When a woman is diagnosed with breast cancer, the diagnosis affects the entire family. More than 180,000 women are diagnosed with breast cancer each year (American Cancer Society [ACS], 2007) and half of these women are younger than age 60. Between 43,000–86,000 children younger than age 18 potentially are affected by this diagnosis, with as many as 30% of women who are diagnosed with breast cancer having at least one school-age or adolescent child in the home (Faulkner & Davey, 2002).

Adolescents who have mothers diagnosed with breast cancer experience many changes and threats to their way of life. These changes can result in anxiety and depression that cause difficulties in their home, school, and social lives (Solvi & Ulfsaet, 2003). Negative changes can be, in part, because mothers who have breast cancer have high rates of depression and treatment-related symptoms for up to or longer than two years after being diagnosed (Goldberg et al., 1992). When mothers have depression, it can impair their ability to parent, leaving adolescents to try to cope with their day-to-day stressors and increased burdens placed on them when their mothers are ill (Solvi & Ulfsaet). Mothers with breast cancer may have less emotional availability, communicativeness, energy for supervision, consistency of discipline, and initiative and may have increased hostility, irritability, and coerciveness (Cummings & Davies, 2004; Faulkner & Davey, 2002; Stiffler, Haase, Hosei, & Barada, 2008). Adolescents find that when their mothers are depressed, they are less accessible or emotionally available. The normal routines in the home are disrupted and frequently the home and marriage experience increased tension (Elmberger, Bolund, & Lutzen, 2000; Lewis & Darby, 2003; Lewis & Hammond, 1996; Rayson, 2001; Solvi & Ulfsaet). Researchers also indicate that for men and women, adolescents’ views of the quality of the mother-adolescent relationship are a significant predictor of adolescents’ coping behaviors (Kliwer, Fearnem, & Miller, 1996). Adolescents tend to have lower self-esteem when they rate parenting quality as low (Lewis & Hammond). This article reports findings related to adolescent daughters’ experiences of being parented when their mothers have breast cancer. The data are part of a larger study of mothers’ experiences of parenting and adolescents’ experiences of being parented during the acute phases of their mothers’ illness. Adolescents need assistance to find developmentally appropriate information, communicate their needs, and develop appropriate coping mechanisms.

Purpose/Objectives: To examine the experiences of being parented when mothers are diagnosed and treated for breast cancer from the perspectives of adolescent daughters.


Setting: Participants were recruited from sites in Indiana and Arizona.

Participants: Eight adolescent daughters whose mothers had been diagnosed with and treated for breast cancer. Ages of the adolescent daughters at the time of diagnosis ranged from 10–15, with an average age of 13.5 years. Ages at the time of the interview ranged from 13–24 years.

Methodologic Approach: An open-ended, audiorecorded interview was conducted with each daughter.

Findings: 8 major themes were found: A World Turned Upside Down, Stop the Intrusion—Need to Get Away—Reluctant to Leave, Mom Can’t Die, A Hole Where Mom Used to Be, Filling in the Hole Where Mom Used to Be, Being There for Mom—Managing Mom, Managing My Reactions—Being Selfish or Difficult, and Guarded Relief.

Conclusions: The daughters were struggling with changes going on in their lives. They found themselves in reversed roles with their mothers and felt conflicted between meeting their mothers’ needs and their own. Daughters required help in communicating their needs to their mothers and others.

Interpretation: Nurses can assist adolescent daughters of mothers with breast cancer to find useful information, discuss effective ways of communicating, and facilitate the use of positive coping mechanisms.