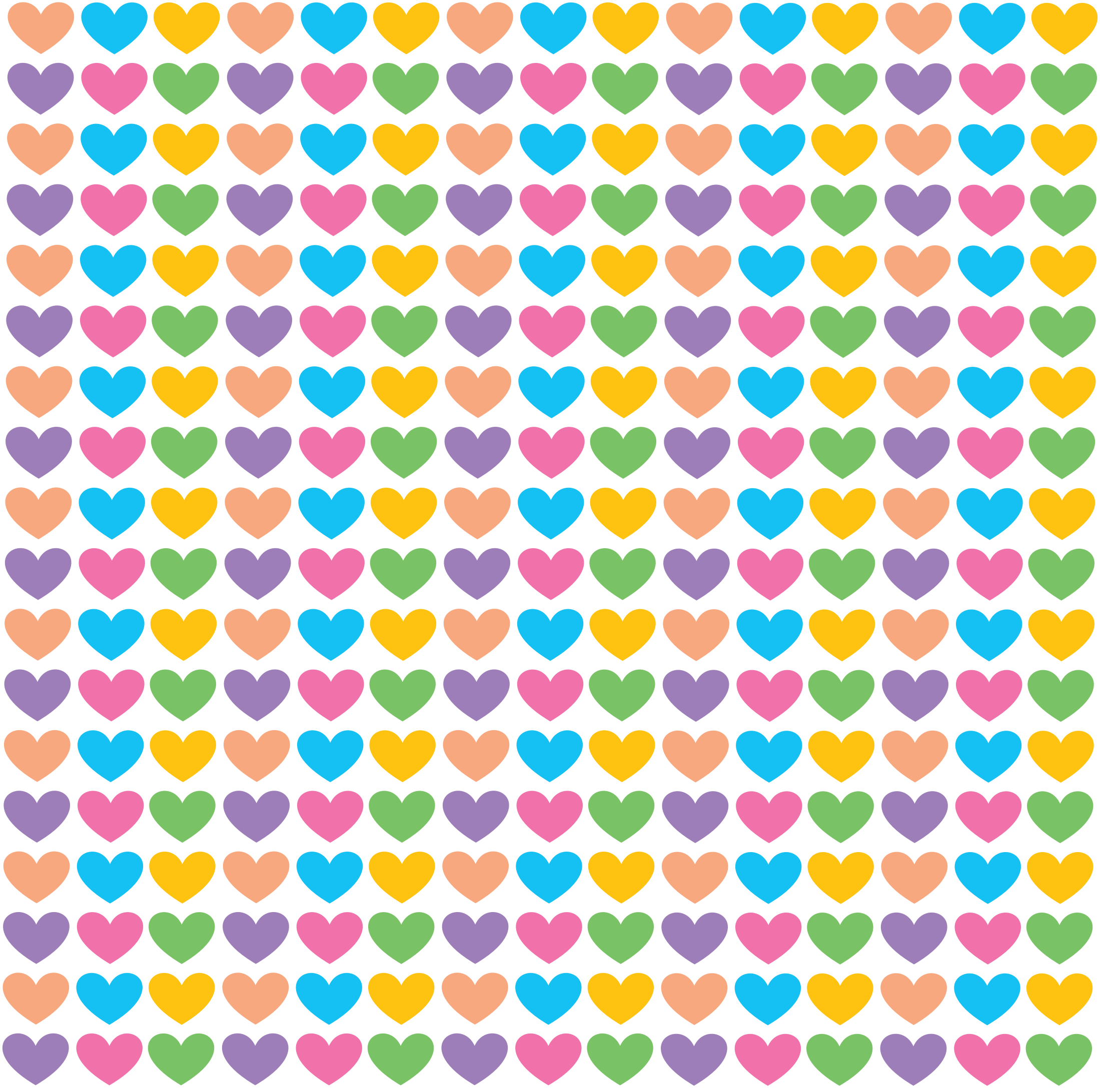
To Tell the Kids



To Tell the Kids

Booklet on How to Speak about Your Illness with Your Kids

Mgr. Marie Zemanová for Mamma HELP

WHEN IT HAPPENS ...

We believe until the last moment - this cannot happen to me. And then we hear it. Shock. The world stops at that moment. We want to keep it there. No, on the contrary. We want to turn the wheel of time backwards. To a place where “this” was not there. But the reality kicks in. We hear the voice of the doctor: “Now we have to do the pre-operative assessment...” We get many paper forms and journey from the laboratory across X-ray to operating room begins. And we have to reorganize our whole life according to a plan that we definitely do not like. “We are supposed to go for holidays in a week... We have a cut off at work at the end of the month... Christmas is approaching... But my daughter is ill... My daughter, she is four... How am I supposed to tell her???” The first idea is: “I will send her to grandma, she will come back when it’s over. She cannot know, she would be scared. But this way I have to tell mum, oh no! No way!” But who to tell?

You can surely imagine the inner monologue that will arise from your particular situation. Also, notice what happens inside. Chaos, overwhelming feeling, fear from the future, insecurity, anger and questions of what is it that happened and why me? Maybe even something more. And all of this happens in a very short period of time. Together with it comes the pressure to deal with the situation. At least we have the doctor forms because they are the basis for our next steps. We have real dates, place where to go and where the needed medical help will happen. And we start gathering information.

Basic information we get from the attending physician, that is oncologist, surgeon, radiotherapist. In the best case scenario we have a person who links the whole process, who continuously informs us, guides us through the whole process and we trust him/her. The treatment goes on for months. It is clear that in the first stage after malignant tumour is diagnosed, the patient starts panicking. One of the fears is how to speak to her family about the illness. Moreover, the more people know, the more real the situation becomes. Not to speak about it is a “childish” defence strategy - what is not spoken about does not exist. But the circumstances force the patient to tell someone. Usually the first to know is the partner who usually anticipates what is to come. The patient already shared her fears with him - she is nervous before the examinations, he accompanies the patient to the doctor´s and she hopes the biggest fear does not come true. But the reality is different. It is needed to start speaking about what will be happening. What will be happening to US because we both are in this together. If a partner is not present for a reason, most women choose someone who they can confide to and speak about their situation. Sometimes it is a member of family, sister, mother. Or a good friend. In any case it is good to speak about it, the necessity to share our thoughts aloud leads to clarification.

We can notice that people in a difficult life situation need to repeat their thoughts and ideas. To say it once is not enough. Elisabeth Kübler-Ross (1926–2004), physician, psychiatrist and renowned specialist in a field of thanatology described the phases of living through a difficult life situation in her book *On Death and Dying*. In the first phase people are in shock. It is a defence mechanism that causes our senses to narrow down, it only allows basic information to enter (that is why often the complete information needs to be repeated). Because of the shock one is paralyzed emotionally, too.

Later, emotions come in phases and they need to be accepted as an integral part of this dramatic situation. Often "negative emotions" are mentioned. That is completely wrong labelling of living through a difficult life situation. It evokes that a patient should not have those feelings at all. Moreover, feeling of sadness, anger, or depression are still directly connected to malignant exuberance in people's minds. This theory on illness origin then significantly complicates natural emotional reactions on the sad news. Those are anxiety, fear, sadness, pity and often anger. In following phases that Ross describes in her book, the patient goes through times of negotiation, depression, grievance and conciliation. The family and close friends of the patient go through the same process, too. As already described, the first person who is drawn into the situation is usually the partner of the patient who also helps to form the strategy on how to spread the information on. All members of the family, close or wider, are part of the situation, too, because all of them will be affected by the change the illness brings.

All family members play a role in the new situation the illness brings.

CHANGES IN THE FAMILY CAN BE DIVIDED INTO FEW PARTS.

Economic change. The woman is excluded from the work process and that can mean decrease of family income. Moreover, often expenses are bigger. Although the treatment of malignant tumour is paid by the insurance company, caring for the patient might increase the overall expenditure.

Comfort of the family. Family members, especially children, are used to a certain level of care provided by the mother. Nowadays the division of work around the house is balanced and men contribute more than we are used to from the past. Despite that, it is inevitable that healthy family members will have to contribute even more, including the kids. The family has to accept that the treatment is difficult and exhausting and most of it is ambulatory. They will therefore be confronted with a tired mom.

Emotional changes in the family system. An important emotional stabilizer of the family fell ill - the mother. Her who should ensure physical and emotional comfort of the children. Her who should be there for kids' emotional swings and support them so that they can accept their emotions and reflect on them. However, mom herself goes through a new life situation and her mood swings cannot be hidden. Psychologists see emotions as mental states that can be divided into affects and feelings. Affects are pressing, physically manifested and at first they are not differentiated. Feelings are less physical and easier to differentiate. Affects function as indicators of current state, communication tool and motivational factor.

John Bowlby (1907–1990), American doctor specialized in children psychiatry and psychoanalysis describes seven basic affects that are inborn. They are joy, desperation, anger, fear, repulse, surprise and interest. We often strive for not having some emotions, especially the so called negative ones. And the world encourages us in that. We should think positively, right? But because emotions are a natural part of our life, we cannot delete them. We can try to suppress them, act like we do not have them. But that is for nothing, they will find a way into our behaviour, in a subconscious and hidden manner.

As already mentioned, tumour illnesses activate a whole specter of affects and from the list above it is mainly fear, desperation, anger, sadness. As indicators of our current state they show us we are facing losses. Oh what we have lost! From relatively small losses to big ones, important ones such as health, important part of our body (breast), our trouble free time and space, money, holidays, weekend at grandma's with the kids... As a communicative tool our sadness works perfectly. It signalizes that people around us should be considerate because we are in a difficult life situation and we are facing losses.

And the motivational factor. Oh yes, grief needs to be “worn and then put away”. That was the saying in the times when grief was “prescribed” ritually. Widows were mourning and wore grief. After some time, they put it away. But they needed time to mourn. And we need the same time when we need to process the losses that oncologic diagnosis brings to our life.

Anger

Indicator of this state: We are helpless. Yes, that is a common reason of our anger in this situation. Helplessness. It is good to realize this because then we are on a meaningful path. We will keep clear of blind alleys with questions: “Who is to blame?” That usually is the first question. “How could this happen?” We are looking for the person responsible, we blame ourselves or someone else. We need to punish someone for the loss we are going through. The illness itself is often seen as a punishment. We are in this simple linear causality. We turn to different instances: God (the ones who are not religious, too), destiny, doctor who neglected something, employer who put us in stressful situations, husband who was unfaithful, mother who accused us and caused guilty feelings. We bargain. We have not done anything wrong, so why?

It is possible to explore this path to relief but it is not recommended to stay on it. If we are clear about the fact that it is not in our power to change the situation, we can move on to a more constructive resolution. So anger, or helplessness as motivational factor to search for a way of how to control future events. It is necessary to focus on what we have power of. For someone it is enough to be active in a sense of accepting doctor’s recommendation and actively go through the treatment. Others look for additional ways of therapy. And there are also people who want to heal in their own way and they refuse the officially accepted treatment. We have to respect all decisions that anyone in this situation makes. And anger as communicative tool? Yes, our neighbourhood reacts on our helpless anger in a certain way. Some are shocked, some are angry too because they do not understand. And some can also take our anger personally and feel guilty (mostly children). That is why it is preferable to explain: “I am angry because I am helpless and I feel it is not fair that I got sick.” And everything is clear.

Fear and Anxiety

Indicator of the state: “Threat of life and health”. Malignant illnesses evoke fear. They are a testimonial of our mortality. They show we do not have control over our life. After all, the basic description of malignant tumours is uncontrollable growth of cells. What other time should one fear if their life is at stake. What other time should one feel anxiety from the unknown if there is a difficult treatment ahead with uncertain result?

Communicative tool. What do we do when someone is afraid of something? We offer comfort and hope. That is what we need from our close ones - comfort and encouragement. It is not recommended to say:

"Don't be afraid." It is good to say: "I know you are afraid but let's hope everything will end well. I know that we will do our best for a happy ending."

Motivational factor. Undoubtedly this situation leads to a contemplation about living our life according to our vision and if we waste our life in a useless way. Many people who came through a difficult situation speak about a change of life. How they reevaluated their life, stopped wasting time on useless things. As Saroyan says in his book Not Dying: "Try to live fully because you will die one day anyway!" This is just a short version of how one reacts when oncological diagnosis is confirmed. The reaction is adequate. Let us assume that everyone who went through this situation or who is confronted with this situation, admits to this reaction. Of course individual reactions are more complex and unique but we can see common features in all of them.

Let us go back to the situation at the beginning. The woman gets to know the diagnosis and needs to share the facts with close ones. Most likely she will not hesitate to speak to her partner. If partner is not present, it would be some very close adult. Usually it is close family member (sister, cousin, brother...) or a friend. All adults. Experience after sharing the news can differ but we can often trace very similar reactions to that of the woman. By this, in the best case scenario, a space for sharing and mutual support is created. It might be surprising that we speak about mutual support. Many can raise objection that only the woman who is ill needs support. If we want to arrive at sharing of this difficult situation, it is necessary to admit that all people who are affected, need support.

But all of this depends on the maturity of the system. Yes, if we speak about people involved, we speak about system. Family system is a fellowship of people who are bind by family ties. Often those bonds are inborn, i.e. system that is set by inborn ties such as a parent and a child. But it is necessary to say that bonds that are acquired over time belong to this system, too. Spouses or partners are not blood relatives but they belong to the family system because they have kids together. To speak about the system maturity - we begin with the maturity of an individual. One of the basic traces of maturity is ability to differentiate between their needs and needs of others. Together with this an ability to acknowledge needs of others is generated. In the system it is needed to divide individual members. Needs of different members are not the same, they can contradict each other and their realization is therefore very complicated. System members are by this also differentiated to categories of more and less responsible for fulfilling the system needs. All this should lead to a harmony. Family system can be seen as joined vessels whose levels, in the best case scenario, are in harmony. If this homeostasis is distorted, it is needed to harmonize the levels and people who are able to do this are seen as more mature within the system.

In the family system the adults are the ones carrying the responsibility. Let us go back to the story when the woman is informed about her illness, has the doctor forms in her hand and most likely knows the date when the treatment or operation starts. She also has someone by her side whom she already told. Now they both need to tell the other family members. There are kids of different ages in the family.

We can divide them into 3 groups: Pre-school age, school age (divided into first and second grades), and adolescents - 15 years old and older. The groups have blurry lines as some kids are more or less mature for their age. It is the pre-school group where parents hesitate the most.

From our survey we know that 40% of pre-school children would not learn about mother's illness directly. We say directly because the change in the atmosphere in the family is noticed by kids of any age. We can now shortly describe how a person receives information from the outside and how they process them. Everything that a child perceives, comes through many phases of selection, interpretation, and evaluation.

The results of this process affect the behaviour of the child either instantly or later on. We can compare this to a development of motor skills. We all know how a baby learns to to walk, step by step, focused. Each step is controlled. And we as parents control it, too. We hold their hand, help to keep balance, lift them up when they fall and comfort them when they are hurt. Then we stare how they run, jump, they manage the moves without their and our control. They have learnt it.

We can imagine analogical process in children feelings and thinking. From experience the child knows that mother reacts with sadness, anger, distemper and withdrawal when they do something that mother criticizes. Children can then similarly assess situations when mum is sad and withdrawn from other reasons. They feel responsible and guilty. Of course, a major role plays the maturity of family system, i.e. how adults in the family deal with emotions. Parents are the ones who should help children understand their feelings and name them. That leads to a skill of grasping emotions consciously and control them. Control of emotions does not mean we do not have the so called negative emotions at all. It means their occurrence is moderate, we know about them and we are able to regulate them to some extent.

We can openly talk about mum being sad, tired, and angry. The kid will understand.

PRE-SCHOOL KIDS (KIDS BELOW 3 YEARS OLD)

Until 3 years of age the child is mainly focused on the mother and creates a strong link to her. Even a short detachment can evoke a strong reaction. Professionals see such a reaction as appropriate, it documents good relationship between the child and the mother. Of course this, among others, depends on child‘s temperament so the manifestations in these situations can be different at children growing up in same conditions. Children younger than 3 years have a little active vocabulary and so understanding of the situation is influenced by this. It is therefore very important how mom looks and acts when something is being said. Also important is mother’s ability to understand the non verbal reaction of the kid and accept it. By all means a very important part of the process is a game.

Mother’s illness confronts the baby with these situations:

ISOLATION FROM MOTHER

Mom has to, even if for a short period of time, be hospitalized. For example when there is an operation, difficult examination or treatment. We have to know that so small kid does not have the same perception of time as we do. We know how long an hour is and we also know that an hour of waiting for something not really nice is different than an hour of talk with a nice person. “Wow the time flies!” The kid will consider the isolation as in the first case. Usually adults try to avoid child’s cry, sadness, and anger and they let the mother go without saying goodbye. This is, although, the least fortunate situation for the kid. Sudden loss of a mother is a significant trauma for such a small kid. But the reality is that mum has to go away for a few days. The best case scenario is that mum is replaced by some other close and loving person. Most likely this would be dad, grandma or aunt.

It is a good idea to involve the kid with a game. It is a way how they can to avoid the anxiety from the loss to some extent. If the kid involves actively, the separation behaviour can be manifested rather as curiosity than anxiety. We can then with the help of toys show how mum will be treated in the hospital by a nice doctor. The kid can become a doctor, mum, a nurse in the course of play, whatever they want. We do not have to hide that mum has an "owie" (that is something known to the child as they have one through this as well and experienced the pain). In the same way how mum comforted them when this happened, they can now help the mum from the pain (with the help of a doll or directly). The verbal expression needs to be accompanied by mimics and mummery and we use toys and other objects. By this we teach the kid, link the gestures and objects with a verbal expression. We support their curiosity and show them a manner they will then use when exploring the world. We are their guides on this journey. In the same way we can involve the kid when mum actually leaves. We encourage the kid to say bye by waving and verbally "ta-ta".

If the baby cries, we guide them through the emotion and we provide support and understanding - we are also sad and we will miss mum. It is good to try to occupy them with something they like after mum leaves. It is easier for them to deal with the situation. If the hospitalization is not too long, there is no need to visit mother in the hospital with the child. In case the hospital stay takes longer, it is good to ensure some contact. If the baby cries, we act as described above. Crying is in this case a smaller threat to the mother-child relationship than the risk of permanent distortion of the relationship. When mum returns, again we involve the child, they can wait for mum with a flower, a picture... Children are naturally curious and so there is no need to be afraid that they will see a scar after operation. We have to remind that the child will react in a similar way that their mother and close ones do. If mother is afraid to look at the scar, the child will go through similar emotions.

Change in mother's behaviour

Mother goes through a demanding treatment that goes along with physical and mental changes. As already said, children without their "guide" can take the changes personally and feel guilty and unwanted. That is why we recommend to explain all changes to children and associate it with games and active participation of children.

Physical changes that children will notice mainly are hair loss and tiredness. Change of mother's look will be accepted if family reacts calmly towards this change. They are then able to play similarly with dolls, for example cut their hair so that they look similar to mum. They can help cut mum's hair. Play with mother's wig. Wear mum's caps and scarfs.

Mental changes

Mother can be sad, grumpy. It is good when mum communicates this to the child directly, speaks about her feelings and explains that it is because of the illness. At the same time she calms the child and herself down that everything will be OK because she will get better. With this other members of family can help. We activate the child and encourage to "wipe mum's tears", sing a song, say a rhyme, lend her their toy. When mum needs to rest, child can put her to sleep and cover by blanket and stay quiet so that mum can rest. Dad or grandma encourage the child to prepare food and drinks and carry them to mum.

Treatment

Tumour treatment can take various ways. We can inform a pre-school child of what is happening. It is possible to show through a game what mum goes through. Game and creativity are a necessary and very important feature. We choose adequate and understandable tools. We do not push. If mom is not strong enough, other adults can participate. We know the child is not interested when they go away from the offered game and start playing with something else.

PRE-SCHOOL KID (KINDERGARDEN AGE)

The base is still family education but it is widened by other significant people such as kindergarden teachers and friends. Kindergarden educates children to some extent and at this age the kid gains new skills and improves them. They get better at speaking and understanding words. They also start to use language to regulate their behaviour. Gradually the child outgrows the family circle and builds new relations. Family is still the safest environment that fulfills their needs and tries to understand in every aspect.

Extension of kids' world brings more frustration. This is, however, crucial for one's development and adaptation skills. If such a difficult situation as mother's illness comes up, the kid is able to understand better thanks to their developed verbal ability and experience that hey have with being ill.

SEPARATION FROM MUM

The child is still very sensitive in terms of mother's absence. On the other hand, they are already adapted as they often leave mum when they go to kindergarden or spend some time with grandparents. But it is still very important to prepare the kid for mom's absence, introduce them to the situation and explain everything. During a longer stay in hospital it is good to have the kid visit mum. That makes the situation more transparent.

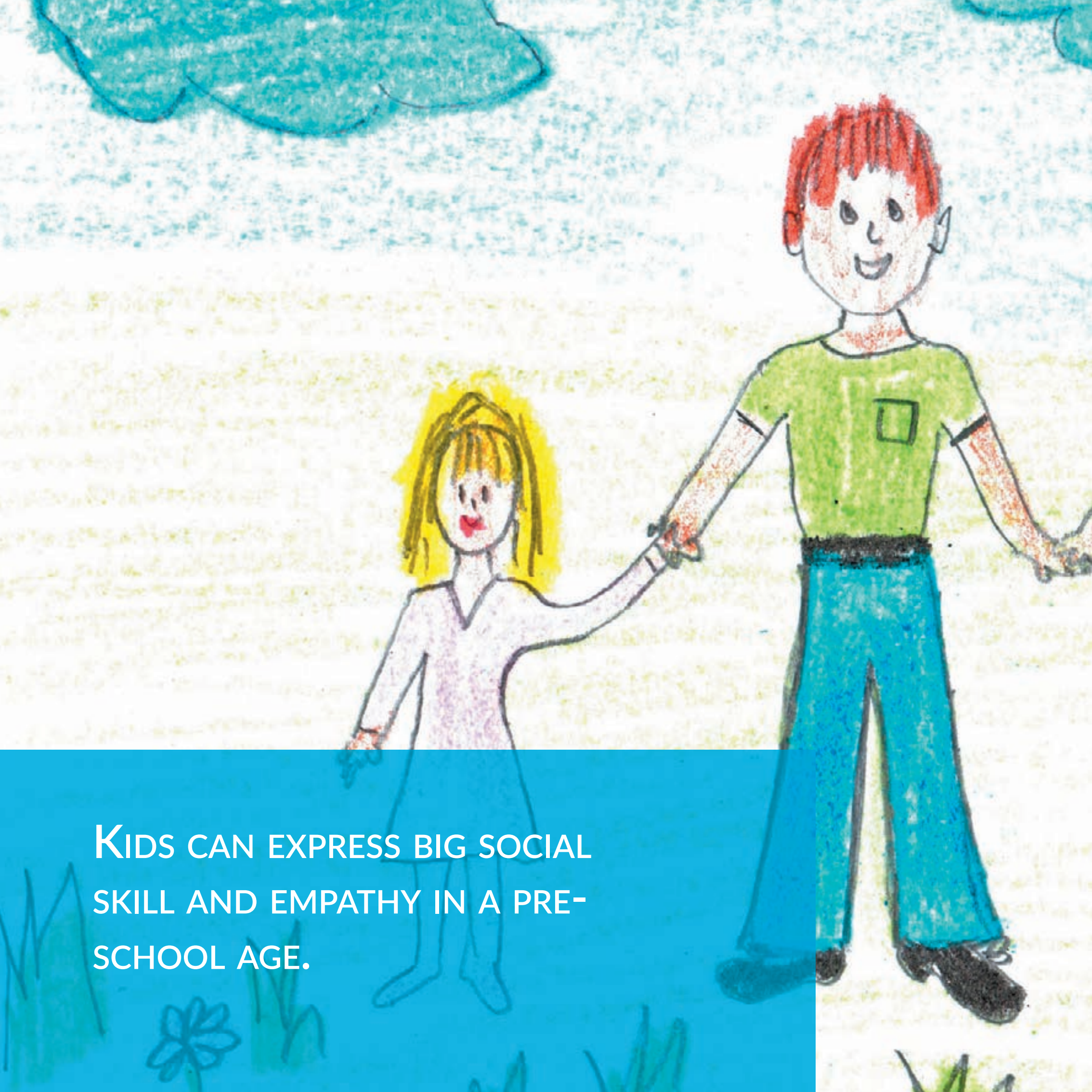
With better understanding of abstraction they can imagine mum lying in the hospital. Moreover, it is good to show them the hospital environment, explain everything they are curious about and be attentive to their questions. We can again use the help of a game or other creative activity – drawing mum in the hospital, play doctor/patient etc.

Change in mum's behaviour

In this case the child also reacts very sensitively due to their better verbal skill and experience. Children at this age are able to differentiate their feelings and link them to a real situation. They know they are sad when somebody wrongs them in kindergarden. They feel happy when mum cooks something they like. They are angry when parents do not allow to watch TV in the evening... So they are able to understand that mum has similar feelings because of her restrictions, she is sad, tired, and angry. It is needed for adults to describe the situation and link mum's emotions to real situations.

Treatment

Again, it is important that kid receives a truthful answer on each question they ask. This helps with orientation and decreases anxiety. Parents are trustworthy for the kids so each information that they get is being checked by them. We have to count with the fact that kids' thinking lacks the logic of adults. We consider it magical and to some extent it is linked to kid's activity. They are e.g. able to differentiate between fantasy and reality



Kids can express big social skill and empathy in a preschool age.

but it is possible they will connect their behaviour (e.g. being naughty) with mother's illness and feel guilty. They can believe that they are the reason why mum is sick. Adults can involuntarily contribute to this with their notes: "If you are naughty, mum will have to go back to the hospital." At this age the kid receives information outside of family and the info can be different from what they know from parents. That is why it is necessary that the kid can trust them and come and ask.

Often kids hear that if someone has a cancer, they will die. It is good to share this information with parents. Newest studies show that even four years old child understands quite clearly the concept of death. They can differentiate between live beings - people, animals, flowers and lifeless ones. Rocks do not die, flowers do. Full understanding of death with its conclusiveness and finality comes around 6 years of age. That is significantly earlier than older studies have shown. That is why parents should be ready for these questions. The child is naturally afraid that mum will die and they should be assured that they are not alone with their fears. Parents often imagine a dramatic reaction and are afraid they will not be able to handle such a difficult situation. Intuitively they try to escape the dialogue about the seriousness of the illness and their own fears. However, it is beneficial to speak with the child openly and kindly.

A six years old asked right away: "Will you die mum?" After he was informed about mum's illness. Parents assured him that nothing like this is going to happen any time soon and that mum is in good hands and will do her best to heal. The kid was OK with this explanation and went on to play. When mum was being operated, he left her a note: "If you already have the cancer, we will not let it ruin our life."

It is clear the kid understood what is happening in the family and took a very mature approach. It is a good sign of how even such a small kid can show big social skill and empathy. This skill develops on the basis of experience, kids experience parents' reaction towards their emotional expressions and those are one of the main tools of socialization of the kid. If parents systematically suppress some kinds of feelings (especially the ones called negative), the kid can then have insufficient differentiation and realizing of emotional states. Furthemore, in times of crisis, kids often somatize. That means that the suppressed emotions can be manifested unconsciously as a physical symptom, e.g. stomach ache or headache.

It is important to know that children hear even if they do not listen. That happens when parents talk and are under impression that the kid is dragged into a game. Also in this case be ready to answer questions, explain, support the kid by our love and understanding for their concern.

SCHOOL KIDS

Also for school kids we differentiate two categories - younger school age, kids from puberty and above, i.e. approximately 10 years and above.

Younger school age is a period when child participates on systematic school work. They gain new knowledge and their overview is widened by knowledge they get at school and also by individual search for resources such as books, films, games, internet… We can therefore count with them searching for information on the illness anyway. School kids want to know the truth. They are not guided by their fantasies but they want to gain information about the reality of things. They want to understand the world around and also stay active, search and explore. The below are aspects that will manifest in the view on mum's illness.

SEPARATION FROM MOTHER

School kids are used to being without parents. They go for summer camps, summer at grandma's etc. They themselves actively search for opportunity to stay over at a friend. That is natural separation that is conditioned by child's activity. They want to be at friends' or go to summer camp with other children. Mother's illness is something that makes the separation a "necessity". The whole family is facing the necessity that is not freely chosen. That is why it is beneficial to let the kid decide actively. They can choose if they want to visit mum or not. If they want to prepare something for her to hospital. Active participation and possibility to decide about it is very important. But there is a risk of overwhelming the child. That can happen in a case when e.g. an older sister is instructed to take care of the house and younger siblings. Or if the son becomes mother's missing partner. Kids at school age are able to accept the responsibility but they are often dragged out of their natural relations with peers. They become "young adults", lonely children.

CHANGE IN MOTHER'S BEHAVIOUR

We can count on kids´ maturity and their ability to understand. We can openly talk about mum being sad, tired, angry. The kid, if mother's emotional state is realistically linked to the illness, will understand. And it allows them to live through the situation as authentically as the parents do.

TREATMENT

Kids of this age want to know how the world operates. They are curious what happens to their mum and how it works and why. They can accompany mum to treatment and watch it live.

Eight years old of one client went with mum to the radiation process. Laboratorian who operated the tools took him to the PC and explained everything and even let him turn on the machine

If the kid is adequately active and participates, they then feel their importance in the process. They become a part of the “team”.

PERIOD OF ADOLESCENCE

Children of puberty age get into fights with parents naturally. If the family is burdened by mother’s illness as well, the situation gets even more intense because this prevents them from a very natural revolt. The situation then needs much bigger understanding from the parents. They are, though, busy and tired and lack enough capacity and energy. That can cause more frequent and more dynamic conflicts. Parents take the adolescent as capable of helping e.g. with chores and the kid perceives this as a restriction, injustice and compare with friends who have a different situation. Of course it does not have to be this way but it is better to be prepared. Emotional states of adolescents are rough and this is worsened by the demands that come with mother’s illness.

Adolescence brings emotional instability and frequent mood swings with negative tendencies. Behaviour in puberty is impulsive, unpredictable, young people often change stance and opinion. They do not understand themselves and react annoyingly when adults try to understand. It leads to worse concentration, poorer school results, young people are easily tired and apathetic. Their activity is linked to their hobbies and friends, definitely not parents and siblings. Parents stand in front of an important task - lead kids towards optimal socialization into the world of adults with their duties, and on the other hand, provide enough space for individual skills and abilities development. In fact we speak about separation, becoming independent. In short we could say the kid needs parent care together with total independence. This paradox becomes unclear to many parents but they can “be relieved” that even the adolescent does not get this either. If mum gets ill during this period, it can release very severe angry emotions.

Getting free from family bonds is an uneasy task and if it is complicated by mother’s illness that binds them to a greater care of her (they are almost adults after all), it leads to an inner chaos. Lack of understanding from adults is traumatizing for the young adult. It can be very difficult to create such an environment where adolescents can gradually reach desired independence without losing positive relationship with their parents. From the above it is clear that communication with adolescents is difficult and agreement and consensus of any kind is very unlikely.

Mother's absence

We anticipate that adolescents will manage well and it is even often expected from them to substitute mum in the period of her absence and often it is really so. It is, though, good to appreciate this activity adequately and not take it for granted. In communication it is beneficial to speak to the kid as a partner (that is beneficial at any age but adolescents are extremely sensitive to this).

Change in mother's behaviour

Adolescents might look indifferent, they have earphones on all the time. That does not mean they do not take the situation hard. On the contrary, they might have very mixed feelings but sharing emotions with parents is difficult for them in this development period – they are rather ready to share outside of family.

Treatment

We can speak about the treatment openly and truthfully. At this age the kid will understand and is able to manage.

CONCLUSION

This booklet should help parents to communicate to their kids at any age while going through a difficult life situation. We consider it very beneficial if family as a whole communicates about mother's illness openly, share emotions in all modalities and actively cooperates. Active participation on treatment is considered a beneficial factor and it helps healing. Similarly, activity of close ones and partner and kids have a healing potential. For the patient it is good not to feel alone in the period of illness. If communication is open within the family, she and other members of family do not feel alone. They are together, they form a team and help each other.

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is a clinical psychologist, psychotherapist and works with oncological patients for more than thirty years. In 1999 she got inspired by a group of patients with breast cancer and she established patient organization Mamma HELP. She used her experience from internships on renowned oncological institutions in New York and Philadelphia specialized in helping oncological patients. Until today she closely cooperates with Mamma HELP by training therapists and being a supervisor, she is also a professional garant in the programme "To Tell the Kids". She provides professional advisory to families of patients with children in Mamma HELP center in Prague.

IF FAMILY COMMUNICATES AND SHARES,
MOTHER AND OTHER FAMILY MEMBERS
WILL NOT FEEL ALONE.

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