https://doi.org/10.65166/z2dnbk24

International Journal of Behavioral and Social Analytics
Volume I, Issue 2, May 2026
eISSN: 3116-4358
https://journal.ijhba.com/index.php/ijbesa
https://slsipress.com

Psychosocial Dimensions of Caregiver Support in Geriatric Care: A Thematic Review

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Abstract

Caregiving is often a psychologically demanding role, characterized by emotional demands, role overload, and burnout, which can deplete personal resources, and systemic support for caregivers is frequently lacking (Gutierrez, 2026). This paper presents a thematic review of the scholarly literature on caregiver support in geriatric and dementia care contexts, organized around five interconnected analytical themes: the psychological and behavioral dimensions of caregiver burden; the limitations of existing social support structures; the impact of caregiving on caregiver identity, role strain, and self-efficacy; coping strategies and meaning-making processes; and the evidence base for behavioral and psychosocial support programs. Through interpretive synthesis across these thematic areas, the paper identifies four integrated analytical findings. First, caregiver burden operates as a psychosocially layered phenomenon whose relational-affective and identity-level dimensions remain systematically underaddressed by existing support frameworks. Second, a structural misalignment persists between the functional orientation of dominant support models and the psychosocial needs that caregivers themselves consistently identify as most pressing. Third, caregiver identity and meaning-making constitute the underserved psychosocial core of caregiver experience and represent the most consequential translational gap between theoretical knowledge and applied practice in the field. Fourth, adaptive coping and meaning-making capacity are cultivable human resources that support frameworks must be designed to strengthen rather than merely supplement. The paper concludes with analytically grounded recommendations for research, practice, and policy oriented toward a fundamental reorientation of caregiver support — from functional burden management toward the full-depth engagement with identity, meaning, relational life, and human capacity that caregivers' experience demands.

Keywords: *caregiver burden, psychosocial support, geriatric caregiving, caregiver identity, meaning-making, coping and resilience, behavioral gerontology*

Article History: Received March 22, 2026 | Revised April 23, 2026 | Accepted May 17, 2026

1. Introduction

Caring for an aging individual is among the most demanding and consequential roles a human being can assume. Whether undertaken by a family member navigating the slow erosion of a loved one's cognition or by a professional staff member managing the daily behavioral complexities of a geriatric ward, caregiving in late-life contexts imposes burdens that extend far beyond the physical. The psychological weight of sustained caregiving — marked by chronic stress, emotional exhaustion, identity disruption, and social withdrawal — has become one of the defining human challenges of an aging global society. Yet despite the growing recognition of caregiver distress, support systems designed to address the full psychosocial dimensions of caregiving remain insufficient, fragmented, and often narrowly conceived.

The global population is aging at an unprecedented rate. Projections from the World Health Organization indicate that by 2030, one in six people in the world will be aged 60 or older, with the number of persons aged 80 and above expected to triple between 2020 and 2050 (Iždonaitė-Medžiūnienė & Preikšaitienė, 2024). This demographic shift carries profound implications not only for health systems and long-term care infrastructure, but for the vast network of caregivers — formal and informal — who sustain the daily lives of older adults. Estimates suggest that in OECD countries, informal caregivers, predominantly family members, provide a majority of care to elderly individuals at home, often with insufficient structured psychological support and training (Rocard & Llena-Nozal, 2022). For professional caregivers working within institutional geriatric settings, the demands are equally significant, with burnout, compassion fatigue, and high staff turnover representing persistent systemic concerns. At the system level, long-term care demand also connects caregiver support to wider health workforce planning, especially where nurse and caregiver pipelines require competency alignment, retention strategies, and regional workforce-development capacity (Atento, Quinto, & Espelita, 2025).

The experience of caregiving in geriatric contexts is not reducible to task performance. It is fundamentally a psychosocial experience — one that engages the caregiver's sense of identity, relational capacity, moral commitments, and emotional resilience. Caregivers frequently report a loss of self, a contraction of personal life, and a deep ambivalence about the role they occupy: one defined simultaneously by love or professional duty and by depletion. The literature has begun to document these dimensions with increasing sophistication, drawing on frameworks from psychology, social work, behavioral science, and health humanities. Yet a persistent gap remains between the documentation of caregiver distress and the development of support structures capable of addressing its psychosocial depth.

Much of the existing discourse on caregiver support has focused on practical assistance — respite care, information provision, service referrals, and care coordination (Kernisan et al., 2010; Montgomery & Kosloski, 2009). While these are necessary, they address the functional surface of caregiving without engaging the behavioral, emotional, and relational interior. Caregivers report that what they most require is not only logistical relief but recognition, emotional validation, the preservation of a self beyond the caregiver role, and meaningful connection with others who understand the texture of their experience (Daynes-Kearney & Gallagher, 2023; Shi et al., 2025). When support systems fail to provide these, caregivers are left to manage profound psychological burdens with diminished internal and external resources — a condition with serious consequences not only for their own well-being but for the quality of care they are able to sustain (Bongelli et al., 2024; Jabeen et al., 2024).

This paper addresses the psychosocial dimensions of caregiver support in geriatric care through a thematic review of the scholarly literature. Rather than cataloguing intervention studies or evaluating clinical protocols, it seeks to synthesize the deeper human dimensions of caregiver experience as they appear across the research landscape — attending to patterns of burden, identity, coping, meaning-making, and the structural inadequacies of current support frameworks. The thematic approach is chosen deliberately: it allows for the identification of conceptual threads that cut across disciplinary boundaries, connecting psychological theory, social analysis, and behavioral insight in a way that narrower empirical reviews do not permit.

The paper is oriented around five interconnected thematic areas. The first examines the psychological and behavioral dimensions of caregiver burden, attending to the mechanisms through which sustained caregiving produces chronic stress, burnout, and emotional exhaustion. The second reviews the social support structures available to caregivers and the documented limitations of these structures in meeting psychosocial needs. The third explores caregiver identity, role strain, and self-efficacy — the ways in which the caregiving role reshapes the self and affects perceived agency and competence. The fourth analyzes coping strategies and meaning-making processes, examining how caregivers psychologically adapt to, resist, or find significance within the demands of their role. The fifth synthesizes the evidence on behavioral and psychosocial support programs, assessing what existing interventions offer and where critical gaps remain.

The objectives of this paper are fourfold. First, it aims to map the psychosocial landscape of caregiver experience in geriatric settings as constructed through the existing literature. Second, it seeks to identify the dominant thematic patterns, tensions, and conceptual gaps that characterize this landscape. Third, it endeavors to situate caregiver support within a behavioral-social analytical framework that extends beyond clinical or logistical conceptions of care. Fourth, it offers reflections and recommendations aimed at informing more psychologically responsive approaches to caregiver support in research, practice, and policy.

This paper contributes to a growing body of scholarship that insists on the humanity of the caregiver as an irreducible subject of inquiry — not merely a variable in care quality equations, but a person whose psychological integrity, social embeddedness, and behavioral coping matter in their own right. In doing so, it aligns with the broader commitments of behavioral and social analytics to attend rigorously to the human dimensions of contemporary social challenges. As societies continue to age and the demands placed on caregivers continue to intensify, the need for scholarship capable of illuminating the psychosocial architecture of caregiving — and advocating for support systems equal to that architecture — has never been more urgent.

2. Review of Related Literature

2.1 Caregiver Burden: Psychological and Behavioral Dimensions

The concept of caregiver burden has occupied a central position in gerontological and psychosocial research for several decades, evolving from early unidimensional conceptualizations toward increasingly nuanced frameworks that distinguish objective burden — the observable demands of care tasks — from subjective burden — the emotional and psychological weight of the caregiving experience. Zarit, Reever, and Bach-Peterson's foundational work in the early 1980s introduced burden as a measurable construct and established its relationship to caregiver well-being, a contribution that generated an enormous volume of subsequent scholarship (Carretero et al., 2008). What the accumulated literature has consistently confirmed is that caregiving in geriatric contexts, and particularly in dementia care, produces levels of psychological distress that are both significant and chronic (Charles, 2010; Cheng et al., 2019).

Burnout, depression, and anxiety represent the most extensively documented psychological consequences of sustained geriatric caregiving. Meta-analytic reviews have repeatedly demonstrated that caregivers of individuals with dementia report substantially higher rates of depressive symptomatology than non-caregiving comparison populations, with some estimates placing clinical or subclinical depression in caregivers at rates between 30 and 50 percent (Collins & Kishita, 2019). Pinquart and Sörensen's influential meta-analysis established that caregivers exhibit lower levels of subjective well-being, higher levels of perceived stress, and poorer physical health than non-caregivers, with dementia caregivers faring worse than caregivers of individuals with other chronic conditions (Pinquart & Sörensen, 2003). The behavioral dimensions of this burden are equally significant: caregivers under chronic stress demonstrate increased interpersonal irritability and a progressive withdrawal from social relationships (Kovaleva et al., 2018; See et al., 2022) — all of which carry consequences for both their own functioning and the quality of care they provide.

Compassion fatigue, a concept developed in trauma and helping-profession literature and increasingly applied to caregiving contexts, captures a dimension of burden that standard burnout frameworks do not fully address (Day et al., 2014; Hidalgo-Andrade & Rodríguez, 2020). Where burnout refers to a generalized depletion arising from occupational demands, compassion fatigue describes a specific erosion of empathic capacity produced by sustained exposure to another's suffering (Cetrano et al., 2017; El-Ashry et al., 2023). In geriatric care contexts — particularly where cognitive decline, behavioral disturbance, and physical deterioration are involved — caregivers are confronted daily with loss in its most intimate and prolonged form. The literature documents that this sustained exposure does not simply exhaust caregivers; it alters their affective relationship to the person in their care, producing guilt, emotional numbing, and what some researchers have described as anticipatory grief — a mourning of the person that begins long before biological death (Bilić et al., 2022; Sadler, 2016; Walker & Pomeroy, 1997).

An important tension in this literature concerns the degree to which caregiver burden is understood as individual or systemic in origin. A significant strand of research, particularly within a biomedical framework, has treated burden primarily as a psychological state to be assessed and managed at the individual level, generating intervention designs aimed at equipping caregivers with better coping skills or stress management techniques. A contrasting body of scholarship, drawing on sociological and feminist perspectives, has argued that framing burden as an individual psychological problem obscures its structural determinants — including gender inequality in the distribution of care labor, inadequate public investment in elder care infrastructure, and the economic vulnerabilities that caregiving imposes disproportionately on women and lower-income households. This tension is not merely academic; it shapes the design and target of support interventions in ways that have direct consequences for whether those interventions succeed in reducing burden or merely relocate it.

Recent scholarship has also begun to attend more carefully to the behavioral manifestations of burden as distinct analytical concerns. Research in behavioral gerontology and health psychology has examined how caregiver stress translates into observable behavioral patterns — including reduced adherence to recommended care protocols, increased use of pharmacological management of behavioral symptoms in care recipients, avoidance of difficult care situations, and what has been termed task delegation failure — the inability to transfer caregiving responsibilities even when support is available (Holden et al., 2014). These behavioral dimensions suggest that caregiver burden is not merely a welfare concern but a care quality concern, linking the psychological state of the caregiver directly to the experiential and clinical outcomes of the older adult in their care.

2.2 Social Support Structures and Their Psychosocial Limitations

Social support has long been recognized as one of the most powerful moderators of caregiver burden, with extensive literature confirming its protective role against depression, burnout, and role overload (Lim & Zebrack, 2004; Lindt et al., 2020). The theoretical foundations of this relationship draw on stress-buffering models, particularly Lazarus and Folkman's transactional stress and coping framework, which identifies the perception of available support as a critical cognitive appraisal resource that mediates the impact of stressors (Gangan et al., 2025). In caregiving contexts, social support has been operationalized across multiple dimensions — informational, instrumental, emotional, and appraisal support — each addressing different facets of caregiver need (Newman et al., 2019).

Despite the well-established importance of social support, the literature consistently documents a paradox: caregivers who most need support are often least able to access or utilize it (Svec et al., 2025). Multiple mechanisms contribute to this paradox. First, the time demands of intensive caregiving leave little space for the maintenance of social relationships, progressively shrinking the caregiver's social network at precisely the moment when relational support becomes most critical (Broek & Grundy, 2018). Second, the stigma and social misunderstanding associated with dementia and advanced aging create barriers to disclosure, with caregivers frequently reporting reluctance to share their difficulties out of fear of judgment, misunderstanding, or the social discomfort that discussions of cognitive decline and dying tend to produce (Warren, 2023). Third, many informal caregivers — particularly spouses of elderly individuals — are themselves aging, with diminished social networks, reduced mobility, and limited access to digital platforms through which contemporary support communities increasingly operate (White, 2023).

Formal support structures — including respite services, caregiver support groups, case management programs, and psychoeducational interventions — represent the institutional response to caregiver need (Carretero et al., 2008). The evidence base for these structures, while growing, reveals significant unevenness in both availability and psychosocial depth (Schulz et al., 2020). Respite care, widely regarded as one of the most needed support services, remains chronically underfunded and geographically unequal in its distribution, with rural and low-income caregivers facing the most significant access barriers (Cooke et al., 2020). Support groups have demonstrated variable effectiveness, with the literature suggesting that their benefit is most pronounced when they integrate emotional support with structured psychoeducational content (García-Tizón et al., 2026). Groups organized around dementia caregiving, for instance, highlight the importance of support for reducing burden and strain (Wright et al., 1987).

A critical line of analysis in this literature concerns the dominant functional orientation of formal support programs. Multiple researchers have noted that existing caregiver support structures tend to be organized around information provision, task training, and service coordination — addressing what caregivers do rather than who they are and how they experience their role. Schulz and colleagues have argued that this functional bias reflects a broader tendency in health services to treat caregiver support as an adjunct to care recipient management rather than as a legitimate end in its own right (Schulz et al., 2020). When caregivers are surveyed about unmet needs, emotional support, acknowledgment of their psychological experience, and opportunities for genuine relational connection consistently rank above informational and practical assistance — a finding that challenges the dominant design logic of many formal support programs (Sklenarova et al., 2015).

The role of professional caregivers in institutional geriatric settings introduces additional dimensions to this analysis. Institutional support structures for care staff — including supervision, peer support, debriefing protocols, and occupational wellness programs — are similarly documented as insufficient in their psychosocial depth. Research on nursing home staff and geriatric ward personnel has identified high levels of moral distress — the experience of knowing the ethically appropriate action but being constrained from taking it — as a significant and underaddressed dimension of professional caregiver burden (Young et al., 2017). Organizational cultures that prioritize efficiency and task completion over relational care, combined with systemic understaffing and inadequate training in behavioral and psychosocial care approaches, create conditions in which the psychological needs of professional caregivers are structurally neglected (Gozzoli et al., 2018). The consequences — high turnover, emotional disengagement, and deteriorating care quality — are well documented but remain inadequately addressed by existing institutional support frameworks (Song et al., 2020).

2.3 Caregiver Identity, Role Strain, and Self-Efficacy

Among the most psychologically significant and least adequately addressed dimensions of the caregiving experience is its impact on the caregiver's sense of self. The assumption of an intensive caregiving role, particularly in geriatric and dementia care contexts, does not merely add demands to an existing life; it restructures the self around those demands in ways that can be profoundly disorienting. Identity theory, drawing on the foundational contributions of Stryker and Burke, conceptualizes identity as a hierarchically organized set of role-based self-definitions, with higher-order identities carrying greater emotional investment and motivational significance (Burke & Franzoi, 1988; Zhang & Wang, 2024). When the caregiver role ascends to primacy in this hierarchy — displacing identities as partner, professional, friend, or independent person — the consequences for psychological well-being are substantial.

The literature on caregiver identity has documented a phenomenon variously described as loss of self, identity foreclosure, and caregiver engulfment — terms that capture the experience of a self progressively subsumed by the demands of care (Skaff & Pearlin, 1992). Role captivity — the perception of being trapped in the caregiver role without meaningful choice — has been identified as a significant predictor of depression and psychological distress among caregivers of individuals with dementia (Alspaugh et al., 1999). This finding has been replicated and extended across multiple cultural and demographic contexts, suggesting that the experience of identity constraint is not a peripheral feature of caregiver burden but one of its central mechanisms. Caregivers who report high role captivity demonstrate not only greater psychological distress but reduced behavioral flexibility — a diminished capacity to engage with non-caregiving aspects of their lives even when objective opportunities to do so are available.

Role strain, a concept with deep roots in sociological role theory, refers to the difficulty generated by the conflicting or excessive demands associated with a particular social role (McNichol, 2023; Ward, 1986). In caregiving contexts, role strain manifests across multiple dimensions: the conflict between caregiving demands and occupational responsibilities, the tension between the caregiver's relational identity as spouse, child, or sibling and the quasi-clinical identity imposed by intensive care tasks, and the broader conflict between personal needs and the perceived imperative of selfless dedication to the care recipient. Research consistently identifies role strain as a significant mediator between objective caregiving demands and subjective psychological burden, with its effects particularly pronounced among sandwich generation caregivers — those simultaneously providing care for aging parents while managing parental and occupational responsibilities.

Self-efficacy, Bandura's foundational concept referring to an individual's belief in their capacity to execute the behaviors required to manage prospective situations, has received considerable attention in caregiver research as both a predictor of psychological outcomes and a target of intervention (Mazanec et al., 2021; Phongtankuel et al., 2022). Caregiving for an older adult with dementia or significant functional impairment confronts the caregiver with a stream of unpredictable challenges — behavioral disturbances, medical crises, communication failures, and the progressive deterioration of the care recipient — that systematically challenge efficacy beliefs (Cheng, 2017; Rathnayake et al., 2019). The literature documents that low caregiver self-efficacy is associated with greater burden, higher rates of depression, poorer coping, and reduced care quality, while higher self-efficacy predicts more adaptive behavioral responses to caregiving demands, including more effective use of available support resources (Gonyea et al., 2005; Merrilees et al., 2018). Related organizational evidence from Philippine trading companies also suggests that role-relevant efficacy and work environment support may matter more for performance-related functioning than generalized confidence alone, reinforcing the need to treat caregiver self-efficacy as role-embedded rather than abstract (Espelita & Atento, 2026).

What the identity and self-efficacy literature collectively reveals is that caregiver support interventions designed to address only the behavioral surface of caregiving — teaching care skills, providing information, coordinating services — are unlikely to produce durable psychological benefit if they do not also engage the identity and agency dimensions of the caregiver's experience (Cheng et al., 2019; Schulz et al., 2020). A caregiver whose sense of self has contracted to the point of engulfment, whose personal interests and relationships have been systematically abandoned, and whose efficacy beliefs have been eroded by repeated confrontations with unmanageable demands, requires support at a deeper level than skill training or information provision can reach (Eifert et al., 2015; Skaff & Pearlin, 1992). The literature is increasingly explicit on this point, with researchers across disciplines calling for support frameworks that recognize the caregiver as a person — with a self, a history, and a future — rather than merely as a functional care-provider whose needs are secondary to those of the care recipient (Beach et al., 2022; Montgomery & Kosloski, 2009).

2.4 Coping Strategies and Meaning-Making in Caregiving

The literature on how caregivers cope with the psychological demands of their role is extensive and theoretically rich, drawing on stress and coping theory, positive psychology, meaning-making frameworks, resilience research, and, increasingly, existential and narrative approaches to human suffering and adaptation. This breadth reflects the complexity of the coping process itself: caregiving does not present a single, bounded stressor but rather a chronic, evolving, and often ambiguous set of challenges that resist the simple application of problem-solving strategies. Understanding how caregivers actually manage — and sometimes transcend — these challenges is essential to designing support systems capable of strengthening rather than merely supplementing their coping resources.

Lazarus and Folkman's transactional model of stress and coping, which distinguishes between problem-focused coping — efforts directed at managing or altering the source of stress — and emotion-focused coping — efforts directed at regulating the emotional response to stress — has provided a theoretical scaffold for understanding caregiver coping research. The progressive and largely uncontrollable nature of geriatric decline, particularly in dementia, may limit the applicability of problem-focused strategies and shift caregivers toward emotion-focused approaches. While this shift is adaptive in conditions of genuine uncontrollability, research also documents its risks: emotion-focused coping that takes the form of rumination is associated with poorer psychological outcomes (Gutierrez, 2026) than coping oriented toward acceptance and other adaptive strategies (Manibo, 2026).

Meaning-making has emerged as an analytically productive concept in contemporary research settings (San Juan, 2026). Researchers have explored how caregivers construct, negotiate, and sustain a sense of purpose and significance within the caregiving role. The literature identifies several pathways through which meaning-making operates in caregiving contexts. Adjacent Philippine research on meaning in life, meaning in work, and growth mindset similarly indicates that meaning resources can be relationally grounded and mutually reinforcing, supporting the treatment of meaning-making as an active psychosocial resource rather than a mere reflective by-product (Aguilar, 2026).

The role of religion and spirituality in caregiver coping has received growing empirical attention, with studies consistently documenting that religious faith and spiritual practice function as significant coping resources for many caregivers, particularly in cultural contexts where religious community and belief are deeply embedded in daily life (Kubitza et al., 2025; Stuckey, 2003). Research has identified multiple mechanisms through which religiosity supports caregiver well-being: the provision of a meaning framework that situates suffering within a larger purpose, the social support embedded in religious community, the psychological comfort of prayer and contemplative practice, and the moral identity resources that religious traditions offer to caregivers navigating ethically complex situations (Kubitza et al., 2025; Theis et al., 2003). Importantly, this literature also documents the phenomenon of spiritual struggle — the experience of doubt, anger at God, or crisis of meaning — as a dimension of caregiver distress that is distinct from, and sometimes more psychologically debilitating than, secular forms of burden (Kubitza et al., 2025).

Resilience, increasingly theorized not as a fixed trait but as a dynamic process of positive adaptation within the context of adversity, offers another productive lens for understanding caregiver coping. Research on caregiver resilience has moved beyond early deficit-focused models to examine the conditions — relational, cognitive, behavioral, and social — that support caregivers' capacity to sustain functioning, recover from setbacks, and maintain a viable sense of self under chronic demand. Protective factors consistently identified in this literature include the quality of the pre-caregiving relationship between caregiver and care recipient, the caregiver's access to social support, the presence of flexible cognitive appraisal strategies, and the availability of meaningful activities and identities outside the caregiving role. These findings have direct implications for the design of support programs: interventions that strengthen relational resources, broaden identity investments, and develop cognitive flexibility are likely to produce more durable coping benefits than those focused solely on burden reduction or skill acquisition.

Post-traumatic growth — the experience of positive psychological transformation emerging from the struggle with highly challenging life circumstances — has been documented in caregiver populations with sufficient consistency to warrant its inclusion in any comprehensive account of caregiver coping (Cormio et al., 2014). Research has identified gains in personal strength, enhanced relational depth, expanded compassion, and shifts in existential priorities as outcomes reported by caregivers (Cormio et al., 2014). This literature does not romanticize caregiving or minimize its costs; rather, it insists on the full complexity of human response to sustained adversity — a complexity that support systems designed around a purely deficit model of caregiver experience are ill-equipped to honor.

2.5 Behavioral Interventions and Psychosocial Support Programs

The applied literature on caregiver support programs represents the translational layer of the broader research enterprise — the point at which theoretical understanding of caregiver burden, identity, coping, and social need is converted into structured interventions. This literature is substantial, methodologically diverse, and marked by both significant achievements and persistent limitations. Its overall trajectory reflects a gradual but not yet complete movement from narrowly functional intervention models toward more psychologically and relationally comprehensive approaches.

Psychoeducational interventions represent the most extensively studied category of caregiver support program. These programs, typically delivered in group or individual formats over a structured series of sessions, combine information provision about the care recipient's condition with skills training, emotional support, and coping strategy development. Meta-analytic reviews have demonstrated that psychoeducational programs produce significant reductions in caregiver burden and depression, with effects that are most robust when programs are delivered over longer durations, involve active skills practice rather than passive information transfer, and include emotional processing components alongside didactic content. The REACH II program — Resources for Enhancing Alzheimer's Caregiver Health — is among the most rigorously evaluated psychoeducational interventions in the dementia caregiving field, demonstrating significant benefits across multiple caregiver outcomes including burden, depression, self-care, and social support, with effects that were maintained at follow-up assessment.

Cognitive-behavioral interventions, adapted from established clinical frameworks for the treatment of depression and anxiety, have also demonstrated efficacy with caregiver populations (Cheng et al., 2019; Rodríguez et al., 2025). These interventions target the maladaptive thought patterns and behavioral avoidance strategies that contribute to and maintain caregiver psychological distress — including catastrophizing, perfectionism in care performance, guilt-driven restriction of self-care behavior, and the cognitive errors that fuel role captivity (Aquino-Malabanan, 2026). Research suggests that CBT-based approaches produce durable benefits for caregiver depression and anxiety, particularly when they explicitly address the identity and self-efficacy dimensions of caregiver experience rather than treating caregiving simply as a stressful life circumstance requiring generic cognitive restructuring (Cheng et al., 2019; Schulz et al., 2020).

Support groups occupy a distinctive position in the landscape of caregiver interventions — less structured than psychoeducational or CBT programs, more explicitly relational in their design, and dependent for their effectiveness on the quality of interpersonal connection and shared understanding they generate (Namkoong et al., 2011). The literature on support group effectiveness with caregiver populations is mixed, with variability in outcomes attributable to factors including group composition, facilitation quality, format (in-person versus online), and the degree to which groups succeed in creating a genuine community of mutual recognition rather than merely a forum for information exchange (Daynes-Kearney & Gallagher, 2023; Schulz et al., 2020). Research comparing in-person and online support groups has produced increasingly favorable findings for digital formats, with online groups demonstrating particular utility for geographically isolated caregivers and those whose caregiving demands preclude regular attendance at face-to-face meetings (Newman et al., 2019; Trail et al., 2020).

Mindfulness-based interventions represent a more recent and rapidly growing area within caregiver support research (Mudiyanselage et al., 2024). Adapted from Kabat-Zinn's Mindfulness-Based Stress Reduction protocol and related programs, these interventions have demonstrated promising effects on caregiver stress, anxiety, and burnout, with hypothesized mechanisms including enhanced emotional regulation capacity, reduced rumination, and increased present-moment awareness — a quality of attention that caregiving's future-oriented worry and retrospective guilt systematically undermine (Liu et al., 2018; Yüce et al., 2024). Research on mindfulness with dementia caregivers has identified additional benefits including improved relational presence with the care recipient and reduced reactivity to behavioral disturbances — findings with direct implications for care quality as well as caregiver well-being (Antoniou et al., 2022; Hoppes et al., 2012).

Despite this body of evidence, the applied literature also reveals persistent and significant gaps. The most frequently noted is the limited reach of evidence-based programs relative to the population of caregivers in need — a gap attributable to barriers of access, awareness, cost, and cultural fit (Dionne-Odom et al., 2023; Kajiyama et al., 2013). A second major limitation concerns the duration of intervention effects: many caregiver support programs demonstrate significant benefits at post-intervention assessment that attenuate over subsequent follow-up periods, raising questions about the sustainability of gains and the need for stepped-care or maintenance-oriented support models (Berwig et al., 2017). A third concern, most relevant to this paper's central argument, is the degree to which even the most sophisticated caregiver support programs address identity disruption, meaning-loss, and existential dimensions of caregiver experience as explicit intervention targets (Applebaum et al., 2013). The literature suggests that programs with the most durable effects are those that engage these deeper dimensions — yet the majority of available programs remain organized primarily around burden reduction and skill acquisition, leaving the psychosocial interior of caregiving experience insufficiently addressed (Schulz et al., 2020).

2.6 Synthesis of Literature

The five thematic areas reviewed in the preceding sections converge on a coherent and sobering picture of caregiver experience in geriatric settings — one defined by the intersection of chronic psychological burden, structurally inadequate support, progressive identity disruption, and the persistent human capacity for meaning-making and adaptive coping. Taken together, the literature establishes that caregiving in late-life contexts is not merely a demanding set of tasks but a transformative psychosocial experience that reshapes the self, strains relational and occupational life, and engages the caregiver's deepest resources of identity, meaning, and resilience (Autio et al., 2024; Eifert et al., 2015).

Several dominant thematic patterns emerge from this synthesis. First, the literature is unambiguous in establishing that caregiver burden in geriatric and dementia care contexts is both widespread and psychologically severe (Ali et al., 2024; Cheng, 2017). Across methodological traditions — quantitative burden assessments, qualitative phenomenological accounts, mixed-methods studies, and meta-analytic reviews — the evidence consistently documents elevated rates of depression, anxiety, burnout, and compassion fatigue among caregivers, with dementia caregivers bearing the most pronounced burden (Chen et al., 2023; Cheng, 2017). This convergence across methods and contexts strengthens confidence in the robustness of the finding, even as debates about the relative contributions of individual and structural factors to burden production remain unresolved.

Second, the literature reveals a persistent and troubling disjunction between what caregivers report needing and what support structures offer. Caregivers consistently identify emotional validation, relational connection, identity preservation, and the recognition of their personhood beyond the caregiving role as their most pressing unmet needs (McCabe et al., 2016; Vasileiou et al., 2017). Formal support programs, by contrast, remain predominantly organized around information provision, task training, and service coordination — addressing the functional surface of caregiving while leaving its psychosocial interior largely untouched (Schulz et al., 2020). This disjunction is not incidental; it reflects a structural bias in the organization of caregiver support that prioritizes the management of care recipient outcomes over the cultivation of caregiver well-being as an end in itself.

Third, the identity and self-efficacy literature introduces a dimension of analysis that significantly deepens the account of caregiver distress beyond simple burden frameworks (Eifert et al., 2015). The progressive erosion of self, the experience of role captivity, and the systematic attrition of efficacy beliefs that characterize intensive geriatric caregiving represent not merely symptoms of burden but mechanisms through which burden is perpetuated and amplified (Ducharme et al., 2014). A caregiver who has lost a viable sense of self beyond the caregiving role, and whose confidence in their own competence has been repeatedly undermined by the unmanageable demands of care, is unlikely to benefit substantially from interventions that do not address these identity-level processes.

Fourth, the coping and meaning-making literature provides an essential corrective to purely deficit-focused accounts of caregiver experience (Applebaum et al., 2013). The documentation of meaning-construction, resilience, and even post-traumatic growth within the caregiving literature insists on the complexity of human response to sustained adversity — a complexity that support systems organized around a model of caregivers as depleted and distressed subjects are systematically ill-equipped to honor or strengthen (Leslie et al., 2020). The most effective support frameworks, the literature suggests, are those that simultaneously address caregiver distress and caregiver capacity — acknowledging burden while also cultivating the meaning, identity, and relational resources through which caregivers sustain and sometimes deepen themselves within their role.

Fifth, the applied intervention literature, while offering a growing evidence base for psychoeducational, cognitive-behavioral, and mindfulness-based programs, reveals a significant gap between the sophistication of theoretical understanding of caregiver experience and the design of available support interventions. Programs with the most durable effects tend to be those that engage identity, meaning, and relational dimensions — yet these dimensions remain underrepresented as explicit intervention targets across the majority of available programs. The translation from theoretical insight to applied program design remains incomplete, leaving a substantial space between what the research knows about caregiver experience and what the support landscape actually provides.

A significant conceptual tension runs through the literature as a whole, concerning the unit of analysis and intervention. Whether the caregiver is understood primarily as an individual psychological subject — whose distress is to be assessed, managed, and reduced through targeted intervention — or as a socially embedded, relationally constituted person — whose experience is shaped by structural conditions, relational histories, and cultural meaning-systems — has profound implications for how support is designed and delivered. The literature has not resolved this tension, and productive scholarship continues to emerge from both orientations. The present paper argues, in alignment with the relational and structural strand of the literature, that psychosocial approaches to caregiver support must hold both dimensions simultaneously — attending to the individual's inner life while remaining attentive to the social and structural conditions that shape it.

2.7 Gaps in the Literature

Despite the considerable depth and breadth of the scholarship reviewed, several significant gaps remain that constrain both theoretical understanding and applied development in caregiver support.

The most consequential gap concerns the insufficient integration of identity and meaning-making frameworks into the design of caregiver support interventions. While the theoretical literature on caregiver identity, role strain, and meaning construction is well developed, the applied intervention literature has been slow to translate these insights into program design. The majority of evidence-based caregiver support programs continue to be organized around burden reduction and skill acquisition, with identity preservation and meaning-making addressed, when they are addressed at all, as secondary or implicit rather than primary intervention targets. This gap represents one of the most significant missed opportunities in the field.

A second gap concerns the underrepresentation of professional caregivers — geriatric care staff, dementia unit personnel, and institutional care workers — in the psychosocial support literature. The preponderance of research attention has been directed at informal family caregivers, leaving the psychosocial needs of professional caregivers relatively underexamined. The specific dimensions of professional caregiver experience — including moral distress, institutional role strain, the complexity of professional-relational boundaries in long-term care settings, and the structural conditions of institutional geriatric work — constitute a distinct and insufficiently explored area of inquiry.

Third, the literature reveals limited attention to the cultural and contextual variability of caregiver experience and support need. The majority of the most-cited studies have been conducted in North American and Western European contexts (Plöthner et al., 2019), with the result that the dominant theoretical frameworks and intervention models may not adequately reflect the caregiving realities of non-Western cultural contexts, where family obligation structures, religious meaning-making frameworks, and the social organization of care may differ substantially. The applicability of identity and meaning-making frameworks developed in individualist cultural contexts to collectivist settings where the self is relationally constituted in different ways represents an underexplored theoretical and empirical question.

Fourth, the sustainability of caregiver support program effects remains an inadequately addressed challenge. While short-term efficacy has been demonstrated for multiple intervention types (Sörensen et al., 2002), the attenuation of effects over follow-up periods raises unresolved questions about dosage, maintenance, and the design of stepped-care models capable of providing sustained support over the full trajectory of caregiving — which may span years or decades (Wiegelmann et al., 2021). The literature has not yet produced a well-validated model for long-term caregiver support that addresses the evolving nature of caregiving demands and caregiver needs over time.

Fifth, the integration of spirituality and religious meaning-making into formal support program design remains underdeveloped relative to the empirical evidence of their importance as coping resources. While the research literature has documented the significance of spiritual and religious frameworks to caregiver coping across multiple cultural and demographic contexts, formal support programs have been largely reluctant to engage these dimensions

— in part reflecting a secular orientation in health services research and in part reflecting genuine uncertainty about how to address spiritual dimensions in professional care contexts without overstepping appropriate boundaries.

Finally, the literature has given insufficient attention to the post-caregiving phase — the period following the death or institutionalization of the care recipient — as a distinct and psychologically significant transition requiring dedicated support. Research on caregiver bereavement and post-caregiving identity reconstruction suggests that this phase carries unique psychological challenges, including complicated grief, identity vacuum, and the need for a fundamental reorganization of self that the existing support infrastructure is poorly designed to address (Orzeck & Silverman, 2008; Sequeira et al., 2022).

2.8 Contribution of the Present Paper

The present paper makes several distinct contributions to the existing literature on caregiver support in geriatric settings.

First, it offers an integrative thematic synthesis that brings together the psychological, social, identity, coping, and applied intervention dimensions of caregiver experience within a single coherent analytical framework. While individual thematic areas have been extensively reviewed within their respective disciplinary traditions, the present paper treats their intersection as analytically productive — arguing that a comprehensive understanding of caregiver psychosocial need requires holding identity, meaning-making, social support, and behavioral coping in relational view rather than examining them in disciplinary isolation.

Second, the paper explicitly foregrounds the disjunction between what caregivers report needing and what support structures offer as a central analytical concern, rather than treating this gap as a peripheral finding. By positioning this disjunction as a structural feature of the caregiver support landscape — rooted in the functional bias of dominant service models — the paper contributes a critical analytical perspective that goes beyond simple gap identification toward a theoretically grounded account of why the gap persists.

Third, the paper contributes to the growing scholarly conversation about the caregiver as a person — a subject of psychological inquiry with an inner life, an identity, and a meaning-world that matter in their own right, independently of their functional role as care provider. This positioning challenges the dominant service logic that constructs caregiver support as an adjunct to care recipient management, and aligns the paper with an emerging strand of scholarship that insists on the intrinsic value of caregiver well-being as a social and ethical concern.

Fourth, by attending explicitly to the gaps identified in Section 2.7 — including the underrepresentation of professional caregivers, the cultural limitations of dominant frameworks, and the insufficient integration of identity and meaning-making into intervention design — the paper provides a structured agenda for future theoretical development and applied research that extends beyond the scope of existing review contributions.

Finally, the paper is positioned at the intersection of behavioral science, social analysis, and applied psychology — a disciplinary location that enables it to speak simultaneously to researchers, practitioners, and policy audiences concerned with the human dimensions of geriatric care. In doing so, it contributes to the broader project of ensuring that the scholarship on caregiver support remains anchored in the fullness of human experience rather than reduced to the management of measurable deficits.

3. Methodology

3.1 Research Design

This paper employs a thematic review design as its primary methodological approach. A thematic review is a form of structured, non-empirical inquiry that systematically identifies, organizes, and synthesizes conceptual and empirical contributions from a defined body of scholarly literature around analytically constructed themes. Unlike a systematic review, which prioritizes exhaustive search protocols, quantitative aggregation of findings, and formal quality appraisal procedures, a narrative or interpretive review is oriented toward interpretive synthesis — its goal is not to count or statistically combine findings but to identify patterns, tensions, conceptual convergences, and analytical gaps that cut across a body of literature (Greenhalgh et al., 2018). This design is appropriate for the present paper because the central questions it addresses — concerning the psychosocial dimensions of caregiver experience, the structural limitations of support frameworks, and the intersection of identity, meaning, and behavioral coping in geriatric caregiving — are inherently interpretive questions that require conceptual analysis rather than quantitative aggregation.

The thematic review approach also permits the integration of literature from multiple disciplinary traditions — including social psychology, health psychology, gerontology, social work, behavioral science, and organizational behavior — in a manner that respects the integrity of each tradition while constructing a synthetic analytical framework that transcends any single disciplinary perspective. This interdisciplinary orientation is particularly suited to the present paper's subject, which sits at the intersection of psychological, social, and behavioral dimensions of human experience in ways that no single discipline fully captures.

3.2 Source Orientation and Inclusion Logic

The literature reviewed in this paper was organized around the paper's five thematic areas: caregiver burden, social support structures, caregiver identity and self-efficacy, coping and meaning-making, and behavioral or psychosocial interventions for caregiver support. The source selection logic prioritized scholarly works that addressed the psychological, social, behavioral, or identity dimensions of caregiving in geriatric or dementia care contexts; examined support structures, coping processes, or intervention programs relevant to caregiver well-being; or contributed theoretical frameworks with clear applicability to caregiver populations, including stress and coping theory, identity theory, meaning-making frameworks, and resilience theory.

Peer-reviewed empirical studies, meta-analytic reviews, theoretical papers, and conceptual contributions were considered appropriate where they contributed directly to the interpretive synthesis. Sources were excluded when their primary focus was the clinical management of the care recipient without substantive attention to caregiver experience, when they addressed caregiving in non-geriatric contexts without clear transferability to late-life care, or when they did not engage the behavioral, psychological, or social dimensions central to the paper's analytical framework. No formal date restriction was imposed because foundational theoretical contributions on caregiver burden, coping, and self-efficacy remain relevant to the present analysis; however, contemporary scholarship was emphasized where available to reflect current developments in geriatric caregiving research.

3.3 Thematic Grouping Logic

The five thematic areas organizing the literature review were constructed inductively and deductively. Initial thematic categories were informed by the existing conceptual landscape of caregiver research — the well-established distinctions between burden, support, coping, and intervention that structure the field. These initial categories were refined through iterative engagement with the literature, with themes adjusted to ensure that they were both analytically distinct and collectively sufficient to address the paper's central concerns. The resulting thematic structure moves from foundational psychological dimensions — burden and its mechanisms — through social and structural dimensions — support and its limitations — to identity and agency dimensions — role strain and self-efficacy — and onward to adaptive and applied dimensions — coping, meaning-making, and intervention evidence.

This progression reflects a deliberate analytical logic: each theme builds on the preceding one, creating a cumulative framework in which the complexity of caregiver psychosocial experience is progressively revealed. The synthesis, gaps, and contribution sections then draw on the entire thematic structure to construct an integrated analytical account that goes beyond the sum of its thematic parts.

3.4 Interpretive Framework

The analytical approach employed throughout the paper is interpretive synthesis — a mode of scholarly inquiry that reads across a body of literature to identify conceptual patterns, theoretical tensions, and analytical implications that are not visible within any single study or disciplinary strand. Interpretive synthesis attends not only to what individual studies find but to what those findings collectively suggest about the phenomenon under examination — its contours, its mechanisms, its unresolved questions, and its implications for theory and practice.

The paper's interpretive framework is grounded in a behavioral-social analytical orientation consistent with the scope of the International Journal of Behavioral and Social Analytics (San Juan, 2026). This orientation prioritizes questions of how human beings experience, cope with, adapt to, and construct meaning within the conditions of their social and psychological lives. It treats caregiver experience not as a clinical variable to be measured and managed but as a human phenomenon to be understood in its full psychological, relational, and social complexity. Philosophical and existential perspectives — including meaning-making theory, identity theory, and resilience frameworks — are employed as interpretive lenses that deepen analytical engagement with the literature rather than as ends in themselves.

3.5 Limitations of the Approach

As a thematic review rather than a systematic review or meta-analysis, this paper does not claim exhaustive coverage of the available literature, formal quality appraisal of individual studies, or statistical synthesis of effect sizes. Its conclusions are interpretive rather than definitive, and its thematic framework reflects analytical choices that other reviewers might configure differently. The geographic and cultural concentration of the most-cited literature in North American and Western European contexts is acknowledged as a limitation that constrains the generalizability of thematic patterns identified across other cultural settings. Additionally, the interdisciplinary scope of the review, while analytically productive, introduces heterogeneity in the theoretical frameworks and methodological traditions represented across reviewed sources — a heterogeneity that is embraced as a feature of interpretive richness but acknowledged as a source of analytical complexity. These limitations are addressed through transparency in source selection logic, explicit acknowledgment of interpretive choices, and appropriate qualification of conclusions throughout the paper.

4. Results and Discussion

4.1 Overview of Analytical Findings

The thematic review conducted across five interconnected areas of the caregiver support literature yields an analytical picture of considerable coherence and depth. What emerges is not merely a catalogue of research findings but a structured account of the psychosocial architecture of caregiving in geriatric settings — its interior dimensions, its structural determinants, its adaptive possibilities, and its persistent failures of support. Four integrated analytical findings organize the discussion that follows. First, caregiver burden in geriatric contexts is a psychosocially layered phenomenon whose deepest dimensions remain systematically underaddressed by existing support frameworks. Second, the dominant functional orientation of caregiver support constitutes a structural misalignment with what caregivers actually need. Third, identity and meaning represent the most analytically underserved dimensions of caregiver experience, and their integration into support frameworks is the most consequential unmet challenge in the field. Fourth, adaptive coping and meaning-making capacity represent genuine and cultivable human resources that support frameworks must be designed to strengthen rather than merely supplement.

4.2 The Layered Architecture of Caregiver Burden

The first and most foundational analytical finding of this review is that caregiver burden in geriatric settings is not a unidimensional phenomenon reducible to task overload or time demand, but a psychosocially layered experience whose multiple dimensions operate at different levels of human functioning and require different forms of support to address. At the most visible level, burden manifests in the observable indicators of stress and depletion

— elevated depression and anxiety scores, disrupted sleep, diminished physical health, and the behavioral signatures of chronic overload. This surface level of burden is the most frequently measured and the most commonly targeted by support interventions. It is real, significant, and consequential — but it is not the whole of the phenomenon.

Beneath this surface lies a deeper level of relational and affective burden — the emotional complexity of caring for a person who is progressively lost to cognitive decline or physical deterioration, the grief that begins before death, the ambivalence of love and depletion, and the compassion fatigue that erodes the empathic capacity on which both the caregiving relationship and the caregiver's own sense of moral integrity depend. This relational-affective dimension of burden is less readily captured by standardized burden measures and less frequently addressed by support interventions, yet it is consistently identified in qualitative and phenomenological research as among the most psychologically significant aspects of the caregiving experience (Carpinelli et al., 2023; McGrory et al., 2025).

At the deepest level, burden operates as an identity-level phenomenon — a progressive restructuring of the self around caregiving demands that displaces other valued roles and identities, erodes agency and self-efficacy, and creates the experience of role captivity that the literature has identified as one of the most potent predictors of caregiver psychological distress (Lindt et al., 2020; Mitchell et al., 2025). This identity-level burden is the least visible from the outside, the least amenable to functional remediation, and the most consequential for long-term caregiver well-being. It is also the dimension that the existing support landscape is least equipped to address.

This layered understanding of burden has direct analytical implications. Support interventions designed at the surface level — providing respite, information, or task training — address the most visible manifestations of caregiver distress without engaging its deeper relational-affective and identity-level dimensions (Montgomery & Kosloski, 2009). The result is a pattern of intervention effects that are real but limited in depth and duration — a pattern consistent with what the applied intervention literature documents in its assessment of effect sustainability (Montgomery & Kosloski, 2009; Sörensen & Conwell, 2011). The analytical implication is not that surface-level support is without value, but that it is insufficient in isolation and must be complemented by approaches capable of reaching the deeper dimensions of burden where the most significant psychosocial costs are incurred.

4.3 The Structural Misalignment of Caregiver Support

The second analytical finding concerns the persistent disjunction between what caregivers report needing and what support structures offer — a disjunction that this review argues is not accidental but structural. The functional bias of dominant caregiver support frameworks reflects a deeper logic in which caregiver support is constructed primarily as a means to an end — a mechanism for sustaining care provision and managing care recipient outcomes — rather than as an end in itself, oriented toward the well-being of the caregiver as a person with intrinsic value. This instrumental orientation shapes the design of support programs, the allocation of resources, and the criteria by which support effectiveness is evaluated in ways that systematically deprioritize the psychosocial interior of caregiver experience.

The evidence reviewed across multiple thematic areas consistently supports this analytical conclusion. Caregivers report unmet needs which highlight key areas for improvement in policy and service provision (McCabe et al., 2016). Formal support structures, by contrast, are predominantly organized around information provision, care skills training, and service coordination — dimensions of support that address what caregivers do rather than who they are and what they experience (Plöthner et al., 2019). This misalignment is not merely a design failure of individual programs; it reflects a systemic orientation in which the psychosocial dimensions of caregiver experience are treated as secondary concerns relative to the functional imperatives of care provision. This systems-level interpretation is compatible with integrated healthcare analytics frameworks that treat clinical quality, decision quality, and organizational sustainability as interdependent rather than isolated outcomes (Atento, Quinto, Espelita, & Castaneda, 2025).

The consequences of this structural misalignment extend beyond the individual caregiver to the quality of care they provide. The literature on compassion fatigue, emotional disengagement, and behavioral burden manifestations consistently documents that a caregiver whose psychosocial needs are unmet is not merely a depleted individual but a compromised care provider — less able to maintain empathic presence, more likely to rely on pharmacological or restraint-based management of behavioral symptoms, and more vulnerable to the burnout and turnover that disrupt the relational continuity on which quality geriatric care depends (Kolthoff & Hickman, 2016). The case for psychosocially comprehensive caregiver support is therefore not only humanitarian but functional: addressing the full psychosocial architecture of caregiver experience is a necessary condition for sustaining the care quality that the dominant support framework ostensibly prioritizes.

The institutional dimensions of this misalignment deserve specific analytical attention. For professional caregivers in geriatric settings, the structural conditions of institutional care work — chronic understaffing, organizational cultures oriented toward task efficiency rather than relational care, inadequate supervision and debriefing, and the moral distress generated by the gap between ideal and actual care — create a psychosocial burden that is at once more structurally determined and more organizationally addressable than the burden of informal family caregivers (Featherstone et al., 2019; Ham, 2023). The literature on institutional caregiver support suggests that organizational interventions — including leadership practices that validate relational care, protected time for peer support and reflective practice, and supervision models that attend to the emotional dimensions of professional caregiving — have significant potential to address professional caregiver burden at its structural roots (Connors et al., 2024; Kahn, 1993). Yet this potential remains largely unrealized in the majority of geriatric care institutions, where efficiency imperatives continue to dominate organizational priorities (Franzosa et al., 2023).

4.4 Identity and Meaning as the Underserved Core

The third and most analytically distinctive finding of this review is that identity and meaning constitute the psychosocial core of caregiver experience — the dimensions most central to long-term caregiver well-being and most consequential for the sustainability of the caregiving relationship — yet they remain the most underserved dimensions in the existing support landscape. This finding emerges with particular force from the convergence of the identity, coping, and intervention thematic areas, where the theoretical literature's sophisticated account of identity disruption and meaning-making in caregiving stands in sharp contrast to the applied literature's relative neglect of these dimensions as explicit targets of support.

The identity literature establishes with considerable consistency that the progressive erosion of self that characterizes intensive geriatric caregiving — the loss of roles, relationships, and activities that constitute a viable personal identity beyond the caregiving function — is not a peripheral consequence of burden but one of its central generative mechanisms (Eifert et al., 2015). A caregiver whose identity has contracted to the point of engulfment, whose sense of agency and competence has been systematically undermined, and whose access to meaningful non-caregiving experience has been progressively restricted, is in a fundamentally different psychological condition than a caregiver who maintains a robust sense of self alongside their caregiving role. Support frameworks that do not attend to this difference — that treat all caregivers as equivalent candidates for burden reduction interventions regardless of the degree of identity erosion they have experienced — are analytically inadequate to the range and depth of caregiver psychosocial need.

Meaning-making emerges from the coping literature as the most powerful adaptive resource available to caregivers navigating the irreversible losses and uncontrollable demands of geriatric care (Butcher et al., 2016; Yu et al., 2021). The capacity to construct a coherent and valued account of the caregiving experience — whether through relational, moral, spiritual, or narrative frameworks — is consistently associated with better psychological outcomes, more effective coping, and greater resilience under sustained adversity (Butcher et al., 2016; Yu et al., 2021). Critically, meaning-making is not a fixed trait but a dynamic process that can be supported, disrupted, or strengthened by the conditions in which caregiving occurs and the support resources available to the caregiver (Liebenberg, 2020; Tronick & Beeghly, 2010). This has direct implications for support program design:

interventions that create space for meaning exploration, narrative construction, and the integration of caregiving experience within a broader valued life story are likely to produce more durable benefits than those focused exclusively on symptom reduction.

The underrepresentation of identity and meaning-making as explicit intervention targets in the applied literature constitutes what this review identifies as the most significant translational gap in the field — the gap between theoretical understanding and applied practice where the greatest potential for improving caregiver support outcomes resides. Programs such as meaning-centered psychotherapy, narrative approaches to caregiver support, and identity-affirming group interventions represent emerging responses to this gap, but their evidence base remains underdeveloped relative to the theoretical case for their importance (Applebaum et al., 2022; Applebaum & Breitbart, 2012). The development, evaluation, and dissemination of interventions explicitly targeting caregiver identity and meaning represents the most consequential direction for future applied work in this field.

4.5 Coping Capacity as a Cultivable Resource

The fourth analytical finding concerns the significance of caregivers' adaptive coping and meaning-making capacities as genuine human resources that support frameworks must be designed to strengthen rather than merely supplement or compensate for. This finding represents an important corrective to the deficit orientation that pervades much of the caregiver support literature — an orientation in which caregivers are constructed primarily as burdened, depleted, and distressed subjects in need of relief, rather than as persons with significant adaptive capacities that, under the right conditions, enable not only endurance but growth.

Caregivers who navigate the experience with adequate support, flexible coping strategies, and access to meaning frameworks report gains in personal strength, deepened relational capacity, expanded compassion, and a reorganization of existential priorities that they experience as genuinely valuable. These gains are not universal, and they do not offset the real costs of caregiving — but their documented existence insists on a model of caregiver support that goes beyond burden management to the cultivation of human capacity.

The practical implications of this analytical finding are significant. Support programs designed around a deficit model — whose primary goal is to reduce burden, alleviate distress, and prevent deterioration — are necessary but not sufficient. Alongside burden-reduction goals, comprehensive caregiver support frameworks require growth-oriented components: interventions designed to strengthen meaning-making capacity, reinforce identity resources, deepen relational connection, and cultivate the existential flexibility that enables caregivers to find value and purpose within an experience that is simultaneously demanding and humanly significant. This dual orientation — attending to both burden and capacity, to both distress and growth — represents the most analytically justified and humanly responsive approach to caregiver support that the literature reviewed in this paper can sustain.

5. Discussion and Implications

5.1 Reframing the Caregiver as a Psychosocial Subject

The analytical findings presented in this paper converge on a single overarching argument that carries implications extending well beyond the technical concerns of intervention design or program evaluation: the caregiver in geriatric settings must be understood, supported, and theorized as a full psychosocial subject — a person whose inner life, relational world, identity, and meaning-making are not secondary concerns to be addressed once functional care needs are met, but primary dimensions of human experience that demand recognition and response in their own right. This reframing is not merely a rhetorical repositioning; it has structural, programmatic, and ethical implications for the entire enterprise of caregiver support.

The dominant model of caregiver support, as this review has demonstrated, constructs the caregiver primarily as a functional agent whose psychological well-being matters instrumentally — because a depleted caregiver provides poorer care, generates higher healthcare costs, and is more likely to institutionalize the care recipient prematurely. While these instrumental concerns are legitimate, they are insufficient as a foundation for a genuinely psychosocially responsive support framework. A support system designed primarily to protect care recipient outcomes by maintaining caregiver functional capacity will systematically underinvest in the dimensions of caregiver experience — identity, meaning, relational connection, existential depth — that matter most to the caregiver as a person. The implications of this reframing are therefore simultaneously theoretical, practical, and ethical: they concern how scholars conceptualize caregiver experience, how practitioners design and deliver support, and how societies organize their moral and institutional responses to the human labor of care.

5.2 Implications for Psychological Theory and Research

At the theoretical level, this review supports and extends the case for integrative frameworks that hold the multiple dimensions of caregiver psychosocial experience — burden, identity, coping, meaning, social embeddedness — in relational view rather than examining them in disciplinary isolation. The literature reviewed in this paper demonstrates that these dimensions are not independent variables to be measured separately and added together, but dynamically interacting aspects of a unified human experience whose complexity resists reduction to any single theoretical framework. The stress-and-coping paradigm, identity theory, meaning-making frameworks, and resilience models each illuminate important dimensions of caregiver experience; the analytical task for future scholarship is their integration rather than their competition.

The identity and meaning dimensions identified in this paper as most analytically consequential also represent productive directions for theoretical development. The mechanisms through which identity erosion generates and amplifies caregiver burden — and through which identity preservation and meaning-making moderate its effects — remain incompletely theorized and insufficiently empirically specified. Future research that examines these mechanisms longitudinally, across cultural contexts, and in both formal and informal caregiving populations has significant potential to advance theoretical understanding in ways that will directly inform applied program development.

The cultural limitations of dominant theoretical frameworks, identified in the gaps analysis as a significant constraint on the generalizability of existing knowledge, also represent an important direction for theoretical expansion. The applicability of identity and meaning-making frameworks developed in individualist Western contexts to collectivist cultural settings where the self is constituted differently — where caregiving may be experienced primarily as a relational and communal obligation rather than an individual burden — represents an underexplored and analytically important question. Culturally sensitive theoretical development in this area is not merely a matter of academic comprehensiveness; it is a practical necessity for a field whose subject population is globally distributed and culturally diverse.

5.3 Implications for Practice and Program Design

At the applied level, the findings of this review point toward a set of principles for more psychosocially comprehensive caregiver support program design. These principles do not constitute a prescriptive intervention protocol; rather, they represent analytically grounded orientations that practitioners and program developers can use to evaluate and strengthen existing support frameworks.

The first principle is comprehensiveness across levels of burden. Effective caregiver support must address not only the surface-level manifestations of burden — stress, task overload, informational need — but also the relational-affective and identity-level dimensions through which burden is most deeply experienced and sustained. Programs that operate exclusively at the functional surface level are likely to produce limited and unsustainable benefits; those that reach the deeper dimensions of caregiver experience — through emotional validation, identity-affirming practices, and meaning-exploration components — are likely to produce more durable and humanly significant outcomes.

The second principle is the explicit targeting of identity and meaning. Support programs should treat caregiver identity preservation and meaning-making as explicit goals rather than implicit by-products of burden reduction. This means creating structured space within programs for caregivers to engage with questions of self — who they are beyond the caregiving role, what they value, what gives their experience significance — and to construct and share the narratives through which their caregiving experience can be integrated into a coherent and valued life story. Narrative and meaning-centered approaches, while currently underrepresented in the applied literature (Applebaum et al., 2013; Petrovic et al., 2022), are well-suited to support this goal (Mroz et al., 2023; Petrovic et al., 2022).

The third principle is relational depth. The literature consistently documents that what caregivers most value in support contexts is genuine human connection — the experience of being truly understood by others who share the specific texture of their caregiving reality (Shi, Wang, et al., 2025; Shi, Yoo, et al., 2025). Support programs that prioritize the quality of relational connection they generate — through careful group composition, skilled facilitation, and a culture of authentic mutual recognition — are likely to address the social isolation and relational deprivation (Li et al., 2020; Newman et al., 2019) that constitute some of the most significant unmet needs in the caregiver population (Denham et al., 2020; Vasileiou et al., 2017).

The fourth principle concerns the integration of capacity-building alongside burden-reduction goals. Programs designed to cultivate caregiver resilience, strengthen meaning-making capacity, and support identity development alongside their burden-reduction objectives are more likely to produce the durable benefits and growth-oriented outcomes that the resilience and post-traumatic growth literatures document as genuinely achievable for caregiver populations (Rosenberg et al., 2019; Scranton & Doherty, 2024; Chiba et al., 2025; Cormio et al., 2014; Gardner et al., 2015). This dual orientation — attending simultaneously to what is difficult and to what is humanly possible — represents the most analytically justified approach to caregiver support that this review can sustain.

5.4 Implications for Policy and Social Organization

At the policy level, the findings of this review support a fundamental reorientation of how societies conceptualize and resource the support of caregivers. The structural underfunding of respite care, the geographic inequalities in support service distribution, and the persistent organizational neglect of professional caregiver well-being in geriatric institutions are not merely logistical failures — they are expressions of a social valuation of care labor that systematically underestimates its human cost and underinvests in its human support. Addressing the psychosocial dimensions of caregiver experience at scale requires policy frameworks that recognize caregiver well-being as a legitimate social priority — not as a means to the end of care recipient management, but as an expression of the moral commitment that caregivers themselves enact daily in their dedication to the most vulnerable members of society.

The recognition of professional caregivers' psychosocial needs within institutional frameworks carries particular policy urgency. Organizational conditions that create moral distress, prevent relational care, and neglect the emotional dimensions of professional caregiving are not inevitable features of geriatric care work; they are the products of organizational and policy choices that can be made differently. Investment in supervision models that attend to the emotional as well as clinical dimensions of professional caregiving, in leadership practices that validate relational care as a core organizational value, and in staffing models that permit the time and presence that quality geriatric care requires, represents a policy direction with direct implications for both professional caregiver well-being and care recipient outcomes.

5.5 Boundaries of Interpretation

Appropriate qualification of the conclusions drawn in this paper is warranted by the nature of its methodology. As a thematic review rather than a systematic review or meta-analysis, this paper offers interpretive synthesis rather than definitive causal conclusions. The thematic patterns identified are analytically supported by the reviewed literature but are not exhaustive of the available evidence, and the analytical framework employed reflects interpretive choices that other reviewers might configure differently. The cultural and geographic concentration of the reviewed literature in Western contexts limits the generalizability of thematic patterns to non-Western caregiving realities. These limitations do not diminish the analytical value of the paper's contributions, but they appropriately constrain the degree of certainty with which its conclusions can be advanced.

6. Conclusions and Recommendations

6.1 Conclusions

This paper set out to examine the psychosocial dimensions of caregiver support in geriatric settings through a thematic review of the scholarly literature, with the aim of mapping the landscape of caregiver experience, identifying dominant patterns and persistent gaps, and contributing to a more analytically comprehensive understanding of what caregivers need and what current support frameworks fail to provide. The review has accomplished these aims and in doing so has arrived at a set of conclusions that are analytically grounded, appropriately qualified, and consequential for scholarship, practice, and policy.

The first and most foundational conclusion is that caregiver burden in geriatric settings is a psychosocially layered phenomenon whose deepest dimensions — relational-affective depletion, identity erosion, and meaning-loss — remain systematically underaddressed by existing support frameworks. The persistent tendency of formal support structures to organize around functional and informational provision rather than psychological and relational depth reflects a structural misalignment between the design logic of caregiver support and the actual architecture of caregiver need. This misalignment is not incidental but systemic, rooted in an instrumental construction of the caregiver that prioritizes care provision capacity over caregiver well-being as an end in itself.

The second conclusion is that identity and meaning constitute the psychosocial core of caregiver experience in ways that the applied intervention literature has not yet adequately honored. The progressive erosion of self under the weight of intensive caregiving, and the corresponding importance of meaning-making as both a coping resource and a resilience foundation, are insights widely discussed and supported in the literature (San Juan, 2026) — yet they remain the most underrepresented as explicit targets of support program design. Closing this translational gap represents the single most consequential direction available to the field.

The third conclusion is that adaptive coping and meaning-making capacity are genuine and cultivable human resources, not merely compensatory responses to structural support failure. The documentation of resilience and post-traumatic growth within caregiver populations insists on a model of caregiver support that attends to human capacity alongside human distress — an orientation that the literature supports (Adame, 2026).

The fourth conclusion is that the cultural, demographic, and institutional diversity of caregiver populations demands corresponding diversity in theoretical frameworks and support models. The geographic and cultural concentration of the dominant literature in Western individualist contexts represents a genuine limitation on the field's analytical reach, and the psychosocial needs of professional caregivers in institutional geriatric settings constitute a distinct and insufficiently examined area of inquiry that warrants dedicated research attention.

Taken together, these conclusions affirm the central thesis of this paper: that a genuinely psychosocially responsive approach to caregiver support in geriatric settings requires a fundamental reorientation — from functional to humanistic, from instrumental to intrinsic, from surface-level burden management to the full-depth engagement with identity, meaning, relational life, and adaptive capacity that caregivers' experience demands and their humanity deserves.

6.2 Recommendations

The following recommendations are offered for research, practice, and policy, calibrated to the nature and scope of a thematic review and presented as analytically grounded directions rather than prescriptive mandates.

For research, the most consequential priority is the development and evaluation of support interventions that explicitly target caregiver identity preservation and meaning-making as primary outcomes. Narrative, meaning-centered, and identity-affirming intervention approaches represent the most promising emerging directions, but their evidence base requires substantial development through rigorously designed and culturally diverse evaluative studies. Longitudinal research examining the mechanisms through which identity erosion generates and amplifies caregiver burden — and through which meaning-making moderates its effects over the full trajectory of caregiving — is similarly needed to strengthen the theoretical foundations on which applied work depends. Research attention to the psychosocial needs of professional caregivers in institutional geriatric settings, and to the caregiving realities of non-Western cultural contexts, represents two additional research priorities whose current underrepresentation in the literature constitutes an analytical and practical deficit.

For practice, support program developers and practitioners are encouraged to evaluate existing caregiver programs against the principle of psychosocial comprehensiveness — attending specifically to whether programs address relational-affective and identity-level dimensions of caregiver experience alongside functional and informational needs. The integration of narrative, meaning-exploration, and identity-affirming components into existing psychoeducational and cognitive-behavioral frameworks represents a practical and evidence-consistent direction for program enhancement that does not require wholesale redesign of existing models (Yanos et al., 2011). Comparable work on narrative health analytics argues that health-related stories can inform learning and quality-improvement systems only when empathy, interpretive context, and ethical-cultural mediation are preserved (Atento, Quinto, Espelita, & San Juan, 2025). Practitioners working with caregivers in both formal and informal settings are also encouraged to attend to the quality of relational connection that support encounters generate — recognizing that the experience of being genuinely understood and recognized as a person, rather than managed as a burden case, may itself constitute one of the most therapeutically significant dimensions of effective support.

For policy, the recommendations of this paper support increased and more equitably distributed investment in caregiver support infrastructure — including respite care, community-based support services, and institutional caregiver wellness programs — with particular attention to the geographic and socioeconomic inequalities that currently restrict access to support for the most vulnerable caregiver populations (Giombi et al., 2026). Policy frameworks governing geriatric care institutions should explicitly address the organizational conditions that generate professional caregiver moral distress and relational disengagement (Austin, 2017), establishing standards for supervision, reflective practice, and staffing adequacy that recognize relational care as a core institutional value rather than an expendable luxury. At the broadest level, this paper supports the case for a social and policy revaluation of care labor — one that acknowledges the psychosocial cost of caregiving (Ploeg et al., 2017), invests in the human beings who bear that cost, and treats the well-being of caregivers as a social priority worthy of serious and sustained commitment.

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