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“It’s your turn to step into their shoes”The role of empathy in adolescents experiencing maternal cancer

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Abstract

Purpose – The purpose of this paper is to evaluate the role of empathy in adolescents coping with maternal cancer to identify passive and active empathy forms and the role of these in adolescent coping at a challenging time.

Design/methodology/approach – This study was a secondary content analysis carried out on 15 adolescent interviews that were analysed to find the evidence of empathy in active and passive forms. Adolescents were between 14 and 20 years of age, their mothers were diagnosed with cancer in the previous 24 months to the interview.

Findings – The analysis identified more evidence of active forms of empathy than passive directed at ill mothers and their families as helpful behaviours and emotional support. Passive empathy was experienced by adolescents who did not have major changes in their daily routines because of maternal cancer. Both passive and active empathy were perceived as coping mechanisms. Maternal illness motivated adolescents’ empathy and encouraged actions to support their mothers, immediate and extended families. **Originality/value** – Empathy is complex but can be important for adolescent development including their social skills and relationships; however, research has not evaluated the role of empathy in adolescents experiencing maternal cancer.

Keywords Coping, Empathy, Adolescents, Maternal cancer

Paper type Research paper

Introduction

Empathy is a complex concept, for this research piece, the construct selected defines empathy as “understanding others and this understanding includes others’ thoughts, feelings, desires, beliefs, situation, perspective and experiences” (Pamukcu and Meydan, 2010, p. 906). Empathy can enhance helping, cooperation and generous behaviour

as well as maintain close relationships and facilitate prosocial conflict resolution (Rumble *et al.*, 2010; Van Lissa *et al.*, 2017). Empathy is also a multidimensional construct with multiple definitions.

This study was particularly interested in exploring empathy as passive and active forms. Passive empathy consists of the ability to sympathise with the emotional states of others, but not taking any action to relieve the distress of that person. Active empathy includes the affective reactions and actions taken towards a person in distress or need (Rodriguez *et al.*, 2018). This conceptualisation is not completely new; some authors have described similar concepts to active and passive forms of empathy. Miklikowska *et al.* (2011) described empathetic concern as sympathy; concern for others based on an understating of their internal states which may be a motivation to relieve the person's distress. Perspective taking is a cognitive understanding of people's internal states and cognitions which may or may not lead to an expression of an affective reaction towards others.

Increasing levels of empathy towards a person in distress can motivate others' efforts to support them (Cutrona and Cole, 2000). Reiss and Collins (2000) also made a distinction between empathetic concern and personal distress. Empathic concern motivates helpful behaviours as it is "other-oriented," opposite to this, personal distress is only self-oriented and will instead trigger personal distress-reducing behaviours such as avoiding the situation.

Empathy is very important during adolescence. Adolescence is an important stage for the development of social skills, building relationships and community links (Wagaman, 2011). Empathy can be crucial for adolescents as higher levels of it has been linked with better interpersonal competence, reduced aggression and better-quality friendships (Block-Lerner *et al.*, 2007; Laible *et al.*, 2004). The role of empathy in adolescence may not always be positive for all adolescents, research by Van Lissa *et al.* (2017) found that high empathy levels in adolescence maintained negative adolescent-parent interactions when these relationships were characterised by negativity and conflict.

In the case of adolescents experiencing parental cancer, research has identified that some adolescents may experience psychosocial problems, internalising issues and psychological difficulties such as post-traumatic

stress disorder, intrusive thoughts, avoidance symptoms, cognitive difficulties, anxiety, depression and lower self-esteem (Morris *et al.*, 2016; Huizinga *et al.*, 2005; Shallcross *et al.*, 2016). The experience of cancer has challenges of its own as adolescents may be concerned about the possibility of inheriting the illness, recurrence in their ill parent and not

knowing if the parent would fully recover (Davey *et al.*, 2003; Morris *et al.*, 2016). There is, however, a discrepancy in the research as some studies have found no differences between adolescents experiencing parental cancer and those who were not. Vannatta *et al.* (2010) evaluated family functioning, internalising and externalising problems and psychological symptoms, but identified no differences between adolescents with ill and healthy parents. Other studies have found that the majority of adolescents experiencing parental cancer cope successfully, and only the minority experience psychosocial problems (Krattenmacher *et al.*, 2012). Adolescents can also have positive gains from this stressful time including maturity and increased appreciation for other people in their lives (Davey *et al.*, 2005). These differences in research findings have been explained by individual differences in adolescents' ability to cope with stress, vulnerability to distress, resilience, ability to deal with emotions, gender, family functioning and social support (Edwards *et al.*, 2008; Jantzer *et al.*, 2013; Costas-Muñiz, 2012; Forrest *et al.*, 2009). Previous research on adolescents experiencing maternal cancer found that adolescents struggled with the diagnosis of maternal illness and developed a sense of care towards their mothers, beyond needs and emotions assuming caring roles (Rodriguez *et al.*, 2016). Adolescents were also careful and mindful of the impact that their communication could have on their ill mothers, with the purpose of avoiding unpleasant conversations and protecting each other (Rodriguez, 2018). These studies, although not identified as such, suggest empathy in adolescents whose mothers were diagnosed with non-terminal cancer.

Empathy in adolescents who have experiences of maternal cancer diagnoses has not been evaluated by research before, therefore, the

contribution to the body of knowledge that this study makes is relevant. Empathy has been explored in previous research on siblings of children with cancer. The study by Labay and Walco (2004) found that siblings with higher levels of empathy experienced better psychological adjustment. Empathy also helped children cope with the different allocation of family resources between them and their ill siblings including parental time, attention and material possessions. Less empathic children may struggle to understand emotional states resorting to impulsive or aggressive behaviour (Labay and Walco, 2004). Janus and Goldberg (1995) evaluated empathy in siblings of children with chronic illness. Even though empathy levels did not have an impact on children's behavioural issues, ill siblings perceived more empathic healthy siblings as more positive towards them and their interactions, meaning that higher empathy was associated with prosocial behaviour.

This research explores the role of empathy in the experiences of adolescents whose mothers were diagnosed with non-terminal cancer to further understand their experiences and provide evidence-based findings to design and implement more appropriate supports. The specific objectives of this secondary content analysis were to:

- (1) identify the role of empathy in the experience of adolescents coping with maternal cancer;
- (2) analyse adolescents' references to empathy in their experiences to determine if empathy was passive or active; and
- (3) understand the characteristics of adolescents' passive and active empathy when experiencing maternal cancer.

Methodology

This analysis is part of a larger study that used mixed methods to explore the experiences of adolescents' adjustment to maternal cancer, specifically focused on the personal accounts and psychological factors that configured this process. Additional information on this study can be found in Rodriguez (2016). Adolescents ($n = 15$) for said study were recruited from cancer support centres and oncology services attended by their mothers. As an inclusion criterion, maternal cancer had to be non-terminal as a component of the overall study was carried out

online and deemed unethical because appropriate supports could not be provided online for adolescent experiencing bereavement. Mothers were provided with information sheets about the study by post, followed by a telephone call with the principal researcher to determine their and their adolescent's level of interest in participation. Adolescents were also recruited directly through mass media and emails sent to all registered students in universities. Mothers (if adolescents were underage) and adolescents completed age-appropriate consent forms. The study was approved by the NUI Galway Research Ethics Committee.

Adolescents completed a semi-structured interview with the main researcher by phone, online or face to face at a time and location convenient for them. A secondary content analysis was carried out on the original transcripts of the interviews. Secondary data analysis is suitable when data collected are used to answer a new research question to the one for which the data were originally obtained (Coyer and Gallo, 2005; Rew *et al.*, 2000). It is also used to conduct research with data that were not collected for research purposes (Windle, 2010), which is suitable for this study as the topic of empathy was not explored in the original analysis but emerged as a later research interest of the authors. This analysis was carried out by the principal researcher and the second author to ensure content validation in the analysis and interpretation (Elo and Kyngäs, 2008).

Content analysis is a method to analyse written, verbal and visual communication messages. It is a systematic way of distilling words into fewer content-related categories that share the same meaning to achieve a condensed yet broad description of the phenomenon of interest (Elo and Kyngäs, 2008). Deductive content analysis was selected as it was more suitable for the exploration of *a priori* established knowledge that can be extended. In this case, this analysis will provide a more in depth understanding of the conditions that facilitate or impede active empathy towards their ill mothers and other family members (Mayring, 2000; Hsieh and Shannon, 2005). An unconstrained categorisation matrix was developed; data were reviewed for content and coded according to these categories: helpful cooperative actions (active) and no action (passive); also new aspects emerging from the analysis were also included if relevant. A frequencies analysis was carried out to determine the number of active and passive expressions of empathy in adolescent interviews and determine which were mostly used by adolescents when their mothers have a cancer diagnosis.

Results

Description of participants

Recruiting adolescents for the large study was challenging, therefore, the sample is small and consists of only 15 adolescents. This analysis, therefore, is not intended to be representative but provides an in depth understanding of a purposive sample of adolescents experiencing maternal cancer. The adolescents ranged in age between 14 and 20 years. Five adolescents were male. The majority of their mothers were diagnosed with breast cancer. Further details of the sample can be found in Table I.

Active and passive empathy

Adolescent interviews ($n = 15$) were analysed to identify the evidence of adolescent expression of empathy at the time of maternal cancer. These expressions of empathy were then classified according to the presence of active or passive verbs, and these were counted. Table II includes a summary of the frequency of active and passive verbs identified in adolescent quotes and interviews. A total of 107 active verbs were identified in adolescent interviews and 45 were passive. Overall this study found that adolescents definitely adopt and use more active empathy than passive empathy at the time of maternal cancer.

“Step into their shoes”: active empathy

Content analysis of adolescent interviews identified a majority of active empathy verbs used by adolescents at the time of maternal cancer, suggesting that the experience of maternal cancer evokes the use of adolescent active empathy more so than passive empathy.

Adolescents described maternal illness as an important turning point in their lives when they are faced with experiences they never had to face previously. These include a role change, having to step into their ill mother’s “shoes” and seeing the world from their mother’s point of view which triggered an active empathic response from them: doing and supporting them. Adolescents realise how much their mothers do for them and now it is their turn to do things for their ill mothers:

[...] it's only when they are sick that you realize how much they actually do for you and now is your turn to step into their shoes if you like and do as much as you can for them and just to keep going. (Anne, 17)

Table I. Irish adolescent interviews – sociodemographic data

| Interview ^a | Interview type | Gender | Age | Cancer type | Time in months since diagnosis | Interview length |
|------------------------|----------------|--------|-----|------------------|--------------------------------|------------------|
| Evan | Telephone | Male | 18 | Breast | 12 | 13:32 |
| Claire | Telephone | Female | 16 | Breast | 24 | 19:47 |
| Ella | Face to face | Female | 18 | Breast | 24 | 47:16 |
| Ryan | Face to face | Male | 18 | Breast | 23 | 24:37 |
| Shiloh | Face to face | Female | 17 | Breast | 18 | 31:08 |
| Ethan | Face to face | Male | 15 | Breast | 18 | 19:35 |
| Fiona | Skype | Female | 17 | Breast | 24 | 40:53 |
| Connor | Face to face | Male | 16 | Colon | 10 | 18:05 |
| Derek | Face to face | Male | 14 | Colon | 10 | 13:03 |
| Sophia | Face to face | Female | 16 | Colon | 10 | 29:00 |
| Barbara | Face to face | Female | 20 | Breast | 25 | 34:21 |
| Caroline | Face to face | Female | 19 | Gastrointestinal | 14 | 56:18 |
| Naomi | Face to face | Female | 17 | Breast | 14 | 29:24 |
| Elaine | Face to face | Female | 17 | Gastrointestinal | 11 | 22:36 |
| Anne | Face to face | Female | 17 | Gastrointestinal | 29 | 28:30 |

Note: ^aParticipant names have been changed to preserve anonymity

Table II. Frequency of active and passive empathy verbs in adolescent interviews

| Active verbs | Passive verbs | Frequency active | Frequency passive |
|-------------------------------|-----------------------|------------------|-------------------|
| Involved | Being consoled | 10 | 2 |
| Do | Feel bad | | |
| Do | | | |
| Relieve | | | |
| Be there | | | |
| Be there | | | |
| Help | | | |
| Want | | | |
| (Never) Have a passive stance | | | |
| (Never) Sweep it under | | | |
| Hug | Being reassured | 24 | 5 |
| Do | Feel bad | | |
| Look after | Shocked | | |
| Talked | Not need | | |
| Be (listening ear) | Miss her | | |
| Help | | | |
| Do | | | |
| Make sure | | | |
| Wanted to do | | | |
| Didn't want to leave her | | | |
| Didn't want to worry her | | | |
| Be at home | | | |
| Don't want to upset her | | | |
| Don't want to say | | | |
| Watch what I say | | | |
| Understanding of others | | | |
| Doing things | | | |
| Make a difference | | | |
| Make it better | | | |
| Ask (if help needed) | | | |
| Helping | | | |
| Keep trying | | | |
| Be conscious | | | |
| Learn | | | |
| Get in | Went off | 2 | 3 |
| Talk to her | Shocked | | |
| | Cried | | |
| Cooked | Didn't do | 5 | 3 |
| Helped | Didn't do | | |
| Be supportive | Acted normal | | |
| Visited her | | | |
| Was with her | | | |
| Supportive | Busy | 2 | 5 |
| Not call | Do nothing | | |
| | Wouldn't help | | |
| | Be one more | | |
| | Feel good | | |
| | Feel bad | | |
| Didn't say | Feel bad | 2 | 1 |
| Didn't make it worse | | | |
| Get her | Do what she had to do | 2 | 2 |
| Not burden | Let her get on | | |
| Cleaning | | 4 | 0 |
| Do more | | | |
| Visit her | | | |
| Miss sports | | | |

| Active verbs | Passive verbs | Frequency active | Frequency passive |
|-----------------------|----------------|------------------|-------------------|
| Went to clinic | | 2 | 0 |
| Bring her | | | |
| Help | Feel bad | 14 | 4 |
| Not talk | Being away | | |
| Bring (sister) | Upset | | |
| Cleaning | Can't help | | |
| Cooking | | | |
| Tried | | | |
| Miss college | | | |
| Go home | | | |
| Go with her | | | |
| Don't expect | | | |
| Like being there | | | |
| Not cause grief | | | |
| Listen | | | |
| Went to chemo | | | |
| Caring | Not worry | 16 | 5 |
| Looking after | Nothing to do | | |
| Cooking | Helpless | | |
| Keep normality | Sympathetic | | |
| Visit | Can't control | | |
| Look after | | | |
| Keep things going | | | |
| Be there | | | |
| Keep an eye | | | |
| Assists her | | | |
| Understood | | | |
| Caring | | | |
| Make her feel better | | | |
| Deal | | | |
| Make her not scared | | | |
| Look after | | | |
| Look after | Couldn't miss | 7 | 1 |
| Minding | | | |
| Wait | | | |
| Help | | | |
| Come | | | |
| Go | | | |
| Come up | | | |
| Hug | Upset | 5 | 2 |
| Not talk | Worried | | |
| Minding | | | |
| Focus on her | | | |
| Grateful | | | |
| Do | Upset | 12 | 12 |
| Cook | Didn't want | | |
| Cook | Not do enough | | |
| Help out | Go (cinema) | | |
| Come up | Look (shops) | | |
| Go | Buy (shops) | | |
| Be strong | Upset | | |
| Keep going | Listen (music) | | |
| Realize | Walk | | |
| Step into their shoes | Clear head | | |
| Do | Rang a friend | | |
| Keep going | Think | | |
| Total | | 107 | 45 |

Adolescent “doing” things included a variety of actions; adolescents described active ways

in which they provided support to their mothers and also other family members. They used active verbs including do anything, help, relieve distress and be there. Adolescents considered that even doing “little things” could have a positive impact at the time of maternal cancer. Some adolescents also provided support to their mothers and families by taking care of younger brothers and sisters. A significant finding is that adolescents were voluntarily doing more and being supportive, none of them described this as being forced or imposed on them, as Adolescent 1 expressed:

I wanted to be more involved I wanted to do as much as possible because even though there were such small things that I could, I just wanted to do anything I could to relieve some of the distress my mum was going through and I wanted to be there for my little brother. (Evan, 18)

Not only were adolescents voluntarily helping their mothers and families but this was also seen as a strategy to help them cope with the experience of maternal cancer: “[...] that definitely helped kind of feel like I was making a difference to make it better or something so that was nice” (Claire, 16). Caroline (19) specified that her caring role was a way of reducing her feelings of worry and upset and was, therefore, something she appreciated. Actively helping others was a way of actively supporting themselves:

I took up a caring role I think that helped me to not have to worry as much about how I was feeling because my concentration was on looking after other people, I suppose it distracted me very much from getting too upset myself, being in a caring kind of role. (Caroline, 19)

Adolescent active expressions of empathy also included providing emotional support for their ill mothers as physical expressions of affection “I think I hugged her. I think that was the first thing I did” (Claire, 16).

Mother and adolescent communication seems to have been a crucial mechanism whereby adolescents supported their ill mothers. Adolescents stated that mothers would have important conversations with them and they described themselves as being actively engaged in listening to their mothers, almost becoming their “confidant”. As Ryan (18) describes, he became his mother’s “listening ear”:

I’d kind of be the one my mother would kind of tell. She’d come back from like a meeting with the doctors or a scan or something and she’d tell me all about that. So I was just the listening ear I suppose.

Communication as a mechanism of support was evident when some adolescents made conscious decisions to not say anything to avoid upset to their mothers or avoid causing them further sadness. Even if adolescents were experiencing problems or issues in their own lives they did not tell their mothers as this was perceived as a potential additional burden for their already ill mothers. This suggests that adolescents had a high level of sensitivity towards the emotions that maternal cancer generated in their mothers and demonstrates selfless attitudes from adolescents by prioritising their mothers over their own personal difficulties: “I was going through a lot when I first went into college, I don’t think I was prepared for it at all but I didn’t really talk to my mum about that anymore, like I really just tried to help her” (Barbara, 20).

Another adolescent related how she chose not to say anything when her mother was losing her hair as she knew this could lead to more upset in her mother at a time when she was probably already very upset from this experience:

I didn’t want to say anything because she was probably upset that she was losing it, so I didn’t want to make it worse, but she didn’t show that she was upset but I am sure that she was a bit sad that her hair was going I just said like “oh your hair” but I never really say anything [...].
(Shiloh, 17)

Adolescents also expressed active empathy by “being there” for their mothers, keeping them company and really accompanying them. Most adolescents described visiting their mothers when they were in hospital or they came with them to the appointments. “Being there” for their mothers sometimes meant sacrificing their normal adolescent routines and activities, but again adolescents seem to have done this on a voluntary basis and they understood how important it was for them to “be there” for their mothers at the time of cancer diagnosis and treatment. Adolescents expressed wanting to “be more at home” to “take care of mum” and even missed sports training sessions to visit their mothers instead. Adolescents were focused on the needs of others and not their own even if they may have required care themselves: “I broke my arm in the summer but [...] I was just thinking about minding them instead of me” (Elaine, 17).

It can be suggested from adolescent accounts that in order to “be there” some adolescents made their mothers such a priority that they made

themselves and their needs “second best”. This might depict that active empathy requires a level of investment and personal sacrifice that adolescents willingly opted to do:

I don't think it's about me when I go into the hospital it's about my mum and how she is feeling and how to make her feel more comfortable like I can't expect people to be asking me like how I am feeling when there is you know a woman broken both inside and outside, you can't think that. (Barbara, 20)

Passive empathy

Whereas the majority of empathic verbs identified in adolescent interviews where active, some were passive. Passive empathy was identified when some adolescents expressed that their lives and normal routines at home never changed and they did not help more or did chores: “I didn't do anything too specific extra. I didn't do much else, pretty much I acted normal” (Ethan, 15). Other adolescents considered that what their mothers needed at the time of illness was to complete their treatments and they would instead be a burden for their mothers so they chose to not interfere: “No I guess I really didn't want to be burdening mum cause I felt it was her that was sick so I just let her do what she had to do I suppose” (Evan, 18).

Some adolescents who described more passive empathy specified that they had their own needs and wanted to spend time on their doing activities for themselves, besides taking care of their mothers and families. This helped them distract themselves from maternal illness, it was not a denial of providing support for their mothers it was mostly a “break” they needed from their caring support and help provision. This suggest that some adolescents could not provide constant active empathy, the use of passive empathy was considered important too as a coping mechanism for them:

I didn't want the same day every day, like the same routine, as in just look after my family, my mum, like I wanted [...] you know you just can't stay in the house the whole time, and doing the one thing like you need a break. So just even like going to the cinema or just going into town to look at the clothes or even just buying something for yourself, a little

bit of retail therapy [...] just a distraction [...] it's not all about [...] well it is [...] but you need your time as well. (Anne, 17)

Expressions of passive empathy were also targeted at other people who experienced cancer at the same time or before adolescent's mothers were diagnosed. Adolescents expressed "feeling bad" towards other people and the experience they were going through but did not really do anything to actively express this emotion. Passive empathy did not mean indifference, adolescents did show sensitivity and awareness of other people's struggle particularly now that they have been through a similar experience, they were more able to empathise and be more sensitive towards others:

I know another lad my year lost his mother at the same time [...] I felt real bad for their family. I kind of felt weird that my mother was okay but his wasn't so I kind of shocked me and I just make sure that I am understanding of other people's situation too now. Something that kind of taught me to be more aware of what people might be going through. (Ryan, 18)

An interesting finding of this study specifically focused on adolescent experiences of maternal cancer is that adolescent empathy changed over time as maternal illness evolved over time. Adolescents characterised the initial stages of maternal diagnosis and treatment as times when they were more actively involved in providing support and helping their mothers. However, over time their mothers could start doing things by themselves again and adolescents had to assume a more passive role. Adolescents were still worried and concerned about them (passive empathy) but were also conscious their mothers did not need them anymore and that was difficult to get used to again but was also positive as it showed maternal recovery:

But I do ask some questions every now and again like "are you sure you don't need anything or" [...] and she will go "no I am grand now" kind of "I can do it myself kind of" and it's weird because
before I would have been always helping her now she doesn't need it anymore. (Ryan, 18)

Discussion

In line with the definition of empathy as the ability to understand others and their

experiences (Rumble *et al.*, 2010), the evidence of both active and passive forms of empathy was identified in adolescent interviews with regard to their experiences of maternal cancer diagnosis. The majority of these references, however, were active.

Maternal illness motivated adolescent's empathy and encouraged actions to support their mothers, immediate and extended families. Specific actions were targeted at their ill mothers including being affectionate, listening to her or keeping her company.

Some adolescents described, however, that they did not experience any changes in their normal routines and, therefore, did not carry out any actions because of maternal cancer, which suggest a lack of "activation" of their empathy. This suggests adolescent empathy at the time of maternal cancer is not triggered exclusively by the diagnosis, changes and challenges experienced in their daily lives and their mothers seem to be required for both passive and active empathy in adolescents.

It is important to emphasise the voluntary nature of adolescent actions, they never felt obliged to carry out any of the actions they did, which may be further evidence for empathy being the underlying mechanism and motivation to carry out these actions.

Some adolescents described their actions as a "coping" mechanism which could be interpreted in two ways. First, adolescents may have foreseen this "benefit" when they first set out to carry out supportive actions. This could be classified as more self-centred empathy; however, if this was not the case to begin with, adolescents may have just identified the benefit of their behaviour over time. The underlying motivation of empathetic actions also emerged evaluating passive empathy, as some adolescents explicitly disengaged from their "active" empathy roles to carry out regular adolescent activities for themselves; this was also described as a coping mechanism. It seems that some adolescents considered that full time active empathy can have a negative effect on their well-being, and more passive empathy is necessary to establish a "healthy balance". Further research may benefit from evaluating the impact of continuous active empathy on adolescent well-being. This finding can be understood by considering the "empathy-altruism hypothesis" (Batson *et al.*, 1987). People may experience personal distress or empathic concern as a result of witnessing someone in need. Personal distress is self-oriented, and people may be egotistically motivated to support the person to alleviate their distress. Empathic concern is instead centred in the other person and the motivation to support the person in need is altruistic (Batson *et al.*, 1987; Reis and Collins, 2000).

Further research is needed to explore the role of empathy in adolescents experiencing

maternal cancer. Empathy is foremost a positive and beneficial trait; however, it may also have a detrimental aspect. In this study, adolescents refrained from expressing their own emotions and needs to avoid causing further distress (Rodriguez, 2018). This was an active demonstration of empathy, but could also put an adolescent's mental health and well-being in jeopardy as they were not accessing the supports they might have needed.

This analysis also found a capacity in adolescents to experience empathy towards "strangers" that are also diagnosed with cancer and their families. This empathy was "passive" as adolescents did not carry out any actions, but they were careful in terms of how they expressed themselves regarding cancer. This supports previous research findings on how empathy can contribute to develop adolescents' relationship skills and community awareness (Wagaman, 2011).

Passive and active empathy also followed a longitudinal trend. Earlier in maternal diagnosis and treatment adolescents described more active empathy, actions and supports that were needed when their mothers were very ill. Over time, as mothers became stronger, the level of empathetic actions decreased, even though adolescents were still concerned about the well-being of their mothers. This pattern needs to be explored further in future research with adolescents experiencing parental cancer as these findings are limited by the fact that this was a secondary data analysis and empathy-related questions were not asked in the interviews directly.

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