A Systematic Literature Review. *Home Health Care Management & Practice*. https://doi.org/10.1177/10848223251377754

Mousavi Chelak, S. H. (2017). Social Indifference: Causes of Formation, Harms, and Ways Out. https://www.iribnews.ir/0070c5

Nasr Esfahani, M. (2019a). Care and Meaning: A Review of Milton Mayeroff's Book 'On Caring'. *Critical Studies in Texts and Programs of Human Sciences*, *19*(1), 287-305.

Nasr Esfahani, M. (2019b). What Do We Know About the Ethics of Care? http://www.EthicsHouse.ir

Naziri, A., & Hooman, F. (2025). The role of family functioning and emotional expressiveness in predicting anxiety in adolescent girls. *Preventive Care in Nursing & Midwifery Journal*, *15*(1), 37-45. http://nmcjournal.zums.ac.ir/files/site1/user_files_eafc2e/hooman-A-10-945-2-683f87a.pdf

Parter, C., Gwynn, J., Wilson, S., Skinner, J. C., Rix, E., & Hartz, D. (2023). Putting Indigenous Cultures and Indigenous Knowledge Front and Centre to Clinical Practice: Katherine Hospital Case Example. *International journal of environmental research and public health*, *21*(1), 3.

Power, A., & Bartlett, R. (2019). Ageing with a Learning Disability: Care and Support in the Context of Austerity. *Social Science & Medicine*, *231*, 55-61. https://doi.org/10.1016/j.socscimed.2018.03.028

Power, E. R., & Mee, K. J. (2020). Housing: An Infrastructure of Care. *Housing Studies*, *35*(3), 484-505. https://doi.org/10.1080/02673037.2019.1612038

Power, E. R., & Williams, M. J. (2020). Cities of Care: A Platform for Urban Geographical Care Research. *Geography Compass*, *14*(1). https://doi.org/10.1111/gec3.12474

Puig de la Bellacasa, M. (2017). *Matters of Care: Speculative Ethics in More Than Human Worlds*. University of Minnesota Press.



Iranian Journal of Educational Sociology
E-ISSN: 2645-3460

Rashedi, M. (2023). *Proceedings Paper in the Fifteenth International Conference on Management and Humanities Research in Iran* Fifteenth International Conference on Management and Humanities Research in Iran,

Schuurmana, N., & Franklin, A. (2018). A Good Time to Die: Horse Retirement Yards as Shared Spaces of Interspecies Care and Accomplishment. *Journal of Rural Studies*, *57*, 110-117. https://doi.org/10.1016/j.jrurstud.2017.12.001

Shargh Newspaper, T. G. (2018). On Hartmut Rosa's 'Acceleration and Alienation': Sociology of Time in Capitalist Modernity.

Sheikh Rezaei, H. (2019). Research Interview.

Soheilipour, S., Jang, K., de Vries, B., Kwan, H., & Gutman, G. (2023). A Confluence of Cultures: Advance Care Planning in Long-Term Care Settings. *Journal of Long-Term Care*, 120-134.

Sun, S., Song, C., Guan, L., Yang, J., & Lan, J. (2026). The Development of Family Resilience in Intensive Care Unit Settings: A Grounded Theory Study Integrating Perspectives of Healthcare Professionals and Families. *Australian Critical Care*, *39*(1), 101517. https://doi.org/10.1016/j.aucc.2025.101517

Tohidloo, S. (2021). Changing Generational Formation in Iranian Society. *Social Problems of Iran*, *12*(2), 35-56.

Williams, A. (2023). Caring for Those Who Care: Towards a More Expensive Understanding of 'Cultures of Care' in Laboratory Animal Facilities. *Social & Cultural Geography*, *24*(1), 31-48.

Yeandle, S., Chou, Y. C., Fine, M., Larkin, M., & Milne, A. (2017). Care and Caring: Interdisciplinary Perspectives on a Societal Issue of Global Significance. *International Journal of Care and Caring*, *1*(1), 3-25. https://doi.org/10.1332/239788217X14866278171183

Zheng, P., Zhang, R., Lau, E. Y. H., Sun, J., & Li, J. B. (2025). Does Grandparental Care Play a Role in Chinese Children's Self-Control? Evidence From Meta-Analyses. *Journal of Family Psychology*, *39*(5), 582-591. https://doi.org/10.1037/fam0001334



E-ISSN: 2645-3460