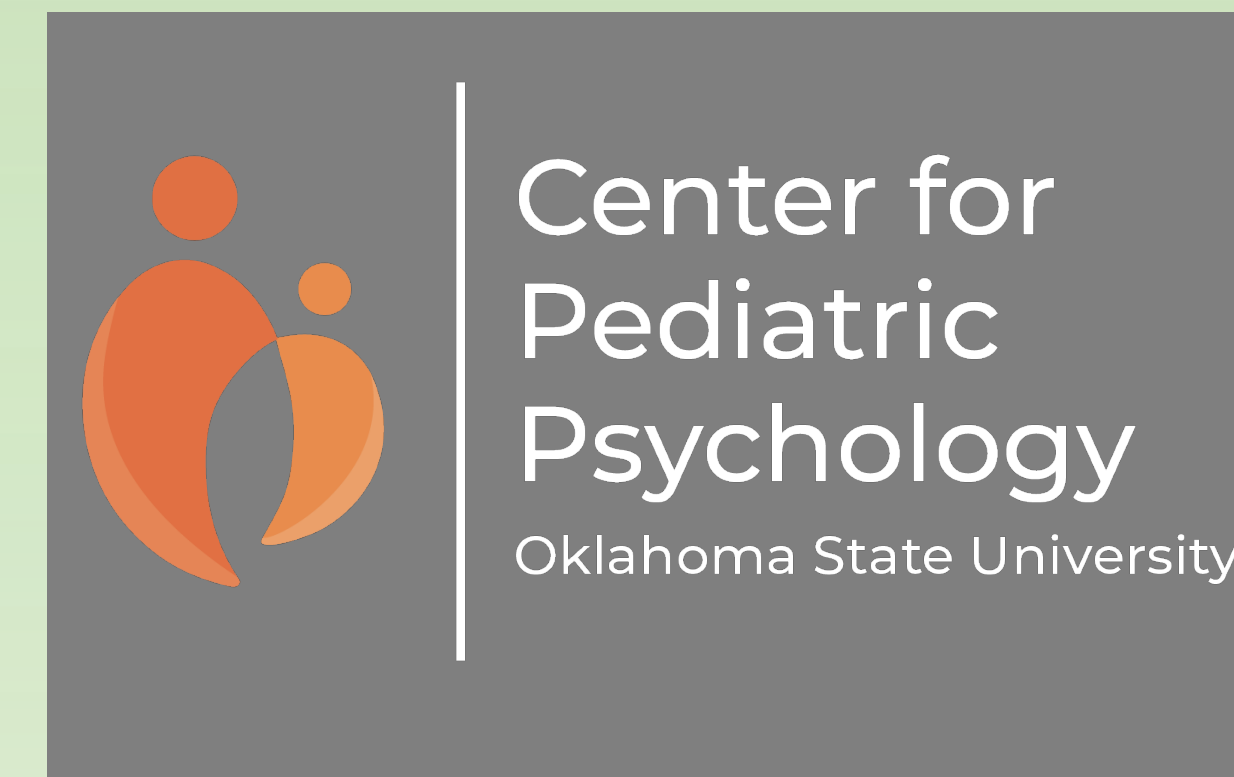


# Parental Experience of their Child's Cancer Diagnosis as a Predictor of Health Anxiety

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## Introduction

- Following a child's pediatric cancer diagnosis, both the child and parent experience significant psychological stress.
- Several factors, such as cognitive appraisal mechanisms, demographic variables, stress, anxiety, and social support have been identified as important indicators of psychological risk or resiliency.
- To date, however, little is known about the experience of health anxiety related to the experience of caring for a child with cancer. Health anxiety is defined as a fear of becoming ill that causes individuals to interpret normal physical symptoms as a sign of illness.
- The present study explored the relationship between parents' experience of their child's cancer journey and the presence of health anxiety in the parent.

## Methods

- **Participants and Procedure:** Parents/caregivers (N = 13; 10 mothers; 9 White) of children (aged 5 months to 17 years;  $M_{age} = 9.31$  years) with a primary diagnosis of pediatric cancer were recruited from a comprehensive cancer center in the Midwest. All children were currently on active treatment.
- **Measures:**
  - *Parent Experience of Child Illness (PECI; Bonner et al., 2005)*
    - Measures parent's emotional adjustment when caring for a child with a chronic illness on 4 subdomains with higher scores indicating greater distress or resources:
      - Guilt and Worry
      - Unresolved Sorrow and Anger
      - Long-Term Uncertainty
      - Emotional Resources
  - *Short Health Anxiety Inventory (SHAI; Salkovskis, et al., 2002)*
    - Measures parent's self-reported symptoms of health anxiety with higher scores on this scale indicating greater levels of health anxiety.

## Acknowledgements

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## Results

- Overall, parents in this sample had subclinical health anxiety with an average SHAI score of 9.15 (SD = 6.03). One parent had clinically elevated health anxiety with a score greater than 22.
- As for the subscales of the PEGI, the mean score of the emotional resources subscale was 2.75 (SD = .97). Guilt and worry's average score was 1.92 (SD = .96). Sorrow and anger yielded a mean score of 1.93 (SD = 1.04). The final subscale, long-term uncertainty, had an average score of 1.80 (SD = 1.05).
- Correlations were computed to examine the associations between each of the subscales of the PEGI and SHAI. Parents' own health anxiety was associated with unresolved sorrow and anger,  $r(11) = .612, p = .034$ , as well as long term uncertainty,  $r(11) = .736, p = .006$ .
- Parents who had greater unresolved sorrow and anger as well as those with greater long-term uncertainty also had more anxiety about their own health.
- There was not a significant association between parents' own health anxiety and guilt and worry,  $r(12) = .467, p = .107$ , or emotional resources,  $r(12) = -.497, p = .084$ .

Diagnoses of Pediatric Patients		
Leukemia and Non-Hodgkin Lymphoma	2	Pre-B Acute Lymphoblastic Leukemia
	1	T-cell Acute Lymphoblastic Leukemia
Hodgkin's Lymphoma	2	Classical Hodgkin's Lymphoma
Brain/CNS Tumors	1	Medulloblastoma
	1	Glioma
Solid Tumors	1	Metastatic Mixed Germ Cell Tumor of the Testes
	1	Osteosarcoma
	1	Wilms' Tumor
	1	Hepatoblastoma
Other	1	Langerhans Cell Histiocytosis
	1	Benign Tumor of Spine

**Table 1**

*Correlations between PEGI and SHAI scores*

Measures	1	2	3	4
1. Emotional Resources	—			
2. Sorrow and Anger	-0.774**	—		
3. Long-Term Uncertainty	-0.856**	0.934**	—	
4. Guilt and Worry	-0.797**	0.893**	0.871**	—
5. SHAI Total Score	-0.497	0.612*	0.736**	0.467

\*\*Correlation is significant at the 0.01 level (2-tailed)

\*Correlation is significant at the 0.05 level (2-tailed)

## Conclusions

- Our study found that there is an association between parents' emotional experiences of sorrow and anger and long-term uncertainty and their health anxiety when caring for their child with cancer.
- Parents of children with pediatric cancer who experience greater amounts of stress may be at higher risk to develop health anxiety.
- Due to the low incidence of pediatric cancer and grant timeline, this study yielded a small sample size and thus future research may require longer collection periods. Additionally, this sample was over-representative of mothers and had limited ethnic/racial diversity. Further studies should target fathers and other caregivers as well as increase racial diversity within their sample to improve generalizability.
- Correlations can only determine the presence of an association and are unable to determine directionality. Therefore, we cannot state whether sorrow and anger or long-term uncertainty led to health anxiety or vice versa.
- Future research should focus on understanding the directionality of the association, so that parents who are at greater risk of psychological difficulties can receive appropriate interventions.

## Questions?

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