

The Lived Experiences of Bereaved Daughters Whose Mothers Died from Cancer

by:

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**Abstract**

A qualitative approach was used to study the lived experiences of bereaved daughters who experienced childhood maternal loss due to cancer. Semi-structured, in-depth interviews were conducted with nine women. The interviews were audio recorded, transcribed, and content analysis was used to find recurring themes. Twelve themes emerged from the data: initial grief reactions to maternal loss, death becomes a real part of life, loss of mother projected into the future throughout life, integrating maternal loss, self before and after maternal loss, mother as part of myself, mother-daughter relationship, personal attributes that emerged from maternal loss, reaching age of maternal death, seeking maternal influence from other women, becoming a maternal/feminine influence for others, and change in relationship with father. Findings indicate that grieving maternal loss is a unique and individual process that has a profound impact on a young woman's life by affecting her sense of self and relationships with others. Practical implications of these findings are presented for the health care professionals who work with bereaved women.

*Key words:* maternal loss, bereavement, daughter, childhood, sense of self, cancer.

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**CHAPTER ONE: Introduction**

In Canada, cancer is the leading cause of death in women (Statistics Canada, 2011). According to the Canadian Cancer Society, in 2014, it is estimated that 12% of cancer related deaths will be women of child-bearing age. Due to the familial nature of many cancers, and the way in which it impacts the whole family, this is a particularly important study for families and the professionals who care for them. Maternal loss can be a particularly traumatic life event at any age, and bereaved daughters are a particularly important group to understand. Processing maternal death, shifts in roles at home, and a maturing and changing identity as a woman, are all tasks that a bereaving daughter will go through. Adolescent daughters are the most negatively affected, and are at an increased risk for internalising type problems (Osbourn, 2007). Although research has been done on maternal death, there continues to be a need for further qualitative research to capture the diverse experiences of daughters and motherloss (Davidman, 2000; Schultz, 2007; Tracey, 2008). This study will help researchers and health care professionals to better understand what these women are experiencing, and what their needs are in the health care setting in the development of further long-term programming.

Existing research on childhood bereavement has depended on surviving parents to describe the experiences of their children (Clem, 2009). Parents and children share significantly different feelings and memories of the same experiences (Eiser & Eiser, 2000). This study will provide a unique opportunity for bereaved adult daughters to share their experiences, thoughts and feelings, and tell their own stories. The topic was explored in a sample of nine young adult women whose mothers died from cancer during the women's childhood.

**Research Question**

*What are the lived experiences of bereaved daughters who experience childhood maternal loss due to cancer?*

**Objectives**

The main objective of this study was to explore both the unique and common experiences of bereaved daughters who experienced childhood maternal loss due to cancer. Particularly, the focus was on the mother-daughter relationship and its connection to the daughter's bereavement experience, sense of self, and relationships with close others.

**Theoretical Frameworks**

**Dual Process Model.** Previous conceptualizations of bereavement have proposed a variety of stages that grieving individuals experience (Kubler-Ross, 1969; Bowlby, 1980; Schuchter & Zisook, 1993). Stroebe and Schut (1999), in their dual process model, argue that these models fail to consider the dynamic nature of processing grief and they do not take into account the fluctuation of attention in the coping process. Further, these grief theories do not acknowledge the need to attend to other stressors in life aside from the loss itself. For example, a daughter may be coping with the loss of her mother while also managing other life stressors such as school, home life, and relationships with her friends. In the dual process model, Stroebe and Schut (1999) consider various stressors associated with bereavement. They suggest that coping does not occupy all of a bereaved person's time and they offer two categories of stressors: loss-oriented coping and restoration-oriented coping. *Loss-orientated coping* refers to concentrating on and actively processing some aspect of the loss experience. In particular, individuals focus on the bond with the deceased person. This type of coping involves a range of emotional reactions such as yearning for and crying over the lost loved one. Loss-orientated coping is also



characterized by reflecting on the relationship with the loved one, the circumstances surrounding the death, as well as moving back and forth between remembering happy memories and painfully longing for that person. On the other hand, *restoration-oriented* coping involves attending and adapting to the changes arising from the death of a close other. Individuals may adopt new roles and change their identity and engage in new behaviours. The central component of this model is termed oscillation. Oscillation is the alternation between loss- and restoration- orientated coping that encompasses the simultaneous process of confronting and avoiding the various stressors of bereavement (See Figure 1).

**FIGURE 1**

*Dual Process Model of Coping with Bereavement*



(Stroebe & Schut, 1999, 213).

Although this model was originally developed to understand coping with the death of a partner, it can also be applied in the context of maternal death during childhood and adolescence. A daughter who has lost her mother may begin her process of grieving using the loss-oriented coping strategy where the immediate pain of the loss of her mother is expressed with everyday episodes of crying and feelings of despair. The daughter may wish her mother were not gone and that she could still be with her. She is dealing directly with her feelings surrounding the relationship to her mother. Directly after the loss, coping is predominantly made up of the loss-oriented coping strategy (Stroebe & Schut, 1999). Over time, the daughter will begin to assess her role within the household and re-examine her own identity. She may deal with the stress of taking care of her younger brothers and sisters or be in charge of meals, and she may be pushed into assuming the motherly role at home. This may be an easy transition for all involved, but it could also be met with rebellion if the daughter does not want to assume that role, or there is conflict in regards to family relationships. Through the process of oscillation, which serves to regulate the coping process, the daughter may choose to avoid her personal task of grieving. She may choose alternate activities instead of grieving such as going shopping with her friend, or sitting and watching television to take her mind off the stressors related to bereavement and the stress of bereavement itself.

When applying the dual-process model to the grief experiences of maternally bereaved daughters, it is of interest to investigate if and in what ways they may utilize restoration- and loss- oriented coping. These will be examined during discussion.

**Attachment theory.** Bowlby's (1980) theory of attachment posits that a child is born with a biological predisposition to maintain proximity to her attachment figure. The attachment figure is often the mother. As long as the attachment figure remains responsive and available,

trust will develop, and the child will develop a secure attachment marked by confidence to venture off on her own. Conversely, insecure attachments develop when a mother is unavailable and responds inappropriately to the child's needs. Insecure attachment can be marked by unfavourable behaviour that becomes apparent in infancy and continues into adulthood. The attachment style between mother and child is important because it remains present and active well into adulthood.

Bowlby (1969) argues that how an individual reacts to loss can be indicative of her attachment to her mother. This association lends an explanation for why individuals grieve the way they do. Bowlby (1975) offers three forms of attachment, which can be present in grieving adult daughters' subsequent relationships with others following loss: anxious attachment, compulsively self-reliant, and compulsive caregiver. A daughter who has an *anxious attachment* to her mother is likely to be insecurely attached and overly dependent on others, and is more likely to experience chronic grief. Those characterized as being *compulsively self-reliant* have problems accepting care and love from others and insist on doing everything themselves. The individual's attachment to her mother is marked with patterns of parental rejection and inconsistent parenting leading her to inhibit attachment feeling and behaviour, and rejecting close relationships. Lastly, a *compulsive caregiver* is likely to deny the loss of her loved one, which impedes the onset and process of grief for months. During this period, she may become irritable, depressed, and engage in close relationships but only when she is in the caregiver role.

These variations in attachment style may explain changes in relationships with close others after experiencing maternal loss. The comparisons between the daughters' relationships with their mothers and the relationships with close others after maternal loss can be examined in the context of Bowlby's three forms of attachment. That is, participant experiences can be

compared to the three attachment styles which will then serve to better understand the attachment style between the daughter and her mother.

**Grief theories.** Researchers have proposed and conceptualized many different models of the process of grief (Bowlby, 1980; Kubler-Ross, 1969; Schuchter & Zisook, 1993; Worden, 1983). It is important to consider how these grief theories are relevant to grief and bereavement experiences.

In 1969, one of the most important first models was developed by Kubler-Ross (1969) who proposed five stages that constitute the typical responses to loss. *Denial* is first where an individual may react with shock or numbness at the realization that they will never see their loved one again; it can become too much for their psyche to comprehend. Alternatively, denial can help to pace feelings of grief by only letting in as much as an individual can handle. *Anger* is the second stage which is the by-product of the pain of loss. *Bargaining* is next, characterized by thoughts of “if only...” or “what if...” where the individual yearns for things to go back to the way they were. She may experience feelings of guilt, or find fault in things that could have been done differently to prevent the loss. *Depression* may set in once an individual realizes that her loved one really is gone. Finally, *acceptance* of the loss will come when the individual accepts the reality that the loved one is physically gone and attempts to live in the now. Finding acceptance is often characterized as having more good days than bad ones, and feeling able to invest in existing relationships and enjoy life again.

Schuchter and Zisook (1993) offer three overlapping phases of grief: denial, acute mourning, and a period of culmination. They describe denial as a period of shock and disbelief that can last from hours to weeks. Acute mourning occurs when the individual acknowledges the death and experiences waves of intense emotional discomfort. An individual is then proposed to

enter the culminating period where he or she recognizes what the loss meant to them, that they have grieved, and can begin to re-experience pleasure, and seek the love of others.

Bowlby (1980) offers four phases: numbness and anger, where the individual may feel stunned and unable to accept the news; yearning and searching for the lost loved one, where there is acceptance of the loss but the individual still searches subconsciously for the lost love one. This phase can also be accompanied by feelings of anger. Disorganization of the sense of self occurs when the individual begins the process of discarding old patterns of thinking, feeling, and acting before new ones can be introduced. The fourth phase of reorganization can begin to alternate with the third phase, so while the individual still feels a sense of disorganization, she begins to redefine her sense of self, and an attempt is made to fill unaccustomed roles and acquire new skills.

Worden (1983) offers four tasks, namely, accepting the reality of the loss, where the individual recognizes that the person has passed on and will not return. Processing the pain of grief, by using family and friends as a support system in the process of acknowledging and validating emotions and feelings. Adjusting to the world without the lost loved one, where the individual adapts to new roles and develops a new sense of self, and finally seeking out an enduring connection with the lost loved one, and enjoying life again.

The four theories discussed all parallel one another in some way suggesting that there are commonalities to how we all experience grief. It is hoped that these models provide a general understanding of the typical stages that bereaved individuals experience, without implying that there is never any variation. In fact, all four conceptualizations emphasize that no two individuals experience grief in the same way, and none of the phases are ever clear-cut (Bowlby, 1980; Shuchter & Zisook, 1993; Kubler-Ross, 1987; Worden, 1983). People may go through the stages

in a different order than suggested or from each other, they may overlap stages more than implied by the theoreticians, they may leave out a stage or become stuck in one stage not identified by the researchers. Yet, these models assist us in providing a framework and guideline for work in this area.

These grief theories can serve to identify important steps in the bereavement process. They were used to frame what was heard in the stories of participants. Their perceived relevance in tandem with the narratives will follow.

## **CHAPTER TWO: Literature Review**

Maternal death is a non-normative life transition for a child, and the enduring effects of maternal death can present significant obstacles to an otherwise normal transition to adolescence and young adulthood (Balk, 1991). In particular, daughters who experience maternal loss are left in a uniquely difficult circumstance where they no longer have the significant maternal influence or role model to refer to. Maternal death affects the attachment bond between mother and daughter, the immediate and long-lasting effects on her relationships with others, and on her sense of self as an emerging woman.

Bowlby (1980) and Patterson and Ranganathan (2010), suggest that when a child loses a parent, she is left to make sense of what has happened, and the death can threaten her subsequent development. Support and understanding is imperative during this time otherwise many of the daughter's needs can go unmet. Patterson and Ranganathan (2010) completed open-ended questionnaires with 62 children between 12 and 23 years old following their experiences with parental death due to cancer. The majority were females aged 12 to 17. Initial responses indicated the two most important needs were support and understanding from others and help with how to cope with their feelings. These two needs had the highest reported levels of being unmet, followed by the need to talk to other people with similar experiences, being provided information about the loved one's death, having space and time to grieve, and help with household responsibilities. There is presently a gap in literature addressing whether or not the specific needs of bereaving daughters are being met and what those needs are (Patterson & Ranganathan, 2010).

The environment both before and after maternal death, and supportiveness of the surviving parent, are argued to be the most important factors in determining how the child will

likely react to the loss (Bowlby, 1980; Silverman & Worden, 1993). Bowlby (1980) argues that any difficulties the child may encounter after maternal loss are a direct result of the effect that the loss had on the surviving parent's behaviour towards them.

During adolescence and into emerging adulthood, a daughter struggles between maintaining the attachment to her mother and attempting to become autonomous and independent. Her mother plays a particularly important role in her identity development as she begins to internalize her own set of values and beliefs while maintaining maternal attachment. This is argued to be necessary for identity achievement and termed the separation-individuation process (Perosa, Perosa, & Tam, 1996). This process may be compromised after her mother's death.

Nonetheless, the process of identity formation and the development of the daughter's sense of self are inevitable. Adapting to and integrating maternal loss into her identity is a task that is then compounded by the expected changes that occur during the period of adolescence. The loss of the daughter's primary identification object restricts her from learning the qualities and traits that can only come from a mother. As a result, the experience can initiate a need to seek new connections and redefine aspects of the self in order to integrate the loss. The loss can be seen as a special marker between an old and new definition of self, as the daughter begins to integrate the loss and redefine herself as a daughter whose mother died (Schultz, 2007). This process is also accompanied by the daughter's often negative feelings about herself and how others perceive her. Feelings of shame and embarrassment (Schultz, 2007), confusion, inadequacy, unworthiness, fear and guilt are all typical (Pill & Zabin, 1997).

There has been extensive research on the emotional reactions of young people who experience maternal loss (Gray, 1987; Harris, 1991; Kirwin & Hamrin, 2005; Pill & Zabin, 1997;



Ringdal, Jordhoy, Ringdal, & Kaasa, 2001; Stroebe, Schut, & Stroebe, 2007). Reactions can range from mild and short-lived to extreme and long-lasting over months or years (Stroebe, Schut, & Stroebe, 2007). Initially, coping with these reactions is widely dependent on how the family copes as a unit. Many of the common responses to grief that occur in adults also occur in child and youth. Due to the significant developmental differences between these two groups, how children and youth process emotions and make sense of loss is of particular importance (Pill & Zabin, 1997). Common grief reactions can include crying, feelings of guilt and shame, anxiety, depression, irritability, and emptiness, difficulty sleeping, intrusive thoughts, headaches, and stomach-aches (Ringdal, Jordhey, Ringdal, & Kaasa, 2001). Ringdal and colleagues (2001) note that these reactions significantly decline over the first year, while others conclude that while reactions do decrease over time, they can continue years after the loss (Bowlby, 1980; Harris, 1995).

Many women who experience childhood maternal loss come out of the experience with a high level of resilience and potential for positive growth (Dehlin & Martensson, 2009; Raveis, Siegel, & Karus, 1999; Schultz, 2007). In 2007, Schultz conducted one-on-one interviews with six women who experienced maternal loss as adolescents. Many of the women reported more fulfilling relationships with their fathers and other maternal influences, as well as a deeper sense of gratitude and appreciation for life. Some participants felt they had become more independent and mature, felt more emotionally expressive and open, and developed greater empathy and compassion for others. Similarly, Dehlin and Martensson (2008) found that the absence of the parent meant changes in everyday life and the future – those changes led to greater maturity and awareness of the meaning of relationships and values.

Although ample research has been conducted on parental bereavement, little research was found that pertained specifically to daughters' experiences with childhood maternal loss due to cancer. In 1994, Zall conducted a quantitative study that looked at the influence that parental loss had on future maternal behaviours. Twenty-eight women were interviewed, and of this sample, two groups were compared: nonbereaved women from intact families, and women who experienced childhood parental loss. The findings suggested that the maternally bereaved participants were more likely to be worried about their own death, exhibit overprotective parenting practices, and experience symptoms of anxiety, depression, and suicidal thoughts. However, some participants felt that parenting presented the opportunity for the resolution of their earlier developmental deficits, and provided momentum for their mourning to proceed. Although this study described the experiences of women who experienced childhood maternal loss, it did not specifically capture the experiences of childhood maternal loss due to cancer. In this study, the causes of parental death included cancer, suicide, heart disease, and other accidents. Although maternal death as a result of any cause is life altering, cancer as the cause of death is particularly important, especially when a daughter experiences maternal loss, because cancer presents a unique set of circumstances for the surviving daughter such as genetic factors and coping with the illness before death.

The process of bereavement has been argued to be better understood in stages (Spiegel, 1977), while others argue that the process is not linear with concrete boundaries, but rather an amalgamation of overlapping phases which vary from person to person (Schuchter & Zisook, 1993). In existing literature, grief has been dichotomized as either normal or pathological and what constitutes normal grief has been debated and operationalized (Bowlby, 1980; Middleton, Raphael, Martinek, & Misso, 1993; Parkes, 1985; Spiegel, 1977). Shuchter & Zisook (1993)

argue that how a person responds to loss, that is, how they express grief, is unique, and attempts to limit or demarcate boundaries by defining grief will fail. Therefore, the researcher has placed importance on remaining open and controlling the tendency to automatically categorize grief experiences into what one considers to be normal or abnormal, and instead consider each individual's experience without placing them into predefined categories. In recent years, "resilience" and "recovery" have been words used to describe the bereavement process (Balk, 2004, 2008; Bonanno, 2012; Calderwood, 2011; Paletti, 2008), while the focus of bereavement has shifted to "growth" and "development" (Balk, 2004, 2008; Calderwood, 2011; Dutton & Zisook, 2005). Bonanno (2004) argues that "resilience" in the face of loss is more common than is often believed, due to past research focusing extensively on individuals who sought treatment or exhibited great distress. Therefore, because the young women did not disclose any previous treatment or distress experiences prior to the interviews, it is expected that although the participants may have experienced distress, many of them will still exhibit resilience.

Schmiege, Khoo, Sandler, Ayers, and Wolchik (2006) found that daughters who are coping with maternal loss will experience less internalizing and externalizing problems if they are in an environment of positive parenting, not exposed to stressful events, and exhibit positive coping. Therefore, it is expected that the women in this study who had supportive fathers, and were able to engage in positive coping after their mothers died, may have experienced less internalizing and externalizing problems such as issues with low self-esteem, or the inability to engage in social interaction.

Pearce (2011) conducted a qualitative study of six young women's experiences of grief following the death of their mothers. Their ages at the time of their mothers' deaths ranged from 10 to 18 years old. The focus of the study was to explore the meaning of their mother's death,

and how these meanings were incorporated into their sense of self. Many of the young women described their mother's death as unreal and hard to accept. Some women enjoyed the initial freedom they felt as many moved out of their parent's house to live alone, and felt feelings of control over their lives, while others experienced feelings of powerlessness, as they no longer had their mothers there for support and direction. Many participants sought reassurance and guidance from other female figures, as well as their fathers. A majority of the women all felt desire for their mother's approval but accepted that they would never know what their mother thought of their decisions. In acknowledging this, many accepted responsibility for their decisions. Pearce (2011) reiterates the importance of further research on this topic and though there were commonly shared experiences, each experience is individual and unique. For that reason, it is expected that some of the themes that emerge from the interviews will be commonly shared among participants, but it is also acknowledged that each woman's experience is unique.

### **CHAPTER THREE: Methodology and Procedures**

This chapter will describe the qualitative research methods and procedures that were utilized in conducting this research. Content analysis was used to conduct the data analysis. According to Krippendorff (2013), content analysis is a form of empirical inquiry into the meanings of communications. It is exploratory in process and seeks to rearticulate the meaning of given texts or draw inferences to produce new narratives.

This method of inquiry was chosen for this study because the specific topic of interest has not been researched extensively and therefore presents an opportunity for a deeper understanding of the phenomenon.

#### **3.1. Qualitative Research Methods**

Once approval was obtained from the University of Manitoba (U of M) Joint-Faculty Research Ethics Board (JREB) and the CancerCare Manitoba (CCMB) Research Resource Impact Committee (RRIC) (see Appendices A and B), recruitment began. The two main recruitment sites were the Fort Garry campus at the U of M and CCMB. Information posters (see Appendix C) were placed on bulletin boards in various buildings on the Fort Garry campus as well as in CCMB. The posters contained information about the study as well as the researcher's contact information. At the U of M, an email (see Appendix D) was sent out to a range of professors and instructors in Human Ecology, Psychology, and University 1 asking permission for the researcher to do a short presentation about the study. Once permission was obtained, presentations were conducted in two classes in Psychology and Human Ecology (See Appendix E). A short description of the study was provided to the class and anyone who was interested was directed to take down the researcher's contact information which was on the research poster outside of the classroom. As the Director of Patient and Family Support Services at CCMB, Jill

Taylor-Brown assisted in recruitment by contacting women who fit the study criteria, and providing them with information about the study. Those who were interested were given the researcher's contact information. Finally, an email with the research poster attached was distributed to both undergraduate and graduate students in the Faculty of Human Ecology. The researcher recruited the majority of her participants as a result of this email.

### **3.1.1. Participant Selection**

At the outset of the study, participants were required to be female, between the ages of 18 and 25, and who experienced maternal death prior to the age of 18 as a result of breast cancer. The recruitment period lasted close to six months and it became evident that participant eligibility criteria needed to be modified in order to obtain nine interviews. The age of eligibility was expanded from 18-25 to 18-30, and the cause of death was no longer required to be breast cancer and maternal death but any type of cancer and maternal death. The researcher was contacted by two males who were interested in participating. At that time, the researcher and her advisor thought that a male's perspective would be interesting and would serve to benefit the research. Study amendments were submitted to the Research Ethics Boards for both RRIC and JREB (See Appendices H and I). During the time waiting to hear back from the REBs, the researcher obtained nine interviews with nine women. Once the amendment came back approved from the REBs, the researcher planned to go ahead and interview the two male participants but at that time, one did not respond, and the other was no longer interested in participating.

### **3.1.2. Participants**

For the purpose of this thesis, it was decided that nine participants would be an adequate sample size (Braun and Clarke, 2014). According to Strauss and Corbin (1998), sampling is completed when categories have become saturated. Saturation is reached when the researcher is

no longer hearing new information. In this case, saturation was reached as macro themes began to emerge and repeat themselves after the nine interviews. All nine participants were female and their ages ranged from 19-36.

### Participant Chart

Pseudonyms	Present Age	Age of maternal death	Years since death	Cause of Death
1. Lisa	19	8	11	Breast cancer
2. Annabelle	26	17	9	Breast cancer
3. Bailey	27	12	15	Breast cancer
4. Ina	28	12	16	Breast cancer
5. Audrey	25	15	10	Breast cancer
6. Elizabeth	21	13	8	Breast cancer
7. Brigitte	25	16	9	Breast cancer
8. Mackenzie	23	13	10	Ovarian cancer
9. Amber	36	15	21	Spinal cancer

### *Participant Backgrounds*

Participant names have each been replaced with pseudonyms and any identifying information has been removed to ensure confidentiality and anonymity. Information about ethnic background and other demographic characteristics was not collected.

**Lisa:** a 19 year old female whose mother died from breast cancer when she was eight years old. She was very comfortable talking openly about her experiences, would consider the interview questions before responding, and she would ask questions for clarification. She lives with her

two older sisters, and her dad and step-mother. This was the only interview that was done at a participant's home.

**Annabelle:** a 26 year old female whose mother died from breast cancer when she was 17 years old. She comes from family of 5 children and lives with her father. Annabelle was open about discussing close relationships with others and her sense of self, but was uncomfortable when asked about her bereavement process. This interview took place in a private office in Human Ecology.

**Bailey:** a 27 year old female whose mother died from breast cancer when she was 12 years old. She lives with her younger brother and father. The interview flowed well and Bailey spoke very openly about her experiences. At certain times in the interview, she got emotional and would need a few seconds to gather her thoughts. This interview took place in the private office in Human Ecology.

**Ina:** a 28 year old female whose mother died from breast cancer when she was 12 years old. Ina spoke openly about her experiences and asked questions if she did not understand as English is not her first language. There were also times in the interview that the researcher needed to ask for clarification and because of this, the interview lasted over two hours. Ina has a younger sister and father who do not live in Canada. She lives with her husband. This interview took place in the private office in Human Ecology.



**Audrey:** a 25 year old female whose mother died from breast cancer when she was 15 years old. Audrey's father passed away shortly after her mother from cancer. She has an older brother who does not live in Winnipeg. She seemed "closed off" at the beginning of the interview but began to open up as the interview progressed. This interview took place in the private office in Human Ecology.

**Elizabeth:** a 21 year old female whose mother died from breast cancer when she was 13 years old. She has a younger brother and father. At the beginning of the interview, Elizabeth "seemed to overthink" her responses and had a tendency to speak about the experiences of her brother and father instead of herself. She was prompted by the researcher to talk about her own experiences. This interview took place in the private office in Human Ecology.

**Brigitte:** a 25 year old female whose mother died from breast cancer when she was 16 years old. She has a younger sister, an older sister, and her father and she lives at home. Brigitte seemed nervous and fidgety at the beginning of the interview and gave brief responses. Once the interview progressed, she seemed to relax and was able to talk more openly. This interview took place in the private office in Human Ecology.

**Mackenzie:** a 23 year old female whose mother died from ovarian cancer when she was 13 years old. She has a sister, two brothers, and her father. She had brief but descriptive responses and seemed comfortable and open during the interview. This interview took place in the family room at CCMB.

**Amber:** a 36 year old female whose mother died from spinal cancer when she was 15 years old. She is a mother of two, and separated from her husband. The interview flowed well, and Amber provided very thought-out responses. She was a very articulate and expressive speaker and was very relaxed and open from the beginning of the interview. This interview took place in the private office in Human Ecology.

### **3.1.3. Interviews**

The researcher provided three interview location options to participants: a private office in Human Ecology, the family room at CCMB, or the participant's residence. At the time of the interviews, the researcher had access to a private office that was conducive to one-on-one interviews where they would not be interrupted, and it was a quiet private space. Seven of the nine interviews were conducted in this office. One interview was conducted in the family room at CCMB, and one interview was conducted at the participant's residence. Before the interview began, the study was discussed with each participant, the researcher answered questions, and each participant was required to fill out a consent form (see Appendix E). Each participant was given a copy of the signed consent form and was asked to leave their contact information if they would like to be contacted once the thesis was complete. All participants were interested in seeing the completed thesis.

All interviews were audio recorded and each participant was asked for their consent to do so. Interview duration ranged from 45 minutes to approximately 120 minutes. After the interview, the researcher debriefed with the participant and asked if she would like a list of resources or counselling services. At this point, each participant was given a \$20 honorarium for participating. Three participants did not accept the \$20 and all of them suggested it be donated to

CCMB. To respect their wishes, a donation of \$60 has been donated to CCMB. All procedures, as outlined in the approved U of M and CCMB ethics protocols were followed.

### ***Interview Questions***

Participants were asked a series of questions (See Appendix G) during the one-on-one interviews including questions on their sense of self, their relationships with close others, and their bereavement process. There were times in each of the 10 interviews that the researcher probed the participant for more information on something she said in order to get more detailed explanations and richer data. By asking for more details, the researcher was able to gain a better understanding of the participant's experiences and reducing the likelihood of making any assumptions or false interpretations.

#### **3.1.4. Data Analysis**

Content analysis was used when analyzing the qualitative data. According to Krippendorff (2013), content analysis is a form of empirical inquiry into the meanings of communications. It is exploratory in process and seeks to rearticulate the meaning of given texts or draw inferences to produce new narratives. The most basic decision when using content analysis is selecting the unit of analysis (Graneheim & Lundman, 2004), which can refer to various objects of study such as a person, a program, an organization or a community. Coding is the process in which raw data are transformed into a standardized form according to a conceptual framework. Thus, specific details are being sought, both according to one's research question and the literature available on the topic, and these are searched for in the data as themes.

The interviews were audio recorded using a digital recording device. Following the conclusion of the interviews, I transcribed all nine interviews verbatim into a word formatting

program. I read through each interview once to get an overall picture and assigned pseudonyms to each participant at that time. I read through each interview and highlighted significant statements that could later become themes while focusing on thoughts that reflected the participant's feelings and how they viewed certain situations. Any ideas and hunches that came about from reading the participants' descriptions of their experiences were noted. I then decided on three overarching themes related to my interview questions: sense of self, bereavement process, and close relationships with others. Each interview was read through a second time, underlining significant statements that directly pertained to the phenomenon under study (Colaizzi, 1978). I conducted a 2nd level of coding where I arranged and categorized subthemes among metathemes and placed relevant quotes under each subtheme. In order to create meaningful themes that relate directly to the mother-daughter relationship, Dr. Roger and I met on two occasions to revise and refine the themes and as a result, some themes were eliminated. The themes that emerged either occurred across interviews, were related to existing literature, or were new and interesting themes that were not found in the literature or even in other interviews (outliers). Throughout the analysis process, the relevant literature helped to shape the themes that emerged by providing the opportunity to compare the themes in the literature with the interviews. I found many of the themes in the literature to be similar to the experiences expressed by the study participants.

### ***Rigor***

In order to demonstrate rigor, an attempt must be made to ensure credibility (Tracy, 2010). The credibility of a study can be determined by its level of trustworthiness. According to Lincoln and Guba (1985), trustworthiness of a research study is important in evaluating the degree to which research findings are worthy of attention and worth taking note of.

Trustworthiness can be measured using the following criteria: truth value, applicability, consistency, and neutrality, which I will now discuss.

Truth value asks the researcher how confident he or she is in the truth of his or her findings, the truth of the participants' responses, and the context in which the inquiry was carried out (Lincoln & Guba, 1985). In qualitative research, truth value is obtained specifically through the discovery of the human experience as they are lived and perceived by each participant, and are therefore not defined by the researcher, but by the subjects (Krefting, 1991). In the present study, the researcher asked each participant to check the themes to confirm their narrative was well represented, that nothing was missing, and nothing new needed to be added. An email was sent out to all nine participants with a summary of the themes. The researcher chose email as the mode of contact because at the time of interviews, participants were most comfortable being contacted via email, instead of by telephone. Also, because participants were contacted over one year after their initial interviews, the researcher did not want to make participants feel uncomfortable or catch them off guard if phone calls were made. Two out of the nine participants responded and both were satisfied with the themes. It is unclear why only two participants responded to the email. It could be that they no longer had interest in the study findings, or responding back to the email would take too much time. The researcher's own personal experience of maternal loss was also used, as well as a comparison of the data and themes to infer that participants were comfortable telling the reality of their stories.

Applicability refers to the extent to which the findings of a particular inquiry have applicability in other contexts or with other participants. Transferability in qualitative research refers to the extent to which research findings are consistent across different contexts. For this study, the level of applicability was measured by comparing research about bereaved daughters'

experiences of maternal loss due to cancer to those whose mothers died of other causes. The degree of applicability is confirmed by examining the similarities and differences between the experiences of the study participants, and those of the participants in relevant existing literature.

Consistency is the degree to which the findings of an inquiry, if repeated with the same participants and within the same context, would produce the same findings (Lincoln & Guba, 1985). Krefting (1991) describes consistency in qualitative research as placing emphasis on each individual's experiences, thus, variation and not identical replication is sought. If this study was replicated with the same participants, it would be expected that similar broad themes would emerge.

Finally, neutrality refers to whether a researcher has drawn conclusions based on the participants and conditions of the inquiry, rather than on biases, motivations, interests, or personal perspectives (Lincoln & Guba, 1985). My personal experiences and biases did not interfere with my research or analysis: by this I understand that some participants have other experiences I may not have had. On the other hand, my personal experience also lends richness and depth to my understanding of deeply personal experiences my participants may be describing. This allows me to better capture the meaning of their experience and to analyze it in the context of academic research. My personal experience is further detailed below.

### ***The Researcher's Role***

A researcher's culture, gender, history, and experiences shape all aspects of a qualitative project, thus positioning him or herself in the study is imperative (Creswell, 2007). In order to demonstrate reflexivity, research subjectivity in the research process is important. Reflexivity is demonstrated by asking "how does who I am, who I have been, who I think I am, and how I feel affect data collection and analysis? (Pillow, 2003). As well, acknowledging how my own

perceptions and experiences influence the interpretation of data is important to consider. In order to be aware of those questions and position myself in this qualitative study, it is important that I relay my experiences as a bereaved daughter.

I have my own experiences of what bereavement and a maternal death in childhood is like because I experienced it. My story is composed of memories of those moments in time that have been carried with me throughout my bereavement process.

I grew up in a relatively normal family with my mom and dad and two older sisters, never really experiencing grief or loss until my grandpa passed away. He was my mom's father, a navy veteran, who was diagnosed with breast cancer when I was five years old. One of the last memories I have of him was the visit to the hospital the day before he passed away. I remember standing on a stool next to his bed watching him sleep and giving him kisses on his forehead for the last time. A couple of years later my mom discovered a lump in her breast. Some visits to the doctor and a couple of tests later, my sisters and I were told that she had breast cancer. The next year seemed to fly by as she underwent a mastectomy and many chemotherapy and radiation treatments. My memories of her during that time are marked with a sense of abnormalcy. I felt different from other kids at school, I began having issues concentrating, and I dreaded coming home every afternoon and seeing my mom so ill in bed. I remember seeing her for the first time with no hair, inevitably as a result of the ongoing chemotherapy treatments where hair loss is common. She always wore a bandana and the only time I saw her bald was seeing her come out of the bathroom after my dad had helped her shower. I remember thinking she looked like a baby with no hair. I have memories of getting ready for school in the mornings and her having to do an attire check to make sure I was dressed appropriately for school. I could never get anything by her. My more difficult memories of her were near the end of her life where the cancer was so bad

she could no longer be at home. Daily visits to the hospital were the norm for us, and I remember her room always being full of fresh flowers and treats from all of the people who came to visit and send their love. We used to joke about how awful the hospital food was and so my dad would routinely come with an apple fritter in hand for my mom. I remember the day my sisters and I got home from school and walked in the front door to see my dad crying on the couch. I knew right then that my mom was gone. We sat for hours crying with each other, and I was left wondering what my life was going to be like now. I was only eight years old.

Many of the issues that I still experience today began to manifest within a year after her passing. I dealt with feelings of separation anxiety, general anxiety, trouble sleeping, trouble concentrating in school, I experienced panic attacks, physical sickness driven by my anxiety, all while trying to make sense of her death. Because of my experiences, my perception of bereaving daughters is that the experience is life-changing and something that stays with the person for their whole life. Some of my assumptions are that the bereavement process does not necessarily have a beginning and an end. I assume that many of the thoughts and feelings that I had may also be experiences of my participants.

One of the biggest difficulties in doing this research was to control my tendency during the interviews to agree and identify with the participants. On two or three occasions, I was noticeably affected during the interview. In order to stay open-minded to each participant's story and focus on their experiences, I recognized and set aside my knowledge, assumptions, and emotions (Starks & Trinidad, 2007), in order to gather deeper content and continue to build trust during each interview. This is known as bracketing and is "used by researchers to mitigate the potential deleterious effects of unacknowledged preconceptions related to the research...thereby [increasing] the rigor of the project" (Tufford & Newman, 2010). One practical method of



bracketing is to journal throughout the entire research process. By being open to and aware of how my own experiences can influence the data, journaling was a “commitment to surfacing [my] preconceptions both before and during the research process; and to maintain the process as a priority that is fundamental to effective and meaningful qualitative research (Tufford & Newman, 2010). I kept a journal throughout the research process and noted any personal emotional insights I had, as well as some of the reasons why this area of research was of particular interest to me. After each interview, regardless of whether or not I felt affected, I wrote a journal entry about all of the thoughts and feelings that were set aside during the interviews.

It was decided that I would not disclose my own experiences unless I was asked. There were three occasions where participants wanted to know if I had experienced maternal loss. I decided it was best to disclose my own experience in these instances because of the sensitivity of the topic. I wanted every participant to feel comfortable opening up to me, and building trust and rapport is imperative to the interview process. If the participant felt at any time that I was being untruthful, there was a strong possibility that the interview might not have been successful.

Although I have a strong connection to my research topic, I am confident that my personal experiences shaped the research in important ways, and that I remained open to hearing other experiences and allowing for variation and differences to arise.

## **CHAPTER FOUR: Findings**

The themes that describe the daughters' experiences with maternal loss fell within three overarching categories which emerged across all interviews: (a) grief, (b) sense of self, and (c) relationships with close others.

### *Table of Themes*

<b>4.1: Grief</b>	<b>4.2: Sense of Self</b>	<b>4.3: Relationships with Others</b>
<b>4.1.1 Initial grief reactions to maternal loss</b>	<b>4.2.1 Self before and after maternal loss</b>	<b>4.3.1 Seeking maternal influence from other women</b>
<b>4.1.2 Death becomes a real part of life</b>	<b>4.2.2 Mother as part of myself</b>	<b>4.3.2 Becoming a maternal/feminine influence for others</b>
<b>4.1.3 Loss of mother projected into the future throughout life</b>	<b>4.2.3 Mother-daughter relationship</b>	<b>4.3.3 Change in relationship with father</b>
<b>4.1.4 Integrating maternal loss</b>	<b>4.2.4 Personal attributes that emerged from maternal loss</b>	
	<b>4.2.5 Reaching age of maternal death</b>	

### **4.1 Grief**

This section discusses each participant's experiences with grief including initial grief reactions to maternal loss, death becomes a real part of life, loss of mother projected into the future throughout life, and finally moving past maternal loss.

#### ***4.1.1 Initial grief reactions to maternal loss***

All of the women reported that the death of their mothers and the time before her death changed their lives. There were periods of grief that were similar among some participants, but they all described their own unique experiences differently.

Many participants described their grieving experiences beginning while their mothers were ill and continuing after their mothers died. Some described the duration of their mother's illness as shocking and scary. Lisa explained, "I was so young I think seeing your mom so helpless, it's shocking and very scary...I remember feeling half of me was like this can't be true, she's not dying, and the other half of me was like but this is actually happening...why would an eight year old even picture a parent dying?" Some described hearing about their mother's death as unreal and some felt feelings of denial. Upon hearing of her mother's death, Mackenzie explained, "First would definitely be the denial part and after once it sank in, it was the depression. Umm I did go to grief therapy, I went to group counseling as well as independent, and I tried antidepressants, didn't really find a big difference in them."

Four of the women described experiences with panic, anxiety, and depression both prior to and after their mothers died. Audrey spoke about keeping it together while her mom was ill, but her emotions became overwhelming after she died: "I think it was the third day I had to go home like midday because I was starting to have a panic attack, and after my mom passed away, the next year and half I was having panic attacks on and off; I had never had them before, it wasn't until she actually died that it kind of umm took over." For Mackenzie, feelings of depression began when her mother became really ill and she began to expect that her mother would eventually die. Audrey described isolating herself at home to avoid social interactions and feelings of embarrassment: "I would do as little as possible because I didn't want to have people know that I was depressed or had anxiety because I was embarrassed about it at the time. It's not something people talked about then; it's not really something people talk about now even, so yah I was embarrassed about it basically." While managing her anxiety and depression, Audrey also

described having suicidal thoughts because she could not imagine life without her mom, and felt she could no longer deal with her mother's illness anymore.

Two participants reported feeling a sense of relief after their mothers passed away because they were no longer in pain. Annabelle explained, "It was awful, it was like a nightmare watching that, but when she did pass away, when she finally you know took her last breath, it was almost like a relief, like she was not in pain anymore...as bad as it sounds, it was like a relief to see her go."

One participant expressed the need for control after her mother died which manifested into behaviours indicative of an eating disorder. When Elizabeth described her need for control she explained, "Definitely the gym was another thing, and eating in general, they just became other areas where I would, that it was something that I felt I could control, and I controlled them in a negative way."

A couple of participants described keeping busy and staying preoccupied with school work and chores at home to keep their minds off of their mother's death. Brigitte explains: "I would probably be the worst person to have dealt with it because I'm not very good with dealing with things, so after my mom died, I became the cleanest person ever."

After her mother's death, Ina described crying as a form of weakness and she felt that she did not need to cry or express herself to her family:

I didn't cry at all it was like I was just rejecting everybody, perhaps because I was 12, but I found people which were crying completely stupid, especially because me, I was not crying, but it was my mother who died, they were crying and they didn't even know her...the worst problem I think is when people want me to cry and to express myself, and I don't want to and I don't need to, and the problem is that

people expect me to cry at the burial or behave like people which are weak and I was not.

All of the women described grieving as an ongoing and life-long process. Elizabeth said: I would say that I'm probably still in the middle of my grieving process only because I spent the first 2 or 3 years helping everyone else, and so I never really had that time for myself to really...maybe understand the implications that came with losing my mom, and how that'll, I'll carry that with me for the rest of my life."

#### ***4.1.2 Death becomes a real part of life***

Participants explained how living with the loss of their mothers has become a real part of life, and many of them describe adjusting to everyday life without their mothers. Brigitte has become accustomed to a life without her mom but described her memories of her mom no longer being there when she got home from school: "It was just weird coming home and being like oh mom's not in her chair, cus that's kind of like when she was sick she always sat in that chair because that was the only chair she could sit in, so we'd come home and be like oh ok I guess I'll make dinner, like it was a change of pace."

All of the women described a period of adjustment to no longer having a mother and how life is different. Lisa said, "Just shifting your life, adjusting it to no longer having a mother, adjusting it to everyday things, ya it's completely different." One participant commented about how difficult it was realizing that her mother was not around to do every day things with her anymore. Annabelle explains:

It was difficult adjusting, you know, when you talk to people like that, and say you were out with my family and you know, it's different when you used to say you know me and

my mom did this...to stop saying that to people, or to realize you're not saying that anymore was really difficult.

Annabelle described her difficulty with accepting the loss until she began telling people her mother had passed away:

I didn't fully accept it, and I feel like the only time I accepted it was after I started telling people, after that year and a half period. I started saying you know what, it's not a secret, it doesn't matter whether people know or not, and so I started to tell people, and then until then I think that that's when I started to accept that it happened.

Audrey described pushing the loss out of her brain and trying to forget what happened the year she lost her mother:

I wasn't really dealing with it until about a year after I started to, it started to sink in about what was going on and stuff like that, so it was kind of weird because at first it was kind of easier to deal with I think than I thought it should have been, like I didn't cry a lot at first until the first Christmas came around, and that's when it kind of hit me things were different.

Elizabeth described feeling the loss of her mother and the sense of family when she returned home from university:

When I meet up with friends from high school they talk about going home and having these home cooked meals...this is where it gets hard...and so it's definitely a challenge for me, because I go home and I still have to buy groceries, so it's yeah I feel like I kind of miss out on that part of a family when I return home.

#### ***4.1.3 Loss of mother projected into the future throughout life***

All of the women described feeling the absence of their mother throughout their lives and they spoke about life events and milestones that their mothers would not be there for. Two participants talked about their mothers missing their weddings. Lisa stated:

Who is going to walk me down the aisle? Who is going to be there to help me pick out my wedding dress? So many things about your mom you're like, oh I want to make sure my mom likes this dress, I want to make sure she likes my husband, and the fact that she won't be there is very difficult.

For Audrey, missing her mother's presence was related missing out on her growing up and graduating, and experiencing feelings of jealousy towards her friends who she felt took their mothers for granted:

I would get really annoyed when people would, when girls would be like fighting with their moms, I felt like people didn't, they took their mothers for granted, like having them there and I got really jealous and a lot of time I just focused on all of the things that uh she would miss like with me growing up like graduation and all those important milestones.

For Brigitte, missing her mother's presence was related to everyday things that mothers and daughters do together: "That's what I find hard, is getting older, like I would have appreciated 'Brigitte this is how you cook this', or 'let's just go get our nails done', or 'let's just go have coffee', go for a walk, you know that's not something I would ever do with my dad."

#### ***4.1.4 Integrating maternal loss***

All of the women describe their grief experiences as an ongoing process. Amber described the everyday presence of maternal loss in her life and how she could be a help to others:

Being that what happened, and you know it was sad and I carry that sadness with me every day, I don't expect it to ever go away, but I, because of it I'm able to offer help to other people who may be experiencing it. I don't think my mom would want me to sit back, I think she would really encourage something like this.

Three participants indicated the need to move forward in life after their mothers died. Brigitte explains:

I don't know, I just kept pushing through, like some people would just stay home and cry about it and I'm like well it's not going to change anything, like look at it a different way, like ok this happened, now how do I conquer this, that's the way I've kind of always looked at it.

Lisa says, "Looking back, I don't know how I survived that because it's something that's so dramatic but you have no other option but to...I might as well go to school, I might as well go on with my life."

Audrey talks about focusing on the happy memories about time spent with her mother:

I think that now that I'm older I can revisit the happy memories of her and not be so like, devastating to think about...I like that I can now not see her as a negative situation in my life, and I can just appreciate the good times we had together. I don't really focus on those negative ones anymore.



## **4.2 Sense of self**

Another theme was how each participant felt her sense of self was affected by the death of her mother. The subthemes include: self before and after maternal loss, mother as part of myself, mother-daughter relationship, personal attributes that emerged from maternal loss, and reaching the age of maternal death.

### ***4.2.1 Self before and after maternal loss***

Almost all of the women reported that they changed how they saw themselves as a result of losing their mothers. Mackenzie said:

The way I look at things, especially as the different moods have set in, like the denial, the depression, the happiness. My outlook has changed from before, just being so naive and thinking that everything is going to work out fine, to understanding the real world and making what I can of it.

Some women saw themselves shift from being dependent on others to becoming more mature adults who had to make important decisions on their own. Lisa explains:

I was very unsure of myself. I was like who do I want to be? Who do I want to be friends with? What kind of makeup do I want to wear?...I think I blamed it a lot, like to my dad, it's only because my mom isn't here, but I think that's a dirty lie. I think it would happen regardless...but because she isn't here I've had to reflect on my actions, and even though I go to my dad and sisters for a lot of things, at the end of the day, it is my decision. Because I had to mature faster and grow up faster than someone else would, I had to make these decisions on my own. I think I'm a lot more aware of what is right and wrong, and what I'm

comfortable with. I think it's because I have gone through something so dramatic that has made me become who I am today.

For Bailey, she acknowledged how quickly she could lose someone, and consequently she described the change in how she saw life and relationships with others after her mother's passing:

I guess most teenagers are, the best way to explain it would be self-consumed in a way, and now I look at people and my relationships with people and love and life everything differently, completely differently with everything. I almost can't deal with it when people are rude, not only to me but to others, it's just like I've become more appreciative of everything and everyone. And I've almost become more umm like sympathetic and empathetic towards people, not as judgmental as teenagers are you know? So it's different, it sort of shapes who you become. I think it's definitely shaped how I've become an adult. Like the way I think about life, and how I want to live umm and who I want to be around. Ya it definitely has changed me and affected me that way... I find relationships in general, I try really hard to make them work, friends, boyfriends, whatever, because I'd rather have that person in my life than lose them. So I put a lot of effort into people and being there for others.

After losing her mother and her grandma shortly after, Elizabeth talks about her relationships with others:

I'm kind of heartless when people say goodbye to me or when people leave my life or go do something on their own because I just imagine in the back of my head, I'm always like, I'm used to people leaving and saying goodbye, and so that's something about

myself that I feel that I need to change and that I work on actively, and I think it has a little bit to do with just having two very close people in my life pass away around the same time, and then having my dad being gone for so long and yeah that was, it definitely still affects me now.

After her mom passed away, Annabelle noticed herself internalizing her feelings more and worrying that if a friend didn't call her back, that it was her fault. She also spoke about how important it was to have satisfying connections to people:

Relationships are so important to me, and to have a good connection, and if I don't have a strong and a good and fun connection with somebody, then I don't end up becoming friends with them or I don't umm I guess try as hard. Just because I almost feel like there's no point...what's the point in having a fluffy relationship with somebody, like that's just stupid to me.

Ina describes closing herself off to others except her dad and sister and rejecting help from other immediate family members. As a result, she took on the responsibility of caring for her family:

I felt a lot of responsibility because I want things to stay among my circle, my close circle of my family, my father and my sister, and I don't want anybody to take any part of that, or to go to see us, or to take care of my sister and I, I don't want that. I want to stay with the three of us, and so yes, I took a lot of things on my shoulders because I didn't want to tell my family...I took a lot more responsibility than I had before...I would not be the same if my mother were alive, I'm quite sure of that.

#### ***4.2.2 Mother as part of myself***

All of the women describe how their mothers continue to influence the people they are and who they wish to become. Lisa describes feeling her mother's presence: "She's always in the back of your mind, but she's not there where it's pausing you or stopping you from living. You become stronger because of it and you become almost sure of yourself."

Some of the participants describe personal attributes that they feel they developed from their mothers. Mackenzie says: "She was a very positive person, and I think I get a lot of my positiveness from the way that she interacted with other people."

After having her own children, Amber reflected on her mother's parenting and being able to relate to her as a mother herself: "Now that I've reached her age and now that I'm a mother, I can relate to her in an entirely different way, it's quite significant in a sense that I feel that I can live further for both of us and experience life past what she got to."

Three participants wondered about how their mothers would feel about certain life decisions and their desires to make her proud. Mackenzie explains: "She had always said that she wanted me to pursue education and be the best person that I can be, so now I do things that reflect back on things that she said...I still want to impress her even though she's not here." For Ina, the need for her mother to be proud of her is strong: "I think about my mother, nearly once a day perhaps even now, I try to know if she will be proud of me all of the time...the only thing I would like is for her to be proud of me and I always think of her in that way." Maria described her desire to begin honoring her own feelings instead of always thinking about what her mother would want her to do. "I obviously need to have my own opinions often opposed to hers...but...I'm more true to myself about the things that I want."

#### ***4.2.3 Mother-daughter relationship***

Many of the women discussed the positive but often tumultuous relationships they had with their mothers in childhood and adolescence. Audrey explains:

It came in a lot of different stages. When I was younger, before I hit 13, it was really great, we were really close. Umm... we did a lot together, she did a lot of things for me, she was a working woman and was busy a lot but she always made every one of my dance recitals. We were definitely very close growing up, and then I'd say I hit grade seven or eight, and I think the natural mother-daughter relationship changes there where you start to butt heads a little more.

Bailey explained how the relationship with her mother was normal while she was sick and she expressed regret about not spending more time with her:

It's sort of hard to judge your relationship when you're younger with your mom, you know? It's sort of love-hate sort of thing, so even while she was sick, I would still act the same way. She was my mom and she annoyed me, because I was at that age, and now I look back on it and wish I would have appreciated her more in that time.

Ina reflected on the high expectations that her mother had for her in childhood:

My mother I think didn't want a child...but we have a nice relationship, we were quite close...I have a vision of her as being a strong woman which sometimes was not very fair. I have to do everything right all of the time. She put on me a lot of pressure to be good, to be good at school, to be good with people, to be good all of the time, and uh when she kind of relaxed a little bit, it was great; we did a lot of things together.

#### ***4.2.4 Personal attributes that emerged from maternal loss***

Many participants discussed personal attributes that developed from maternal loss. A few described becoming increasingly independent and mature for their age. Elizabeth says, “That’s another effect of losing my mom, I feel that I have maturity above what any of the people at my age level have sometimes.” Elizabeth noted that her growth in maturity was due to the added responsibility of running a household and routinely taking care of her younger brother. For Audrey not having a direct maternal influence anymore made her more cynical and more guarded with her feelings.

Some participants emphasized gaining a positive outlook on life and being around positive people. Brigitte said:

You never know when your last day is so you might as well live it to the fullest. So I think I guess that probably changed for the better...I just try to make things work as much as I can, and hang out with friends because friends are very important, like surrounding myself with positive people I guess, and not hanging on to negative things. I guess I always try to surround myself with amazing positive people.

After her mother died, Annabelle emphasized her need to maintain strong relationships with friends and family and avoid superficial friendships which lacked a genuine connection:

What’s the point of like scratching the surface if you can’t get to anything? I don’t know, if you’re not, I don’t feel a connection, then I don’t really end up putting in effort or pursuing that person because I don’t feel like there’s a point. What’s the point in having a fluffy relationship with somebody, like that’s just stupid to me. So to establish a relationship with somebody you get to share your experiences with them, your thoughts, your feelings, and they get to do the same thing if they’re comfortable to do that too. And

that's why it's important to me, because it signifies, umm like it's, I don't know it validates what you do.

Three participants developed increased feelings of empathy and compassion for others. Lisa described herself as becoming a better friend because she was able to openly talk about her emotions and help her friends do the same:

I'm a lot more intuitive with my emotions and with other people's feelings as well. I would say I'm almost a better friend because of it...a lot of people don't know what to say, a lot of people are like I don't want to say the wrong thing. I'm almost better with like, let's talk about your emotions. I'm better with dealing with my emotions and other people's emotions and helping them figure that out.

Amber described her compassion and desire to help others who have experienced loss: Obviously my perceptions have changed, and I have new skills like resilience, and probably empathy in that regard to knowing what it's like, you know my heart goes out easily to people who are losing people because I've been there, so probably adds an element of sensitivity to me that through experience, that I may not have had had I not lost her. It's just part of the journey right, it's just an experience that opens up doors and enables you to help others."

Mackenzie described how she is no longer quick to judge people and how this trait will help her in her career as a radiation therapist:

I'm not so quick to judge, because you don't know what people are going through at home, or if they're sick or healthy. You shouldn't judge somebody by maybe your first impression. I will be working hopefully in radiation therapy so it will change the way

maybe I approach the people with cancer. Because it affects everybody differently, and just because they look fine doesn't mean they are fine.

#### ***4.2.5 Reaching age of mother's death***

Prior to Amber reaching the age of her mother's death at 36, she describes never seeing herself live past that age. She explained:

I don't think I ever saw life past 36. You know I've always been, you know you wonder, it's kind of like a dark cloud that follows you around, and I've made a lot of changes in the last year just hitting it and being like ok, I guess life is moving forward so what is working, what's not working, what needs to be changed. It's kind of empowering.

Ina describes the fear that she feels about reaching her mother's age and becoming ill, "Sometimes when I'm not well I always think I won't be able to go over 37 years old like my mother...I feel more relieved than anybody else when I see a blood test which is great because in fact yes I can't remove this feeling that if it happened to her, it can happen to me." Ina then spoke about looking a lot like her mother and how difficult it would be if she too became ill and left her children behind.

### **4.3 Relationships with close others**

This section discusses how each participant's relationships with close others were affected by maternal loss. The subthemes include seeking maternal influence from other women, becoming a maternal/feminine influence for others, and change in relationship with father.

#### ***4.3.1 Seeking maternal influence from other women***

Five of the participants described the significance of having other women in their lives for maternal support and guidance. Lisa describes her older sister as being her role model and a strong source of support:



Definitely because my mother isn't here, I look to my sister as my mother figure, absolutely ya. For advice, a lot. I would go to her and say even simple things like boys or friends, or with big things, like she helped pick out my grad dress and my shoes, and for all of those things. When I think about picking out my wedding dress, she's the one I think of...She is so mature for her age, she had to grow up so fast, but she has her life in my eyes in complete control and that's something that I envy so I look to her for a lot of things.

For Elizabeth, her aunt became like a mother to her and she described always being comfortable to turn to her for anything. As Elizabeth approached emerging adulthood, she struggled with how much of an influence her aunt had on her decisions: "my aunty steps in to my life at times where I feel she could take a step back, and so I feel like if I weren't using my aunty to replace my mom in that area, then I would be able to say ok, back off let me handle this." Brigitte explained how her grandma and sister are her sources that she goes to about everyday things that daughters would typically ask their mothers about. She described her sister as the mom of the family and her Grandma as the person she goes to for advice on cooking and how to do laundry.

Conversely, Amber describes not having any maternal influence to provide her with the guidance that women typically seek from their mothers, "I really didn't have that nurturing element from, like I didn't have any other women in my mom's family or friends that stepped in and tried to offer me that guidance."

#### ***4.3.2 Becoming a maternal/feminine influence for others***

Five of the women describe taking on a motherly role in their families and developing a stronger bond with their siblings. Annabelle discussed her tendency to ensure that her younger sister was being provided with everything that she needed:

When my little sister needs something, I will do everything in my power to help her get it, or do it for her, or help her do it herself. My relationship with my little sister got a lot stronger, but again it was more I think because she was the youngest, like she didn't have my mom, so she needed us, she needed us to do things for her and to help her do things... for me and my older sisters, it was trying to be her friend, and a sister, and a mother figure all at once.

Mackenzie described the structural change that occurred in her family as she began taking on more of the household duties while also going to school: "The structure had changed, I had kind of taken on the female role, like I was doing the cooking and cleaning and organizing, getting groceries...so I would go to that store still and get the groceries and cook and clean and plus do all of the school stuff."

One participant felt she had become the sole caregiver to her younger brother as her father had become absent in their lives and placed a lot of the responsibility on her. Elizabeth said:

I was the biggest caregiver in my brother's life...this transcended down to my father, and so if something were to happen with my brother, he would call me and say can you deal with this? Umm...and so many of my extended family would say that I basically became a wife to my father just in the way that he treated me after losing my mom...When he

started dating another lady this past year, it was as if he needed my permission for things...I just really became the glue to my family.

#### ***4.3.3 Change in relationship with father***

The majority of women spoke about how significant their fathers had become in their lives. For some participants, after their mothers passed away, the relationships with their fathers grew considerably stronger and more involved. Bailey explained:

We're really close, I tell him everything. We weren't like that before, I was like that with my mom, and I think her passing definitely brought my dad and me a lot closer. Literally, I can tell him anything, even if it's embarrassing you know? And he's really supportive to both my brother and me.

Lisa and Audrey both described their father-daughter relationships as taking the shape of a more reciprocal relationship by providing their fathers with more emotional support while feeling a need to protect them. Lisa explained:

My relationship with my dad...it's a lot stronger now. My dad and I are like the best of friends, he's like my little pumpkin. Partially because I want to be there for him for everything he needs to go through, and because I've already lost a parent I know how important the other parent is. So we've become a lot stronger, great relationship.

Similarly, Audrey said:

I became so close to my dad, he was the most important person to me in the world, and not like we didn't have a close relationship before, but it just became so much closer, and I just felt like, I was 15 at the time, I just felt like I needed to protect him because I felt like he was so heartbroken, and like he lost his partner in life, and I just worried a lot about him and what he was feeling.

Brigitte also described her father-daughter relationship as reciprocal, but more in a sense of becoming closer friends:

We're always doing things together umm whether it's decorating for Christmas, we're always together like friends come over, we have drinks together, and my dad's the annoying friend that's always there. I show up at a party and I'm like why are you here? Oh your friends texted me, oh of course they did yeah awesome.

In contrast, two women described a distancing from their fathers after their mothers died. For Elizabeth, her father became depressed and began working away from home almost permanently. She reflected on her father's inability to parent saying:

He just truly doesn't know how to be in the role of a father, and I feel that that is because he just has so much guilt letting us stay home by ourselves and having me pay the bills and buy groceries, and I don't know how to express what I'm sure he feels, but it's something along the lines that he just has guilt that he can't really overcome, and so it's almost as if he doesn't know how to talk to me because of that.

### **CHAPTER FIVE: Discussion and Reflections**

The purpose of this study was to explore the lived childhood experiences of women who experienced maternal loss due to cancer. Each individual's experience with maternal loss varies, and the purpose of this research was to explore that variation. Further, this study provided the opportunity for these young women to share their stories and experiences, their grieving processes, and explore if and how maternal loss affected their sense of self, and relationships with others.

All of the participants reported that losing their mothers in childhood and adolescence had a profound impact on their lives. Research on bereavement indicates that maternal loss, especially in childhood and adolescence, saturates almost every aspect of a person's life (Cournos, 2001; Gray, 1987; Harris, 1991). All of the women described grieving as an ongoing and lifelong process.

A consistent theme was the idea of having two separate lives. The women felt a distinction between life as a mother's daughter, and then life as a motherless daughter, a term coined by Edelman in 1994. These two distinct times in their lives were marked by very different circumstances. Many of the women who were in adolescence at the time of their mother's illness, were experiencing both the need and want for a relationship with their mother, while dealing with the desire to become more self-sufficient and independent. This tumultuous time is characteristic of the period of adolescence. Some of the women expressed guilt and regret for not spending more time with their mothers while they were ill, and less time engaging in arguments over things that at the time of the interview seemed pointless and silly. The finding that these women describe two distinct lives could indicate that they were propelled into adulthood before they were ready. Schultz (2007) asserts that the feeling of being pushed into adulthood, can

accelerate the normative gradual progression of identity development. In the context of daughters who experience maternal loss, bereavement literature emphasizes the immediate familial need for adolescent women to adapt to taking on a maternal role in the home (Davey, Gulish, Askew, Godette, & Childs, 2005; Faulkner & Davey, 2002; Patterson & Ranganathan, 2010). After their mother's passing, the majority of women describe an immediate adjustment of roles both in the home and within the family dynamic. They suddenly became the maternal figure for their younger siblings and were responsible for taking care of their needs while simultaneously learning to take care of themselves. They described busy days of going to school and then coming home to cook dinner, do the laundry, clean the house, and drive their siblings to various activities. All of the women interviewed had siblings, the majority of whom were younger.

Edelman (2006) argues that taking on this caretaking role hurtles the daughter into the responsibilities of a later developmental stage before she can complete the one she is already in. Taking on this new role made participants feel like they were forced to grow up fast. With this role adjustment, came an increased sense of maturity, responsibility, and independence that exceeded where their friends were at developmentally. Retrospectively, many of the participants saw these traits as beneficial and felt the experience shaped who they have become as adult women. Furthermore, they believe that maternal loss has contributed to the development of empathy and compassion towards other people, and the desire to help those in need. It was very interesting that almost all participants are presently in a career, or hope to one day work directly with helping people either in health care, education, research, or working with families.

After their mothers passed away, a majority of the women sought out alternate maternal influences through other family members. When a daughter experiences motherloss, Edelman (1994) posits that maternal death severs the connection to the "motherline," meaning that there is

a loss of generations of women on her mother's side of the family. In some cases however, women sought out aunts and grandmas from their mother's side as their source for maternal guidance and support, while others looked to their older sisters as role models. One of the most important losses that participants placed emphasis on was that their mothers were not going to be there as they experienced certain milestones. Establishing closer connections with other female family members meant that participants went to them for things that they would have gone to their mothers for including help with everyday tasks around the home, cooking, and relationship advice. Of particular importance were events such as weddings and graduations that their mother would miss. Participants felt a general sadness that their mothers would not be there to walk them down the aisle, help them pick out their wedding dress, or attend their graduation but they seemed to accept it, and discussed having their sisters, aunts, and grandmas there for support.

There were a few participants who experienced increased depression after their mothers passed away. This is consistent with Harrison and Harrington's (2001) study which found that it is not uncommon for adolescents to experience increased depressive symptoms after the loss of someone close to them. One participant who became very depressed while her mom was ill and after she passed away also described having suicidal thoughts because she could not imagine life without her mother. Others described feeling anxious and experiencing panic attacks. Harrison & Harrington (2001) found that most participants did not feel the need for professional help.

Interestingly, many of the participants mirrored this attitude in that they did not feel they needed to see a counselor to talk about their feelings and at the time they could deal with it on their own. It is clear that some of the women could have benefited from talking with a professional and getting appropriate help to manage their depressive and anxious symptoms. It could be that they did not think of seeking help, they may not have felt comfortable talking with a stranger or their

father did not know they needed professional support, or they did not know how to access this support. It would be interesting to explore the women's needs for therapy or counseling now that they are adults. They may feel more comfortable that they are older to speak with a professional about their experiences and discuss where their thoughts and feelings stem from. For these women, the grieving process is ongoing, and so it could be helpful to have outside support from an objective source to help them work through issues they may be experiencing now.

The nature of the relationship between the daughter and the surviving parent can be an important factor in the daughter's grieving process. The better the relationship and the more social support she has, the less likely it is for the daughter to experience depressive symptoms (Gray, 1987). In this context, the relationship between father and daughter becomes important to consider. In the instance that the daughter is not receiving the support that she needs from her father, there is the likelihood that depression, among other problems, can emerge. Some of the participants experienced depressive symptoms during their mother's illness and after she passed away. Some of them also described their father as absent during that time, both emotionally and physically. In one case, the participant and her father became estranged, he moved away, and did not provide the support she needed while she was grieving. In another case, the participant's father left her to care for herself and her brother, and although she did not report feeling depressed, she did describe behaviours indicative of an eating disorder. Interestingly, many of the participants no longer experienced depressive or anxious symptoms at the time of the interview. This could indicate that over time, the daughter adapts to the loss, develops helpful coping strategies, and instead of feeling depressed, begins to integrate the loss into her everyday life in a more positive, meaningful way.



Although some participants described a negative relationship with their fathers, the majority of participants saw their relationships grow and change to become more positive and reciprocal in nature. This finding is consistent with Schultz' (2007) research that found women reported an increased closeness with their fathers and also emphasized how their fathers had influenced their identity development.

Many of the women expressed the need to protect and be there for their father after their mother passed away. This is consistent with Forrest, Plumb, Ziebland, and Stein's (2009) findings that a child is often acutely aware of his or her father's emotional state, and will express a need to protect him. One participant felt that she needed to provide emotional support for her dad after her mom passed because he had lost his wife and was now alone.

Participants reported feeling like they were not provided enough information about their mother's illness and issues surrounding it. Reflecting on their childhood experience, some came to the conclusion that the lack of communication was their parents' way of protecting them and preventing them from worrying. Others were told that everything was fine. A couple of participants said they would have liked to know what their mother was going through so that they could be there for her and try and help. Some participants were upset and discussed feelings of regret about not spending more time with their mother when she was ill. Barnes, Kroll, Lee, Burke, Jones, and Stein (2002), looked at the factors predicting communication about the diagnosis and treatment of maternal breast cancer to children. They found that older children were more likely to be told earlier and be provided with more information. They recommended that mothers seek professional support to help them appropriately communicate with their children at various stages of their diagnosis and treatment, especially earlier on in their experience and if there is a poor prognosis. Open communication will help to prevent

psychological distress in the adolescent during the time of illness (Lindqvist, Schmitt, Santalahti, Romer, & Piha, 2007).

A phenomenological study conducted by Finch and Gibson in 2009 found that young people expressed the overwhelming need for honesty and openness in family communication about cancer. If the participants' parents were to have been open and honest about their mother's situation throughout the illness, they may have felt more comfortable talking about their feelings and emotions, better understood what was happening to their mother during her illness, and may have spent more time with her before she died.

Many of the participants expressed positive outlooks on life and on the future after their mothers died. These can be seen as a result of post-traumatic growth. Recent research by Tedeschi and Calhoun (1995), discusses the concept of post-traumatic growth as it pertains to the bereavement process. According to Tedeschi and Calhoun (1995), Post-traumatic growth (PTG) is the positive change experienced as a result of the struggle with a traumatic life event, and regardless of the presence of psychological distress, growth can coexist alongside this distress (Tedeschi & Calhoun, 2004). In the context of a daughter's experience with maternal loss, and the subsequent development of a positive outlook on life, post-traumatic growth occurs when the daughter feels distress. Constant distress prompts coping efforts, including effortful volitional rumination, or the desire and willingness to reflect on and make meaning of her experience. Tedeschi & Calhoun (2004) state that this post-traumatic cognitive activity may also be influenced by other factors including the severity of the event, time since maternal death, and exposure to other stressful experiences. Further, positive social support by loved ones is thought to provide comfort, as well as a framework for making sense of the traumatic experience. Within the context of this study, findings can be explored using the concept of PTG. The majority of

participants all experienced childhood maternal loss, which is unarguably a traumatic life event. The loss and distress associated with it, is only compounded by the circumstances that each young woman find themselves in. That is, the adoption of a feminine/maternal role in the family, assuming responsibility for younger siblings and general upkeep of the house, as well as redefining her identity and sense of self. PTG can be used to understand how a grieving daughter can cope with these many forms of distress, the primary one being the death of her mother, and create meaning out of her experience. For all of the women in this study, the meaning they created can be interpreted as reflecting a general positive outlook on life. Many of them described the desire to see good in people, to find and maintain meaningful authentic relationships with others, and carry the memories of their mothers with them throughout their daily lives. PTG provides a new perspective that has not previously been considered in relation to daughters who experience maternal loss in childhood.

### **Theoretical Perspectives**

Many theories have been developed over the years to explain the grief and bereavement phenomenon. Three main theories were used to help explain the participant narratives and the research findings in this study: the dual process model, attachment theory, and grief theories.

#### **Dual Process Model**

Stroebe and Schut's (1999) Dual Process Model was developed to explain how grieving individuals encounter two types of stressors: loss-oriented and restoration-oriented. At times, the individual can be confronted by their loss, while at other times, they will avoid memories, become distracted, or find relief by concentrating on other things. The participants in this study described both loss-oriented and restoration-oriented behaviours. On some occasions, some of the participants noted having a period where they became loss-oriented, and allowed themselves

a time to cry and to feel the pain of their loss. Restoration-oriented coping occurred for all of the participants. The majority of them described taking on the household responsibilities such as cooking and cleaning. Others described becoming a mother-figure for their younger siblings; taking on this new role contributed to their changing sense of self and their new identity. For the women whose mothers died while they were of school age, they found relief and distraction in their school work and while spending time with their friends. One participant described her grieving process as one that ebbs and flows, she described periods of time where she confronted the loss of her mother and found that she could not pick herself up off the floor some days because she was overwhelmed with the pain of her loss. After those periods of loss-oriented grieving, she would then continue to live her life, by going to work and raising her two young daughters.

### **Attachment Theory**

Bowlby (1975) offers three forms of attachment, which can be present in grieving daughters' subsequent relationships with others following loss: anxious attachment, compulsively self-reliant, and compulsive caregiver. It would be difficult, given the nature of the interview questions, to know for certain what attachment style was present between each mother and daughter pair. However, comparisons between certain childhood attachment behaviours and a participant's current behaviour in relationships can still be discussed. Those that are compulsively self-reliant have problems accepting care and love from others and insist on doing everything themselves. This is consistent with Ina's behaviour as she describes it. She felt like after her mom died, her family's attempts at consoling her and providing support for her were unwanted. She wanted to do everything on her own, which included taking care of her father and younger sister, and did not want to accept help from anyone. An individual who is compulsively

self-reliant also has an attachment to her mother that is marked with patterns of parental rejection and inconsistent parenting which can lead to her inhibiting attachment feeling and behaviour, and rejecting close relationships. Although Ina does not describe her mother as rejecting, she does talk about her mother's life as a professional and how she was very busy and worked a lot, this could have led to inconsistent parenting which manifested into Ina rejecting any close relationships with her family members.

### **Grief Theories**

General grief theorists posit that a grieving individual makes his or her way through a step-by-step process which eventually leads to the individual's ability to accept the loss, and integrate it into his or her life as time goes on. When comparing the grief experiences of the participants to the various steps and tasks involved in general grief theories, some similarities emerge.

Kubler-Ross (1969), Schuchter & Zisook (1993), and Bowlby (1980) all argue that an individual experiences denial as the first step in the process of grieving. Some of the participants expressed feelings of denial while their mom was ill, and for some, those feelings emerged after her death. Some described the experience as "unreal" and "shocking," and some women described staying busy by going back to school, and carrying on with their lives. According to Kubler-Ross (1969), during this time, denial can help to pace feelings of grief by only letting in as much as a person can handle. Therefore, the acts of going back to school and carrying on with life so to speak, may have helped manage their feelings of grief by providing distractions so that they could process the loss at their own pace.

According to Bowlby (1980) and Kubler-Ross (1969), anger can be a common emotion experienced by a grieving person. Interestingly, none of the participants discussed feeling angry

about the loss. If they did experience anger, they may not have mentioned it because they did not associate those feelings with their grieving process, or they may have simply not felt angry.

Bowlby (1980), Kubler-Ross (1969), Schuchter and Zisook (1993), and Worden (1983) all describe the idea of accepting the loss, adapting to new roles, and developing a new sense of self as the final steps in the grieving process. Annabelle acknowledged at what point she accepted the loss of her mother. That came when she felt that it was time to start telling people that her mother had died and that it was no longer a secret. It may not have felt real to her until she started talking about it, and once she did that, she accepted that her mother was gone. Many of the women described adapting to new roles as they became maternal figures for their siblings, and took on more household responsibilities. However, for some, this transition occurred immediately after their mothers died. This finding differs from Bowlby (1980) and Worden's (1983) theory in that these role adaptations do not necessarily come last in the grieving process, but instead can be evident even while the beginning phases of grieving are occurring.

### **Implications**

Over recent years, research has been done on the topic of maternal loss and child and adolescent bereavement (Clem, 2009; Dehlin & Martensson, 2009; Schultz, 2007), however, there are still many aspects left to be investigated. This research makes an important contribution to the existing body of knowledge because it looks specifically at how maternal loss affects women throughout their adolescence and into emerging adulthood.

The present findings of this study as well as other related literature could be used to inform those who work with children, adolescents, and young adult women who have experienced maternal loss. Through this study, it becomes clear that every individual experiences loss in their own unique way. Therefore, the need for clinicians and those working with this

population to have sensitivity and understanding is imperative. Further, it is crucial that they stay open-minded and allow young women to educate them on their experiences.

This research will benefit other future generations of maternally bereaved women who see themselves in the experiences of these women, and recognize their own unique process of bereavement and their development of sense of self. Each woman's experience is different, her ways of grieving may be different, and her needs may be different from another woman going through a similar experience. It is important for women to acknowledge these differences, and accept them as their own.

### **Limitations**

Limitations of this study need to be acknowledged. The experiences and insights that were brought forth by the ten participants cannot be assumed to be representative of all women who experience childhood maternal loss due to cancer. Also, due to the nature of the study and the small sample size, the influence of culture was not considered and therefore the participants were not asked to identify their ethnic background.

Due to the questions that were asked during the interviews, participants may not have been able to talk about their experiences with maternal loss the way they may have wanted to. That is, the interview questions were related to sense of self, relationships with others, and the bereavement process. Other relevant themes may have emerged if the women were given the opportunity to speak openly about their experiences had the researcher not utilized the interview questions.

### **Future Directions for Research**

For future research, it would be beneficial to conduct longitudinal research on this group of women to understand their experiences across the life span, and to understand how their

process of bereavement has progressed. Many of the participants talked about having children, or already had children at the time of the interview. Some of them voiced concern over the possibility that they themselves may get cancer and leave behind their children. Further research could be done using this cohort to investigate whether or not these thoughts persist over time, and if so, does it affect their behaviour and how? It would also be beneficial to interview the women's children to get a better understanding of how maternal loss may influence parenting and the family dynamic.

Additionally, in relation to post-traumatic growth (PTG), future research could examine the factors or variables that lead to PTG after mother-loss in childhood or adolescence. The question could be asked: are there factors or variables that assist with PTG and resilience? Further, what are the characteristics of the young women who have grown in a positive way or made meaning from the experience maternal loss? Are they inherent? If not, are there interventions that health care providers, counselors, teachers, or the surviving parent can provide or encourage to promote PTG?



### **Conclusion**

For a daughter, the effects of maternal loss in childhood and adolescence have a profound impact on life as she knows it. This qualitative study was conducted to better understand the lived experiences of 10 women who experienced maternal loss due to cancer in childhood and adolescence. In particular, the aim was to understand their grieving processes, how maternal loss shapes their developing sense of self, and how their relationships with close others were affected.

Throughout this study, it is clear that the 10 women interviewed experienced grief in their own unique ways, and grieving for many is a lifelong process. The experience of maternal loss impacted their developing sense of self as many of the women adjusted to taking on new roles and responsibilities, and perceived to have developed certain traits such as independence, maturity, and empathy and compassion towards others. Further, a majority of the women reported the development of a more positive, close, and reciprocal relationship with their fathers. Some became maternal figures in their siblings' lives, while at the same time seeking out their own connections with maternal role models to fulfill their needs.

Possible areas for future research include conducting longitudinal studies on this particular cohort to understand their experiences across the lifespan, how having their own children may impact their perceptions on cancer risk and how that could affect their parenting and the family dynamic.

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**Appendix A - Ethics Approval JREB**

Human Ethics  
208-194 Dafoe Road  
Winnipeg, MB  
Canada R3T 2N2  
Phone +204-474-7122  
Fax +204-269-7173

**APPROVAL CERTIFICATE**

June 25, 2013

(Advisor: K. Roger)

**TO:** Hayley Lyons  
Principal Investigator

**FROM:** Susan Frohlick, Chair  
Joint-Faculty Research Ethics Board (JFREB)

**Re:** Protocol #J2013:083  
"The Lived Experiences of Bereaved Daughters Who Lost Their Mothers to Cancer"

Please be advised that your above-referenced protocol has received human ethics approval by the **Joint-Faculty Research Ethics Board**, which is organized and operates according to the Tri-Council Policy Statement (2). **This approval is valid for one year only.**

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Secretariat in advance of implementation of such changes.

**Please note:**

- If you have funds pending human ethics approval, please mail/e-mail/fax (261-0325) a copy of this Approval (identifying the related UM Project Number) to the Research Grants Officer in ORS in order to initiate fund setup. (How to find your UM Project Number: <http://umanitoba.ca/research/ors/mrt-faq.html#pr0>)
- if you have received multi-year funding for this research, responsibility lies with you to apply for and obtain Renewal Approval at the expiry of the initial one-year approval; otherwise the account will be locked.

The Research Quality Management Office may request to review research documentation from this project to demonstrate compliance with this approved protocol and the University of Manitoba *Ethics of Research Involving Humans*.

**The Research Ethics Board requests a final report for your study (available at: [http://umanitoba.ca/research/orec/ethics/human\\_ethics\\_REB\\_forms\\_guidelines.html](http://umanitoba.ca/research/orec/ethics/human_ethics_REB_forms_guidelines.html)) in order to be in compliance with Tri-Council Guidelines.**

**Appendix B - Ethics Approval RRIC**

**CancerCare**  
MANITOBA

ActionCancerManitoba

July 3, 2013

Hayley Lyons

675 McDermot Avenue  
Winnipeg, Manitoba  
Canada R3E 0V9

409 Taché Avenue  
Winnipeg, Manitoba  
Canada R2H 2A6

[www.cancercare.mb.ca](http://www.cancercare.mb.ca)

**Re: RRIC #2013-040: The Lived Experiences of Bereaved Daughters Who Lost Their Mothers to Cancer**

The above-named study has been approved by the CancerCare Manitoba (CCMB) Research Resource Impact Committee (RRIC).

The following department at CCMB has signed off on this study: Patient and Family Support Services

According to the CCMB RRIC submission form that you completed, no CCMB paper charts will be required for this study and the study expected duration is 6 months.

A copy of the signed CCMB PHIA form for research is appended to this letter.

ANY SIGNIFICANT CHANGES TO THIS RESEARCH PROJECT MUST BE REPORTED TO THE RRIC BY SUBMITTING A "REQUEST FOR AMENDMENT FORM" FOR CONSIDERATION IN ADVANCE OF IMPLEMENTATION OF SUCH CHANGES. Significant changes include (but are not limited to): a change in the study design or in the data to be collected; a change in the study duration, the patient cohort to be studied, or the number of participants to be studied; the need to review CCMB paper charts (when not originally planned) or the need to review significantly more CCMB paper charts than originally planned; the addition of other trainees or co-investigators to the project; or the inclusion of additional individuals who will have access to the data or database.

Please cite the RRIC number for this study in all future correspondence with the RRIC about it. Please note that annual approval is not required if there are no changes to the project (as outlined above).

This approval is for RRIC use only. For ethics of human use and/or regulatory bodies, approval should be sought from the relevant parties as required.

Yours sincerely,

Rochelle Yanofsky, MD FRCPC  
Chair, CCMB Research Resource Impact Committee

Enclosure: Signed CCMB PHIA Form for Research

cc: Dr. Harvey Chochinov – Patient and Family Support Services  
File copy

**Appendix C**Information Poster

Faculty of Human Ecology  
Family Social Sciences  
Winnipeg, Manitoba  
Canada, R3T 2N2

**THE UNIVERSITY OF MANITOBA****RESEARCH PARTICIPANTS NEEDED**

## Did your mother pass away from cancer when you were a child?

I am a Master of Science student in Family Social Sciences at the University of Manitoba. For my thesis, I am conducting a study entitled “The Lived Experiences of Bereaved Daughters Whose Mothers Died from Cancer”. I am interested in the stories and experiences of these bereaved daughters.

You are eligible to participate in this study if:

- You have a mother who passed away from cancer
- You were under the age of 18 when your mother passed away
- You are now between the ages of 18 and 30
- You speak and understand English
- You are willing to provide up to 1 hour of your time to be interviewed
- You live in Winnipeg, Manitoba
- You are interested in telling your story

You will be given the option to review the written analysis of the study’s findings. Total maximum time commitment, including review of the analysis if you choose, will not exceed 3 hours. An honorarium of \$20 will be given upon completion of the interview.

This study is being supervised by Dr. Kerstin Roger, Assistant Professor, Faculty of Human Ecology.

**Are you interested?**

Hayley Lyons, MSc student

Phone: [REDACTED] Email: [umlyonsh@myumanitoba.ca](mailto:umlyonsh@myumanitoba.ca)

**Appendix D**

Email to Professors

Hello,

My name is Hayley Lyons and I am currently a Master's student in the Faculty of Human Ecology. I am currently recruiting participants for my research study. I'm hoping to do one-on-one interviews with ten women whose mothers died from cancer when they were children.

I am contacting you today in hopes that you'd allow me to come into your class and do a short presentation about my study and to possibly find some students who would be interested in participating. My advisor is Dr. Kerstin Roger. I can come to your class at any time that is convenient and wouldn't take more than five minutes of your class time.

Please let me know if you have any questions and I look forward to hearing from you.

Hayley

**Appendix E**Announcement Script

Hi Everyone. My name is Hayley Lyons and I am currently a Master's student in child and adolescent development in the Faculty of Human Ecology. I am here today to discuss my research project in hopes of finding interested individuals who fit my participant criteria and who would like to participate in a one-on-one interview with me.

The purpose of my study is to explore the experiences of bereaved daughters whose mothers have died from cancer, and to understand how their bereavement experiences may have shaped their sense of self and relationships with others. Due to the familial nature of some cancers, and the way in which it impacts the whole family, this is a particularly important study for families and professionals who care for them. Existing research has depended on surviving parents being asked about and describing the experiences of their children in childhood (Clem, 2009); there has been little opportunity for children to share their experiences, and it has been said that parents and children share significantly different feelings and memories of the same experiences (Eiser & Eiser, 2000). This study will provide a unique opportunity for bereaved adult daughters to share their experiences, thoughts and feelings, and to tell their own stories. The topic will be explored in a sample of young adult women whose mothers died from cancer during their childhood.

The focus of this study will be limited to individuals who are currently between the ages of 18-30 and who lost their mother to cancer in childhood (prior to the age of 18). Participants will each participate in approximately one two-hour one-on-one interview and will receive a \$20 honorarium once the interview is complete.

The location of the interview will be up to the participant. Space is available in room 313F in the Human Ecology Building on the University of Manitoba campus, or in the family room at CancerCare Manitoba. Arrangements can also be made to have the interview take place at the participant's place of residence.

If you are interested in participating in my research please take a look at the poster hung up outside the door for my contact information.

Thank you for your time today! Do you have any questions?

**Appendix F**Consent Form**Faculty of Human Ecology  
Family Social Sciences**

Winnipeg, Manitoba  
Canada R3T 2N2  
Phone: (204) 474-6354  
Fax: (204) 474-7592

**Consent Form**

Please consider this information carefully before deciding whether to participate in this research.

**Purpose of the research:** To understand the lived experiences of bereaved daughters whose mothers died of cancer during childhood.

**What you will do in this research:** If you decide to volunteer, you will be asked to participate in one interview. You will be asked several questions. Some of them will be about the relationship with your mother. Others will be about what the bereavement process has been like for you. With your permission, I will audio record the interviews so I don't have to make so many notes. You will not be asked to state your name on the recording.

**Time required:** The interview will take approximately 1 hour.

**Location of Interview:** The location of the interview will be decided by you, the participant. Optional locations include room 313F in Human Ecology at the University of Manitoba, the Family Room at CancerCare Manitoba, or at your place of residence.

**Risks:** Some of the questions may cause discomfort or emotional distress.

**Benefits:** This is a chance for you to tell your story about your experiences with maternal cancer and your bereavement experience.

**Compensation:** You will receive 20\$ at the end of the interview.

**Confidentiality:** Your responses to interview questions will be kept confidential. At no time will your actual identity be revealed. You will be assigned a random numerical code. Anyone who helps me transcribe responses will only know you by this code. The recording will be destroyed when my thesis has been accepted. The transcript, without your name, will be kept until the research is complete.

The key code linking your name with your number will be kept in a locked file cabinet in a locked office, and no one else will have access to it. It will be destroyed 8 months after the interview, in approximately March of 2014. The data you give me will be used for my Masters Thesis and may be used as the basis for articles or presentations in the future. I won't use your name or information that would identify you in any publications or presentations.

All members of the research team, and I, as the researcher and transcriber of the interview have signed a confidentiality agreement to protect your personal information.

**Participation and withdrawal:** Your participation in this study is completely voluntary, and you may refuse to participate or withdraw from the study at any time without penalty or loss of benefits to which you may otherwise be entitled. You will receive payment upon completion of your interview. You may withdraw by informing the researcher that you no longer wish to participate (no questions will be asked). You may skip any question during the interview, but continue to participate in the rest of the study.

**To Contact the Researcher:** If you have questions or concerns about this research, please contact: Hayley Lyons, [REDACTED], umlyonsh@cc.umanitoba.ca. You may also contact the faculty member supervising this work: Dr. Kerstin Roger, Faculty of Human Ecology, Kerstin.roger@ad.umanitoba.ca

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

This research has been approved by the Joint-Faculty Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC) at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

**Agreement:**

The nature and purpose of this research have been sufficiently explained and I agree to participate in this study. I understand that I am free to withdraw at any time without incurring any penalty.

☐ I give permission for this interview to be recorded.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_



Signature of Researcher: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Researcher: \_\_\_\_\_

**Appendix G**Interview Guiding Questions

1. Can you tell me about yourself? PROBES: family structure, friends, life, activities, hobbies, interests, everyday activities.
2. What was the relationship like with your mom growing up?
3. Can you discuss what your mom's diagnosis was like for you?
4. What did you experience before and while your mom was dying? What about afterwards?
5. How would you describe your grief process?
6. Has it changed how you see yourself after? How?
7. What are your relationships like with other family members (before/after)?
8. Has your life changed as a result of losing your mom to cancer? If so, what aspects of your life changed?
9. What do you see for yourself in the future? PROBES: health, lifestyle, relationships, activities.

**Appendix H - Ethics Amendment UMREB**



Human Ethics  
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Winnipeg, MB  
Canada R3T 2N2  
Phone +204-474-7122  
Fax +204-269-7173

**AMENDMENT APPROVAL**

November 19, 2013

**TO: Hayley Lyons**  
Principal Investigator

**FROM: Susan Frohlick, Chair** [REDACTED]  
Joint-Faculty Research Ethics Board (JFREB)

**Re: Protocol #J2013:083**  
**"The Lived Experiences of bereaved Daughters who Lost their Mothers to Cancer"**

---

This will acknowledge your request dated November 8, 2013, requesting amendment to your above-noted protocol.

Approval is given for this amendment. Any further changes to the protocol must be reported to the Human Ethics Secretariat in advance of implementation.

**Appendix I - Ethics Amendment RRIC**

RRIC # 040 - 2013

**Protocol Amendment Form for Studies Already Approved by the  
CancerCare Manitoba Research Resource Impact Committee (RRIC)**

**Instructions:** Changes to the original approved RRIC application must be submitted to the RRIC for review and approval in advance of their implementation. Complete each section and indicate where no change is requested. **Once the amendment has been reviewed by the RRIC Chairperson, a signed copy of this form will be returned to you with the outcome of the review outlined in section 8.0. Study amendments will be reviewed between meetings and can be submitted to the RRIC Coordinator at any time.**

If you are **ONLY submitting changes to personnel** (updating the PHIA Form for Research) please only submit two (2) copies of the amendment form and two (2) copies of the revised PHIA Form for Research.

For all other protocol amendments to be reviewed, please **submit four (4) copies of the following to the RRIC Coordinator:**

- the completed CCMB RRIC Amendment form (attach revised PHIA Form for Research and/or Trainee Form if applicable)
- the most recent REB amendment submission form
- the REB letter approving the amendment
- the revised study proposal
- if applicable, the HIPC amendment submission form and approval letter

**Ashley Sitarz, RRIC Coordinator**  
**CancerCare Manitoba, Room ON5008**  
**675 McDermot Avenue,**  
**Winnipeg, Manitoba R3E 0V9**

Telephone: (204) 787-4170 Fax: (204) 787-2190

E-Mail: [Ashley.Sitarz@cancercare.mb.ca](mailto:Ashley.Sitarz@cancercare.mb.ca)

RRIC information and forms are located on the RRIC Website  
[http://www.cancercare.mb.ca/home/cancer\\_research/rric/](http://www.cancercare.mb.ca/home/cancer_research/rric/)

<b>1.0 - Study Information</b>		
Date:	November 8, 2013	
Study Title:	The Lived Experiences of Bereaved Daughters Whose Mothers Died from Cancer	
Principal Investigator:	Hayley Lyons	
Address:	[REDACTED]	
Phone:	[REDACTED]	E-Mail: <a href="mailto:urnlyonsh@myumanitoba.ca">urnlyonsh@myumanitoba.ca</a>
Fax:	[REDACTED]	
Study Coordinator:	[REDACTED]	
Address:	[REDACTED]	
Phone:	[REDACTED]	E-Mail: [REDACTED]
Fax:	[REDACTED]	
Correspondence to be directed to:	<input checked="" type="checkbox"/> Principal Investigator <input type="checkbox"/> Study Coordinator	
Please indicate the current status of this study (ie: chart reviewing, data analysis, etc)	Participant Recruitment and Data Analysis	

RRIC # 040-2013

<b>2.0 Change in Study Personnel:</b> The RRIC must be notified of those individuals who will be accessing the study data and a revised CCMB PHIA Form for Research must be submitted with this amendment form. <i>(NOTE: If you are updating the PHIA Form for Research, please note that the Privacy Officer will sign once the amendment is approved. Please do not contact Health Records to obtain this signature.)</i>					
<input checked="" type="checkbox"/> <b>NO CHANGES REQUESTED</b>			<input type="checkbox"/> <b>CHANGES REQUESTED</b>		
<b>Original List of Study Personnel</b> (as listed on the original PHIA Form for Research)			<b>Revised List of Study Personnel</b> (please specify the names and roles of all individuals who will have access to study data. A Trainee Form must be submitted for each trainee added to the study personnel list.)		
<div style="border: 1px solid black; height: 20px;"></div>			<div style="border: 1px solid black; height: 20px;"></div>		
<b>3.0 Change in Research Objective(s):</b> Often through the course of research, a supplementary research question or hypothesis must be explored that was not considered at the time of preparing the original submission. If this additional research question, hypothesis or analysis falls within the scope of the approved project, it may be considered an amendment to the original approval. Please provide a description of the additional or revised study objective(s) and include a list of any new data that is required for this additional analysis. A brief one page summary describing protocol changes can be attached. <i>(Note: Please contact the RRIC Chair to determine if the new research objective, hypothesis, or analysis can be considered as a protocol amendment or if a new submission is required.)</i>					
<input checked="" type="checkbox"/> <b>NO CHANGES REQUESTED</b>			<input type="checkbox"/> <b>CHANGES REQUESTED</b>		
<b>Approved Research Objectives</b>			<b>Change/Additional Research Objectives</b> (please specify if additional data will be required to analyze these objectives by listing the information and years of data required.)		
<div style="border: 1px solid black; height: 20px;"></div>			<div style="border: 1px solid black; height: 20px;"></div>		
<b>4.0 Change in Study Design and/or Data Collection:</b> Please indicate the type of study and source of data collection, including years for which access was originally approved. In the adjacent column, list any changes to the type of study, the data collection, and/or years required. Note that it is important to describe why the originally approved data were insufficient. <i>(Note: If a new research question or hypothesis is being tested, this may be considered a new project. Please contact the RRIC Chair to determine if a new submission is required.)</i> <i>(Note: If you are making changes to the "Years Requested" please also complete section 5.0)</i>					
<input checked="" type="checkbox"/> <b>NO CHANGES REQUESTED</b>			<input type="checkbox"/> <b>CHANGES REQUESTED</b>		
<b>Original Study Type, Data Source, and/or Years Requested</b> (as listed in the original RRIC submission)			<b>Changes to Study Type, Data Source, and/or Years Requested</b>		
Study Type	Data Source	Years	Study Type	Data Source	Years
<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Retrospective Record Review <input type="checkbox"/> Other (specify): <div style="border: 1px solid black; height: 20px;"></div>	<input type="checkbox"/> Survey <input type="checkbox"/> Electronic Chart Audit <input type="checkbox"/> Paper Chart Audit <input type="checkbox"/> Cancer Registry <input type="checkbox"/> Existing Database <input type="checkbox"/> Other (specify): <div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative <input type="checkbox"/> Retrospective Record Review <input type="checkbox"/> Other (specify): <div style="border: 1px solid black; height: 20px;"></div>	<input type="checkbox"/> Survey <input type="checkbox"/> Electronic Chart Audit <input type="checkbox"/> Paper Chart Audit <input type="checkbox"/> Cancer Registry <input type="checkbox"/> Existing Database <input type="checkbox"/> Other (specify): <div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
<b>Reason for change(s):</b> <div style="border: 1px solid black; height: 20px;"></div>					

RRIC # 040-2013	
<b>5.0 Change in Recruitment:</b> Please list the recruitment information and/or number of charts for which access was originally approved. In the adjacent column, list the additional numbers now required (*Important: you must contact Epidemiology and Cancer Registry for accurate numbers, do not estimate: <a href="mailto:epl.cancerregistry@cancer.ca">epl.cancerregistry@cancer.ca</a> ). A brief description of the reason for the change in recruitment is also required. Note that it is important to describe why the originally approved recruitment was insufficient. (Note: If additional data are being requested to repeat a previously approved analysis to demonstrate time-trends or the effect of an intervention, this may be considered a new project. Please contact the RRIC Chair to determine if a new submission is required.)	
<input type="checkbox"/> NO CHANGES REQUESTED	<input checked="" type="checkbox"/> CHANGES REQUESTED
<b>Original Recruitment</b> (as listed on the original RRIC application form)	<b>Changes in Recruitment</b>
Start Date of Study: June 3, 2013	Start Date of Study: June 3, 2013
Duration of Study: 10 months	Duration of Study: 10 months
End date of accrual (if applicable):	End date of accrual (if applicable):
Number of participants locally: 10	Number of participants locally: 10
Total number of CCMB paper charts required: n/a	Total number of CCMB paper charts required: n/a
Number of CCMB paper charts already reviewed: n/a	Number of additional CCMB paper charts to be reviewed: n/a
Reason for change(s): Recruitment of ten bereaved daughters has proven difficult over the period of June 3, 2013 to Nov 8, 2013. Therefore, researcher seeks approval to also recruit bereaved sons.	
<b>6.0 Change in Location of Data Storage and/or Analysis:</b> The RRIC and PHIA office must be notified if data will be stored or analyzed at a location other than that which was originally approved. A complete description of the data security procedures at the new location must be included. A revised CCMB PHIA Form for Research must be completed and submitted.	
<input checked="" type="checkbox"/> NO CHANGES REQUESTED	<input type="checkbox"/> CHANGES REQUESTED
<b>Approved Location of Data Storage/Access</b>	<b>New or Additional Data Storage/Access Location</b> (Please include a description of the security measures in place to protect the confidentiality of the data.)
<b>7.0 Other:</b> Please outline requested changes not described above.	
<input checked="" type="checkbox"/> NO CHANGES REQUESTED	<input type="checkbox"/> CHANGES REQUESTED
<b>Approved process/procedure</b>	<b>Requested changes</b>

RRIC # 040-2013

**8.0 Signatures**

<div style="border: 1px solid black; padding: 2px; text-align: center;">Hayley Lyons</div> <div style="text-align: center;">Name of Principal Investigator</div>	<div style="border: 1px solid black; height: 20px; background-color: black; margin: 0 auto; width: 100px;"></div> <div style="text-align: center;">Signature of Principal Investigator</div>	<div style="text-align: right;">Nov 8, 2013</div> <div style="text-align: right;">Date</div>
<div style="border: 1px solid black; padding: 2px; text-align: center;">Dr. Kerstin Roger</div> <div style="text-align: center;">Name of Supervisor (if PI is a Trainee)</div>	<div style="border: 1px solid black; height: 20px; background-color: black; margin: 0 auto; width: 100px;"></div> <div style="text-align: center;">Signature of Supervisor</div>	<div style="text-align: right;">Nov 11, 2013</div> <div style="text-align: right;">Date</div>

**9.0 For RRIC Use Only:**

Departments Impacted by Change:	Contact:	Signature:	Date:
<input type="checkbox"/> Cancer Registry	Ms Gail Noonan 787-2157		
<input type="checkbox"/> Epidemiology	Dr. Jane Griffith 235-3277		
<input type="checkbox"/> Health Information/Health Records	Ms Jacqueline Sholdice 787-2266		
<input type="checkbox"/> Privacy Officer	Ms Jacqueline Sholdice 787-2266		
<input type="checkbox"/> Clinical Investigations Office	Ms Kathryn Dyck 787-2127		
<input type="checkbox"/> Other:			

<p><b>Approved:</b></p> <p><input checked="" type="checkbox"/> Yes</p> <div style="border: 1px solid black; height: 20px; background-color: black; margin: 10px auto; width: 100px;"></div> <div style="text-align: center;">Signature of RRIC Chairperson</div> <div style="text-align: right;">Nov 13, 2013</div> <div style="text-align: center;">Date</div>	<p><b>Approved:</b></p> <p><input type="checkbox"/> No</p> <p>Reason for not approving:</p> <p><input type="checkbox"/> Requires Full Committee Review</p> <p><input type="checkbox"/> Information Missing:</p> <p><input type="checkbox"/> Other:</p>
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Save Completed Form