

## Children 7-9 Years of Age Coping with a Parent Diagnosed with Cancer

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**Abstract:** *Statistically, one in three families has a member diagnosed with cancer at one point in life (Veach and Nicholas, 1998), however other than the sick member of the family, it has been noticed that the rest of the family is emotionally touched by this deviation from their regular lives. Couple relationships in these cases and especially the psychological state of the patient have been crucial to researchers. Other members of the family, such as the children, are often disregarded and not dealt with the same endeavor as the couple or the cancer patient. Young children for instance, often reveal signs of somatic and psychological disorders associated with typical behaviors to attract attention. This psychological study focuses on the analysis of these typical behaviors that lead to the Inferiority Complex generated in children 7-9 years of age who have a parent diagnosed with cancer. It identifies two conditions that bring to the development of this complex; these being the self-evaluation of the child in this period, and the interactions and relationships with peers in school. Another purpose is to identify and study compensative perfectionist behaviors that these children activate by taking more responsibility upon them and exchanging roles in the family, from a parent-child to a child-parent environment and vice versa. Variables that can influence the behavioral changes include child gender, sick parent, child's caretaker (nanny) etc. On the other hand this is the first psychological analysis of this problem in Albanian, targeting all social classes making it more understandable to parents and families in such conditions. The participants in this study were seven families who have children of age 7 – 9 and one parent diagnosed with cancer. The families are patients at the Oncologic Hospital Mother Teresa, Tirana. Two of them have a member hospitalized as a result of surgical intervention and the other five have patients who have regular visits to the hospital due to medical examinations or chemotherapy. Three methods were used to measure the inferiority complex. They are: "Rosenberg's self-evaluation", "PRQ" and a semi structured interview for identifying the parent-child relationship and the perfectionist behaviors that compensate the inferiority complex. This study shows that children, knowing the situation the family is in and wanting to get attention, act with perfectionist ideas and try to relieve burden from their parents. However, the more they go on with these behaviors the more they feel left out and reach a point of very low self-esteem. In this article it is shown how one event leads to another and a very strong and obvious base is formed for the formation of the inferiority complex. The article also advises families to prevent this condition by consulting with a psychologist.*

**Keywords:** *Inferiority Complex; children; cancer; parent*

### Introduction

Ansbacher H.L and Ansbacher R. R. (1964) argue that the Inferiority Complex is an abnormal psychological state, got from a tendency to convince oneself of surreal ideas that, in our case, eventually lead a child to underestimate himself, become more emotional and seek praises from others. This is different from a feeling of inferiority in that it is not only a moment or phase that can be ignored. In fact, it transforms children into victims who justify their lost behaviors. (Adler, 1969)

The symptoms of the Inferiority Complex may vary, but Alder classified them in two big groups:

- a. Strategic behaviors that include a form of seeking attention
- b. Criticism toward others and worries about completion of a certain assigned task

Laing (1988) presents some of the characteristics of this complex to be underdeveloped social activity, "bitter taste" attitude, violence, overemotional, fishing for compliments, critic to the world etc.

The environment in which the children grow is important because it can influence their behavior. In the case when children have a parent diagnosed with cancer, they try to release burden from their parents, but only end up having low self-esteem due to the feeling of being left out. After the phases that a parent goes through to fight cancer (L'Institute National du Cancer, 2007), the child has developed the fear and deals with it in his own way, usually one of the ways of Inferiority Complex.

The Inferiority Complex is often associated with compensating behaviors. Children aim to reach perfection, to prove to others the abilities that they possess. Alder argues that these feelings of inferiority are seen as a weakness and therefore denied. Denial can sometimes be unconscious, even to the point that the child might not realize he is feeling inferior. These feelings often lead to aggressive behaviors when contradicted, associated by a need for superiority.

Self-esteem is the inner value of a person, which makes them feel worthy or not. These values are tightly related to ego and those people who have a low self-esteem often suffer from the Inferiority Complex. (Jones, 1977) The amount of self-esteem is earned through experience and ways of reaction to a certain situation, especially during childhood. (Mruk, 1995) Following Freud's theories, a low self-esteem can result from a 'bad' behavior, characterized as such from the superego. However, this concept varies depending on the country or region of study. For instance, in the society of North America a high self-esteem means a good mental state, which is not the case in the Japanese culture. The Albanian concept of self-esteem is very well defined by these theories and is quite similar to the concept in North America.

Self-esteem was one of the things I kept in consideration when analyzing the studies.

I conducted several case studies with families of patients of the Oncologic Hospital Mother Teresa, Tirana, who have children of the age 7-9. Through observations, questionnaires and other methods described below, I consider this paper ready to help the families with the same conditions to better cope with the illness and save the harmony within the family.

## Methods

The focus of this study was on children 7-9 years of age and their families in the cities of Fier and Tirana. Two of the families had shared the knowledge of the disease with the child, but none of the others had. The background and socio-economic statuses of the families were very much alike. Some children had their grandparents living with them in their parent's house. We kept constant the age of the children we were focused on as well as tried to select the families based on the previously mentioned categories.

Three measuring methods were used in the cases to evaluate the relationship in the couples as well as parent-child:

1. Rosenberg's self-evaluation questionnaire -- this questionnaire was translated into Albanian and edited accordingly. The questions were scaled from 0 to 3 where 0 = "Don't Agree at all", 1 = "Don't Agree"; 2 = "Somewhat Agree"; 3 = "Entirely agree"
2. Peer relationship Quiz (PRQ) -- questionnaires on interactions between similar aged children also translated into Albanian. Developed by Rigby and Slee (1993) who evaluated the amount of bullying in schools, was published and used as a method in psychological studies in Western countries. It measures three levels of relationships between children of the same age and it was retained to be useful for this study. The questions were scaled from 1 to 4. 1 = "Never"; 2 = "Sometimes"; 3 = "Almost often"; 4 = "Very often". The organization of scales was done according to Likert.
3. Interview, previously rearranged with the purpose to gather data on the connection between parents and perfectionist behaviors that children express. It has 20 questions that are not only focused in this relationship but also to see the children's interaction with other members of the extended family.

The participants were informed before hand on the purpose of these questions and signed an informed consent.

The study was conducted in three phases. First phase included gathering data based on the family history and diagnosis. Phase two consisted of meeting the children in their home environments and administering two of the three measuring methods, those being Rosenberg's self-evaluation questionnaire and PRQ. The two methods were administered in the presence of the healthy parent, who was kept at a distance in order for the child not to feel pressured to give a specific answer. They were respectively 20 and 30 minutes long with a 15-minute break in between. These questionnaires were not entirely a true reflection of the children's

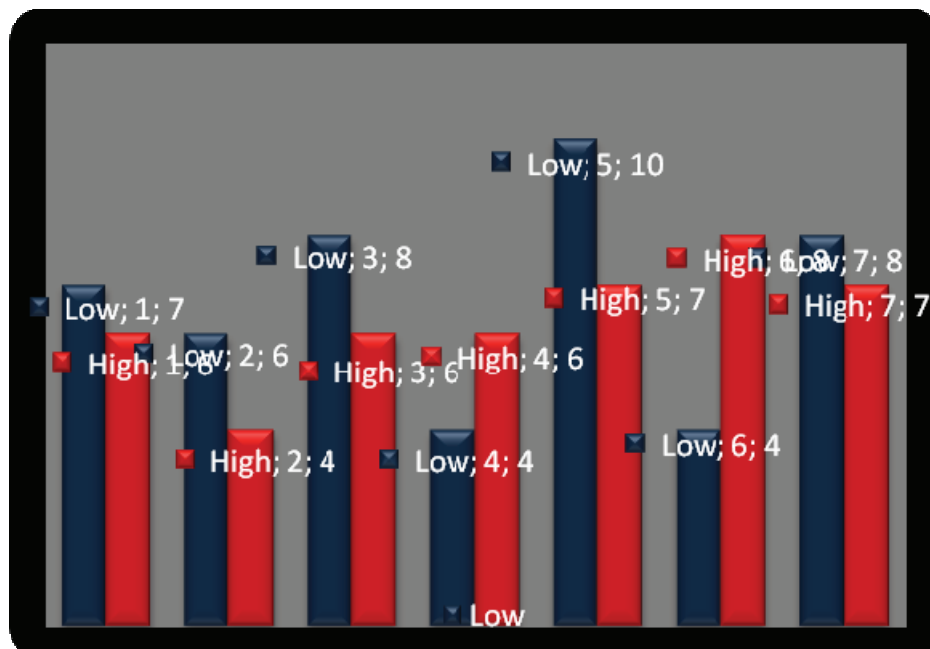
emotions, since they were often turning to their parents as if they wanted to ask if they had answered right. The third questionnaire was part of phase three, in which the parents were not present in the room.

Phase three was one of the most difficult ones to complete as the children, even though told the answers would be confidential, initially were concerned about their secrecy. In some cases, children would take a long time to answer and therefore the initial programmed time to finish the questionnaire was not sufficient. Also, when children had troubles understanding the question, it was repeated and in a few cases paraphrased such that the meaning and purpose of it would be preserved.

The study, being conducted in an undeveloped society such as Albania, had a few drawbacks. The most important disadvantage in the study was the low number of subject, since the number of families that agreed to help out in the research was very small and even smaller was the number of families who had children 7-9 years old. Furthermore, the parents, especially the sick ones, were very protective towards their children and were reluctant to leave them in a room without their presence. During the last questionnaire they would often walk by the door in order to let the child know that they are free to leave the room whenever they'd like. This caused the children to be in discomfort and give more diplomatic answers, fearing that they might be read. Another difficult procedure was the data gathering of the history of the family and disease. This was especially problematic for the sick parent as it was an emotional and difficult time of their life. Also, the fact that the children did not know about their sick parents, made this study more difficult since parents did not want to have to reveal their problem to the children.

**Results**

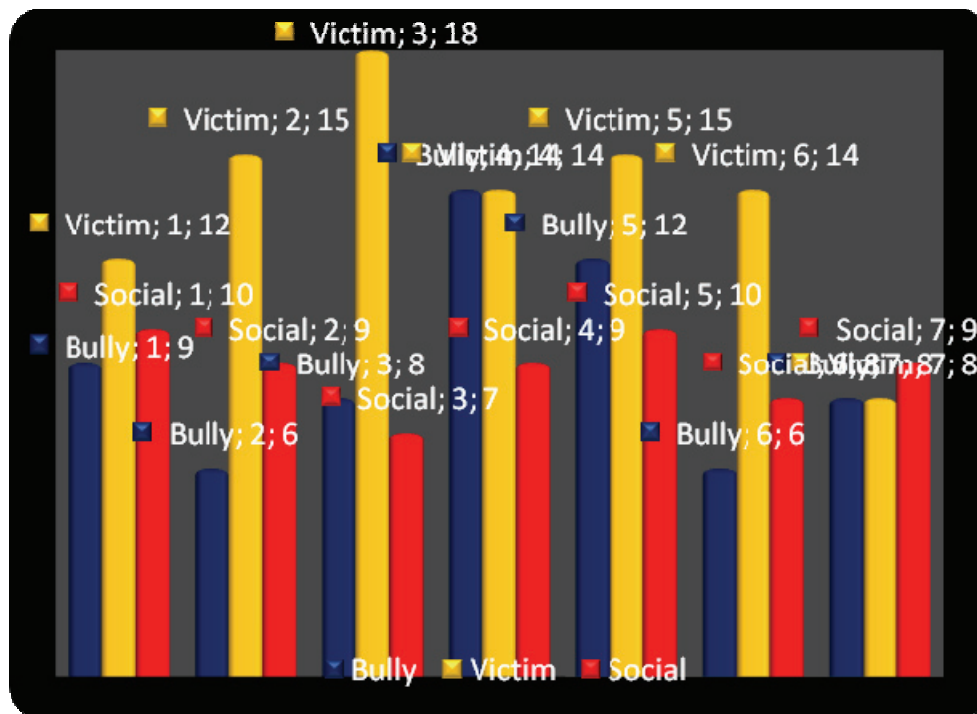
After administrating the self-evaluation questionnaire the result was 5 to 7 children had a low self esteem and only two of them resulted with high self esteem. The 5 children with low self esteem had very little difference in point from the high self esteem evaluation scale. They differed only with one or three points. The graph below shows better this result.



**Graph1.** The points of the self esteem questionnaire

This comes as a result of cancer diagnosis a few months ago so the family especially the children have troubles accepting and adapting to this new situation at home. The low self esteem differs from the other level just by a few points which make us be optimistic. These children have changed the standard of self evaluation due to hard conditions at home but if someone helps them overpass this situation they can still be the same as before the diagnosis.

The results of Peer Relations Quiz were the same as the first questionnaire. Only one child had a successful social interaction in class and the one other had the same points for bully and victim behaviors. The other five children took the position of the victim at class by accepting nicknames, avoiding fights, staying alone, having no friends, etc.



**Graph 2.** The points of the PRQ according to the three levels bully, victim and social behaviors.

The children are very indifferent to the activities at classroom, discussions, and games. They are not focused on the school results. The low self esteem brings even difficulties in the class. The children believe they don't deserve to have attention and evaluation from the peers. The parents are not caring anymore and the children feel guilty for not being good enough to deserve love and for not being well educated. The lack of social activities is another step toward the inferiority complex.

The third instrument was the semi structured interview which gave these results:

- All the children prefer to stay alone at home and do not want the presence of the parents. The only contacts they have with the parents is giving news from school and refer the grades.
- All the children answered they feel angry and hate toward the parents for not telling the truth about the illness. They knew about cancer through internet, television but were not sure if it was the case of the sick parent. Hiding the truth alienate the children who are feeling betrayed.
- The children believe that now they have more duties which are to take care of the family. The boys and the girls took the role of the sick parent to show they are big enough to be trusted. Their main duties are to cook, to wash the dishes, to go to the market etc.

- The presence of the other persons at home irritates them. They felt annoyed from the movements at home; the troubles they cause while trying to help around when in fact don't know how to manage the house.
- The children choose to avoid the problem and all of them replied that preferred more to stay at their room, doing the home works and watching television. They felt not ready to deal with the changes the sick parent is going through.
- No matter how angry they felt with the parents the children were always scared of losing them. They crave for attention and evaluation but even when these two components were lacking the need of love and the fear of being alone made them cry and showed their interest in taking care of the house and the parents.

## Discussion

The administration of the three instruments came to a conclusion which proves the hypothesis of the study. The inferiority complex was measured by the results of low self-esteem, poor social relations at school in the position of the victim, the feelings of anger, hate and boredom toward the family and guilty, mercy, castigation toward themselves.

1. Children 7-9 year old who have a parent diagnosed with cancer have a low self-esteem, are not in harmony with themselves and feel uncomfortable to behave correctly due to the distance the parents are taking for not showing the prognosis of the illness which in fact is easily seen as a result of medications, chemotherapy, radiations etc. Their intention is noble but leads the child to feel abandoned and scared for losing the most important persons. Low self esteem is accompanied by feeling of inferiority. The children believe they are betrayed from the parents and are not able to change the situation they are in.

2. The feeling of inferiority is first created in the family and then spread in other areas. The relation with the peers in class starts to change. These children have a stressful environment at home and every day is filled with the fear of losing both parents. All these preoccupations are gathered in search of one guilty. The energies to be active in class are very low because they dedicate a lot of time in house works helping the parents. They blame the world who was so cruel for changing the family harmony. The low self esteem comes from the self perception but also from others perception of you. These children believe that the peers who are having a quite time are better than him. The loss of social relations aggravates more the feelings of inferiority.

3. Children with one parent diagnosed with cancer keep inside anger, boredom and hate toward their parents. They are craving for evaluation but as hard as they try the parents are too much focused on the treatment issues. The mechanism they choose to fight is avoidance. Their room is the place they feel safe and the television is their best friend. These children exchange the roles with the sick parent and try to replace him/her during the day with the intention of creating the lost harmony. If the sick parent was the mother then the children did the dishes, cleaning the house, washing the clothes which were the same for girls and boys too. In the case when the sick parent was the father whose duties were to bring money at home, going to the market, protect the security at home etc. The feeling of hate and anger were as often as they knew nobody is appreciating their afford around the house.

4. Children who lived with other people in house like grandparents, uncles, aunts resulted to have a lower connection with the sick parent. The presence of another person who offers security and care for the sick parent creates a distant relation with the children who is not interesting in making any afford to help the family.

These children relate more the caring person than the parents because they assure security, protection and chances to avoid the problematic situation. Being unable to understand the problem the children feel no empathy for the sick parent because they are not seeing them suffer and difficulties the parents are going through. The sick parent is not any more around to take care of the children and the caring person is taking advantage of these duties without being aware that are destroying a relation which is being very weak lately. The children starts to believe that is not loved anymore and take some distances till asking for leaving the



house. Even when the children had a strong relation before the diagnosis the caring person the children are scared of losing the sick parent and don't want to be part of this loss. No matter how important can be the caring person he/she can never replace the parents that is why after the interview all the children expressed "I wished I was sick". The children felt a physical distance and not an emotional one. The children were still attached with the parents despite the physical distance they asked to have.

5. A very interesting result came after the parents read the answers of the interview with the children. They felt surprised from the answers and some parents understood that in fact were neglecting the children. Most of them refused to believe in their children's answers. They explained that use to explain every day about the school, their desires, never ask the children to do the house works just to be good at school. The answers of the parents were opposite with the children's who in very brief terms explained how parents were neglecting them. These two options make it very difficult to evaluate the truth but it was a royal way to come to an end. Both parents and children had different perception of the situation. Children felt neglected because the parents were too much focused of the treatment and also the parents were too tired to understand weather their relation was changed or not. The children's perception is right till a certain point because the children are distanced with the parents and also replacing their role at home which means they feel alone and abandoned. These children feel abandoned and the fear of being alone makes them stronger. The parents had very little communication with the children and kept secrets about the illness which made the children under evaluate themselves who are looking for a guilty and very often they blame oneself for not giving enough afford to change the situation. The parents are not home most of the day and do not communicate to help the children understand what are the conditions of the illness, what to expect and what is the prognosis.

6. When parents try to cooperate with the children even after the diagnosis the children feel more comfortable to deal with the illness. The cases of a strong relation before and after the diagnosis prove to be more stable and resistant to the changes. The relation before the diagnosis is important to show the way the children face the stress the illness creates. The healthy relation with the children is the trust the children use to understand that no matter the distance they are sure the parents are caring for them. In the cases the children had a strong relation with the sick parent the relation remained strong even after but were still feeling betrayed from the secrets of the illness. The children knew about the illness because they spied, searched on internet, read books but nothing was sure or heard directly from the parents. The result is having two parts knowing about the situation but no one had the courage to talk to each other. The lack of trust brings the feelings of inferiority and with the passing of time it aggravates the conditions at home till suffering the inferiority complex.

7. During the first phase of the study, taking personal data, the parents did a lot of resistance in filling the whole story. They try to give very diplomatic answers to give the best impression by hiding some information about the real situation at home. When the interview was in the presence of both parents they kept a continuing eye contact with each other to better coordinate with the information. The information about the life before the diagnosis they felt uncomfortable and avoided the truth. It was very difficult to take information so most of the data was gathered due to the observation. When was the presence of the grandmother they talked with a lot of pathos about the children and sometimes in the middle of the conversation they burst into tears telling how difficult it was for them coping with a sick parent.

8. In three families the parents were preoccupied because they knew the children heard about the illness but none of the families felt ready to communicate with the children. The parents did not know how to communicate, what to tell to the children and what was the limit of the information to reveal. Inspired from this condition there was a psycho education phase with the parents helping them understand how important was for the children telling the truth, finding the exact words to explain the illness. They feared that the information will hurt the children and they believed that was better if they delegated the responsibility. After the psycho educational meeting the parents did never take the courage to talk with the children about the illness. In the

families where it was a caring person like the aunt or the grandmother the parents delegated the duty to them and got rid of the responsibility which resulted to aggravate the anger toward the parent.

## Conclusions

The results of this paper lead to the conclusion that children who have a parent diagnosed with cancer suffer from a low self esteem accompanied by poor social relations. The conditions of these feelings are found in the family when parents neglected the children and kept distance from the changes in the family. The children fight to take the attention of the parents but doesn't react in a rude way or create tension in the house. In fact the children compensate by behaving perfectionist tasks (growing up manners) in order to take the attention.

When they do not have feedback for the efforts they try harder but don't understand that the lack of attention comes from the worries the parents have about the illness and not for their bad behaviors. Growing up in these conditions despite the hard affords not evaluated the child blame himself for not giving enough from oneself to deserve the parents' attention. The children build the inferiority complex and their age permits them only to behave well in order to gain positive reaction. They try hard to be as good as is needed to have back the harmony but what remain is the fears of losing both parents.

Parents that are biologically programmed to love their children are neglecting them and the children do not have enough information to cope with the situation at home. They channelize the low self esteem in other areas like school where they feel not comfortable. There are a lot of children having fun, playing with each other and making wishes and there are these children who come from a very stressful situation at home. Unable to cope with the conditions at home they find a solution that is avoidance. These children find easier to stay closed in the room and watch television.

## Recommendations

- Parents diagnosed with cancer need to have counseling sections to help them overpass the phases of the illness
- Families with a person diagnosed with cancer need to go to a family therapy to communicate about the illness conditions and the way it has changes their lives.
- A psycho educational program to help parents with cancer understand how important is to communicate with the children about the illness.
- A psycho educational program to help the families who have a member diagnosed with cancer to cope with the illness and to fight for the harmony.
- A psycho educational program to help the doctors to find a smooth way to talk with the patience about the illness and the most important thing to respect the right that every patience need to know what is happening to his/her body.

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