

## SIBLINGS OF CHILDREN WITH ONCOLOGICAL ILLNESS

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**Abstract:** However, the psyche of a person is very fragile and sensitive, especially when confronted with life difficulties. The most vulnerable is in children and even more so when a child feels they are unloved by their parents. In a family where cancer is present, all members are affected by pain and distress. The desire to heal a child leads parents to the limit of their possibilities. In an effort to do everything for the sick, they often forget about their other children, siblings of individuals with cancer. The paper deals with siblings of individuals with cancer. The empirical part of the papers records final results and information obtained from individual interviews and case reports with siblings of children with cancer and their mothers.

**Keywords:** sibling, cancer survival, family, school and education.

### 1 Family and closer social environment of individual with oncological illness

A family is defined as a close group whose members are in direct contact, their relationships are intimate, strong, and their inner experience is characterized by emotionality and cooperation. It is the cooperation that brings the child to social life in the social environment in which he / she is located and teaches him / her to know his / her surroundings and the world (Výrost, Slaměnik, 2008). It is widely acknowledged that families facing serious childhood diseases are basically ordinary families who are faced with an extraordinary stressor and are forced to cope with unique circumstances (Eiser, 2004). Oncological experience is a unique family and individual issue that results in changes in different areas.

Most families are not ready to diagnose their child's cancer and this diagnosis is a crisis for the child as well as for the whole family. As Meitar (2004 in Kreitler, Arush, 2004) states, the family as a unit is shaken, each member faces a new reality and has to reconsider their own survival and relationships with other family members - parents with their sick child, their other children, partnership and relationship with their own parents. Siblings review their relationship with a sick brother or sister and other siblings, their parents and grandparents; a child with cancer, their relationship to parents, siblings and grandparents. Grandparents, in turn, have to face their new mission with their own children, the sick grandchild and his healthy siblings.

In the next chapter we will focus on parents and grandparents, their survival of cancer, how they affect their children and what role they play in the family and in the education of siblings of individuals with cancer.

#### 1.1 Parents of an individual with oncological illness

One of the most difficult things in a parent's life is accepting the fact that his or her child's life is in serious or even critical danger. And since cancer treatment is largely a long-term issue that lasts several months to years, parents' psychological experience is replaced by feelings and states of anxiety, depression, and often the marital crisis itself.

When a diagnosis is first diagnosed, it may also be a denial, varying degrees of guilt, despair and anger. Parents often suffer from some kind of numbness and distrust of the imminent possibility of their child's death, which has so far been full of life, energy, joy, and now have a weak, defenceless and suffering being in front of their eyes. While for some, diagnosis is a daunting confirmation of internal concerns, for others, this knowledge may provide relief and some form of liberation (Lapwood, Goldman, 2012 in Goldman et al., 2012).

Parents' attention is focused on the child, the treatment of the disease and the difficulties associated with it. At this time, it is not easy for them to distract their thoughts and ideas about the common things they have been solving so far. Suddenly they

only perceive their own worries related to the disease and relatives or friends gradually get into seclusion. The surroundings mostly try to understand the whole situation and help the family as much as possible, but if the cancer has been going on for a long time, it happens that the contacts are broken and only a few people actually stay with the family. This situation affects the spouses very depressing; they begin to feel loneliness, isolation and misunderstanding from people so far close to them, which they are very difficult to bear emotionally and mentally. As a result, their intimate mutual bond, which they have built up over the years, can be seriously undermined (Aldridge, 2007).

The crisis also appears in the area of faith and religion. If parents and other family members feel that not only God can but that God will certainly heal the child, the individual's faith will be potentially compromised if the desired divine intervention does not take place. Therefore, the parent's risks losing not only the child but also the faith that could hold them after a child's death (Macauley, Rushton, 2012).

A typical coping strategy for parents of children with cancer is to rely on some kind of disease rejection. Hardy et al. (1994) found that parents of children with life-threatening illnesses were more likely to use the "wishful thinking" strategy than other parents in other difficult situations. Such a strategy can perform a very important function in situations where the treatment of the child is not available at the time. According to studies dealing with differences in responses between mothers, women's reactions were found to be more emotional (anxious, depressed, full of great concern) compared to men's. Mothers whose infants suffer from cancer often have psychological problems and mental health problems. The differentiation of stress also results from the responsibility for childcare. Mothers tend to spend more time in the hospital, talk to medical staff and be close to when medical treatments are taking place. On the contrary, working fathers are much more concerned with work-related stress, workplace-related deadlines and the pursuit of a "normal" life, knowing that their child is seriously ill (Eiser, 2004). Spinetta and Deasy-Spinetta (1981) confirm that fathers have a greater tendency to feel isolated from the child, especially when the mother is not working and spending more time in the hospital.

#### 1.2 Grandparents and their position in a family with an individual with cancer

Grandparents are those who experience double the pain. The first one encounters the pain of his own child, and the second concerns the child of his child - grandchild. They often feel tormented and confused (Aldridge, 2017) However, if a sick child has a sibling, suffering increases all the more because older parents are concerned and hurt when they see their other grandchildren suffer from sibling illnesses too (Castillo, Bousso, 2016). They also sometimes perceive some sort of seclusion and needlessness, especially when they are waiting for information about the course of the disease from their child, but their child, who is now also a parent, does not have the strength or energy to explain all the details of the disease. Another reason may be to protect grandparents from suffering and pain, and so grandparents feel the last to know about their grandchild's condition. Contributing to this is the fact that people are trying to protect themselves because they realize that in this stressful physically and mentally demanding situation they are in, they do not have the means to cope with their own emotions and not just support their parents (Aldridge, 2017).

However, according to the findings of Brazilian research (Castillo, Bousso, 2016); it is very important to inform grandparents about the course of the disease and the treatment of their grandchild. Ignorance leads to greater suffering and increases the feeling of isolation and loneliness. Some elderly parents are afraid that by talking about suffering with their child they will further exacerbate his pain, so they decide to save them from silence. Others, however, are convinced that a close family

should share the burden of their members with each other, seeking possible means to help their children and grandchildren, and thus find mutual support.

Many grandparents are found to be extremely guilty and desperate after they have been diagnosed with their grandchild's cancer because they are alive, while a grandchild who has a lifetime ahead of him is at risk of death. This situation puts them in a state of exhaustion, anxiety and helplessness (Lapwood, Goldman, 2012 in Goldman et al., 2012).

Scheinmann (2016) states that grandparents try to help their children by taking care of healthy siblings and giving them enough time, love and attention that parents cannot give them in a given situation. They can also spend time in hospital for sick grandchild or outpatient examinations, while one parent goes to work to secure treatment and the other parent takes care of the other children and the household. It is often the case that grandparents provide the family with financial assistance, which is in great need in this situation. Whether emotional or physical reinforcement, these both have a profound effect on coping with difficulties and the quality of family life.

However, physical changes are much more difficult for elderly parents in old age. Help often means moving either to the grandchild's house, another close relative, or even stay in hospital overnight. Older parents are expected to find a delicate balance between help and over-reorganization of the family, which in turn may be a burden on the family. Also, the family assumes that grandparents will support their children and not give them their own worries. Grandparents try to replace absent parents at home, but they are often confronted with the anger and despair of the child's siblings with the disease. In practice, they have often been compared and blamed by other grandchildren, siblings for not being as good as their parents in various activities, such as cooking, bedding, reading stories, and home management. Grandparents feel very lonely and are expected to be the strongest, wisest and always have a solution for every problem (Kreiter, Arush, 2004).

Research (Wakefield et al., 2016) has shown that grandmothers experience a worse quality of life than grandfathers because of the increased anxiety associated with the diagnosis of grandiose cancer. Grandmothers tend to be closer to their grandchildren than grandfathers and more often participate in leisure activities and practical aspects of caring not only for the sick, but also for their siblings.

Castillo and Bousso (2016) also found that when parents were too burnt out or physically and emotionally shaken to make decisions about their children, grandparents were challenged to take responsibility for treatment decisions, agree to invasive procedures and make the company their grandchildren. Grandparents saw no choice but to take on the task, but at the same time suppressing their own pain.

It should not be forgotten, too, that thanks to their wisdom acquired through life experience, grandparents can bring a different perspective and perspective to the whole situation. Their perception of death has changed over the years, they no longer feel so much fear, they are reconciled to the mortality of man, and so they no longer become death as an arch-enemy. Many of them can bring their children different and deeper feelings of the mysticism of life. Parents who are overwhelmed by the everyday worries and problems associated with the disease, grandparents can give relief and peace of mind to their inner life (Aldridge 2007).

They can also become a great source of understanding, support, practical advice, help and strength. But sometimes it can be the other way around. Excessive stress, a negative perception of the problem situation and the confusion they cause a significant impact on the whole family. However, much depends on the relationships with grandparents, their own children and their grandchildren, how they have established communication with each other, the cultural, personal values and traditions they live in (Lapwood, Goldman, 2012 in Goldman et al., 2012).

Research conducted in Canada has revealed a phenomenon of some rivalry and jealousy among adult siblings, parents of healthy children, and parents of a child with cancer. While one is paying too much attention to serious problems, other siblings with their healthy families feel unnoticed, perceive some separation and disinterest from their parents.

According to Australian research (Wakefield et al., 2014), elderly parents advise other elderly parents in a similar life situation to concentrate on providing support to the family, as well as trying not to take personally emotional outbursts from their daughter or son, the parent of a child with cancer. They emphasize the need to pay sufficient attention to healthy siblings who have been forgotten many times. They also recommend following the latest medical treatment methods. They consider it very important to have a balance in engaging in the household and not to cross certain borders, but also to be cautious in this physically and mentally demanding process.

Castillo and Bousso (2016) also point out that for a group of grandparents, expressing and sharing suffering in the family is an empathetic form and with the ability to perceive the pain of others, an act of self-care. It should not be forgotten.

According to research (Wakefield et al., 2016), elderly parents of children with cancer suffer from more sleeping difficulties and fall asleep overall. Although there have been no differences in the number of hospitalizations, elderly parents report more prescription drug use. It has also been shown that grandparents can neglect their own health while caring for their grandchildren, siblings of individuals with cancer. This important finding should encourage older people to care for themselves, which is a very important step in preventing serious health problems and possible premature death.

## 2 Siblings of individuals with oncological illness

There is no doubt about the importance of sibling relationships for their mutual and personal development of personality. The occurrence of a serious or life-threatening disease in one child has enormous consequences for every other child in the family. This implies that when one child is ill, there are fewer opportunities for learning through sibling, interaction and communication (Eiser, 2004). Sibling relationships are often emotionally complex; to varying degrees of intensity include love, devotion, belonging, but also rivalry and aggression. All of these circumstances affect attitudes, experience and adaptability to a sibling with cancer. Other factors that influence this process are gender, age of children, emotional and cognitive development, diagnosis and degree of disability of a sibling, family relationships, mutual communication and social support (Murray, 1999).

According to a study aimed at comparing family and sibling relationships where a child is suffering from cancer (Erker et al., 2018), sibling relationships have deteriorated due to the following child-related characteristics:

- diagnosed acute lymphoblastic leukaemia,
- female gender,
- younger age,
- more anxiety symptoms and less depressive symptoms.

A sibling relationship can also be disrupted under the influence of a child's brain cancer, where younger siblings can better manage their intellectual and physical activities than their sick brother or sister, leading to reduced self-esteem, fear and threat to the sick individual and thus to a relationship to a healthy sibling (Kreiter, Arush, 2004).

In conflicts between siblings, parents can favour a sick child, and often justify it in various situations (Eiser, 2004). By giving preference to the sick in their treatment of children, parents are milder and sometimes overly protective, health brothers and sisters often feel wrong (Hilden, Watterson and Chrustek, 2000). Siblings intensify rivalry and jealousy with their sick brother or

sister and try to stand up to this unfair act (Kramer and Moore, 1983). However, irritability and mood swings in siblings with cancer may be caused by the medicines they are taking. It may also be a problem to play too much when playing together, where parents are afraid of physical harm that could have very serious consequences for a sick child (Eiser, 2004).

According to Murray (1999), siblings of individuals with a serious or life-threatening disease are the most forgotten and emotionally overlooked group in the family. "A child's illness can make his siblings a problem child. Even after the possible death of a sick child, many parents have long process to cope with the situation and resume their duties" (Blumenthal-Barby, 1988, p. 151).

Healthy siblings may have their own ideas about the disease and its cause; these assumptions are often misrepresented and distorted, which greatly depend on age, information, and family relationships (Lapwood, Goldman, 2012). Especially in young children, they often feel guilty for their sibling's cancer. The reason for this is that in the past they have said in anger that they want their brother or sister to get sick or die, and now they are aware that they have caused their life-threatening illness to their sibling (Hodder, Keene, 2002). Some children are scared that they also suffer from a serious illness like their brother or sister. Feelings of guilt may also be added that they are healthy and are relatively well unlike their sibling who has a lot of pain. In some cases, there is a feeling of shame about the status of a family with cancer. There may also be negative feelings such as unhappiness to depend because of the lack of attention from parents and grandparents who are overwhelmed by the care of the sick and thus do not have enough time for a healthy sibling. These and many other aspects can significantly jeopardize the school and social behaviour and functioning of siblings, but especially their relationship with parents and sick siblings (Lapwood, Goldman, 2012).

Despite the fact that cancer and related treatments are not inherently related to a healthy sibling, the dramatic physical changes that witness such as hair loss, amputation or extreme weight loss affect their psyche and daily life. Because the family is stigmatized by some otherness, siblings often find themselves embarrassed by disappointment and fatigue over the constant answering of the ongoing questions about their sibling's health (Meitar 2004 in Kreitler and Arush et al., 2004).

Lapwood and Goldman (2012 in Goldman et al., 2012) further state that the closeness and few questions about a sick sibling are not a sign of disinterest or lack of concern. Often parents are so overwhelmed by taking care of a sick child that they are unable to satisfy the needs of their other children. Sometimes, in their desire to regain parental attention, the favour begins to draw attention to themselves by the various false symptoms of cancer. A very frequent dramatic change in the family occurs when the mother goes to the hospital with the baby and the healthy siblings are taken care of by the father or another family member. The difficulty of this situation often causes emotional and psychological isolation in healthy siblings. This may then have an impact on their problematic behaviour, be it aggression or asocial behaviour. In other cases, siblings try to be very responsible and behave according to the demands of their overloaded parents. It is not uncommon for older children to take on the parental role and responsibility for other siblings or even the care of a sick sibling. Most homework remains on them. The anxiety and inner survival of children growing up in a family where cancer is present often manifest themselves as psychosomatic problems such as intermittent sleep, wetting, abdominal and headaches, separation anxiety, constipation, back pain, decline or weight gain (Lapwood, Goldman, 2012) in Goldman et al., 2012).

Children and adolescents tend to worry about the worst, not only about their sick brother or sister, but also about their own health. Taiwanese researchers (Yang et al., 2013) found that when a child is hospitalized, siblings are threatening other patients in the hospital. They witness other suffering children, observe their changed appearance or even hear about the death of a patient

they might have known from their visits. Sometimes they believe that medical staff is trying to kill their sibling. When parents and health care team members make a good effort to protect siblings from knowledge and awareness of illness and treatment, such hiding of the truth often leads to even worse ideas in children, feelings of isolation, guilt and resistance. These fears will never be resolved unless healthy family members or doctors discuss why individual treatments fail. This is all the more important when siblings are to be tested for potential bone marrow donation. They should explain the reasons for transplantation, including the possibility of rejecting the graft regardless of its quality (Meitar 2004 in Kreitler and Arush et al., 2004).

Changes in routines and separation from individual family members experienced by siblings can lead to reduced social contact and impaired communication between parents and children.

One of the results of the study (Marques, Araujo, Sa, 2017) showed that the greater the impact of cancer on healthy siblings, the greater the impact of the disease on the whole family structure. Because the disease has negative effects on all aspects of family life, especially on healthy siblings, any change in the survival of this demanding situation affects all other members.

According to the findings of the study (Kárová et al., 2013) in the relationship between parents and healthy siblings, healthy siblings do not want their parents to spend less time with a sick sibling, but on the other hand they want to spend more time with them. There is a significant difference between the younger and older age groups, where only children, unlike adolescents, feel that they are being ignored and want their parents to spend more time with them.

## 2.1 School and schoolmates

Krajčová and Pasternáková (2009, p. 61) attribute to the school "a traditional function whose task is to provide education to pupils at a professional level, to contribute to the full personal development of a person, to provide qualifications and to create conditions for integration into social life." a school with an adequate climate and positive relationships develops abilities, motivation, emotional and character traits of personality. At first glance, it may appear that the school, which is considered to be part of every child's life, is not directly affected by the sibling's oncological disease. However, according to a study (Prchal, Landolt, 2011), pupils at school are confronted with many difficulties every day due to their sibling's illness, especially at the time of diagnosis. Almost all healthy siblings in this research have expressed attention problems due to worries about the life of their sick sibling. As a result, they had difficulty concentrating on teaching and homework, as well as nausea and frequent headaches. Half of them deteriorated, but this was only temporary. After a few months, the siblings improved their grades to the level they had before the disease was detected in their family. Most of them were uncomfortable or annoying frequently asked by their classmates and teachers about their sibling's health.

Karova et al. (2013) report that siblings of individuals with cancer are forced to take care of their own school roles and responsibilities. In the increased desire to be with her sick brother or sister, a sibling can, at the expense of his own needs, such as school work, focus his time on the family and sibling (Woodgate, 2006). However, this increased care can lead to conflict with sibling's school and extracurricular activities and also contributes to the loss of normal family routine and feelings of safety (Alderfer et al., 2010). Also, siblings may experience increased absenteeism as a result of changes in family functioning, such as increased care for siblings, unexpected disturbances due to childhood illness, problems with transport to school, and greater accountability at home (Long et al., 2015).

For some siblings, school can be a kind of refuge and the only place where they are recognized for themselves and not as a brother or sister of their sick sibling. At school, unlike the household situation, life tends to remain the same with

predictable routines (Lapwood, Goldman, 2012 in Goldman et al., 2012).

Parents tend to find it difficult to secure and sustain the continuation of healthy children in their extracurricular activities, thereby losing the ability to relax, social contacts and support from peers (Kárová et al. 2013). Relationships with peers provide children and adolescents at all levels of development critical components of successful adaptation, including acceptance, positive self-esteem, friendship and support. According to research findings (Alderfer, Hodges, 2010), friends are considered to be the most important and important source of social support for healthy siblings. In addition, the amount of social support received from classmates is considered equivalent to the amount of support received by a sibling from parents. This reinforcement from classmates and other school members is reflected in lower numbers of symptoms of depression, depression, and behavioural disorders. Also, siblings exhibit fewer attention problems, better motivation, improved interpersonal and social skills in the classroom, better reading, mathematical and critical thinking skills (Alderfer and Hodges, 2010).

Relationships with peers and school are an extremely important part of children's lives, which can provide some balance. Maintaining routine routines in school and extracurricular activities provides some security and predictability to siblings. The peers are often a source of consolation, but if they are not accepted, the sibling may feel isolated and excluded. It is therefore important to familiarize the environment with the situation of the child and to have ideas on how to help him (Lapwood, Goldman, 2012 in Goldman et al., 2012). Sometimes classmates can talk to their siblings about insensitive things. Fierce and tactile comments are usually caused by ignorance or fear, but these inappropriate notes need to be processed with the child. The siblings are well aware that their family is different and, like other children and adolescents, do not want to be different and stand out from the crowd. That is why adolescents are often slaves to fashion. They want to be the same as their peers, longing for "normality" (Aldridge, 2007). And it is precisely the lack of funding associated with the treatment that can cause problems in the child's security, his requirements for current trends in the creation of status based on clothing and equipment.

It is also important to recognize normal tensions in the life of a sibling that previously existed, such as tests, disagreements with classmates; from the stresses associated with family changes. Siblings can try to protect their parents by not giving them their feelings and experiencing them. Therefore, they often look for someone outside the family to listen to them and honestly answer questions. And it is school that can play a very key role in identifying a sibling person (Lapwood, Goldman, 2012 in Goldman et al., 2012).

The school also provides an opportunity for siblings to socialize with friends they will no longer be able to see after school due to their homework duties. They can trust their friends, experience the feelings of joy, and enjoy normal children's activities. During the lessons they may for a moment forget what is happening in their family. It is not only classmates and friends who play an important role in the life of siblings of children with cancer, but also their teachers. Often teachers will help them by listening to them and providing them with opportunities to express their feelings through writing, art, music, drama and physical education (Brown, 2012 in Goldman et al., 2012).

These findings point to the importance of contacting healthy siblings with friends, classmates, and teachers to give them strength and encouragement in experiencing a difficult life situation. The findings also suggest that school social support is related to the emotional, behavioural and academic settings of siblings of individuals with cancer.

### 3 Research

The aim of our qualitative research was to find out how a child's oncological disease affects his or her healthy sibling in the mental and physical field and what impact it has on his / her social life and study. It was also our goal to find out how a healthy sibling perceives his current position in the family, whether his role has changed under the influence of sibling cancer, in which areas and to what extent. Our next goal was to find out what relationships exist between healthy and sick siblings, whether they have changed in any way after diagnosis of the disease and in what area. And since grandparents are the ones who often take on the important role of parents in this difficult situation, the research also sought to find out their status in the family and the importance in raising healthy siblings.

Our research sample consists of three participants, siblings of individuals with cancer and their mothers with whom we have conducted case reports. All siblings are of adult age, college students, who remember their own experience of sister or brother illness.

Because the research is anonymous, P1, P2 and P3 are listed instead of participant names. Their siblings are X and Y. Our participants are currently university students. P1 (20) studies economics and was 11 at the time of Sister X's illness. P2 (23) is studying information technology and, when he was 9, his brother Y was diagnosed with acute lymphoblastic leukaemia. P3 (21), their sister is a psychology student and was 7 at the time of her brother's illness.

Tab. 1: Information about participants

Participant	Gender	Actual age	Participant's age at the time of sibling illness	Age of sibling with cancer in the diagnosis of illness
P1	Woman	20y.	11y.	8y.
P2	Man	23y.	9y.	13y.
P3	Man	21y.	7y.	13y.

To obtain qualitative data we used the method of individual interviews and auxiliary method – case report. We used the open coding method to analyze the data.

#### 3.1 Evaluation of research results

In this part of our work, we focused on evaluating the research results that we have accomplished through open coding of interviews and case reports. The results are organized in meaning categories.

##### *Sibling relations*

The relationships with their siblings were positively characterized by the participants, but the impaired health of the brother or sister had a negative impact on them. This was mainly due to the lack of time spent together. The sibling with the disease was often in the hospital and when he was at home he usually had to lie or relax. Participants lacked their brother or sister, but also the time they used to spend together. Therefore, their pain was twofold. One concerned their sibling's disease and their separation. The other one was related to sadness for joint activities.

*P1: "As I've always had a great relationship with X, we've been sisters and friends since I was. But then I knew it was so hard, I missed her when she was in the hospital and when I saw her at home and she was sick, I was so sorry. I was also sad for our fooling together, her doctors forbade it".*

During the illness of the nurse, P1 felt better the value of the relationship and the love she had for her. She was made aware of the possible threat of a nurse's death: *"But we were closer again, probably because I realized I could lose her and how much I love her"*.

P2: "We have always had a good relationship with Y, but I know that when he was ill he got a little bit broke. We weren't as much together as before, during his stay in hospital. And when he was home he often slept, breathing ... We used to model cars and airplanes together and when he was ill he couldn't".

P3: "Y Y, so he was always my big brother. He is six years older from me, so I was his pet".

#### *Perception and survival of the disease by sibling*

In the siblings there were various manifestations of survival of the disease of brother or sister. We realized that much depends on the age and nature of the sibling. For one sibling it was masking one's own emotions, another for nightmares. There was also fear of the future, but also of the possibility of acquiring cancer. The sibling whose brother was ill perceived some kind of benefit from his brother's side as much attention was paid to him.

P1: "Everything has changed. Mum was at the hospital most of the time. I was home with Babina (grandma). At home, there was rarely a laugh. We walked on tiptoes. There was such tension everywhere. Even fear that what will happen".

Mother P1: "... P1 doesn't show her emotions much, she looks like everything is fine, but in fact she kept everything in her. P1 still claimed that X would cure. She often asked for treatment what they were doing with X, what the doctor said ....".

Mother P2: "I would say that he was quite sensitive [to the disease]. ... And he often dreamed of bad dreams, so sometimes you went to bed with us".

P2: "Sometimes it seemed to him that [brother] was happy with it, that everyone was running around him. But that's just my opinion, it doesn't have to be true, I don't want to wrong him".

P3: "Maybe it sounds strange, but for me it was such a disappointment and fear that when he was so badly ill, that what would happen to me, or even I will not get sick. I was really scared. ... I love Y and I always did, just it was such a bad time".

#### *Changes in sibling behaviour*

Siblings of children with cancer have shown significant behavioural changes at the time of illness and treatment, such as tightness, serious mood, excessive attachment to parents and sick sibling, anxiety, jealousy, and excessive attention, resulting in a lack of attention to the sibling.

Mother P1: "... she was tighter and more serious than ever, especially when she saw X that she was sick or in pain".

Mother P2: "... I think he was more tied to me and Dad, he wanted to be with us, even with Y. He was pretty anxious about the boy".

P3: "... And in fact, I began to be jealous of him, because everyone was talking about Y, running around him, and our questions answered, "No, because Y ... ". As if I wanted to shout, "Hello, here I am!".

Mother P3: "She attracted enough attention. She used to do it before, but when Y was sick, she was running after us and doing everything possible to notice her. She kept jumping, talking, singing, dancing, banging things ... We didn't know how to calm her anymore. When we ignored her, she was sad. Perhaps it was a shock to her when she was suddenly not the centre of attention, but someone else was so hard to bear".

#### *Care of siblings for brother / sister at the time of illness*

Although the parents of one participant prevented her caring for her sick brother, probably because of her health concerns, all her siblings tried to help in some way in the care of her brother or sister with the disease. Their care was manifested in various ways. Most often it was paying attention to the sibling, spending leisure time with him, talking, mediating homework or carrying food and drink. During that time, the parents could recall and do other things for which they had no time in addition to dealing with the sick child.

P1: "Of course, at X, I tried to be still when she was home, I enjoyed taking care of her".

Mother P1: "P1 was very helpful, she still wanted to be at X. ... guarded X while I could make my stuff. It was enough that she was in her nursery with her and she called me when needed".

P2: "When he was at home, I used to sit with him and talk to him, being there when he felt bad. I brought him homework, greetings from his classmates".

P3: "Ours didn't allow me to worry about Y, they were afraid I might hurt him somehow, I don't know... But I brought him food from the kitchen to the room, or made him tea. And I used to go to sit down, tell him what I had at school".

#### *Parents' access to healthy siblings during childhood illness*

The parents of all siblings were so tired and exhausted from taking care of their sick child that they did not manage to devote enough time to their other children, siblings of individuals with cancer. They were also often nervous and irritated. The parents of one participant in many situations constantly reminded her sister's illness and compared her with her. Another sibling in the desire for parental attention wanted to get sick like his brother.

P1: "I spent little time with ours and they were still tired. And it bothered me that every time I did something, they reminded me of [sister's] disease. For example, when I was bored, they bothered me not to get bored what X would give if she could go out. Or let me put a cap on my head so I don't get sick, I don't care about health at all, and poor X is in the hospital. Because I was quite angry about this, and why they still remind me of it".

Mother P1: "Surely I didn't have as much time to do P1 as before. I was often nervous and tired, so I didn't always treat her kindly. But then I always felt sorry, so I apologized to P1 ...".

P2: "... But it bothered me, also because ours didn't pay attention to me, I mean P3. I have sometimes thought that I would also like to be ill like him. Luckily, that didn't happen. "

"... And when Mom was at home, she was often nervous, just to restrain us".

P3: "In fact, at that time, I thought we had ceased to exist for ours. Like me with P2. Now when I look at it, I understand their situation more, but anyway ... It was terrible. They didn't care at all, they were often nervous. When we reached them, they sent us to play together. I missed the old days when we were all happy together".

Mother P2 and P3: "I didn't have as much time on them as before, I was very tired and exhausted from the constant visits of doctors, hospital, treatment ... My husband was also tired of working and going to the hospital. I've been irritated to others sometimes".

#### *Family communication*

There was a communication problem in the families of all participating siblings. Parents and grandparents did not sufficiently inform their children or grandchildren about the health status and treatment of their sibling. Healthy siblings perceived this negatively and felt confused and uncertain as a result of poor awareness. They also had distorted ideas and lack of communication supported a fantasy that was not based on reality.

P1: "My parents didn't really talk to me about [sister's] disease, so they told me what she was, but no details... Babina didn't talk much either. ... surely it hindered me [lack of communication]. But then everything was running on my head, and I felt that I didn't know what was going on, so uncertain".

Mother P1: "I didn't want to tell her all the details, it was hard for me to absorb and not burden the 11-year-old." Although P1 understood their intention: "... I think they were afraid to tell me about the disease, maybe they didn't want to worry", he says, "... even if they told me something negative about X, I would at least know what was going on and wouldn't have to think of various catastrophic conclusions".

P2: "... [the parents] were completely silent about the disease. I didn't really know what the cancer was. And when I asked, my mother just cried. And daddy usually warmed me up, let me not ask such things and let me not even know. But I needed to know. I don't understand why they didn't explain it to us. Once I have my children, I will openly talk to them about life".

P3: "My parents didn't really [communicate], as they told me Y was sick and would be treated longer, but nothing closer. And grandpa and grandma also didn't talk much about [brother's] treatment; they were so lamenting what would happen to him. ...

*I was very curious and when ours didn't want to tell me, but I was confused. ... so I imagined that Y would be in the hospital forever, or that he would not walk, or even his funeral. I was also thinking what things and games I would get after him".*

*Grandparents in relation to siblings of individuals with cancer*  
Grandparents played an irreplaceable role in a family with a child with cancer. They were very necessary and helpful for families. In all cases, they took care of siblings and also of the household. We could say that they have to some extent replaced their parents' siblings. All participants mentioned that during their brother or sister's illness they spent most of their time with their old parents / parents.

P1: "... I met Babina and very often, as she lived near us so she was almost always at home."

"Everything [they spent time], I was a child then, so I enjoyed party games, especially „Don't be angry!" Or cards. But grandma also helped me with my homework, although I always tried to avoid it. And we used to cook and bake together, it was always fun. ... We went out to walk our Dusty [dog] together".

P2: "... we were seeing Grandpa and Grandma every day. They went to school for me and my sister, yet ours didn't want to let us go home. ... Then they did something to eat when Mom and Y were in the hospital. And when we ate our grandfather or grandmother helped us with homework, but mostly my sister, I was doing quite well with myself. And they went with us to the rings, with me to the piano and with my sister to the dance. Sometimes they took us to candy, or when it was pretty bike".

P3: "Every day [grandparents walked] every day. Rarely did Mom go to school for us. ... They used to take us out, or for a cake, or for ice cream. In fact, they took us on a bike, but only Grandpa was cycling with us, grandma's legs hurt".

Siblings P2 and P3 were well aware of the importance of their grandparents and the need for their care.

P2: "... they were very friendly and were fully devoted to us. We also had a lot of fun with them. I can't imagine having to take care of everything with my sister while daddy was at work and mum was in the hospital".

P3: "... not hitting them, I don't know, I would probably be worried. I missed my mother very much. Even daddy. But Grandpa and Grandma were able to entertain us. I think they've replaced our parents enough".

*Being empathetic and respecting her granddaughter, grandmother P1 was able to open her up better and share her experience with her: She always knew how I felt what was bothering me ... And she left me room, she didn't squeak in me like a mother. That's why I gave her more confidence in what I was experiencing".*

#### *Relationship of siblings to school*

The relationship with the school was mostly positive in the siblings, but in one participant there was a dislike of school, learning and preparation for lessons. There was also a problem with attention to teaching. All siblings mentioned as a positive classmates or the fun they had at school. This also made them sometimes forget the problems they had at home.

P1: "So my relationship to school, I have to say that nothing much, but who enjoys school?! Somehow I did not want to learn, I had quite a problem with attention in the classroom, so I missed a lot of information. Neither did I want to write or learn. So, I didn't even wear any good home signs, even though it didn't bother ours. But I have to say that we had a lot of fun at school, so far I remember many happy experiences from that period".

P2: "I always approached the school responsibly, I enjoyed learning new information. I can say that I liked going to school even though there were some things that I didn't like. And we had a good team in class, so I always looked forward to classmates".

P3: "I only went to school for a short time, so I was looking forward to it. I found a cool friend there, even the teachers were fine. ... at school I forgot our problems, the sadness I had, and the fact that I missed my mother. We just jumped there and then

*taught, so I was pretty cool at school. ... But I remember that I used to be sad at school for my mother. Some days".*

#### *Preparing for school*

Two siblings spent little time preparing for school. For one reason, the reason was rather uninterested in learning and the other was excessive skill. One participant spent quite a lot of time learning because of her brother's illness at the elementary school. All siblings tried to help grandparents write homework and learn. In the family of two siblings, when she was not just in the hospital, she was helping them, but only partially.

P1: "I would say that she spent the minimum amount of time [preparing for school]. I am not saying that I completely slapped the school, but I certainly did not spend hours a day over books. I quickly wrote homework and learned only the exams, they didn't test us verbally".

"I remember my grandmother was trying to get me to learn and to write homework, but she wasn't doing well, as I was preventing her. Sometimes she wrote me a role for me, mostly from Slovak, which I did not do much".

P2: "... I just needed to read the curriculum and I remembered it. I've always had my tasks written fast".

"Well, grandpa and grandma wanted to help me, but I didn't really need it. I don't want to brag about, but learning and tasks made me no problem".

P3: "Pretty much [she spent time preparing for school]. But probably because I was just a freshman. It didn't turn on me as fast as P2".

"When my mom was in the hospital, my grandpa and grandma helped me. And when Mom was home, so was she, but only a little. ... [father] not very. He went home later, and we were already slowly going to bed".

#### *Educational problems occurring in siblings during brother / sister disease*

All siblings experienced problems in their lessons or in school preparation. Most often there were problems with concentration on teaching, siblings could not keep their attention for a long time. It was also a problem of memorizing the curriculum that one participant associated with her absent-mindedness. On the same day, the same participant missed school because of her desire to care for her sick sister. Another sibling missed school attendance at the beginning of his brother's treatment at the hospital, as he was difficult to bear the situation and was unable to prepare for teaching. His younger sister, also a participant, sometimes forgot to do a job at school and had difficulty getting in front of classmates and teachers.

P1: "But certainly, I had enough problems with school. I couldn't concentrate for a long time when the teacher was talking something, so I didn't remember much of it and then it looked like it was written. I didn't even want to learn, somehow I couldn't remember the curriculum, I was probably so distracted".

Mother P1: "It also happened that she didn't want to go to school when X was home, she said she would take care of her. So we left her at home a few times, but not every time. The teachers told me that she was rather unconcentrated, but they knew about our situation, so they didn't solve it that much".

Mother P2: "I remember his class at the time reminding me that P2 was somehow unconcentrated, as if he were a body at school but a spirit somewhere else. But you see; now I think there was a period when Y came to the hospital and gave him chemo, so P2 lived through it a lot and we left him at home for a few days because he couldn't get ready for school and was afraid to go unplugged to school".

P3: "I know I've ever forgotten a task. But I also had a problem with answering ... I remember that I didn't like to answer before the whole class when the teacher asked something ... And it was hard to learn, I couldn't remember anything. Grandpa and grandma bothered me ...".

#### 4 Conclusion

A sibling in the desire for parental favour and manifestations of love often reaches for various methods of attracting attention. Sometimes he feigns the false symptoms of an oncological disease in the desire for parental interest; sometimes he is very helpful and caring just to gain praise and recognition from his parents. Siblings also have frequent psychosomatic disorders, anxiety to depression, nightmares and increased hypersensitivity. The sibling gets a sense of acceptance and the necessary daily routine, mostly at school, where lessons and breaks spent with peers distract his attention for at least a moment and the sibling may feel like a "normal" child again. However, many problems and complications are associated with school and preparation for teaching. The siblings show reduced concentration and attention on the clock, forgetting homework, missing the clock, worsening the benefit. Another of our findings was the importance of communication and its very frequent failure in families with individuals with cancer. In fact, the absence of communication leads to misconceptions and anxiety in the siblings. This is especially important when a sibling is undergoing a bone marrow donation process where poor awareness can cause minor or major psychological injuries.

We have come to realize that the frequent separation between brother and sister in the hospital causes sadness and sadness for the siblings to spend time together. On the other hand, it can be said that even greater pain is the loss of parental attention and expressions of love, which is the most common source of anxiety and psychological distress in siblings. Parents are usually so busy caring for an individual with cancer and financial security for the family, as one parent usually has to leave work that they do not have the strength and time to devote themselves to their other children. However, this can be greatly improved by parents' efforts to create other activities for their siblings or to spend time together in which they would feel important and loved. We also find it necessary to communicate openly but adequately with age with siblings. This avoids the misinformation and ideas that siblings can obtain, for example, via the Internet or from peers. It also considers it very important to have a sensitive, understanding and attentive attitude of teachers in schools, which can very positively influence the siblings of individuals with cancer.

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