

Parenting concerns, psychological distress, and relationship functioning in parents coping with cancer

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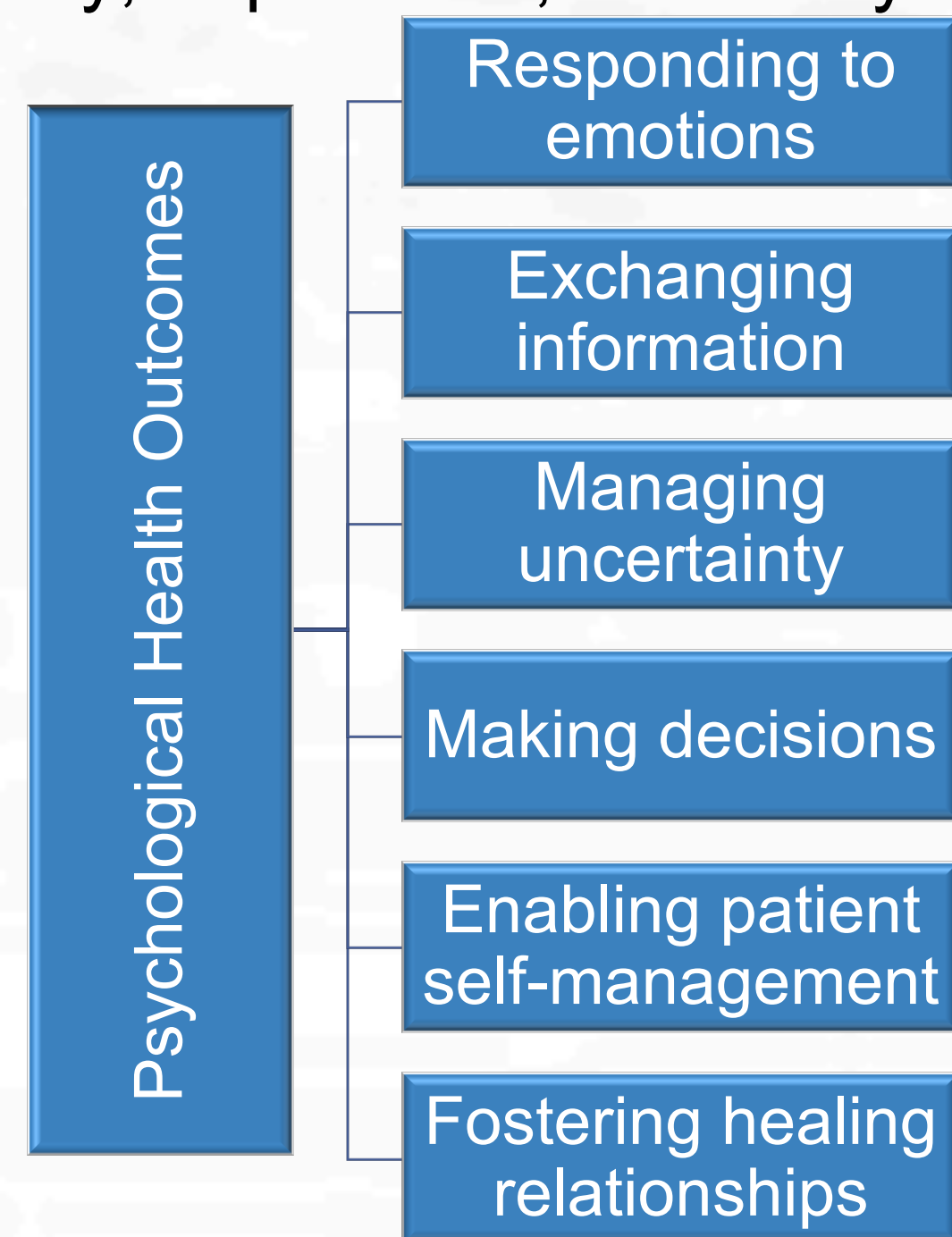
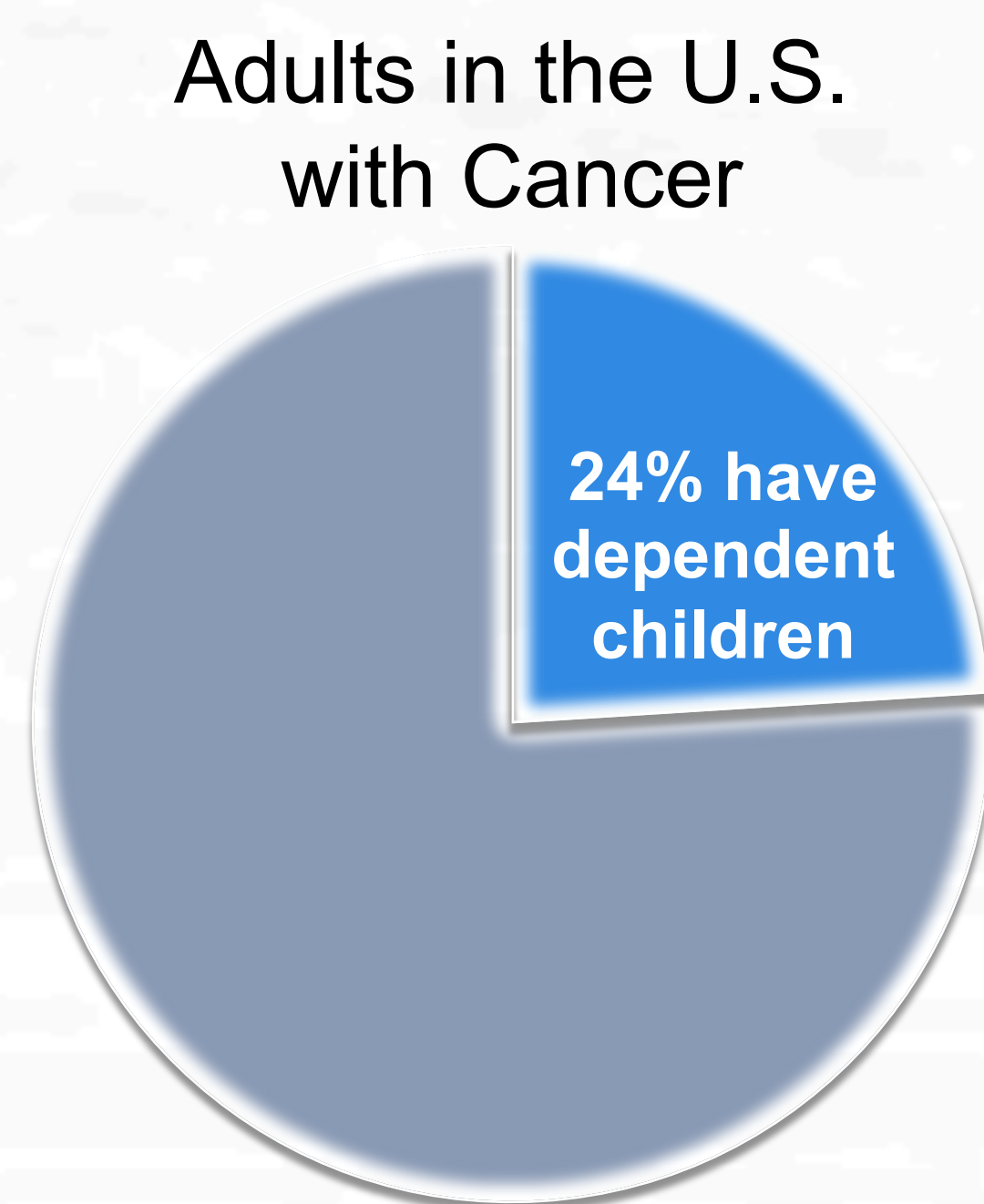
Primary Questions

How do parenting concerns affect distress and relationship satisfaction in couples (dyads) coping with parental cancer? Are patient and partner parenting concerns related?

Background

Parental Cancer

How do parents facing cancer explain a tumor, the possibility of parental death, or hospital visits to their children? Studies have found that cancer patients with dependent children exhibit particularly high symptoms of anxiety, depression, and worry.



Patients' (PT) parenting concerns can negatively impact their own and their family's adjustment to the cancer experience

- Parenting concerns of partners of cancer patients (PR) have been studied little
 - Do patient and partner parenting concerns affect relationship functioning differently?

Parents with cancer and their partner must mutually decide how to address cancer with children

- Topics to address: parental role changes, lifestyle changes, changes in patient participation, treatment side-effects, etc.
- Communication vital for normal family functioning

Proposed Dyadic Relationship

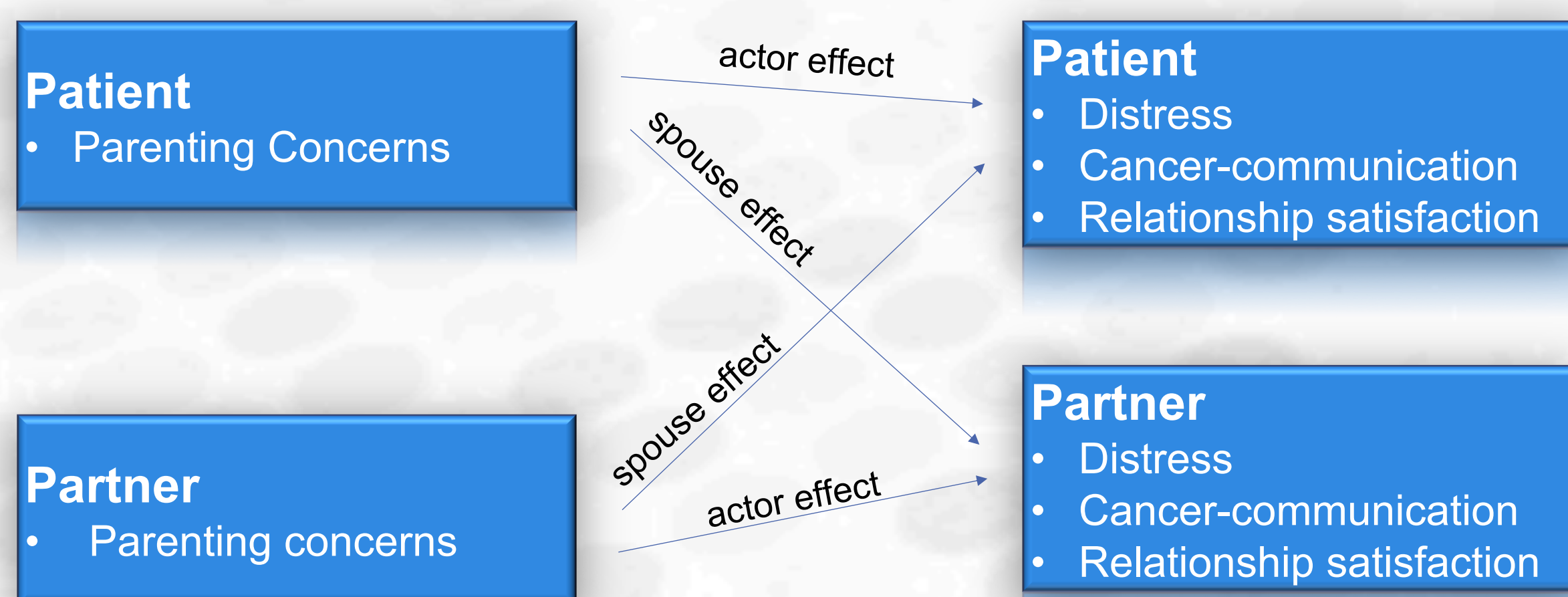


Figure 1
A proposed actor-partner interdependence model for parenting concerns predicting patient/partner distress and relationship functioning.

Methods and Design

Participants

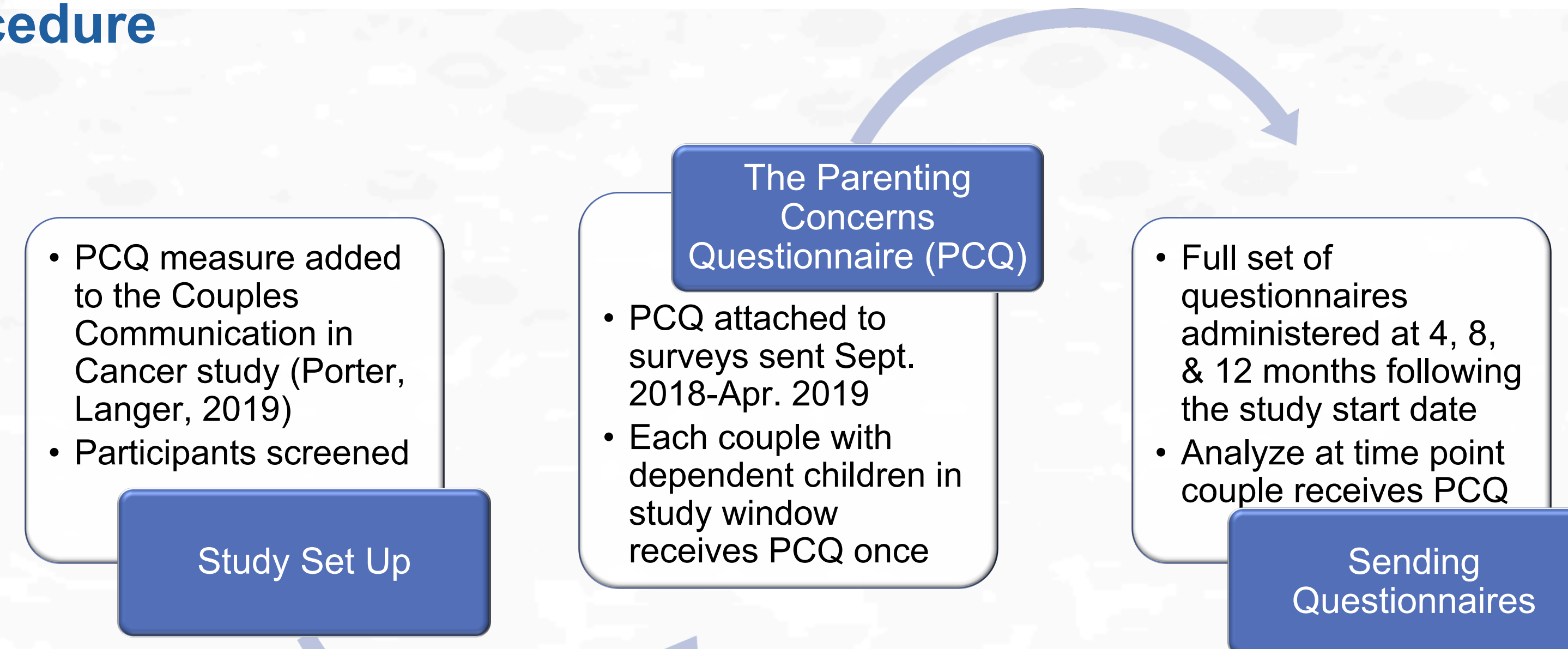
72 patients (n=38; 74% female) and their partners (n=34; 26% female) from two study sites

Eligibility Criteria: 1) over the age of 18, 2) within two years of diagnosis of current cancer stage, 3) stage II-IV breast, colorectal, or lung cancer 4) receiving/has chemotherapy or hormone therapy, 5) life expectancy > 6 months, 6) in committed relationship & 7) at least one child < 18

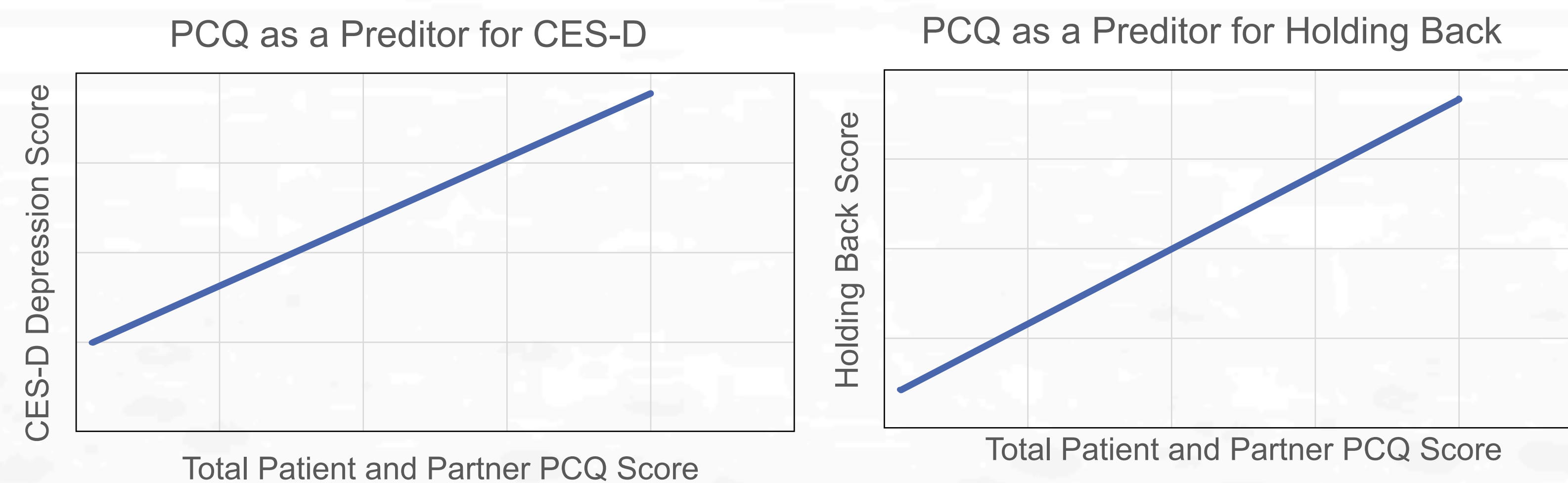
Materials

Center for Epidemiological Studies Depression Scale (CES-D)
Profile of Mood States (POMS)
Parenting Concerns Questionnaire (PCQ)
Dyadic Adjustment Scale (DAS)
Emotional Disclosure Scale (Holding Back)

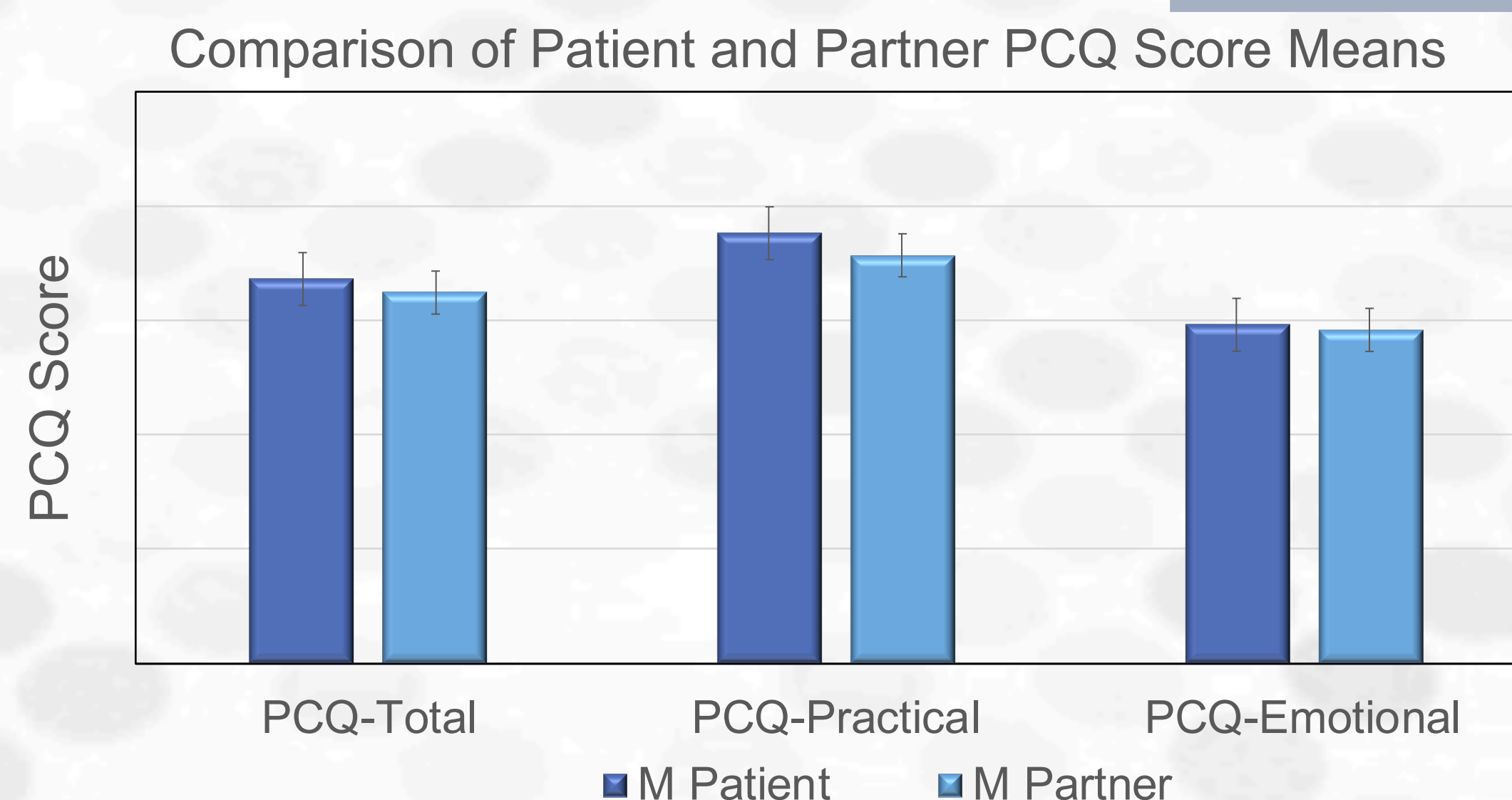
Procedure



Results



- For both patients and partners, higher parenting concerns significantly predicted higher depression (CES-D)
- CES-D & POMS were each significantly correlated with PCQ
- For both patients and partners, higher parenting concerns significantly predicted poorer cancer-related communication (holding back).
- Holding back was correlated with PCQ, but relationship satisfaction was not significantly correlated with PCQ



- Patient and partner parenting concerns were significantly correlated
- No significant differences existed in the levels of parenting concerns between patients and partners

Discussion

Parenting Concerns and Psychological Distress

Higher parenting concerns predict higher depression

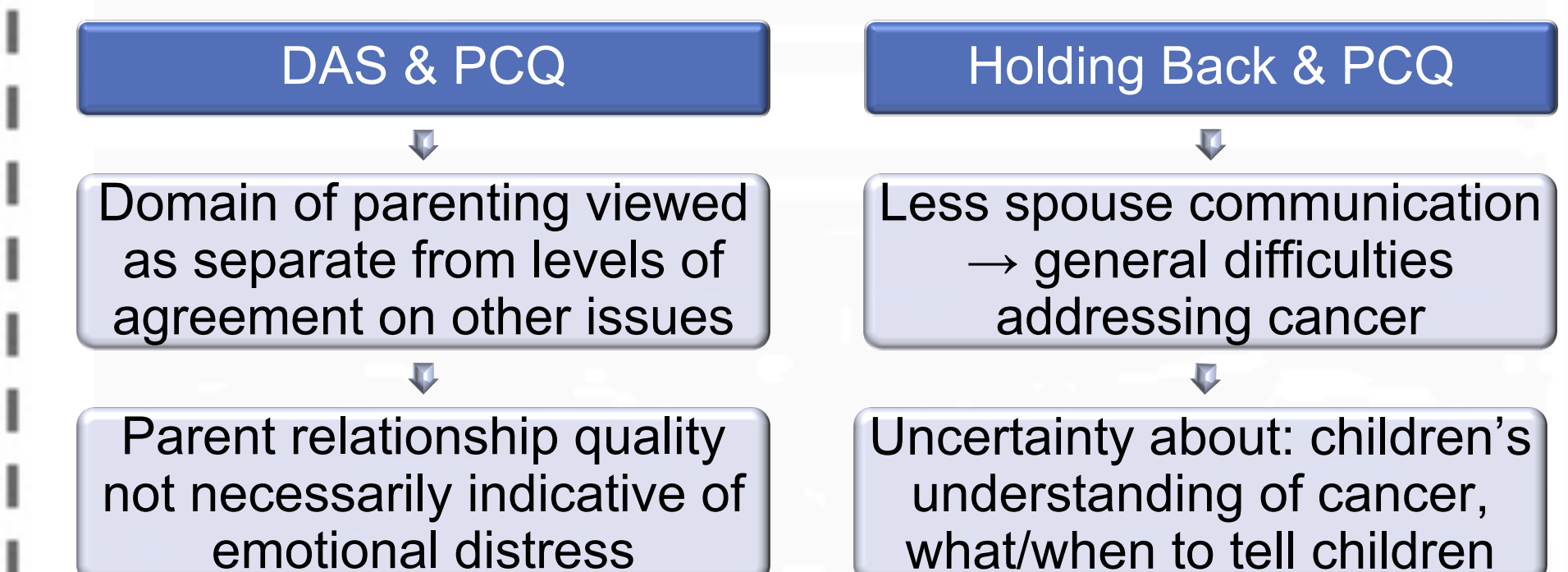
- Patient Distress**
- Believe decreasing parental role affects children emotionally
 - Parental self-efficacy decreases with lower energy & functioning
 - Stressors: uncertainty of prognosis, partner's parental ability

- Partner Distress**
- More parenting responsibility, so less-available to provide for emotional and physical needs of children
 - Decreased self-efficacy
 - Stressors: lifestyle and schedule interferences, and lack of support

Patient/Partner PCQ Associations

- Parental distress for PT and PR affects family functioning and child psychological health
- Physical impact of illness: Both parents aware of physical status of cancer, more tangible impact
- Emotional impact of illness: Still related, but may depend on perceived self-efficacy of each parent

Relationship Functioning and Parenting Concerns



Future Study:

- Larger sample size
- Longitudinal study: PCQ at each time point (baseline, 4, 8, & 12 mo.)
- Explore PCQ associations with parent & child demographic factors
- Develop parenting interventions

References

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