

## Psychological Features of Parent-Child Relationships Families Having Children with Acute Lymphoblastic Leukemia

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### ABSTRACT

The paper describes the experimental study of psycho diagnostic characteristics of parent-child relationships in families with a child with acute lymphoblastic leukemia. In the study we used the following methodics: a questionnaire "The analysis of family relationships"; the methodic of studying the parental convictions (PARI - parental attitude research instrument); projective methodic to study specific - personal, emotional relationships of the child with other people. The leading breeding style in families with a child under school age, who has cancer, is indulgence hyper protection. Mother in an effort to help her sick children tends to establish the optimal emotional contact, but despite that fact they have faulty convictions too, which are at the level of trends. Children with leukemia are in need of both mother and father, but the couple of parents is under-represented in the child's mind. The critically ill children of preschool age reveal the two opposing trends: the desire to communicate and dominant in a group of children and a desire for solitude. This contradiction finds its expression in the conflictness and aggressiveness of a child. The materials presented in the article are of practical value for doctors, psychologists, volunteers and other people who work in the departments of palliative care and in the departments of Pediatric Hematology and Oncology information activities.

### KEYWORDS

Parent-child relationships,  
the parent convictions, parenting styles,  
acute lymphoblastic leukemia

### ARTICLE HISTORY

Received 19 January 2016  
Revised 17 May 2016  
Accepted 22 May 2016

## Introduction

### *The relevance of research*

A serious and incurable disease of a child is a major challenge for any family. The researchers of such families have identified universal problems affecting the family functioning. Among these problems we can mention

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emotional and functional difficulties of family members, which distort such aspects of their life such as work, leisure time, intrafamily roles and relationships; the difficulties associated with interaction with the society and financial difficulties arising from the high cost of treatment of a child. In the area of child-parent relationships we identified disorders which are expressed in overprotection, in emotional isolation from the child, in the difficulties of accepting the child aggression (Klimova et al., 2013).

To overcome the above difficulties the assistance of many experts is needed. The effectiveness of this assistance depends on the understanding of the parent-child relationships in families with seriously ill children. The relationships with parents and their support are the basic resources for a child with cancer. Thus, the study of features of parent-child relationships in the families with seriously ill children are practically important for the organization of comprehensive assistance for such families (Mokhov et al., 2011).

The researchers note that, on the one hand, the psychological reactions to cancer depends on the individual peculiarities of personality. On the other hand, the individual uniqueness of the personality causes a mixed reaction to the treatment, family relationships. (Fedorenko, 2015) The parents subsystems affects the healing process and the socialization of the ill child personality. A child with special needs require special treatment to him by adults and peers to overcome his fears and to reduce anxiety (Akhmetzianova, 2015).

Cancer affects not only patients but also their relatives. The loss of a child often causes intense and long-term negative effects on parents. In addition, particularly women are at risk because of the possibility of mental disorders. In the article of R.M. Khusainova (2015) the author speaks about the connection between psychological, social and physical health levels of women.

The future studies aimed at identifying the characteristics of the interactions between patients and family members - parents, children and partners - are of great importance for further study, providing a deeper understanding of the dynamics of family relationships when it comes to cancer. (Hagedoorn, Kreicbergs and Appel, 2011).

## **Materials and Methods**

### **Methods:**

To achieve this goal the following methodics were used: the questionnaire "The analysis of family relationships" by EGEydemiller (Eydemiller 1990), which is intended to identify the type of inharmonious breeding conducive to the emergence and the development of pathological changes in the child's personality. The methodic includes 20 scales that reflect basic family breeding styles, provide getting picture of structural and role-playing aspect of life of the family, shows features of the mutual influences system, shows the functioning of the family integration mechanisms. Stable combinations of different parenting traits represent inharmonious breeding type; the methodic of studying the parental convictions (PARI - parent alattitude research instrument) is used to study the attitude of parents to different sides of the family life. The methodic include 23 aspects-signs relating to different sides of parents attitude to the child and to the family life. The projective technique by R. Gilles (Le Test-Film, Rene 'Gille) study specific - personal, emotional relationships of a child with

other people, including members of his family. The methodic examines the parent-child relationships through the eyes of a child and makes it possible to describe the system of personal relations of the child, which is made up of two groups of variables: 1. The indicators characterizing the specific-personal relationships of the child with other people: 1) with mother; 2) with father; 3) with both parents; 4) with siblings; 5) with grandparents; 6) with a friend; 7) with a teacher (an educator or other adult authority for the child). 2. The indicators characterizing features of the child: 1) curiosity; 2) the desire to dominate in the group; 3) desire to communicate with other children in large groups; 4) separated from the others, the desire for solitude; 5) the adequacy of social behavior. In addition to the qualitative assessment of the results all the indicators get their qualitative expression.

### ***The object and the purpose of the study:***

The object of our study were preschool children (5-6 years) with a diagnosis of acute lymphoblastic leukemia and their mothers. Only 25 families. The subject of research were psychological characteristics of child-parent relationships in these families. The goal - to study the features of styles of family breeding, parental convictions, the relationships of a sick child with other people.

### ***Stages of the study***

The study was conducted in the department of Oncology and Hematology of the Child Republican Clinical Hospital in Kazan. The children were hospitalized in the acute stage of the disease with their mothers. All of the diagnostic procedures were carried out under the supervision of a psychologist. Parents gave their written consent to participate in the experiment, and the participation of their children suffering from leukemia.

### **Results**

#### ***Features of parent-child relationships in families with a child with cancer***

These methods of the DIA (Table. 1) showed that among the key characteristics of parenting style the dominating ones are: the hyper protection (48%), the lack of responsibility (40%), the lack of requirements and prohibitions (36%), the preference for childish qualities (36%), the phobia of child loss (36%), the indulgence (32%) and the minimum of sanctions (32%). This pattern is consistent with the breeding style "indulgence hyper protection" that, on the one hand, due to a serious illness (phobia of loss and, as a consequence, the lack of requirements and prohibitions, the minimum of sanctions), and, on the other hand, the child's age (the lack of duties, the preference for childish qualities).

Indicators of basic parent plant for PARI procedure are shown in Table 2. As it can be seen, the average of all values are within the normal range (7 to 17). The data of maximum elections are most informative. The greatest share is got by the verbalization factors (36%), the mother dominance (32%) and development of the child's activity (24%). Factors "verbalization" and "development of child activity" include the group of factors that describe optimal emotional contact with the child's mother, and reflect the mother's desire to help the child psychologically. A high percentage of the maximum elections of the

indicator "mother dominance" may reflect the situation of the long interaction between a mother and a child in the difficult conditions of the disease and treatment and the age of the child.

**Table 1.** The features of breeding styles in the family with a seriously ill child (according to ACB test\*).

Scale	Above the standard	Scale	Above the standard
G +	48%	H	12%
T-	12%	PSD	28%
Y +	32%	MPC	36%
Y	8%	HV	12%
+ T	20%	FU	36%
T	40%	NRCH	12%
W +	24%	PNA	12%
s-	36%	VC	4%
C +	8%	PMK	24%
FROM-	32%	VLS	8%

\* Conventions: (D +) - hyper protection; (T-) - hyper protection; (V +) - indulgence; (Y) - ignoring the needs of the child; (T +) - excessive requirements of the duties; (T) - lack of requirements of the duties; (B +) - excessive requirements, prohibitions; (S-) - lack of requirements, prohibitions; (C +) - the severity of the sanctions; (C) - the minimum of the sanctions; (H) - instability of parenting style; (PSD) - extension of the parental feelings; (MPC) - the preference for childish; (BH) - uncertainty in breeding style; (FU) - the phobia of losing a child; (NRCH) - undeveloped parental feelings; (PNA) - projection of own undesirable qualities on the child (teenager); (VC) - the imposition of the conflict between the spouses in the sphere of breeding; (PMK) preference for masculinity; (VLC) - preference for feminine qualities.

At the level of the trend the increasing values of some factors can be noted, among them: "the suppression of the will of the child", "fear of offending," "family conflicts", "irritability," "exclusion of intra-effects", "super-authority of parents", "equalized relations", "lack of independence of a mother".

The features of the relation of seriously ill children to other people are identified with the help of the projective methodic by Rene Gilles (Table. 3). As it can be seen from the above data, the largest number of the maximum elections was got by the factor "the attitude to father" (NGO) - 52%, the "the attitude to mother" (OM) - 40% and "the attitude to grandparents and other adult relatives" (Oro) - 32%. The attitude to mother and father as a pair (OR) has received the highest number of minimum elections (36%).

Surprisingly large number of maximum elections was received by the factor "the attitude to father." In our opinion, this is due to the fact that the child spends most of his time with his/her mother and experiences a great shortage in his/her father, which can be associated with the house, well-being and health. The indicators of the factor "the relation to mother and father together as parents" is caused, on the one hand, with the fact that some children grow in incomplete families and a child most often communicate with his mother and father separately, and, on the other hand, with the fact that the child spends a lot of time in the hospital with his/her mother, while the father works and provides the functioning of the family outside the hospital walls.

**Table 2.** Features of the parent convictions in the family with a seriously ill child (according to PARI test \*).

Scale	Above the standard	Scale	Above the standard
AT	36%	NRH	4%
FS	8%	BY	16%
AP	12%	PAP	24%
MF	16%	Criminal	0%
Operating system	4%	BM	12%
GS	8%	PS	8%
SC	12%	DM	32%
R	16%	CHVMR	8%
IC	12%	UO	4%
TRS	12%	Surrey	4%
ATS	20%	NM	12%
PA	4%		

\* Conventions: (B) - verbalization; (FS) - excessive concern; (AP) - dependence on the family; (MF) - suppression of the will; (OS) - the feeling of self-sacrifice; (G) - fear of offending; (UK) - family conflicts; (P) - irritability; (IP) - excessive strictness; (TRS) - the exclusion of intra-effects; (CAP) - super-authority of parents; (PA) - suppression of aggression; (NRH) - dissatisfaction with the role of the mistress; (PO) - partner relations; (PAP) - development of the activity of the child; (CC) - avoidance of conflict; (BM) - indifference of her husband; (SS) - suppression of sexuality; (DM) - Mother's dominance; (CHVMR) - excessive intervention in the child's world; (RO) - equalized relationships; (Surrey) - the desire to accelerate the development of the child; (NM) - lack of independence of the mother.

When talking about the variables that characterize a child and are manifested in interpersonal relationships, the greatest number of the maximum election were received by the factors "the desire for solitude and shut off "(SOU) - 64%," the desire to communicate to large groups of children "(CO) - 40%," conflictness, aggressiveness "(R) - 40%," the desire to dominate or lead in children's groups "(DM) - 32%," curiosity "(a) - 32%.

The obtained results show the existence of the internal conflict of two opposing needs - the desire for communication and leadership, on the one hand, and the desire for withdrawal and privacy on the other. Obviously, the first need (the desire to communicate) is due to the age of children (5-6 years) and the corresponding leading activity - game. In the senior preschool age the most developed types of games are the 2 ones: plot-role-playing games and the rules games, which suggest the presence of other children, the children's collective. The second need (desire for solitude and shut off) due to disease, the need for regular hospital stay in isolation and deprivation. The clash of two opposing trends is reflected in the conflictness and aggression.

The static analysis of gender differences on the criterion of Mann-Whitney test showed the following significant differences: the phobia of loss is higher in girls' parents, these families are also more often tend to show the imposition of the conflict between the spouses in the sphere of breeding.

When comparing the average values in families with only one child and siblings revealed significant differences in the factors "the excessive intervention in the world of the child", "the lack of responsibility", "the imposition of a conflict between the spouses in the sphere of breeding", "the projection of own

undesirable qualities on a child ", "the attitude to mother "(all amounts are significantly higher in single-child families).

**Table 3.** Features of the relationships of a child with others and some characteristics of his personality (according to the methodic by R.Zhil)

Scale	Above the standard	Scale	Above the standard
OM	40%	A	32%
GS	52%	CO	40%
OR	12%	DM	32%
Operating system	16%	TO	40%
Oro	32%	RF	20%
OD	4%	SU	64%
OB	12%		

\* Conventions: (OM) - the relation to mother; (GS) - the relation to father; (OR) - the relation to the parents together; (OS) - the relation to siblings; (OPO) - the relation to other adult relatives; (ML) - the relation to friends; (RH) - the relation to caregiver; (L) - curiosity; (CO) - the desire to communicate; (SD) - the desire for domination, leadership; (K) - conflictness, aggressiveness; (Russian Federation) - reaction to frustration; (SU) - the desire for solitude.

## Discussions

The relevance of the study of parent-child relationships in families having children with cancer is worldwide. So the authors E. Waldman & J. Wolfe (2013) write that over the past two decades children's palliative care has become a major approach, as well as private medical narrow specialization. The common goal of these two areas is to alleviate the suffering of children with life-threatening illnesses and their families. Indeed, palliative care is increasingly recognized not only when it comes to how to deal with the dying process, but also on how to participate in life, when faced with a life-threatening disease. Palliative care is a term for the total care of the child and family, an approach that should be applied consistently and simultaneously, regardless of the status of the disease. (Waldman & Wolfe, 2013)

The diagnosis of leukemia in children leads to an existential shock of parents and changes in normal family life. After diagnosis, the children stay at home most of the time. Thus, their parents are faced with a great responsibility for the control of the treatment process and the support of their child during his illness and treatment. (Kars et al., 2008) In contrast to the situation in the Netherlands, in our country the children patients with leukemia spend most of the time in the hospital.

Forty-three families of children with acute leukemia who participated in the study were assessed in terms of long-term problems (6 years) of the child's disease overcoming. The Data of overcoming process were collected through interviews, self-assessment procedures. The results showed that these families have shown significant improvement in the psychological status of a long-term period, in comparison with the initial level. Among the variables associated with the problem of overcoming the illness of a child diagnosed with acute leukemia we can mention: a level of family support, the quality of family relationships, attention to other members of the family, the absence of other concurrent stresses and open communication within the family. Health status and disease duration were not significantly associated with the studied parameters. (Kupst

& Schulman, 1988) This study shows the problems of fathers, especially at the initial stage of the disease, which is consistent with the data obtained in our study.

The purpose of research scientists from the Czech Republic was the study of personality characteristics of siblings who have a brother or sister with cancer, changes in relationships with parents perceived by children, problems in behavior and quality of life. The results showed that siblings are relatively well informed about the disease and the treatment of the sick child, and that they have no behavioral problems. Nevertheless, the younger brothers and sisters have indicated their desire to spend more time with their parents, and adolescents have lower life satisfaction than the comparison groups. (Kárová et al., 2013)

The aim of review of psycho – social studies of status of parents who have lost children with cancer, was the comprehensive compilation of existing studies using validated instruments to measure psychosocial outcomes. The study showed increase in anxiety, depression and sadness duration and decreasing quality of life. (Rosenberg et al., 2012) This is a prospective study to identify risk groups of parents who can lose their children with cancer, because the parents who tend to choose coping behavior of insulation and social exclusion type, avoidance of problems and suppression of emotions are easy to fall into the state of hopelessness and resignation, they are prone to self-incrimination. (Abitov, 2015)

Thus, we can conclude that many of the authors address the issue of parent-child relationships in families with seriously ill children, but the aspects considered in our study of these relationships are new and have not previously been studied.

## Conclusion

As a result of analysis of the empirical data the following conclusions were reached:

1. The leading style of breeding in families with severe disease preschool child is the indulgence hyperprotection.
2. Mothers in an effort to help their sick children tend to establish the optimal emotional contact, despite that fact they also tend to have some faulty convictions.
3. Critically ill children have a developed need for both a mother and a father, but they as a couple are under-represented in the child's mind.
4. In critically ill children of preschool age we revealed the existence of two opposing trends: the desire to communicate and dominant in a group of children, on the one hand, and the desire for privacy, on the other. This contradiction finds its expression in the conflictness and aggressiveness of the child.
5. Psychologically more prosperous relationships were found in families with boys and families with siblings. The families with the girls show higher indicators of phobia of loss of the child and of the conflict between the parents. In families with only one child there were also found higher indicators of the conflict between parents, and excessive intervention in the life of the child and the projection of own undesirable qualities on the child.

This study shows the need for psychological help and support to children with severe oncological disease and their families; furthermore health care

workers, educators, teachers and volunteers are in need with the knowledge of psychological peculiarities of parent-child relations, personality characteristics of children sick with cancer and their parents.

### Acknowledgement

The work is performed according to the Russian Government Program of Competitive Growth of Kazan Federal University

The work is performed at the expense of the grant allocated to Kazan federal university to perform the state task in the sphere of scientific activity Russian Foundation for Humanities and the Government of the Republic of Tatarstan.

### Disclosure statement

No potential conflict of interest was reported by the authors.

### Notes on contributors

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