

# Understanding Constraints on Family Caregivers' Coping With Psychological Burden: A Qualitative Study Toward Support System Design

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## ABSTRACT

Family caregivers experience substantial psychological burden in daily caregiving, yet it remains unclear how they cope with this burden in everyday life and what constraints shape the effectiveness of their efforts. This exploratory qualitative study examined caregivers' everyday coping strategies, the factors associated with their perceived effectiveness, and the implications for support system design. We conducted in-depth semi-structured interviews with five family caregivers and analyzed the data using a bottom-up coding approach. The analysis identified four categories of coping strategies: behavioral and environmental adjustments, collaborative support involving family members and professionals, emotional regulation, and cognitive reappraisal. Behavioral adjustments were sometimes effective, but in some cases they also increased caregivers' burden. Collaborative support was often constrained by care recipients' resistance, which in turn contributed to psychological isolation. Emotional regulation was selectively practiced in relationships where empathy was expected. Although record-keeping supported cognitive reappraisal, it provided limited immediate emotional relief and was difficult to sustain over time. Overall, the findings suggest that caregivers' coping efforts are shaped by contextual and relational constraints, often leading them to rely primarily on internal forms of adjustment. Future support systems should complement these coping processes by facilitating emotional processing and reducing the psychological costs associated with reflection and sharing.

**Keywords** Family caregivers, Psychological burden, Aging and dementia, Human factors, Coping strategies

## INTRODUCTION

With declining birthrates and rapid population aging, shortages of medical and long-term care personnel have intensified worldwide, accelerating policy shifts from institutional care to home-based care. As a result, family caregivers are increasingly expected to provide ongoing care at home and often experience substantial psychological burden, including isolation, anger, and loss, in addition to physical and economic strain (Kodate et al., 2017).

In Japan, this psychological burden is particularly pronounced (Ministry of Health, Labour and Welfare, 2018), and approximately one in four family caregivers is reported to experience mental health problems (Honda, 2013).

Recent quantitative studies have examined coping strategies for managing caregiver burden (Daliri et al., 2024; Marzban et al., 2024). However, these studies have largely relied on questionnaire surveys conducted in specific contexts, offering limited insight into how caregivers cope with psychological burden in everyday caregiving situations or how situational constraints shape the effectiveness of their coping efforts.

In this context, the present exploratory study investigates the everyday coping strategies used by family caregivers to manage psychological burden and examines the factors that shape their perceived effectiveness. Focusing on caregivers' coping processes, this study explores how behavioral, emotional, and cognitive responses are regulated under everyday constraints and discusses implications for the design of future support systems.

## RELATED WORKS

### Family Caregiver Burden and Theoretical Framework

Family caregiver burden is a multidimensional phenomenon encompassing physical, psychological, social, and economic strains. Prior studies distinguish between objective burden—measurable caregiving demands such as care time and management of behavioral and psychological symptoms of dementia (BPSD)—and subjective burden, which reflects caregivers' emotional appraisals, including guilt, loss of control, and role captivity (Kuharic et al., 2024). Even under comparable objective demands, subjective stress levels vary depending on individual cognitive appraisal processes (Cui et al., 2024).

The Stress Process Model conceptualizes caregiver burden as a cascade in which primary stressors lead to secondary role strains, such as social isolation, and subsequently to intrapsychic stress, including diminished self-esteem (Zhang et al., 2024). Quantitative instruments such as the Zarit Caregiver Burden Interview (ZBI) support the multidimensional assessment of caregiver burden (Vázquez et al., 2019), but they remain limited in capturing how caregivers interpret and respond to burden in everyday life.

### Coping Strategies and Psychosocial Factors

Coping refers to cognitive and behavioral efforts to manage stressful situations and is broadly categorized into problem-focused and emotion-focused strategies (Khouban-Shargh et al., 2024). Problem-focused coping involves actions such as acquiring disease-related knowledge, developing caregiving skills, and utilizing external support services, whereas emotion-focused coping regulates distress through strategies such as positive reappraisal, distraction, and emotional expression.

Most existing studies rely on cross-sectional self-reported data, limiting their ability to capture the dynamic and situational nature of coping or to explain why caregivers select, modify, or abandon strategies under everyday constraints (Bolarinwa & Kehinde, 2022). Contextual barriers, including the accumulation of minor stressors and care recipients' resistance, are also difficult to assess using standardized instruments. As a result, the processes through which caregivers adapt internally to daily caregiving demands remain insufficiently understood.

## **Challenges in Support System Design**

Various support systems have been developed to alleviate caregiver burden, including psychoeducational interventions, social support networks, and technology-based solutions such as internet interventions and self-assessment tools (Hu et al., 2023; Domeisen Benedetti et al., 2024). Interventions aimed at strengthening positive psychological resources, such as hope and resilience, have also shown indirect effects on burden reduction (McGee et al., 2024).

However, existing systems often remain standardized and insufficiently responsive to the multidimensional and time-varying nature of caregiver burden (Breuning et al., 2024). Moreover, while digital tools can support information sharing and record-keeping, they rarely address caregivers' emotional regulation and situational decision-making under everyday constraints (Clement et al., 2023). These limitations highlight the need for support system design grounded in a closer understanding of caregivers' everyday coping processes.

## **METHOD**

To examine how family caregivers cope with psychological burden in daily caregiving and to explore the constraints that shape these coping efforts, we conducted in-depth semi-structured interviews with five family caregivers (FC1–FC5) providing home-based care in Japan. In addition, one occupational therapist (OT) working at a geriatric health services facility participated as a contextual informant to provide supplementary professional perspectives on caregiving practices. The OT's interview data were used to support interpretation of the findings but were not included in the analytical categorization.

Interviews were conducted either in quiet private settings or via video conferencing. A semi-structured interview guide was used to ask open-ended questions about daily caregiving challenges, coping strategies, and experiences perceived as effective or ineffective, while allowing flexible probing based on participants' narratives. Each interview lasted approximately 60–90 minutes, was audio-recorded with participants' consent, and was transcribed verbatim.

The data were analyzed using a bottom-up coding approach informed by the Constant Comparative Method (Glaser & Strauss, 1967). The first author conducted the initial coding by segmenting each transcript into meaning units and assigning descriptive codes. These codes were then compared iteratively within and across cases to identify recurring patterns and differences. Through this process, the codes were organized into subcategories and higher-level categories. The emerging categorization framework was discussed and refined collaboratively with the co-authors to improve analytical consistency.

This study was approved by the ethics review committee of the authors' affiliated institution. All participants provided informed consent prior to participation. Identifying information was removed from the transcripts, and participants were informed of their right to withdraw from the study at any time.

## RESULTS

Analysis of interviews with five family caregivers identified multiple coping practices used to manage psychological burden in daily caregiving. These practices were organized into four overarching categories based on similarities in function and context (Table 1).

**Table 1:** Classification of family caregivers' coping strategies for psychological burden.

Category	Sub-Category
(1) Environmental and Behavioral Adjustments for Ensuring Safety and Smooth Daily Living	A. Communicative Approaches to Avoid Friction and Anxiety
	B. Adjustments Reflecting the Trade-off Between Safety/Independence and Caregiver Burden
(2) Collaborative Caregiving with Professionals and Family Members for Sustainable Care	A. Establishment of Support Systems for Distributing Caregiving Burdens
(3) Maintenance of Psychological Well-being and Management of Negative Emotions	A. Internal Reflection and the Formation of a Positive Mindset
	B. Maintaining Personal Life Pace and Psychological Detachment from Caregiving
	C. Selective Self-Disclosure to Perceived Empathetic Others
	D. Selective Suppression and Control of Emotional Expression
(4) Multi-faceted Interpretation and Cognitive Restructuring of Caregiving Situations	A. Positive Meaning-Making and Acceptance of Caregiving Burden
	B. Understanding Stress-Related Behaviors Through Disease Knowledge
	C. Objectification of Events and Emotions Through Documentation

Rather than merely classifying coping behaviors, the analysis also highlights the conditions under which these strategies were perceived as effective, as well as the constraints that limited their impact. The following sections describe each category using representative cases.

### **Environmental and Behavioral Adjustments for Ensuring Safety and Smooth Daily Living**

This category refers to caregivers' adjustments to daily behaviors and the home environment in order to ensure safety and maintain everyday routines. As reflected in subcategories (1)A and (1)B, these efforts ranged from communicative strategies to reduce friction and anxiety to practical adjustments involving trade-offs between safety or independence and caregiver burden. Although these strategies were often effective, they could also increase physical and temporal burden by requiring constant supervision or additional task completion.

Family caregiver 1 (FC1), who cared for her 88-year-old father, illustrated subcategory (1)A, in which communicative adjustment functioned effectively. To prevent him from using a hazardous kerosene stove, she and her sister deliberately coordinated their communication style. Rather than directly rejecting his actions, FC1 expressed surprise to signal risk and explained the danger through concrete examples. She emphasized that "*everyone [in the family] keeps the way of talking consistent,*" which helped avoid confusion for the care recipient and encouraged behavioral change without escalating tension.

In contrast, family caregiver 2 (FC2), who cared for his wife with dementia, described a case corresponding to subcategory (1)B, in which similar adjustments increased caregiver burden. Although encouraging his wife to perform daily tasks, such as washing dishes, was intended to preserve her independence, it often required continuous monitoring and rework. As FC2 stated, "*I have to watch her all the time... and eventually, I end up re-washing them myself,*" illustrating how attempts to support autonomy can intensify caregiver workload. Taken together, these cases suggest that environmental and behavioral adjustments may function effectively in some situations, but in others they are constrained by trade-offs between safety, independence, and the resources available to the caregiver.

### **Collaborative Caregiving With Professionals and Family Members for Sustainable Care**

This category captures strategies aimed at distributing caregiving responsibilities through collaboration with family members and professionals. As reflected in subcategory (2)A, these efforts involved role-sharing and the use of formal support services. However, such collaboration was often constrained by living arrangements, family relationships, and care recipients' resistance, frequently resulting in continued psychological isolation for caregivers.

Family caregiver 3 (FC3) illustrated this constraint. Despite her professional background and understanding of the importance of respite care, she discontinued residential services because of her husband's persistent refusal. As she stated, "*In reality, I simply cannot force him to go when he is so adamant about staying.*" A similar pattern was observed in family caregiver 4 (FC4). Although she and her sisters recognized the value of support services, their mother's strong aversion after a short-stay visit led them to abandon that option. FC4 reflected, "*We couldn't take it any further... it was quite*

*difficult.*” Taken together, these cases suggest that respect for care recipients’ autonomy and dignity can substantially limit access to external support, even when caregivers clearly recognize its necessity.

### **Maintenance of Psychological Well-being and Management of Negative Emotions**

This category captures caregivers’ efforts to regulate negative emotions and maintain psychological stability. As reflected in subcategories (3)A–D, these efforts included internal reflection (3)A, controlled distancing from caregiving (3)B, selective emotional disclosure (3)C, and the regulation or suppression of emotional expression (3)D. Importantly, emotional sharing was not universally beneficial; its perceived effectiveness depended on whether caregivers expected empathy and acknowledgment from the listener.

Family caregiver 5 (FC5), who had cared for his wife for eight years, illustrated a case of effective emotional disclosure corresponding to subcategory (3)C. By participating in an online self-help community through LINE chats and live conversations with peers in similar situations, he externalized accumulated emotional distress and reorganized his thoughts. As he noted, *“Talking [in the self-help group] makes it easier. It helps organize things in my mind.”* In contrast, FC2 reported discontinuing emotional sharing despite participating in caregiver groups, stating that *“Everyone’s situation and life background are different, so even if we talk, it doesn’t lead to solutions.”* This suggests that perceived mismatches in experience can limit the emotional benefits of disclosure.

FC1 demonstrated a different pattern by intentionally limiting emotional disclosure to family members with whom she had a trusting and empathetic relationship, while suppressing emotional expression toward others, corresponding to subcategory (3)D. She explained that she avoided talking to friends or acquaintances because *“I assume I won’t get the response I’m hoping for... unless they are someone who can truly empathize, I don’t say much.”* Rather than indicating withdrawal, this pattern reflects a strategic selection of emotionally reliable others. Taken together, these cases suggest that caregivers regulated emotional sharing based on anticipated responses; when empathy was not expected, disclosure was often withheld to avoid additional psychological burden.

### **Multi-Faceted Interpretation and Cognitive Restructuring of Caregiving Situations**

This category captures caregivers’ efforts to cognitively reinterpret caregiving situations through positive meaning-making and acceptance of burden (4)A, learning about common disease symptoms to better understand stress-related behaviors (4)B, and objectifying events and emotions through documentation (4)C. Across cases, these forms of cognitive reappraisal supported retrospective reflection and cognitive reorganization. However, their effects on immediate emotional relief were limited, and sustaining these practices over time remained challenging.

Contrasting patterns were observed between caregivers with and without recording practices, corresponding to subcategory (4)C. FC3, who did not systematically document her experiences, described repeated anger during daily challenges such as incontinence, followed by guilt, despite her intellectual understanding of dementia. She reflected, "*I wish I had written down the changes in my feelings... perhaps I just have a desire to reflect on my own,*" suggesting that the absence of records limited opportunities for more objective self-reflection. In contrast, FC2 had maintained a long-term recording practice using smartphone memos for more than three years. Through ongoing "hypothesis testing," he gradually interpreted his wife's behavior, noting that "*Writing it down doesn't reduce the burden immediately, but by accumulating [the notes], I gradually begin to understand her behavior.*"

Overall, record-keeping was practiced primarily as a private and individual activity. Although it supported retrospective interpretation, it did not consistently alleviate emotional distress in the moment and was not easily sustained across caregivers. Taken together, these findings suggest the limitations of individually driven cognitive reappraisal and point to the need for support mechanisms that help sustain reflection and strengthen its emotional benefits.

## DISCUSSION

### Individual and Context-Dependent Coping Patterns

Previous research has commonly distinguished family caregivers' coping strategies into problem-focused and emotion-focused forms, reflecting efforts either to modify stressors directly or to regulate emotional distress (Khouban-Shargh et al., 2024). These strategies are rarely used independently and are typically combined flexibly depending on caregiving conditions, perceived controllability, and caregivers' personal and relational contexts.

Consistent with this framework, the present findings suggest that caregivers' coping patterns were highly context-dependent. When stressors were perceived as manageable, problem-focused efforts were often accompanied by emotion-focused regulation to maintain interpersonal stability, as illustrated by FC1's coordinated family communication. In contrast, when stressors were difficult to control, particularly because of care recipients' resistance, problem-focused options became constrained and caregivers relied more heavily on emotion-focused coping, as seen in FC3 and FC4. These cases indicate that coping strategies are not fixed tendencies but situationally negotiated responses shaped by relational and ethical considerations. More specifically, the findings suggest that the availability and effectiveness of coping strategies were shaped by contextual and relational constraints, such as care recipients' resistance or the anticipated lack of empathetic listeners.

### Cognitive Reappraisal and the Limits of Individual Reflection

Reflection and record-keeping have been discussed as valuable mechanisms that support caregivers' cognitive reappraisal, which may help alleviate

psychological burden by enabling the reinterpretation of stressful experiences (Cheng, 2017). Consistent with this view, the present study found that learning about disease-related symptoms and documenting daily events supported retrospective understanding and cognitive restructuring of caregiving situations.

At the same time, clear limits to individual reflection were observed. While FC2's systematic memo practice functioned as an informational resource that enabled gradual interpretation of caregiving situations, it provided little immediate emotional relief. Moreover, sustaining reflective practices depended strongly on individual traits and daily capacity. Follow-up interviews with FC3 revealed that although she recognized the value of recording, the effort required to maintain diaries or memos itself became burdensome, leading her to express openness to less effortful modalities such as voice-based recording.

From a professional perspective, the occupational therapist (OT) interviewed in this study noted that private reflection alone may inadvertently reinforce emotional accumulation, whereas reframing experiences as shareable "material" can help caregivers regain psychological distance and emotional composure.

Taken together, these findings suggest that although reflection and record-keeping have substantial potential to support cognitive reappraisal and reduce psychological burden, their effectiveness is limited when they rely solely on individual effort. This highlights the need for supportive mechanisms that help sustain reflection and translate it into more meaningful emotional relief.

### **Implications for Support System Design**

Existing caregiver support systems have emphasized access to services, information, and psychoeducational resources, assuming that burden reduction follows resource availability. However, the present findings suggest that caregivers' difficulties often stem from psychological and relational barriers that limit both the use of external resources and the effectiveness of internal coping. As a result, caregivers frequently continue caregiving by relying on internally driven adjustments.

These results indicate that support system design should not only encourage service utilization, but also complement and scaffold the internal adjustments that caregivers are already performing. In particular, systems that support reflection and cognitive reappraisal—such as facilitating low-effort recording and retrospective sense-making—may help caregivers reinterpret caregiving experiences more objectively and reduce psychological burden. Prior research has suggested that such reflective processes can contribute to emotional regulation and burden reduction when appropriately supported (Dicker, 2025). For example, such systems might provide voice-based or automatic logging functions combined with empathic feedback, transforming private reflections into emotionally supportive interactions.

Furthermore, support systems should address the social costs associated with emotional sharing. Caregivers in this study regulated disclosure based on expected empathy, often withholding sharing to avoid additional psychological burden. Designing environments that lower the cost of

explanation and provide predictable, safe, and empathic responses—even without pre-existing close relationships—may therefore represent an important direction for reducing caregivers' psychological burden (Aksin, 2023).

## **LIMITATIONS**

This study has several limitations. First, the number of participants was small, and the findings should therefore be interpreted as exploratory rather than broadly generalizable. Second, the study focused on a limited number of cases within a specific cultural and social context in Japan, and the identified constraints may not operate in the same way in other care settings or cultural contexts. Third, the study relied primarily on retrospective interview accounts, which may not fully capture how coping strategies change across situations and over time.

## **CONCLUSION**

This study explored how family caregivers cope with psychological burden in daily home-based caregiving and identified the contextual and relational constraints that shape these efforts. The findings suggest that caregivers' coping is highly individual and context-dependent, unfolding as ongoing adjustments rather than as stable strategies. Even when external resources are available, psychological and relational barriers often limit their use, leading caregivers to rely primarily on internally driven coping processes.

This study contributes to caregiver support system design by showing that the effectiveness of coping strategies is not inherent to the strategies themselves, but is shaped by contextual and relational constraints in everyday caregiving. It further identifies how care recipients' resistance, the anticipated absence of empathy, and the burden of sustaining reflective practices can constrain both external help-seeking and internal emotional adjustment. These insights suggest the need for support systems that facilitate low-burden reflection, support emotionally safe sharing, and reduce the psychological costs of explanation and sense-making.

Future work should expand the participant pool, examine differences across caregiving contexts and care-recipient conditions, and investigate how coping strategies change over time. Based on the present findings, the next step will be to develop support system prototypes and evaluate them with larger samples.

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## REFERENCES

- Aksin, O.Z., Bilgic, B., Guner, P., Gunes, E.D., Kuscu, K., Ormeci, E.L., Sayin, S., Eser, H.Y. (2023). Caregiver support and burden in peer-to-peer service exchange among caregivers of dementia patients. *Frontiers in Psychiatry*, 14.
- Bolarinwa, O.S., Kehinde, F.O. (2022). Family caregivers' burden and coping strategies with clients living with schizophrenia in a neuropsychiatry specialist hospital in Nigeria. *Research Journal of Health Sciences*, 10(4), 372–379.
- Breuning, M., Mählmann, S., Kerek-Bodden, H., Oettlin, S., Weis, J. (2024). Burdens and support preferences among family caregivers of cancer patients. *Psycho-Oncology*, 33(9).
- Cheng, S.-T., Mak, E.P.M., Fung, H.H., Kwok, T., Lee, D.T.F., Lam, L.C.W. (2017). Benefit-finding and its effect on caregiver depression: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 85(5), 521–529.
- Clement, T., Gabl, K., Eppel-Meichlinger, J., Wallner, M., Mayer, H. (2023). Exploring the impact of a digital counseling tool on family caregivers: A realist methodology approach. *Health & Social Care in the Community*, 2023, 1–13.
- Cui, P., Yang, M., Hu, H., Cheng, C., Chen, X., Shi, J., Li, S., Chen, C., Zhang, H. (2024). Impact of caregiver burden on quality of life among family caregivers of patients with advanced cancer. *BMC Public Health*, 24(1).
- Daliri, D.B., Aninanya, G.A., Laari, T.T., Abagye, N., Afaya, A. (2024). Coping strategies used by informal family caregivers of individuals living with mental illness: A qualitative study. *BMJ Open*, 14(7).
- Dicker, E.E., Jones, J.S., Kunik, M.E., Denny, B.T. (2025). Emotion regulation strategies to improve outcomes in family caregivers: A systematic review. *Journal of Health Psychology*, 30(14), 4564–4580.
- Domeisen Benedetti, F., Hechinger, M., Fringer, A. (2024). Self-assessment instruments for supporting family caregivers: An integrative review. *Healthcare*, 12(10), 1016.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.
- Honda, A., Abe, Y., Aoyagi, K., Honda, S. (2013). Caregiver burden mediates between caregiver's mental health condition and elder's behavioral problems among Japanese family caregivers. *Aging & Mental Health*, 18(2), 248–254.
- Hu, H., Hu, X., Xu, Y. (2023). Caring load and family caregivers' burden in China: Mediating effects of social support and social exclusion. *Frontiers in Public Health*, 11.
- Khouban-Shargh, R., Mirhosseini, S., Ghasempour, S., Basirinezhad, M.H., Abbasi, A. (2024). Stress management training to reduce caregiver burden and perceived stress: A randomized controlled trial. *BMC Nephrology*, 25(1).
- Kodate, N., Timonen, V. (2017). Bringing the family in through the back door: The stealthy expansion of family care in Asian and European long-term care policy. *Journal of Cross-Cultural Gerontology*, 32(3), 291–301.
- Kuharic, M., Sharp, L.K., Turpin, R.S., Mulhern, B., Lee, T.A., Rose, C.E.G., Monteiro, A., Pickard, A.S. (2024). Care recipient self-perceived burden: Perspectives of individuals with chronic health conditions and caregiving experience in the United States. *SSM – Qualitative Research in Health*, 5.
- Marzban, A., Fereidooni-Moghadam, M., Ghezelbash, S. (2024). Coping strategies among family caregivers of patients with chronic mental disorders: A cross-sectional study. *Jundishapur Journal of Chronic Disease Care*, 13(2).

- McGee, J.S., Polson, E.C., Myers, D.R., McClellan, A., Meraz, R., Ke, W., Zhao, H.C. (2024). Hope mediates stress to reduce burden in family caregivers of persons with Alzheimer's disease. *Geriatrics*, 9(2), 38.
- Ministry of Health, Labour and Welfare (Japan). (2018). Support manual for family caregivers based on regional models for preventing caregiving-related job resignation (FY2017 project report).
- Vázquez, F.L., Otero, P., Simón, M.A., Bueno, A.M., Blanco, V. (2019). Psychometric properties of the Spanish version of the Caregiver Burden Inventory. *International Journal of Environmental Research and Public Health*, 16(2), 217.
- Zhang, T., Zhao, Z., Wang, X., Yang, B., Li, M., Wang, L., Yang, C., Fu, C., Li, Z., Zhang, X., Guo, Y., Zhang, N., Pu, E., Yin, J. (2024). Social support, caregiver burden, and internalized stigma among caregivers of patients with schizophrenia. *Social Psychiatry and Psychiatric Epidemiology*, 60(4), 881–893.