



Mount Saint Mary College Journal of Psychology Research Proposals
<http://brainwaves.msmc.edu>

The Effects of Siblings on Coping with Parental Cancer

Katherine Wynne

Mount Saint Mary College, Newburgh, New York

Cancer is a detrimental problem in homes across America today. Twenty-two percent of cancer diagnoses will occur between ages 20-54, which are the primary ages for having children. Families are struggling with anxiety levels, stress levels, and coping levels, therefore the children need help and support at this time. Very little research has been done on siblings helping anxiety levels through parental cancer. This proposal will examine the effects siblings have on one another during the time a parent has cancer, and in subsequent years. The longitudinal study will consist of 150 participants between the ages of 7 to 12. The participants will consist of 50 only children, 50 younger siblings, and 50 older siblings. The Screen for Child Related Anxiety Disorder will be given yearly until the participants reach the age of 30. This will indicate if siblings help each other cope with parental cancer.

Pages: 14-18

Cancer is a growing illness that is becoming predominant in our society. Men and women have a one in ten chance of developing cancer before age 60, an active time when people are developing careers, relationships, having and raising children. Twenty-two percent of cancer diagnoses will occur between ages 20-54 (Kornreich, Mannheim, & Axelrod, 2008). Since the risk for cancer increases with age, women are more likely to be mothers at the time of diagnosis (Kornreich, Mannheim, & Axelrod, 2008). There are over 200,000 children impacted with parental cancer in the United States alone (Lewis, 2007).

Head and neck cancer has been most prominent for studies researching prominent effects on families (Semple, & McCance, 2010). Research by Semple and McCance (2010) focuses on the detrimental side effects of cancer to the young children. Twelve parents were interviewed, with children under the age of 16; the data was analyzed. The biggest fear reported for parents were missing the important times in their child's life. Children,

Katherine Wynne (kwyn2233@my.msmc.edu) is a senior graduating in December 2012 with a B.A. in Psychology. She will pursue her degree in Clinical Psychology starting in January 2014.

on the other hand will worry they will not have parental guidance throughout life (Semple, & McCance, 2010). It is important for health care providers to encourage and talk to their patients about getting their children back into a routine. Help from siblings may affect the way the parents and children interact with one another.

Having a parent struggle with cancer often disrupts family, conversations, activities and routines (Schmitt, Santalahti, Saarelinen, Saveonlahti, Romer & Piha, 2008). Children sense parent's stressful life changes which creates anxiety and uneasiness on the child. Research suggests that anxiety levels on uninformed children are much greater than informed children (Kornreich, Mannheim, & Axelrod, 2008). If children are not informed about the parent's sickness, they will be affected mentally and emotionally. A parent with cancer can be detrimental to children, especially children in school. Children may blame themselves for their parent's illness, and if they are experiencing academic problems, it will cause behavior health issues prior to their parent's cancer diagnosis (Cerel, 2006).

Researchers reviewed the psychosocial effects that cancer and treatment has on the family. Short-term psychological distress was not considered severe and that

families tend to deal with cancer rather well. Children that had one parent suffering from cancer portrayed signs of anxiety and depression (Hagedoorn, Kreicbergs, & Appel, 2011).

During the development and treatment of cancer, children may experience that the disease transforms the parent physically and psychologically (Hagedoorn, et al., 2011). Children may fear the consequences of parental death; it has been found in many studies that depressed parents can lead to poor family functioning, and has affected the psychological wellbeing in children (Hagedoorn et al., 2011). Depression has been associated with children in most cases of parental cancer (Hagedoorn, et al., 2011). The fear towards the death of a parent is more prominent girls (Hagedoorn, et al., 2011).

Since there is a difference in how the sex of a child copes with cancer, introverted and extroverted children also have different ways of coping. Viser, Huizinga, Hoekstra, Graaf, and Hoekstra-Weebers (2007) examined the temperament and internalizing factors that affect children that have parents with a terminal illness. In this study, children and parents were asked to fill out a questionnaire regarding behavior. It was found that children's problems were based around shyness, fear, frustration and worry (Viser, et al., 2007). These children tend to withdraw from school friends and family instead of seeking out for support and help. Introverted children specifically will have a difficult time reaching out and will tend to develop fear, frustration and worry more than extroverted children (Viser, et al., 2007). With these findings, it would be helpful for healthcare providers to know the temperament of the child to help prevent any behavioral problems that occur with a parent diagnosed with cancer.

One study by Flahault and Sultan (2010) focused on the difference between a parent suffering from cancer and a parent suffering from a different chronic illness. There were two groups, one that had a parent with a chronic illness, and the other that had a parent with cancer. All of the children took a Rorschach Comprehensive System exam; which is a test that records the subject's perception of inkblots (Flahault, & Sultan, 2010). Additionally, when the mother was suffering from cancer, the females tended to have of a lower self-esteem (Flahault, & Sultan, 2010).

Schmitt et al. (2008) focused on families with parents that have cancer compared to families that don't have cancer. Eighty-five families, and 61 healthy spouses, 68 middle-aged children were given a set of questionnaires. It was found that families that have cancer were not worse off than families without cancer. For example, there was no change in family functioning. But what was found, is mothers become more depressed than anyone in the household. If a father is sick, the mother's depression continues to be the same throughout

the course of the cancer. If the mother is diagnosed with cancer, the father does not become depressed. Overall, depression is very closely linked to the cancer and parents.

Raveis, Siegel, and Karus, (1999) examined families with school aged children that have experienced a parent's death. Many studies focus on parents with cancer but never looked at the consequences of a death. Randomly selected, children completed interviews focusing on age, gender, and the time since the death. Preparing children for the death of a parent can be problematic. Sometimes children can be in denial or oblivious of what is happening around them. Children need to recognize the death of a parent in order to move forward, and realize the life changes that are happening, although it may be hard. Eighty-three families of children that had a parent die with cancer were used; the surviving parent and one child completed the interview together (Raveis, et al., 1999). It was found that the level of openness of the surviving parent was correlated with lower levels of depression and anxiety. Also, boys had a lower risk of depression compared to girls (Raveis, et al., 1999).

Young teens informed that a parent has cancer will have multiple concerns (Lindqvist, Schmitt, Santalahiti, Romer, & Phia, 2007). A health assessment device was used as well as a health survey. It was found that parents with cancer tend to come together as a family and are closer than ever. This is a hard time for the patient and their loved ones. Results didn't differ depending on which parent. Open communication between the entire family is important in solving problems with cancer patients (Lindqvist, Schmitt, et al., 2007). If open communication is not present, it could cause the child distress (Lindqvist, Schmitt, et al., 2007)

In order to help families deal with cancer, Niemela, Hakko, & Rasanen (2010) grouped family and peer interventions; children and parents were both involved. It emphasized the parent's needs as well as the children's needs. This study focused on how interventions should be used and trained. Health care providers face parents with cancer all the time and are trying to find a way to help children in need. It showed that positive interventions helped the psychosocial wellbeing of an individual, but no overall improvement was shown (Niemela, et al., 2010).

Siblings may also provide support. Siblings learn from one another through imitation during everyday activities, family interactions, emotional and behavioral tendencies (Conger, Stocker, & Mcguire, 2009). The younger siblings tend to observe their older siblings and mimic what they do. Transitions and life changing events, such as cancer can affect social relationships. Transitions may serve as unexpected points for each other as a whole, for example; a death in the family (Conger, et al., 2009). Siblings are important sources to support stressful life events and experiences. Children who have strong

harmonious relationships with siblings show positive outcomes, more so if older siblings are present (Soli, Mchale, & Feinberg, 2009).

In a longitudinal study by Gass, Jenkins, and Dunn, (2007) examined the effect of children with siblings adjusting to a stressful life event. The mothers reported stressful life events. In stressful life situations, sibling's affection is significant. The children with affectionate relationships with their siblings were less likely to experience hardships, when children with non-affectionate sibling relationships struggled. Positive sibling relationships are important in helping children through traumatic life events (Gass, et al., 2007).

Little research has been proposed with siblings coping with parental cancer. Longitudinal studies are significant because, they focus on the coping mechanisms of the individual, and back up the long-term development effects of parental cancer. Children who do not have siblings when coping with a parent diagnosed with cancer will have a more difficult time than those who have siblings. I hypothesize that siblings will help one another cope while parents have cancer and will lessen anxiety.

Research Question

Does having siblings help lessen anxiety during parental cancer?

PROPOSED METHOD

Participants

I will aim to recruit 150 children who have one parent with cancer between the ages of 7 to 12. 50 will be only children, 50 will have younger siblings, and the last 50 will have older siblings.

Materials and Procedure

A longitudinal study will be conducted to examine anxiety symptoms yearly in my participants. Children will be interviewed yearly until age 30, and will also be given a modified version of the Screen for Child Related Anxiety Disorder (Birmaher et al., 1997). This modified questionnaire will consist of 35 questions (see Appendix A). The questions will consist of the level of stress they have encountered in the year, as well as if they had difficulty completing tasks or staying focused in school and building relationships. When the child reaches the age of 18 they will no longer be given the anxiety disorder questionnaire and will only be interviewed. Taking in account of a death of a parent will be recorded also. Data will be collected and analyzed to determine if siblings predict less anxiety.

CONCLUDING REMARKS

Significance

This study will enhance the knowledge of how children cope with parental cancer. As a result of this study, we will better understand the quality of sibling relationships. A longitudinal study helps the research become more clear and accurate. Ultimately, this study will help the individuals cope, and future research may figure a way of helping children and siblings deal with this detrimental time, for example family therapy may be offered more frequently.

Limitations

There are two limitations to the study. The first limitation is that during a longitudinal study, there is morbidity. The participants, who drop out of the study, may alter the results. The second potential limitation to this study is siblings moving away from one another, will not receive the same support system.

REFERENCES

- Birmaher, B., Khetarpal, S., Brent, D., Culley, M., Balach, L., Kaufma, J., Mckenzi-Neer, S., et al. (1997). The Screen of Child and Anxiety Related Emotional Disorders (SCARED)., Scale construction and psychometric character. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 545-553
- Cerel, J., Fristad, M. A., Verducci, J., Weller, R. A., & Weller, E. B. (2006). Childhood Bereavement: Psychopathology in the 2 years post parental death. *Journal of the American Academy of Child & Adolescent Psychiatry*, 45(6), 681-690. doi:10.1097/01.chi.0000215327.58799.05
- Conger, K. J., Stocker, C., & McGuire, S. (2009). Sibling Socialization: The effects of stressful life events and experiences. *Siblings as Agents of Socialization. New Directions of Child and Adolescent Development*, 126, 45-60. doi: 10.1002/cd.256
- Flahault C., Sultan, S. One being a child of an ill parent: A Rorschach investigation of adaption to parental cancer compared to other illnesses. *Roschanchiana*, 31(1), 43-69. doi:10.1027/1192-5604/a000004
- Gass, K., Jenkins,., & Dunn, J. (2007). Are sibling relationships protective? A longitudinal study. *Journal of Child Psychology and Psychiatry*, 48(2). 167-175. doi: 10.1111/j.1469-7610.2006.01699.x
- Hagedoorn, M., Kreicbergs, U., & Appel, C. (2011). Coping with cancer: The perspective of patients' relatives. *Acta Oncologica*, 50(2), 205-211. doi:10.3109/0284186X.2010.536165
- Kornreich, D., Mannheim, H., & Axelrod, D. (2008). How children live with parental cancer. *Primary Psychiatry*, 15(10), 64-70.
- Laccetti, M., & Vessey, J. A. (2007). When a school-age child's parent has cancer. *Journal For Specialists in Pediatric Nursing*, 12(4), 297-299. doi:10.1111/j.1744-6155.2007.00124.x
- Lewis, F. M. (2007). Parental cancer and dependent children: Selected issues for future research. *Psycho-Oncology*, 16(2), 97-98. doi:10.1002/pon.1141

Lindqvist, B. B., Schmitt, F. F., Santalahti, P. P., Romer, G. G., & Piha, J. (2007). Factors associated with the mental health of adolescents when a parent has cancer. *Scandinavian Journal of Psychology, 48*(4), 345-351. doi:10.1111/j.1467-9450.2007.00573.x

Niemelä, M., Hakko, H., & Räsänen, S. (2010). A systematic narrative review of the studies on structured child-centered interventions for families with a parent with cancer. *Psycho-Oncology, 19*(5), 451-461. doi:10.1002/pon.1620

Raveis, V. H., Siegel, K., & Karus, D. (1999). Children's psychological distress following the death of a parent. *Journal of Youth and Adolescence, 28*(2), 165-180. doi:10.1023/A:1021697230387

Schmitt, F. F., Santalahti, P. P., Saarelainen, S. S., Savonlahti, E. E., Romer, G. G., & Piha, J. J. (2008). Cancer families with children: Factors associated with family functioning--A comparative study in Finland. *Psycho-Oncology, 17*(4), 363-372. doi:10.1002/pon.1241

Semple, C., & McCance, T. (2010). Experience of parents with head and neck cancer who are caring for young children. *Journal of Advanced Nursing, 66*(6), 1280-1290. doi:10.1111/j.1365-2648.2010.05311.x

Soli, A., Mchale S., Feinberg E. (2009). Risk & Protective Effects of Sibling Relationships among African American Adolescents. *Fam Relat. 58*(5): 578-592. doi: 10.1111/j.1741-3729.2009.00576.x

Visser, A., Huizinga, G. A., Hoekstra, H. J., van der Graaf, Winette T., A., & Hoekstra-weebers, J. (2007). Temperament as a predictor of internalizing and externalizing problems in adolescent children of parents diagnosed with cancer. *Supportive Care in Cancer, 15*(4), 395-403. doi: 10.1007/s00520-006-0117-7

APPENDIX A

Screen for Child Anxiety Related Disorders (SCARED) - Modified

Name: _____

Date: _____

Directions:

Please complete this anxiety scale in order to accurately measure your anxiety.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
1. When I feel frightened, it is hard to breathe			
2. I get headaches when I am at school.			
3. I don't like to be with people I don't know well.			
4. I get scared if I sleep away from home.			
5. When I get frightened, I feel			

like passing out.			
6. I am nervous.			
7. I follow my mother or father wherever they go.			
8. People tell me that I look nervous.			
9. I feel nervous with people I don't know well.			
10. I get stomachaches at school.			
11. When I get frightened, I feel like I am going crazy.			
12. I worry about sleeping alone.			
13. I worry about being as good as other kids.			
14. I have nightmares about something bad happening to my parents.			
15. I worry about going to school.			
16. When I get frightened, my heart beats fast.			
17. I get shaky.			
18. I have nightmares about something bad happening to me.			
19. I worry about things working out for me.			
20. When I get frightened, I sweat a lot.			
21. I am a worrier.			
22. I get really frightened for no reason at all.			
23. I am afraid to be alone in the house.			
24. It is hard for me to talk with people I don't			



know well.			
25. When I get frightened, I feel like I am choking.			
26. People tell me that I worry too much.			
27. I don't like to be away from my family.			
28. I am afraid of having anxiety (or panic) attacks.			
29. I worry that something bad might happen to my parents.			
30. I feel shy with people I don't know well.			
31. I worry about what is going to happen in the future.			
32. When I get frightened, I feel like throwing up.			
33. I worry about how well I do things.			
34. I am scared to go to school.			
35. I worry about things that have already happened.			

SCORING:

A total score of ≥ 25 may indicate the presence of an Anxiety Disorder.

ACKNOWLEDGEMENTS

I would like to thank Professor Yasmine Kalkstein for her support in the creating of this article.
