The stages of caring

There is a theory that people with caring responsibilities go through stages of caring. Of course we’re all different and this won’t apply to everyone. Much depends on the way caring happens.
For many, caring is something that happens slowly and gradually but for others caring comes suddenly, for example as the result of an accident or stroke. Some may move through the stages but some people may never get over a particular stage. Remember this is just a guide but it may be useful and you may recognise some of these traits in your own situation.

1. Shock stage

When caring first starts, there is often a period of initial shock and demands can be high. This stage is characterised by the realisation that life will never be the same as it was. Ironically people often function very well at this stage. Some people cope well in a crisis and will throw themselves into whatever needs to be done. People also find that in the early days support and help from relatives and friends is forthcoming.

Nevertheless stress levels are high. Fear, sorrow, shock, anger, loss and anxiety are just some of the normal emotions experienced by carers during this stage. Without support and guidance, carers can feel like they are left out in the wilderness, and that can be very isolating. There is also a danger at this stage that people make huge life-changing decisions - giving up their job or moving house. It is important that carers are supported through this stage and any decisions are properly informed by all the facts. If caring starts very gradually such as caring for someone with dementia you can miss this stage altogether and it can be some time before you notice how caring affects your life.

2. Reality stage

This stage is marked by feelings of anger, guilt, resentment and loneliness. Help from family and friends is likely to slip away as caring begins to affect their social and personal lives and a sense of normality returns. During this stage the carer makes adjustments and incorporates the caring role into their life and gradually learns to live with it. A routine is established and life goes on. Carers may even refuse offers of help at this stage. Carers are seen by others as being ‘marvellous’ and ‘aren’t they coping well’. The truth is often very different.

Carers are vulnerable to anxiety, stress and depression during this period especially as they can gradually experience a loss of their sense of self. Careers, hobbies and social life that previously defined them can all be put on hold. Disability or illness may have led to significant changes to the relationship between the carer and the person they are caring for. Other relationships may be under strain. Caring can dominate life to the extent that some people don’t feel like their old self anymore. The carer’s own needs can be suppressed as all of their attention and effort is placed onto the person they care for. There is a danger here that unhealthy and unsustainable routines and behaviour becomes fixed and carers take on too much.

3. Acceptance stage

There comes a point where the carer realises that their position will not change unless they take charge. At this stage carers may reach out and seek external help in a bid to realise their own needs. However they may be so wrapped up in the role of carer that it’s hard for them to know where to start with identifying their own needs.

During this stage the carer is seeking to take control rather than accept what is going on. There can be a change in mindset as well as changes in attitude towards the person they are caring for. They also develop knowledge and skills to be able to handle and view their situation differently and reflectively. During this stage they have developed a level of skill and expertise and familiar coping routines.

This is generally a positive stage but even so some caring relationships may still have a certain co-dependence that might not be healthy. The realisation of their skills and expertise can lead some to feel they are irreplaceable and that no one else can do the care adequately. This ‘over-caring’ can make it hard for them to accept help. It’s also possible at this stage that carers may come to resent the way caring has taken over their life.

4. Life after caring

The final stage represents the end of the active caring role, although it does not represent the end of the impact of caring. Many carers report feelings of guilt, loss, grief, anger, sadness and love but the impact here will depend on why the caring role is over.

Moving on: the person they care for moves out and achieves independence. This is most likely for parents of disabled children. It can be a happy time and cause for celebration but also with some mixed feelings.

Residential or Nursing care: the person they care for goes into a home. This is common with caring for elderly parents or people with a terminal illness. This can be confusing for many carers who feel both relief that the caring is over and guilt that they couldn’t do more.

Bereavement: the person they care for has died. Bereavement is one of the most difficult things we can face. If your entire life has been focused around caring for someone then bereavement can hit even harder.

Carers face new challenges such as getting back into work or finding a new purpose in life. Putting your life back together after caring is not easy and everyone needs some emotional support and assistance in coming to terms with it.