When a Mother Has Cancer: Myriad Issues for Children and Adolescents

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Oncology nurses caring for women with cancer must be aware that many of these patients are mothers of young children and adolescents. Common issues for children dealing with a parent’s cancer include worrying about their family’s future and changes in their mother’s health status. Adolescents share these concerns, along with uncertainties over changes in their responsibilities and demands at home. Teens also deal with interference in maintaining their independence and the time they spend in activities with friends (Vannatta, Grollman, Noll, & Gerhardt, 2007). Therefore, adolescents may often find themselves in situations in which they are providing care for younger siblings and offering support to their sick parent, rather than the other way around.

Positive family functioning can help to improve the mental health of children and adolescents during their parent’s cancer treatment. Some studies have indicated that open communication and flexibility among family members are key characteristics of optimal coping during this time of stress (Lindqvist, Schmitt, Santalalhti, Romer, & Piha, 2007). In addition, maintaining close friendships during a parent’s cancer treatment provides children with a “buffer” and acts as a protective factor against depression and other emotional issues (Vannatta et al., 2007).

To Tell or Not to Tell

Parents may ask an oncology nurse for advice on whether they should share the news of a diagnosis with their children as well as how much or how little information should be given. Some may even ask, because oncology nurses are professionals, “Can you tell them for me?” How you respond is based on your personal, ethical, and professional beliefs. Optimally, the responsibility of informing children about a parent’s cancer diagnosis, treatment, and outcome should be that of the parents themselves. Undeniably, the task is challenging for most parents, particularly when they may be emotionally fragile and attempting to cope with the news themselves. In many instances, parents can benefit from the involvement of members from their medical team, including nurses, physicians, social workers, and psychologists.

Developmental Stages

When children are told and how much information they are given depends, in large part, on their age and development.

Ages 3–5

During this age period, children generally are unable to communicate their emotions and, as a result, may resort to regressive behaviors such as bedwetting. This stage is distinguished by egocentric thinking; therefore, these children have difficulty comprehending other’s viewpoints and typically maintain a self-centered perspective (Thomas, 2000). Consequently, they worry about themselves becoming sick and may ask, “Can I catch cancer?” They may need constant reassurance from their parents and encouragement to help express emotions.

Ages 6–8

Cognitively, young children in this stage may engage in magical thinking and believe their mother’s cancer is their fault because, for example, they hoped...
she would stay home from work and play with them instead. Children at this age are highly dependent on their primary caregivers. Therefore, treatments that require frequent hospitalizations and clinic visits may result in children experiencing feelings of abandonment by their sick parent. At this age, children may not ask questions directly. Therefore, they may benefit from their parents bringing up difficult conversations and modeling how to appropriately express emotions.

**Ages 9–11**

Feelings of abandonment may persist in this age period, and the decreased time spent with and attention from parents may lead to feelings of inferiority (Thomas, 2000). As a result, children may demonstrate difficulty with concentration at school and may distance themselves from peers to spend more time at home. These children may benefit from spending quality one-on-one time with either or both parents, even without other siblings present. In addition, at this age children require and can handle more age-appropriate information than younger children.

**Ages 12–14**

Young adolescents typically begin to separate from their parents to develop their own sense of identity. A parent’s cancer diagnosis may cause these young teens to feel drawn back into the family system and consequently create some confusion and, perhaps, rebellion in them. As a result, school and various activities become a reprieve from thinking about cancer, and parents should encourage teens to maintain their normal routine. Parents should remember that at this age their child may feel overburdened with new household responsibilities, may have some ambivalence about hospital visits, and may experience volatile emotions.

**Ages 15–17**

Older adolescents begin to face their parent’s cancer in a more adult manner and, therefore, are able to grasp all the difficult consequences. Common feelings experienced by this age group include guilt, anger, and resentment. Young women may experience more difficulty than young men with their mother’s cancer diagnosis because of changes in their household responsibilities, which include increased child care, chores, and providing parental support (Vannatta et al., 2007). In addition, for young women whose mothers have breast cancer, the possibility of a genetic predisposition can be quite alarming. Given that older adolescents take on adult roles and can cognitively comprehend parental cancer at a more mature level, providing them with the detailed information they need about their parent’s illness is important.

**Positive Outcomes**

Although a cancer diagnosis is devastating and its treatment leads to complicated experiences for patients and their families, it also can serve positive functions. Some families indicate that their peers commonly find stressful (Lindqvist et al., 2007). Also, some adolescents are likely to respond to their mother’s illness as an opportunity to gain a greater sense of gratitude toward life and react with less distress toward issues that their peers commonly find stressful (Lindqvist et al.).

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**References**


