

Frequently Asked Questions

More FAQs available on PACT's website: <https://www.mghpact.org/for-parents/faqs>

How hard will it be for my child, now that I have been diagnosed with cancer and need treatment?

It is common to feel overwhelmed by hearing you have cancer. Many parents imagine that their children will experience a magnified version of their own reaction; however, children are usually more resilient than parents imagine. Each child copes with a parent's illness according to her phase of development, temperament, and preexisting coping style.

Children take coping cues from their parents, so get the support you need. To help your child cope well, learn about how children at your child's developmental stage usually understand an illness, taking into consideration your child's temperament and what approaches typically work best for her when facing new situations. Organize your support system and facilitate open communication with your child.

Is my child more likely than others to have trouble coping?

If your child has had difficulties such as anxiety, depression, difficulty making or keeping friends, difficulty with schoolwork, or had conflicted relationships with close family members prior to your diagnosis, he may be at greater risk for trouble in coping with the changes and challenges you are facing now. It may be helpful to anticipate that previously challenging areas can be further strained by the added stress of your diagnosis and treatment. You might want to think about extra supports targeted to help with these preexisting issues.

If you are a single parent or there is significant tension between you and your child's other parent, you may want to seek additional support for your child. During your diagnosis and treatment, your child will want to rely on at least one other adult who cares deeply for him and shares his concern for you and your health. If your child's other parent is not viewed by your child as someone who cares about and values you, he will need another loving adult or professional with whom concerns can be shared.

Do I need to tell my child I have cancer?

If your child is old enough to speak, it is best to tell her about the cancer diagnosis. Children of all ages are perceptive and will sense a change in the emotional atmosphere of your family following your diagnosis. Without an explanation, younger children are at risk of interpreting the shift in mood as evidence that their bad behavior is the cause of sadness, withdrawal, or tensions at home. In spite of efforts to conceal information, older children are likely to learn about your cancer from a relative, another child, or by overhearing discussions in the house.

Learning about your cancer indirectly—by overhearing information about it—is a problem. This scenario may suggest to your child that the news is too awful to speak about. It may deliver the message that your child's feelings are not important enough to you to warrant direct attention, in contrast to others with whom you are engaged directly. News that is overheard is also much more likely to be inaccurate and confusing. Perhaps most troubling, however, is that children who feel that key information is not being shared are left struggling to find out information from "clues." This can lead to the belief that you cannot be trusted to be honest and forthcoming.

Can we call the cancer by another name that isn't so scary?

The word "cancer" often has more scary meanings to you than to your child. Using the words cancer, brain tumor, or leukemia instead of euphemisms such as lump, bump, blood sickness, or boo-boo gives your child the words to ask questions about your illness.

Euphemisms are confusing and may be scarier to your child than the real words because she may be left imagining that serious treatments and chemotherapy, hair loss, and radiation, may follow her own lumps, bumps, or viral illnesses. This is scary. Identifying your type of cancer provides an important opportunity for you to talk with your child about how varied different types of cancers are, and how even the same cancer can follow a different course in different people. In these conversations, you can remind your child that she should not assume that what she hears about someone else's cancer is relevant to your condition. Your child should be encouraged to share what she hears with you, so as not to worry unnecessarily or feel confused.

How can I get my child to talk with me about my cancer?

It is important to give your child an age-appropriate explanation of your cancer and its treatment. This gives your child the key words to talk with you. Try to create an atmosphere that welcomes discussion, whenever it occurs. Still, some children are talkers and others tend to keep their thoughts to themselves. If your child was not a "big talker" before your diagnosis, she is unlikely to become one now. When new information is shared, your child should be invited to ask questions and then be encouraged to ask questions again several hours or a day later, after having time to mull over the new information. Try to identify the settings that lend themselves to your child opening up. Often, children choose to talk in the car, at bedtime, or while doing an activity—such as cooking—with a parent.

When your child asks a question, you should encourage elaboration of the question. The goal is to be sure that you understand the real question on your child's mind. As adults, we may imagine a question is more comprehensive than it is. For example, a child might ask, "Will you be all better by summertime?" You might imagine your child is looking for a guarantee of a cure. By asking, "What are you wondering about?" you may find out if this is your child's actual worry. Your child's answer may surprise you. She might reply, "If you're sick, how will I get to swim lessons?" Teasing out the real question helps you address the real worry; many times, what is revealed is a specific concern that has an easy solution.

The less talkative child may not come up with many of his own questions but may engage more readily in questions about the way your illness or treatment affects him. For example, asking, "How do you feel about my breast cancer?" may get a shrug or a grunt, while asking "How is it working out having Aunt Susan meet you at the bus?" may get more of a response. You also can try specific questions about the effect cancer is having on you: "Has anyone commented on my bald head?" or "Am I grumpier since I started on chemotherapy?" Following-up on questions that get shrugs or one-word answers with a general explanation, to convey why you are asking, is also helpful. For example, "I know there are changes in me and changes in our regular schedule because of my cancer, and I really care about how it is going for you."

Children may want to have fewer and shorter conversations than would an adult. So, be patient. If your child is continuing to engage in favorite activities with friends and family, and doing okay at school, you should feel reassured. Sometimes, parents who feel their children are not talking enough about the cancer actually need another adult to talk with about the cancer and its impact on the family. Be sure to get the support you need. Remember, having a parent with cancer is a different experience from having a spouse with cancer or having cancer yourself.

What if my child asks me a question I can't answer?

You can welcome questions warmly without having an immediate answer. Ask your child what got her wondering about this question and tell your child it is a good question. It is reasonable to reply that the question being asked is a hard one, and that you want to think about your answer to be sure that it is what you really believe before responding. The key is to understand the question and to let your child know you will come back to him with an answer in the near future.

Good questions deserve thoughtful answers; you should determine whom else you might want to talk with (such as your spouse, doctor, clergy person, or another child's parent) so that you can give a quality answer.

You might also want to get information from a book or website to help you answer the question.

Some questions are hard to answer because no one knows the answer. Uncertainty is hard for anyone at any age, but it is especially hard for children, who rely on parents to have all the answers. It is acceptable to say that you too find "not knowing" difficult, and that you cope with uncertainty by keeping busy, by doing fun things, or by trying to be optimistic.

When should I think about having my child see a mental health professional?

If your child requests the opportunity to speak with someone outside the family, it is helpful to assist him with doing so. If your child has had psychological difficulties that necessitated therapy prior to your cancer diagnosis, he may benefit from returning for support. If your child has a conflicted relationship with either parent (sick or well) he may benefit from some counseling support to address this. If a child is in conflict with the well parent, he may feel particularly frightened by the vulnerability of the parent with whom he has a good relationship. When the parent with whom the child has the conflicted relationship is ill, the child may feel guilty about past behavior and haunted by angry, hurtful words exchanged in both directions. If there is significant tension and discord between you and your child's other parent, your child may benefit from having a counselor act as a neutral but caring sounding board.

Children who have symptoms of depression should be referred for help. These include a depressed mood for more than a couple of weeks, a change in sleep pattern, a change in appetite, a loss of interest in favorite activities, feelings of guilt, a loss of energy and concentration, and feelings that life is not worth living. Suicidal thoughts should be taken seriously, and support should be sought quickly, even if your child is resistant to the idea.

Children who become anxious may also need professional help. Anxiety that interferes with age-appropriate activities, including sleep, school, and friendships deserves professional assessment.

Some children may exhibit risk-taking behavior, including driving recklessly, taking dangerous dares, or abusing substances. These children need referral for professional help so that they do not hurt themselves or others.