

## THE EXPERIENCE OF MOTHERHOOD DURING CANCER TREATMENT

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**ABSTRACT.** The aim of this study was to investigate the experience of motherhood of women with cancer with at least one child less than 10 years. From a qualitative exploratory design, interviews were conducted with ten mothers, audio-recorded and transcribed. The content analysis identified five thematic categories: 1) Being a mother is ... being afraid of death/cancer recurrence and leaving their child orphan; 2) Being a mother is ... changing the values/meaning of life after illness; 3) Being a mother is ... changing the family routine/child routine; 4) Being a mother is ... having conflict/defeat/ambivalent feelings; 5) Being a mother is ... having difficulties to attend their children. Two independent judges evaluated the mothers' speeches. It was observed that cancer and motherhood experience overlap and intensify the suffering of these mothers. At the same time, both experiences place those women in a situation that led them to re-signify their lives and their priorities, which can enhance mother-child relationship in a positive way.

**Keywords:** Motherhood; cancer; psychological stress.

## A EXPERIÊNCIA DA MATERNIDADE DURANTE O TRATAMENTO PARA O CÂNCER

**RESUMO.** O objetivo do estudo foi investigar a experiência da maternidade de mulheres com câncer com pelo menos um filho menor de dez anos. A partir de um delineamento qualitativo exploratório, foram realizadas entrevistas com dez mães, gravadas em áudio e transcritas. A análise de conteúdo identificou cinco categorias temáticas: 1) Ser mãe é... Sentir medo da morte/recidiva e de deixar o filho órfão; 2) Ser mãe é... Mudar os valores/sentido da vida com a doença; 3) Ser mãe é... Alterar a rotina da vida familiar/da criança; 4) Ser mãe é... Ter sentimentos conflitantes/de derrota/ambivalentes; 5) Ser mãe é... Ter dificuldade em atender aos filhos. A fala das mães foi avaliada por dois juízes independentes. Observou-se que as experiências do câncer e da maternidade se sobrepõem e intensificam o sofrimento dessas mulheres. Ao mesmo tempo, ambas as experiências colocam essas mulheres diante de situações que as levam a ressignificar sua vida e suas prioridades, o que pode potencializar a sua relação com os filhos de uma maneira positiva.

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**Palavras-chave:** Maternidade; câncer; estresse psicológico.

## LA EXPERIENCIA DE LA MATERNIDAD DURANTE EL TRATAMIENTO PARA EL CÁNCER

**RESUMEN.** El objetivo de la investigación fue examinar la experiencia de madres con cáncer con, por lo menos, un hijo hasta diez años. A partir de un diseño cualitativo exploratorio, se realizaron entrevistas con diez madres, grabadas en audio y transcritas. El análisis de contenido identificó cinco categorías temáticas: 1) Ser madre es... sentir miedo de la muerte/recidiva y dejar a su hijo huérfano; 2) Ser madre es... cambiar los valores/ sentido de la vida con la enfermedad; 3) Ser madre es... cambiar la rutina de la vida de la familia/ del niño; 4) Ser madres es... tener sentimientos de conflicto/de derrota/ambivalentes; 5) Ser madres es... tener dificultades para atender a sus hijos. Dos jueces independientes evaluaron el discurso de las madres. Se observó que las experiencias del cáncer y de la maternidad se superponen e intensifican el sufrimiento de esas mujeres. Al mismo tiempo, ambas experiencias ponen a esas mujeres delante de situaciones que las llevan a dar nuevo significado a su vida y a sus prioridades, lo que puede potencializar su relación con sus hijos de una manera positiva.

**Palabras-clave:** Maternidad; cáncer; estrés psicológico.

### Introduction

Despite the numerous studies on the health of women with cancer, little is known about the impact of the disease experience when she is a mother and has children in childhood. Given this situation, it is possible that the negative impact of the disease is intensified by the unexpected occurrence of the disease in the woman, by the fear of dying, by leaving the children motherless (Elmberger, Bolund, & Lutzen, 2005; Arés, 2014; Ambrosio & Santos, 2015), and the difficulty of dealing with the responsibilities of child care and treatment (Bultmann et al., 2014). In addition, the fear of death, which is quite recurrent among these women, can be shared by children, contributing to the suffering of these women (Bekteshi & Kayser, 2013).

Women who are mothers can differentiate themselves from other women who have cancer because they are more physically and emotionally vulnerable due to the demands of the mother and the patient, which may contribute negatively to treatment (Elmberger et al., 2005; Cho, Yoo, & Hwang, 2015). These mothers may have high levels of distress (Bultmann et al., 2014), as well as their children may also be affected by the mother's disease and become more vulnerable to psychological problems (Castro & Job, 2010; Bultmann et al., 2014; Tavares, Brandão & Matos, 2017).

Treatment for cancer in mothers may affect their ability to care for themselves and their children (Mazzotti, Serrano, Sebastiani, & Marchetti, 2012; Ohlen & Holm, 2006), especially in contexts where care for them depends solely on women (Helseth & Ulfsest, 2005; Kim, Ko, & Jun, 2011). Emotions such as fear, anger and guilt may be present in these mothers when they experience the treatment of a chronic disease with the exercise of

motherhood (Bekteshi & Kayser, 2013; Ohlen & Holm, 2006; Tavares et al., 2017). A recent systematic review (Tavares et al., 2017) on the impact of breast cancer on the mother- and father-child relationships showed that out of the 23 studies analyzed, most investigated the perspective of this relationship from mothers and fathers, and three main themes were found: 1) patient concerns and priorities, especially as cancer treatment caused changes in the social roles played by the woman, with discomfort because the child was not in the first place among her priorities; 2) decision-making process about sharing the diagnosis with the child and how to do it; and 3) mother-child relationship and motherhood after diagnosis, roles played, availability of the mother for the care of the child. For the authors, the potential impacts of breast cancer on the mother are still minimally explored, especially when one considers that the severity of cancer can impact their experience.

Despite the negative repercussions of the diagnosis of cancer in mothers, some studies show that there may be a greater emotional approximation in the relationship with their children (Bekteshi & Kayser, 2013; Helseth & Ulfsest, 2005). The physical weakness of the woman and the need for care can be an emotional growth factor for the relationship between mothers and their children (Bekteshi & Kayser, 2013; Elmberger et al., 2005). In addition, this experience may contribute to the fact that these women resignify their lives, attribute less value to stressful events, work and other activities, and become more available and close to their children (Tavares et al., 2017).

Given the above, it is observed that very little is known about these women who have cancer and have children in childhood. Thus, the goal of the present study was to investigate the experience of motherhood of women with cancer with at least one child younger than 10 years.

## **Method**

### **Design and participants**

This was an exploratory qualitative study (Creswell, 2007) with ten mothers who were undergoing cancer treatment or who completed treatment in the last six months with at least one child up to 10 years of age participated in the study. This age group was chosen because in childhood the child is more dependent on the mother and, besides emotional care, needs care that involves activities that require energy from the mother, such as preparing food, helping to dress, preparing the material for the school, among others.

Participants were selected for convenience among the women who were part of the Cancer Fight League of a city in the interior of the State of Rio Grande do Sul, that is, they were accessed as they were being indicated among the residents of the region. Twelve women were identified to participate in the research, but one did not agree to participate and the other was excluded because she was in the puerperium. All mothers were interviewed in their homes. The sociodemographic and clinical data of the participants are listed in Table 1:

**Table 1**

Characterization of the Sample as for Sociodemographic and Clinical Data (N = 10)

Participant	Age	Marital status	Children age (years)	Type of cancer	Treatment	Professional status	Time diagnosis of cancer
Violeta	51	Divorced	10 and 20	Large Intestine Cancer	Surgery, radiotherapy, chemotherapy. Colostomy bag	Worker, retired due to disability	4 years
Rosa	31	Married	1	Uterine and ovarian metastatic cancer	Surgery, chemotherapy	Bank officer, away for sick leave	1 year and 5 months
Margarida	35	Married	18, 10 and 3	Metastatic breast cancer	Surgery, radiotherapy, chemotherapy	Worker, retired due to disability	3 years
Tulipa	43	Divorced	12 and 8	Breast cancer	Surgery, chemotherapy, hormone therapy	Worker, away from work	8 months
Dália	33	Married	6	Breast cancer	Surgery, radiotherapy, chemotherapy, hormone therapy, medication	Worker, away from work	2 years and 5 months
Camélia	42	Married	8 and 2	Neck cancer	Surgery, radiotherapy, chemotherapy	Works as an educational monitor	5 years
Jasmim	46	Married	5	Uterine cancer	Surgery, radiotherapy, chemotherapy	Elementary school teacher	4 years
Magnólia	35	Married	2	Metastatic breast cancer	Surgery, radiotherapy, chemotherapy	Dentist	1 year and 8 months
Hortência	42	Married	9 and 6	Breast cancer	Surgery, radiotherapy, chemotherapy	Elementary school teacher	5 years
Flor de Lis	34	Married	9 and 5	Breast cancer	Chemotherapy, Surgery/radiotherapy in August 2016	Independent saleswoman, away from work	5 months

## Instruments

A socio-demographic and clinical data form was used to characterize the participants, and a semi-structured interview was applied with each one. The guiding questions used in the study were: For you, what is being a mother? What is it like to be a mother and have

cancer? What are the main difficulties? Do you have the support/help of whom to take care of the children, in the treatment and in the other activities that you perform? How do you see that your child is dealing with the fact that you are sick? Do you and your child talk about your illness and your treatment? What does your child know? What still does not know? For the present article, we analyzed all the contents referring to the experience of motherhood and did not examine the contents about the communication of the disease with the child, regarding the objective of the study.

## **Ethical and data collection procedures**

Data collection was based on a partnership established between the research group and the Cancer Fight League, which indicated possible participants who had the profile of having children up to 10 years. The researcher contacted by telephone all the women indicated and scheduled an interview in their residences, which occurred during the months of March and May of 2016. Regarding the location of the interview, there was the possibility that they occurred in the Feminine League to Fight Cancer of the city, but all participants preferred to be interviewed in their homes. Participants signed the Free and Informed Consent Form before starting the interview, which were conducted by the same researcher. The interviews were held in a private place in the participants' residence, free of interference from third parties, with a duration of approximately 30 minutes. The reports were audio-recorded and transcribed in full, respecting the confidentiality and non-identification.

The study was conducted considering all ethical care according to guidelines and regulatory norms involving research with human beings and was approved by the Research Ethics Committee of the University of the Sinus Valley under process 222/2015, registration number 15/258.

## **Data analysis**

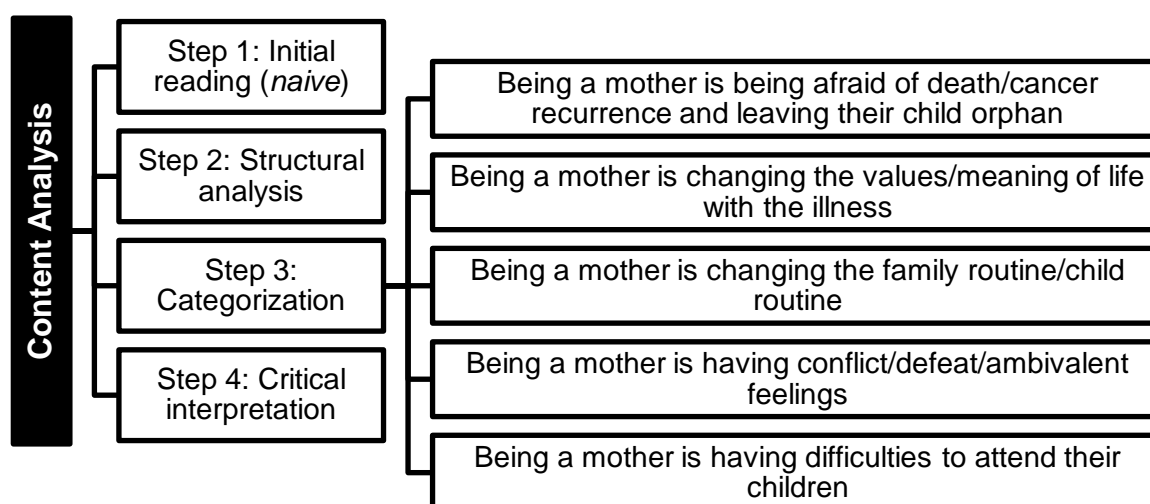
The interviews were subjected to content analysis (Laville & Dione, 1999) to identify similarities and peculiarities in the participants' reports about their experience of motherhood. There were three stages: a) initial reading without judgments; b) structural analysis and content categorization; and c) critical interpretation and discussion. After creating the categories, two independent judges evaluated the contents of the interviews and categorized them according to previously created categories from the emerging content. The judges were researchers with experience in studies on motherhood and communication. The degree of agreement between the judges was assessed using the Kappa index. The value obtained was 0.738, considered adequate.

We used the COREQ protocol (Consolidate Criteria for reporting qualitative research), a 32-item checklist that aims to ensure that quality criteria of a qualitative scientific article using interview or focus group are met (Tong, Sainsbury, & Craig, 2007). Four hours and 30 minutes of recording were transcribed.

## Results and Discussion

The content analysis diagram presents the steps of the categorization process (Figure 1).

**Figure 1.** Steps of the Content Analysis process.



Considering the reports on the experiences of motherhood and the treatment of cancer, five categories were created. Their respective descriptions are listed in Table 2. Together with the presentation of the results of each category, the findings obtained are discussed in the light of the literature.

**Tabela 2**

Characterization of the Sample as for Sociodemographic and Clinical Data (N = 10)

Participant	Age	Marital status	Children age (years)	Type of cancer	Treatment	Professional status	Time diagnosis of cancer
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### Category 1: Being a mother is ... being afraid of death/cancer recurrence and leaving their child orphan

The fear of death is expressed in a recurring way by the mothers, both explicitly and through the expression of doubts about their length of stay in their children's lives. The participants Rosa and Jasmim expressed this fear in a very clear way:

*(...) a fear of not being here to take care of this child. This, I think, is the main fear, there is no way to go through anyone's head. I think a mother naturally, without having a diagnosis, is already afraid. Because you want to take care of your child, that's a fact. And you want to give all love and affection. (Rosa)*

*When I got the diagnosis, I thought: what will happen to this child if I'm not here anymore? Because we think of everything, right? You think of death". (Jasmim)*

The fear of death during treatment for cancer may increase in the case of mothers because of concern about leaving their children orphaned (Ambrosio & Santos, 2015; Elmberger et al., 2005). This concern, which can also be shared by the children (Bekteshi & Kayser, 2013), is accentuated by doubts about their permanence in their children's lives and the continuity of their caregiving role, which is temporarily shaken by the limitations imposed by the treatment (Ambrosio & Santos, 2015). Despite this, the anticipatory fear of what could happen to children if they die from the disease makes mothers feel more motivated to engage in treatment (Bekteshi & Kayser, 2013). Participant Jasmim also mentions not only the fear of death, but the fear of recurrence of cancer, which may mean increased risk of death:

*But after that [diagnosis] I don't know. It seems that we do, thinking: Oh, if something happens again, right? We'll take that, no good. This, I did not want to, we never want to go through this. Never! But, there's that concern. (Jasmim)*

Women who are mothers may express greater fear of cancer recurrence than those who are not (Ares, Lebel, & Bielajew, 2014; Kim et al., 2011). This fear may increase in different cases, such as when the disease progresses and when they undergo chemotherapy (Mehnert, Berg, Henrich, & Herschbach, 2009). By the report of the participant Jasmim, one perceives not only the fear of the uncertain future and the illness to cause her death, but also the fear of suffering much by the disease.

## **Category 2: Being a mother is ... changing the values/meaning of life after illness**

Mothers have reported that changing values and the meaning of life reflects on changes in their own behavior, essentially as regards their relationship with their children.

*Maybe it's not even the amount of time I have with them [children], but the quality. Ah, my house is messy, I do not even want to know! First, my children, first, I'll sit down, I'll play, you know? I'll give my attention to them, then the other things. Oh, I have to take a shower? No! First, my children, then the rest. And I guess I did not do that before. I certainly did not. (Camélia)*

*You think: My daughter is going to be that age only once in a lifetime. Because she's little, I'm going to enjoy her. Professional I'll be for the rest of my life. I can reduce now [work rhythm], it's not the end of the world. Then I'll have the rest of my life to work if I want to. (Magnólia)*

During cancer treatment, it is common for mothers to focus their interests on positive experience to take advantage of the present time, such as increased availability of time to be with their children (Tavares et al., 2017) and also to be more emotionally available, more present and more integrated into the family (Bekteshi & Kayser, 2013). Thus, the diagnosis of cancer obliges them to take care of their health and, at the same time, to enjoy the bond with their children, providing a positive effect in the interaction between them and also being

beneficial to their treatment (Kim et al., 2011). It is important to emphasize that with the disease, it is common for mothers to reassess what is important for the future of their children, prioritizing the development of autonomy for their children so that they can live well without them, to the detriment of material concerns (Bekteshi & Kayser, 2013; Tavares et al., 2017). However, this last point raised was not present in the mothers' speech in this study, perhaps because their children are still relatively small.

This intensity in the experience of the relationship with the children is present, even in times of difficulties. In the case of Rosa, her report concerns a situation of hospitalization of the daughter due to health problems:

*I think this [cancer] made me live my motherhood very intensely. [...] Because, for me, it was a very intense thing, you know? I knew, I also had an illness, and I needed to be there, I wanted to be there with my daughter [in the hospital]. So, this maternity issue, I looked at my daughter and just thank her, and I wanted to enjoy every second. Every second I wanted to enjoy. I think that when you know about your disease, you empower the love, the enjoyment, the affection for a lot! (Rosa)*

It can be seen that the relationship between mothers and children in a situation of illness contributed to enhance positive feelings, which can be considered a significant change in the way of seeing life. Problems are perceived with less intensity by virtue of the difficulties faced during treatment for the disease, and experiences of common difficulties may also be less valued because of the disease. These changes in the values and way of seeing life positively from adversity may be one of the pillars of what is called posttraumatic growth (Tedeschi & Calhoun, 2004), considering the disease as a trauma, as reported below:

*I think we can overcome things better, because if you're going to think of a problem, you think: It's been worse. [...] Well, nowadays every little thing is small compared to that [treatment] (Hortência)*

In the face of cancer illness, mothers may prioritize their own care because they realize that it is the way to stay alive to stay with their children (Helseth & Ulfset, 2005; Semple & McCance, 2010). In the report of participant Magnólia, she shows that the illness made her realize that she should put herself as a priority instead of her children:

*Oh my God! But hey, I found out I have to put myself first, right? To be a good mother, to be a good professional, to be able to do all this. (Magnólia)*

### **Category 3: Being a mother is ... changing the family routine/child routine**

Analyzing the speeches of the participants, it is noticed that a remarkable experience of motherhood in the context of cancer is the attempt to maintain the routine of family and child life, despite the inherent alteration of the mother's illness. This is a rather recurrent attitude in this context, since parents believe that, in this way, they can minimize the changes in the family system (Tavares et al., 2017).

*I cannot, because I'm sick, change the routine of my son, right? Now I'm staying home and I'm leaving him with me, you know? I didn't do it, I didn't, I didn't take him, I didn't not take the routine out, he had to go to school, to be with his colleagues, to learn, to do his things and think only of me, right? (Camélia)*

*We used to play ball, ride a bike and it's things I cannot do any more now, at least while I'm undergoing the treatment (...). And even for the financial issue, we had to*

*decrease our tours quite a lot, I don't participate as much in their lives [children] as I participated in before. (Tulipa).*

Many difficulties can be encountered in maintaining activities with children (Rashi, Wittman, Tsimicalis, & Loiselle, 2015; Semple & McCance, 2010). The reports presented here show that this is not always possible because of personal difficulties (lack of physical fitness for certain activities), financial (treatment expenses), and other possible problems such as the need for help from third parties (Elmberger et al., 2005; Kumar & Schapira, 2012; Ohlen & Holm, 2006). In general, there is an effort to try and keep up with the children so as not to intensify the changes that already occur as a result of treatment.

In another report, it is noted that trivial situations that are part of a child's development, such as the removal of the child temporarily, may become more difficult for these mothers, perhaps because of fear of how the child will behave without them, as in below, or because they want to enjoy all the time present with the child:

*The first time he [son] slept away from home, I thought: Oh my God! What will happen to him now? He never slept out home, but thanks to God, look, everything went very well. He adapted well. (Jasmim)*

During cancer treatment, mothers may be further away from their children and their family routine, which may increase their worry and distress by not knowing how they will be without them (Forrest, Plumb, Ziebland, & Stein, 2009). Negative feelings about the illness and the distancing from their children can make these women feel guilty and doubt about being good mothers (Tavares et al., 2017). For this, it is important that they can count on the help of other people to help care for their children and thus feel calmer (Bultmann et al., 2014).

In the report of another participant, it is observed an attempt to keep her own routine closer to normal, with her decision to continue working even while being treated for cancer:

*I do not stop [to work] because I like it! I had a baby, I had a health leave of only two months and I went back. I underwent chemotherapy, I never stopped [working]. I just stopped because of the last surgery he [doctor] scheduled, because of the postoperative. This time you calm down, stay four weeks at home! (Magnólia)*

Despite the illness, some mothers choose to continue their professional practice within their health conditions and the limitations imposed by the treatment, since they believe they can still perform their professional activities (Nachreiner, Shanley, & Ghebre, 2013). In the case of the participant Magnólia, dedicating herself to professional practice can be a way to face the situation experienced and not let the disease take over her life.

In some cases, children's health problems add to the treatment of their mothers. However, in a context of maternal health weakness, any health problem in the child can become an even greater risk to the health of the mother:

*Then I stayed [in the hospital] for eight days with her [daughter], eight days she was in the oxygen and everything in the ICU, and then she stayed three more days in the hospital. Ah ... in the room were 12 days [time of hospitalization of the daughter], and I with advanced cancer. I slept on the floor and everything, and I didn't go out from the hospital, I did not go out. (Margarida)*

The experience of having a sick child may cause mothers sadness and doubts about the motives that led to this event in their lives (Ângelo, Moreira, & Rodrigues, 2010). From the report of Margarida, it is noticed that the child's illness began to be prioritized instead of

her own, corroborating the fact that some mothers in cancer treatment prioritize the health and need of the children instead of their own (Elmberger et al., 2005; Ohlen & Holm, 2006).

#### **Category 4: Being a mother is ... having conflict/defeat/ambivalent feelings**

The experience of being a mother in the context of cancer can be understood as an experience between two worlds: joy with the life of the child and fear of her own death. All this generates ambivalent feelings resulting from inevitable changes that the disease brings (Campbell-Enns & Woodgate, 2013; Ohlen & Holm, 2006), which are experienced simultaneously. Rosa's account exemplifies this question:

*Well, then, they are real sensations, as I shall say, it is extreme love and mixed with a sadness of knowing [sickness]. [...]. The extreme happiness of having my daughter, of having her healthy, and of a fear also. (Rosa)*

The participant Rosa also reveals that negative feelings related to cancer can become motivation to face the disease:

*But at the same time, that fear has also turned into force, you know? Because I really wanted to live, I had a very deep purpose. I wanted to be alive to see my daughter, to take care of her, to hug her. (Rosa)*

When mothers become ill, they may be more determined to adhere to treatment (Kim et al., 2011), and children can be their motivating resource. In Rosa's report, it is possible to perceive that she resignifies fear into force to remain present in the daughter's life, and this is commonly experienced by other mothers under the same situation (Helseth & Ulfsest, 2005).

One of the mothers reported the importance of feeling strong to care for their children. However, it can be observed that she admits the existence of moments when this is not possible, evidencing the contradictions of this difficult moment:

*Because you as a mother, you have to be very strong. You have to always be prepared because you are the pillar of the family. Your children will always be guided by you: if you are weak, they will become weak, if you are strong, they will become strong. And when you are in treatment, there are times when you are not strong. But you have to show it, even if you're feeling bad, sometimes there are days that you want to disappear, you want to lie down, you want to sleep, you want to rest, you don't want to see anyone, but there are the children that are there and then you have to be Strong. (Hortência)*

According to Hortência's report, mothers who are ill will not always be able to meet their children's demands because of the treatment and emotional state (Elmberger et al., 2005; Ohlen & Holm, 2006). From her speech, it is also possible to think about the sense of responsibility for the care of the children, in which many mothers are the main or even single caregivers of these children, having little help from the partner or from others, which makes her even more vulnerable (Ambrosio & Santos, 2015). This physical and emotional overload for the sick mother can impair her recovery as she may have to perform activities that are beyond her physical and mental capacity. In this sense, it is necessary for mothers to receive help and for all to be attentive to their children's behavior so that they can help them understand the mother's health condition (Sieh, Visser-Meily, Oort, & Meijer, 2012).

The experience of positive feelings about the treatment also marked the speeches of some participants. However, for such feelings to be preponderant, the participants reported that they do not think much about the disease, according to the following reports:

*When I received my diagnosis [cancer], I don't even like, my disease, because I did not feel sick (laughs). (Magnólia)*

*For me at least, it's a tranquility, because although I have cancer I don't keep thinking about it. If I keep thinking about it I'll do it, maybe even screw it up. (Flor de Lis)*

In this sense, it is common to observe, during sickness that mothers take the treatment and its consequences alone and avoid the subject or conceal information from their relatives, hoping to spare them suffering (Ambrosio & Santos, 2015).

The presence of the family is also responsible for these mothers to feel loved in the face of difficulties:

*It is like as I will tell you, sad moments, but that we live a love, a complicity, a love. I think that there you see what real family feelings really are, it's in those moments. (Rosa)*

In spite of the difficulties, sickness allows the family to be more united, showing feelings like love and affection to the sick mother (Semple & McCance, 2010). Family members can express commitment, complicity and more love after the diagnosis of cancer, bringing comfort and coziness to the woman being treated (Maciel, Lorena, Pereira, & Martins, 2015). Moreover, family setting is an important factor that may be facilitating or hindering treatment, since single motherhood and lack of parental collaboration during this time may also hinder the experience of illness and represent problems for the family (Bultmann et al., 2014).

### **Category 5: Being a mother is ... having difficulties to attend their children.**

Illness causes the woman to move from the role of caregiver to the person in need of care (Ambrosio & Santos, 2015). The difficulties imposed by the disease and also by the treatment of cancer, especially chemotherapy, cause fatigue and malaise, which ends up interfering with the care of children:

*On that seventh day [of chemotherapy] you did not want anything. You wanted to just lay or do your things, not thinking of other people. And you knew that they [children] needed you, I think that made me very vulnerable to them. (Hortência)*

*I was undergoing the red chemotherapies and had the issue of nausea that is something that leaves us weaker. So sometimes after chemotherapy I had a day or two that made me sicker, so it turns out that you cannot interact [with the daughters]. (Flor de Lis)*

Limitations imposed by surgeries also prevent basic care with children, such as cuddling and even breastfeeding:

*He [son] wanted to look closely at that [location of the surgery in the abdomen]. But he wanted to stay in my lap (pause). I said: Look, son, Mommy cannot cuddle you, because Mommy has boo-boo in the belly, the uncle, the doctor has cut it, and Mommy cannot because she's sick, she can't. That was a bit difficult, you know? (Jasmim)*

*It's pretty bad because, I had trouble picking up my daughter and still had a tube.  
(Rosa)*

Cancer imposes difficulties on mothers to meet the most basic demands of children. There are concerns about the unavailability of care during childhood of children (Cho et al., 2015), precisely because it is a period of many demands that require physical disposition of the mothers (Bultmann et al., 2014). In this sense, it is common to observe an increase in the effort of the caregivers to be good parents when one of them is being treated for cancer (Helseth & Ulfsaet, 2005).

In another report, it is possible to observe that the sickness added to the conjugal difficulties, which ended up further harming the care of the children:

*At the same time [the treatment for cancer], we [couple] were separating too [cry].  
Then you are divided with your children and everything. Sometimes the problem that  
you have with your husband, you take it out on your children too. (Violeta)*

The diagnosis of cancer can lead to the termination of marriages, in addition to creating marital stress, work and financial problems (Stephens, Westmass, Kim, Cannady, & Stein, 2016; Kirchhoff, Jaehee, Wright, Warner, & Smith, 2012). Treatment can have a major impact on the life of the sick person and impose family crises on mothers and their children (Song, Know, Choi, Kim, & Park, 2014). In addition, the diagnosis may also cause significant family disagreement and lead to charges on children who were not related to them. In this way, it can be seen that the negative effects of illness also extend to family members.

## Final considerations

The present study shows that mothers with cancer and young children have their experience of intertwined sickness and motherhood. Motherhood in the face of this sickness seems to have exacerbated their suffering, especially related to the fear of death and the future of their children, as well as the daily care they give them. On the other hand, the presence of the children can be perceived as motivating for the treatment. The change of values in the mother is in the quality of the attention directed to the children and in the intensity of the relation between them, changing their priorities regarding the present and the future of the children. The participants revealed, in general, the effort to maintain the routine of family life with the children, despite the existence of obstacles that impede the exercise of their role of caregiver. The disease has enhanced the role of mother, redefining motherhood according to the life experience of each of them after they have resignified the change in the direction of life.

The research carried out for the present study on the experience of motherhood during cancer treatment was limited to only one interview with each of the mothers, which may have restricted a deeper understanding of the phenomenon. Nevertheless, because it is a topic that has not yet been explored, it is necessary to listen and understand better the experiences of these mothers in order to help them to face this difficult situation. For future studies, it is suggested that information be obtained from sources other than mothers, such as children, partners, and other important people in the care and support network. Understanding how mothers experience and deal with their children and family during cancer treatment will also help health professionals better cope with the treatment and life

demands of these women. It is believed that this more specialized attention may reflect improvements in the quality of life of mothers, children and the family in general.

## References

- Ambrosio, D. C., & Santos, M. A. (2015). Apoio social a mulher mastectomizada: um estudo de revisão. *Ciência e Saúde Coletiva*, 20(3), 851-864. [tps://doi.org/10.1590/1413-81232015203.13482014](https://doi.org/10.1590/1413-81232015203.13482014)
- Ângelo, M., Moreira, P. L., & Rodrigues, L. M. A. (2010). Incertezas diante do Câncer Infantil: compreendendo as necessidades da mãe. *Escola Anna Nery Revista de Enfermagem*, 14(2), 301-308. <https://doi.org/10.1590/S1414-81452010000200013>
- Ares, I., Lebel, S., & Bielajew, C. (2014). The impact of motherhood on perceived stress, illness intrusiveness and fear of cancer recurrence in young breast cancer survivors over time. *Psychology & Health*, 29(6), 651-670. <https://doi.org/10.1080/08870446.2014.881998>
- Bekteshi, V., & Kayser, K. (2013). When a mother has cancer: pathways to relational growth for mothers and daughters coping with cancer. *Psycho-Oncology*, 22, 2379-2385. <https://doi.org/10.1002/pon.3299>
- Bultmann, J. C., Beierlein, V., Romer, G., Möller, B., Koch, U., & Bergelt, C. (2014). Parental Cancer: health-related quality of life and current psychosocial support needs of cancer survivors and their children. *International Journal of Cancer*, 135, 2668-2677. <https://doi.org/10.1002/ijc.28905>
- Castro, E. K., & Job, C. (2010). Câncer na mãe e o impacto psicológico no comportamento de seus filhos pequenos. *Gerais: Revista Interinstitucional de Psicologia*, 3(2), 2010, 136-148.
- Campbell-Enns, H. J., & Woodgate, R. L. (2013). Decision making for mothers with cancer: Maintaining the mother-child bond. *Eur J OncolNurs*, 17(3), 262-268. <https://doi.org/10.1016/j.ejon.2012.07.006>
- Cho, O. H., Yoo, Y. S., & Hwang, K. H. (2015). Comparison of parent-child communication patterns and parental role satisfaction among mothers with and without breast cancer. *ApplNurs Res*, 28(2), 163-168. <https://doi.org/10.1016/j.apnr.2014.09.005>
- Creswell, J. W. (2007). *Projeto de Pesquisa: Método qualitativo, quantitativo e misto* (2a Ed). Porto Alegre: Artmed.
- Elmberger, E., Bolund, C., & Lutzen, K. (2005). Transition in the experience of moral responsibility of being a parent with cancer by redefining mothering. *Nurs Ethics*, 12(3), 253-262. <https://doi.org/10.1191/0969733005ne787oa>

- Forrest, G., Plumb, C., Ziebland, S., & Stein, A. (2009). Breast cancer in young families: a qualitative interview study of fathers and their role and communication with their children following the diagnosis of maternal breast cancer. *Psychooncology*, 18(1), 96–103. <https://doi.org/10.1002/pon.1387>
- Helseth, S., & Ulfsest, N. (2005). Parenting experience during cancer. *J Adv Nurses*, 52(1), 38-46. <https://doi.org/10.1111/j.1365-2648.2005.03562.x>
- Kim, S., Ko, Y. H., & Jun, E. Y. (2011). The impact of breast cancer on mother-child relationships in Korea. *Psychooncology*, 21(6), 640-646. <https://doi.org/10.1002/pon.1941>
- Kirchhoff, A., Jaehee, Y., Wright, J., Warner, E., & Smith, K. (2012). Marriage and divorce among young adult cancer survivors. *Journal of Cancer Survivorship*, 6(4), 441-450. <https://doi.org/10.1007/s11764-012-0238-6>
- Kumar, A. R., & Schapira, L. (2012). The impact of intrapersonal, interpersonal, and community factors on the identity formation of young adults with cancer: a qualitative study. *Psycho-Oncology*, 22(8), 1753-1758. <https://doi.org/10.1002/pon.3207>
- Laville, C., & Dionne, J. (1999). *A construção do saber: manual de metodologia da pesquisa em ciências humanas*. Porto Alegre: Artmed.
- Maciel, A., Lorena, J. C., Pereira, M. I. M., & Martins, R. C. (2015). Paciente com câncer: significado da família no seu tratamento. *Enfermagem*, 14(4), 195-201.
- Mazzotti, E., Serrano, F., Sebastiani, C., & Marchetti, P. (2012). Mother-child relationship as perceived by breast cancer women. *Psychology*, 3(12), 1027-1034. <https://doi.org/10.4236/psych.2012.312154>
- Mehnert, A., Berg, P., Henrich, G., & Herschbach, P. (2009). Fear of cancer progression and cancer-related intrusive cognitions in breast cancer survivors. *Psycho-Oncology*, 18(12), 1273-1280. <https://doi.org/10.1002/pon.1481>
- Nachreiner, N., Shanley, R., & Ghebre, R. N. (2013). Cancer and treatment effects on job task performance for gynecological cancer survivors. *Work*, 46(4), 433-438.
- Ohlen, J., & Holm, A. K. (2006). Transforming desolation into consolidation: being a mother with life-threatening breast cancer. *Health Care Women Int*, 27(1), 18-44. <https://doi.org/10.1080/07399330500377226>
- Rashi, C., Wittman, T., Tsimicalis, A., & Loiselle, C. G. (2015). Balancing Illness and Parental Demands: Coping With Cancer While Raising Minor Children. *Oncology Nurse Forum*, 42(4), 337-344. <https://doi.org/10.1188/15.ONF.337-344>
- Semple, C. J., & McCance, T. (2010). Experience of parents with head and neck cancer who are caring for young children. *Journal of Advanced Nursing*, 66(6), 1280–1290. <https://doi.org/10.1111/j.1365-2648.2010.05311.x>

- Sieh, D. S., Visser-Meily, J. M. A., Oort, F. J., & Meijer, A. M. (2012). Risk factors for problem behavior in adolescents of parents with a chronic medical condition. *European Child & Adolescent Psychiatry*, 21(8), 459-471. <https://doi.org/10.1007/s00787-012-0279-4>
- Song, H. Y., Know, J., Choi, J. W., Kim, S. J., & Park, E. C. (2014). Gender differences in marital disruption among patients with cancer: results from the Korean National Health and Nutrition Examination Survey. *Asian Pacific Journal of Cancer Prevention*, 15(16), 6547-6552. <https://doi.org/10.7314/APJCP.2014.15.16.6547>
- Stephens, C., Westmass, J. L., Kim, J., Cannady, R., & Stein, K. (2016). Gender differences in associations between cancer-related problems and relationship dissolution among cancer survivors. *J Cancer Surviv*, 10(5), 865-873. <https://doi.org/10.1007/s11764-016-0532-9>
- Tavares, R., Brandão, T., & Matos, P. M. (2017). Mothers with breast cancer: A mixed-method systematic review on the impact on the parent-child relationship. *Psycho-Oncology*, (April 2017), 1-9. <https://doi.org/10.1002/pon.4451>
- Tedeschi, R., & Calhoun, L. G. (2004). Posttraumatic Growth: conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1-18.
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32 item checklist for interviews and focus group. *International Journal for Quality in Health Care*, 19(6), 349-357. <https://doi.org/10.1093/intqhc/mzm042>

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