

# SUPPORTING CHILDREN, PARTNER AND RELATIVES

Prof. Gabriella Pravettoni, PhD

Applied Research Division for Cognitive and Psychological Science  
European Institute of Oncology, Milan, IT

# Cancer and family

## *Evolutionary Steps*



### **Cancer diagnosis**

An event that breaks the individual and family life balance



### **Cancer disease**

Everyday life must be re-organized according to the illness process times and issues



### **Family reorganization**

The disease concerns the whole family in terms of daily activities, internal roles and interactions



### **Adaptation**

The family must use its resources, overall emotional to face the new reality



### **Communication**

Effective communication and sharing of the therapeutic choices promote a better psychological adaptation to the disease



### **Family resilience**

The family should be resistant to disruption and able to build/exploit new psychological resources

# When a family member receives a cancer diagnosis...



## Reaction

Struggle, depression, despair, acceptance and reorganization. As a traumatic experience, cancer:

- Threatens family cohesion
- May cause important **changes in family structure** and functions



## Dual role

Family is a source of emotional support and care.

Simultaneously, **each family member equally needs attention and support**



## Take care

Family has to “carry” the treatment.

**Caregiving becomes a full-time job** due to the effects of the disease, the treatments, or the combination of cancer and comorbidities.

## Examples



Adolescents stay out of the house for longer, in order to avoid confrontation with mother's cancer and to not be requested for help in caring activities



If healthy and active, patient's parents may take on their «parental responsibility» and engage in caring activities; but, they are not emotionless, they should be helped to cope as well and collaborate with other family members



Caregivers may experience stress, even depression when care activities overcome their job and leisure; they may feel hate towards the patient because their life is «taken away» by caregiving; then, they will also have to deal with the sense of guilt for such emotions

# Reactions: dysfunctional modalities



**Denial:** the family continues to behave as nothing happened; the severity of the disease is neglected or removed



**Hyper-involved:** the daily routines and habits of the family members are organized just to reduce the suffering of the one who needs care. The entire family experience higher levels of anxiety



**Detachment:** the existence of the disease is accepted but the presence of the one who suffer in the family system is refused.

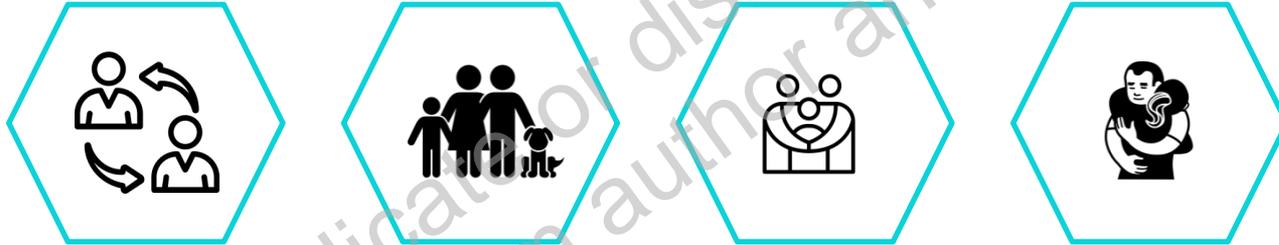


Need to support family members to elaborate emotions and achieve balance in care

# Cancer disease and family reorganization

## Changing roles within the family

*The patient often needs to focus on treatment and recovery: other family members may have to take on new roles and responsibilities*



## Maintaining a routine (“Return to normality”)

*The patient and family **desire a return to the former routines** of their daily lives*

**“Cancer has a beginning and an end”**



*Family members should understand that this bad experience can be temporary; it does not “define” their lives from now on*

# Psychological intervention for a Family-with-cancer

## Objectives

### Accompany

...the family during the care experience of the cancer patient, from diagnosis to recovery



### Promote a therapeutic alliance

...between the clinicians, the patient and the family, **avoiding misunderstandings** which make the communication and the treatment process more difficult



### Support

...the family reorganization after a cancer diagnosis, **promoting changes in the role played by each family member involved**



# Adaptation and Family Resilience

Emotional Sharing

Spirituality

Flexibility toward ongoing demands

Diagnosis

Treatment

Survivorship

Recurrence

Terminal

Recruit and mobilize social  
and economical resources

Problem solving and planning  
toward future goals

Acceptance and mastery of  
one's own condition

# Communication with Children

## Always tell the truth...

### Infant and very young children

might understand that someone is sick.

**Their biggest fear is being separated from their parents, and any change in routine could be disruptive**

To help infants cope, **the patient could:**

- use frequent physical contact (cuddle and hugs);
- try to maintain a normal daily routine, asking relatives, friends or daycare staff to help;
- reassure the child with phone calls, recall the favorite bedtime story over the phone, singing lullabies, telling him he's missed



### Pre-school children

understand cancer when explained in simple terms. They could incur in causation biases at this age; It is important to **reassure them that mother's cancer is not their fault**, nor is related to their actions

To help children cope, **the patient could:**

- explain cancer using simple terms and reassure them about medical help and therapies;
- try to maintain a normal daily routine, asking relatives, friends and daycare staff to help;
- make the children feel involved and let them help with simple tasks such as picking out a toy or book to bring to the hospital

# Communication with teenagers

Always tell the truth...

## School-age children and teenagers

- They understand a more detailed and complex explanation of cancer;
- They may fear a parent will die or stay sick for a long time;
- Teenagers might worry about how cancer will affect them and the entire family;
- They may hear lots about cancer through friends, school, television and the Internet

## Help children this age cope:

- Give understandable explanations of the diagnosis and the treatment in the hospital, and how the patient is feeling;
- Encourage an open and honest communication with teenagers (e.g. answering questions and letting them help to make decisions);
- share any information and discussing it together;
- invite children to be involved in school and other activities they enjoy. They need to know that it's okay to have fun despite the presence of the disease;
- maintain a normal daily routine, asking for a relative or friend to spend some quality time with the teenager;
- phone or text them and focus solely on their need.



# Communication (and relationship) with the partner

## Always tell the truth...

Partners may **cope differently** with cancer, often in terms of opposite attitudes:

- Feeling more *hopeful or pessimistic*;
- Finding out* all they can about the cancer or feeling better *not knowing* as much;
- Preferring *more or less* aggressive treatment;
- Talking about *feelings* or seeking for *help* or *not*.



### Focus on short-term goals

**Priorities change** after a cancer diagnosis. Patient and partner need time to think and adjust

### Communication

Improve an open and honest communication. Promote the **expression of needs and emotions**

### Active Listening

Patients should learn to focus not on words, but on **hidden messages in the communication** with loved ones

### Sexuality

Improve **communication on intimacy** (i.e. body image, attractiveness)

# Communication with parents

**Always tell the truth...**

## **Family reorganization**

Make them understand how they can be helpful without making the patient feel helpless or “like a child” again



## **Family support**

Provide interventions to improve collaboration between family members and foster better emotional elaboration of the most critical phases



## **Information and health literacy**

It can help them cope and make them feel like part of the journey



# Conclusions

## Family re-organization through communication

As we have seen, working on communication is the fundamental resource to help the whole family cope with cancer

**Telling the truth** and **adapting communication** to each member capacities and understanding lay the grounds for optimal family functioning when facing the experience of the disease

# Thank you!

## Professor Gabriella Pravettoni, PhD

Department of Oncology and Hemato-Oncology, University of Milan  
Via Festa del Perdono 7, 20122 Milan

Applied Research Division for Cognitive and Psychological Science  
European Institute of Oncology (IEO)  
Via G. Ripamonti 435, 20141 Milan

[gabriella.pravettoni@unimi.it](mailto:gabriella.pravettoni@unimi.it)

**Scientific works:** [https://www.researchgate.net/profile/Gabriella\\_Pravettoni](https://www.researchgate.net/profile/Gabriella_Pravettoni)

**Books:** <https://www.ibs.it/libri/autori/Gabriella%20Pravettoni>



[orcid.org/0000-0002-9135-2938](https://orcid.org/0000-0002-9135-2938)