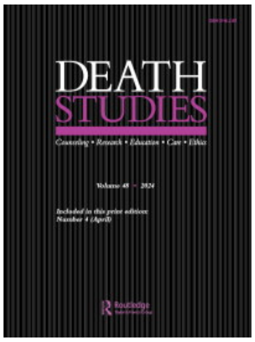

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“A little bit different now”: Impacts of caregiving for parent with cancer on psychosocial development in emerging and young adulthood

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ABSTRACT
Serving as a family caregiver for, and ultimately losing, a parent with advanced cancer in emerging and young adulthood has substantial, life phase-specific implications for psychosocial development. This qualitative study characterizes domains of psychosocial development impacted by cancer caregiving and parental death in this life phase. As part of a larger study, 33 bereaved emerging/young adult caregivers of parents who died following advanced cancer completed semi-structured interviews. A thematic analysis leveraging the constant comparative method was conducted by two coders and generated three themes, which described impacts of caregiving on: *identity, life path,* and *relational intimacy and roles.* Analyses also defined specific outcomes within these domains. Findings suggest that cancer caregiving-loss experiences can greatly influence developmental pursuits in this life phase. Findings validate a range of possible psychosocial impacts these caregivers may experience and can guide development of supportive resources for this growing subgroup of bereaved family caregivers.

When an adult is diagnosed with advanced cancer, family caregivers support them by addressing their physical, psychological, and instrumental needs (Zavagli et al., 2019). Across time, caregivers experience grief as the their care partner’s health declines, including in response to a care partner’s death (Coelho et al., 2020). Caregiving and grief adjustment are interrelated; for example, use of psychological resources to provide quality care to a family member can, in some cases, limit the availability of coping resources as the care recipient’s end-of-life approaches (Hashemi et al., 2018; Jacinto, 2010). These entwined experiences of both caring for and losing a loved one due to advanced cancer together have psychosocial ramifications for the bereaved caregiver (Robinson, 1992). Researchers have been charged with designing effective, accessible tools to support the psychological adjustment and wellbeing of life phase- and illness-specific subgroups of caregivers (Bakas & Miller, 2022). The current study characterizes the ways that caregiving for a parent who died following advanced cancer shapes psychosocial development in a relatively understudied group of caregivers: emerging and young adult cancer caregivers (EYACs). By doing so, we provide evidence toward the types of resources this subgroup of caregivers may need to support their adjustment following their caregiving-loss experiences.

While caregiving for, and ultimately experiencing the death of, a loved one with advanced cancer is impactful in any stage of life, the ramifications can be unique for emerging and young adults. As lifespans have extended and researchers have identified meaningful, culturally-informed patterns of psychosocial development, life phases have been continuously (re-)defined (Settersten et al., 2015). Developmental theory suggests that emerging and young adulthood are two overlapping life phases characterized by completion of developmental tasks deemed essential for thriving across adulthood, such as forging social networks, engaging in higher education and/or career pursuits, and determining life values (Arnett, 2007, 2013; Leebens & Williamson, 2017). These overlapping life phases are thus often combined for the purposes of studying the impact of challenging life events, such as family caregiving, on life-phase specific markers of wellbeing (Greene et al., 2017; Kastrinos et al., 2023). Successful navigation of these life phase-specific psychosocial domains is considered essential to prepare

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emerging and young adults for subsequent life phases. When challenging circumstances arise, emerging and young adults often respond with resilience, internalizing or making meaning of challenges to support psychosocial development (Burt & Paysnick, 2012; Masten et al., 2004; Schmitz & Tyler, 2019).

In some cases, however, life challenges can impede emerging and young adults' psychosocial development by, for example, disrupting their sense of meaning and, in turn, distancing them from completing essential life phase-specific tasks (Lind et al., 2022; Park, 2022). This sequence occurs particularly when challenges are unexpected or clash with life phase-specific developmental tasks. Young adults are not commonly encouraged to prepare for family caregiving roles nor given the tools to balance caregiving demands with life phase-specific pursuits, influencing their navigation of such roles when they arise (Greene et al., 2017). As such, we applied a developmental lens to openly examine the impacts of cancer caregiving and loss on developmental tasks specific to emerging and young adulthood (Pope et al., 2018). Thus far, existing research focuses on the impacts of caregiving in this life phase on identity development (Earley & Cushway, 2002; Rose & Cohen, 2010). In this study we consider all possible impacts of cancer caregiving and loss to psychosocial development.

Cancer caregiving in emerging and young adulthood

Young adults are increasingly tasked with family caregiving roles. In 2020, the National Alliance for Caregivers found that, of the 50.3 million family caregivers in the U.S., 24% are between the ages of 18–34. Typically, these caregivers provide care for their parents (AARP & National Alliance on Family Caregiving, 2020), often because the parent's functioning is dependent on support from the EYAC (Boyle, 2020). Cancer caregiving experiences vary greatly based on the life phase of the caregiver (Litzelman, 2019). This is compatible with the developmental notion that adults approach and adjust to life challenges differently depending on life phase (Diehl et al., 2014; Mroz et al., 2020). To date, cancer caregiving has largely been depicted as fostering negative psychological and health consequences for middle-aged or older adult caregivers (Girgis et al., 2013; Ochoa et al., 2020; Schulz & Sherwood, 2008; Teixeira et al., 2019), and EYACs have been described as experiencing particularly severe distress, even as compared to that of older caregivers (Greene et al., 2017; Pakenham et al., 2006).

EYACs report deep commitment to caregiving roles, but also experience unique challenges (Boyle, 2020). For example, EYACs face difficult relational changes as their parent becomes their care recipient, often just shortly after shepherding the EYAC into adulthood (Goldblatt et al., 2019). Parents with cancer also often withhold prognostic information, hoping to minimize distress for EYACs but often unintentionally heightening uncertainty and rendering both caregiving and grief adjustment more challenging (Fisher, 2010; Fisher et al., 2022; Greene et al., 2017). If the parent dies, EYACs can sometimes be overwhelmed by the daunting task of choosing memorializing practices (Mroz & Bluck, 2019) that fortify bonds with the deceased that must last for longer than they knew them in life. Despite these unique challenges, as well as existing evidence that caregiving experiences can exhaust caregivers' coping resources in the wake of their loss (Hashemi et al., 2018), the perception of having successfully navigated the caregiving role may in some cases offer comfort or satisfaction to EYACs, supporting grief adjustment (Koop & Strang, 2003). Finally, given their commitment to caregiving for their parent, EYACs likely incorporate the role of "caregiver" into their sense of identity (Montgomery & Kosloski, 2012) and are in the unique position of doing so while anticipating needing to take on additional family caregiving roles in the future as other family members develop health support needs.

Current study

The current study applied a developmental lens to explore how caregiving for, and ultimately losing, a parent to advanced cancer shapes EYACs' psychosocial development. We consider caregiving and loss as two components of a combined experience; our goal is not to isolate each of these components to understand incremental effects of each, but rather to characterize the unique perspectives of emerging and young adults who have undergone this challenging process of first caring for, and then experiencing the death of, their parent. Because little research has examined effects of the caregiving-loss experience on psychosocial development in caregivers broadly, and even more scarcely in EYACs, the primary goal of this study was to establish domains of psychosocial development that are most evidently impacted by the cancer caregiving-loss experience, with a focus on how EYACs describe positive and negative impacts within each affected psychosocial development domain.

Method

Sampling

A secondary analysis was conducted on data collected as part of a larger mixed-method study examining the experiences of EYACs caring for a parent who died of advanced cancer. Participants in this study: (1) were between the ages of 18 and 35 during their time as a caregiver, (2) self-identified as former caregivers for a parent diagnosed with advanced cancer whose illness trajectory was less than 1 year from diagnosis to death, and (3) provided informed consent before study participation. We chose this illness trajectory time parameter as an eligibility criterion to focus our recruitment on caregivers in the advanced and terminal cancer context, which involves heightened caregiving demand due to the truncation, acceleration, and intensity of the disease progression (Shilling et al., 2017). Advertisements for the study were shared over the course of three months virtually through online communities (i.e., subreddits on Reddit.com) on topics such as cancer, caregiving, grief, and young adulthood. Advertisements were also shared to potentially eligible volunteers via ResearchMatch, a U.S. national health registry with a large population of research volunteers.

Procedures

The following procedures were approved by the Institutional Review Board of a large Southeastern academic university (IRB202001910). A link to an online screening survey hosted by REDCap was embedded in the study advertisements posted in Reddit forum communities and in the recruitment message sent via ResearchMatch. Participants who completed the screening survey and met eligibility requirements were contacted by phone or email to schedule an interview. In-depth, semi-structured interviews took place through Zoom, a virtual video conferencing software, or by telephone. One author (AK) conducted all audio-recorded interviews between November 2020 and January 2021 using the Retrospective Interviewing Technique (RIT), a widely used lifespan developmental interviewing technique (Huston et al., 1981). This technique asks participants to plot on a graph significant events, or turning points, that occurred throughout a specific time period. In-depth interviews are then conducted using the participants' graphs as a guide to elicit the context and meaning of each turning point as fully as possible. The use of the RIT in this study allowed us to examine how EYACs' understanding of the psychosocial impacts of caregiving evolved over the course of their caregiving experience and into their bereavement.

The graph was used in conjunction with an interview script, developed by two authors (AK and CF), with additional questions regarding EYACs' experiences as a caregiver and in their adjustment after their parents' death. Questions relevant to this secondary analysis included "What have your relationships with your family members been like since your parent's passing?" and "Has the loss of parent affected your career plans?" Interviews ranged from 43 to 111 min ($M = 81$), and participants received $35 as compensation for completing the interview. Interviews were audio-recorded and transcribed using a professional transcription service.

Analysis

Interviews using the RIT yielded 817 pages of transcripts, with each interview spanning EYACs' caregiving experiences and bereavement in the months following their parents' deaths. Transcripts were thematically analyzed using a *constant comparative method* approach (Corbin & Strauss, 2008; Glaser & Strauss, 1967; Strauss & Corbin, 1998), which allows for iterative comparing of emergent concepts to identify patterns in the population's experiences (i.e., themes). Preliminary data exploration conducted by one author (AK) during the period of data collection ensured saturation of ideas relevant to this research question prior to formal analysis. Two authors (AK and EM) conducted the thematic analysis after immersing themselves in the data, keeping analytic memos. Using the analytical steps outlined by Strauss and Corbin (1998), they sought to: (1) identify concepts with the text and assigning them labels (i.e., codes), (2) collapse these codes into categories (i.e., themes) using the criteria for establishing thematic saturation (repetition, recurrence, and forcefulness; Owen, 1984), and (3) axial code each theme to identify properties to define each theme, ensuring a rich description (Williams & Moser, 2019). A codebook was developed and continuously revised through frequent meetings to establish and define themes and thematic properties. When possible, theme and property labels were generated *in vivo* (i.e., using participants' words) (Castleberry & Nolen, 2018)). To support study rigor, multiple verification strategies were used throughout the research process, including methodological coherence, thematic saturation, and having an additional author (KB) validate the analysis using the codebook to deductively analyze a subset of ten transcripts (Morse et al., 2002). Data were managed using a combination of Atlas.ti and NVivo 12 software.

Results

Participants were 33 emerging and young adults (M_{age} = 26.39) who had recently provided care for a father (63.63%) or mother (36.36%) who was diagnosed with, and ultimately died of, advanced cancer. Most participants described having completed some amount of college. Full demographic information for the study sample is presented in Table 1. EYACs perceived that their caregiving experiences shaped their psychosocial development across three domains: *identity, life path,* and *relational intimacy and roles.* Their perceptions of *how* caregiving changed their developmental trajectories in these domains varied, as depicted by the thematic properties described below. EYACs' narratives of lived experiences, descriptions of emotions, and reflections are presented to illustrate each theme and associated property. Quotations are identified by EYACs' relationship to the patient and age at the time of interview, both in parentheses. Themes and properties are displayed in Figure 1.

Table 1. Participant demographics.

Demographics	
Caregiver gender	
Male	13 (39.39%)
Female	19 (57.58%)
Nonbinary	1 (3.03%)
Caregiver age at diagnosis, *M(SD)*	26.39 (*4.18*)
Patient gender	
Male	21 (63.63%)
Female	12 (36.36%)
Time between parent diagnosis and study session	
1 year or less	15 (45.45%)
2–3 years	6 (18.18%)
4–5 years	12 (36.36%)
Race	
Asian	1 (3.03%)
Black/African-American	1 (3.03%)
Multiracial	3 (9.09%)
White Ethnicity	24 (72.72%)
Hispanic/ Latino	6 (18.18%)
Non Hispanic-Latino	27 (81.8%)
Education completed	
12 years or completed high school	4 (12.12%)
Some college	5 (15.15%)
College graduate	12 (36.36%)
Postgraduate	12 (36.36%)
Patient (parent) disease type	
Adenocarcinoma	1 (3.03%)
Bile duct cancer	1 (3.03%)
Brain cancer	5 (15.15%)
Breast cancer	2 (6.06%)
Esophageal cancer	2 (6.06%)
Gastric cancer	3 (9.09%)
Kidney cancer	1 (3.03%)
Lung cancer	6 (18.18%)
Lymphoma	2 (6.06%)
Neuroendocrine cancer	1 (3.03%)
Pancreatic cancer	7 (21.21%)
Rectal cancer	1 (3.03%)
Skin cancer	1 (3.03%)

Note. Four participants did not identify racial backgrounds, and only listen themselves as Hispanic/Latino. They were thus not included in the racial demographic categories listed above.

Impacts on identity development

EYACs reported several ways their caregiving experience impacted their identity development. Identity development was characterized in terms of expanding, clarifying, or modifying their sense of self, in contrast to other developments in participants' sense of their place in the world (i.e., *life path*) or relationships to others (i.e., *relational intimacy and roles*). EYACs described developing new pieces of their identity (*discovery of self*). For some, their time as caregiver led them to develop new inner strengths: "[Caregiving] gave me confidence that I think I'm a lot stronger emotionally and physically than I realized I was before because I think that a lot of people at our age haven't been through something like that yet" (daughter, 33). EYACs described constructive impacts on this psychosocial domain, which manifested as description of personal improvement or growth that they perceived was a result of their caregiving experience. EYACs explained that their distress about their parent's illness and their role as caregiver caused them to build their coping skills and develop strategies for managing distress that may ultimately better prepare them for future distressing life events. This EYAC explained:

> I wish I had the coping mechanisms I have now. … [This was] my first real experience with depression and death, and I had nothing. … I had to talk to somebody to learn how to handle this stuff and how to process it. Because if you haven't been through it, it's not something you're just going to know how to do. (daughter, 23)

EYACs also reported experiencing a *reinforcement of self,* where caregiving experiences honed or reified preexisting positive identity qualities. EYACs explained that caregiving allowed them to rediscover or fortify self-qualities in ways that might not have occurred otherwise: "I think I almost reverted back to my natural self" (daughter, 33). EYACs also felt caregiving brought their core values further into focus and motivated their commitment to those values, as this EYAC described: "I think starting that year, starting with his death, I don't want to put up with as much bullshit really. I want to make sure to be doing things that I actually enjoy" (daughter, 29).

At times, EYACs described experiencing a negative identity outcome, *discontinuity of self,* where caregiving experiences obscured their sense of self or their core

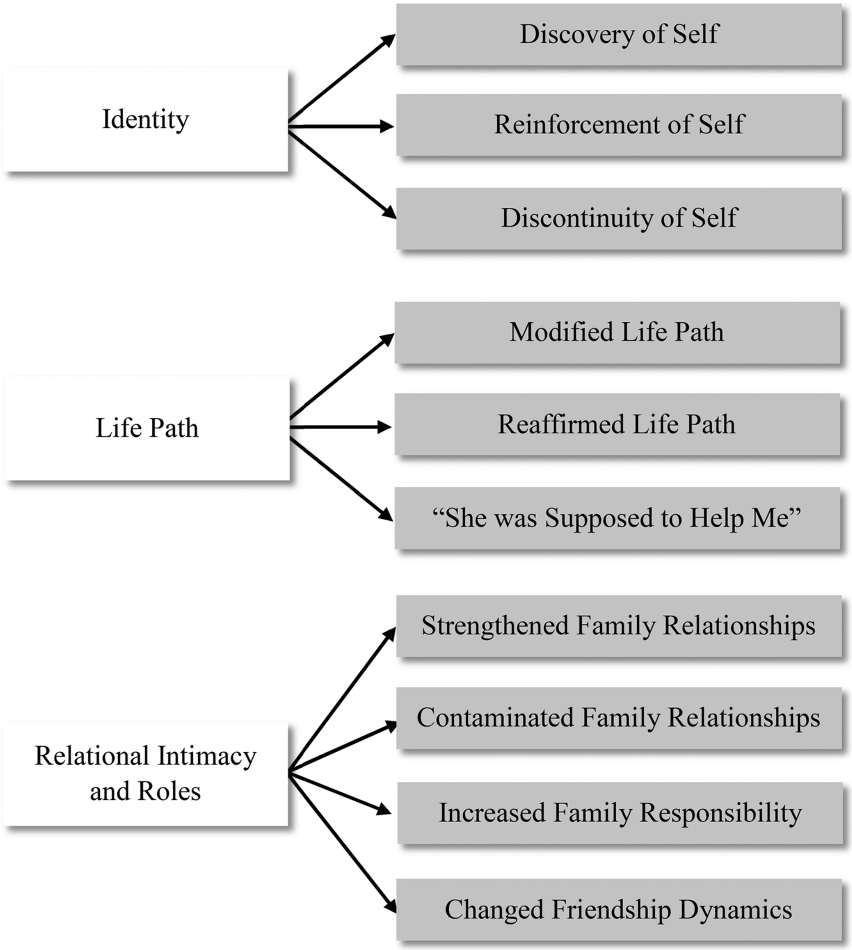

Figure 1. Themes and associated properties.

values. For example, this EYAC described a deterioration in his religious commitment following his mother's death:

> I think I did kind of close off for a while, especially in the aftermath of that, and kind of closed myself off emotionally. … I didn't go to church. I was pretty good about going to church before that, that religion is something that's important to me. And I know other than like Christmas and Easter I didn't go to church for a little over a year. (son, 3)

This negative identity trajectory, which often began during caregiving, appeared to be exacerbated by feelings of prolonged separation from normalcy through caregiving and loss. In these circumstances, the parents' illness trajectory and the caregiving experience were often described by EYACs as disorienting, as reflected by this EYAC:

> Literally in May, my dad didn't even know he was sick, I was so excited about like my new job, my grandma was still my best friend… that's like, 6, 7 months ago, it's like, what the heck happened? When did all this happen? (daughter, 24)

Impacts on development of a life path

EYACs reported how caregiving for a parent with cancer impacted their life paths in terms of setting goals for reaching important life events and achievements (e.g., education, career ambitions, dating). Some recalled *modifying their life path*, in other words, changing their goals or their timeline for achieving developmental milestones in light of their caregiving and loss experiences, both halting and beginning to pursue various life events. For example, some EYACs had changed their career paths because, at the time, they wanted a job that would allow for more time spent caregiving. Others reported having to abandon or adjust relationships because caregiving or grief made them too difficult. For example, one EYAC explained that she was reevaluating her career goals after dropping out of graduate school due to the emotional and financial strain of her father's cancer:

> I'm not sure what I want professionally now. I'm not sure I am going to try to go back to my program, what I was doing. I have to look for another job eventually, like soon. But I'm not sure what kind of job. It's kind of hard at this moment, like [deciding] what I want to do. (daughter, 33)

In other cases, EYACs lamented losses of previously steady circumstances. For example, another EYAC described the dissolution of her romantic relationship after the loss of her mother, "We ended up breaking up a few months after her death. I think it was just too much for [my partner] really" (daughter, 24).

In some cases, EYACs responded to their cancer caregiving and loss experiences by *reaffirming their life path*: their time as caregiver reinforced their pre-existing career or personal aspirations. Caregiving gave these EYACs the opportunity to reevaluate their chosen life path, leading them to discover deeper meaning or legitimacy in their choice. This EYAC explained:

> I've always been very set in what I wanted to do, and I think, had I not known or had I felt a calling [for] something else, [caregiving] would have been a wakeup call. … Because it would have just been that knowing life is too short, why would I do something I don't want to do? (daughter, 23)

For some EYACs, caregiving led to neither a modification or a reaffirmation of their life path, as their future plans were obscured by the challenges of caregiving and loss of their parent. These EYACs described struggling to make decisions about their life path without their parent, or as one EYAC framed it in referencing her mother's mortality, *"she was supposed to help me."* This included struggling with what career to pursue or how to build a family, without guidance from their deceased parent. This EYAC described this further illustrating uncertainty about her plans for starting a family without her mother: "I just was angry, and just knowing like she wasn't supposed to die this early. … Like I don't have kids yet, and she was supposed to help me with all of that stuff" (daughter, 30). Another EYAC echoed this sentiment: "I didn't realize how directly tied my desire to have children was to the desire to include my mom in those children's lives" (daughter, 25). At times, EYACs described a bleak future where selecting and pursuing life events seems distressing instead of exciting. For example, one EYAC explained:

> I still have a hard time picturing myself that far in the future, and not having my dad for the next 20, 30 years of my life. Because I still feel like I need to be fathered. I never got married. I don't have any kids. I'm never going to get that advice from him, how to be a good husband or a good dad. … (son, 28)

Impacts to relational intimacy and roles

Finally, EYACs described how relational intimacy and roles were impacted by their caregiving experiences, particularly within their friendships and familial relationships. At times, EYACs reported *strengthened family relationships,* noting how caring for and losing their parent brought them closer to other members of their family network, primarily their other parent or a sibling. EYACs described that when family members provided emotional or caregiving support, it produced a stronger bond: "My sister and I got really close. We were the ones most directly involved with coordinating everything for my parents. So, we were definitely very much like lockstep and very open about how we were feeling and processing it" (daughter, 33). Others felt that that the experience simply caused their family to value closeness:

> I would say that I have a I have a closer relationship with my dad coming out of all this than I had previously. I mean before, I definitely gravitated toward my mom. I don't think I felt like I could talk to my dad. (son, 3)

In contrast, EYACs also described *contaminated family relationships,* or circumstances where caregiving negatively altered the trajectories of previously intimate relationships. EYACs explained that when family members withdrew support or did not provide enough or the right kind of support, it strained relational ties. This EYAC recalled experiencing this with her grandmother:

> It went horribly. … I haven't talked to [my grandmother] since the day after my dad passed away. … My grandma, before my dad was diagnosed, was like my best friend. … She had to find someone to blame [for my father's passing], and it was my mom. And I was not going to accept that. (daughter, 24)

In other cases, EYACs reported how family members' actions following the death of their parent damaged relationships. This EYAC explained:

> [My brother] didn't go to the memorial service. … We made every effort to include him in all that stuff, but … he didn't deal with [the loss] in a healthy way. But I'm not sure if he knew how to deal with it. So, in some ways that probably drove him apart from the rest of the family a bit. (daughter, 26)

EYACs also described how their caregiving experiences fostered feelings of *increased family responsibility* to support and protect remaining family members. EYACs explained how their relationships with family members, often parents, shifted during and following their caregiving experiences, leading

EYACs to take on new protective or supportive roles. One EYAC reported that he and his mother are "a lot more in tune with each other" after his father's death (son, 28). Another described herself as being "so fiercely protective of my mom" (daughter, 24). EYACs explained that their increased sense of family responsibility manifested from considering the needs of family members in the absence of their parent and reflecting on how their new caregiving skills could be an asset in this changed family dynamic: "I take on more of a motherly role with my mom now, because she doesn't have a spouse to lean on. … During [my father's illness] I was the coordinator, so I now coordinate all her medical stuff" (daughter, 33).

In addition to changes in family relationships, EYACs also reported experiencing *changed friendship dynamics* during and after caregiving. EYACs explained that most of their similarly aged peers could not imagine what they were going through or understand how to support them. As a consequence, at times EYACs felt unsupported or misunderstood by friends:

> I talked to my friends, but they had never gone through a significant loss. So talking to them is kind of just, "I'm sorry," or "You should pray about it," or "God will take care of everything." … [They're] just platitudes that I didn't really like the answer to." (daughter, 31)

This resulted in EYACs seeking out and strengthening bonds with friends who had also been caregivers for ill parents:

> There's a co-worker at work whose parent died a couple years ago. …We've always gotten along, but now we're closer. … I think it definitely helps me have stronger friendships with people who've gone through a similar loss. (daughter, 35).

Discussion

In this study, we applied a developmental lens to establish how the combined experience of caregiving for a parent with advanced cancer and experiencing their death can influence psychological development in this life phase. Findings showcase the impacts of cancer caregiving on three domains of psychosocial development that involve critical, life-phase specific developmental tasks: honing one's identity, fostering social connections, and determining core life goals that form a life path. Many impacts on psychosocial development revealed through this study were filtered through EYACs' subjective appraisals of, and responses to, their caregiving and loss circumstances. Appraising this caregiving and loss experience as having enriching, versus purely obstructive, implications for psychosocial development may offset negative impacts of this experience on mental health (Lazarus & Folkman, 1984; Rose & Cohen, 2010) and also provide touchpoints for EYACs to feel confident and optimistic when navigating similar, future challenges (Mroz et al., 2023). As such, we offer recommendations for resources that are particularly well-suited to help EYACs reframe or make meaning of their experiences. Finally, we note that the impacts of caring for and losing a parent to advanced cancer are cumulative (Rose & Cohen, 2010), and EYACs' identities as former caregivers and as bereaved adults should both be acknowledged in resources developed to support their psychosocial development in the wake of their loss.

Impacts of cancer caregiving and loss on psychosocial development

Completing critical psychosocial development tasks in emerging and young adulthood is considered essential for productiveness, health, and wellbeing across later life. Within each domain of psychosocial development, EYACs described varied impacts. For some EYACs, experiences from caregiving and loss of a parent with advanced cancer were likely to delay, impede, or override efforts to address critical psychosocial development tasks. For example, findings show that some EYACs experienced a sense of discontinuity between their past, current, and future self across their caregiving and loss experiences. This discontinuity may occur when EYACs struggle to integrate caregiving experiences into their larger life stories (Bluck & Liao, 2013) and may result in a fractured sense of self and poor grief adjustment across adulthood (Pope et al., 2018; Schultz, 2007). This struggle has been conceptualized as inconsistencies between global meaning (e.g., beliefs about the world, oneself, and one's values) and situational meaning (uncontrollable random events) that can be rectified through meaning reconstruction processes (Neimeyer & Sands, 2011; Park, 2022). However, unlike older counterparts, young adults are known to lack some psychosocial strategies to reinforce self-continuity or reconstruct meaning in the face of disruptive life events (Liao & Bluck, 2022); thus, some bereaved EYACs may be uniquely in need of resources that help them tap into their core sense of self. In addition, as self-identity and life values are two concepts within the umbrella of global meaning (Park, 2022), it is possible that any discontinuity of self following this caregiving-loss experience may have cascading ramifications that affect these EYACs' life paths.

EYACs also in some cases described the dissolution of family or friend relationships across caregiving and loss experiences. Support from close others may represent a powerful coping strategy for EYACs navigating their complex caregiving role, so disruptions may threaten their ability to cope. Even outside of caregiving contexts, emerging and young adults commonly feel isolated in their grief following a cancer-related loss (Mackland & Wright, 2022), and this isolation is associated with a greater amount of distress as they adjust to their loss. (Palmer et al., 2016). However, EYACs in this study also showed resourcefulness, in some cases describing seeking and forming new friendships with individuals who could understand their circumstances and provide support where others could not.

In contrast to caregivers in other life phases or disease contexts, participants in this study rarely described impacts of their caregiving and loss experience on their intimacy or relationships with romantic partners. We speculate that assertions that caregiving can cause caregivers to de-prioritize romantic relationships, or struggle with workload inequality within relationships (Cannon & Barry, 2023), may be less applicable in this context. This speculation draws, in part, from the notion that EYACs are still in the early stages of mapping out workload allocation and prioritization of their relationship within their broader set of life values, and it may be unrealistic for EYACs to articulate disruption when stable patterns have often not yet emerged within these relationships. Future research should characterize EYACs' patterns of forming and maintaining relationships, including romantic relationships, in the wake of their experiences.

Despite complex implications for some EYACs, our findings also suggest positive outcomes for psychosocial development and offer nuanced insights that extend previous observations. For example, existing research from the UK describes the negative impacts of caregiving in this life phase on the pursuit of education, illustrated by the number of EYACs who drop out of school to perform caregiving duties (Becker & Sempik, 2019). Our findings clarify a potential rationale for, and impacts of, changing educational goals during or following cancer caregiving in this life phase: in some cases, these shifts may be intentional and favorable, stemming from changes in life path pursuits that arose across the caregiving-loss experience. Similarly, existing research describes caregiving as limiting opportunities for goal attainment (Hamilton & Adamson, 2013; Rose & Cohen, 2010). Our study demonstrates that, for some bereaved EYACs, experiences during caregiving and loss broadened their plans for the future and offered a sense of agency toward achieving life goals.

Beyond emerging and young adulthood: Opportunity to prepare for future family care

Our findings also point to a relatively underdiscussed aspect of psychosocial development stemming from cancer caregiving and loss in emerging and young adulthood: changes in preparedness for *future* family caregiving roles, as well as future death experiences. Historically, caregiver identities have been considered to develop in later life (Montgomery & Kosloski, 2012). Indeed, constructs of generativity and filial obligation are described as prime motivators for caregiving behaviors and are generally attributed to midlife and beyond (Kuther & Burnell, 2019; Paulson & Bassett, 2016). Our results, however, highlight that EYACs can develop insights about cancer caregiving, strategies for self-care (i.e., *discovery of self*), and inclinations toward supporting loved ones (*increased family responsibility*) earlier than expected developmentally, and in ways that may bolster preparedness to take on future family caregiving roles (Rose & Cohen, 2010). These findings offer hope in light of increased reliance on family caregivers to support chronically ill and aging populations.

At the same time, negative outcomes described in this study, paired with caregiving challenges (Goldblatt et al., 2019; Greene et al., 2017) and consequences of repeated bereavement (Infurna & Mayer, 2019) described elsewhere, suggest that caregiving for and losing a parent with advanced cancer in this life phase may in some cases detract from wellbeing or capability in future caregiving roles. This qualitative study was not designed to fully explore EYACs' sense of preparedness for future caregiving, nor barriers or facilitators of preparedness following this caregiving role. Mixed-methods studies which first qualitatively define preparedness for future caregiving in this life phase, then quantify links between cancer caregiving-loss experiences, psychosocial outcomes, and preparedness for caregiving and loss in the future, are needed.

Support resources for emerging and young adult former cancer caregivers

Interventions for EYACs should be poised to address the negative outcomes outlined through this study, allowing young adults to reengage with critical developmental tasks in productive ways. Meaning-centered interventions have been promoted as one strong option for addressing psychosocial needs, including critical meaning reconstruction processes, for cancer caregivers and the bereaved. Specifically, Meaning-Centered Psychotherapy for Cancer Caregivers may be appropriate for EYACs as it addresses caregivers' appraisal of their identity and capacity to grow despite the challenges of caregiving and loss (Applebaum et al., 2015; 2022). Meaning-Centered Grief Therapy specifically can support the bereaved to reconnect with meaningful activities and forge new and adaptive social connections in the aftermath of care and loss, supporting restoration of lost relational intimacy or ties during the caregiving and loss experience (Lichtenthal et al., 2017). Although these interventions have not yet been tailored to EYACs, adapted versions may be particularly well poised to address EYACs' strained close relationships or obscured life paths in the aftermath of their loss.

Narrative therapeutic interventions have also been suggested for caregivers (Mroz et al., 2023). Narrative-based interventions facilitate detection of constructive plotlines, development of a coherent and unified life story, and emphasis of one's own competency, and as such may be particularly well-suited to address EYACs' discontinuity of self or preparedness for future caregiving roles. Former cancer caregivers can be supported to recast narratives that emphasize limiting self-views and worldviews, to instead highlight aspects of lived experiences that are evidence of their own capacity and goodwill. Indeed, our results point to mechanisms by which this type of therapeutic approach can shift EYACs toward a sense of competency: some properties showcase constructive plotlines that EYACs had developed, seemingly unique to their caregiving-loss context. Findings can be leveraged to tailor narrative therapeutic interventions to shift EYACs from helplessness to competency in ways that make sense for developmental milestones.

We recognize that some caregiving experiences in emerging and young adulthood may have been extremely difficult, particularly in cases where EYACs are not appropriately acquainted with parents' prognoses, struggled with role reversal to parents who were just recently their primary caregivers, or experienced compounding challenges of caregiving during the COVID-19 pandemic (Earley & Cushway, 2002; Goldblatt et al., 2019; Greene et al., 2017; Kastrinos et al., 2023). In addition to availability of therapeutic interventions, and in light of EYACs' descriptions of their challenges receiving peer support, we advocate for the development of resources that can better connect EYACs to each other. Such platforms would offer EYACs validation, opportunities to talk through challenges and decisions, and a haven of normalcy in a society that continues to underestimate the contributions EYACs.

Limitations and future directions

Our qualitative approach allowed us to describe a range of psychosocial domains impacted by cancer caregiving-loss experiences in this life phase. Future research should apply a more granular lens to establish how caregiving in this life phase shapes grief adjustment, and how these ultimately influences psychosocial development. Because this study did not focus on specific quality of life thresholds, such as romantic relationship status, employment status, or mental health for bereaved EYACs, we were unable to describe possible links between caregiving experiences, these thresholds, and psychosocial development. We recognize that mental health in particular is an important health outcome for EYACs, and may affect their abilities to navigate psychosocial developmental tasks (Becker & Sempik, 2019; Shifren & Kachorek, 2003). This could be explored as a sensitizing concept future research. In addition, we recognize that this qualitative investigation does not and cannot provide conclusive evidence about the ways specific caregiving experiences lead to specific impacts on psychosocial development. By characterizing the domains that are impacted by these caregiving loss experiences, we can pave the way for future research to draw inferential links between caregiving experiences and outcomes regarding psychosocial development.

While there is precedent for drawing links between the life phases of emerging and young adulthood for the purpose of studying life challenges such as family caregiving, we recognize that the concepts of emerging adulthood and young adulthood still carry socioeconomic distinctions that may have implications for the ongoing psychosocial development of each of these populations. Results should therefore be interpreted with caution, and future research could consider the ways in which untangling these two life phases may be useful in this research context. Finally, in addition to limitations with recruiting racially and socioeconomically diverse participants, we recognize that this study may not have captured the experiences of caregivers who were most negatively affected by, and potentially less interested in speaking about, their caregiving and loss experiences. Recruiting individuals early in the course of bereavement for qualitative studies is a common challenge (Stiel et al., 2015). Strategies such as consistent, direct, compassionate contact with bereaved individuals identified through different strategies than those employed by this study (e.g., electronic medical records) may increase likelihood of engaging with a variety of EYACs.

Conclusions

Cancer has been described as a 'family disease' (Robinson, 1992), dynamically affecting the ill individual as well as their family caregivers. This study's findings join a developing body of research on young adult caregivers (Fisher et al., 2022; Goldblatt et al., 2019; Greene et al., 2017; Kastrinos et al., 2023; Pope et al., 2018). Our findings showcase the multidimensional impacts of caregiving on three domains of psychosocial development that encompass critical, life-phase specific developmental tasks. Resources to support the psychosocial development of EYACs should account for their needs in each of these domains, and our findings can be used to inform the development of age-tailored caregiving and bereavement support interventions for this population.

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Data availability statement

To protect the identities of our participants, the qualitative data from this study has not been shared publicly. Interested readers can contact the corresponding author if they wish to hear more about opportunities to access these data.

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