

How Cancer Kills Without Infection: Child Psychological Damage and Cancer

“I gave up on my good grades and dropped out of high school. I didn't do anything except drink, do drugs and be depressed. I was confused and angry, and adults didn't know how to help me. I had a good relationship with my dad, but he was also grieving,” Gary Jahnke explained, who lost his mother to brain cancer at the age 13¹². Now 31, Jahnke has overcome an “upward climb” with the help of his wife and daughter, but was permanently damaged by the loss of his mother in his youth¹². Cancer is most known for its impact on its victims, but what deserves a closer look is how this disease affects those close to the cancer patients. One of the most vulnerable groups is children of cancer patients, who are at risk both mentally and physically as a result of their experiences with their parent’s cancer^{5,8}. Looking at the most overt example of child distress, a study performed in 2014 in Sweden revealed that self-injury became significantly more common amongst children between the ages of 13 and 16 who had lost a parent to cancer⁵. According to this study, certain risk factors such as lack of faith in the healthcare system as well as poor family cohesion before and after cancer greatly increases the chances for youth self-injury^{5,11}. In addition to this, personal testimonies by children of cancer patients exhibit many signs of psychological distress in youth and beyond. Based on the data derived from this study and other sources, there needs to be a stronger focus on at-risk children's’ mental health in the healthcare system in order to prevent self-injury and psychological damage in youth, thereby providing a brighter future for that child.

Self- Injury Studies and Statistics

According to the Swedish study, there is a significant correlation between loss of a parent to cancer and child self-injury^{2,5}. This investigation was run in Stockholm, Sweden by researchers from the Swedish Department of Oncology, Department of Epidemiology, and Department of Women’s and Children’s Health⁵. Within this study, 622 youths who had lost a parent to cancer at the ages of 13-16 were asked about their history of self-injury, as well as factors related to health care their families as adults. The data of this study suggests that 19% of children reported that they self-injured after the loss of their parent⁵. Noted in part of the study, many of the participants might not have reported to self-injury for certain personal reasons, potentially causing the actual number of children who self-harmed to be higher than tabulated by the study^{2,5}. This data alone should influence healthcare providers as well as close relatives to ensure children feel as comfortable as possible throughout the cancer process^{1,10}. One key point the study brought up was the presence of risk factors for children, such as poor family cohesion, distrust in health care provided to the parent, and believing soon before their parent’s death that treatment would work to cure the parent^{1,5}. These risk factors were associated with increased chance of self-injury, as most people who responded yes to self-harm exhibited risk factors such as those listed^{1,5}. Based on the presence of this data as well as the associated risk factors, health care providers and hospitals need to emphasize proper child mental health, counteracting the risk factors^{2,4}. One way this is possible is by being open with the child about their parent’s condition, as well as instructing the child to spend time with their parents during the treatment to ensure stronger relationships during the process if a loss were to occur⁹. If healthcare did provide these

services to children struggling with their parent's cancer, the children would have a decreased chance of self-harm, which is beneficial to their mental health and their future.

In comparison to the Swedish study, a similar investigation was run to determine the correlation between parental death by cancer and child depression. This study, run in the U.S. by researchers from Cornell Weill Medicine and Columbia School of Public health, focused mainly on the short term impacts of children who have lost a parent to cancer or suicide¹¹. Looking at 57 families with 67 children whose parents died from cancer, the investigation yielded the conclusion that between two to eighteen months after the death, the children displayed normative but not extreme levels of depression¹¹. When compared to cancer, the depression levels for parental suicide were much higher, and researchers suggested that this may be due to the fact that the children were less mentally prepared for an abrupt parental suicide than a death by cancer^{5,11}. According to the study however, both types of parental death put mental stress on the children, and may have more long term impacts physiologically not covered by this study, but confirmed by the Swedish study^{5,11}. Drawing data from both of these studies, it becomes evident that children experience some form of mental stress and depression as a result of parental death, warranting a response by the healthcare industry and hospitals to take an initiative to soothe children physiologically during and after parental cancer^{2,3,5,11}. The U.S. study also suggested similar issues with the sample as the Swedish study, explaining that children may have been reluctant to reveal all their personal struggles for reasons directly or indirectly related to their parents death^{5,11}. No matter the cause of parental death, whether it be cancer, suicide, etc., there is a large mental burden placed on the children of these parents as found in both studies, suggesting that health care and families get involved to better the mental state and provide brighter, safer future for these children.

Analyzing both studies together, obviously there is some room for bias and flaw. Collecting qualitative data on a wide scale provides a lot of room for error from person to person, with certain people holding back the truth while others potentially exaggerating it. However, assuming that the study holds some valid grounds, there is an obvious issue that children experience psychologically when their parents die. There are other studies that exist that provide evidence for child depression in scenarios such as these, but self-harm acts as the most apparent sign, with both physical and emotional distress usually visible to an onlooker. Even just looking at the most overt cases of child distress with self-injury, there is a noticeable correlation between parental death by cancer and child psychological damage^{2,5,11}.

Personal Testimonies

Going beyond the scientific implications, real human stories highlight how psychologically stressful losing a parent is for a child. Returning to the story of Gary Janhke, there was immense confusion and stress placed upon Gary at the very young age of 13¹². Still at the age of 31, Gary is constantly reminded of the loss of his mother, as his childhood was drastically changed with her early death¹². Eventually turning to drugs and alcohol, he obviously struggled through psychological damage experienced by the loss of his mother at such an early age¹². Stories such as Gary's lie all around the internet in blogs and forums, describing the depressing emotions associated with losing a parent to cancer.

One story in particular is that of Sasha Rose Hamrogue, who lost both her parent to cancer as a young adult⁶. Her father died first of brain cancer, and very soon after she lost her

mother to lung cancer⁶. For Sasha, the “grief was paralyzing” as she worked to cope with the loss of her mother by keeping her mother’s possessions close by⁶. However, according to her, “loss is often met with misunderstanding, frustration and avoidance”, furthering heightening her personal mental battle with losing her parents⁶. Feeling alienated by the loss of her parents, Sasha struggled to return to everyday life as she explained in an interview, causing her to spend more time on her own⁶. The sheer psychological damage faced by Sasha is evident by her actions and thoughts following her parents deaths, which warrants intervention by an outside source, whether that be by family, friends, or doctors^{6,7,8}.

Whether it be the presence of drug abuse or the hidden depression, these cases highlight the mental stress placed upon young individuals who lose their parents to cancer. Analyzing these two perspectives as well as the studies into self-harm, there is an undeniable stress upon youth who lose parents or other close relatives to cancer. Recognizing that this stress exists, there needs to be an outside intervention by family, friends, and healthcare to ensure that children are not permanently damaged by the loss of their parents^{7,8}.

How Can This be Alleviated

Although child psychological damage cannot be completely prevented or cured, there are methods in place that can be used to alleviate the pain. According to the St. Baldricks foundation, the most important resource for a child losing a parent to cancer is their own close family. For example, grandparents, siblings, and surviving parents are all extremely important resources for a child who might be looking for comfort during psychological stress^{3,9}. Having close relatives and friends work with the child through the process can help them build positive thoughts rather than pervasive negativity^{3,9}. According to Sasha Rose Hamrogue, child of parents who had both died of cancer in the same year, “healthy control in the midst of emotional chaos was invaluable advice.”⁶ Battling through the loss of both her parents, she received advice and care from her family to keep exercising and remaining strong despite her grief which “overwhelmed her.”⁶ Because of these habits, Sasha was able to both remember her parents in an optimistic light as well as lead a mentally healthy life, as recorded in her blog⁶.

As stated previously, healthcare can also take an active role in alleviating a child’s psychological pain throughout the process^{3,9,10}. For one, encouraging active communication and cohesion between parent and child is important, as it allows the child to remember a strong relationship with his/her parents in the future if death of the parent were to occur^{2,3,9}. Just as important is the open communication of doctor and child to ensure the child trusts the care that is provided to their parent by the healthcare system^{2,3,9}. Naturally, the age of the child affects what should be revealed and what the child can comprehend. For example, a seven year old may have issues with understanding the disease their parent has, but might be able to comprehend that their parent is passing away. Nonetheless, healthcare can take an active role in the child’s life to provide adequate mental care before and during the process of the parent’s death.

While many might think placing a child into a support group would help, this strategy has found to only work well with adults¹². According to a Johns Hopkins study, “children are more apt to be buoyed by engaging in normal kid activities with supportive peers and by receiving attention from adult relatives or friends who encourage them to talk about their feelings.”¹² Instead of forcing kids through potentially uncommon scenarios, allowing them to be a normal child can be the most beneficial means of destressing in addition to family communication¹².

In my own childhood, I have not lost a parent to cancer, but have experienced close relatives undergo the harshness of cancer. I have had my grandmother undergo surgery for lung cancer, and watching her battle through the pain of having a piece of her lung removed was disheartening to say the least. While I understand my position is nowhere near the experiences of Gary or Sasha, I can partly empathize with these individuals, as the pain brought by the suffering of those close to me has impacted me greatly. The comforts of my parents and siblings, as well as direct communication with my grandmother who had cancer has helped me to avoid any forms of depression or sadness.

Conclusion

Based on the data derived from the studies as well as the personal testimonies, there is a considerable amount of mental stress on children who lose their parents to cancer. Whether it be the most overt cases with self-injury or the less noticeable signs of depression, children face psychological damage due to the loss of their parents to cancer. In order to rectify the stress, children need to be provided more comfort than normal from close relatives and friends, preventing damage to the child's future. Healthcare must also play an active role in the child's mental health by working with them through the process of the parent's death. This includes but is not limited to encouraging increased communication between parent and child while also talking to the child about the treatment process. Doing all of this for the child can help them cope more easily with their parents death, allowing them to remember their parent more optimistically in the future.

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