Mothers’ trauma-related functioning and posttraumatic stress symptoms among pediatric patients and childhood cancer survivors: preliminary evidence for a relational model.

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Introduction

Although children’s posttraumatic stress symptoms (PTSS) and disorder (PTSD) have been related to parental mental health, it remains unclear what specific aspects of parenting play a role in this relationship. This study aimed to investigate the relationship between specific aspects of parental trauma-related functioning and PTSS in children affected by significant diseases and survivors of childhood cancer.

Method

337 mothers of children and adolescents affected by pediatric cancer, diabetes, food allergies, and heart disease completed self-reports on the following variables: 1. Intensity of the treatment received by their children; 2. Their children’s posttraumatic symptomatology; and 3. Three aspects of their trauma-related functioning: a.) Mothers’ negative experiences related to the illness; b.) Mothers’ unregulated responses towards the child; and c.) Mothers’ posttraumatic stress symptoms (PTSS).

A stepwise regression analysis, along with correlational analyses and a preliminary path analysis were conducted in order to test the relation between the aforementioned variables and PTSS among children and adolescents.

Results

Mothers’ trauma-related functioning was more predictive of PTSS among children and adolescents than intensity of treatment and other dimensions of mothers’ trauma-related response. Specific unregulated responses, such as irritability or overprotection,
showed strong correlations with children’s PTSS. Our path analysis showed preliminary evidence of a complex relationship between the variables under study.

**Discussion**

These findings support the pertinence of a relational perspective in the understanding of posttraumatic stress in children and adolescents. They also highlight the importance of integrating parental behaviors and representations in family-centered models of prevention within the field of childhood health. Assessment and treatment implications of our research are further discussed.