Double bereavement, mental health consequences and support needs of children and young adults - when a divorced parent dies.

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Aim and objectives

This study explores how children and young adults from divorced families experience double bereavement when they lose a divorced parent with cancer and how the double bereavement influences their mental health consequences and need of support.

Background

Children and young people who are confronted with the cancer and death of a parent is a highly stressful life event, which is associated with an increased risk of mental health problems, especially when children experience divorced parental cancer and death.

Design

Participant observations and interviews with a phenomenological-hermeneutic approach and COREQ standards for reporting Qualitative research.

Methods

We conducted 340 hours of participant observations within nine different support groups totaling 27 children and young adults from divorced families and included 28 interviews with participants and relatives. Analyses are based on Ricoeurs theory of interpretation: Naïve reading, structural analysis, interpretation and discussion.
Results

The experiences with double bereavement were identified three main themes: 1. Navigating through multiple transitions and disruptions within two family worlds: 2. Consequences for mental health including stress overload and disruptions to well-being; and: 3. Need for accessible support derived from close relationships and professionals within and in-between family worlds.

Conclusion

Children and young adult’s double bereavement includes multiple transitions and disruptions often related to stress overload and mental health problems. Support from close relationships and professionals are experienced as helpful in the prevention and mitigation of mental health problems.

Relevance to clinical practice

There is a need for targeted accessible support availability to children, young adults and their families when a divorced parent is dying of cancer in clinical practice. Our findings suggest that specific health policies for health professionals should be developed to target improved support for these families.

Keywords: Parental divorce, parental cancer, and parental death, children, young adults, bereavement and grief, wellbeing, mental health

What does this paper contribute to the wider global clinical community?

- The paper provides new knowledge about children and young adults double bereavement, when they lose a divorced parent to cancer, including a description of their mental health consequences and support needs
- The findings illustrate the importance of risk reduction related to stress overload and mental health problems arising for children and young adults who lose a divorced parent with cancer
- The paper presents recommendations related to health care practice targeted towards divorced patients and families in-between two family worlds for the promotion of mental health throughout bereavement experienced by children and young adults
1. Introduction

When children lose a divorced parent to cancer they are at risk of developing mental health problems (Marcussen et al., 2019a). According to the American Cancer Society, cancer is the second leading cause of death in the United States (American Cancer Society, 2018). Cancer is the leading cause of death in Denmark. Among all Danes who died in 2016, 30.7% died with cancer as the cause. Every year 6000 Danish children and young adults below 29 years of age experience the death of a parent (Statistics Denmark, 2017). International and Danish research has found that nearly 50% of the children who lose a parent are from a divorced family (Frølander, 2015; Marcussen et al., 2019b; OECD, 2018). Others have investigated loss such as divorce and the resultant experience of being part of two families in the loss and grief literature (Johnsen, Litland, & Hallström, 2018; Margaret S. Stroebe, Hansson, Schut, & Stroebe, 2008). In this study, double bereavement refers to the double loss and bereavement experienced through parental divorce in combination with parental cancer and death (Marcussen et al., 2019b). When a parent has cancer, family functioning has a strong mediating role on children’s level of distress and well-being (Faccio, Ferrari, & Pravettoni, 2018). Some children and young adults struggle with feelings of loss many years after parental divorce, and living in between two family worlds including the complexities and conflicts in close relationships, can result in difficulties in coping with the loss and restitution stressors in the dual process of parental bereavement. This includes risk of stress overload and prolonged grief, when facing a divorced parents cancer and death (Gordon, Duttera, Lee, Cincotta, & Haltom, 1999; Johnsen et al., 2018; Marcussen et al., 2019a; Margaret Stroebe & Schut, 2016). Young adults in a cross-sectional survey reported, in general, an overall poor psychosocial wellbeing following parental death, with risk of mild to severe anxiety and depression and low self-esteem and life satisfaction (Lundberg et al., 2018). When children experience parental divorce followed by parental cancer and death they are found to have a higher risk of mental health problems, compared to when a child experiences parental cancer and death in a non-divorced family (Lu, Mueser, Rosenberg, & Jankowski, 2008; Marcussen et al., 2019a; Oakley Browne, Joyce, Wells, Bushnell, & Hornblow, 1995; Werner-Lin, Biank, & Rubenstein, 2010). Interestingly, a US survey found that married biological families perceive more family centered health care than other family structures, paradoxically, other family structures might need more support (Russell, Beckmeyer, & Su-Russell, 2018). Double bereaved children and young adults and their divorced families have a substantial need for support, in order to prevent problems with the children’s mental health and risk of
prolonged grief (Kari E. Bugge, Helseth, & Darbyshire, 2008; Marcussen et al., 2019b). Internationally, thousands of children lose a divorced parent to death, thus it was significant that our investigation focused on double bereavement (Marcussen et al., 2019a; Marcussen et al., 2019b).

1.1. Background

Double bereavement

An integrative systematic literature review preceded our study and identified the components of double bereavement as multiple experiences of loss, such as, loss of attachment to important relations, loss of attachment to the place one has been living, or acquiring of a new custodial parent or foster family (Kari E. Bugge et al., 2008; Davey, Askew, & Godette, 2003; Werner-Lin et al., 2010). Moreover, it often involves multiple losses and stress related to profound life changes, particularly when a custodial parent dies (Gordon et al., 1999; Walls, 1995). When a non-custodial parent dies the children and young adults sometimes experience disenfranchised grief including feelings of loss of meaning and anger towards their close relations that are not experienced as sufficiently understanding and supportive, often resulting in conflicts with close family relationships (Doka, 2008; Walls, 1995). Double bereavement is thus complex and how children and young adults cope with it, is related to their age, gender, emotional reactions and relations within the divorced families (Kari E. Bugge et al., 2008; Davey et al., 2003).

Mental health

In general, there is a higher risk of mental health problems among double bereaved children and young adults, compared to those who experience singularly a parental loss, or a parental divorce (WHO - World health Organisation, 2018). Studies have found high prevalence of mental health problems among double bereaved children and young adults in terms of severe mood disorders (Lu et al., 2008); depression in adulthood (Oakley Browne et al., 1995); PTSD (Grossman, Clark, Gross, Halstead, & Pennington, 1995) and psychosis (Morgan et al., 2007) prolonged grief, alcohol misuse and bodily distress (Marcussen et al., 2019a).

Psychosocial support

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Little is known about psychosocial support needs among children and young adults when they lose a divorced parent to cancer (Marcussen et al., 2019b), but it is known that long-term treatment of parental cancer and uncertainty about future life arrangements is associated with psychosocial problems among children (Ellis, Wakefield, Antill, Burns, & Patterson, 2017; Faccio et al., 2018). Important opportunities for health professional intervention may be at the time of initial diagnosis of cancer; during active and palliative treatment process; when preparing for death; and during the transition to new living arrangements and family setting following the death of a custodial parental (K. E. Bugge, Helseth, & Darbyshire, 2009; Werner-Lin et al., 2010). Nurses recognize that when they encounter a critically ill patient involved in a custodial case, the hospital should facilitate help in difficult decision-making about a child’s future living arrangements (Gordon et al., 1999; Marcussen et al., 2019b). A few studies have found that family support programs involving both divorced and non-divorced families may support children to retain positive memories of their dead parent in order to prevent complicated grief (Kari E. Bugge et al., 2008; Davey et al., 2003).

Participating in support groups, receiving counseling, and convenient access to a multidisciplinary health team may in some way compensate for any lack of parental support (Kari E. Bugge et al., 2008; Davey et al., 2003; Gordon et al., 1999). A recent nursing study among cancer patients indicated that children from divorced families with an ill non-custodial parent are rarely seen in the hospital setting, whereas with custodial parents the staffs do not necessarily communicate with the ex-partner, who often will receive the full custody of children after the other parent dies (Marcussen et al., 2019b). Thus, it may not always be feasible to reach the children with the help and support they need.

Our literature review was not able to locate any research that specifically has investigated how children and young adults experience double bereavement, so there is need for more knowledge on this issue, targeted for nurses and other groups of professionals.

1.2. Theoretical framework

Stroebe and Schut’s coping model; “the dual process model of coping with bereavement,” combined with the concept of overload, is used to understand and investigate double bereavement (Margaret Stroebe & Schut, 2016; M. Stroebe & Schut, 1999; M. Stroebe & Schut, 2010). The dual process model (DPM) describes the ways people cope with the loss of a loved one. The key components are two kinds of stressors associated with bereavement; the
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loss and restoration-oriented stressors. Loss-orientation refers to the bereaved person’s process of grieving. Restoration-orientation refers to the stressors in the process of reorientation without the lost loved one. Both stressors involve the distress and anxiety involved in confrontation and avoidance of the loss, that double bereaved children and young adults experience. DPM identifies oscillation as a regulatory process necessary for adaptive coping between the loss and restoration (M. Stroebe & Schut, 1999; M. Stroebe & Schut, 2010). Overload within the grief process refers to an accumulation of stressors that crosses the threshold of feelings as though one can manage or cope with the total burden of all (Margaret Stroebe & Schut, 2016). Stress overload is problematic when it compromises the ability of an individual double bereaved child to oscillate within the grief process, because it can result in mental health problems (Margaret Stroebe & Schut, 2016). DPM and stress overload are appropriate as a theoretical framework of this study, because it enables the investigation and understanding of how the multiple stresses and full-life changes influence the loss and restitution stressors in the bereavement process resulting in risk of mental health problems, which double bereaved children and young adults often experience (Marcussen et al., 2019a; Margaret Stroebe & Schut, 2016; M. Stroebe & Schut, 1999).

2. Aim

The aim of this study is therefore to explore how children and young adults from divorced families experience double bereavement when they lose a divorced parent with cancer and how the double bereavement influences their mental health consequences and need of support.

3. Methodology

3.1. Design

This explorative study is based on participant observations and interviews (Kvale & Brinkmann, 2014; Spradley, 1979; Spradley, 1980). It was conducted within a qualitative design based on a phenomenological-hermeneutical approach inspired by Paul Ricoeure’s theory of narrative and interpretation (Dreyer & Pedersen, 2009; Lindseth & Norberg, 2004; Ricoeur, 1976). Participant observations and interviews were chosen as data collection methods to investigate children and young adult’s experiences with double bereavement and the influence of this on their mental health and need of support. The methods were chosen to gather unique data from their perspective supported by their relative’s perspective and to gain
sufficient depth and breadth of the investigation (Kvale & Brinkmann, 2014; Spradley, 1979; Spradley, 1980; Wadel, 2015). In this study we used the working-along role that increases chances of revealing people’s lives and experiences and to capture understandings, feelings and interpretations that informants usually do not express or keep to themselves (Wadel, 2015). We asked questions to the participants (Kvale & Brinkmann, 2014; Spradley, 1979), such as; “How has your divided life because of your parent’s divorce influenced your bereavement and the support provided from your families?

The study was approved by the Danish Data Protection Agency/UCL-2015-57-0016-0005 and according to the Regional Scientific Ethical Committee, Southern Denmark (S-20172000-6). Ethical principles were followed in accordance with the Helsinki Declaration (Ministry of Education and Research, 2015; WMA, 2019), and COREQ standards for reporting Qualitative research (Tong, Sainsbury, & Craig, 2007) (See Supplementary File 1).

3.2. Participants

Participants were children and young adults (YA) from divorced families < 30 years of age attending various support groups in a Danish Cancer Society Counselling Department. The support groups are a routine free-to-access-support service. To gain in depth understanding with double bereavement, some of the participant’s relatives are also included in the study with some of the participants interviewed twice. All participants gave informed consent to participate. Children below 18 years of age gave oral consent and their parents signed informed assent. All children and young adults within the support groups were informed about the on-going study, including the not-participating, non-divorced families and young adults (Table 1). The participants are all anonymous notated as a young adult (YA), child or relative. All the participants were given the opportunity for debriefing and counselling if required by a skilled counsellor in the department after their participation ended.

3.3. Data collection

The data collection took place during regular support group sessions between January 2017 – June 2018 in the Cancer Counselling Department with 9 groups of a total of 58 attenders, including 27 children and young adult attenders from divorced families. In the children groups the ages were between 7-15 years experiencing critical parental cancer. In the young adult survivors group the age we included participants were 18-29 years. Altogether included group participants’ were aged between 10 and 29 years of age (see Table 1). The participant
observations, field notes and interviews were completed by the first author and focused on addressing: How double bereavement was experienced? What are the mental health consequences? And what kinds of support needs are expressed? The first author had a role of being a co-group leader and she had a participatory work-along role in the field (Wadel, 2015). She had been educated, trained, supervised and worked as a volunteer co-group leader within 2 years prior to data collection and was familiar with the field and the bereavement culture within the field (Figure 1).

Figure 1 Study design

Most support groups had a total number of 8-9 sessions. All together 340 hours of participant observations and 28 interviews between 25-60 minutes were completed. Of the 27 included participants from divorced families six were boys and 21 were girls. Two girl and two boy participants were interviewed again after 6-12 months to investigate their longitudinal experiences in-depth. These four competent informants also gave permission to interview their close relatives. The participants decided whether they wanted to be interviewed in the cancer-counselling department or their homes (Kvale & Brinkmann, 2014).

Table 1 Characteristics of groups and data collected

On a continuous basis, the observations were discussed with all the researchers in the project, and several times with the employed staff in the counselling department. The interviews were audio recorded and, together with field notes, transcribed (Kvale & Brinkmann, 2014; Spradley, 1979).

3.4. Data analysis

The data analysis process was inspired by Ricoeure's phenomenological-hermeneutical interpretation theory and the final result were developed throughout three levels; Naïve reading, structural analysis and finally critical interpretation and discussion (Dreyer & Pedersen, 2009; Ricoeur, 1976). The tape-recorded, transcribed interviews and field notes were uploaded to NVivo to strengthen the analysis and coding process (Overgaard & Schierup Bovin, 2014). Firstly, the Naïve reading was done; the transcribed interviews and field notes were read and re-read by the first author to gain a holistic, first impression and semantic content by an open coding of the informants’ life experiences with double bereavement, the mental health consequences and the need of support (Dreyer & Pedersen,
Secondly, the structural analysis followed. The text was structured into the meaningful quotations of what the informants have said ("the units of meaning," and then the text and quotations were interpret into sub themes ("the units of significance") which is what the text speaks about resulting in the final themes. The interpretation process involves a dialectic process between explanation and comprehension going back and forth in the analysis and looking on the text again and again separated from the writer and instead as a new text for interpretation. Ricoeur calls this process distanciation. This process reveals and strengthens the results of the main themes seen in Table 2 (Dreyer & Pedersen, 2009; Ricoeur, 1976). The objective results from the analysis provide knowledge to inform professionals about children’s and young adult’s experience of double bereavement, mental health consequences and support needs. This can potentially serve to support best practice in the future. The third and final phase; critical interpretation, involves discussion and validation of the themes, and goes beyond an individual subjective perspective to a more objective generalizable level, including discussion with other research results (Dreyer & Pedersen, 2009; Ricoeur, 1976). The experienced research team consisting of all the authors have discussed the coding and results of the subthemes and themes with the first author and have ensured the validity and transferability of the findings, by discussing the results throughout the analyze process including the validation of the thematic identification, interpretation and discussion.

4. Results

The analysis revealed three main themes, with "units of significance" informing two subthemes for each theme. Firstly, theme one describes the experience of double bereavement: 1) Navigating through multiple transitions and, 2) Disruptions within and between the two family worlds. The second theme describes the mental health consequences of double bereavement as: 1) Stress overload from being in and between two family worlds; and, 2) Disruptions to wellbeing. The third theme describes the need for support across the divided worlds as: 1) Close relationships (informal) and 2) Professional support (formal). All names in the analysis are anonymous and referred to as young adult (YA), child, parent, stepparent, grandparent or fiancé. All quotations are from interviews unless they are cited as field note (FN). Examples from the analysis and how the units of significance, units of meaning and themes are connected are shown in Table 2.

Table 2 Examples from the structural analysis

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4.1. Double bereavement

The participants express double bereavement as a combination of navigating through multiple transitions and disruptions within and between the two different family worlds.

4.1.1. Navigating through multiple transitions

Difficulties navigating through multiple personal transitions were connected to emotional closeness of relationships and the practical daily activities or changes in living arrangements during the parental divorce, cancer, or death and were further complicated by conflicts with the surviving parent or stepparent. Children and young adults have a need to be close to their parent with cancer throughout the transitions of illness and death, and sometimes young adults are the only people at home to be with, and to care for their parent. For example, An 18 year’s old young woman, who was emotionally close to her mother, was the main care-giver of her mother for many months; as a result, it was difficult for her to be in school. After her mother died she was stressed and depressed and dropped out of school and she explained that the caregiver burden she experienced while caring for her deceased mother was because “no one else was there” (Tanya YA FN).

An 11-year-old girl tells she was worried about her mother when she was not around throughout the transitions of cancer illness. Her mother had a brain tumor and she felt that this had changed in her mother’s personality; “when she was well, she always did understand me, and we had fun” (Hanne Child FN). Being close to a parent with severe cancer illness can be a frightening experience associated with significant life transitions in the daily life. A girl tells; “I was 7-8 years old...I remember my mom would throw up after chemo and I came with a bucket and tried to caress her hair like she would do to me, and I was about to vomit” (Mette YA). Most children and young adults speak about the gradual loss of relationships and navigating between close relationships and changes in living arrangements throughout their grief process. Some children who lost a custodial parent experienced the loss of home, or close relatives. For 10-year-old Amanda her parents did not made a clear decision about her future prior her mother’s death and this led to conflict between her father and grandparents about her living arrangement after her mother died. The father describes it as; “it has ended with a new kind of divorce (disagreements between grandparents and father)” (Steve, Parent).

From the grandparents perspective they described the anxiety symptoms that Amanda experienced with the news of the living transition; “She reacted with stomach pains again, and nausea, and is sensitive to noise in school. He won’t listen and will move her” (Lea,
Grandparent). Some months later, Amanda reflects in an interview about her transition experience indicating that she had started to adapt to the life change; “In the beginning I was very sad but now I have become glad again. I still like my bed, but sometimes I am looking forward to get to school in the morning ” (Amanda Child). Young adults experienced difficulty when they lost their homes, and experienced a lack of a quality contact with the surviving parent. A 19 year old young woman who was living in the student residence attached to her high school, and without a permanent home beyond school, described it as; “it is difficult; How do you tell your friends that you have lost your mother and you do not know where to go in the weekend, because you do not have a home to go home to ” (Nora YA FN).

All the children and young adults in this study expressed emotions about the challenges of navigating various transitions during the parent´s divorce, the parent´s cancer illness, death and their own futures.

4.1.2. Disruptions within and between the two family worlds

Our findings about double bereavement reveal disruptions within and between the two family worlds. Children and surviving divorced parents describe the lack of information about the critically ill parent´s health condition and how it can disrupt the practicalities of their familiar predictable life routine and relationships when a divorced parent dies: 10 year old Amanda became very stressed about the lack of communication about her future, and conflicts between her grandparent and father about the matter occurred as a result. The father felt unable to support his daughter and revealed this in an interview; “Very late we knew how bad her mom was, and we were told it was just a period of time she should stay with her grandparents, but that was not the case. So, a betrayal in our cooperation happened ” (Steve, Parent). Figure 2 shows that when a child or young adult experiences living arrangement transition from FW1 (deceased parents family world) into FW2 (surviving parents family world), because of the death of a divorced parent, then they risk disruptions and loss of contact with the long held relationships in FW1. This can result in the withdrawal of emotional and social shared grief with the relatives that have been closest to the deceased parent. These kind of disruptions also affect the professional support provided to the families because professional support was found to be targeted towards the parent with cancer, and therefore FW2 often lacked the professional support and knowledge to, in turns support the bereaved child or young adult (Figure 2).

Figure 2. The transition and disruptions within the two family worlds

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When a double bereaved child or young adult loses their relationship to their stepparents in FW1, this loss also indicates the loss of a home and family world they are attached to previously, compounding the grief and distress (Figure 2). Rene describes this experience in an interview; “Two months after my mom died my stepfather chose to have a new girlfriend, so he took the pictures of my mother away... hard... so I have been pissed off over him” (Rene YA). Another girl describes that she lost contact to her stepfather in FW1 during her grief process, although she had known him since she was a little girl; …when my mother died, I and David decided to keep up, but then after some months he forgets” (Hanne, Child). A fiancé to Niels (YA) described his experience of family disruptions throughout parental divorce and the divorced fathers cancer and death as; “A mom not supporting, and a father who wants to support, but serious trouble with the stepmom, kind of anticipated grief” (Lorna, Fiancé). Niels explains that the stepmom; “in long periods of time took more negative space than my father’s illness and death. She complicated my grief process. I do not want that for anyone” (Niels YA). These findings show that the disruptions throughout double bereavement are closely connected to how the close relationships handle the cooperation and transitions with the child and young adults, but also how the relationship around the bereaved children and young adult cooperate.

4.2. Double bereavement includes mental health consequences

The mental health consequences of children and young adults’ life experience with double bereavement were identified as: Stress overload from being in between two family worlds and adopting a caregiver or avoidant observer coping role and the disruptions to well-being manifest as distressing feelings, memories, thoughts, and mental illness.

4.2.1. Stress overload from being in between two family worlds

Most of the participants in this study of divorced families indicated that coping through loss and bereavement across their many relationships in the two family worlds was often enabled by taking on either a caretaker role, or an avoidant observant role. These coping roles were often experienced as stress overload and incapacity to oscillate in the bereavement process between the loss stressors and the restitution stressors. Children or young adults who appoint themselves as caretakers of their family members within the two family worlds initially took on the role when their parents divorced, and later during episodes of cancer illness. They
worried about both of their divorced parents, and both family worlds. For example, Maren tells in an interview; “that it has almost been the worst...thinking about that they were alone, when we were with my other parent” (Maren YA). Throughout parental illness they worried about the current state of parental health and well-being and were concerned about future illness trajectory and immanency of death (FN). Children and young adult describe that they cared for their cancer ill parent, sometimes because no one else was available, or ruminated on thoughts about them. After parental death they adapted their caring activities in the direction of the surviving parent, stepparents, siblings, half siblings, grandparents, fiancés, and in-laws. Rene tells about his experience of emotional overload of stress with tears in his eyes “I use to worry for my mom, now at least I know where she is (dead). But now I worry for my fiance, my half siblings, my father and my in laws... If I do not know how they are doing and I become anxious” (Rene YA). Maren also described the stress overload she experienced as not having sufficient time to undertake the emotional work of caring and sharing closeness in her personal relationships, in addition to her job after moving in with her boyfriend; “I worry a lot about my half siblings (her dead mother´s children). It is a great responsibility. I worry about my stepfather... My biological father is frustrated with me...I did not come to him on father´s day, because I needed to be with my stepfather and half siblings” (Maren YA). The demands of caring together with the practicalities of daily living challenge the young adult’s adaptive flexibility for oscillation processes during bereavement. Despite the time-consuming role of caring for relatives, some young adults like Maren also found it a meaningful component of their grief process (FN).

Some children and young adults adopted a passive role and became avoidant observers during parental cancer and death. They described closeness to their ill parent, but preferred to avoid talking about arising difficulties because it resulted in uncomfortable thoughts and emotions which heightened the experience of stress. They often experienced difficulties with coping between the two family worlds. If they experienced conflict within one family world they responded by self-exclusion to that family world and to avoid talking about their problems and grief. For some participants it was very stressful to observe parent deterioration with cancer illness and death. For Tanya this resulted in mental health distress: “I´m stressed and depressed and haven’t worked since. I get anxious and feel it all over my body” (YA FN). Amanda also described the period with a critically ill mother as stressful; “When my mom had a bad day she called me to her bed, and asked me; who would you like to live with? Peter (Stepfather) or your dad, when I am no longer here? I did not know what...
to answer” (Child). When Amanda did not know what to do, her response was to avoidantly observe, stating in an interview, that she preferred to be alone so as to avoid talking about the missing mother (FN). The role of an avoidant observer was associated with difficulties in expressing meaning making about loss. One girl described the loss of meaning in her daily living circumstances pegging it to the changes of her mother in the illness trajectory process as; “She doesn’t hug anymore… and I can no longer have friends over” (Hanne Child).

Children and young adults often experienced emotional closeness to the divorced ill parent before death and they tried to retain closeness at end of life. Some indicated that they felt isolated and overwhelmed with stress as their parent deteriorated and died. Avoidant observation was their default position to cope when they lacked the opportunity to share their experiences with their surviving divorced parent. Children and young adults experienced stress overload, and this occurred for those adopting the caretaker or avoidant observer roles, throughout divorce, critical illness, death and post-death episodes.

4.2.2. Disruptions to well-being

Disruption to well-being is a consequence of double bereavement. This is characterized as children and young adults struggle with unfamiliar emotions, memories, thoughts and mental distress throughout the bereavement process related to the complexities in their close relationships being part of two family worlds.

Most of the young adults and children described that they experienced emotions that were previously unfamiliar to them. They report feeling more irritable, sensitive and aggressive in their behavior: Rene have been frustrated with the lack of support from both his step-father and his biological father. He tells that he kicked a hole in the wall (YA FN). Amanda says about a girl she is tired of in school; “I kind of have a desire to hoe with the scissors against this girl” (Amanda Child FN). Others like Niels, who had lost his father, indicated a sense of disenfranchised grief from the surviving divorced mother and family with tears in his eyes; “I feel it a lot together with them (mother and half siblings on mother’s side). I have been angry and sad. It would have been the most common place to share your grief” (Niels YA).

Children and young adults struggle with intrusive memories and negative feelings: Maren have trouble with sleeping and coping with her work after the death of her mother; “I think about the illness, the whole period, that she did not say anything, that was the hardest…and
then she really suffered from pain at last, you could *hear it (crying)*” (Maren YA). Mona´s divorced mother died of cancer. Her mother misused alcohol during her childhood and she struggle with bad memories although she misses her mother; “I have been out of work, anxious and depressed, difficulties with my memories, because no one can remember my childhood” (Mona YA FN). Tanya experienced an overload of stress during high school resulting in mental illness such as depression and anxiety. Her mother had died, and she tells in the group; “I call my phone several times just to hear her voice (on voice mail). I get anxious and feel it all over my body” (Tanya YA FN).

Figure 3 shows how the experience of stress overload and accessible support influences the mental health and wellbeing in doubly bereaved children and young adults. Stress overload indicates mental health problems and a reduction in the ability to cope with stress, adversely influences the capacity for well-being among double bereaved children and young adults. These two perspectives were found in most of the participants in this study. As an example, in one support group that included nine girls, six were from divorced families; and, the girls who experienced problems with their surviving divorced parents, or their stepparents had felt overloaded by stress and were struggling with mental health problems such as, eating disorders, psychosis, and anxiety (FN).

**Figure 3 Double Bereavement Model of factors influencing mental health**

Young adults that described conflicts, or felt misunderstood, tended to give up, or avoid contact with their surviving parents or stepparents. These experiences often were resulting in feelings of overload indicating mental health problems (Figure 3). For example, Karen, crying during the group session, reports she is unwilling to reveal her problems to them: “Mom died by breast cancer, (she also had mental illness). My dad is from a high-class family; they do not understand people like us” (YA FN). A pattern of avoiding close relationships and choosing not to talk about problems and grief among participants was associated with the avoidant observer role and produced vulnerability towards mental illness. The participants, who assumed a caretaker role, exhibited more flexibility to confront problems within close relationships. Nevertheless, it was noted that participants from using either avoidant observer or caretaker coping strategies were both associated with the development of mental health problems and exceeded a threshold of stress that resulted in overload (Figure 3).
4.3. Need for support across the two family worlds

Double bereaved children and young adults in the participant groups described a need for accessible support in and between their two family worlds. This involved emotionally proximate close relationships and professionals.

4.3.1. Close relationships

As can be seen in Figure 3, the findings also indicate that experiences of support or lack of support as associated with the quality of mental health experienced by participants. A young adult girl called Tenna, who had lost her mother and had experienced conflicts with her father described the importance of being understood and supported across the two family worlds: “Mom died, I took care of mom during her cancer. Conflicts with dad and brother, I felt unsupported”. She spoke in the group about the lack of support from her divorced father; however during her period of participation in the group, she decided to try to re-establish the contact (YA FN). Rene, who had lost his mother, described his father and stepmother as “my other family” (YA FN). He had felt unsupported and unsure about whether they loved him. His fiancée helped him to confront them with these feelings (Rene and Tina YA FN). Most children and young adults raised the importance of relationships with grandparents and saw them as an emotional resource. The participant observations revealed that divorced parents and stepparents also utilised grandparents and step grandparents as caretakers for the bereaved children (FN). In general, children and young adults felt supported by grand and step grandparents during bereavement, but on occasion young adults inherit the responsibility of caretaking for the grandparent when a divorced parent dies and instead of receiving support, they are required to actively give support, adding to their accumulation of stress: “I need to drive them to the hospital” (Maren YA FN). Some children and young adults indicated overload with stress because they felt it was their responsibility to keep in contact with the large familial network arising from their two family worlds, while conversely, others saw the extended family as a resource to mitigate stress. The influence of support on mental health is highlighted in Figure 3.

4.3.2. The need of professional support

Surviving children, young adults and their divorced parents, stepparents and grandparents all expressed an unmet need for health professional support in, and between, the two family worlds, and this is important because it also affected their mental well-being (Figure 3). A
significant example of support occurs in facilitating cooperation to secure children’s residential security, because a change in living arrangements sometimes required legal decision-making. Steve held the view that nurses and health professionals should have supported the process while his ex-wife was still alive: “Get focus on planning from the start then we would have avoided this…We have sat down and talked with her, but in general we have lacked professionals, because none of us have done this before” (Steve, parent). Others noted that poor preparation about future living arrangements were indicative of risk for mental health problems: “Preparation has not been done sufficiently, I see signs; eating disorder, stomach pain, grief turning into depression, and things like that” (Bente step-parent). Some participants felt it would have been beneficial to gain support from health professionals who could involve them in the cancer treatment and planning (FN). Others indicated they needed more help from health professionals to talk about their parent’s illness and death, because the parents avoided the topic. This was described by a young adult taking care of her divorced mother throughout cancer treatment; “Nobody asked or said anything” (Maren YA). Children and young adults also associated the importance of support with their school and work activities during divorce and parental cancer and death periods. The young adult Rene remembered his childhood; “I was being bullied, so my teacher was interested in me and saw me. I think that helped me” (Rene YA). The child Amanda tells; “My teacher came into class and took me with her and we talked, she says I carry this heavy backpack” (Amanda Child FN).

Children, young adults and their relatives described the benefit of group support. The group support enabled Maren to talk with her peers of her anxiety about customers that looked alike her dead mother. She did not know how to respond and would tell customers that her mother was still alive “I am afraid that customers will talk about their parents or cancer with me, because I can start crying.” (Maren YA FN). The group participants and relatives provided rich detail and personal knowledge about grief and support experiences, as can be seen in Table 3.

Table 3 Group support needs of children and young adults from divorced families

The group discussion was deemed helpful by the participants because it enabled them to enhance their understanding of connecting their two family world experiences. They felt understood by others who shared similar life experiences of double bereavement: Amanda said; “We learned about our emotions and about some different topics; How to handle our
sadness and how other sees it” (Amanda, child). Knowledge about the dual process model of coping with bereavement and the oscillation between loss and restitution were found useful: Rene describe how he changed his behavior after he got that knowledge; “We did talk in the group about these rooms: the good and bad, you are sad or feeling better, you can say to people ‘damn I am in the sad room today’, so I need to do nothing but cry, then when I am done I slam the door” (Rene YA). Relatives found it important to prepare the children’s future transitions and, if needed, involve layers. Children and young adults highlighted the importance of learning to talk about grief and to express their emotions; to address difficulties and explore unfamiliar feelings; to have knowledge about the bereavement process and mental health issues; to be supported with their memories and reactions; and, to receive support in coping with difficulties in close relationships. In general, they expressed a need for more health professional support (FN) (Table 3). Figure 3 indicates that strengthening the support to double bereaved children and young adults may promote their wellbeing.

5. Discussion

This study highlights dimensions of double bereavement resulting from divorced parental cancer and death. Very few studies have previously investigated this in nursing or bereavement research and only a few studies with the issue of double bereavement (Kari E. Bugge et al., 2008; Marcussen et al., 2019a; Marcussen et al., 2019b; Walls, 1995). Participant observations and interviews revealed that double bereavement indicates the experience of mental health problems is associated with stress overload (Margaret Stroebe & Schut, 2016). Approximately 50 % of children and young adults’ losing a parent to death are from divorced families (Frølander, 2015; OECD, 2018); therefore it is important for the societal good that it is possible to be able to identify associated mental health risks and consequences, and to suggest ways to improve and promote their mental health. In the following section we will discuss different perspectives influencing double bereaved children and young adults’ experience of stress overload and mental health such as coping strategies, disruptions in close relationships, health recommendations and divorced family centered care. Children and young adults are likely to be overloaded of stress, when they are forced to navigate through multiple transitions and cope with disruptions within, and between, the two family worlds; and as a result, they often become either caretakers or avoidant observers. The accumulation of the multiple stressors produces an overwhelming emotional response resulting in potential for stress overload. At this point the coping capacity of children and
young adults are exceeded and mental health vulnerability is extenuated and mental health problems, including mental illness, may result as can be seen in Figure 3.

**Coping strategies**

Other studies have found that coping strategies such as high emotional expressiveness predict the psychosocial well-being (Faccio et al., 2018; Gazendam-Donofrio et al., 2007; Thastum, Johansen, Gubba, Olesen, & Romer, 2008). We found that an avoidant observer role was associated with stress overload and mental health problems. Similar to our findings, maladaptive coping strategies, such as, avoidance has been reported in other studies and indicated increased prevalence of psychopathological problems for children and adolescents (Kari E. Bugge et al., 2008; Faccio et al., 2018; Krattenmacher et al., 2013). Some studies found involvement in caregiving and helping others promotes mental health (Thastum et al., 2008). In contrast, we found that when children or young adults became caregivers across two family worlds, they are at risk of overload of stress leading to mental health problems. Similar to current results, other divorce studies have found that children and young adults relating to two family worlds are characterized by high levels of stress (Johnsen et al., 2018; Marcussen et al., 2019b; Reiter, Hjorleifsson, Breidablik, & Meland, 2013). However, we found that although some adults experience overload associated with caregiving, they also found meaning in caring for their close relatives, and this reduced their anxiety levels. This is in keeping with previous studies indicating that caregiving may reduce stress and anxiety (Howell et al., 2016; Thastum et al., 2008). These findings indicate that children and young adults involved in caregiving prior to, and after a divorced parent’s death might affect their well-being either positively or negatively. In the current study, the experience of stress overload seems to be the factor that indicates a heightened risk for mental illness. This is in line with other studies that have found a high risk of mental health problems and prolonged grief associated with doubly bereaved young adults (Lu et al., 2008; Marcussen et al., 2019a; Walls, 1995). While oscillation is considered fundamental to coping with bereavement, it is essential in the case of overload to be able to take control of the stressors (Margaret Stroebe & Schut, 2016; M. Stroebe & Schut, 2010). Figure 3 indicates the role of adequate support as a mitigation of stress overload and mental illness.

**Disruptions in close relationships**

Double bereaved children and young adults in this study experienced multiple disruptions in close relationships such as loss of contact to close relationships like stepparents and grandparents; conflicts with the stepparent who was beloved to their dead parent; or, they felt a lack of support from the surviving parent. When one of the family worlds is disrupted

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because a divorced parent dies, children and young adults describe their concerns about losing social proximity with their close relations. Other studies have found similar results with vulnerability in attaching to surviving divorced parents or step parents (Marcussen et al., 2019a; Marcussen et al., 2019b; Werner-Lin et al., 2010). Those that kept the strongest bond to the dead divorced parent’s family world in our study are the young adults who have half siblings, and although they might be overloaded by the caregiver burden, they find it meaningful to keep in contact with, or to care for, those siblings. Some of the young adults also experienced less contact with half siblings after parental death, because relationship with their stepparent became strained. Kramer found that previous conflicts in families were predictive of end of life conflicts within families (Kramer, Kavanaugh, Trentham-Dietz, Walsh, & Yonker, 2010). Accessible support within both family worlds is found to be protective of mental health (Kari E. Bugge et al., 2008; Marcussen et al., 2019b; Werner-Lin et al., 2010). Whereas a vulnerability for mental health problems develop in the absence of sufficient support from close relationships and professionals, across the timeline of parental divorce, the parent’s deteriorating condition as a consequence of critical illness, and continues throughout the bereavement process (Figure 3).

**Well-being**

WHO defines mental health as; “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, and can work productively and fruitfully” (WHO, 2014). Children and young adults in our study reported experiencing poor wellbeing related to stress overload in regard to the accumulation of family relational problems with some of the participants suggesting that this escalated their risk of mental illness and accentuated the challenges of the normal demands of school and work in their life. This perpetuated a cycle of stress overload and yielded additional stressors that in turn, compromised their coping potential and diminished their ability to live and work productively. The potential for poor well-being and stress overload among double bereaved children and young adults are also found in other studies to exceed the capacity of normal coping abilities and resulted in prolongation and complicated grief (Marcussen et al., 2019a; Margaret Stroebe & Schut, 2016). It is evident that particular support is required to specifically mitigate the stress overload these children and young adults experience to promote their well-being (Marcussen et al., 2019a; Pohlkamp, Kreicbergs, Prigerson, & Sveen, 2018; WHO - World health Organisation, 2018).

**Health recommendations and divorced family centered care**

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Children and young adults expressed a need for support from families and health professionals and other professionals throughout divorced parental cancer and death (Figure 3). In particular, in Denmark, The Danish National Health Recommendations for palliative care implies that children and young adult’s family factors are associated with risk of mental health problems when a parent dies (The National Health Service, Denmark, 2017). Research has found that it is difficult to implement family centered care when families have ongoing conflicts (Kramer et al., 2010; Russell et al., 2018). Effectiveness of family support is positively related to cohesive family dynamics and mental health capital within the family worlds (Lundberg et al., 2018; Thastum et al., 2008). To reduce the impact of overload it is essential for professionals to support both family worlds to cooperate in supporting the double bereaved children and young adults within them, to cope with the stressors they experience (Lundberg et al., 2018; Marcussen et al., 2019b; Margaret Stroebe & Schut, 2016). Our findings suggest a priority for improving support opportunities from close relationships and professionals at an earlier point for double bereaved children and young adults so as to reduce the adverse impacts of the transitions and disruptions they experience overall.

The recommendations ask health care professionals to pay attention to families’ abilities to adequately care for involved children, and to include children, according to their age, developmental stage and resources, yet, scant guidance about implementing these requirements in practice contexts exist (The National Health Service, Denmark, 2012; The National Health Service, Denmark, 2017). We recommend implementation of “The Double Bereavement Model of Factors Influencing Mental Health” presented in Figure 3 for children and young adults because it provides new guidance for health professionals to improve the targeted implementation of divorced family centered bereavement care. It is known that positive and supportive parenting enhances children’s mental health and ability to cope with the parental loss (Ellis et al., 2017; Howell et al., 2016; Kwok et al., 2005; Werner-Lin et al., 2010). Nurses and professionals should consider the family structure of critically ill patients and how the family dynamics will affect the children when a parent dies (Marcussen et al., 2019b; Russell et al., 2018). A family centered approach to targeted care for divorced families can be achieved through the use of our previously described “Divorced Family Focused Care Model” to plan interventions prior to parental cancer death (Marcussen et al., 2019b). The model highlights the importance of nurse interventions targeted children’s well-being when a divorced parent dies of cancer: 1. Collecting information about the family
structure. 2. Assessment of support needs. 3. Initiation of wellbeing support and 4. Coordination and follow-up. Each phase of interventions includes knowledge and actions. The family structure and family functioning should also be considered, when children and young adults attend support groups pre and post parental death to ensure targeted support is achieved (Ellis et al., 2017; Lundberg et al., 2018; Thastum et al., 2008). Children and young adults often want to be involved when a divorced parent dies of cancer, but they require support to enable them to cope flexibly while navigating an uncertain future (Kari E. Bugge et al., 2008; Werner-Lin et al., 2010). The Divorced Family Focused Care Model combined with the model described in Figure 3 can support the understanding of divorced family centered care and bring the two family worlds together, enabling whole of family world support to target mental health promotion, early identification and early intervention for children and young adult mental health and well-being throughout the deterioration of the cancer-ill parent, and following parental death, and for the duration of bereavement (Marcussen et al., 2019b).

In our study, we were able to observe that support group involvement was useful throughout the period of children and young adults double bereavement. Other studies have found that group support targeting children and supporting divorced families enhances the mental health in children and young adults, and supports cooperation amongst parents and stepparents effective support the bereaved children (K. E. Bugge et al., 2009; Kari E. Bugge et al., 2008; Davey et al., 2003; Ellis et al., 2017; Marcussen et al., 2019b). In general, interventions that provide a broad approach to support encompassing both family and professionals is needed to promote mental health, well-being and flexible daily coping for children and young adults who experience divorced parental cancer and death (Table 3) (Marcussen et al., 2019b). We recommend that when professionals gather the families and provide information and mental health support, they should target support interventions to: 1) Reduce stress overload; 2) Enhance transitional flexibility; and, 3) Cope with disruptions in the relationship networks across the family worlds.

6. **Strength and limitations**

Some methodological limitations should be considered while interpreting the findings in the study. First, the study consisted of children; young adults and relatives within one cancer-counseling department, and it could be assumed that they only represent a certain socio-demographic setting. Nevertheless, the children and young adults described their parents as...
representing a broad socio-economic group, with some employed, and others unemployed. Secondly, the participants had a skewed gender distribution; the interviewed children below 18 years of age, were all girls, but among the young adults there were both boys and girls. Most of the children we observed and interviewed had experienced living in two households/family worlds, some primarily with their fathers, and others primarily their mothers. We did not delimit participants to have experienced living arrangement with shared custody throughout childhood. Thirdly, the participant observer developed a relationship over time with the participants, which could have influenced the results. However, the results indicate that the children and young adults trusted the observer and this proximity provided access to necessary in-depth interviews and important data that was crucial to understanding the phenomenon under investigation. The researcher’s proximity to the field site and participants provided unique access to the relatives of core informants and enabled a depth of data collection through visiting some of the children’s homes, and including interviews with stepparents and grandparents (Spradley, 1979; Spradley, 1980; Wadel, 2015). Fourthly, we limited our focus to the divorced parental death experience, but acknowledge that there are other family structures that may encounter similar grief problems such as single parent families, stepfamilies and fully intact families (Marcussen et al., 2019b; Russell et al., 2018). Finally, our study represents a Danish context indicating that the findings cannot be completely generalized to a wider international context. Despite the limitations, we have taken appropriate steps to ensure the trustworthiness of the study. The rigorosity of the data collection and the systematic structural analysis supported by NVivo, and discussed with experts in the international research team strengthens the trustworthiness and the transferability of the results to other settings. Significantly, this study is, to our knowledge, the first bereavement study exploring double bereavement in children and young adults, and despite the limitations it adds new knowledge into an important area of family support within cancer care.

7. Conclusion

The complexity of double bereavement was compounded by the accumulation of stress and mental health problems resulting from navigation through multiple disruptions and transitions with close relationships, daily activities, living arrangements and conflicts throughout the periods associated with parental divorce, parental cancer and death. Double bereavement can also be described as the disruptions within, and between, the two family worlds including a
lack of information about illness and deterioration related changes to life routines and close relationships.

8. Relevance to clinical practice

Nurses and health professionals can anticipate encountering bereaved children and young people more frequently in clinical settings due to an increasing international prevalence of divorced parental cancer and death. A gap in evidence about the best practice interventions to support the mental health and well-being of double bereaved children and young people is apparent with a particular need for clinical models, recommendations, practice policies, and further research (Ellis et al., 2017; Karidar, Akesson, & Glasdam, 2016; Marcussen et al., 2019b). Some existing health policy recommendations do not adequately address the main issues about health and well-being risk for divorced families compared to other family structures (The National Health Service, Denmark, 2012; The National Health Service, Denmark, 2017). Our research findings recommend family focused interventions as well as individual and group support, during and following divorced parental critical cancer deterioration and subsequent death. The Double Bereavement Model of Factors Influencing Mental Health provides guidance for clinicians who are caring for children and young people affected by stress overload (Figure 3) (Margaret Stroebe & Schut, 2016). Interventions arise from a focus on the reduction of stress overload and enhancement of coping strategies associated with the complex transitions and disruptions with the family worlds of double bereaved children and young adults. It is important to bring the two family worlds together in cooperation, and provide tailored support to both worlds (Figure 2), and in doing so, we consider that this will benefit the society and promote mental health and well-being of double bereaved children and young adults.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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Figure 1 Study design

Table 1 Characteristics of groups and data collected

<table>
<thead>
<tr>
<th>Group</th>
<th>Ages</th>
<th>Total group (n)</th>
<th>Participants from divorced families (n)</th>
<th>Interview Relatives</th>
<th>Interviews participants and relatives (n)</th>
<th>Field notes and field conversations</th>
</tr>
</thead>
<tbody>
<tr>
<td>YA Group 1</td>
<td>24-36</td>
<td>7</td>
<td>3</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>YA Group 2</td>
<td>22-34</td>
<td>7</td>
<td>3</td>
<td>Fiancé</td>
<td>5*</td>
<td>x</td>
</tr>
<tr>
<td>YA Group 3</td>
<td>18-33</td>
<td>6</td>
<td>2</td>
<td></td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>YA Group 4</td>
<td>19-33</td>
<td>6</td>
<td>3</td>
<td>Fiancé</td>
<td>4*</td>
<td>x</td>
</tr>
<tr>
<td>YA</td>
<td>19-51</td>
<td>9</td>
<td>6</td>
<td></td>
<td>1</td>
<td>x</td>
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<tr>
<td>Group 5</td>
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<tr>
<td>YA</td>
<td>19-25</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Group 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Child</td>
<td>9-15</td>
<td>6</td>
<td>2</td>
<td>x</td>
<td></td>
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<tr>
<td>Group 7</td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>Child</td>
<td>7-11</td>
<td>6</td>
<td>1</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>9-12</td>
<td>6</td>
<td>3</td>
<td>Parents</td>
<td>16*</td>
<td>x</td>
</tr>
<tr>
<td>Group 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>9-12</td>
<td>6</td>
<td>3</td>
<td>Step parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In total</td>
<td>9-36</td>
<td>58</td>
<td>27</td>
<td>8</td>
<td>28</td>
<td></td>
</tr>
</tbody>
</table>

*Including relatives; YA=Young Adult

**Table 2 Examples from the structural analysis**

<table>
<thead>
<tr>
<th>Units of meaning (What is said)</th>
<th>Subthemes</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>It was stressful... just like that quickly moving in here... quickly meeting the new school... quickly starting the new school (Amanda Child) ..The illness, the whole period, that she did not say anything, that was the hardest... and then she really suffered from pain at last, you could hear it (crying) (Maren YA)</td>
<td>Navigating through multiple transitions</td>
<td>The experience of double bereavement</td>
</tr>
<tr>
<td>Two months after my mom died my stepfather chose to involve himself with a new girlfriend, so he took the pictures of my mother away. I have been pissed off (Rene YA)</td>
<td>Disruptions within and between the two family worlds</td>
<td></td>
</tr>
<tr>
<td>**In high school it all went wrong and I stopped. I’m stressed and depressed and haven’t worked since. I get anxious and feel it all over my body (Tanya YA FN). Thinking about that they were alone when we were with my other parent, that have almost been the worst; …. Now I worry a lot about my half siblings. It is a great responsibility. I worry about my step-father... My biological father is frustrated with me… (Maren YA)</td>
<td>Stress overload in being in two family worlds</td>
<td>Double bereavement includes mental health consequences</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
</tr>
<tr>
<td>Preparation has not been done sufficiently, I see signs; eating disorder, stomach pain, grief turning into depression, and things like that, she forgets stuff, when she returns to her other home (Bente Stepmom) My mom died when I was 20 years old (Cancer and alcohol) I have been out of work, anxious and depressed. Hard with…my memories, because no one remember my childhood. Mona (YA FN)</td>
<td>Disruptions to wellbeing</td>
<td></td>
</tr>
<tr>
<td>“Mom died, I took care of mom while she was ill. I had conflicts with dad and brother, I felt unsupported”. After group she reopens the contact with her father (Tenna YA FN) Get focus on planning from the start then she had avoided this… in general we have been lacking professionals, because none of us have tried this before (Steve Parent) My teacher between 2nd and 8th grade… we had a connection. I did actually attend 6-8 schools, but he found out about me because he once picked me up at home. I had been bullyed, so he was interested in me.. I think that helped me (Rene YA). I think… she talked with you (Cancer Society) and she got help even before her mom were gone. She now is in grief group she opens more (Dennis Parent).</td>
<td>Close (informal) relationships Professional (formal) support</td>
<td>Need for support across the two family worlds</td>
</tr>
</tbody>
</table>

**Figure 2** The transitions and disruptions within the two family worlds
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Figure 3 Double Bereavement Model of Factors influencing Mental Health

Mental health problems

Stress overload

Transitions, disruptions, conflicts, caretaking, avoidant, observant within the two family worlds

Divorced parental critical cancer and death

Parental divorce or parental critical cancer and death

Lack of support

Lack of support and cooperation in and between the two worlds

Lack of expected support from the surviving parent or from stepparents or professionals

Parental and professional support

Accessible support

Coping with Stressors

Wellbeing during bereavement

Table 3 Group support needs of children and young adults from divorced families

<table>
<thead>
<tr>
<th>Tell your story</th>
<th>Learn to talk about experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sharing with others (I am not alone)</td>
</tr>
<tr>
<td></td>
<td>Find meaning and coherence (past, present, future)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Getting knowledge and talk about the bereavement and grief</th>
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Think and talk about the future life, new living arrangements, daily living, education, jobs, relationships  
Getting help to address anxiety, depression and other mental health problems  
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</tr>
<tr>
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<td>7</td>
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<td>x</td>
</tr>
<tr>
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<td>YA</td>
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<td>6</td>
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<tr>
<td>Group 3</td>
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<tr>
<td>Child</td>
<td>7-11</td>
<td>6</td>
<td>1</td>
<td></td>
<td>x</td>
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</tbody>
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Table 2 Examples from the structural analysis

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<thead>
<tr>
<th>Units of meaning (What is said)</th>
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<th>Themes</th>
</tr>
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<tbody>
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<th>Close (informal) relationships</th>
<th>Need for support across the two family worlds</th>
</tr>
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<tbody>
<tr>
<td>Professional (formal) support</td>
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Figure 2 The transitions and disruptions within the two family worlds
Professional support
Health professionals, school teachers, school health nurses, therapists, groups etc.

Critical cancer illness, hospital, Chemo therapy, death

FW1
CP’s partner, halfsiblings, grandparents, stepgrandparents, and extended family

Bereavement, Grief, Loss

Lack of knowledge and Professional support

FW2
Surviving parent, Stepparent, stepparents children, grandparents, stepgrandparents

CP=Parent with cancer, SP= surviving parent, FW= Family world
**Figure 3 Double Bereavement Model of Factors influencing Mental Health**

- **Mental health problems**
  - Stress overload
  - Lack of support

- **Coping with Stressors**
  - Transitions, disruptions, conflicts, caretaking, avoidant observant within the two family worlds’
  - Divorced parental critical cancer and death
  - Parental divorce or parental critical cancer and death

- **Wellbeing during bereavement**
  - Accessible support

- **Lack of support and cooperation in and between the two worlds**
- Lack of expected support from the surviving parent or from stepparents or professionals

**Table 3 Group support needs of children and young adults from divorced families**

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<td>Child Group 9</td>
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<td>Parents</td>
<td>16*</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Grand parent</td>
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<td>9.36</td>
<td>58</td>
<td>27</td>
<td></td>
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*Including relatives; YA=Young Adult

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- Lack of support

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| Tell your story | Learn to talk about experiences  
|                 | Sharing with others (I am not alone)  
|                 | Find meaning and coherence (past, presence, future)  

- Getting knowledge and talk about the bereavement and grief  
- Accept emotions and unfamiliar feelings  
- Address mental health problems  
- Understand the grief process  
- Learn to oscillate between the loss and future

- Work with memories  
- Talk about the difficulty memories  
- Getting help to remember positive memories  

- Support in conflicts and difficulties in close relationships  
- Talk about close relationship problems  
- Being encouraged to handle conflicts instead of avoiding them  
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