Parenting Children with Cancer

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PARENTING CHILDREN WITH CANCER

The number of children being diagnosed with pediatric cancer has increased exponentially. Children with cancer face many difficult obstacles in life that can cause temporary and permanent developmental challenges. Parents with children battling cancer are burdened by a number of stressors, which has sparked interest in research. For the purpose of this paper, the articles reviewed focus on how different parenting approaches, behaviors, and reactions can influence the child’s outcome through his or her ongoing battle with cancer. The first article focuses on how parenting stress can hinder the child’s adjustment outcomes (Wolfe-Christensen, Mullins, Rambo, Eddington, & Carpentier, 2010). The second article studies the idea that parental stress is affected by the different methods of coping used when parenting a sick child (Bennett, English, Rennoldson, & Starza-Smith, 2013). The third article addresses the various parenting styles that parents use to raise their child with cancer in a way they saw best and how these parenting styles may show positive or negative effects on a child’s behavior (Williams & McCarthy, 2015). Overall, this paper focuses on the many different challenges parents face when raising a child with pediatric cancer and how these factors can affect them as well as their child.

Wolfe-Christensen et al. (2010) conducted a study focused on the stress and time commitment parents experience to how it affects their children’s adaptation outcomes. The researchers (Wolfe-Christensen et al., 2010) believed that high levels of caregiver demand and parenting stress would cause more developmental problems (e.g. behavior, emotion, and social) in children diagnosed with brain tumors or leukemia. The study examined thirty-six mothers and their children who ranged from two to twelve years old and were receiving treatment for cancer (Wolfe-Christensen et al., 2010). The data was collected through demographic forms, medical chart histories, the Severity of Illness Scale, the Care of my Child with Cancer Scale used to assess the demand parents take on as the caregiver, the PSI-Short form used to measure their
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personal stress, the stress of their child, and the stress between the two, the Behavior Assessment System which assessed the behaviors of children in the age range used for the study, and the Social Skills Rating System that measured the reoccurrence of general social behaviors all completed by the mothers (Wolfe-Christensen et al., 2010). Correlations along with preliminary, primary, and exploratory analyses were used to analyze the data.

Wolfe-Christensen et al. (2010) found that caregiver demands did not impact adaptation results in the children like they had anticipated. They also discovered that having high caregiver demand was better for children’s adjustment, specifically emotional adjustment, which went against their hypothesis. Parental stress was found to be the number one effect on a child’s emotional, behavioral, and social adjustment outcomes (i.e., more externalizing and internalizing problems). Managing stress with a child diagnosed with cancer can be so grueling due to care for the sick child, psychological care for the family, financial demands, upholding normal family life, and contacting all health care personnel that developing high levels of stress levels seems inevitable. However, knowing that parents’ stress can cause adjustment problems caused Wolfe-Christensen et al. (2010) to seek out ideas or implementations of parent intervention programs that can help reduce the stress and provide advice on how to cope with the situations being faced.

Bennett et al. (2013) conducted a study focused on assessing parents’ stress levels with children who have brain tumors as well as evaluating how parents’ stress levels are affected by their coping style, external locus of control (i.e., thinking that outside factors have a greater impact on their relationship with their child than they do), and time of diagnosis. These researchers (Bennett et al., 2013) believed that parents whose children were diagnosed with a brain tumor would have higher stress levels and that the way they chose to cope along with the external locus of control would affect stress levels significantly, but time of diagnosis would not.
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The participants of the study consisted of thirty-seven parents who had a child under the age of eighteen who had been diagnosed with a brain tumor, in post-diagnosis for a minimum of three months, and were still seen by the hospital. Over half of the parents were females (Bennett et al., 2013). Data for the study was collected through three questionnaires and a demographic form. The questionnaires consisted of the Parenting Stress Index used to evaluate parental stress, the Ways of Coping Questionnaire used to assess ten different coping styles a parent might use, and the Parental Locus of Control Scale used to evaluate what exact locus of control the parent had with their child. Correlation coefficients and t-tests were used to analyze the data upon receiving completed packets (Bennett et al., 2013).

Bennett et al. (2013) found that parents of children with brain tumors had exponentially higher stress levels than parents in the normative sample, as anticipated. Certain coping behaviors (e.g., emotion-focused, denial, avoidance) and external locus of control did in fact lead to high stress levels as proposed. The time of diagnosis had no significant effect. It was found that emotion focused parenting, accepting responsibility, and self-blame were some of the worst mechanisms to lower stress because they were unbenefficial for the child and only created more problems (Bennett et al., 2013). External locus of control was shown to be the number one cause of parental stress (Bennett et al., 2013). It is suggested that parent education programs should focus on stress management tactics, education on child’s illness, communication skills, and problem solving skills to name a few so parents could feel at ease. Studies show that when parents are stressed it alters their ability to meet their child’s demanding needs, and overall the researchers, Bennett et al. (2013), wanted to find what caused these high stress rates so these problems do not arise.
Williams and McCarthy (2015) conducted a study that examined the effects of the choices parents made with cancer specific parenting styles (e.g. lax parenting) and handling difficult child behavior had on children with acute lymphoblastic leukemia (ALL) pertaining to their challenging behavior, eating, and sleeping problems. Williams and McCarthy (2015) believed that parents with children diagnosed with ALL would alter their parenting strategies in response to their child’s needs when dealing with behavior, eating, and sleeping and these different approaches could lead to different outcomes either positive or negative. The study consisted of fifteen mothers and their children who ranged from two to six years old. Most of the children were either currently undergoing treatment for ALL or were within two months of post treatment (Williams & McCarthy, 2015). Data for the interview was collected through a one-on-one telephone interview that consisted of general questions pertaining to the different ways the mothers responded to their children’s behavior, sleeping, and eating problems due to the cancer or if their parenting style had changed due to the illness. Open, axial, and selective coding were used to categorize all the data from the phone interviews as well as inductive thematic analyses and triangulation to test the consistency of the themes found from the transcriptions (Williams & McCarthy, 2015).

Williams and McCarthy (2015) found that each parent reported using different parenting strategies in managing behavior problems related to their child’s ALL. Behavioral and eating problems caused many parents to resort to using a more relaxed parenting style where they either let their child get away with things, bribed them, or did whatever the child demanded. Others reported becoming stricter on their child to enforce as much normal behavior into their life as possible. Findings on sleeping problems revealed that a lot of parents took to co-sleeping or enforcing consistent bedtime routines, like bedtime stories. All of these parenting choices were
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seen to have some positive effects, but many parents did report that adapting their parenting style led to harder transitions once the child was in remission and returning back to normal everyday life. (Williams & McCarthy, 2015). Williams and McCarthy (2015) found that there are many different approaches parents with children diagnosed with ALL could take to help with behavioral side-effects, but that these approaches seem to only provide a short-term gain and end up causing long term problems (e.g., lax with rules, overly nurturing, and co-sleeping). Parents in this study (Williams & McCarthy, 2015) mentioned how helpful it would have been to know how other parents dealt with parenting a child with ALL. This led the researchers to suggest that there should be parenting programs that provide parents with direction on how to handle their child’s behavioral side-effects in the best way possible for positive results.

In summary, these three studies address the many different challenges parents are faced with that can lead to developmental and behavioral problems in children diagnosed with childhood cancers like brain tumors and leukemia; however a word of caution with each study should be noted. The three studies only focused on the mothers’ responses as well as two specific types of cancers (leukemia and brain tumors) which could need to over-generalizations of results; therefore, for future studies fathers and other types of cancers should be tested for more complete understandings. Even with limitations, each study provided a different outlook on parenting children with childhood cancer and insightful information. Based on the results of the studies, parents should monitor their stress levels and choices of coping as well as parenting styles in order to avoid child-behavior problems later. These factors can more easily be prevented through parent intervention programs as mentioned throughout this paper. Parents need to attend sessions that inform them of multiple coping strategies, parenting approaches,
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stress relievers, and clear understandings of illness so they can be better prepared to help their child have a positive, normal life once cancer free.
