

Cancer and Children : a mental health perspective

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When a child is diagnosed with Cancer the evident unexpected crisis created at home regrettably steals away a slice of their childhood. The incidence of cancer diagnosed in India measures to eight lakh annually, wherein approx. 50,000 are seen in children i.e. 30-40% are leukemia & lymphomas, 20% are brain tumours and some with retinoblastomas (eye cancer) which form 1% of paediatric cancers. (CIRC, Delhi 2013).

The devastating effects perceived, move on the line of – medical, physiological, psychological, neuro-psychological and cognitive. Hence, the drastic instantaneous emotional impact on both the patient and caregiver is a major cause of concern. To facilitate a constructive comprehensive adjustment towards normalcy, mental health interventions are imperative - during and post treatment. The diverse forms of distress and suffering experienced is much like the symptoms apparent in Post Traumatic Stress Disorder (PTSD), including anxiety, apprehension, nervousness and depression. The siblings too feel strained, guilty and overcome with feelings of neglect. Effective coping strategies are invaluable to aid every member of the family through the treatment and recovery process, particularly to ensure that the child's psychological wellness is not compromised.

THE PSYCHOLOGICAL IMPACT

The cancers identified are from a broad spectrum of malignant diseases, each representing diverse biological features, treatment approaches, survival probabilities, epidemiologic characteristics. It has been recognized that many patients suffer appreciable rates of psychiatric morbidity.

Emotional and social difficulty

The physical symptoms and the treatment process can have severe emotional and social consequences on the child, with two-third of patients having reported various unmet psychosocial needs. Research indicates that the signs of depression, low self esteem & poor perception of self appearance found in children with cancer is associated with social, psychological impairment.

Neuro-cognitive dysfunction

Attention and sleep disturbances, chronic fatigue syndrome, visual or auditory issues, short term memory, are familiar neuro-cognitive manifestations due to both, the disease and invasive treatment modalities.

Academic grievances and correlated frustration

This is apparent when the patient is away from school for an extended period, presenting itself in reduced levels of self concept, apathy and dejection, especially with lower scores in IQ tests and learning disabilities creeping in. In fact, unfortunately those suffering with leukemia usually report 20 weeks of absenteeism from school in a year, repeating grades quite often.

Psychosomatic issues

It is observed that the patient demonstrates reserved and introverted conduct, due to PTSD (post traumatic stress disorder) and other associated extreme stress related complaints. The caregiver risk is highest risk in this category.

Adjustment disorder

The prevalent visible side effects, their related pain, probable physical disfigurement, related weight gain or loss, all this negatively impacts on the child's ability to adjust. The trauma places the patient at the risk of behavioural difficulties, like becoming disruptive & aggressive. In regards to adjustment, the patient who undergoes this trauma could experience relationship problems & disturbed careers at later stages in their lifetime.

CASE STUDY

A few months ago at the 'Cancer Rehab Clinic'(an NGO initiated by Dr. Sultan Pradhan) we had a patient, minor boy from a financially unaffording family who was studying for his 10th Std examination. His mother, very distraught, was sent for counseling and that's where I met her son – this was where my journey with Bijoy (name changed) began. He is a very bright looking sprightly lad, detected with Acute Lymphoblastic Leukemia (ALL) who had to undergo treatment – Chemotherapy & Radiation. The first few weeks are usually intense, the child spends a lot of time in the Hospital visiting Doctors and starting the treatment plan. (Problem Assessment). Bijoy had his Std. 10th Preliminary exams in the same month. His diagnosis and treatment chart was being prepared as he tried focusing on his studies, frequenting the Hospital with his head buried in books, discussing his school friends with me (Relationship building). He would come equipped with his 'self-made time table' for all the subjects, we ticked the chapters as he revised and studied (Goal setting). Summarizing the story, in his 'prylems' he managed to pass and we even had a mini celebration (Definitional ceremony), but unfortunately the final examination synchronized alongside his radiation cycle. With the help of the Oncologist, days were scheduled to give him lee-way so as to sit for his exams and come in for counseling (Follow ups).

All throughout our three month journey, he came in for counseling once a week, accompanied in rotation with different family members each time, right until his Finals. (Counseling Intervention -Externalizing conversation/ Remembering conversations, Narrative practices). Most of all, we enjoyed and looked forward to the last 15 minutes of each session which was set in colour where all of us, patient caregiver and me took great joy in expressing our thoughts on paper. We laminated and filed all of them until his exams finished (Art Therapy). No sooner his

holidays dawned and we saw him getting into the spirit (Termination of session). Recently Bijoy reappeared after a few months of absence, with his Report Card and a cake – He is currently responding well to his existing medical treatment; his grades were very impressive having secured 'First class'. Gleeefully he showed us his Xavier's college Identity card and wants to study further, desirous of becoming a Doctor. We have managed to identify a kind Donor, in celebration of the same. (Networking towards financial aid).

The practice of counseling makes an attempt towards preparing the patient for overcoming both – depression n anxiety, and the ubiquitous psycho-social problems associated. There is an apparent significant reduction even in the levels of despair amongst the caregivers after every session, whether present or absent. The issues that plague the mind of the entire family get attended to, especially when the invaluable outsider support towards academics and finance are delivered. Art therapy improves the patient's quality of life, by helping them cope with their disease and treatment, through creative expression. Moreover, the Counselors/ Health-care professionals should use the correct counseling techniques and develop the related skills so as to advance patient wellbeing.

PSYCHOSOCIAL INTERVENTION

Family support and networking predicts better psychological adjustment. The ongoing support of classmates and hospital environment too, play a crucial role in sustaining equilibrium. Early assessment and intervention towards signs of emotional distress and symptoms of PTSD stress to reduce the negative impact for the affected child and family helps tremendously. CBT / Cognitive Behavioral interventions which includes teaching them coping strategies whilst targeting development of social skills. Family Counseling / Narrative Therapy / Psychotherapy to improve functioning, i.e. personal counseling & even Group sessions have shown to be of valuable in most cases. Counseling and Psychotherapy denote a wide range of therapies that aid in bringing about effective change towards enhancement of wellbeing. Art Therapy in combination with Psychotherapy has gained popularity in recent years, it interweaves art and healing. Reflecting on the psychological experience of the artist, it is used as a form of communicative expression in a clinical setup. It brings together mental imagery and artistic activity, by releasing creativity and stimulating a therapeutic process of recovery. Fears, hopes and fantasies are all translated into a visual language which gives voice to the little mind. A therapist can sieve through the picture and bring up the necessary avenues for improvement in their lives.

Comfort in routine, children usually feel this way because it represents a normal predictable lifestyle. Encouraging them to meet friends and trying to keep up with their usual activities could give some respite. More often the patient may return to behaviors of a younger child (clinging, parent preferences, and inability to sleep alone) best is to not to highlight the same. As a parent it is essential to take time to attend to your own emotional wellbeing. Reach out to all the support there is – family friends and counselors, professionals at the hospital. Financial aid data can also be procured from Rehabilitation centers and NGOs working for Cancer. 'Survivor family group interaction' is a recognized method of dealing with the diagnosis and treatment. The diagnosis, loss of daily routine itself, the financial strain all impacts as a loss – that is likened to Grieving. However, the grieving process varies from person to person, depending on personalities and where in the treatment plan they stand. One could find

the parent, patient and family members moving in and out of the five stages of grief (Denial, anger, bargaining, sadness and acceptance) as they travel through the progression of the treatment. By allowing and giving permission to do this, parents will find it an easier & more respectful way to cope. Furthermore, keeping hope and believing the child will get better and improve, is the key to healing. Just as maintaining a positive attitude helps cleanse the mind, this in turn reflects onto the body and frees it from negativity. Noteworthy is the fact that a large percentage of youngsters who face this kind of hardship in life grow up to be greater achievers than most.

Although cancer is the most common cause of disease-related death in children, the mortality rates have declined approx to 30 million per year, globally. Figures show that more than 70% of children survive the disease and with the prognosis of cancer having improved drastically, each year more and more children are being cured. So, keep the faith !