

Three Siblings, One Aging Mother, and the Hidden Transfer of Care

Full relationship audit | Tier 2 | Synthetic U.S. demonstration case

Decision on the table: How can Evelyn remain at home, if safely feasible, without making Sarah the permanent shock absorber for the family care system?

Snapshot. Evelyn, 79, strongly prefers to remain in her home. Sarah lives 10 minutes away and currently provides about 18 hours of weekly hands-on and coordination support while reducing her own work hours. Michael lives two hours away and contributes \$800 per month but little routine in-person care. Leah lives across the country and provides daily emotional contact but little practical labor. These facts are synthetic assumptions for demonstration, not verified reports.

Headline finding. The clearest suffering mechanism is the family's current load architecture: proximity converts Sarah into the default responder, while money, emotional support, and physical care are treated as though they were directly interchangeable. A lower-suffering design should preserve Evelyn's voice while making care needs explicit, distributing task ownership by capacity, and adding external support where family capacity is insufficient.

Stakeholder	Main stressor	Likely suffering	Main floor/risk
Evelyn	Threat of losing home, autonomy, familiar routines	Medium overall; higher psychological/existential	Autonomy; dignity; informed choice
Sarah	18 hrs/week care + coordination + reduced paid work	High across four public domains	Burnout/neglect risk; financial and relational load
Michael	Distance; guilt; fairness dispute; money role	Low-Medium	Money does not erase nonfinancial labor
Leah	Distance; emotional concern; limited practical control	Low-Medium	Symbolic participation cannot replace task ownership

Least harmful viable next step: Run a 30-day reversible care-design trial after a joint needs inventory with Evelyn. Cap Sarah's default availability, assign named task portfolios, add formal respite/home support if feasible, and monitor both Evelyn's autonomy and Sarah's actual load.

Confidence: Moderate for the structural interpretation; low-to-moderate for individual grades because the case is synthetic and key facts are unknown.

1. Case Definition, Scope, and Evidence Boundaries

Synthetic assumptions, Sufferless doctrine, and external evidence are separated.

Synthetic assumptions. Evelyn is 79, lives alone, wants to remain at home, and receives roughly 18 hours per week of practical support from Sarah. Michael contributes \$800/month. Leah is geographically distant and calls frequently. No dementia diagnosis, immediate safety crisis, abuse, legal incapacity, or specific medical condition is assumed.

Unknowns that could change the audit: Evelyn's functional abilities; fall or home-safety risks; cognitive status; medication complexity; finances and insurance; Medicaid or local-program eligibility; home accessibility; Sarah's own dependents and health; Michael and Leah's constraints; cultural expectations; exact tasks inside the 18 hours; and Evelyn's comfort with paid caregivers.

Professional boundary. This report does not diagnose Evelyn, determine legal capacity, decide whether she can safely live alone, prescribe care, or provide elder-law advice. Those questions require qualified professionals and jurisdiction-specific review.

Sufferless relationship protocol. Map each person's possible suffering without mind-reading; screen for safety, power, and coercion; track transference between selves; grade each party separately; and seek repair that narrows the real stress-capacity gap rather than pressuring silent accommodation.

External evidence layer. U.S. federal sources describe caregiving as including household tasks, transportation, health-care coordination, finances, and personal care. They also emphasize shared responsibility, respite, and community supports. National Academies work documents potential employment and financial consequences of family caregiving.

Evidence source	What it supports
NIA - Caregiving / Getting Started	Caregiving scope and task types.
NIA - Sharing Caregiving Responsibilities	Local and long-distance roles; concentration on a primary caregiver.
NIA - Services for Older Adults Living at Home	Respite and home/community support options.
NIA - Talking With Older Patients	Adult decision authority; caregiver health strain.
ACL - Eldercare Locator / caregiver programs	Current pathways to local support.
National Academies - Families Caring for an Aging America	Employment and financial consequences of family caregiving.

2. Stakeholder, Power, Autonomy, and Safety Map

A loving family system can still distribute burdens asymmetrically.

Stakeholder	What they protect	Power / dependency	What could be invisibly lost
Evelyn	Home, routines, identity, independence	Depends on some support; retains adult agency under assumptions	Voice, privacy, autonomy if family decides for her
Sarah	Health, job, income, other life roles, relationship with mother	High practical responsibility; weak exit if nobody substitutes	Rest, earnings, patience, affection, sibling trust
Michael	Work/life stability; financial role	More financial capacity; less proximity; easier exit from daily demands	Closeness; fairness legitimacy if money is treated as complete substitute
Leah	Connection; concern; distant household	Low physical access; possible remote coordination capacity	Ability to convert concern into concrete ownership
Formal support	Continuity and specialized help	Depends on money, eligibility, trust, availability	Privacy, continuity, affordability

Safety screen

No coercive control, violence, stalking, captivity, severe dependency manipulation, or retaliation is assumed. If any such factor appears, the relationship audit changes mode: safety planning and professional support take priority over ordinary family negotiation.

Autonomy screen

Evelyn's wish to remain home is a major input, not a trump card over every other person's capacity. Sarah's exhaustion is a major input, not permission to override Evelyn's choices. The design problem is to preserve both protected floors.

Reverse power of proximity

The nearby sibling can become the person least able to refuse because emergencies, appointments, and small tasks naturally route to them. Proximity therefore creates a hidden dependency mechanism even without malicious intent.

Missing voices

If paid aides, neighbors, or clinicians are part of the eventual system, their workload and consent also matter. External workers are not frictionless capacity.

3. Four-Domain Suffering Map and Per-Person Grades

Grades are assumption-based explanatory estimates, never measurements and never a control score.

Person / domain	Stress	Capacity	Likely suffering	Evidence	Confidence
Evelyn - Physical	Medium	Medium	Low	Assumption-based	Low-Moderate
Evelyn - Psychological	High	Medium	Medium	Assumption-based	Low-Moderate
Evelyn - Intellectual	Low	Medium	Low	Assumption-based	Low-Moderate
Evelyn - Spiritual	High	High	Medium	Assumption-based	Low-Moderate
Sarah - Physical	High	Medium	High	Assumption-based	Moderate
Sarah - Psychological	High	Medium	High	Assumption-based	Moderate
Sarah - Intellectual	High	Medium	High	Assumption-based	Moderate
Sarah - Spiritual	High	Medium	High	Assumption-based	Moderate
Michael - Physical	Low	High	Low	Assumption-based	Low-Moderate
Michael - Psychological	Medium	Medium	Medium	Assumption-based	Low-Moderate
Michael - Intellectual	Medium	High	Low	Assumption-based	Low-Moderate
Michael - Spiritual	Medium	Medium	Medium	Assumption-based	Low-Moderate
Leah - Physical	Low	Medium	Low	Assumption-based	Low-Moderate
Leah - Psychological	Medium	Medium	Medium	Assumption-based	Low-Moderate
Leah - Intellectual	Medium	Medium	Medium	Assumption-based	Low-Moderate
Leah - Spiritual	Medium	Medium	Medium	Assumption-based	Low-Moderate

Interpretation. Sarah's profile is the most concerning because stress is high across physical labor/time, psychological resentment and vigilance, intellectual coordination load, and spiritual/existential conflict between love, duty, and self-preservation. Her capacity is not "low"; the system is repeatedly asking it to absorb more than the current design sustainably supplies.

Evelyn's different risk. An intervention can reduce caregiver burden while creating new suffering through loss of agency, identity, privacy, or home.

Anti-circularity: "Sarah is still doing it" is not evidence that the load is sustainable.

4. Grading Panels: Stress and Capacity

Public-audit domains are used consistently: physical, psychological, intellectual, spiritual.

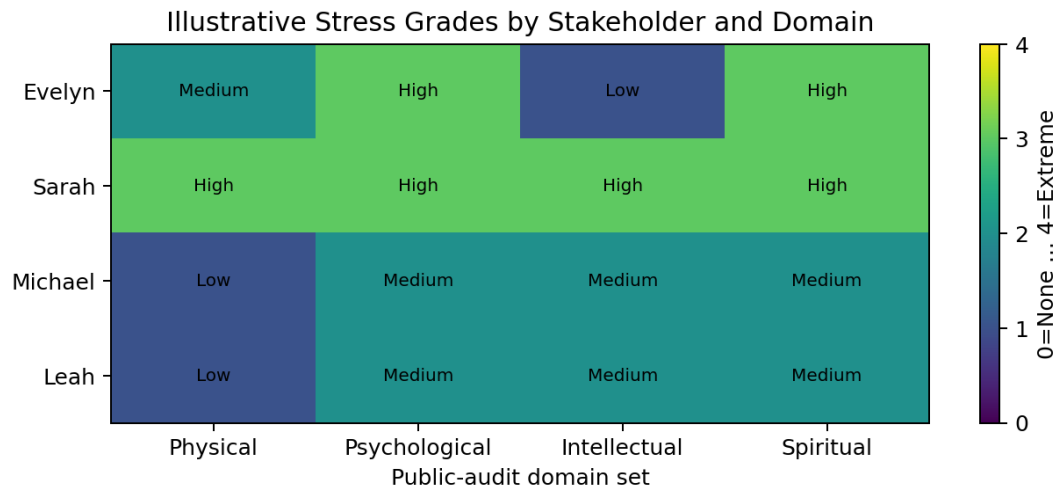


Figure 1. Assumption-based stress grades. Ordinal scale only.

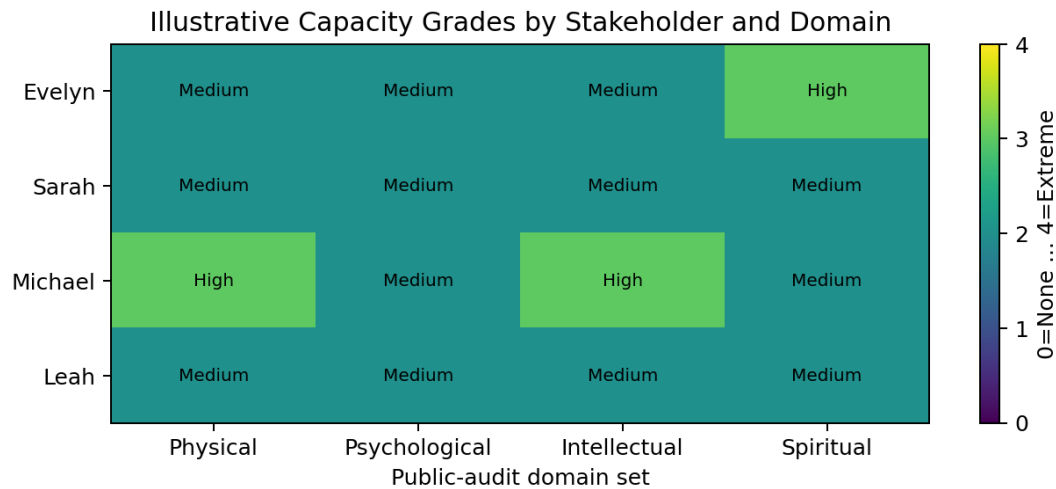


Figure 2. Assumption-based capacity grades. Higher capacity does not create unlimited obligation.

Worst-off check: Under the synthetic assumptions, Sarah has the highest sustained stress-capacity mismatch. That does not authorize overriding Evelyn's autonomy; it identifies where redesign is most urgent.

5. Likely Suffering, Gap Profile, and the Maintaining Loop

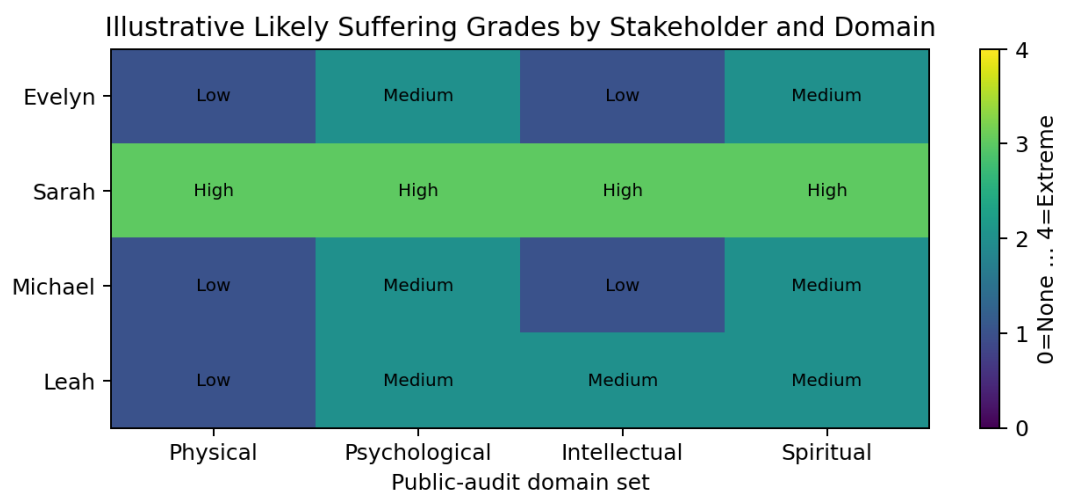


Figure 3. Likely suffering grades are provisional and per-person/per-domain.

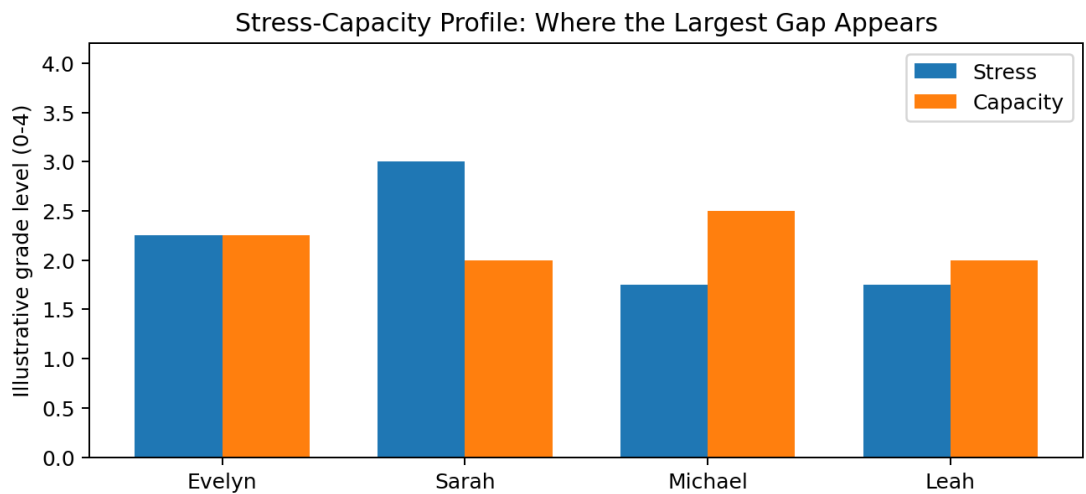


Figure 4. Average levels visualize a pattern only. They are not a family ranking or moral score.

Maintaining loop

Evelyn needs help -> Sarah is closest -> Sarah responds -> the system learns Sarah will respond -> other help stays episodic or fungible -> Sarah loses recovery and grows resentful -> siblings defend their contributions -> explicit planning is avoided -> Sarah remains default responder.

Loop type: burden-routing and ambiguity, reinforced by love, urgency, and unclear ownership rather than by proven bad intent.

6. Transference Between Selves: Time, Money, Care, and Emotional Load

The Sufferless Filter asks whether relief is genuine or merely moved to another person.

Relationship Transfer Map: Care, Money, Time, and Emotional Load

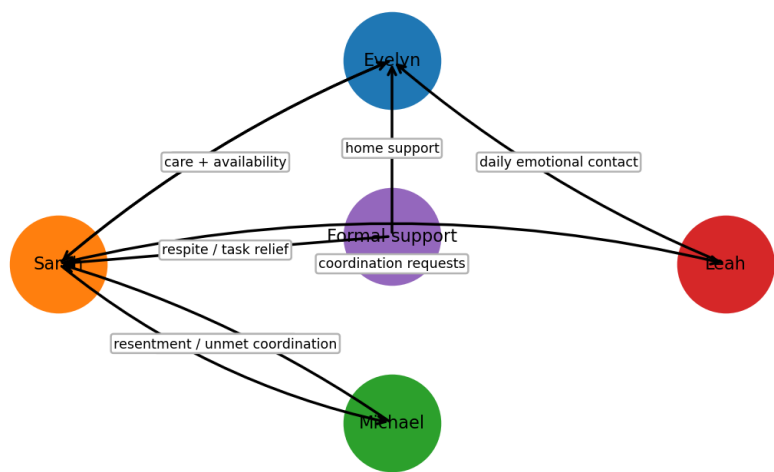


Figure 5. Directed transfer map. Arrow labels describe functions, not motives or blame.

Transfer	Classification	Why
Evelyn's daily support need -> Sarah	Flagged under status quo	Concentrated repeated load with weak exit and no explicit cap.
Michael's money -> family care capacity	Potentially acceptable	Can buy support or offset costs if agreed; does not erase nonfinancial labor.
Leah's emotional contact -> Evelyn	Potentially acceptable	May increase belonging; inadequate only if treated as substitute for practical ownership.
Sarah's resentment -> sibling conflict	Flagged feedback loop	Unresolved overload can migrate psychologically and erode trust.
Paid support -> Evelyn/Sarah	Potentially acceptable with conditions	Requires Evelyn's consent, worker protections, privacy, affordability, continuity, and quality.

Transfer gate: Moving load to a party with higher capacity can be acceptable when consent, compensation, reversibility, and protected floors are preserved. Hidden or coerced transfer is not genuine reduction.

7. Fairness Analysis: Equal Hours Is Not Equal Burden

Fairness is a design question, not a single arithmetic rule.

Fairness model	Appeal	Failure mode	Sufferless use
Equal hours	Simple and visibly symmetrical	Travel and job constraints can make one hour cost very different amounts	Useful check, not universal rule
Equal money	Easy to quantify	Vigilance, emergencies, and career disruption are not fully fungible	Supplement, not substitute
Proportional capacity	Accounts for income, distance, health, schedule	Can become subjective or excuse chronic nonparticipation	Promising if capacities are explicit and revisited
Task ownership	Clarifies who owns what end-to-end	Tasks differ in intensity; invisible coordination can remain hidden	Strong default if paired with load review
Preference-based	Uses strengths and willingness	Unpopular tasks may remain orphaned	Useful only after all required tasks are named

Preferred frame for this case: proportional capacity + task ownership. Name every recurring task and frequency. Allocate whole portfolios based on proximity, money, schedule, skill, and willingness. Any necessary unowned task becomes evidence that the family lacks enough internal capacity and needs external support - not evidence that Sarah should absorb it.

Invisible labor audit

Count scheduling, insurance calls, home-maintenance oversight, waiting time, emergency availability, grocery planning, forms, appointment preparation, transportation logistics, and emotional debriefing - not only face-to-face hours.

Blame-to-repair language

Instead of: "Michael doesn't care." **Use:** "Sarah is carrying unbounded same-day response load that Michael's current contribution does not cover."

Instead of: "Sarah is controlling." **Use:** "Evelyn needs a clearly protected decision zone while the family sets boundaries around what support each person can sustainably provide."

8. Scenario Comparison and Reversibility

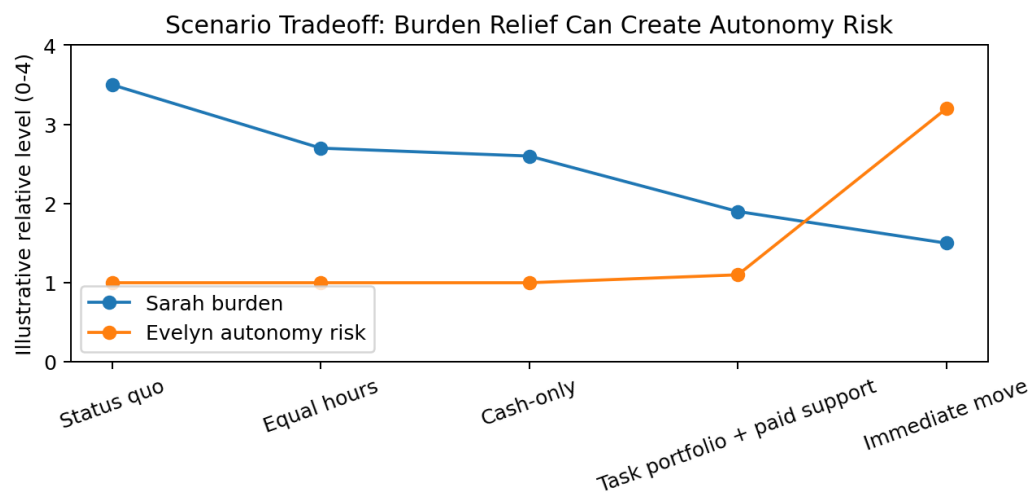


Figure 6. Directional, assumption-based tradeoff curves. No empirical effect size is claimed.

Scenario	Likely benefit	Main transfer / risk	Reversibility	Audit view
A. Status quo	No transition burden; Evelyn stays home	Sarah remains shock absorber	High	Not a stable long-term design
B. Equal sibling hours	Visible symmetry	Travel and job burdens; emergency routing remains unclear	Medium-High	Better than ambiguity, not necessarily fair
C. Cash-only rebalance	Can fund services or offset costs	May imply all care labor is fungible with money	High	Useful component, insufficient alone
D. Task portfolios + paid support	Clarifies ownership; may preserve home preference	Cost, privacy, worker quality, Evelyn consent	High	Best candidate for reversible trial under assumptions
E. Immediate move	May reduce family coordination load	Autonomy/identity cost; suitability and finances unknown	Medium-Low	Do not default without needs assessment and Evelyn's participation

Bespoke strategy: BOTH. Reduce Sarah's stress and increase family-system capacity. The strategy is not "make Sarah more resilient so she can carry more." It is to redesign routing, add slack, and make backup capacity real.

Why Scenario D leads as a trial: it is reversible, preserves Evelyn's stated goal under the synthetic assumptions, exposes hidden tasks, and allows outcome testing before any lower-reversibility living-arrangement change.

9. Repair Path: A Family Meeting That Does Not Put Anyone on Trial

The objective is shared reality, boundaries, requests, ownership, repair, and review.

Step	Action	Guardrail
1. Perspective map	Each person names what they protect and what exceeds capacity.	No motive claims or cross-examination.
2. Needs inventory	List Evelyn's support needs by task, frequency, urgency, and whether a professional should handle it.	Do not infer medical need from family frustration.
3. Evelyn's decision zone	Identify choices Evelyn controls and what information she wants shared.	Adult autonomy remains default absent lawful authority.
4. Capacity declarations	Each sibling states sustainable time, money, travel, and remote-admin capacity for 30 days.	A boundary is not a moral verdict.
5. Task portfolios	Assign end-to-end ownership: appointments, bills, groceries, home maintenance, respite scheduling.	Avoid vague 'help Sarah' assignments.
6. Formal-support gap	Anything necessary but unowned becomes a service/resource question.	Do not silently route leftovers to Sarah.
7. Repair commitments	Each sibling acknowledges one burden or rupture and one concrete repair.	Ownership without self-erasure.
8. Review date	Meet again after 30 days with actual load data and Evelyn's feedback.	Update rather than defend the first plan.

Boundary example: "I can reliably cover Tuesday appointments and one Saturday block each month. I cannot remain the default same-day responder. If a required task has no owner, we need to decide together whether to buy support, reschedule it, or determine it is nonessential."

Autonomy example: "Mom, the goal is not to decide where you live without you. We need a clearer picture of what support you want, what you can do independently, and what the rest of us can sustainably provide."

Escalation: A neutral family mediator, geriatric care manager, social worker, therapist, or other qualified professional may help depending on the unresolved issue.

10. 30-Day Reversible Micro-Trial and Action Ladder

Week	Experiment	Monitoring marker
0 - baseline	For 7 days, Sarah logs actual care/coordination minutes and after-hours interruptions. Evelyn logs which supports feel helpful versus intrusive.	Baseline hours, interruptions, autonomy feedback
1	Create a complete task inventory. Give Michael one remote-admin portfolio, Leah one coordination portfolio, and Sarah a capped local portfolio.	% recurring tasks with named owner; default calls to Sarah
1-2	Use agreed financial contributions first to cover real external support or respite where feasible.	Formal support hours; cost; Evelyn consent
2	Set an escalation tree for urgent versus nonurgent needs so Sarah is not automatically first.	Same-day unplanned contacts
3	Check Evelyn privately: Does the arrangement preserve choice and dignity? What feels intrusive or unsafe?	Autonomy and trust feedback
4	Family review: compare baseline with current load, unresolved tasks, costs, and relationship strain.	Gap change, not sentiment alone

Action ladder

1. Make all recurring tasks visible.
2. Cap default availability and distinguish urgent from nonurgent needs.
3. Redistribute whole task portfolios, not vague "help."
4. Add paid/community capacity for necessary unowned tasks.
5. Obtain a qualified needs/home-safety assessment if care needs are unclear.
6. Consider larger living-arrangement changes only if more reversible steps cannot safely close the gap.

Stop conditions: urgent safety concern; clinical tasks beyond family competence; suspected neglect or exploitation; Sarah's functioning deteriorating despite redistribution; Evelyn reporting coercion or loss of control; external support proving unsafe or unacceptable; or new evidence that home living is not feasible without substantially different care.

11. Sedation Test, Monitoring Dashboard, and Outcome Register

A quieter family is not enough. The underlying gap must actually narrow.

Sedation test question	Required interpretation
Did actual caregiving load on Sarah decrease?	Must improve for the plan to count as genuine reduction.
Did family-system capacity increase?	Yes if tasks gain reliable owners or formal support.
Did Evelyn retain or gain agency?	Must not worsen.
Did complaints decrease only because Sarah stopped asking?	If yes: suppression / sedation risk.
Did distress fall while the objective load stayed the same?	If yes: do not call the plan successful.
Did burden move to a paid worker or another sibling without consent?	If yes: hidden-transfer risk.

Monitoring dashboard

Marker	Baseline	30-day reading
Sarah care + coordination hours/week	~18 h assumed	Directionally lower, with an explicit cap
Unplanned same-day requests routed to Sarah	Unknown	Meaningfully lower
Recurring necessary tasks with named owner	Unknown	Near-complete coverage
Evelyn felt autonomy / control	Unknown	Stable or improved
Sibling conflict intensity	Tension assumed	May improve, but not sufficient alone
Unmet necessary care tasks	Unknown	No increase
External-support reliability / privacy concerns	None assumed initially	Tracked explicitly

Outcome register. Effectiveness is currently *unproven*. After 30 days, record what the audit predicted versus what happened. A reduction claim is warranted only if real load/capacity indicators improve without autonomy loss, hidden transfers, or new unmet care needs.

12. Integrity Pass: Bias, Disconfirmation, and Red-Team Concerns

Integrity check	Result
Leading hypothesis	Proximity has become an implicit assignment mechanism that overloads Sarah.
Consider the opposite	Sarah may undercount other contributions, choose tasks others could take, or overstate unique burden.
Disconfirming evidence to seek	Actual time/task log; sibling constraints; Evelyn's view; existing support; costs paid by each; frequency of true emergencies.
Source asymmetry	Do not let the most vocal sibling become the only data source.
Pre-mortem	The redesign fails because ownership remains ambiguous, paid support is unreliable, or Evelyn experiences support as intrusion.
False-balance check	Caregiver burden and adult autonomy are both real concerns; their relative weight depends on facts not yet collected.

Red-team concerns

- 1. Fairness can become coercion.** Equal-hours rules can simply redistribute suffering when siblings have different distance, work, health, and dependent-care constraints.
- 2. Aging in place can become a slogan.** Remaining at home is not automatically lower-suffering if the plan becomes unsafe, financially destructive, or impossible to sustain.
- 3. Caregiver relief can become autonomy loss.** Solving Sarah's burden through unilateral decisions for Evelyn would be transfer, not clean reduction.
- 4. Family burden can disappear into paid labor.** Formal support adds capacity only if worker conditions, continuity, and consent are not ignored.

Reflexivity: This audit could over-center Sarah because her burden is easiest to quantify. The 30-day plan therefore requires Evelyn's direct testimony and sibling-specific capacity data before any strong conclusion.

13. Evidence Appendix, Graph Manifest, Limitations, and Fine Print

Source	Use in report
National Institute on Aging - Caregiving / Getting Started With Caregiving	General caregiving scope and task types.
NIA - Sharing Caregiving Responsibilities	Team-based division; local and long-distance roles.
NIA - Services for Older Adults Living at Home	Respite, adult day, and in-home support options.
NIA - Talking With Older Patients	Decision authority; caregiver strain and 'hidden patient' framing.
Administration for Community Living - Eldercare Locator / NFCSP	Current U.S. pathways to local caregiver supports.
National Academies - Families Caring for an Aging America (2016)	Employment and financial consequences of family caregiving.
CDC - Dementia Caregiving as a Public Health Strategy (2024)	Caregiving as a large U.S. public-health issue.
Sufferless Reference Manual Part IV + active runtime files	Transference, grades, safety screen, repair, and report rules.

Graph artifact manifest

ID	Type	Evidence type	Assumptions / uncertainty	QC
REL-01	Stress grading panel	Assumption-based	Synthetic per-person/public-domain grades	Passed
REL-02	Capacity grading panel	Assumption-based	Capacity not inferred from coping	Passed
REL-03	Suffering grading panel	Assumption-based	Likely suffering, not measured	Passed
REL-04	Stress-capacity profile	Illustrative	Averages used for visualization only	Passed
REL-05	Transfer map	Illustrative	Arrows represent functions, not motives	Passed
REL-06	Scenario tradeoff	Illustrative	Directional only; no effect-size claim	Passed

Update triggers: change in Evelyn's functional or cognitive status; fall or hospitalization; new safety concern; caregiver illness; major financial change; change in consent; service availability change; or evidence that the trial worsens a protected floor.

Limitations and fine print. This Sufferless document is a structured reasoning and governance aid, not final moral authority, legal advice, medical advice, financial advice, psychological advice, emergency support, or a substitute for accountable human judgment. It depends on available information, stated assumptions, evidence quality, stakeholder representation, and moral uncertainty. Grades, dashboards, graphs, curves, and net estimates are provisional explanatory tools; they are not objective measurements and must never be used as single-score control mechanisms. No estimate overrides autonomy, consent, dignity, due process, reversibility, privacy, safety, or distributional floors. Missing facts, unrepresented people, hidden transfers, or new evidence may change conclusions. Treat this analysis as a living document: monitor outcomes, gather feedback, repair harm, and update.

External sources: nia.nih.gov/health/caregiving; nia.nih.gov/health/caregiving/sharing-caregiving-responsibilities; nia.nih.gov/health/caregiving/services-older-adults-living-home; nia.nih.gov/health/obtaining-older-patients-medical-history; acl.gov/help; acl.gov/programs/support-caregivers/national-family-caregiver-support-program; nationalacademies.org/read/23606; cdc.gov/caregiving/php/public-health-strategy/index.html