Singlehood and partnerships in healthy people and childhood cancer survivors
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Chapter 1:

A Personal Introduction to Starting this Project

Science, in the very act of solving problems, creates more of them.

(Abraham Flexner)
Men love to wonder, and that is the seed of science. - Ralph Waldo Emerson

Being curious is the very essence of why I studied psychology. Hearing patients’
histories and understanding how their psychological problems developed, were maintained,
and sometimes escalated, that was what caught my attention. However, what sense does it
make to hear the history of 1, 2, 3, 4, or 5 patients? Instead, I wanted to know which
characteristics certain people share, and what distinguishes them. Do people who are
confronted with similar experiences or stressors have the same problems? Most certainly
not, but some trends might be apparent, and this is what we try to do with research. We try
to find trend trends, indications, or predict outcomes by comparing groups, focusing on
frequencies and averages.—but often it is worth trying to dig a little deeper.

The ‘seed of science’ for this project was the frequent finding of long-term childhood
cancer survivors being less often married than their peers—but—what does this mean?
When reading about such findings, I got the feeling that this implies something negative and
that childhood cancer survivors lack something. This is what caught my attention and made
me wonder about childhood cancer survivors, but also in general:

Are those who are not married miserable?
Does it mean that being single is bad?
Why is it important to be married or not? — and what are the implications of either status?
Does only marriage count as a ‘real’ relationship? — many studies include people with the
legal status ‘single’, which means that they ignore that a lot of people are in committed
relationships without being married.
Can’t singlehood, just like marriage and being in a committed relationship, be a personal
and satisfying choice?
What types of people choose for marriage, for committed relationships, for living-apart-
together, for being single? ... and most importantly: How are they all doing?

Combining this curiosity with a good portion of critical appraisal of the previous
literature on childhood cancer survival led to the following article, written during the time of
my Research Master at Tilburg University:
Letter to the Editor

Romantic relationships of emerging adult survivors of childhood cancer: a discussion of study limitations

I have read the article by Thompson, Marsland, Marshal, and Tersank (2009), in a recent issue of *Psycho-Oncology*, with much interest. The authors aimed to investigate whether childhood cancer survivors experience difficulties in their romantic relationships during emerging adulthood (age range: 18–25 years), and intended to identify individuals at risk for long-term social sequelae. In the present letter, I want to address several concerns I have regarding the design of the study by Thompson et al.

First, the authors pointed out that they have particularly investigated these questions in a group of emerging adults, as that time is usually characterized by finding ones identity, becoming economically independent and searching for potential life-time partners. This reasoning and approach can be highly valued, since little research has been conducted on this interesting topic in this specific population. However, one important limitation of this study that has to be addressed is the selection of the study sample combined with the selected measurement. An adaption of the Dating/Romantic Relationship Measure has been used, examining the participant’s relationships in the past five years. The participants, however, had a mean age of 21 and the youngest participants were 18 years. This indicates that presumably a high number of participants has been asked about their romantic relationships in their teenage years and did not give information explicitly about the span in life intended to be investigated (18–25 years).

Second, the time since treatment for cancer ranged from 3 to 22 years. As a result, the investigated period of the romantic relationships (past five years) overlapped with the actual time of cancer treatment in some participants. In their paper, Thompson et al. reported an association between older age of diagnosis and lower social quality of life, explaining this with a smaller amount of time to reintegrate with peers, but they ignore the potential effect of overlapping time periods. Therefore, future research is required to test whether this association is present in young adult survivors of childhood cancer or not.

Third, the sample was quite heterogeneous according to their type of cancer, which makes comparisons to controls difficult. Furthermore, valuable information might be lost when omitting effect modifications by cancer type.

Finally, the authors studied potential moderators in the relationship of cancer survivorship and romantic relationships. However, the validity of their definition of treatment intensity as well as its value in terms of content and interpretation can be questioned. It was classified from mild to severe, where mild treatment indicated ‘surgery only and/or 6 months of chemotherapy for low-risk cancers […]’ and severe treatment included ‘e.g. bone marrow transplant, highest-risk protocols, high doses of radiation, mostly inpatient therapy.’ However, surgery only does not mean by definition that the treatment is not very intense. In some cases surgery only can be regarded as high treatment intensity, for example in case of a child with bone cancer that required amputation of one leg. This child does not by definition cope more effectively with its treatment than a child with leukaemia that had to wait for a bone marrow donation being in hospital for months. It also differs according to the age of the child if it even is able to be aware of time and the severity of its illness and therefore the impact and consequences it could have.

In conclusion, Thompson et al. have studied an important topic but more deliberate study designs are urgently required. Longitudinal designs that include larger sample sizes and more homogenous (sub)groups of cancer patients (in terms of age when the cancer occurred, type of treatment, and type of cancer) might be the most appropriate choice to specifically investigate the impact of childhood cancer on romantic relationships in emerging adulthood.

Reference


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Reading the article mentioned in this letter and other studies about marriage in childhood cancer survivors drew my attention specifically to aspects about romantic relationships and singlehood in (young adult) childhood cancer survivors. However, instead of only looking at frequencies (i.e. being less or more often married), more meaningful questions should be asked, as outlined above.

This project will most certainly not answer all of my questions, but it was the ‘first seed’ I planted ... A seed that was nourished and grew into this dissertation, but that will hopefully continue to grow throughout my future professional career.