

Cancer and treatment side effect: Stronger mother-daughter ties

11 July 2013, by Sharita Forrest

(Medical Xpress)—A bout with cancer can be the catalyst for growth and healing in mother-daughter relationships, suggests a new study by a University of Illinois social work professor.

The research, published recently in the journal *Psycho-Oncology*, explored the challenges that cancer treatment posed to women's relationships with their young daughters and the relational skills that helped families overcome these difficulties.

The women that participated in the study, who ranged in age from 27 to 45 years, were undergoing or had recently completed cancer treatment at two large [teaching hospitals](#) in the northeastern U.S. and had at least one daughter. The daughters ranged in age from 9 months to 18 years.

"Young girls are going through a lot of developmental challenges, and adolescence is a really essential phase for them," said professor Venera Bekteshi, the lead author of the study. "Having a parent with cancer can really add to those challenges and affect girls' futures overall – their success, their social functioning and how they relate to others when they're adults."

While all of their relationships are important to women's well-being, the quality of their mother-daughter bonds have particular significance, Bekteshi said.

The mother-daughter pairs whose relationships thrived during the mother's illness were those that utilized four relational skills that [social scientists](#) have identified as critical to women's success at relationships and on the job: anticipatory [empathy](#), [authenticity](#), mutual empathy and [empowerment](#).

Mothers in the study emphasized both the importance of providing [emotional support](#), caring and affection to their daughters and receiving it from their child. These mothers said that they

made concerted efforts to promote empathy and caring in their daughters as well as skills that fostered empowerment and [autonomy](#). Most of the women said that their daughters became more affectionate during the mother's illness, expressed inspiring or encouraging words or provided spiritual support.

Anticipatory empathy – or awareness of how their behavior and actions affected the other person and providing care for them – was a critical first step to the mother-daughter pairs' becoming closer to one another after the mother's diagnosis. As a result of having increased awareness of the consequences of their actions, many of the daughters began avoiding behaviors that might exacerbate the parent's emotional distress or physical discomfort.

Mutual concern about each other's well-being also enabled parent and child to become more comfortable with emotional expression and with revealing their inner selves.

Nearly half of the 29 mothers in the study reported openly discussing their illness with their daughters, which included using the word "cancer" or talking about the possibility of death. However, the mothers tempered these discussions with sensitivity and awareness of the daughter's ability to understand and cope with the information.

"Oftentimes, we think that we need to cover up some aspects of the disease and not tell our children because we don't want to make them fearful and cause them to distance themselves from us," Bekteshi said. "But being authentic was really beneficial to the mother-daughter relationships. It 'grew' the daughters."

Anticipating what the future could bring and the possible impact on their daughters, these mothers were inspired to endure even when their [cancer treatment](#) was difficult.

A few of the women said that they had been able to mend troubled relationships with their daughters by openly listening to the girls' feelings, maintaining positive attitudes and being willing to relax some of the traditional parent-child boundaries such as strict discipline.

Only three of the 29 mothers said that they had not become closer to their daughters during their battle with cancer.

"Their daughters were preadolescents or early [adolescents](#), and there wasn't a lot of mutuality, meaning the mother would take all the initiative to demonstrate caring but the daughter wouldn't reciprocate by taking on chores or providing emotional support," Bekteshi said. "And these mothers would get very disappointed that there wasn't an exchange of services."

These mothers also reported feeling disconnected and depleted and that they were coping poorly with their disease.

Bekteshi observed that these [mothers](#) often appeared to be too accommodating to their [daughters](#), expecting little support and shouldering sole responsibility for the problems in their relationships.

Provided by University of Illinois at Urbana-Champaign

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