Adolescents with cancer are different yet similar to healthy adolescents, children with cancer, and adults with cancer. The differences and similarities can both elucidate and confuse healthcare professionals, family members, and others who interact with adolescents diagnosed with cancer and who want to understand an adolescent’s experience accurately and sensitively enough to influence it in positive ways. One tool used to help illuminate is theory.

Varying types of theories have been posed in the 1900s to contribute to an understanding of adolescence. They have been developed from studying healthy adolescents (Asendorpf & Valsiner, 1992; Gilligan, 1982; Kindlon & Thompson, 1999; Muuss, 1996). The theories do not take into consideration the life-threatening, aggressively treated disease of cancer and its unique presentation in adolescents or the chronic illness experience of adolescents with cancer that includes lengthy and intrusive treatment that could end with death, cure, or cure with potentially lifelong effects (Hinds, 2000; Neville, 2000). Because of these omissions, current theories on adolescence may not explain or predict the emotional, cognitive, physical, social, or spiritual development of adolescents with cancer and do not address whether the cancer experience speeds, slows, or redirects the developmental process (Hinds, 1994). As a result, the existing theories on adolescent development may not adequately inform research designs and methods for use with