

HOW COPING STYLES AND ATTITUDES CAN AFFECT MOOD

Differences in attitudes and response styles both in your child and yourself may influence how you react to the same adverse event. Let's imagine your child has finished his treatment and has returned to school, but finds he is exhausted after half the day.

Your child could think:

1. This is really unfair. First cancer, now this. I'll never be able to do what I did.
2. This is hard, but I guess I'll just have to get used to it.
3. This is hard, but I'm lucky to be alive and maybe I can figure out how to do what I want to do most.

You could think:

1. This is just too much. He has had cancer and then he has to face this. He won't be able to handle it. I wonder what will hit us next.
2. This is hard, but he has adjusted to a lot already and maybe we can help him figure out how to pace himself.
3. This is a small price to pay for his survival. We can help him deal with it.

You and your child could go through several of the reactions at different moments. But which reactions predominate in each of you is likely to influence how you both feel, how you act, and how you integrate the new reality emotionally into both your lives. Your child may need to feel your empathy and may even feel comforted by your anger and sadness, particularly if he shares those emotions. If you combine that reaction with the underlying message that you have faith that together you will be able to deal with the situation, you are more likely to transmit confidence and hope to your child. Reactions and feelings you express are powerful models for your child, and sometimes children take on the response styles—positive or negative—of their parents. Children are also predisposed to have pessimistic or optimistic attitudes, so in some cases your child's attitudes may have little to do with you. Regardless, try to understand his reaction before you share your own, particularly if your reaction is a negative one.

WHAT HELPS?

If you could wave a wand and summon certain qualities to act as buffers for you and your child against the often uncertain, anxiety-provoking, and extended survivorship path, here is a starting list:

- Flexibility if faced with bad news.
- Being hopeful and positive but realistic.
- Having a problem-solving bent.
- Having ways to manage anxiety.
- Accepting the reality— but not being overcome by it.
- Being able to ask for help if you need it and to use whatever resources may be around you.
- Being able to communicate clearly about what you or your child needs.

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If you or your child already have many of these qualities, they will be invaluable. If these reactions do not come naturally to you or your child, are there ways you could add these skills to your own or your child's repertoire of responses?

It appears adults and children can learn some of these skills— not necessarily transforming a pessimist into an optimist (as we will see in the next chapter, an excess of either attitude can cause problems depending on the situation), but moderating thoughts and behavior in a positive direction and learning new skills that increase flexibility and expand perspective.

There are several types of therapy that help to develop these skills, and determining which will suit you and your child best will likely depend on your particular styles and the needs of the moment. During the time your child was having treatment, you or your child may not have had the time, interest, or energy to pursue therapy outside the hospital or clinic where your child was treated. Your focus then was on getting through the treatment, and any therapy you may have received was likely primarily directed to that end.

Now you and your child may have more time and distance to reflect on the experience, as well as to have an increasing understanding of the uncertainty of the path that lies ahead. At this point or at other difficult moments along your family's journey, a range of therapies could be helpful depending on your or your child's particular style and what you see as the main issues currently facing all of you.

You might consider three broad categories of therapy. The first is insight- oriented therapy, sometimes called psychodynamic therapy. This therapy aims to increase self- understanding, objectivity, and perspective and to allow someone greater freedom of choice in thought and action by removing self- imposed roadblocks to personal progress. This therapy can help people to understand feelings and thoughts that they may not even be aware of or that they may push away because they find them unacceptable. These feelings and thoughts may lead someone to act in ways that are harmful, repetitively negative, or self- destructive. The relationship with the therapist and his or her ability to listen and reflect back may be one of the routes through which insight about these matters is gained and previously unavailable choices become available.

The second category includes cognitive behavior therapies. These therapies are more structured and usually time- limited. They help someone recognize negative thought patterns that are leading to more depression, worry, or anxiety than necessary. In addition, they provide structured tools to counter these thought patterns and to generate more positive thoughts and behaviors. Cognitive behavior therapy seems particularly effective in treating depression but may not be sufficient to help someone with a complicated clinical picture. It has been adapted and used with children individually or in group settings. It has also been adapted to use pro actively with vulnerable children to bolster their resistance to future adverse events. (See Martin Seligman's work at the Center for Positive Psychology in Philadelphia <https://ppc.sas.upenn.edu>.)

The third category includes therapies extending the tools and skills offered by cognitive behavior therapies. These therapies often emphasize mindfulness and acceptance of painful emotions, and teach skills that help regulate and tolerate negative emotions. They are often time- limited and structured, and may be taught individually or in groups. Examples are 1) Mindfulness Based Stress Reduction (MBSR), an eight- week group program (www.mindful.org; Kabat- Zinn) that teaches mindfulness meditation, body awareness, and yoga to people with chronic illnesses. 2) Acceptance and Commitment Therapy (ACT), a relatively new structured therapeutic approach that incorporates mindfulness into its world view. This approach cultivates awareness, acceptance, distancing, figuring out values, and taking actions that would

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support those values. It may increase psychological flexibility. 3) Dialectical Behavior Therapy (DBT) teaches mindfulness, tolerance of powerful negative emotions, effective interpersonal skills, and emotional regulation to people with severe difficulties within a highly structured framework that includes group and individual work and telephone consultation. Mindfulness meditation is also being taught in other settings including in some hospitals and clinics, in individual therapy, and in schools.

Skilled therapists may combine elements of different approaches as therapy progresses, depending on your or your child's needs. Interestingly, your choice of therapist may be as important as the methods she uses. If your child has a good relationship with a skilled therapist, that may be as important as the approach she takes, so do take time in selecting someone who feels a good match for you or your child.