

What you owe your parents

A short book about caring for an ageing parent out of guilt,
and what the guilt does to the care

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First edition

Written by AI with human guidance. It can
contain mistakes, which later editions correct.

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Before you start

This is a short book about a feeling. Your mother or father is getting old, or ill, or both, and you're doing a lot for them, or not as much as you think you should, and either way there's a low steady guilt that runs under the week. It's there on the drive over and it's there on the drive back. It's there when you don't ring and it's there when you do and the call is short. It's there when your sister mentions, lightly, that she was round on Tuesday. It's there, most of all, at the moment you say goodbye and the door closes and you feel your shoulders come down, and then feel bad about that too.

I'm going to argue three things. The first is that the guilt makes sense from the inside. They raised you, they're frail now, the time is finite, and some of what you owe them is real. The second is that guilt is a poor engine for care. There's research on carers, and it points the same way from several directions. Caring done from obligation wears people down faster than caring done from attachment. Guilt predicts how burdened a carer feels over and above how much they actually do. And the worst outcomes for carers, and for the parents they look after, follow strain, not hours. Care driven by guilt tends to be care done as penance, a visit made to cancel a feeling rather than to see a person, and penance is never paid off, so it never stops asking. The third is practical. You can decide what you give, say it out loud, give it whole, and stop paying for it a second time with guilt. Chapters 20 to 23 cover how.

This book doesn't tell you how much to do for your parents. It won't say do less and it won't say do more. It's about the guilt engine, not the care, and if you take the engine out you may find you give the

same amount, or more, and that it costs you a good deal less.

Three cautions.

If you're caring for a parent with dementia, or with an illness that changes their behaviour, a lot of this applies but some of it needs adjusting, and chapter 24 says where.

If your parent hurt you when you were a child, if they were cruel, or violent, or absent in a way that damaged you, the guilt you feel about them now has a different source, and this book's argument doesn't reach it. Chapter 24 says what I think does.

And if the feeling has stopped being guilt and become a flat, persistent low mood, most of the day, most days, for two weeks or more, the NHS says to see a GP, and you can refer yourself to NHS talking therapies without one. Carers are entitled to that as much as anyone.

The notes at the back give my sources and their limits. Where I'm giving my own reasoning and not a finding, I'll say so.

Sunday, half past two

It's Sunday. You said you'd go over at two, and it's half past, because there was lunch to clear and a child who couldn't find their shoes, and now you're in the car and the guilt has already started, a fizz under the ribs about the half hour. You'll be there for two hours. You know roughly how it'll go. She'll say you look tired. You'll fix the thing with the television that you fixed last week. You'll look in the fridge and notice the milk. You'll talk about your sister, who lives further away and rings on Wednesdays. At some point you'll look at the clock on the cooker and calculate when you can reasonably say you have to go, and then you'll feel bad about calculating.

On the drive home your shoulders will drop, and you'll notice them dropping, and the relief will bring a second guilt behind it, for the relief. Then the week will run, and on Wednesday you'll think you should ring, and you won't, and on Thursday you'll think it again, and by Saturday the thought of Sunday will have a weight to it that has nothing to do with your mother, who you love, and who will be pleased to see you.

Somewhere in a drawer there's a leaflet about a day centre. Somewhere in your head there's a sum, in which your visits and your sister's calls and your brother's nothing are being added up and compared, and the answer is always that you're doing the most and it's still not enough. Somewhere in the back of it all there's a sentence you've never said aloud, which is that you're not sure how long you can keep this up, and you can't say it, because saying it sounds like the beginning of abandoning her.

These are invented, but I'd guess yours is close. Some words. **The debt** is the felt sense that you owe your parents, which is where the guilt says it comes from. **The should** is the sentence, I should go, I should ring, I should have them here. **Penance** is care done to cancel a feeling, a visit made so that you'll have visited. **Chosen care** is care you decided on, in an amount you named, and give because you chose it. **The standard** is the invisible measure you keep failing, the good daughter or good son who'd do more, whose life you can never quite describe. **The doorstep** is the moment of leaving, when the guilt spikes. **The sums** are the sibling arithmetic. **Whole** is how a visit is given when it isn't being measured against the clock. **Help in** is any care that isn't you.

Before you go on, do one thing. Think of the last visit or call. Ask yourself, honestly, whether you went to see them or went so that you'd have been. Most people who ask this find the answer is both, and that the second part has been growing. That's what this book is about.

Why the guilt seems right

Let me start by conceding what's true, because a book that told you the guilt was baseless would be wrong, and you'd know it.

They raised you. Whatever else is true, somebody fed you and got you to school and sat up when you were ill, and for most readers that somebody is the person who now can't manage the stairs. The debt isn't imaginary. There's a real asymmetry in what was given, and a real pull to give something back, and I'm not going to argue you out of it.

They're frail, and it's getting worse, and there's nobody else. Or there is somebody else, and they're doing less. The need is real. If you didn't go, the milk would be off and the television would stay broken and the loneliness would be worse. Some of the should is simply an accurate description of what would help.

And the time is finite. You know that. Every visit is one of a number, and the number is going down, and you don't know what it is. That thought alone can turn any afternoon you didn't go into something you'll regret. Guilt is, among other things, a way of taking the finiteness seriously.

There's one more thing the guilt does, and it's the one that keeps it in place. It feels like the thing that makes you go. Take it away, the fear says, and you'd drift. You'd ring less. You'd become your brother. The guilt seems to be the engine, and a bad engine is better than none.

So the guilt has four jobs. It honours the debt, it answers the need, it respects the time, and it drives the visits. Those are real jobs. The question this book asks is whether guilt does them well, and the answer, from the research and from watching what guilt-driven care becomes, is that it does the first three badly and the fourth at a cost that's mostly hidden until it isn't.

"I owe them"

Start with the debt, since the guilt claims to come from it.

There's a strand of research on why adult children care for their parents, and it separates two motives that feel like one from the inside. The first is attachment, which is plain affection, the wish to be near someone and see them all right. The second is obligation, the sense of owing, of duty, of what's expected. Cicirelli studied 78 daughters caring for elderly mothers in 1993 and found that both motives were linked to how much help the daughters gave. Attachment and obligation both got people through the door. But they parted company on what the helping felt like. Stronger attachment went with less felt burden. Stronger obligation went with more.

Read that again, because it's the whole book in two sentences. The two motives produce the same amount of care. One of them wears you down and the other doesn't.

A study of 204 working women caring for older relatives, by Clare Lyonette and Lucy Yardley in 2003, found the same shape. They separated what they called extrinsic reasons to care, which included guilt, the older person's expectation of care and fear of what others would think, from intrinsic reasons, which were things like wanting to live up to your own principles and simply being a caring person. The extrinsic reasons, along with a poor relationship with the person cared for, were the strongest predictors of carer stress. The intrinsic reasons predicted satisfaction.

So the debt is real, and you can pay it two ways. You can pay it because you love them, which is attachment, or you can pay it because you owe them, which is obligation, and the research says the second way costs more for the same payment. My interpretation, and I'll mark it as mine, is that guilt is what obligation feels like when it's running the show. It's the debt collector's knock. And the thing about a debt collector is that no amount you hand over makes him stop knocking, because he was never keeping the account.

"If I stopped feeling guilty I'd stop going"

This is the objection that keeps the guilt in place, so it needs a proper answer.

The fear is that guilt is the engine. Remove it and the car doesn't move. You'd ring less, visit less, become the sibling you resent. It's a reasonable fear, and it rests on a hidden assumption, which is that guilt is what gets you through the door. Cicirelli's finding says otherwise. Attachment got his daughters through the door just as reliably as obligation did. The love was already sufficient. The guilt was riding on top of it, adding burden and not adding visits.

Here's a second piece. Judith Gonyea, Ruth Paris and Lisa de Saxe Zerden studied 66 midlife daughters caring for ageing mothers in 2008 and asked how much of the burden the daughters felt could be explained by guilt. Guilt predicted burden on its own, after they'd accounted for how much care was actually being given and how difficult the situation was. Two daughters doing the same amount for mothers in the same state could feel very different weights, and the difference was guilt. Their conclusion was that clinicians should help carers revise the standards they judge themselves by.

Put the two findings together. Guilt doesn't increase the care. It increases the burden of the care. So the fear has it backwards. It isn't that without guilt you'd stop. It's that with guilt you're carrying the visits and something else, and the something else is what's making you wonder how long you can keep going.

Test it. Think of the last time you went and were glad to be there, the visit that wasn't a should, where you stayed longer than you'd planned because the afternoon was good. Nobody made you. That's the engine that was always there. What guilt adds is not more of those visits. It's the fizz on the drive over and the second guilt on the drive back, and neither one gets you through a single extra door.

"A good daughter would do more"

The standard is the part of the guilt that never says what it wants.

Andrés Losada and colleagues built a questionnaire in 2010 to measure guilt in family carers, interviewing 288 people caring for a relative with dementia. The guilt sorted itself into five kinds. Guilt about doing wrong by the person cared for. Guilt about not rising to the occasion as a carer. Guilt about looking after yourself. Guilt about neglecting other relatives. And guilt about having negative feelings towards other people. Carers who scored high on the questionnaire scored higher on depression and anxiety and lower on satisfaction with their leisure and their support. Two things predicted higher guilt. Being a woman. And caring for a parent rather than anyone else.

Look at that list. If you feel guilty about your parent and guilty about looking after yourself and guilty about neglecting your children and guilty about resenting your brother, there's no arrangement of your week that satisfies all five. Time spent on any one of them is a failure on another. That's the standard. It isn't a measure you're falling short of. It's a set of measures that can't all be met, so it produces a fail whatever you do.

Ask what the good daughter's week looks like. Not in general. In hours. She visits how often, and rings how often, and works how much, and sees her own children how much, and sleeps when. If you try to write it down, one of two things happens. Either you describe your own week with the guilt removed, in which case

you're already her. Or you describe a week with more hours in it than the one you have, in which case she doesn't exist and you've been comparing yourself with a ghost.

I think this is the honest reading of Losada's five guilts and Gonyea's finding together. The standard isn't set by your parent, who usually wants less than the standard demands. It's set by the guilt, and guilt doesn't set standards to be met. It sets them to be failed, so that it stays employed.

"At least I went"

Now the visit itself, because penance changes what a visit is.

Picture two versions of Sunday. In the first you go because you should, with the clock on the cooker in view from the start and a running calculation about when you can leave. You do the jobs. You're pleasant. You're also, in a way your mother can feel and can't name, not quite there. In the second you go for an hour, an hour you chose, with nothing after it that you're pretending isn't there, and you sit down and she tells you the thing about the neighbour and you listen. Same house, same mother. Different visit.

I can't cite you a study on which one she'd prefer, and I won't pretend to. But I'd ask you to notice which one you'd prefer if it were you in the chair. Nobody wants to be visited as penance. Being someone's obligation is an unpleasant thing to be, and the elderly are not bad at reading it. What the penance visit gives the parent is a body in the room and the jobs done. What it takes is the thing they were actually waiting for, which was you, present, for a while.

There's a knock-on. The penance visit doesn't cancel the guilt. You'd think it would, since that was its purpose, but the guilt on the drive home is as strong as the guilt on the drive over, because you know, at some level, that you weren't really there. So the visit gets logged as done and not as good, and the should starts again by Wednesday. Penance is like that. It's paid in a currency the debt doesn't accept.

The chosen visit, the one given whole, does something the penance visit can't. It ends. You leave, and it's finished, and the next one is a separate thing. Chapter 20 is about how to make more of your visits that kind. For now, the point is only that "at least I went" is the sentence of a visit that was made to be logged, and both of you know it.

"I can't just leave"

The doorstep is where the guilt is loudest, so it's worth a chapter.

You've been there two hours. You said you'd stay till four and it's four, and she says, oh, are you going, and something in your chest folds. You stay another twenty minutes. Then another ten. Then you leave anyway, later and more frayed, and the extra half hour has bought nothing except a worse goodbye, because now you're leaving in a hurry with the children's tea in mind.

Here's what I think is happening, and it's an interpretation. The guilt measures a visit by its ending, not by its middle. Two good hours count for nothing if the goodbye is wrong. So the visit that was fine at half past three becomes a failure at four because you're the one saying it's over, and being the one who ends it feels like being the one who left, in the large sense, the one who put her in a home, the one who didn't come. The doorstep carries the whole weight of the debt in a single moment, which is why a goodbye can feel like an abandonment.

But notice what staying does. It doesn't remove the doorstep. It moves it half an hour later and makes it worse, because now you really do have to go. Every visit has a doorstep. The only question is whether you cross it when you said you would, cleanly, or twenty minutes after, badly.

The practical answer, which chapter 20 fills out, is to name the end at the beginning. I'm here till four. Said on arrival, warmly, it turns four into a fact instead of a decision. When four comes, you're not

choosing to leave, you're doing what you said. She may still say, oh, are you going. She'll say it either way. The difference is whether you hear it as a verdict or as a mother who enjoyed the afternoon and is sorry it's over, which is a good thing for an afternoon to have been.

"My brother does nothing"

The sums. Nearly everyone caring for a parent has a sibling in the sums, and the sums are always the same. You do the most. It isn't fair. And there's a particular flavour of guilt that goes with it, which is guilt about the resentment.

Jennifer Willyard and colleagues interviewed 25 family carers in 2008 about how caring for a parent was divided among siblings, and the first finding was that it mostly wasn't divided at all. There was little negotiation. One person, usually a daughter, ended up doing it, and the arrangement arrived without anyone deciding it. The carers then made sense of the imbalance in three ways. Some saw caring as something they were personally suited to. Some excused the sibling by defining them as somehow outside the family's obligations. And some, who believed in family duty and couldn't excuse the sibling that way, went back and forth in the telling, unable to settle the story.

A separate study by Berit Ingersoll-Dayton and colleagues in 2003 used focus groups of 40 people to look at how siblings try to fix the imbalance once they've noticed it. Two routes. Ask the sibling to change. Or change how you think about it. And the finding that matters here is that both routes could make things better and both could make things worse, producing more perceived unfairness and more distress, not less.

So the sums aren't the reason for the arrangement. The arrangement came first, by default, and the sums came after, as a way of living with it. And here's the link to guilt. If the sums say

you do the most, the sums also say, in the same breath, that the most isn't enough, because you're still measuring it. The tally never comes out in your favour, even when it does. My interpretation is that a person who keeps the sums has usually never asked the sibling for anything specific, which is chapter 9, and has never decided what their own share is, which is chapter 20. The sums are what you keep when neither decision has been made.

"Asking him would start a war"

Now the ask. Most people with a sibling in the sums have never asked the sibling for anything in particular. They've dropped hints. They've mentioned Tuesday. They've said, it'd be nice if you could get over more, which is a sentence with no day, no task and no way to comply with it. Then they've counted the hint as a request and the absence of change as a refusal.

Ingersoll-Dayton's finding is worth holding onto here. Asking a sibling to change could improve fairness or could make it worse. The difference, I'd guess, and this is mine, is the shape of the ask. A general ask, do more, invites a general defence, I do what I can, and the sums are now being argued in the open, which is where they get worse. A specific ask is a different thing. Could you take the Thursday call. Could you do the hospital appointment on the twelfth, because I can't get off work. Could you sort her prescriptions, all of it, from now on, so I don't think about it. A specific ask can be answered yes, and a yes is a fact that goes into a different column from the one the sums use.

There's a second reason the war doesn't come. Willyard's carers made sense of non-helping siblings partly by deciding they were outside the family's obligations. Some siblings have quietly accepted that definition of themselves. They think the role is taken, that they'd be interfering, that you've got it. An unhelpful sibling is sometimes a sibling who was never handed anything and took that as instruction. A specific ask hands them something.

None of this guarantees a yes. Some siblings will say no, and chapter 24 is about that. But you don't know which kind yours is until you've asked for a particular thing on a particular day. The hint isn't an ask, and a sibling who hasn't been asked hasn't refused. Chapter 21 gives the conversation a shape.

"Getting help in means giving up on them"

The leaflet in the drawer. The day centre, the sitting service, the carer who'd come in for an hour on weekday mornings. You've looked at all of them and not rung, and the reason isn't money or logistics. It's that ringing feels like the first step down a road that ends in a home, and being the one who took that step feels like the abandonment the whole debt has been warning you about.

Two things to set against that. The first is a finding. Brenda Spillman and Sharon Long looked at what predicts an older person entering a nursing home, using a large American survey with administrative records attached, and found that carer stress was a strong predictor of entry over the following two years. Physical strain and financial hardship were the main drivers of that stress. The plain reading is that what puts a parent in a home is not the day centre. It's the carer breaking. Help in is not the road to the home. It's the thing that keeps you on the road you're on.

The second is what help in is for, and the NHS puts it plainly. Respite care means taking a break from caring while the person you care for is looked after by someone else, and it exists to stop you becoming exhausted and run down. The options range from a volunteer sitting with your parent for a few hours to day centres to a paid carer visiting at home. Your local council will only fund it after an assessment, so the first step is a carer's assessment for you and a needs assessment for your parent. Chapter 22 covers both. I'll be honest that the trial evidence on respite is thin. A Cochrane review found four trials of poor quality and couldn't show a clear

effect on carers. I'm not claiming respite will fix you. I'm claiming that a morning a week when someone else does the shower is a morning you're not spending, and that the leaflet is not a betrayal.

Here's the interpretation. Penance can't accept help, because help reduces the payment, and penance needs the payment to be all yours. Chosen care can accept help easily, because it was never about paying. If ringing the day centre feels like giving up on her, that's the guilt talking, and what it's protecting is not your mother. It's its own account.

"Nobody else would do it properly"

This one is the standard again, pointed outwards. You've watched the agency carer do the breakfast and it wasn't how you'd do it. Your sister-in-law offered to take a Sunday and you said it was fine, because she doesn't know about the tablets. And underneath is a belief that your way is the way, and that anything less is a failure you'd be responsible for.

Some of it is true. You know things about your mother nobody else knows, which cup, which chair, what the sigh means. A stranger will get some of it wrong. But ask what "properly" is measuring. If it's safety, tablets on time and the cooker off, then that's a checklist, and checklists can be handed over. If it's the atmosphere, the exact way things are done, then you're measuring the carer against you, and no one will ever pass, which means you've built a test whose only purpose is to keep everyone else out.

Look at it from the chair. Your mother, most likely, does not want you to be the only person who can look after her. Being cared for by one exhausted person is not what most parents want for their children. Ask her, if she can be asked, whether she'd rather have the breakfast done slightly wrong by a cheerful woman on Tuesdays and have you on Sunday with nothing to prove, or have you do everything, tired, till you can't. Most parents, asked straight, choose the first. The ones who don't are chapter 16.

The link to guilt is this, and it's my reading. "Nobody else would do it properly" is the last defence of penance. It makes your exhaustion necessary. If you're the only one who can, then the

weight is unavoidable and the guilt about wanting to put some of it down is justified. Take the belief away and the weight becomes a choice, which is frightening for a different reason, because a choice can be made differently. Chapter 20 is about making it on purpose.

"They should be living with us"

The big decision, and the guilt's largest demand. Some readers have already done it. The spare room is now Dad's room, and the marriage is running on fumes. Others have the thought every week and fend it off, and the fending off is its own guilt.

Richard Schulz and colleagues surveyed 1,397 carers in the United States in 2012 and asked one question that turns out to matter more than most. Did you have a choice in taking on the caring role. Forty-four percent said no. And lack of choice predicted higher emotional stress, more physical strain and worse health, after allowing for how much care was being given, the relationship, the illness, and everything else they could measure. The authors called it an independent risk factor.

Read it alongside Cicirelli and Lyonette and one thing stands out. It isn't the care that wears people down. It's the care they didn't choose. A parent moved in because you couldn't see a way to say no is unchosen care in its most complete form, every day, in your kitchen, with no doorstep at all. That doesn't make it wrong. Some people choose it, deliberately, with their partner and their children in the room, and it goes well, or as well as a hard thing can. The difference isn't the arrangement. It's whether it was decided or arrived.

So the question isn't whether they should be living with you. The should is the guilt's word and it has no content. The questions are, what would it take, in hours and rooms and money and your partner's evenings, could you give that, and would you choose it if

it weren't a should. If the answer is yes, then choose it, out loud, and it becomes chosen care with all the protection that gives. If the answer is no, then no is a decision about what you can give, not a verdict on whether you love them, and the guilt that follows is chapter 25's business. What you must not do is the third thing, which is let it happen without deciding, because that's the forty-four percent, and the research says it's the group that pays most.

"This is going to make me ill"

Some readers fear the opposite of penance, which is that the care itself will break them, and that fear is also fuel for guilt, because wanting to protect your own health feels like putting yourself before them. So let me be straight about what the research says, because it's more complicated and more hopeful than the folklore.

The folklore comes from one study. Richard Schulz and Scott Beach followed 392 older spouse carers and 427 non-carers for four years in the 1990s and found that carers who reported strain had a mortality risk 63 percent higher than the non-carers, though the margin of error on that figure was wide. That finding went everywhere. What went less far was the rest of the same paper. Carers who were providing the same care without reporting strain had no raised mortality at all. It was never caring that killed. It was strain.

Since then the picture has filled in. David Roth, Lisa Fredman and William Haley reviewed the population studies in 2015 and reported that five of them had found reduced mortality and longer life for carers as a group compared with non-carers, that most carers report benefits, and that many report little or no strain. Roth's own study matched 3,503 American carers with 3,503 similar non-carers and followed them for six years. The carers died at a lower rate, 18 percent lower, and no subgroup, not even those reporting strain, showed a raised rate against their matched controls. A separate analysis of the same cohort by Martinique Perkins and colleagues found that carers reporting high strain did die at a higher rate than carers reporting none.

Hold both. Martin Pinquart and Silvia Sörensen's meta-analysis of 84 studies in 2003 found carers more depressed and stressed than non-carers, with only a small difference in physical health, and larger differences for dementia carers. So caring is hard, and strained carers do worse, and carers as a whole don't die sooner and may live longer. The variable is strain, not hours. And the earlier chapters say where the strain comes from, which is obligation, guilt, lack of choice. The fear that caring will make you ill is best read as a fear that penance will, and there I think it's right.

"I resent them, and I hate myself for it"

The resentment is the part nobody says. You're in the kitchen doing the thing you've done every week for a year and a thought comes, clear and ugly, that you wish you didn't have to, that you're forty-eight and your weekends aren't yours, that she never asked how the interview went. Then the second wave, which is worse. What kind of person thinks that about their mother.

Losada's fifth kind of guilt was guilt about having negative feelings towards other people. It's on the questionnaire because it's common. Most carers feel it. And Cicirelli's finding gives it a cause. Obligation predicts burden. Resentment is what burden feels like from the inside. If the care is running on the debt, resentment is not a character flaw showing through. It's the ordinary product of doing a great deal you didn't choose, for reasons that don't warm you, and it would appear in almost anyone under the same conditions.

That doesn't make it pleasant, and I'm not going to tell you to welcome it. I'm going to tell you what it's for. Resentment is information about the arrangement, not about you. It says, this amount, given this way, is more than I can give freely. That's a useful sentence. It tells you where chosen care would need to sit, which is somewhere below the current amount or with some of the current amount handed to someone else. The person who never feels resentment has usually either chosen their care or stopped noticing themselves, and the second is not the better state.

Notice what self-hatred does with the information. It buries it. You resent, you punish yourself for resenting, you add a visit as penance for the resentment, and the added visit raises the resentment, which raises the guilt. That's a loop, and it's the loop that ends in the carer breaking. The way out is not to stop resenting by force. It's to hear what the resentment is saying about the amount, and change the amount or the way it's given, so there's less to resent. Chapter 20 does that. An earlier book in this series, *You wouldn't say it to a friend*, is about the self-hatred half, if that's the part that's loudest.

"They'd never have put me in a home"

A particular sentence, said in the head or said by an aunt, and it carries a lot. The generation before you looked after their own, the argument goes. Gran lived with them till the end. They'd never have done what you're considering.

Some of that is true and some is a story. Brody, who spent a career studying what she called parent care, argued in 1985 that caring for ageing parents had become a normal and expected stress of family life, and that the idea of a golden past in which families cared for their old better than we do was largely a myth. People didn't live as long, so parent care lasted years rather than decades. Fewer women worked outside the home. And more of what happened behind closed doors was hidden than is now.

But suppose the sentence is true of your family. Gran did live in the back bedroom. Your mother did do it. What follows? Your mother did it in a different life. Different jobs, different distances, different lengths of illness, a different number of years between a parent's first fall and their last. And, quietly, you don't know what it cost her, because she wouldn't have said, any more than you're saying now. The generation that looked after its own is also the generation that didn't talk about what it was like.

Then ask the real question, which is not what they'd have done but what they'd want for you. Very few parents, asked plainly, say they want their child to give up their health and their marriage to keep them out of a home. What they say is that they don't want to be a burden. That sentence is usually sincere. It's also the mirror of

yours. You're both trying to owe less to the other, and neither of you is saying it, and the arrangement that results is one nobody chose. Chapter 21 is partly about saying it.

"Mum's expecting me"

Sometimes the standard has a voice, and the voice is hers. She says, on the phone, I suppose you're busy. She says, when you arrive, I thought you'd be here at two. She asks, when you leave, whether you'll be over on Wednesday, and Wednesday wasn't in the plan. Lyonette and Yardley listed the older person's expectation of care among the extrinsic reasons to care, alongside guilt and fear of disapproval, and the extrinsic reasons were what predicted carer stress.

I want to be careful here, because there are two different mothers who say these things. One is a mother who is frightened and lonely and has no other way to say it. When she says, I suppose you're busy, she means, I miss you, and a plain answer, I am busy this week, and I'll be there Sunday at two till four, meets it. Naming what you'll give, warmly, is not coldness. It's the first kind thing a frightened person can hold onto, because it's a fact.

The other mother is one who has always run the family on guilt, and is running it now, and for her the expectation is a lever she's pulled for fifty years. That mother exists, and if she's yours you'll know, and chapter 24 says more. The point here is the same for both. The expectation is hers. Meeting it is your choice, and when you meet it by penance, you give her a resentful visitor who watches the clock, and she can tell, and she pulls the lever harder, because the visit didn't feel like enough to her either. Two people, each trying to get something the other can't give under obligation.

There's a version of the visit where the expectation loses its power without anyone being hurt, and it's the version where the amount is decided in advance and said out loud. Sunday, two till four, and a call on Wednesday evening. Said and kept. An expectation can only bite when the amount is undecided, because then every visit is a negotiation. Once the amount is a fact, I suppose you're busy is just a sentence a lonely person says, and you can answer it kindly, and go on Sunday, and leave at four.

"There isn't much time left"

The finiteness is real and I'm not going to pretend it away. There will be a last visit, and you won't know it was the last when it happens, and the guilt uses that hard fact as its strongest argument. Every Sunday you didn't go is a Sunday you'll never get back.

But look at what the argument does to the visits it produces. It makes each one a payment against a total you can't know, so none of them can ever be enough, and it puts the ending of the parent inside every ordinary afternoon, so you're never with her, you're with the idea of losing her. Penance under a deadline is the most exhausting form of penance, and the least present, and the least likely to produce the visits you'd actually want to remember.

Here's the alternative reading, and it's mine. The time being finite is the reason to give it whole, not the reason to give it all. If there are a hundred afternoons left, and you can't know that, then a hundred afternoons where you were there, unhurried, for an hour you chose, are worth more than three hundred where you were watching the cooker clock and hating yourself. The number of afternoons is not the thing you'll keep. The afternoons are.

And the last visit, when it comes, will not be the one that clears the debt. No visit can. The last visit will be a visit, like the others, and what you'll have afterwards is not a total but the visits themselves, the ones where you were there. That's what "there isn't much time left" is actually telling you, if you take the guilt out of it. Not go more. Go properly, and stop measuring.

What penance costs you

Add it up, since the guilt never does.

Your health, in the specific sense chapter 13 gave. Not hours, strain. Pinquart and Sörensen's 84 studies put carers well above non-carers on depression and stress, and the chapters before this one say where the strain comes from. Guilt predicting burden over and above the actual load, in Gonyea's daughters. Obligation predicting burden where attachment didn't, in Cicirelli's. Lack of choice predicting stress and physical strain after everything else was allowed for, in Schulz's 1,397. Every one of those is the penance component, separable from the care, and every one is a cost you're paying on top of the care.

Your marriage, if you have one. A partner watching you leave every Sunday tired and come back angry, for a year, is a partner who has stopped saying anything, which is not the same as a partner who is fine. Your children, who are getting the version of you that's left over after the visit and the drive, and who are learning, from watching, what caring for a parent looks like. They'll do it to you one day the way they saw you do it.

Your work, in the missed hours and the mornings at the hospital and the concentration that isn't there. Your money, which chapter 22 touches, since there's help available that penance won't claim because claiming it feels like admitting it's a burden.

And the visits themselves. This is the cost the guilt hides best. Penance is spending the afternoons, the finite ones from chapter 17, on visits that don't count as visits even to you. The one thing the debt was supposed to buy, time with your mother while there's time, is the thing penance most reliably ruins.

There's one more thing on the other side of the sheet, and it's worth knowing. Stephanie Brown and colleagues followed older married adults for five years in 2003 and found that giving practical support to friends, relatives and neighbours predicted living longer, while receiving support didn't once giving was taken into account. Care can be good for you. The study doesn't say which care. But taken with everything above, I'd read it as care that's given rather than extracted.

What it costs them

You've assumed, all along, that penance at least serves her. It doesn't, and this is the chapter I'd most like you to sit with.

The Spillman and Long finding from chapter 10 is the sharp end. Carer stress predicts the parent entering a nursing home within two years. The single outcome the guilt is most afraid of, the home, is the one that guilt-driven care makes more likely, because guilt-driven care is strained care, and strained carers break. If you want her to stay where she is, the most useful thing you can do is not break, and penance is the way people break.

Then there's the visit. She's getting a tired, clock-watching visitor who is going through the jobs and thinking about the children's tea, and she can feel it, and she doesn't know what she did. Some parents respond with gratitude that has an edge of apology in it, which is its own sadness. Some respond by pulling harder, chapter 16, because the visit didn't satisfy them either. Either way, what she wanted was you, and she's getting your obligation, and those are different things to sit in a room with.

And there's her own guilt, which the arrangement feeds. Most parents know what they're costing. I don't want to be a burden is a sentence you've heard. Penance confirms that she is one, because penance is visibly effortful, and effort is what a burden causes. Chosen care, given in a named amount without complaint, tells her something else, which is that this is what you decided to give and you're glad to. That is a thing a parent can accept without shame. Obligation isn't.

So the account, honestly kept, reads like this. Penance costs you your health, your evenings and the visits themselves. It costs her a present child, a share of her dignity, and a higher chance of the outcome you both dread. Nobody is being served by the guilt. The guilt is serving itself. That's the reason to take the engine out and replace it, and the next four chapters are how.

Chosen care

The method is short, and it starts with a decision you've been avoiding because making it feels like setting a limit on love. It isn't. It's setting a limit on penance.

Decide the amount. Sit down, on your own first and then with your partner if you have one, and write what you can give freely. Not what a good daughter would give. Not what you gave last month at the cost of everything else. What you could give every week for two years without resenting it. For most people that's a specific visit on a specific day with a start and an end, a specific number of calls, and a short list of jobs that are yours. Sunday, two till four. Wednesday evening on the phone. The prescriptions and the hospital letters. Write it down, because a number in your head drifts upward under guilt and a number on paper doesn't.

Say it. To her, warmly, as a fact. I'll be over Sundays from two till four, and I'll ring on Wednesdays. That's what a frightened person can hold, chapter 16. Say it to your siblings too, chapter 21, and to your partner, who's been waiting to hear that there's an amount.

Give it whole. When you're there, be there. No cooker clock, because four o'clock is already decided and doesn't need watching. No calculation about when to leave, because that's settled. If the afternoon is good, it's good. If she's difficult, it's two hours, and two hours has an end. At four, the doorstep, chapter 7. I'm off now, Mum, see you Wednesday on the phone. Then go.

Stop paying twice. This is the part that takes practice. When the should arrives on Thursday, and it will, you answer it with the amount. I'm giving Sunday and Wednesday, and that's decided, and Thursday is mine. The guilt will say it isn't enough. You've already answered that in chapters 5 and 18. It was never going to say anything else, and the amount is not up for renegotiation by a feeling.

Then watch what happens over a month. Most people who do this, and this is my expectation and not a finding, give about the same amount they were giving before, or slightly less, and find that the visits are better, that she's calmer, that the drive home has no second guilt in it, and that Thursday is a day again. The amount can be raised later, on purpose, if you find you want to. Raised, not drifted. That's the whole difference.

The sums, done out loud

The sibling conversation. One of them, planned, not the hints.

Pick a time that isn't a crisis. Not at the hospital, not at Christmas. Ring, or sit down, and say what you're doing, in the amounts from chapter 20, and say what needs doing that you're not doing. Then ask for something specific. Not could you do more. Could you take the Wednesday call, so it's yours and not mine. Could you do the appointment on the fourteenth. Could you manage her money from now on, the direct debits and the bills, all of it. A thing with a day and an edge, that can be answered yes.

Ingersoll-Dayton's warning is that asking can make things worse, and it can, and the version that makes things worse is the one that leads with the sums. If the first sentence is, I do everything and you do nothing, the reply is a defence, and now you're two people arguing about a tally that only one of you has been keeping. If the first sentence is, here's what I'm giving and here's what's not covered, could you take this piece, the tally never comes up. You've replaced the sums with a list.

Then accept the answer, whichever it is. If it's yes, hand the piece over completely, and don't check it, chapter 11. A sibling who's been given the Wednesday call and finds you rang on Wednesday anyway will stop. If it's no, or a vague yes that turns out to be no, then you know something, and what you know changes the amount, not the guilt. Your amount was decided from what you

could give freely. His no doesn't raise it. It leaves a gap, and the gap is filled by help in, chapter 22, or it stays a gap, and a gap is not your failure. It's his answer.

One more thing, and it's the hardest. Uneven is allowed. Willyard's carers who couldn't make sense of an unhelpful sibling were the ones with the strongest sense of family duty, and they suffered most in the telling. If you need it to be fair, you'll be doing the sums till she dies and after. If you can hold that you're giving what you chose, and he's giving what he chose, and those are different, then the sums stop, and the fairness you lose is worth less than the tally you put down. That's my view. Some readers will find it too hard, and for them chapter 24 has a paragraph.

Help in

The leaflet, rung. Here is what exists in England as of this writing, and what it's for.

A carer's assessment. Anyone over eighteen who looks after someone regularly because they're ill, older or disabled can ask for one, and it's free. You contact adult social services at your local council. Someone asks how you're coping, how the caring affects your health, your work, your free time and your relationships, and the assessment can lead to things like someone taking over so you can have a break, help with housework, training in lifting safely, a local support group, and advice about benefits. Ask for it alongside a needs assessment for your parent, which the council also does, and which is the gate to funded respite. Age UK's advice line is on 0800 678 1602, and Carers UK's helpline is on 0808 808 7777, weekdays, and both will walk you through it.

Respite. The NHS lists day centres, paid carers visiting at home, short stays in a care home, sitting services and respite holidays. The council funds it after assessment. A day centre one day a week gives your parent company and activities and gives you a day. A sitting service gives you an afternoon. A short stay gives you a holiday you haven't had. I said in chapter 10 that the trial evidence on respite is weak, and it is, and I'm not selling it as a cure. It's a day. Take the day.

Money. Carer's Allowance, at the time of writing, is 86 pounds 45 a week if you care for someone at least 35 hours a week and they receive certain benefits, and it comes with National Insurance

credits and may unlock other support. Not everyone reading this will qualify, and it interacts with other benefits, so check on GOV.UK. I mention it because penance won't claim it. Claiming money for caring feels like admitting the care is work, and it is work, and the guilt would rather you did it unpaid so it stays a debt.

None of these is the road to the home, chapter 10. All of them are the road away from the carer breaking, which is the thing that puts people in homes. If ringing feels like a betrayal, ring anyway, and notice in a month whether she's been betrayed or whether she has a Tuesday she looks forward to and a daughter who's still standing.

The decision

Here's the rule, in one sentence. I decide what I give, I say it, I give it whole, and I don't pay for it twice with guilt.

It has four parts and each one has a chapter. Deciding is chapter 20, the amount written down, a visit with a start and an end, a call, a list of jobs. Saying is chapters 16 and 21, to her as a fact and to your siblings as a list with a specific ask attached. Giving it whole is chapters 6 and 7, present in the room because the ending is already settled. Not paying twice is chapters 4 and 5, the should on Thursday answered with the amount and not with a visit.

Three plans, for the three moments the guilt is strongest. There's decent evidence that a plan of the form when this, then that, made in advance, makes the that far more likely to happen than a general intention does.

When she says, oh, are you going, at four, then I say, see you Wednesday on the phone, Mum, and I go.

When the should arrives midweek, then I say to myself, Sunday and Wednesday are decided, and I do the thing I was doing.

When I catch myself doing the sums about my brother, then I ask myself whether I've asked him for a specific thing, and if I haven't, I write down the thing and the day I'll ask.

What to expect. The first Sunday with a named end will feel cold, and it isn't, and she'll adjust faster than you will. The first Thursday you don't add a visit will feel like a failure, and by the third it will

feel like a Thursday. The sibling conversation will go worse in your head than in the room, usually. The guilt will not vanish. It'll turn up on schedule for a while, and you'll answer it, and it'll come a little quieter each time, because it's a feeling that was being fed and isn't now. And the visits, I'd expect, will get better, because you'll be in them.

That's the decision. Not to care less. To care on purpose.

Dementia, distance, the parent who was cruel, the sibling who won't, and when it's more than guilt

Dementia. Everything in chapters 3 to 19 applies, and some of it applies harder. Pinquart and Sörensen found the biggest gaps between carers and non-carers in dementia care, and Losada's questionnaire was built on dementia carers. The specific adjustments are these. The doorstep, chapter 7, may need to be handled differently, because a parent with dementia may not hold the plan you told them, and the named end is for you, not for her. Say it anyway, and go at four, and if she's distressed at the leaving, the distress is the illness and not a verdict, and a carer arriving as you leave can help. The expectation, chapter 16, may come in forms that aren't hers, accusations, repeated questions, a conviction that you haven't been for weeks when you came yesterday. None of it is about you. Dementia UK runs a helpline staffed by specialist nurses on 0800 888 6678, and a carer's assessment is more important, not less.

Distance. If you live three hours away and your sister lives round the corner, the sums run the other way and so does the guilt. The amount, chapter 20, is still yours to decide. It may be a weekend a month and a call every evening and all of the admin, which can be done from anywhere. Say it. Distance is not a lesser share. It's a different one.

The parent who was cruel. If your mother or father hurt you, then the guilt you feel about not caring for them now is not the guilt this book is about. It's older, and it was put there by them, and the debt it claims is not one you owe. You're allowed to decide the amount is

small, or nothing, or practical help arranged through the council with no visits. That isn't revenge and it isn't failure. If the guilt is large and old and doesn't move, a counsellor is the right place, and NHS talking therapies take self-referrals for exactly this kind of long difficult feeling.

The sibling who won't. You've asked, specifically, twice, and the answer is no, or a yes that never happens. Then the gap is real and it's his. Fill it with help in, chapter 22, and put the sums down, chapter 21, and if you can't put them down, a single honest sentence to him, once, that you're disappointed, and then no more. The tally you keep after that is only costing you.

When it's more than guilt. If the feeling has gone flat, if you've stopped enjoying anything, if you're not sleeping, if you've thought you'd be better off out of it, that's not caring and it's not guilt. The NHS says persistent low mood for two weeks or more is a reason to see a GP, and a GP is also the person to tell that you're a carer, because that changes what help is offered. You can refer yourself to NHS talking therapies for low mood and anxiety without a GP. If you've had thoughts of ending your life, ring 111 or the Samaritans on 116 123, today. A carer who's ill is not a bad child. They're a person who needs looking after too, and the debt doesn't say otherwise.

When the guilt came back

It will. A bad week, a fall, a hospital stay, a sibling remark, and the amount goes out of the window and you're doing everything again, and the should is running the visits, and you notice on the drive home that the second guilt is back.

The first thing to know is that a fortnight of penance doesn't undo the decision. The decision was a sentence, chapter 23, and a sentence can be said again. A crisis needs more care, and more care given on purpose for a crisis is chosen care. Going every day during the hospital stay is not a lapse. Still going every day a month after she's home, without having decided to, is drift, and the fix for drift is to sit down and write the amount again.

The second is what to do with the guilt about the lapse itself. You'll feel it, because you always did, and there's a temptation to make it up with a penance visit, which is the loop from chapter 14. Don't. Gonyea's daughters were told by their own researchers that the standards need revising, not meeting. The way back is not another visit. It's the amount, said out loud, this Sunday.

The third is to ask which belief let the guilt back in. It's usually one of the chapters. Nobody else could do it properly during the crisis, chapter 11, and now you can't hand it back. She's expecting it now, chapter 16, because a month of daily visits reset her expectation and you didn't say the amount when things settled. Your brother did nothing again, chapter 8, and the sums came back with him. Find the belief, reread the chapter, and say the amount.

And be plain with yourself that some lapses are a sign the amount was wrong. If you keep drifting up, maybe you want to give more, and you can, on purpose. If you keep drifting into resentment, the amount was too high, or the help in hasn't happened. The lapse is information, chapter 14 again. It isn't proof that you're the daughter who couldn't keep it up. It's a message about the arrangement, and arrangements can be changed.

Sunday, half past two, again

It's Sunday. You said two till four, and it's two, because you said it, and saying it made it a fact instead of a hope. There's no fizz in the car. The drive is a drive.

You fix the television, which is broken in a new way. You look in the fridge. She tells you the thing about the neighbour and you listen, because there's nothing after four that you're pretending isn't there, and the afternoon is just an afternoon with your mother in it, which is what it was always supposed to be. At half past three you don't look at the cooker, because four is already decided. At four you say, I'm off now, Mum, I'll ring Wednesday. She says, oh, are you going. You say, I am, and you kiss her, and you go.

On the drive home your shoulders come down. You notice, and nothing follows it. The visit ended and it's over and it was good. Wednesday you'll ring. Thursday is yours. Your brother has the appointment on the fourteenth, and if he doesn't do it you'll know something, and the something will be about him. On Tuesdays a woman called Pat does the shower and your mother has decided she likes her.

None of this is caring less. It's the same two hours. What's gone is the debt collector, who was never keeping the account, and the penance, which was never being accepted, and the standard, which was never going to be met. What's left is you and her and a Sunday afternoon, for as many of them as there are.

One action. Before the next visit, write down the amount. The day, the start, the end, the call, the jobs. Then say it to her, warmly, at the start of the visit. Then, at the end, go.

Notes

These notes give the sources behind each chapter and say where the chapter goes beyond them. This book is not medical or legal advice. If you're a carer and you're struggling, contact your GP, ask your council for a carer's assessment, or ring Carers UK on 0808 808 7777 or Age UK on 0800 678 1602. Benefit figures and service details are as published in England in September 2026 and change. The mother, the Sunday visit, the brother, the sister who rings on Wednesdays, the leaflet in the drawer, the appointment on the fourteenth and Pat who does the shower are invented examples and not case studies. All research below was checked from published abstracts unless stated, and none of the papers has a retraction or correction notice on PubMed or Crossref.

Preface. NHS guidance on depression in adults, which says to see a GP if you think you may be depressed and describes persistent low mood lasting weeks rather than days. NHS talking therapies accept self-referral for low mood and anxiety for adults registered with a GP.

Chapter 3. Cicirelli, "Attachment and obligation as daughters' motives for caregiving behavior and subsequent effect on subjective burden", *Psychology and Aging* 8, 1993, pages 144 to 155. A path analysis of 78 daughters caring for elderly mothers. Lyonette and Yardley, "The influence on carer wellbeing of motivations to care for older people and the relationship with the care recipient", *Ageing and Society* 23, 2003, pages 487 to 506. 204 working female carers. The debt collector image and the claim that guilt is what obligation feels like are mine.

Chapter 4. Cicirelli as above. Gonyea, Paris and de Saxe Zerden, "Adult daughters and aging mothers: the role of guilt in the experience of caregiver burden", *Aging and Mental Health* 12, 2008, pages 559 to 567. 66 midlife daughters, hierarchical regression, guilt explained burden beyond contextual and stressor variables. The inference that guilt doesn't add visits is mine, from the two studies together, and neither study measured the number of visits directly.

Chapter 5. Losada, Márquez-González, Peñacoba and Romero-Moreno, "Development and validation of the Caregiver Guilt Questionnaire", *International Psychogeriatrics* 22, 2010, pages 650 to 660. 288 dementia carers in Spain, five factors. The claim that the standard is built to be failed is my interpretation.

Chapters 6 and 7. No sources. The two versions of the visit and the account of the doorstep are my reasoning.

Chapter 8. Willyard, Miller, Shoemaker and Addison, "Making sense of sibling responsibility for family caregiving", *Qualitative Health Research* 18, 2008, pages 1673 to 1686. 25 interviews. Ingersoll-Dayton, Neal, Ha and Hammer, "Redressing inequity in parent care among siblings", *Journal of Marriage and Family* 65, 2003, pages 201 to 212. 40 focus group participants. The claim that the sums are what you keep when neither decision has been made is mine.

Chapter 9. Ingersoll-Dayton and colleagues, and Willyard and colleagues, as above. The distinction between the general and the specific ask is mine and wasn't tested by either study.

Chapter 10. Spillman and Long, "Does high caregiver stress predict nursing home entry?", *Inquiry* 46, 2009, pages 140 to 161. Data from the 1999 National Long Term Care Survey in the United States merged with administrative records. NHS, "Carers' breaks and respite care" and "Carer's assessments", read in September 2026. Maayan, Soares-Weiser and Lee, "Respite care for people with dementia and their carers", *Cochrane Database of Systematic Reviews* 2014, CD004396. Four trials, 753 participants, evidence rated very low quality, no significant effect on carer variables. The claim that penance can't accept help is mine.

Chapter 11. No sources. My reasoning.

Chapter 12. Schulz, Beach, Cook, Martire, Tomlinson and Monin, "Predictors and consequences of perceived lack of choice in becoming an informal caregiver", *Aging and Mental Health* 16, 2012, pages 712 to 721. National telephone survey of 1,397 carers in the United States, 44 percent reporting lack of choice.

Chapter 13. Schulz and Beach, "Caregiving as a risk factor for mortality: the Caregiver Health Effects Study", *JAMA* 282, 1999, pages 2215 to 2219. 392 carers and 427 non-carers aged 66 to 96, four-year follow-up, relative risk 1.63 for strained carers with a confidence interval that reached 1.00. Roth, Fredman and Haley, "Informal caregiving and its impact on health: a reappraisal from population-based studies", *The Gerontologist* 55, 2015, pages 309 to 319. Roth, Haley, Hovater, Perkins, Wadley and Judd, "Family caregiving and all-cause mortality: findings from a population-based propensity-matched analysis", *American Journal of Epidemiology* 178, 2013, pages 1571 to 1578. 3,503 carers matched to 3,503 non-carers, hazard ratio 0.823. Perkins and colleagues,

"Caregiving strain and all-cause mortality: evidence from the REGARDS study", Journals of Gerontology Series B 68, 2013, pages 504 to 512. 3,710 carers. Pinquart and Sörensen, "Differences between caregivers and noncaregivers in psychological health and physical health: a meta-analysis", Psychology and Aging 18, 2003, pages 250 to 267. 84 articles. The reading that strain comes from obligation, guilt and lack of choice is mine, from the earlier chapters, and the mortality studies didn't measure those.

Chapter 14. Losada and colleagues, and Cicirelli, as above. The claim that resentment is information about the arrangement is mine. The earlier book on self-criticism is You wouldn't say it to a friend.

Chapter 15. Brody, "Parent care as a normative family stress", The Gerontologist 25, 1985, pages 19 to 29. Confirmed as a published record only, and the summary of its argument is from the title and from later citations of it, not from the abstract, which wasn't available. The claims about the previous generation not talking are mine.

Chapter 16. Lyonette and Yardley as above. The two mothers are my distinction.

Chapter 17. No sources. My reasoning.

Chapter 18. Pinquart and Sörensen, Gonyea and colleagues, Cicirelli, and Schulz and colleagues 2012, as above. Brown, Nesse, Vinokur and Smith, "Providing social support may be more beneficial than receiving it: results from a prospective study of mortality", Psychological Science 14, 2003, pages 320 to 327. Older

married adults in the Changing Lives of Older Couples sample, five years. The study doesn't distinguish chosen from obligated giving, and that reading is mine.

Chapter 19. Spillman and Long as above. The rest is my reasoning.

Chapter 20. No sources. What to expect is my expectation and not a finding.

Chapter 21. Ingersoll-Dayton and colleagues, and Willyard and colleagues, as above.

Chapter 22. NHS, "Carer's assessments" and "Carers' breaks and respite care". GOV.UK, "Carer's Allowance", read in September 2026, giving 86 pounds 45 a week for at least 35 hours of care where the person cared for gets certain benefits, and noting that Scotland uses Carer Support Payment instead. Age UK advice line and Carers UK helpline numbers from their websites, read the same month. Maayan and colleagues as above.

Chapter 23. Gollwitzer and Sheeran, "Implementation intentions and goal achievement: a meta-analysis of effects and processes", *Advances in Experimental Social Psychology* 38, 2006, pages 69 to 119. The rule hasn't been tested as a package.

Chapter 24. Pinquart and Sörensen, and Losada and colleagues, as above. NHS depression and talking therapies pages as in the preface. Samaritans 116 123. No claim is made about the effectiveness of any helpline or service.

Chapter 25. Gonyea and colleagues as above.

Looked up and not used. Stein and colleagues, "Because they're my parents", *Journal of Marriage and the Family* 60, 1998, confirmed as a record with no abstract available, not cited. Quinn, Clare and Woods, "The impact of motivations and meanings on the wellbeing of caregivers of people with dementia: a systematic review", *International Psychogeriatrics* 22, 2010, pages 43 to 55, which found that motivations to care and meaning found in caring both bear on carer wellbeing, consistent with chapter 3 but based on four and six studies respectively, so not leaned on. Gallego-Alberto and colleagues 2021, a pilot of a guilt intervention with four carers, too small to cite.