



Investigating the Elements of Parent-Child Relationship and Parental Satisfaction among Mothers with Breast Cancer without Breast Cancer and Comparing Them with Each Other

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Authors' contributions

This work was carried out in collaboration between both authors. Author FMF designed the study, performed the statistical analysis, wrote the protocol and first draft of the manuscript. Author FG managed the analyses of the study. Both authors read and approved the final manuscript.

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ABSTRACT

The purpose of this study was to investigate the elements of parent parent communication patterns and parental role satisfaction among mothers with breast cancer and non-breast cancer and compare them with each other. 60 women with breast cancer and 60 women without breast cancer were selected as samples from hospitals in Tehran. They responded to parent-child communication pattern and parental role satisfaction questionnaires. Independent T-test was used to analyse the data. The results showed that there was no significant difference between the mean of mothers with and without breast cancer in terms of relationship and lack of aggressive attachment. The mean of mothers with breast cancer was higher in admission and independence, but the mean of mothers without breast cancer was higher in aggressive control. The mean of mothers without breast cancer in parental role satisfaction was significantly higher than that of mothers with breast cancer.

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1. INTRODUCTION

The increasing growth of cancer over the last few decades and its harmful effects on all aspects of the patient's life (physical, emotional, spiritual, social, and economic) caused specialists to pay more attention to this disease. Among the various types of cancer that women suffer from, breast cancer is the most common one among women in Iran and the world and is the leading cause of cancer death among Iranian women [1]. In 2011, 2.5 million people in developed countries and 3.5 million in developing countries suffered from breast cancer [2-3]. The disease in western countries is more likely to be seen after the age of 50 years, but in Iran, the incidence of this disease is about 10 years younger and the highest incidence is 40-50 years old [1].

This is while the breast is strongly associated with the identity of femininity, a sense of femininity, sexual orientation, physical and sexual attractiveness, nurturing and mother sense [4-5]. Therefore, the diagnosis and treatment of breast cancer is a significant stressor associated with multiple psychological disturbances and negative physical consequences [6]. Breast loss is often referred to as loss of feminine identity, which causes many problems for women with breast cancer [7].

Following changes in the physical and mental level, the social relations and the intimate interactions of the patient with those around his also change, and the patient becomes disconnected in his family and social life [8], and due to impairment in the mental image of her body, she will experience problems with sexual relations. Also, when a woman as a parent and mother, suffers from cancer, the whole family and its functioning are confused [9]. In this regard, the results of the research indicate that the quality of life of women with breast cancer is undesirable Fasihi Harandi et al. [10-11] and affects parent-child relationships [12]. Therefore, because of the important implications of breast cancer in the functions of individual, family and social life, the present study aims to examine and compare parent-child relationship patterns and parental role satisfaction among mothers with breast cancer and non-breast cancer.

Relationships between family members, especially parent relationships with children, are the most important element in shaping this social

institution. The family as the first human institution, based on the type of relationships with children, has the greatest influence on the social, psychosocial and cultural character of family members [13]. Members raised in the family enter the community and enter their healthy and unhealthy characteristics that they have received in the family to it, and in this regard, the health of a community depends on the health of family. As a result, a healthy family plays an important role in the health of children and then the health of the community [14]. Any kind of communication, whether correct or not, affects the whole family, and each member of the family reacts to it in some way. Psychologically, communication practices between family members, behaviour patterns, role and structure of power, and duties and functions of members in the family are important [15]. Parents and other family members should be aware of the communication model that are in the family, knowing these patterns will help them to change their false communication patterns that changing the false communication model plays an important role in improving tensions and problems within the family [16].

Parents' relationship with children, as with many other structures, is conceptualised differently in different theories. These differences, more than anything else, are the result of the emphasis on the different aspects and the underlying approach of these theories. Dimensions of warmth, involvement, and support have been emphasised over other dimensions. Schafer (quoted from [17]) poses the dimension of warmth/coldness and control/freedom. Skinner, Johnson, and Snyder [18] consider three components of warmth (versus rejection), structure (against irregularity), and support for autonomy (against coercion). Winterthur Battam (quoted [17]) explains autonomy, mastery and care as 3 dimensions of the mother-child relationship.

The importance of paying attention to communication patterns is not only effective due to its effect on the level of satisfaction with life, but also the communication patterns affect the level of happiness of individuals [19]. Interactions between children and parents are considered to be the basis of emotional development, and this interaction is reflected at all stages of their life [20]. The parent-child interaction is the first introduction of the world of child communication

and is an important and vital relationship for the creation of security and love, consisting of a combination of behaviours, feelings and expectations that are unique to particular parents and a particular child. Regarding its importance, researchers have also concluded that family and especially parental behaviour plays an important role in behavioural problems in childhood and adolescence [21].

Another variable in the present study comparing it to mothers with breast cancer without breast cancer is satisfaction with the role of parents. Satisfaction is a positive impression and a pleasant feeling that each person has in accordance with his values, needs and aspirations to the realms of life [22]. Inglehart [23] states that satisfaction is defined as: when people seek a worthwhile desire, they feel happy and happy. In other words, satisfaction or a sense of happiness reflects the balance between the person's aspirations and his condition. Satisfaction is a positive impression and a pleasant feeling that each person has according to his values, needs and aspirations to the realms of life [22]. Satisfaction with the parent's role in the parents' mental assessment refers to the extent to which the needs, goals and aspirations of the children have been realised, and to what extent they are satisfied with the child having a child [24].

Satisfaction with a parental role is derived from the general attitude and judgment of the individual towards being a parent or some aspects of life such as family, occupation, leisure, income, etc. [25]. Satisfaction is the highest goal in people's lives; therefore, people are trying to achieve it throughout their lives [26]. Satisfaction with the parental role is an important indicator of a wide range of individual, psychological, social, interpersonal and intrapersonal outcomes [27]. Individuals who are more satisfied with the parental role experience deeper emotions and feelings, and have higher general health and use more effective coping methods [28]. Therefore, satisfaction with the parental role is an important indicator for assessing the quality of life of individuals and is considered as an important component of mental well-being [29]. Recent research, focusing on the effects of mothers' breast cancer on children, suggests that the psychological function of children changes with mothers suffering from breast cancer. Although these changes are not serious, they are experiencing adaptive problems in physical, cognitive, behavioural, and

psychosocial performance. Generally, mothers with breast cancer, on the one hand, are struggling to balance their personal needs and family needs, and on the other hand, they are struggling to keep their mother's identity. This suggests that attempts at treatment affect the role of mother with breast cancer in her care and relationship with her children [30].

Given that diseases such as cancer affect a wide range of family functions and have many psychological outcomes, research on parent-child communication patterns and parental role satisfaction among mothers with and without breast cancer seems necessary. This research seeks to answer the question: What is the difference between parent-child communication and parental role satisfaction among mothers with and without breast cancer?

2. MATERIALS AND METHODS

The statistical population of the study consisted of all people admitted in Tehran's public hospitals in the second quarter of 2017 due to breast cancer. The sample consisted of 60 subjects who were selected by simple random sampling method. Additionally, the same number were selected as a control group by the researcher from the attendants of patients admitted to the same hospital in terms of gender, age, education, and socioeconomic status. Participation in this study was completely optional and the participants' satisfaction was not mentioned in the questionnaire. The criteria for entering the participants was that they were diagnosed with the illness for at least 4 months and that the general condition of the patient was favourable and able to do daily and daily activities, and there would be at least one child aged between 4 and 18 years old in the family. Exit criteria are the optional withdrawal of the participant and the deterioration of the patient so that he can not communicate.

The tools used are parent-child communication model and parental satisfaction questionnaires. Shafer and Edgerton questionnaire (1981) was used to measure parent communication patterns. This questionnaire was translated into Dr. Azizi and Akrami in 1995 (89%). The questionnaire has 24 items that measure 6 dimensions of communication, admission, control, independence, aggressive control, and non-aggressive attachment. Items were measured according to the 5-point Likert scale from totally disagree (1) to totally agree (5). The results of

Cronbach's alpha coefficient for this research were (0.70) for communication dimensions, (0.81) for admission, (0.84) for control, (0.76) for independence, (0.73) for aggressive control and (0.8) for lack of aggressive attachment which indicates the reliability of this questionnaire.

To measure parental role satisfaction, the Walter R., Scham and Justin Hall (1985) Questionnaire was used. This questionnaire has 3 items. Items were measured based on a 7-point Likert scale from highly satisfied (1) to highly dissatisfied (7). The results of Cronbach's alpha coefficient in this research for parental role satisfaction (0.89) show the reliability of this questionnaire.

2.1 Data Analysis Method

After calculating the descriptive indicators of the variables, independent T test was used to

analyse the data. SPSS was used for this purpose.

3. RESULTS

Table 1 shows descriptive indexes of variables for two groups of mothers with and without breast cancer.

As it is seen in Table 1, the mean of mothers with breast cancer higher in admission and independence. The mean of mothers without breast cancer in relationship, non-aggressive attachment, control, aggressive control and parental role satisfaction is higher. Independent T test was used to determine the significance of the difference between the mean of groups on the basis of variables.

Table 1. Descriptive indicators in terms of group

Healthy cancer		Variable	No cancer	
Mean	SD		Mean	SD
13.37	3.55	Relationship	13.97	3.07
13.95	3.24	Admission	12.32	3.62
11.55	3.82	Control	13.22	3.36
13.38	2.92	Independence	12.27	3.29
10.33	3.33	Aggressive control	12	3.36
10.93	3.86	Lack of aggressive attachment	11.22	3.06
8.15	2.78	Parental role satisfaction	17.10	2.59

Table 2. Comparison of mothers with and without breast cancer in parent-child communication patterns

Variables	Group	Mean	SD	T test	DOF	Significance level	difference in means
Relationship	Breast Cancer	13.67	3.55	0.989	118	0.324	0.324
	Healthy	13.97	3.07				
The reception	Breast Cancer	13.95	3.24	2.605	118	0.01	1.63
	Healthy	12.32	3.62				
Control	Breast Cancer	11.55	3.82	2.538	118	0.01	-1.67
	Healthy	13.22	3.36				
Independence	Breast Cancer	13.38	2.92	1.967	118	0.05	1.12
	Healthy	12.27	3.29				
Aggressive control	Breast Cancer	10.33	3.33	2.728	118	0.01	-1.67
	Healthy	12	3.36				
Lack of aggressive attachment	Breast Cancer	10.93	3.86	0.445	118	0.657	-0.283

Table 3. Comparison of mothers with and without breast cancer in parental role satisfaction

Variables	group	Mean	SD	T test	DOF	Significance level	difference in mean
Parental satisfaction	Breast Cancer	8.15	2.78	18.232	118	0.001	-8.95

Independent T test was used to compare mothers with and without breast cancer in child-parent communication patterns. As it is seen in Table 2, there is no significant difference between mothers with and without breast cancer in terms of relationship and non-aggressive attachment. There is a significant difference between mothers with and without breast cancer in terms of admission, control, independence and aggressive control. The mean of mothers with breast cancer is higher in admission and independence, but the mean of mothers without breast cancer is higher in aggressive control and control.

To compare mothers with and without breast cancer in parental role satisfaction, independent T test was used to compare the means. As it is seen in Table 3, there is a significant difference between mothers with and without breast cancer in parental role satisfaction and the mean of mothers without breast cancer is significantly higher.

4. DISCUSSION AND CONCLUSION

The purpose of the present study was to examine and compare parent-child communication patterns and parental satisfaction among mothers with and without breast cancer.

The results showed that the mean of mothers with breast cancer was higher in admission $p(0.01)$ and independence $p(0.05)$ than mothers without breast cancer. Therefore, the rate of admission among parents with breast cancer is higher. Parents with breast cancer transmit more love and admission to the child. Responsive and admmissive parents are encouraging, upright and intimate. Parental behaviour generates interest, affection, and positive assessment of children. These parents are warm and responsive, sensitive, well-informed, encouraged, upright and intimate, because the warmth of parents also raises the love, affection and positive assessment of the children of their parents. In explaining that parents with breast cancer pay more attention to the child's independence, these parents, because of their illness, try to develop independent children who can do their own work

without the need for others and actually have an independent personality. As a result, they accept the freedom to choose, self-initiation, and participation in the decision-making process.

Another result was that the mean of mothers without breast cancer was higher in the control and aggressive control $p(0.01)$ than mothers with breast cancer. Therefore, mothers without breast cancer control their child highly and restrict the independence of children severely and usually demand the unconditional adherence to their orders. In addition, these mothers may have more aggressive control over their children because of their healthy physical condition and their physical strength, but mothers with breast cancer are less aggressive because of psychological conditions because they also require more admission by their children and this aggressive control creates more distance between them.

The results showed that there is no significant difference between mothers with and without breast cancer in terms of relationship $p(0.324)$ and non-aggressive attachment $p(0.657)$. In explaining the lack of difference between mothers with and without breast cancer I relationship, it can be said that many parenting behaviours are not affected by the disease condition and are dependent on their personality traits, and as a result, no difference was found between the relationship between parents and their children. In explaining the lack of aggressive attachment, we can say that there is no significant difference between parents with and without breast cancer in behaviours such as rejection, distraction and lack of attachment, especially in aggression.

The results showed that there is a significant difference between mother with and without breast cancer in parenting role satisfaction and mean of mothers without breast cancer is significantly higher. In a study that looked at parenting and child relationship patterns and parental role satisfaction in mothers with and without breast cancer in 2015, results showed that more mothers were more satisfied [31]. In explaining this result, it can be said that mothers

with breast cancer, because of their mental and physical conditions, may not be able to meet all the needs of their children or to do their maternal tasks desirably, as a result, these mothers feel more uneasy and are less satisfied with the parental role. In line with this result, Mazooti et al. [32] state that women with breast cancer as a mother, experience a high level of confusion and stress in their diagnosis, treatment, and development. These negative emotions can affect maternity and child care. In other words, breast cancer threatens the strength and stability of the maternal role and weakens the mother's ability to care for her children and thus leads to less parental role satisfaction.

Overall, the results showed that breast cancer affects parent-child communication patterns and parental role satisfaction.

5. LIMITATIONS

In this study, only a sample of mothers with and without breast cancer were examined; therefore, the generalisation of the findings is limited. Also, the findings are based on self-report data. It is suggested to use qualitative and mixed methods in future researches.

6. CLINICAL IMPLICATIONS

Cancer has many social and psychological consequences for patients and families. Mental health professionals and other health professionals seem to be able to reach out to families with parental cancers to communicate more. Parents can be trained in emotional and social problems and discomfort and encouraged to overcome communication problems between parents and the child.

CONSENT AND ETHICAL DISCLAIMER

Authors hereby declare that the participation in this study was completely optional and the participants' satisfaction were not mentioned in the questionnaire.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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