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PERCEPTIONS OF THE MOTHER’S ROLE AND PARENT-CHILD RELATIONSHIP IN BREAST CANCER WOMEN WITH MASTECTOMY AND WITHOUT MASTECTOMY WOMEN

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ABSTRACT

The mastectomy in addition to imposing cosmetic changes can cause deep effects on perception of people around, their roles and communications. The purpose of this study was to compare the perceptions of motherhood role and parent-child role in breast cancer female patients with mastectomy and without mastectomy women. In this qualitative study 26 breast cancer women with mastectomy who referred to Shohada-e-Tajrish hospital were chosen from available samples and they were compared to 26 healthy women regarding perceptions of the mother’s role and parent-child relationship using the Apperception Test which constructed by researcher. In overall analysis of findings, using difference of proportion method showed that there was a significant difference in positive perceptions of mother’s role and negative perception of mother’s role and vague perception of mother’s role in the two groups. The Qualitative analysis of 208 short stories adapted from apperception test findings showed that in relation to quality of perception of motherhood role, women with mastectomy were more emotionally involved with their children, they also had higher intellectual concerns about their children and had supportive role towards their children. In terms of the parent-child relationship two different aspects of relationship was seen. One was a dependant relationship and the other one was a relationship based on exclusion of children for not being dependant which was seen in women with mastectomy. It looks like women with mastectomy need to restore their perception and deal with their serious psychological needs. In interventions related to women with breast cancer it should be emphasized on attention to maintenance and improving the quality of role and communications of breast cancer women with mastectomy.

Keywords: *Breast Cancer, Mastectomy, Perception, Motherhood Role, Parent-Child Relationship*

INTRODUCTION

Breast cancer is known to be among the most common malignancies. In 2010, 16 million women were diagnosed with breast cancer and 425 thousand people lost their lives due to this cancer. This goes to show that, this type of cancer as a manifestation of chronic injury (Henson, 2002), is the most common cancer among women (Forouzanfar *et al.*, 2011) and it is regarded as the second leading cause of death in cancer (Berek, 2007). With the increasing growth of the 32/2 in every hundred thousand people, it has turned out to be one of the most common malignancies among Iranian women (Yavari *et al.*, 2005; Haghighat *et al.*, 2012). The age for incidence of breast cancer in Iran is from 41 to 60 and statistics show that 34.3% of cases occur before the age of 40 (Sirus and Ebrahimi, 2009). In this regard, it is predicted in 2030, due to an increase in the average age of the population, control of infectious diseases and the increased risk of cancer, this disease will be regarded as the first and most important cause of death (Mohaghegh *et al.*, 2008).

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Breast in women is an important part of their body and somehow it strongly connects to the sense of feminine identity, womanhood, sexuality, physical and sexual attractiveness, nurturing and sense of motherhood to itself (Manganiello *et al.*, 2011). Thus, the loss of a breast can be interpreted as a means of losing the feminine identity (Khan *et al.*, 2000). Identity crisis (Cochrane and Lewis, 2005) and trauma resulting from the removal of the breast (Uzun, 2004) and side effects resulting from chemotherapy (Bakewell and Volker, 2005), factors influencing on imperfect conception of self (White, 2000), changes in body image (Moreira and Canavarro, 2010), decreased sexual attraction, anxiety, depression, feelings of hopelessness, guilt, fear of recurrence, rejection, destruction of symbols of femininity and the motherhood dimensions (Kunkel *et al.*, 2002), a decrease in sexuality and quality of life (O'nen *et al.*, 2013), feelings of social isolation, fear of partner's reaction if married, concerns about marriage if single, fear of death, fear of infertility (Vaziri and Lotfi, 2012), increased sense of vulnerability, confusion, pain, disorganized thoughts (Courstens *et al.*, 1996), the possibility of developing mental disorders (White, 2000), harmful effects of the disease on the patient, family and other people who she is in connection with, feeling of imbalance (Awadallah, 2006) and sense of families torn apart can all result from this disease (Ramazani, 2001).

A woman with breast cancer, like any other woman, is not only a sexual partner but she is also a mother, a sister, a daughter and even a friend; all these roles can affect each other a process which can affect domain of the individual's perception (Ginter, 2010). Phenomenon of perception is a subjective process in which sensory experiences turn out to be meaningful and thereby one can find the relationship between affairs and meaning of objects (Iravani and Khodapanahi, 2002). As Leventhal and colleagues (1997) have also shown breast cancer patients with mastectomy, Cancer and cosmetic changes in appearance can affect their perception. This change affects their mental demonstration of the disease along with their behavior (Bish *et al.*, 2005; Taylor *et al.*, 1984; Arjmand *et al.*, 2010; Sheppard and Ely, 2008; Barni and Mondin, 1997). This can harm different levels of physical, mental and social performances which are under the influence of the disease, changes in patient's body, emotional distress and alienation from the body followed by changes in self, the patient's conception of self and body image (Frierson, 2003). Accordingly, the aim of the current research is the comparison of perceived spouse's role and relationship with the opposite sex in patients with mastectomy and without mastectomy women.

MATERIALS AND METHODS

This research aims to be a fundamental research and in terms of the method, it is a qualitative study with a Content Analysis Approach. The qualitative research goes toward justification of understanding the natural world and its nature is highly interpretative. As a qualitative research, the understanding of this research is stated in how individuals can make sense of their world by exploiting the different aspects and exploratory experiences (Houman, 2011). Qualitative methods seek to discover and understand the inner world of people and since experiences form the structure of the truth for individuals, a researcher can discover the meaning of phenomenon from their point of view by entering the world of the individual's experiences (Streubert and Carpenter, 2007).

The statistical society in the current study consisted of women with breast cancer in Shohada-e-Tajrish Hospital who underwent the mastectomy surgery. Entry criteria included a diagnosis of breast cancer and the removal of one or both breasts, aged between 20 to 55 years, having no mental disease along with no metastasize of the disease.

Instruments

To evaluate the performance of patients with breast cancer, the Apperception Test constructed by researcher was used. This test consists of 4 pictures on maternal role and the relationship of parent – child in which the subjects were asked to think about what is happening in each picture in order to come up with a story. For all the patients, these words were told "I'll show you a few pictures. I want you to tell me a story about each picture. You have 5 minutes to tell me what events led to this story. What has already happened in the story? What do the characters of the story think about and how do they feel? And finally, what will happen in the story?"

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Participants' responses on the Thematic Apperception Test, consist of the complex verbal content are meaningful. Due to this complexity, precious quantitative analyze as well determination of the reliability is tricky. Accordingly this limitation has led to determine the reliability of the test, not only in this test but also in other similar tests such as Thematic Apperception Test (TAT) almost impossible or with high error. As the validity of the test, the degree of agreement of clinical specialist, regarding the issue that the card had made for them was over 89.0. This goes to show that the cards have justifiable criterion validity.

RESULTS AND DISCUSSION

Results

Table 1: The description of the demographic characteristics

Group			
Variable		Healthy	Patients with cancer
Age		40.38 ± 10.44	44.15 ± 8.04
	Girl	22 (63%)	19 (45%)
Number of children	Boy	13 (37%)	23 (55%)

The characteristics of demographic table 1 for the two groups show that the average age of women who had both mastectomy and breast cancer was 44.14 and for healthy women it was 40.38. Generally, women with a male child were more likely to suffer from cancer.

In Table 2, the responses were compared between two groups, breast cancer women with mastectomy and the healthy women,

Table 2: The table of the difference of ratio of role perceptions in the two groups as divided in images

perception		Positive perception		Negative perception		Vague perception	
Roles	Card Number	A	B	A	B	A	B
	1	0.7	0.84	0	0.08	0.22	0.08
	2	0.8	0.69	0.15	0.04	0.05	0.26
Mother's Role	4	0.56	0.28	0.04	0.19	0.39	0.59
Parent-Child Relationship	2	0.44	0.16	0.33	0.05	0.22	0.26
	3	0.25	1	0.05	0	0.25	0

A= Patients with breast cancer
 B =Healthy

In Table 3 by calculating the sum of the subject's responses in each category the differences of their perception can easily be compared.

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Table 3: The table of total difference of the proportion of role perception in the two groups

Perception	Sum of positive perception		Difference of proportion	Sum of negative perception		Difference of proportion	Sum of vague perception		Difference of proportion
Roles	A	B		A	B		A	B	
Mother's role	2.06	1.81	8.8*	0.19	0.31	*2	0.66	0.93	*2.7
Parent-child relationship	0.69	1.16	* 4	0.38	0.50	1.2	0.47	0.26	*2.33

A =Patients with breast cancer
B =Healthy

Discussion

In this study, an attempt was made to investigate the perceptions of maternal role and parent-child relationship in breast cancer women with mastectomy compared to healthy women. In order to achieve this objective, qualitative methods and available sample techniques were used; thus, the sample consisted of 26 breast cancer women with mastectomy in which their perceptions about the maternal role and parent - child relationship were compared to 26 healthy women using the Apperception Test which was constructed and analyzed by the researcher. The analysis for the difference of proportion of the data showed that there is a significant difference in both groups among the observed proportions in positive perception of the maternal role, parent-child relationship and negative perception of maternal role and vague perception of maternal role, parent-child relationship.

Possible explanations for the findings have shown surgeries that result in losing a breast or lead to deformation can have a negative effect on sexuality (sexual problems), quality of life (O'nen *et al.*, 2013), Self-esteem, communication (Fobair *et al.*, 2006), mental energy, perceived stress caused by the disease and its treatment (Fann *et al.*, 2008), in general cognitive, emotional and behavioral aspects (Shoma *et al.*, 2009), body image which is the result of beliefs, thoughts, perceptions and feelings of an individual (Kelly *et al.*, 2001) and includes cognitive, behavioral and affective elements (Jakatdar *et al.*, 2006). Following the negative effects the assigned roles to a woman as a mother and relationships based on these roles are also affected.

Qualitative analysis of the findings showed that mothers suffering from breast cancer go through higher emotional challenges. Their intellectual concerns about their children are more than those of the group of healthy mothers. It seems that the disease process interferes with the role and performance of the mother, their relationship with children, the children's performance. Sometimes, women cannot play their role well as a mother. In this condition, other members also get affected, especially the adolescent girls. These adolescent girls, in addition to having to deal with their mothers' suffering, sometimes have to compensate for the mother's role too. For that reason they are likely to experience higher chaos, resignation, fear and anger in which their need to be addressed is more evident. The (Pott *et al.*, 2007; Lewis *et al.*, 1993; Kim *et al.*, 2012; Fisher and O'Connor, 2012; Clemmens, 2009; Billhut and Segesten, 2003; Mazzotti *et al.*, 2012; Adams and Dell, 2008; Lewis *et al.*, 2006; Spira and Kenemore, 2000; Ginter, 2010) findings confirm the above-mentioned issues. Therefore, so many women with breast cancer have to combine their powers in with the support of others and turn everything back to a good perspective (Billhut and Segesten, 2003). According to the adolescent levels of anxiety and conflict which they go through in their lives, further research should examine the underlying factors of the coping mechanisms (Clemmens, 2009). Interventions based on reducing stress and enhancing psychological adjustment is the best in the mother – child relationship (Kim *et al.*, 2012). Thus, the better outlook is that the role of maternal education in the case of breast cancer patients should be taught to them in a way that minimizes the harm to them and their children.

Regarding the quality of the parent - child relationship, the major concern among women with breast cancer especially after a surgery such as mastectomy, is related to their children, especially about the

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possibility of cancer in their daughters. Other concerns include reduced physical capacity to provide comprehensive support in the form of the relationship between parent – child which they used to do better in the past and also cluttered appearance that in many cases they try to hide. This communicative harmful method can be seen on both sides. One is an extreme care and attention for the children in form of showing more compassion and support, so to bolster the relationship and share abilities of parent-child relationship. Another is steering away as means of not creating dependency between themselves and their children. They have the underlying thought that perhaps they are not going to live long, so their children would be better off if they cut off emotional connections in advance, thus their child could adapt themselves better in the future. Another form can be the case where the mother undertakes the burden of her illness alone with this default that my child should adapt him/herself in this way with short or long term changes of my connection with self. Thus, the mother may come to know herself inaccessible both emotionally and physically. In this case, this could have negative impacts on the quality of the relationship between mother and the child. These researches confirm the findings in hand (Lewis *et al.*, 1993; Kim *et al.*, 2012; Mazzotti *et al.*, 2012; Walsh *et al.*, 2005; Brown *et al.*, 2007; John *et al.*, 2010). In a real survey, carried out on children of McCarthy and McMahon, found out that decreased social support due to maternal depression results in the children internalizing disorder at adolescence. On the other hand, anxiety can also result in harming the children of these mothers (Khanjani *et al.*, 2010). In contrast, high levels of self-belief can be a supportive factor against behavioral problems of the child which can be followed by increased self confidence, enhanced social and educational performance and decreased depression and anxiety (Tehrani *et al.*, 2009). Thus, health care providers must diagnose and guide guidelines on the psychosocial behavioral interventions focused on the families of patients with cancer (Kim *et al.*, 2012).

The General Discussion

No family goes without a problem. All of us encounter serious challenges and stressful events during the course of our life. While some families experience critical and catastrophic levels when faced with these challenges, other families can easily manage it. These challenges could be illness, divorce, and death of a loved one, disabling conditions, or working conditions. However, stressful events of any kind for the family's ability to function effectively expose them to a challenge (Seidi and Bagherian, 2011). A breast cancer patient is placed in a situation where the family is faced with the challenge and since the most prevalent of this disease is in the age that women are at the peak of their family responsibilities, career and social, the disease strongly influences the quality of life of other family members. This problem itself shows the importance of attention to the patients (Bakhtiari and Haj, 2006). Although medical interventions are effective in changing the quality of life, some of these changes are related to demographic characteristics, psychology and culture (Palmer *et al.*, 2007). Since breast cancer affects women's appearance, distorting their image of themselves and individual, family and community interactions can affect patients (Banning *et al.*, 2009). Given the importance of the quality of life of these patients, an increased number of survivors and the fact that women play an important role as mothers and wives in the family (Montazeri, 2008), understanding the concerns of life for these patients and related factors should be an important priority of the health care (Tsay *et al.*, 2012).

Recommendation for the Research

It seems if samples of the group were matched, the findings could have been by far more reliable. Therefore, it is recommended that other researchers in future researches make efforts on matching the members of the two groups.

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