Understanding the Behavioral and Emotional Responses of Childhood Cancer Through the Eyes of Adolescent Siblings

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Background: Childhood cancer is a chronic disease that affects all aspects of an ill child’s life. In 2007, 10,400 children under age 15 were diagnosed with cancer and 1,545 died from the disease (American Cancer Society, 2007). This makes cancer the leading cause of death for children ages 1-14. Over the past twenty years, the incidence of all invasive forms of pediatric cancer has been increasing; however, the survival rate has also been increasing. The improvement in survival rates can be attributed to improved technology and treatment options, which has made childhood cancer a chronic disease. This means that more children diagnosed with cancer are living longer lives and surviving into adulthood. This has implications for all members of the ill child’s family, especially the ill child’s siblings. Siblings share a unique bond and when this bond becomes disrupted negative outcomes are likely to result. However, research addressing the impact of childhood cancer on siblings has been scarce, with much evidence regarding sibling maladjustment arising from parental reports with a focus on the school-age group. Therefore, little research is known about whether or not siblings continue to experience these negative behavioral and emotional responses into adolescence.

Aim: The purpose of the study was to determine whether adolescents who have/had a sibling with cancer still experience similar responses today as they did when their sibling was first diagnosed and receiving treatment.

Results: This study determined that adolescents who have/had a sibling with cancer continue to display feelings of an unbalanced or tilted family system, feelings of being left behind, and feelings of ambivalence. However, adolescent siblings also express being more empathetic when compared to their peers. These results have significant implications for nursing practice. For example, parental education expressing the importance of family-centered care and providing attention to the sibling as well as the sick child is essential. Every member of the family plays an important role and ideally, no one should feel left out or neglected.

Conclusions: Adolescents who have/had a sibling with cancer still experience similar emotional and behavioral responses in adolescence as they did when their sibling was first diagnosed. Therefore, nurses and other healthcare professionals play an important role in helping the family unit adjust to having a child with cancer when they are aware of these common emotional and behavioral responses that siblings often display. Future research with a larger sample of adolescents would allow for more detailed data about the behavioral and emotional responses that remain a part of the siblings’ lives even after the ill child is in remission.

References