

Workshops

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Parents with cancer and their children

C.M. Kleverlaan, E.H. Klein Poelhuis. *Dutch Cancer Society, Amsterdam, The Netherlands*

All parents want their children to grow up in a joyful and secure world and to protect them against sorrow and pain. But sometimes reality is different.

When a parent gets cancer, it affects his or her children too.

Even when children are not informed, they intuitively feel that something is wrong. Everyone is whispering and secretly crying. Suddenly mum or dad spends a lot of time in hospital. And then, when the parent is at home, everything is changed. Perhaps the parent who is ill becomes bald, sorrowful, tired and peevish. He or she cannot come to the playground or soccergame anymore.

Under these circumstances toddlers, preschoolers, schooled children and adolescents all react in their own way. Depending of their age, children can feel guilty because they think they caused the illness of mum or dad or they think the cancer is contagious. Just like their parents they experience sorrow, fear and pain. If nobody tells them what is wrong, they will use their imagination to fill in the gaps.

Honesty and openness are very important. Children need the reassurance that their feelings are normal. Parents need the reassurance that the way their children react is normal.

Some children want to know everything, others do not. Some want to be as close to their mum or dad as possible, others try to run away. Some draw back into themselves, others kick a ball, toy or pet. Some have nightmares or write poetry. Others search the internet for information or for somebody to chat with.

In the workshop a further description is given of the coping reactions of children of different ages. Then a 15 minute video is presented in which six children (age 4 – 16) who have a parent with cancer, show how they cope. Topics like openness, imagination, visits to the hospital, fear, sorrow and anticipatory grief are discussed.

Also other material is shown, like a special website, videos for children of different ages, a children's cancerdictionary and a booklet for parents.

One of the most important parts of the workshop is exchanging ideas and experiences. The goal is to start a discussion about general guidelines on the role of the oncology nurse in supporting parents with cancer and their children.

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Spirituality and suffering

S. Käppeli. *Universitätsklinik Zurich, Pflegedienst, Zurich, Switzerland*

Spirituality and suffering are central to professional nursing in two ways:

a) The illness experience of many cancer patients has a spiritual or religious dimension. At a general level this involves the feeling of being part of creation, of being subject of control by higher powers or of feeling existentially shattered. At a more specific level the religious dimension of an illness experience involves questions and elements of formal religious affiliation: feelings of guilt, magical experiences, experiences of divine mercy or gratefulness towards God or fate. The fact that patients associate their illness with spiritual and religious experiences implies that nursing has to find ways of dealing with them in an appropriate way.

b) Historically the origins of nursing are religious. The religious-spiritual dimension of nursing has its roots in the image of the compassionate and merciful God who - according to biblical traditions - had to be imitated by men (*imitatio Dei*). In the course of the last 2000 years the meaning of the compassionate God and of compassion changed to some extent. Currently it is being reinterpreted in both the concepts of empathy and of caring. Regardless of the label attached to this essential dimension of nursing, from clinical practice nurses know and are familiar with the spirituality associated to their work.

The relationship of a compassionate-caring nurse to the suffering patient develops within a framework of existential connection between the two partners. In their own way each becomes aware of the transcendent moments inherent in both caring and suffering. To some extent both draw meaning from this source.

At the present time of societal secularisation and of scarce resources and rationing in health care, to care about the spirituality of patients' experience of suffering and about the spirituality of one's own professional role presents a major challenge to nurses and to nursing.