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Helping Kids Cope In Parent's Illness

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Sydney Wolford wasn't yet 3 years old when her mother began chemotherapy for breast cancer.

Reading to her daughter in bed each night, Jill Wolford, 35, would leave a trail of hair on the pillow, which Sydney would collect and try to stick back on her mom's head.

Then, during one bedtime story, Sydney said something that left her mother smiling and tearful: "Mommy, one day when I grow up, I want my hair to fall out just like yours."

Five years later, doctors consider the Cary, N.C., woman free of cancer. Sydney, now 8, and her brother, Dylan, 6, have few memories of their mother's illness or her treatment, which included a period of isolation for a stem-cell transplant. And that, experts say, may be the surest sign of the family's recovery.

For children, living through the ordeal of a seriously ill parent can be a life-altering experience. But, if the situation is handled well, the children can still emerge with some sense of security and well-being.

"Even very young children take in information," says John Fairbank, co-director of the UCLA-Duke University National Center for Child Traumatic Stress. "One of the first things you really need to think about when a family is facing life-threatening illness or traumatic injury to a parent, you need to remember the kids are there."

Children will react to cues from adults and will model how the adults are coping, Fairbank says. Explaining the situation in a realistic but age-appropriate way and reassuring children that their emotions are okay will help convey a sense of safety and control.

For Jill and Eric Wolford, life never seemed less safe and controlled than after Jill's diagnosis.

They married 14 years ago in Charlotte, N.C., moving north two years later to the state's Research Triangle Park area, where both work in clinical research for the pharmaceutical company GlaxoSmithKline. They were leading a suburban life until Dylan, then 10 months old, refused to nurse from Jill's right breast. Jill saw two doctors and consulted others before a mammogram and ultrasound were ordered. A needle biopsy confirmed that she had a cancerous tumor. It had to be reduced with chemotherapy before the doctors could perform a mastectomy.

The couple knew their children needed routine. Eric took on additional responsibilities for Sydney and Dylan, particularly during the time Jill was in isolation. Family members, neighbors and colleagues also helped, but it was important to Jill that a parent be with the kids as much as possible.

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They also wanted to do as many regular family things as they could. Jill was determined to go ahead with Sydney's third birthday party a month after her illness was diagnosed, but she was so sick from chemo that friends did the decorating. She was able to travel to visit Eric's family in Indiana for Dylan's first birthday party soon after, and photographs show her, completely bald, beaming beside her son. Later that day she was too sick to watch his first haircut in her in-laws' front yard, but Eric was with him.

"Any of the holidays we kept as normal as possible," Jill says. After her stem-cell transplant, doctors had warned her she might not get home in time for Thanksgiving a few weeks later, but she did.

"I was determined I was going to sit at the Thanksgiving table," she says.

And the Wolfords adhered to daily rituals as much as possible -- including Jill reading to the children at night. She even called from isolation to share stories with them. The only time she stopped was when mouth sores made it impossible. And even when she could only manage small doses of Barbie, Jill would lie on the floor for 10 or 15 minutes to play.

Eric and Jill explained to the children that Mom had cancer, a big sickness that would take big medicine for her to get better. And when the children had a sore throat or stomachache, they were reassured that a small sickness in one place could easily be fixed with small medicine.

Both Eric and Jill say they tried hard not to let their stress and emotions overflow onto the children. For Eric, that meant late-night shopping. Once Sydney and Dylan were settled and he'd helped Jill with any medication, he would head to Wal-Mart, the closest late-night spot, and wander the aisles for hours.

"Jill liked to tease we had the biggest supply of light bulbs and batteries on the block," he says. "To me, it was that kind of thing that helped alleviate some of the stress and subsequently not relay that back to the kids."

The Wolfords' efforts to maintain consistency in their children's lives aligns with what experts say kids need when going through a health crisis with their parents.

Dottie Ward-Wimmer, a senior therapist at the Wendt Center for Loss and Healing in Washington, says crises "don't have to be permanently damaging, depending on how we handle them."

"It is not what happens, it is what we do with it that can make all the difference," she says.

Ward-Wimmer emphasizes providing children with four things: consistency, information, reassurance and "neutral ears."

"All children, of any age, need to have a thread of consistency in their lives," she says. In times of illness, that can require creativity, but things like regular school attendance or having the same neighbor serve as a surrogate can help.

She also suggests simple but correct information, along with an explanation of what's happening, who'll be there to help, and who will care for them. Naming the disease, not just saying someone is sick, is also important.

"Children are incredibly intuitive and they have awesome imaginations," Ward-Wimmer says. Without enough information, children may worry when they get sick or that somehow they're to blame for their

parent's illness.

Ward-Wimmer encourages always calling the child by name and always asking how they're doing before inquiring about the parent. Extra hugs are a good idea, particularly as children may be more clingy. And inviting questions from the child also helps. Even young children can be given the opportunity to help, she says.

"They can rub Mommy's feet or tell Mommy stories or sit with her and color."

Ward-Wimmer, a former nurse, also believes the children who are appropriately prepared should be allowed to visit their parents in a medical facility when possible. She has taken children to intensive care units and burn wards after explaining intravenous lines, catheters and other medical devices they would see.

"Children are blobs of curiosity. What frightens them is things they don't know about. Give it names," she says.

In cases where visiting is impossible, she encourages video cameras and photos so the children won't be cut off.

For a pair of neutral ears, Ward-Wimmer suggests a calm, informed and consistent person who can reassure the child. That might be a therapist, a pastor or a grandparent -- someone with whom they feel safe, she says.

The Wolfords established the Caring Community Foundation to help other families through similar experiences. For a recent auction in support of the foundation, Sydney painted a picture of a swan against a vibrantly colored background.

When she thinks back to her mother's illness and treatment, most of her memories emerge as equally vivid but more abstract splashes of colors and words.

"I remember buying a yellow smiley face balloon" at the hospital, she says.

She remembers an aunt giving her a doll that she wanted to show her mother but couldn't because Jill was in isolation. She remembers touching her mother's hair as it was growing back in and that it felt "short and spiky."

Dylan remembers less, in part because of his age. That neither child had been overwhelmed or defined by their mother's illness probably means their parents found the right balance, experts say. Both children know the word "cancer" and know that it touched their lives.

"Mommy told us she had breast cancer," Sydney says. "After she got better, I knew she wouldn't die."

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