

A Pilot Study of Maternal Stress Coping with Childhood Cancer

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A Pilot Study of Maternal Stress Coping with Childhood Cancer

がんの子どもをもつ母親のストレス対処についての予備研究

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With the increase in psychosocial outcomes studies of childhood cancer patients, information is emerging about how children and families adapt following the diagnosis and treatment of cancer. The diagnosis of leukemia is not only a life-altering experience for children with the disease, but also for their mothers. Mothers raising them face many challenges even after treatment. Therefore, examination of maternal stress behaviors and coping strategies from a socio-ecological perspective is important because it impacts the child's psychological well-being. Despite the hundreds of studies that have been conducted on maternal coping with pediatric cancer, the state of coping research in pediatric oncology remains fragmented. A major issue is the lack of clarity regarding what has not been changed as well as what has been changed. In addition, most studies of psychological adjustment often focus on the severely distressed mothers of children with cancer. Herein, we present the entire trajectory of the maternal experience by describing the clinical course of a mother without psychological pathology.

This pilot case research note describes the stress coping of a 29 year-old mother of a 4 year, 8 month-old girl with standard risk leukemia who did not require formal mental health intervention. The mother completed the Lazarus Type Stress Coping Inventory at her child's diagnosis of leukemia and one year later. The scale consists of 64 items that assess the preference of coping strategies and styles during the preceding week. The score indicates the preferred stress coping method; planning, confrontation, help-seeking, acceptance, self-control, escaping, dissociation and positivism.

The result demonstrated that the mother utilized "a self-control" coping style, at her child's leukemia diagnosis, but had shifted to "a help-seeking" coping style one year after the diagnosis. However, "planning" had been always zero score. Qualitative assessment of the specific type of stressors revealed that stressors at diagnosis included concerns about financial issues and her child's treatment, whereas those one

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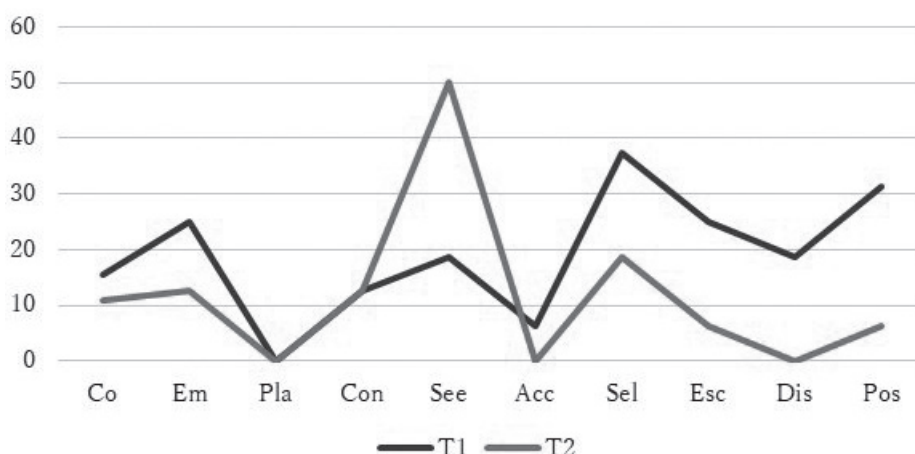


Figure 1. Scores of Stress Coping Inventory (one-year-interval)

year after diagnosis focused on familial discord related to her mother-in-law’s difficult attitude to get along with family members.

It is understandable that the mother endorsed use of a help-seeking behavior after her child’s diagnosis of cancer. It also shows that maternal stress would not be decreased despite ceasing the treatment of childhood cancer. Her stressor changed a cancer-related issue to a family-related one.

On the other hand, it seems to be very significant that her planning skill remained zero over one year because much attention has been devoted to the change of coping style according to the phase of her child’s treatment. Her planning skill was not affected by her child’s treatment. Among other coping styles, “planning” may be dispositional, not situational. If the mother had related distress because of lack of planning at any time, teaching planning skills may be an effective intervention even for family issues, not only for cancer-related issues. Thus, we should look at carefully stress coping behaviors that have not changed as well those that have changed over time.