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Case Study

Caregiving in Young Adulthood: A Case Study Exploring Role Strain and Caregiving Burden

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ABSTRACT

Young adults who take on the role of caregiver for parents diagnosed with dementia face difficulties in every aspect such as psychological, emotional, social and developmental. They navigate various life transitions such as education, career development, identity formation and independence. As a result, taking on caregiving duties during this time may interfere with developmental processes and result in significant emotional strain. This study focuses on role strain and caregiver burden within a mother-daughter relationship, involving a young adult's experience of taking care of her mother who has been diagnosed with dementia. This study used a qualitative approach, involving semi-structured interviews to gain a deeper understanding of the participant's emotional reactions, caregiving duties and relationship dynamics while taking care of her mother. Thematic analysis was used to identify prominent themes within the narrative to interpret the psychological impact of caregiving. One of the most significant was Caregiver burden, which is the emotional and psychological burnout, persistent worry and strain associated with long term responsibilities, including fatigue, consistent vigilance and depressive slumps. Caregiving responsibilities often conflict with personal aspirations and goals contributing to frustration. Grief and Caregiver guilt were other major themes that were present throughout the participant's experience including a sense of loss and pressure of fulfilling caregiving tasks. Role Strain was seen as a result of conflicting expectations between various roles (daughter, caregiver, student and so on.). The findings suggested that presence of clear boundaries between roles alleviate psychological pressure and improvement within the mother-daughter relationship. Overall, the study highlights the complex emotional narrative that is experienced by a young adult caregiver where developmental demands intersect with caregiving responsibilities. The study is limited to a single case, providing insight into role strain, grief, guilt and caregiver in young adulthood. The study tries to stir further study on young adults as a distinct group within the informal caregiving population and their need for supportive structures that facilitate objective as well as emotional and social support.

Keywords: *Young adult caregivers, Caregiver burden, Role Strain, Psychological impact of caregiving, Qualitative Case study*

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Family members often take up caregiving responsibilities, particularly in the case of deteriorating and chronic illnesses such as dementia. It has often been associated with middle-aged family members, spouses, or adult children acting as caregivers. However, a growing number of young adults also often assume caregiving responsibilities during a developmental phase in their life which is characterised by identity formation, academic pursuits, career exploration and independence from home of origin. Therefore, in this stage of life, caregiving can create significant psychological and emotional strain from the individual.

The conceptual implications of the term 'caregiving' are vast, and for this research, they will be defined in the context of a younger individual caregiving for an older adult. According to Fingerman et al. (2024), "refers to helping an older adult when they experience physical, cognitive, or psychological disabilities.". Further, "caregiving per se is distinguished from everyday support by greater intensity, time, effort, and investment of resources beyond the norm of everyday support exchanges." Fingerman elaborates that the care is aimed at individuals who require care as they cannot perform tasks due to physical, cognitive and emotional impairments.

Young adult caregivers represent an understudied group within caregiving research. Levine et al. (2005) described young adult caregivers as individuals assuming significant caregiving responsibilities during a developmental period typically characterized by identity exploration, autonomy development, and career establishment.

Caregiver burden has been defined as a negative reaction to the impact of providing care on caregivers' social, occupational, and personal roles (Papastavrou et al., 2007). It can be understood as a chronic stressor that is associated with the decline in physical health, psychological wellbeing and quality of life. According to the Transactional Model of Stress and Coping by Lazarus and Folkman (1984), stress can be conceptualised as interaction between the individual and their environment, where environmental demands exceed the coping resources of the individual. This results in appraisal which may be primary (evaluation of threat) and secondary (evaluation of coping resources). Pearlin et. al (1990, as cited in Barca et al, 2007) provides an application of Lazarus and Folkman theory in understanding caregiver stress as a multidimensional phenomenon that is affected by the broader context of care (the type of relationship, characteristics of the caregiver, social support), primary stressors including caregiving demands, secondary stressors such as other roles of the caregiver, care management. Therefore, these theories suggest that caregiving is not only determined by direct caregiving tasks but an interaction between various factors including demands, role-related pressures, and available coping resources.

Role strain refers to the tension experienced when expectations associated with one role interfere with the ability to fulfill other roles effectively. In caregiving contexts, strain arises when caregiving responsibilities conflict with academic, occupational, social, or developmental responsibilities. Pope et al. (2002) explain Role theory, noting that individuals hold multiple identity roles – such as partner, parent, or employee– and are expected to meet the duties and obligations attached to them. When the expectations associated with different roles become incompatible, they result in role conflict. Role conflict can subsequently lead to role strain, characterised by emotional exhaustion, burden, and stress resulting from competing role demands (Gordon et al., 2011). In addition, overlapping responsibilities may result in role overload, a condition in which perceived demands exceed available resources (McLaughlin et al., 2019). This is observed in young adults aged 18-24 who assume caregiving responsibilities for a parent, which interferes with age appropriate developmental tasks such as identity formation, pursuing a career, forming intimate relationships and achieving independence from the family of origin.

LITERATURE REVIEW

Caring for a relative with dementia is associated with significant emotional and psychological distress. Papastavrou et al. (2007) reported high levels of burden and depressive symptoms among family caregivers. Behavioral disturbances, progressive cognitive decline, and functional impairment contribute strongly to caregiver stress. Caregivers of young onset dementia are reported to be generally more weighted down with care. Barca et al. (2014) conducted qualitative interviews with 14 informants, aged between 20-37 years, including 12 daughters and 2 sons with a parent with dementia. The informants reported increased burden, stress, feeling neglected by their family and social support services.

Research focusing on young adults as caregivers highlights distinct psychosocial challenges. Bacharz and Goodmon (2016), in their pilot study consisting of 37 undergraduate psychology students (18-24 years of age), young adult caregivers at elevated mental health risk, showing increased depression on DASS-21 and PTSD symptoms in comparison to their non-caregiving peers.

Papastavrou et al., reported similar results, earlier in 2007, in a sample of 172 caregiver/care recipient dyads in Cyprus, where patients were suffering from Alzheimer's type dementia. The results suggested that 68.02% of caregivers were highly burdened and 65% exhibited depressive symptoms.

A study conducted by Greene et al. (2016) examined the relationship between family caregiving responsibilities and the mental health and well-being of individuals from the ages 18-24 as young adults. The sample consisted of 353 undergraduates out of which 81 were caregivers in the past, 76 current and past caregivers, and 196 non-caregivers. Current/past caregivers showed significantly higher scores on Depression and anxiety compared to non-caregivers.

Young individuals frequently experience feelings of isolation, guilt and grief as they take up caregiving responsibilities of a loved one. Adult children often report altered family roles, emotional distress, and shifts in parent-child boundaries. Young caregivers responsible for a parent often face role confusion between that of a child, and a parent, as their parent begins to depend on them due to their impaired condition. The term 'parental child' was coined by Minuchin and colleagues to describe children who assume parental responsibility in the home due to economic and social conditions (Minuchin et al., 1967, as cited in Cushway, 2002).

When caregiving responsibilities intersect with developmental expectations of young adulthood, role strain becomes pronounced. The coexistence of caregiving and developmental roles creates inter-role conflict. It is difficult to manage academic, occupational, social responsibilities alongside caregiving tasks which contributes to emotional strain and reduced wellbeing.

Caregivers remain an understudied population, especially in India. "Young carers are a hidden group in our society. Family members want to keep the caring role secret. Also, child carers feel embarrassed about their caregiving activities because their parents may be perceived as inadequate. Ill parents also hide children's caring role because they never want to reveal their inability in parenting and managing household tasks." (Sahoo & Suar, 2010).

Caregiver burden in dementia has been extensively studied, yet much of the research focuses on middle-aged or spousal caregivers. There is limited qualitative exploration of young adult caregivers' lived experiences. In the Indian context, this population still remains understudied. There is comparatively limited exploration of lived experiences of young adult caregivers and how they encounter role conflict and developmental disruption. There is a scarcity in research of what caregiving implies within the Indian sociocultural context for young individuals who assume caregiving responsibilities especially for an ill parent. Therefore, this study aims to explore the psychological impact of caregiving, and examine role strain within the developmental context of young adulthood.

METHOD

The present study seeks to explore the phenomenon of role strain and caregiver burden in a young adult caregiver. The study uses a qualitative case study method to gain a deeper understanding into the personal experiences and caregiving role within real life context. The sample consists of one participant selected through purposive sampling.

I.K, a 23 year old female is a caregiver for her mother who was diagnosed with Fronto-temporal Dementia in 2021. The participant has been actively involved in providing care for her mother including physical, emotional and in ADLs for a considerable period of time making her suitable case for studying caregiver burden in young adults. Her experiences provide a valuable insight into the life of an individual going through a transitional phase in life within the context of caregiving for a family member with dementia. It also shows how identity formation and role boundaries are key developmental tasks during young adulthood and may be disrupted by additional environmental demands such as caregiving.

A case study approach was chosen for this study as it allows for in-depth exploration of the case, through interview methods. An interview was conducted to explore the participant's experience of providing physical, emotional and practical care for her mother. The interview was conducted in a semi-structured manner, where initial questions led to further probing and exploration based on the participant's responses. The format of the interview is open-ended and flexible with a duration of approximately 1.5 hours. A suitable time was scheduled for a video call at the convenience of the client. Informed consent was obtained. Rapport was established to ensure the comfort of the participant and form trust. With the consent of the client, the call was recorded and responses were noted for accuracy and further analysis. The interview responses were transcribed verbatim for analysis.

Ethical Considerations

Informed consent of the client was obtained prior to participation. They were informed of their right to withdraw from the study at any time. Confidentiality of responses were assured throughout the course of the study. The emotional state was considered and support was offered if distress was experienced. The data obtained was used strictly for academic purposes.

CASE DESCRIPTION

Participant Profile

I.K. is a 24-year-old female, residing in an urban area of Delhi, with her father, brother, and mother. The family employs two caretakers who assist in caregiving on a daily basis. Her mother was formally diagnosed with Fronto-Temporal Dementia (FTD) in late 2021, although symptoms were first observed in 2018. At the onset of symptoms, I.K. was approximately 17 years old, and she was around 20 years old at the time of diagnosis.

Patient's Medical Background and Functional Decline

According to I.K., Fronto-Temporal Dementia involves "memory loss, behavioral changes… all these things that happen in a neurodegenerative disease." She described that a major feature of FTD is its impact on language functioning, resulting in aphasia, wherein "they cannot form proper words, proper sentences, they want to say something – something else comes out." This disruption in communication gradually altered not only her mother's functioning but also the dynamic between them.

The changes that were most noticeable were behavioral. During the 2020 lockdown, her mother's temper, previously described as explosive, became much worse. These changes were initially attributed to stress related to the pandemic and occupational strain. Her mother had been working as a senior secretary for over two decades and had always been an ideal employee. However, she began making repeated mistakes. The decline in professional performance contributed to distress and emotional dysregulation. Following consultations with neurologists and subsequently a psychiatrist in 2021, the diagnosis of FTD was confirmed.

Over time, the illness demonstrated a steady decline. Emotional symptoms included anxiety, restlessness, and persistent worry regarding her children. She slowly started to lose more of her functioning, including ADLs (activities of daily living). She had difficulty remembering most things. By the end of 2023, she was unable to be left alone. She required verbal prompting for bathing, toileting, and grooming, with instructions such as "okay mom wash your hands" and "pick up the shampoo bottle." I.K recalled an incident when her mother left home to purchase groceries and was subsequently reported missing. She had forgotten why she had stepped out and was eventually found at a nearby food stall.

She had slowly started hallucinating, as I.K. described, "...she was hallucinating at this point. And again - it wasn't a delusion. Because she would see people who were not there. She would see a girl standing in front of her, she used to tell me that oh I went to the park and this girl came, she had two pigtails and everything. There was no girl. There was no such girl and I know this because she was there talking to this girl in an empty room. So, we know for sure that there was no one as such," In April 2025, her mother experienced a seizure lasting approximately three to four minutes. I.K. described the period following hospitalization and anti-epileptic medication as a drastic decline: "she could not speak, she could not move… she was just not lucid at all." She further stated, "these medications, they completely shut her down… I thought that this is it, she won't make it past this one month."

Upon various consultations, the medication was later discontinued and replaced with supplements. I.K described her mother's recovery as "miraculous". Though her mother remains unable to be left unsupervised anymore, she regained some of her functioning and recovered from her catatonic state. She continues to exhibit emotional dysregulation, frequent crying, and episodes of calling out for her deceased mother. Ever since then, the family has hired help for her mother's caretaking including two nurses - a day caretaker and a night nurse.

In a follow up conversation, two weeks after the interview, I.K shared her mother's current functioning and behavior. She described a rise in aggressive outbursts including screaming fits, and confrontative behavior, throughout the day. She wakes up in the night frequently in loud outbursts as well. The small communication that was earlier possible has gone down significantly. There is extreme emotional dysregulation which has become hard for the family to manage this behavior. Due to her cataract, there have been various incidences of injury, leading to baby-proofing the house.

I.K stated that due to caretakers available in the house to care for her mother, her responsibilities have become manageable. She has been able to focus on her classes and studies. During days when help is not there, she still takes on the tasks surrounding her mother's care.

Psychological impact and Relational changes:
When asked to describe her relationship with her mother, I.K fondly recalled her mother always being supportive, present and caring, saying that she "spoiled" her in all the best ways. Her description of her before the illness was marked by warmth, emotional attunement, and openness. She described her as protective and supportive, stating, "She is the best mother I could ever ask for."

"She definitely had her flaws" I.K added. She described her mother's short temper, and her outbursts, saying "she said things that stayed with me even as an adult", something that she had to resolve in therapy. Further, She described that because of their open relationship growing up, her mother confided in her about various things that a child was not ready for. She described her parents' marriage as a difficult one. She remembered the difficult environment at home. I.K, now believes knowing such intricate details of her family and her parents as a child was traumatic for her, and affected her own relationship with her father.

Following diagnosis, the relational shift was gradual yet profound. I.K. described distancing herself emotionally as a protective strategy, while simultaneously experiencing intense guilt. She describes that despite her avoidant coping, she feels guilty due to the limited time she has with her mother. She feels the regret of not being able to provide enough of the emotional support she needed despite trying her best.

After the seizure, due to her deteriorating condition during the time, she narrated how she had been planning for when her mother passes away – which she still does to this day. It brings an overwhelming sense of guilt saying, "...I am planning for when my mother dies, when she's healthy, when she's laughing, when she's happy…" and that it is difficult to discuss such inner fears with the family because of how morbid they are.

According to her, the two emotions dominate her experience: "guilt and grief." She elaborated, "I feel grief because I wish I was a better daughter… I wish I had more time with her." She described her anticipatory grief as ongoing. She also expressed fear of memory erosion, noting difficulty recalling emotional aspects of past experiences with her mother, feeling as if they have slowly been dominated by her recent caregiving memories over earlier relational memories created internal dissonance. She described memories feeling more “objective… like facts,” than emotional indicating a psychological distancing and a struggle to preserve emotional continuity.

Caregiving Responsibilities and Role Strain

During a period without external caregiving assistance, I.K. functioned as the primary caregiver while simultaneously managing academic responsibilities. Her routine involved early mornings, household chores, attending college with a three-hour commute, completing assignments, and providing night-time care. Her sleep was often disrupted due to her mother’s coughing episodes and care needs. She described days where she did not get rest at all as tried to balance her personal life and her responsibilities. She stated that this routine “obviously took a big toll on me. Mentally and physically.”

Her caregiving extended to intimate personal care, including bathing assistance, toileting support, cleaning soiled clothing, and managing hygiene needs. The constant hygiene management and cleaning led to exacerbation of her own OCD symptoms, that she is reportedly diagnosed with. Such caregiving tasks led to her own excessive cleaning behaviors which resulted in physical burns.

She described detaching emotionally during caregiving to maintain psychological stability. She constantly viewed her mother as more of a patient. So, when external help was hired, especially for ADLs, she reported that things improved for her. She realised a shift in identity from caregiver to daughter, stating that she could finally “view myself as her daughter.” She felt that she could be more present, could have more conversations with her, even poke fun and enjoy her time mother.

Social and Personal Impact

Caregiving responsibilities significantly shaped her life decisions. She did not pursue opportunities abroad, including applying to Cambridge, due to caregiving obligations. She declined participation in an NCC camp, which she still has regrets for. She was unable to relocate for academic opportunities. She stated that “every single plan” must be structured around caregiving logistics. She describes how she grew up with a lot of freedom, and now, she struggles with these restrictions, only having time for herself when there are other people present to take care of her mother. She describes how she feels hesitant in having video calls, inviting people over, due to her mother’s interruptions, despite constant assurance from her friends, “Even if they say it's okay, we don't mind, we know its all good – i don’t like it. I’ve never liked it”. She often describes her own planning regarding her studies, her social life, and her personal goals get disoriented because of responsibilities.

Employment opportunities outside her city were not pursued due to the inability to leave her mother. She states that not only does her mother need someone to take care of her, she feels dread in being away from home and losing time with her. She describes a sense of uncertainty about her mother’s future and instability within her family because of it.

Social Support and Coping

Her father and brother provide practical support. She describes that despite her parent’s strained relationship growing up, her father plays a strong role in caring for her mother, and supporting I.K. Her brother remains equally present in her care. I.K describes that she feels they may be coping better than she does. They are able to be present, communicate better, improve and manage her moods. However, open conversations about emotional experiences within the family are infrequent. I.K. initiated therapy to manage avoidance and guilt.

The introduction of external caregiving assistance significantly improved her emotional capacity and relational engagement. She describes that with help around the house for her mother's care, she is able to have more time for herself, for her academics and managing better than before.

DISCUSSION

The findings of this case study show that caregiving in young adulthood can be a complex psychological and developmental experience marked by chronic stress, grief and guilt. These findings are in line with the Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) and Pearlin's stress process framework, which conceptualize caregiving stress as an interaction between caregiving demands, role pressures, and available coping resources. Several themes emerge in the participant's narrative that can be used to understand caregiving experiences during a developmental phase in life, with exceeding environmental demands, and coping resources. This includes the complex emotions of Grief, and Guilt among caregivers, Caregiver burnout and compassion fatigue, as well as role strain and disruption in developmental tasks.

Experience of Grief:

The most prominent theme in this case study was the complex nature of grief experienced by caregivers. The participant reported feeling a sense of loss when talking about her mother despite her physical presence. The progressive decline associated with FTD including language deterioration and behavioral changes contribute to this experience of loss.

Unlike acute bereavement, anticipatory grief in this case is prolonged. It intensifies during periods of medical crisis such as the seizure episode. The participant reported planning for her mother's death while simultaneously taking care of her everyday, which leads to profound internal conflict and guilt. This reflects the psychological strain of living with the ongoing uncertainty of the future.

Such findings are consistent with research on dementia caregiving, which indicates that progressive cognitive deterioration contributes significantly to emotional burden and depressive symptoms (Papastavrou et al., 2007). In young adulthood, where future planning and stability are central developmental tasks, this persistent anticipation of loss may impact emotional security. Her grief was deeply centered on her mother, as well as emotionally isolating. She reported that it was rare for her family to sit and open up to each other about their own thoughts and feelings regarding the situation. Her anticipatory fears remained constant, and described as "morbid" and couldn't discuss them with her family openly. This aligns with Papastavrou et al. (2007), who described dementia caregiving as disenfranchised, that is, it lacked social recognition and shared processing.

Similarly, Barca et al. (2014) reported that adult children of young onset dementia mourn not only their parent but also the transformation of their relationship itself. This can be illustrated through the participant's statements such as "losing someone in front of you is very real and I have already lost her is the point". Therefore, the experience of grief is not only anticipatory but also ambiguous. The loved one is physically present, but their personality, behavior and responsiveness has completely changed. Caregivers often describe it as being unable to recognise the person as their relationship no longer feels intact, or the same. The loss is unclear and ongoing. It gives rise to much more complex dilemmas related to one's identity (Am i still a daughter or just a caregiver?) also contributed to the lack of emotional responsiveness, recognition from the parent themselves as a result of their illness.

There is also a shift in how one perceives their loved one (recognising them more as a patient than my mother). This type of grief may receive little to no social validation due the patient still being present physically ("she is still alive, how can I think like that?")

Therefore, consistent with previous studies on adult children of individuals with young onset dementia, the participant shows grief that is layered and underlined by chronic sorrow and mourning the relationship transformation in the present while also anticipating future loss of their parent. This leads to intense emotional burden and depressive symptoms that have been found to be increased in such caregivers.

Caregiver Burnout:
The case reflects classical indicators of caregiver burnout, especially during the time the participant was acting as the primary caregiver, without any assistance. The participant described:

- Chronic sleep deprivation
- Physical exhaustion
- Emotional fatigue
- Academic pressure alongside hospital stays
- Feeling Overwhelmed from continuous vigilance

She described that her entire experience of caregiving could be encapsulated as, "But i was there up all night, in the hospital writing my dissertation and i think that perfectly sums up these two years" The described it as working on "autopilot" and taking care of various things at once. During the times when there was no assistance available, she had taken up the role of a homemaker - managing the entire household as well as taking care of her mother.

According to Pearlin's Stress Process Model, intensive caregiving tasks, ADL assistance act as primary stressors interacting with secondary stressors such as household management, academic responsibilities, sleep deprivation, fatigue. This results in a high level of stress and due to lack of effective coping resources, leads to burnout. This chronic exposure to stress, and constant vigilance may feel draining and lead to emotional numbing as a protective mechanism. The participant also reported depressive symptoms and slumps during the time when caregiving demands felt excessive.

The participant reported depressive slumps, emotional exhaustion, and exacerbation of pre-existing OCD symptoms due to contamination-related caregiving tasks. Excessive cleaning behaviors resulted in physical harm, illustrating how caregiving demands can amplify existing vulnerabilities. Research consistently shows elevated depression and anxiety among young adult caregivers (Papastavrou et al., 2007; Greene et al., 2016). In this case, depressive symptoms appear intertwined with chronic stress, isolation, guilt, and anticipatory grief.

Once support was received from the family, along with hiring caregiver assistance, Burnout appeared to decrease. This may suggest that objective reduction in caregiving demands directly impacts psychological wellbeing.

Role Strain:
Role strain emerged as one of the most prominent themes of this case. The participant simultaneously occupied multiple roles such as that of a daughter, primary caregiver,

student, homemaker and so on. Role theory posits that strain occurs when expectations attached to one role interfere with fulfilling others (Gordon et al., 2011). She often had to navigate between these various roles and while meeting the expectations attached to each one. This shows inter-role conflict that emerges when caregiving demands clashed with academic deadlines, social commitments, and career opportunities. The stress resulting from trying to balance these responsibilities can lead to what is called Role overload, that is, where perceived demands are greater than the available resources to fulfill them (McLaughlin et al., 2019).

In the study by Pope et al., (2014), caregivers reported feeling unprepared and overwhelmed while transitioning into caregiver responsibilities. Similarly in a study by Ward-Griffin et al., (2007) which explored Mother - Adult daughter relationships within Dementia care, highlighted how a shift from daughter to a caregiver altered the emotional dynamic within the relationship. There is often an imbalance with increased responsibility, and caregiving that is one-sided.

She described how she declined academic and professional opportunities due to her caregiving responsibilities and limited time with her mother. She is constantly planning her daily life around caregiving logistics, and experiencing a loss of autonomy. She reflects on her wishes and ambitious as something of the past, stating she doesn't remember what she used to like before. Her statement of having "completely lost my sense of self" indicates that chronic role strain may disrupt identity consolidation, a core developmental task in emerging adulthood. Therefore, a sense of identity loss or erosion emerges as a theme in this case, that can be explored further.

It was also noted that once assistance in caregiving tasks was received, the participant described feeling like she could act as a daughter again. Her relationship with her mother improved significantly, leading to positive emotional experiences. Therefore, when a clear distinction appears within different roles, strain is reduced and leads to a sense of relief.

Caregiver Guilt

Guilt appears as a recurring theme in this case study and is described as one of the dominant emotions of her relationship with and was experienced in various forms:

- **Guilt around Emotional Responses:** The participant described feeling guilty for the anticipatory fears related to her mother's death describing them as morbid. The guilt is future oriented and relates to preparing for death while the loved one is alive. This is frequently reported by caregivers of dementia patients. Grieving itself may feel ambiguous due to the physical presence of the loved one but the emotional and relational loss due to illness.
- **Guilt related to Role Expectations:** Due to occupying various roles, the caregiver experiences guilt whenever their focus shifts away from their responsibilities to personal goals and needs. This may be due to an internalised sense of duty towards one's parent and the moral complications that may come from prioritising self over family. They may also feel guilt for not being able to meet other expectations due to their caregiving obligations, as also mentioned by the participant. Therefore, role conflict and unmet expectations reinforce guilt.
- **Guilt for emotional distancing:** The participant showed an avoidant coping strategy in dealing with her mother's illness. She recalls distancing herself even when her mother wanted to be closer, as well as having difficulty in engaging with her as her communication slowly declined. There is a constant guilt that stems from "i wish i

was more understanding". As the relationship deteriorates, interactions become one-sided, caregivers may feel guilty for showing frustration, lack of patience and detachment, viewing their loved one as a "patient". This guilt often arises from inadequacy to meet an internalised standard of caregiving set by the caregivers themselves.

Balancing Developmental Tasks with Caregiving

The participant's caregiving responsibilities significantly interfered with normative young adult developmental milestones:

- Academic responsibilities
- Career mobility
- Social autonomy
- Independent decision-making

She reported structuring "every single plan" around caregiving logistics and declining opportunities abroad. She described how she wanted to move outside the city for her masters, applied for jobs, move in with her long-term partner. However, she was unable to do such things, as she realised her responsibility at home, as well as the limited time she had left with her mother. This aligns with literature suggesting that caregiving during emerging adulthood disrupts autonomy development and career exploration (Levine et al., 2005). The coexistence of caregiving and developmental demands intensified role conflict and emotional strain among young caregivers. This may also lead to guilt arising from prioritising personal self over caregiving responsibilities.

Therefore, these themes show that caregiving in young adulthood involves not just practical responsibilities but also profound emotional and psychological strain. These findings suggest that the interaction between caregiving, developmental tasks, and available support plays an important role in shaping the caregiver's experience and wellbeing.

Limitations:

This study offers valuable insight into the experience of a young adult caregiver. However, a few limitations include that this is a single-case study which limits the generalizability. Individual experiences may vary with family dynamics, socioeconomic background and access to social support. The study does not include perspectives of other family members and healthcare professionals that may offer further insight into caregiving dynamics within the family system. It is a cross sectional, and therefore, limits the understanding of caregiving as a long-term and continuous experience.

Implications of the research:

Therefore, further research may examine experiences of young adult caregivers as a long term phenomenon and across different cultures and backgrounds. Research may further investigate coping strategies, support systems and intervention that can alleviate caregiver burden among young adults in a transitional period of their lives.

CONCLUSION

This case study highlights the psychological impact of caregiving in young adulthood, identifying role strain and caregiver burden emerging as key findings. The participant's experience shows that caregiving goes beyond objective tasks and responsibilities, encompassing emotional exhaustion, grief, guilt, and identity disruption. The participant's experience illustrates how caregiving responsibilities can disrupt identity formation, relationship dynamics and emotional well-being. It reflects how the responsibilities gradually overshadow personal aspirations, development and emotional memories contributing to burden and psychological fatigue. The study also shows that the burden is not stagnant, as the patient's symptoms change and their demands increase. It was also found that sharing caregiving duties with clearer role boundaries lead to reduction in stress and the caregiver is able to cope better. This decrease in role strain through shared caregiving suggests that structural and familial support can effectively mitigate psychological distress. Overall, it is important to see young adult caregivers as a separate and at-risk group within caregiving. Their experiences are shaped not only by the demands of caregiving but also by developmental challenges specific to emerging adulthood.

Although based on a single case, the study offers meaningful insight into the lived experience of a young adult caregiver and its impact on development during a transitional phase of their life. Future research can further investigate role strain in this demographic, particularly within the Indian context where limited empirical work exists. It seeks to incite further research in this demographic along with the need for appropriate support within caregiving contexts.

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Conflict of Interest

The author(s) declared no conflict of interest.

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