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Discovering Resilience in Children who Witnessed their Caregivers with Cancer: A Retrospective Study

Cassandra Menz
Providence College

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Discovering Resilience in Children who Witnessed their Caregivers with Cancer: A

Retrospective Study

Cassandra N. Menz

Providence College

A project based upon an independent investigation,
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Abstract

Cancer is a powerful disease and has been shown to affect both the individual battling the disease as well as the friends and families. Research has shown that children and/or adolescents who have witnessed their caregivers with cancer have emerged as resilient from this experience. Through interviews, this study investigated college students at a small liberal arts school in Southern New England, who have or have had primary caregivers with cancer to see if they have gained resilience. This study revealed the effects that cancer can have not only on the individual who is battling the disease, but also on the children and/or adolescents who have witnessed their struggle. It identified possible support systems that were used by the college students to cope with their caregiver's cancer. Information from this study can be used to understand if children and/or adolescents that grow up with a parent with cancer may develop resiliency as they mature and grow older.

Discovering Resilience in Children who Witnessed their Caregivers with Cancer: A
Retrospective Study

Cancer is a powerful disease. Unfortunately, there is a large amount of people that are affected by it. This study will be examining the number of college students at a small liberal arts school in Southern New England who have or have had primary caregivers with cancer. For the purposes of this study, a caregiver is defined as the person or persons who were most responsible for making decisions about the student in his/her life, and whom the students feel they were raised by. Students interviewed will be analyzed to determine if they have emerged as resilient from the experience of growing up with a caregiver with cancer. Unfortunately, not every child or adolescent will have a caregiver who has survived from battling cancer, but I hope to discover that some adolescents are now resilient and have effective coping skills from this traumatic experience. Also, many times a caregiver will not be physically or emotionally able to offer their support to their child while going through the struggle of cancer, so the child may have to lean on other support systems in efforts to cope effectively. I want to examine the support systems children used during the time their caregiver had cancer. Finally, gender differences will also be examined. It is possible that one gender comes out of an experience such as this with greater resiliency and coping skills than the other gender.

This study is significant to the field of social work because social workers can be one level of support that a child or adolescent may lean on if they are growing up with a caregiver battling cancer. If social workers are able to help their clients look at the more positive aspects of resiliency during a difficult time, they may be able to provide hope and encouragement to others, show there is a happy ending, and show the ability to grow from these experiences. If the support systems that have helped children and adolescents are identified, social workers in the future

could potentially provide these support groups to other children and adolescents who have caregivers with cancer, so that they may emerge with resilience as well. Also, social workers will be able to predict more clearly the outcome a male client may have versus a female client that is going through this experience.

The findings of this study will be based on interviews with young adults who have experienced a caregiver's battle with cancer. The answers to the questions will be analyzed for common themes that may have aided in a child's ability to become resilient after witnessing their caregiver's cancer. The themes include: Can children or adolescents who have witnessed a caregiver struggle through cancer emerge from the battle with resiliency and strong coping strategies? What types of support systems can help a child or adolescent to develop this resiliency? Does resiliency differ between males and females? Through the analysis, a report will be produced stating the results of this study.

Review of Literature

Unfortunately, too many children have to go through the experience of having or losing a caregiver from cancer. In fact, 3.5% of children under age 18 have experienced the death of a caregiver [from cancer] (Edgar-Bailey & Kress, 2010). This is a remarkable number and is probably the reason why so many researchers have looked into how children react to the death of their caregiver or the experience of living in a family where one (or both) of the caregivers has cancer.

There are, of course, many symptoms associated with the discovery that a caregiver has cancer. Niemela, Hakko, and Rasanen (2010) explains, "Adolescents with a parent with cancer have been observed to be at increased risk of having psychiatric symptoms, such as anxiety and depression, as well as physical symptoms, such as headache, stomach ache, dizziness, sleeping problems and loss of appetite" (p. 451). Children that are going through the experience of having

a caregiver with cancer also often experience internalizing feelings (Visser, et al., 2005). According to Visser, et al., (2005), these feelings include “withdrawal, somatic complaints, and anxiety/depression” (p. 754). Visser, et al., (2005) also describes daughters as experiencing these internalizing feelings more than sons. One reason for this trend is that mothers will talk to their daughters more about their illness (or the illness of their husband) than their sons. Daughters also are more likely to take over the caretaker role in the family when a caregiver is sick (Visser, et al., 2005). Also, daughters experience more stress than sons because they are more likely to worry that they or their siblings will become sick with cancer someday (Kennedy & Lloyd-Williams, 2009). It seems as if girls experience the brunt of stress caused by having a caregiver with cancer as shown by Wong, et al., (2010) when describing, “adolescent girls have been found to generally experience a greater degree of emotional distress following a parental diagnosis of cancer than do adolescent boys” (p. 78). These “symptoms” described above for both girls and boys of having a caregiver with cancer are more medical than some of the other side effects that children may develop as they go through the experience of living with a caregiver with cancer, or losing a caregiver to cancer.

Of course, there are some side-effects that are not medically diagnosed. These can include: a change in self-esteem, academic changes, social changes, and interpersonal changes (Wong, et al., 2010). Other changes occur in their “[household] roles, relationships, and social activities” (Wong, et al., 2010, p. 889). The children’s new responsibilities included “helping the ill parent, housework, and supporting their parents by comforting them or keeping a positive attitude and being strong” (Wong, et al., 2010, p.889). This research study will further focus on the social and interpersonal changes that occur years after the caregiver is healed or has died.

To lessen the burden of the many symptoms described above, some children develop a variety of ways to cope to prevent symptoms from becoming detrimental. Kennedy and Lloyd-Williams (2009) found that coping strategies include “reasoning, having a positive attitude, information, getting on with things, maintaining normality, distraction, talking about it or not talking about it, maximizing time with the parent, and also faith” (p. 889). “Daughters are encouraged to express their emotions, but sons are stimulated to control their emotions” (Visser, et al., 2005, p. 755). However, all children need to openly be able to talk about their experience and how they are feeling in order to cope effectively. One of the major factors in children’s ability to cope is to have open communication with the caregivers (both the ill and the well). Not surprisingly, many caregivers do not want to tell their children that they (or their spouse) are sick because they think it is in the best interest of their children. However, it has been found that children actually experience more anxiety when they know that something is wrong, but they do not know exactly what it is (Faulkner & Davey, 2002).

Of course, children are not the only ones that need to cope with the situation. Both caregivers are going through their own coping process at the same time that they are supposed to be helping the child cope. As Faulkner and Davey (2002) describe, this tension can cause problems: “overall, parental illness has been found to cause parental withdrawal, indifference, unreliability, hostility, and coerciveness, which are linked to impaired adaptability of the child in the form of behavioral, social, and self-esteem problems” (p. 65). Schmitt, et al., (2008) continues this by saying “maternal depression and poor family communication, rather than mother’s treatment stage or time since diagnosis, were associated with their school-aged children’s behavioral and emotional problems” (p. 369).

It seems as if many children feel guilty for going to their caregiver for help. As Rosenheim and Reicher (1986) describe: “when they [the children] do express their agony, it is likely to be expressed in an indirect, covert, or symbolic manner, which often escapes the awareness of their parents” (p. 117). Children may want their caregivers to know they are upset, but do not want to come out and state so explicitly due to fear of making their caregivers more sad about the situation. However, Rosenheim and Reicher (1986) also contend that it is the fact that caregivers can’t give their full attention to them that they are experiencing even more distress (p. 118). Clearly, children need their caregivers to help them go through this process, but it is interesting because children can also provide support and assistance to their caregivers to help them cope with the experience as well. Schmitt, et al., (2008) says, “Family resilience is the path a family follows as it adapts and prospers in the present and over time” (p. 364). The reason for this is because as Faulkner and Davey (2002) states, “when a parent is diagnosed with cancer, all family members are affected by the illness” (p. 64). People can’t go through experiences like this by themselves; they need each other to lean on to help them.

To assist in the coping process, support systems can be beneficial to those going through a traumatic experience. Children cannot cope without help; few people can. Giesbers, et al., (2010) asserts that children find it comforting that their peers are concerned with how they are and tend to be supportive. Unfortunately cancer treatment lasts a long time, and over time children’s peers may stop asking how the caregiver or the child is feeling. Therefore, the child may believe the peers have stopped understanding how they feel and what they are going through. Children need social support during this difficult process. This support can come in the form of “listening and understanding, encouragement and reassurance, tangible assistance, communication about cancer and treatment, and engaging in normal life experiences” (Wong, et

al., 2010, p. 83). Wong, et al., (2010) also asserts that “creating a sense of being nurtured and supported by a community of family, loved ones, or professionals, may aid in the psychological adjustment process as individuals cope with distressing health events” (p. 77).

According to the literature, support systems are the most important way to help children whose caregiver(s) have cancer. Christ (2000) explains, “Healthy adjustment was influenced by high levels of social support, strong religious beliefs, a positive relationship with the surviving parent and pre-existing personality style” (p. 73). Benzies and Mychasiuk (2009) focused on a variety of protective factors that children should have in order to be able to cope effectively with their caregiver’s diagnosis. These protective factors fell into these categories: individual, family, and community. Individual protective factors include locus of control, emotional regulation, belief systems, self-efficacy, effective coping skills, education skills and training, health, temperament, and gender. Family protective factors include family structure, intimate-partner relationship stability, family cohesion, supportive parent-child interaction, stimulating environments, social support, family of origin influences, stable and adequate income, and adequate housing. Community protective factors include: involvement in the community, peer acceptance, supportive mentors, safe neighborhoods, access to quality childcare and schools, and access to quality health care (Benzies & Mychasiuk, 2009). In other words, they focused on the micro, mezzo, and macro levels of social support systems.

Effective coping skills and strong support systems at the micro, mezzo, and macro levels can lead to a positive transformation described as resilience. As cited in Berger and Lahad (2010):

Ozer, Best, Lipsey, and Weiss (2003) argue that almost 50% of Americans will suffer traumatic incidents in their lifetime; however, very few will develop post-traumatic stress disorder (PTSD). This statement suggests that humans are resilient. Lahad (1993) suggests that everyone is born with mechanisms that help them to cope with complex

situations, entailing pressure and uncertainty. Not everyone can handle their troubles and difficulties all the time, but the vast majority do. This explains why most people who have undergone traumatic experiences such as war, abuse, loss, etc., are able to resume normal functioning and lead a relatively normal life. These abilities are called resiliency (p. 890).

Resiliency isn't easy. However, it is exciting to discover that it is possible, and it does happen. Pfeffer, et al., (2000) describes a study which addressed how much more depressed children were when their caregiver had died from cancer versus a normative sample of children who have not endured this loss. Surprisingly, the levels of depression were similar to this normative sample, which again shows an indication of resiliency (p. 9). Pfeffer, et al., (2000) continues by saying "the relatively low levels of psychological distress reported by the children in both samples suggest that most of the children exhibited what would appear to be a high level of resilience following their loss of a parent" (p. 9). Finally, Kennedy and Lloyd-Williams (2009) also show the hope of resiliency by looking at interviews with children who were coping with a caregiver with cancer: "The most common positive aspect described was a sense of becoming closer to family members and learning to appreciate them, being grateful for what they have" (p. 890).

Much of the prior research in this field has focused on the short-term effects on a child or adolescent when a caregiver is battling cancer. I hope to enhance this research by examining the long-term effects of having a caregiver with cancer, or losing a caregiver to cancer. In this study I hope to identify if adolescents that have observed their caregiver(s) battle with cancer emerge from the struggle with high resiliency and/or coping skills.

Methodology

This qualitative study used interviews to determine if adolescents gained resiliency and better coping strategies after witnessing a caregiver battle with cancer. The interviews attempted

to identify gender differences in the prevalence of this resiliency, as well as the various support systems and coping strategies that may have been integral to the formation of this resiliency.

Participants

Some participants for this study interviewed were drawn from male and female members of the Colleges Against Cancer club at a small, private, Catholic college in Southern New England. The selection will be biased (since I am a member of the club). Another method used was the convenience method, when I asked members of my class to give my information to anyone they know have had a caregiver battle cancer, and willing to participate in the study.

Data Gathering

Interviews for this research study will be performed face-to-face. Volunteers will be asked a series of six questions (Appendix A) that range from “How old were you when your caregiver was diagnosed with cancer?” to “Who did you look to for help during the time your caregiver had cancer, and are you still in contact with this person/group?” A tape recorder was used to gather data. An informed consent sheet was distributed to, explained to, and agreed upon for each participant (Appendix B).

Data Analysis

Once the interviews were complete, the answers to each of the questions were analyzed in efforts to identify common themes. The themes included: What/Whom do the interviewees identify as their support systems? What are the coping strategies, if any, that have helped them to become resilient? What terms does the interviewee use to describe his/her resilience? What feelings tend to be evoked when reflecting on their caregiver’s battle against cancer? Are women more resilient than men (or vice versa) in the wake of this traumatic experience?

Findings

This study explored the prevalence of resiliency in children and adolescents that grew up with a caregiver with cancer. It also aimed to look at the support systems and coping mechanisms that may have been used to aid in this resiliency. A total of three students at a small southern New England Catholic Liberal Arts college agreed to participate in an interview for this study. Two were part of the Colleges Against Cancer club. The interviews each lasted 30-45 minutes, were tape-recorded, and took place in a quiet secluded area, to ensure privacy.

Participant 1 was a 21-year-old female, junior at this college. Her father passed away at age 59, from cholangiocarcinoma, which is a liver cancer. She was 20 at the time of her father's passing. Participant 2 was a 21-year-old female, senior at this college. Her uncle, who lived in her house with her, passed away at age 48 from Stage Four Melanoma. She was 17-19 years old during her uncle's battle. Participant 3 was a 22-year-old female, senior at this college. Her mother was diagnosed with breast cancer at age 49 and is since a survivor. Participant 3 was 17 years old at the time of her mother's diagnosis. Table 1 displays the participant's demographics.

Table 1: Participant Demographics

Participant	Age	Year	Gender	Caregiver	Age of Caregiver at Diagnosis	Age of Participant at Diagnosis	Caregiver status (deceased or survivor)
1	21	Junior	Female	Father	59	20	Deceased
2	21	Senior	Female	Uncle	48	17-19	Deceased
3	22	Senior	Female	Mother	49	17	Survivor

Support Systems

Each interview revealed a need for some type of support system. However, they varied widely. Participant 1's father's cancer was very fast moving, and she was away at school for the majority of the time, so it was very hard for her to spend time with her father in his last days. Her father was also very involved in the community, as he was treasurer, a soccer coach, and the founder of the community band. Therefore, there were a lot of people that wanted to see her father, thus resulting in less one-on-one time for her and her dad. She describes:

On Sunday, we had tons of people there. He was a treasurer, a soccer coach for the town's soccer league, and he was in a band, so there was a lot of people from the community there. But we didn't get a lot of family time.

However, Participant 1 was able to use these other people as support systems as well. Many people in the community were also her friends, including one young man who she grew up with and calls her best friend.

My friend was someone I could lean on throughout this whole thing, and I could tell anything to. And my dad loved him. He used to visit in the summers, and my dad would take us all out to breakfast. He also has a really strong faith, and my dad has a really strong faith, so it was really helpful.

Back at college, her friends were helpful along with two faculty members that specifically reached out to her to help her cope.

Participant 2, on the other hand, grew up with her uncle and was around his battle for three years. She agrees with Participant 1 when discussing the importance of friends as a support system during this period. She used her friends as a support system while he was going through the battle to take her away from having to watch it. She says: "My friends were great support, but the best support they could give me was to take me away from it." However, she describes: "It puts strains on my friends; On my boyfriend in high school, and my friends in high school. I would just get mad at them for no reason."

Participant 3 took a different approach, and did not really lean on anyone for support during her mother's battle with breast cancer. She explains:

I didn't really go to anyone to vent. It was just too much for people to handle. Because on top of that, I had other things going on, and didn't want to burden them. Luckily I had my lacrosse team, and I didn't really talk about it with them, but it got my mind off of it all. She also explains how she drew away from her mom during this time, and said that her family did not get any closer from this experience. She explains, "It was really hard to see my mom like this. I felt like I was losing my best friend. Unfortunately it didn't bring my family closer when she wasn't there." She mentioned arguing with her brother more often instead of coming closer to go through the experience together. Now, her mother is more of a support system for her, and they focus on staying healthy together. She and her mom now openly talk about her mom's experience with breast cancer.

Despite the differences in support systems, it was discovered that everyone needed some level of support throughout witnessing their caregiver battle cancer. Some participants chose to stay close to their ill caregiver and the surrounding family, while others relied heavily on friends to take them away from watching the battle. Whether they chose to talk about it or not, they needed an outlet and form of support.

Coping Strategies

Since each participant has a very different story, the coping strategies used were also very different. Participant 1 had to cope quickly. She found out about her father's cancer while she was at school, and only months later did he pass away suddenly.

My brother asked what the prognosis was. The doctor said, "treated, 6 months." Um... my dad passed away a week later. He came home for hospice care on a Friday and passed away on Sunday, November 6 after the Patriots lost to the Giants.

Participant 1's main strategy was to stay involved on campus. During her father's final days, she was scheduled to go on a retreat. She did not want to, but her father told her that he did not want her to change any of her plans because of him. He wanted her to go, and even after he passed, she took his words to heart and continued to stay involved: "You gotta go. You have your things. You gotta do it. You're not going to not do it." Participant 1 also described some coping mechanisms that did not work for her: "I went to a therapist once, and I just can't do that. She kept asking me how I felt. I wanted to say 'How do you think I feel?'"

Participant 2's coping strategies were slightly different. Her uncle died during her sophomore year of college on her winter break. This is when Participant 2 and her family really started to talk about the past three years with her uncle, and she started to use them more for a support system. Participant 2 describes: "The best coping, was after the fact with my family. That was when we really started to talk about it." A few months later, Participant 2 decided to study abroad in Italy, and take cooking classes there; something that reminded her of her uncle's wonderful Italian cooking. She was gone for a month, and this helped her to cope with her loss.

Participant 3 did not use anyone else to cope with this experience. She did not want to talk about it with any of her friends. She was happy that she had her lacrosse team to help get her mind off of what was going on at home, but still did not talk about her mom's cancer to her teammates either. Participant 3 decided that the best way for her to cope was to not be in the house and be around her mom. She coped with it differently after her mom was cured:

When it was cleared, and she started getting better, that's when I really started opening up to people. Everyone knew but no one really asked me about it. It bothered me a little bit especially with my close friends, but then again, I wasn't really open to talking about it anyway.

Coping strategies depend on the situation and the personality of the adolescent or child witnessing their caregiver with cancer. Some stay active to cope, and engage in many conversations with friends and family, and others prefer to cope on their own.

Resilience

Resilience is something that is difficult to measure. Through the stories that are told, one can subjectively determine if resilience is there. Overall, there seems to be a trend of resilience throughout the three participants. Although I did not know Participant 1 prior to this interview, she seems like a remarkably strong and positive woman. She is president of her class, and involved in many other clubs and organizations on campus. Her resilience is shown through her strong commitment to everything she does, and the fact that she never backed down from any of these activities even through her father's struggle. She is also involved in running marathons, which raise money for cancer with her sister. They are focusing on staying healthy while remembering her father and helping others who are experiencing the same battle. She describes herself:

It's just who I am. I have always been a positive person. When I am upset, I feel like I make people feel weird, because no one knows what to say to me. I mean it comes and goes. I have days that I am sadder than others, but I am sad all the time.

Through talking to her, I could tell that she was sad about her father's passing, however, I also sensed her positive attitude and her commitment to her school, friends, and family. This has shown me her resilience.

Participant 2 has gained resilience also. When I asked her the question: "Do you believe anything positive came from this experience?" she replied:

It changed me for the better, I think. I mean, it definitely came with some negative parts. It came with his ex-wife taking his daughters away from us, and my grandma pulling

away when her son died. But I think it was positive because it really lit a fire under me, and that was the year I went to Italy. Just boarded a plane, and came back a month later.

This shows her new independence, and her resilience. Participant 2 also joined Colleges Against Cancer and became very involved in the group's "Relay for Life", which is a fundraiser for the American Red Cross, to raise money for cancer. These experiences show Participant 2's resilience.

Participant 3 has a different experience than the first two participants because her mother is fortunately a survivor. She has however, been resilient, and explains that she is "inspired by her mom" because of her mom's courage. Her mom decided to keep her hair short after losing it all, and created a new hairstyle out of it. She also has led a very healthy lifestyle since her diagnosis. Participant 3 sees this, is very inspired by what she sees, and chooses to live a life the same way.

After her cancer, there was a point where she just turned everything around. That was so inspiring. She is such an incredible woman, and I don't know how she came back from that, and then went beyond.

It is thrilling to discover that there is indeed a bright light at the end of the very dark tunnel, which is the battle of cancer. Resilience is possible, and probable, judging by the three participants. Resilience is key in coping with everything that was lost during witnessing a caregiver battle cancer.

Summary and Implications

This research study looked at the long-term effects a child or adolescent may experience after having grown up with a caregiver with cancer. The support systems and coping strategies were identified. Throughout the interviews, the study also examined the prevalence of resilience in the three participants. Overall, there did seem to be a trend of resilience after having grown up with a caregiver with cancer. This parallels the findings in the literature that stated how resilient

humankind is; the ability for humans to bounce back from traumatic situations with little prevalence of PTSD (Berger & Lahad, 2010, p.890). Also, each participant did use support systems and coping strategies, but they varied based on the particular situation that participant was in. In the literature it was discovered that there are a variety of support systems and coping strategies that may be used in dealing with a traumatic incident. Some of the support systems that were identified were “high levels of social support, strong religious beliefs, [and] a positive relationship with the surviving parent” (Christ, 2000, p.73). All of these support systems were identified in this study. There were also an abundant amount of coping strategies identified including “talking about it or not talking about it” (Kennedy & Lloyd-Williams, 2009, p. 889); together, the participants used both methods. It was interesting to discover the ability for human kind to bounce back from traumatic experiences such as witnessing your caregiver battle cancer, and emerge as resilient. Although, the sample size was small, the three young women interviewed emerged as resilient from their experience; therefore we can hope that this is the case for the majority of young students who grow up with a caregiver with cancer.

Limitations

There are limitations in this study including, the small sample size, the fact that the interview invitation was only extended to the Colleges Against Cancer club and one classroom at one small southern New England Catholic Liberal Arts college; and the lack of men in the sample. Students may hold back from this type of interview because of the nature of the topic, which can be raw and upsetting. Unfortunately, no men agreed to be interviewed. This could be due to the fact that men are socialized differently than women, and tend to talk less, especially about their feelings. Therefore, we cannot determine any gender differences with resilience related to growing up with a caregiver with cancer. However, judging from the fact that there are

only four men in the entire Colleges Against Cancer club, I can infer that men may have a different way of coping with the experience.

Implications for Practice and Research

Implications for Practice. Regardless of these limitations, a variety of support systems were shown that can be applicable to other individuals who find themselves in this experience. Although cancer has been associated with only negative effects, this study shows that through proper support systems, and effective coping mechanisms, resilience is possible, and can lead to more positive outlooks in an individual. Social workers may use this study to inform their clients about these positive aspects of cancer, and to bring hope to individuals who feel as if all hope is lost, and that life will never be normal again. This study can be used to empower those clients who have gone through such a terrible experience, and give them the encouragement to get their life back to normal.

Implications for Research. Further research would be helpful in this study. Since there was such a small sample size, and it was only extended to one college in Southern New England, this study should be implemented in colleges all over the world to get a better understanding of resilience in children and adolescents who have witnessed a caregiver battle cancer. It would be interesting to see if different parts of the world (thus, different cultures) use alternative support systems and coping strategies, and whether these provided a sense of resilience for the individual. Other cultures may deal with traumatic events such as the death of a caregiver, or watching a caregiver battle cancer differently, therefore the support systems and coping strategies may alter. Also, as I had hoped in this study, further research should be conducted to determine if men gain resilience after this experience, and if their support systems and coping strategies differ as well.

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Appendix A

Experience of a Caregiver Battling Cancer

Interview # (and state this number in the tape recorder):

(First, explain what “Caregiver” means)

Age:

Gender:

Year in School:

How old were you when your caregiver had cancer (how many years ago did caregiver have cancer)?:

How old was your caregiver when they were battling cancer?:

What type of cancer did your caregiver battle?:

Is your caregiver now a survivor?:

1. Who/What did you look to for help during the time your caregiver had cancer, and are you still in contact with this person/group?”
2. How did you cope with the experience?
3. How did your caregiver cope with the cancer? Did this affect your coping strategies?
4. Does the fact that your caregiver had cancer bring up any concerns for you now or in the future?
5. There seem to only be about 4 men in the Colleges Against Cancer club. Why do you think there aren’t more men expressing their feelings towards witnessing their caregiver battle cancer?
6. What feelings tend to be evoked when reflecting on your caregiver’s battle with cancer?
7. How did this experience impact you, if at all? Do you feel as if you were transformed by this experience? How did it change you? Do you think it made you stronger? If so, how?
8. Anything else you would like to share?

Appendix B

Dear Participant:

I am a senior Social Work student at Providence College preparing my thesis for my Capstone course. I ask for your participation as a member of the Colleges Against Cancer Club here at Providence College in a study about growing up with a caregiver who was battling cancer. Information about this topic can be beneficial to understanding more about how students may emerge as resilient in traumatic times such as these, as well as the various support systems that may be beneficial when going through this experience.

I will be asking for students to spend 30-45 minutes with me to answer a few questions one-on-one. I will ask that the interviews be tape recorded (just audio), so as to assist me in the future when I write up the results. These recordings will be destroyed once I am done writing the thesis.

There are no risks we have found that could result from this research study. Any participant involved in this study is permitted to refuse to answer any of the questions or drop out from the research all together. There will be no penalty to the participant if she or he chooses to withdraw from this study. Participants will have until March 8th, 2012 to withdraw from this study.

Confidentiality will be safeguarded throughout this study. Although we ask you to be interviewed and tape recorded, there will be no names attached to the responses. Again, the recordings will be thrown away after the results are drafted. Findings will be reported with no personal identifying information given.

YOUR RETURN OF A COMPLETED CONSENT FORM INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Thank you for your time.

Cassie Menz, cmenz@friars.providence.edu

(Signature)

(Date)

Please keep a copy of this form for your records.