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Selective sharing: The impact of patterns of communication in young people experiencing maternal cancer

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Abstract
Background: Adolescents that experience parental cancer can have significant difficulties and may be at a greater risk of emotional and behavioural problems; however, some studies have found that this experience can also be empowering and can promote positive growth. Open communication specifically has been associated with coping and less psychological distress in adolescents experiencing parental cancer.

Aims: The aim of this study is to identify communication patterns in adolescents that faced maternal cancer to provide recommendations for practice on how best to support adolescents at this challenging time.

Methods: Adolescents (n = 15) completed semi structured interviews with the main researcher to explore their experiences at the time of maternal cancer. Specifically, this study is a qualitative secondary thematic analysis.

Results: The term “selective sharing” was coined to characterise adolescent communication patterns, as they selected who they wished to talk to and how much information about maternal illness they shared. Barriers for adolescent open communication included perceived unavailability of their mothers to talk, fear, geographical separation from their families, previous family communication patterns, and the time since maternal diagnosis. Benefits of open communication included access to affection, support and information, as well as validation of their emotions and improved coping. Adolescents also provided recommendations to peers and practitioners based on their own experiences.

Conclusions: Adolescent communication patterns need to be evaluated as this can impact on their ability to cope with maternal cancer diagnosis. Practitioners can facilitate and encourage open communication, including both factual information about cancer and the emotions and thoughts adhered to this experience for adolescents, mothers, friends, and their families to support them at this challenging time.

KEYWORDS
adjustment, adolescents, communication, maternal cancer
INTRODUCTION

The number of people living with and surviving cancer has increased, which means there is an associated requirement to understand their needs and experiences. It was estimated that 22.4% of all cancers occur in people between the ages of 21 and 55. This age range is associated with childbearing; therefore, it can be suggested that a portion of these patients probably have children. The number of children that experience parental cancer in the United States every year is 200,000, and yet, these children experience neglect from the health care system and clinical research.

Some children and adolescents who experience cancer in their parents can suffer from significant maladjustment, posttraumatic stress, depression, and anxiety and may be at a greater risk of emotional and behavioural problems. Adolescents can be affected by changes in daily routine due to physical unavailability of their parent to carry out normal activities such as driving them to school and extracurricular activities. Adolescents may also experience a decrease in their school attendance and changes to their normal routines when they take over caring responsibilities or extra work to support their families with the financial burden of the illness. At a time when adolescents pursue their individual identity, education, employment, intimate relationships, and financial independence, these all may be hindered by parental cancer drawing adolescents back into their family.

Other research studies found that adolescents of parents who had cancer were not significantly impacted psychologically and emotionally as parental cancer can also have a positive impact on children and adolescents including a greater appreciation for life, increased strengths, self-reliance, maturity, resilience, improved health behaviours, and posttraumatic growth. Family relationships can also be strengthened. This article specifically explores the impact that communication patterns, including open communication, can have on adolescent adjustment at the time of maternal cancer.

Open communication can be defined as the ability to exchange needs, feelings, and desires with another person and to respond to their needs in a positive manner. Research has suggested that open communication is a crucial part of adolescent adjustment to parental cancer as it is associated with better coping and less psychological distress. Psychological disturbance and problems may result from whether and how children are told about the cancer diagnosis, the openness in communication, and the relationship they have with their parents. Families with poor communication are prone to emotional and behavioural difficulties in adolescents.

Open communication is important as adolescents benefit from knowing their parent’s prognosis, how this can affect them, and how they can help their ill parent. Open communication can also facilitate access to information, as children and adolescents need age-appropriate information regarding parental cancer, diagnosis and treatment, long-term implications, and the probabilities of illness inheritance. Open communication with parents, family members, and peers can support adolescents to avoid feelings of isolation. Adolescents who experience parental cancer want timeliness, honesty, and openness, but some can experience reluctance to ask questions because they are concerned about upsetting their parents.

Open communication can be challenging as parents can struggle to reveal the diagnosis to their children while also
dealing with their reactions and emotions resulting from the disclosure.\textsuperscript{10,11} These fears can create more communication barriers between adults and adolescents at a time where open communication is crucial for coping and adjustment. Parents can also underestimate children’s need for information and their reactions to the diagnosis.\textsuperscript{10} Poor family communication has been linked to increased internalising, externalising, and stress responses\textsuperscript{6}; however, there was variation in the amount of communication and information that adolescents wanted.\textsuperscript{6,14} Walczak et al\textsuperscript{6} identified many unmet needs of adolescents experiencing parental cancer including lack of support from friends, practical assistance, lack of information, family support, and validation of their emotions. All of these can be related to lack of information and communication.

Even though family communication can be challenging, research has found that open communication can be encouraged in families at the time of parental cancer.\textsuperscript{15} Davey et al\textsuperscript{16} carried out a culturally adapted family intervention for African American families coping with parental cancer and found this was a successful way to improve communication between parents and their school-aged children. This intervention, however, may have been particularly successful because it was culturally informed; generic interventions may not be equally successful. Bugge et al\textsuperscript{10} carried out the “Family Talks in Cancer Care” programme and found that the intervention facilitated open communication in the family about the illness and provided age-appropriate information for adolescents\textsuperscript{10}; however, this programme was targeted at parental terminal cancer. Mothers of adolescents in this study were not terminally ill.

This analysis is a qualitative exploration of how communication manifests in adolescent accounts of coping with maternal cancer.

**METHOD**

This article is an exploratory qualitative secondary analysis of adolescent interviews (N = 15) that were carried out as part of a PhD thesis evaluating adolescent adjustment to maternal cancer.\textsuperscript{14} These adolescents recruited from universities, cancer support centres, and oncology services attended by their mothers. 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 they could self-select to take part in the study. Adolescents were eligible for the study if they were between 6 and 24 months of maternal cancer diagnosis and if this was not terminal. Adolescents recruited had to be between 12 and 20 years of age.\textsuperscript{17,18} Initially, this study was targeted at mothers with a breast cancer diagnosis, as this is the most common type of cancer diagnosed in women\textsuperscript{19}; however, after the sample size was limited, the study was open to mothers with other types of cancer diagnosis. Mothers (if adolescents were underage) and adolescents completed age-appropriate consent forms. The study was approved by the NUI Galway Research Ethics Committee. Once consent forms were signed, adolescents completed a semi-structured interview with the main researcher by phone, online (Skype), or face to face at a time and location convenient for them (Table 1). The interview explored information about maternal diagnosis, adolescent coping, social supports, and their overall experience of maternal illness. The interview transcript is
included in Table 2. Although communication was not included in the original interview transcripts specifically, the quality of communication patterns emerged as an interesting theme in the original analysis of interviews, and therefore, it was explored in further detail in this secondary data analysis to further understand adolescents coping with maternal cancer.

### TABLE 1: Adolescent interviews-sociodemographic data

<table>
<thead>
<tr>
<th>Interview</th>
<th>Interview Type</th>
<th>Gender</th>
<th>Age</th>
<th>Cancer Type</th>
<th>Since Diagnósis</th>
<th>Length</th>
</tr>
</thead>
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<tr>
<td>1</td>
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<tr>
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<td>Breast</td>
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</tr>
<tr>
<td>4</td>
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<td>Breast</td>
<td>23</td>
<td>24:37</td>
</tr>
<tr>
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<td>Breast</td>
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<td>31:08</td>
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<tr>
<td>6</td>
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<td>Breast</td>
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<tr>
<td>7</td>
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<tr>
<td>8</td>
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<td>Colon</td>
<td>10</td>
<td>18:05</td>
</tr>
<tr>
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<td>14</td>
<td>Colon</td>
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<tr>
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<td>Colon</td>
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</tr>
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<td>Breast</td>
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<tr>
<td>12</td>
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<td>19</td>
<td>Gastrointestinal</td>
<td>14</td>
<td>56:18</td>
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<tr>
<td>13</td>
<td>Face to face</td>
<td>Female</td>
<td>17</td>
<td>Breast</td>
<td>14</td>
<td>29:24</td>
</tr>
<tr>
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<td>Gastrointestinal</td>
<td>11</td>
<td>22:36</td>
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<tr>
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<td>Face to face</td>
<td>Female</td>
<td>17</td>
<td>Gastrointestinal</td>
<td>29</td>
<td>28:30</td>
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### TABLE 2: Interview script

1. What are you currently concerned about?
2. Do you have enough people in your life with whom you can talk to about these concerns?
3. What are your roles/responsibilities in your house?
4. Have you noticed changes in these roles or responsibilities recently?
5. Have you noticed changes in your usual activities since your mothers’ diagnosis and treatment (sports, school, family time, friends time, others)
6. What activities have you done recently to relax and/or have fun?
7. Did you get all the support you expected from family, school, community, friends others?
8. Did you get support when you asked for it?
9. What strategies do you use when you need to ask for help?
10. What kind of support did you feel you needed the most?
    a) Tangible/concrete (visible, practical, like loaning a book to a friend)
    b) Emotional (feelings, relationships, like talking to a friend)
    c) Esteem (positive characteristics people recognise in you)
    d) Advice (help with a decision or provide information)
11. Who informed you about your mothers' cancer diagnosis (father, mother, sister, brother, another family member, teacher, friend, health staff)?

12. How did you cope/deal with your mothers' diagnosis?

13. Is there anything in particular that has helped you through this time?

14. Do you think could help you even more?

15. Do you have a person(s) to talk to about the cancer experience?

16. Where did you look for information about cancer and/or treatment (father, mother, sister, brother, another family member, teacher, friend, health staff, books or didn't look for information)?

17. Have you noticed changes in the relationship with your mother since diagnosis?

18. Has the experience of maternal cancer made you realise who you can really count on?

19. Has this experience of having a mother diagnosed with cancer affected or changed people around you in ways you didn't expect or understand?

20. What would you recommend to other adolescents facing the same experience as you?

21. How can health professionals (physicians, nurses, psychologists) help you?

**DATA ANALYSIS**

Secondary thematic analysis was selected as the method of data analysis\(^2\) Thematic analysis is used to identify, analyse, and report patterns (themes) in data and reveal core consistencies and meanings in a text.\(^1\) Thematic analysis is focused on the content of the text, specifically what is said and not how it is being said.\(^2\) The analysis is undertaken from an essentialist/realist perspective,\(^3\) to describe experiences, meanings, and the reality of adolescents. This will help inform practitioners about the communication patterns of adolescents at a time of maternal cancer.

Six phases of thematic analysis were followed for this analysis.\(^2\)

4. **Familiarizing yourself with the data:** Repeatedly read the data in an active manner to identify possible meanings and patterns. In this study, all transcripts were read to facilitate familiarisation with the topic of interest.

5. **Generating initial codes:** Assign initial codes to represent semantic or latent features of the raw data. Sections of the transcripts dealing with the topic of communication were identified and selected for further analysis.

6. **Searching for themes:** Codes previously identified are sorted into potential themes. Some codes will become main themes, subthemes, or were discarded. In this phase, communication sections of the interviews were classified into open and barriers of communication. Themes were also created regarding the impact of communication in adolescent coping.

7. **Reviewing themes:** data extracts for each theme were revised to determine if they formed a coherent pattern. In this analysis, initial themes were grouped to generate coherent parents and verify that all evidence was coherent and supportive of the topics of open communication, barriers, coping, and emerging themes.
8. **Defining and naming themes**: Generate a thematic map of the data. A detailed description of the themes identified and the relationships between them is further explained in the findings section.

9. **Producing the report**: This article was produced to disseminate the findings of the analysis.

Limitations of the method include projection. Projection can lead a researcher to “read into” or “attribute” the researcher’s characteristics, emotions, values, and attitudes to the data. This was overcome by developing explicit codes, a reliable and consistent judgement of the data, and supervision and feedback from the research team. To achieve validity, themes were supported by examples of adolescent interviews.

**Participants**

Participants were 15 adolescents between the ages of 14 and 20 years. The majority of participants (N = 10) were female. Most adolescents experienced a diagnosis of maternal breast cancer, and the range of time since diagnosis was between 10 and 29 months. Detail of the sample can be found in Table 1.

**RESULTS**

This secondary thematic analysis explored adolescent communication at the time of maternal cancer to find evidence of open communication and its barriers as well as the impact of this on adolescent coping at this challenging time. It was found that adolescents experienced challenges communicating at the time of maternal cancer, but they also had specific people and coping strategies that facilitated open communication. They also described the perceived benefits they obtained from this type of communication with their friends and family.

**SELECTIVE SHARING**

Selective sharing was a term coined to describe the choices adolescents made in terms of communicating at a difficult time for them. Adolescents had specific individuals and groups of people with whom they selected to speak. Selective sharing was also applied to the information they shared with the selected people. Selective sharing also limited adolescent ability to openly express their needs and emotions at the time of maternal cancer which meant they had limited opportunities to validate their emotions and meaningfully communicate with their ill mothers, family, and friends.

**Family communication**

Most adolescents spoke openly about maternal cancer with their families. This was their main point of communication.

> *My brother and my sister, my two siblings. We were kind of, we were on the same page and were, you know, trying to help her and stuff, they were the easiest to talk to I think then* (Adolescent, 2).
This, however, was also selective as adolescents chose specific family members to speak with, particularly older family members or those that were knowledgeable on cancer due to their professional backgrounds or past experiences, nurses for example. Only 1 adolescent stated that they did not communicate with their mother and instead preferred to communicate with her friends; maternal illness did not change this relationship; it was this way since before the diagnosis.

\[\text{No probably I wouldn't like to talk to her too much about problems that I have. I like to keep that to myself really or talk to friends rather than to Mum [...] my boyfriend and then my friends, they would be the main ones (Adolescent, 13).}\]

Some adolescents described family communication as good even before maternal cancer; however, the type and nature of communication changed after the diagnosis. Before, mums were their “go to” person before, but illness limited adolescent access to their mothers. Some mothers were not available due to hospitalisation or secondary effects of treatment. This had an effect on adolescent communication with their fathers. Dads became crucial sources of support, care, and information during maternal cancer.

\[\text{I suppose he was the stronger one, he had to be strong for us and Mum so if I had a question I'd ask him cause he was there with her when she was diagnosed so I'd ask him what's happening or whatever and then she had her treatment and then she went for surgery (Adolescent, 15).}\]

Friend communication

Friends were the second most common group of people that adolescents communicated openly with; however, these friends were described as being long-term friendships, close, trustworthy, and dependable. In 1 case, keeping the information to a specific group of people was difficult, as the adolescent described that she lived in a “small town”.

Only 1 adolescent told her entire group of friends, but she explained that she “did not go into detail” (Adolescent, 10). Three adolescents described that one of their friends also had experienced maternal cancer or had cancer themselves, and this allowed them to understand each other, shared experiences and understanding which facilitated open communication. One adolescent, however, explained that she could not speak about maternal cancer with her boyfriend because he had coped badly with his own mother's cancer diagnosis. Selective sharing with specific friends to communicate was important for adolescents that were concerned about avoiding sympathy, attention, or being treated differently by other people. They were also concerned about the reaction of their friends when they were told.

\[\text{I definitely wouldn't want pity. That was my one big thing that I didn't want like people saying 'oh you poor thing like going home cleaning, going home cooking'. That is why I didn't tell that many people because I didn't want them to treat me differently ... (Adolescent, 3).}\]

Adolescents were grateful for friends that listened to them and allowed them to cope the way they needed to as adolescents felt understood by them;
[..] they would just understand that and let me talk and they'd let me do things I needed to do to cope like clean really extensively the house top to toe every day, cook for them, like I like to do things like the day my Mum got diagnosed with cancer [..] I just had to do things to get my mind off things. They'd allow that to happen (Adolescent, 14).

Some adolescents engaged in professional support, and this was good for them because it allowed them to speak openly with an objective person;

I did crash when Mum started to go to chemo and I had to go to therapy and ...but I think it was really the best thing for me because I just cried and talked about everything. I think it really did help me being able to talk to someone that was really objective to the situation (Adolescent, 11).

Three adolescents had teachers that were described as very supportive, and people they felt comfortable talking to;

My religion teacher and the school chaplain like I'd have chats every week, like she'd spot me in the corridor and she would be like '(name), would you like to come for a chat?' [...] they were great support and they gave me allowances for homework if I couldn't have it done (Adolescent, 15).

Selective sharing was also driven by adolescent empathy towards other people that could be experiencing cancer in a family member and the outcome for them might have not been positive;

I am grand cause my mother is fine but like I don't want to tell people now cause like I am just maybe feel it like they might be going through the same situation or they have lost a family member or something [...] so I kind of watched what I say to people (Adolescent, 2).

COMMUNICATION BARRIERS

This analysis identified that adolescents faced different barriers to open communication including unavailability of mothers due to hospitalisation and treatments, fear, family communication patterns, time since diagnosis, and geographical separation, which will be described in detail in this theme.

Communication between adolescents and their mothers was restricted in some cases due to geographical separation. Adolescents that were away from home at university explained that contact with their mothers was restricted, and this generated anxiety in adolescents of information being restricted from them and fear;

I am in (name place) for the most part of the year and she didn't want me to feel like anytime I am away from home kind of wondering what's going on and they are not going to tell me [...] I was away like is she okay? Are they not telling me things (Adolescent, 1).

Communication patterns within families also had an impact on adolescent communication. Some families did not have open communication before maternal cancer diagnosis, and this was a barrier for adolescents and restricted availability of other family members to talk to;
I didn't really have many people [...] my younger sister has always really been you can't say much to her like this type of things [...] she could not deal with it like she had to go to therapy, she can't deal with anything to do with change … (Adolescent, 11).

In some cases, mothers themselves were unavailable for adolescents due to their own coping process with their illness; they may have been hospitalised for periods of time or were recovering from invasive treatments.

Emmm no, not at the time, you couldn’t talk to her because she was so sensitive about it and everyone was really very scared to talk about it but now me and her can have conversations about if fine, she still gets really upset about it, certain things like the mastectomy and that type of thing … (Adolescent 11).

Some barriers were put in place by adolescents themselves, and this could have been understood as a coping mechanism, a way to protect themselves from the hardship of maternal cancer. One adolescent did not talk about it as he expressed that speaking out loud about maternal cancer made it “real”, and this is why he preferred not to. Talking and reality were connected; what was not spoken about could be kept as unreal; denial was used as a coping mechanism.

I didn’t want to talk about for so long because once I said it out loud it was really, it was real, and I just didn’t want that to be the case at all … (Adolescent 1).

Talking about maternal cancer was difficult for adolescents; some preferred to use technology instead of face-to-face communication;

I told my best friend, one of my best friends. I went to her house and we were just chatting as normal and then I knew I had to tell her, like this was at the very beginning of Mum’s diagnosis but I just wasn’t able to say it, I just didn’t want to say it. So actually, when I got home I just sent her a really long text and I just really wasn’t able to say it in person (Adolescent, 6).

Time was also a barrier for adolescent to communicate about maternal cancer. Some adolescents required more time to be able to communicate about maternal cancer, speaking immediately after they found out about the diagnosis was very difficult;

I thought about telling people and….I came close to a few times, but I didn't say anything. I really didn't want to talk about it I suppose… I told my friends when I went back to school that was like, three months later […] I don’t think I told anyone but my friends but, as I said, that was a few months later (Adolescent, 7)

Time after treatment was also challenging time for adolescents. They experienced fears of cancer returning;

[…] even though it is October now, to me it seems blunt, even when she says it still kind of gets to me like, I know that it was there and that it could be there again that she has to go, she
does monthly check ups still, I still the whole word and what you associated with that word still kind of puts me off talking about it (Adolescent, 1).

BENEFITS OF COMMUNICATION

Adolescents identified benefits from communicating such as validation of their emotions, getting support and affection from other people, availability of information, and improved coping.

Talking was helpful for some adolescents, “it's not good to have it all bottled up either so it's good to talk to someone” (Adolescent, 1). Talking also allowed adolescents to realise that they had people that genuinely cared about them and where there to support them. One adolescent asked her parents to keep her informed as this made her feel more in control and there would not be any unexpected situations;

I'd rather that they tell me everything than they hold back because I would be more anxious and more worried if they held back. I felt that I was better able to cope and deal with it if I knew everything that was going on because I could have the bigger picture (Adolescent, 12).

Maternal illness also improved family communication patterns. One adolescent described that there was more open communication around illness and family members would express more love for each other verbally and nonverbally, and this was a way of showing appreciation for their family and each other;

I made a phone call to her, when I end the phone call... you know I might see her maybe once a week, once every two weeks, I go home at the weekends but eemm during the week if I just give her a call from college, at the end of the phone call I'd say I love you to her, I would have never done that before ...when I am leaving for college you know I'd be more sentimental, I'd give her a hug before I leave (Adolescent, 12).

For the majority of adolescents, communication with their mothers was very important, and it was crucial for their ability to cope. Some mothers were described as being knowledgeable, strong, and open to discuss cancer, and this helped adolescent communicate with them;

I talked to my mum about it she always said to me, if you had any questions, like all the doctors have told her everything about it, she knows what's involved and she knows what's happening, and if I had any questions just talk to her and not be afraid to talk about it (Adolescent, 1).

Asking others how they felt allowed adolescent to validate their emotions and helped them cope with their emotions;

Learning how to cope kind of just came naturally but it definitely talking to my brother and my sister and my father and my friends, I suppose everyone just asking them certain questions like 'how are you feeling' or just kind of like comparing what I am feeling to what they are feeling and if we are on the same level then like that made me feel better (Adolescent, 2).
Communication was crucial in 1 case as it was the mother who provided the adolescent with the contact details of a counsellor which may have supported her daughter at the time she felt at her “worst”;

*The only time was when I talked to my Mum when I was at my worst she gave me the number of a counsellor to talk to, but I didn’t, no* (Adolescent, 5)

Some adolescents described that maternal cancer had increased communication with their mothers and resulted in a closer relationship, which they liked. Others described that their relationship was already close, and it continued to be;

*I was obviously afraid being away and after the diagnosis I’d say we were really really close like we were talking to each other every day, we were texting each other. Like I’d talk to her about anything and she’d do the same for me so it really brought us closer together* (Adolescent, 11).

Some adolescents made conscious decisions of actively listening to their mothers instead of talking to support them; “*So I was just the listening ear I suppose*” (Adolescent, 2). Communicating was also the only way adolescents could find out how their mothers were doing.

*I talked to my mum a lot but just because I wanted to make sure she wasn’t keeping anything, you know, dropped inside her, that she wasn’t trying to be strong for no reason* (Adolescent, 2).

**ADOLESCENT RECOMMENDATIONS**

Adolescents in this study experienced maternal cancer, and they shared some of the lessons learned over time to assist other adolescents with similar experiences and practitioners.

Some adolescents regret not talking at the time but do recognise that it was not in their personality to have done so. It is later on that they see the benefits of talking and asking for help;

*Well I mean I didn’t really talk to anyone about it I mean, if they would maybe talk more and understood exactly like what their parent was going through that probably would help them more* (Adolescent 8).

Some adolescents recommended practitioners to provide support numbers to them so they could be informed about supports available that were suitable for adolescents. Adolescents also expressed that it would have been useful to have been “taken aside” and given more information regarding their mother’s illness and the effects of treatment. Practitioners should approach adolescents as it would probably not happen the other way around.

Adolescents may also benefit from talking to practitioners or professionals that could help them cope with their emotions and validate them. A protocol should be in place for children and adolescents that experience maternal cancer where adolescents can be evaluated and given options of support. They could then decide to avail of the sup-
I think there should be more, it should be a necessity for the children for like adolescents at least they should be made to see someone, even if they don't want, I don't know if that is possible, I don't know if it's just me but the feeling that you don't really, you shouldn't feel bad that you, that it's wrong to feel sad (Adolescent, 5).

DISCUSSION

The analysis of adolescent interviews at the time of maternal cancer allowed the identification of barriers and facilitators of open communication and the impact of this on adolescents coping. Selective sharing was the term coined to describe adolescent communication. Selective sharing emerged as an interesting concept as it conveys that adolescents communicated openly about maternal cancer but only with certain people and only about specific topics.

Family were generally the people they communicated the most with. Adolescents also communicated with their friends, but the majority selected specific friends that they felt closer to. Previous research had also identified that adolescents may find it difficult to express their ideas to their unaffected friends, as they perceived they were better supported by friends who also experienced parental cancer. The study also found that adolescents usually selected specific family members to openly communicate about cancer, including those that had health care backgrounds because they would have the knowledge. Previous research has identified this role as the “family health provider”, a person who keeps family data and serves as a resource for other family members.

Barriers for open communication were identified including family communication patterns, unavailability of mothers, physical separation between adolescents and their families, and also fear restricted adolescent communication and the number of people available to talk to. Previous research on the impact of parental cancer on children had previously identified communication barriers as parents and children were reluctant to talk about the cancer diagnosis, but this had the purpose of protecting each other or to avoid unpleasant discussions. Additionally, previous family rules and patterns of communication have an impact on disclosure of cancer-related topics.

Regarding the impact of open communication on adolescent coping, evidence was found to suggest that communicating had benefits for adolescents including access to support and help from others. Some adolescents felt closer to their mother and families, and this improved their relationships and helped them understand and validate their emotions. Talking to mothers in particular helped adolescents cope as they were reassured, and it was also a way of supporting their mother and ensuring their mothers were coping.

Adolescents generally recommended other adolescents in similar circumstances to speak more and ask for help if they needed it. They also expressed that they would have benefitted from additional information and tailored supports from practitioners, which they lacked at the time. Previous research has suggested that medical professionals have overlooked the needs of children and adolescents experiencing parental cancer.

Limitations and future perspectives
This study was a secondary data analysis; adolescents were not asked specifically about open communication in the original interviews, and therefore, the findings are limited. Additionally, due to the nature of the data collected, communication is only conceived as verbal; nonverbal communication was not included. The analysis, however, suggested that open communication has an impact on adolescent coping, and further exploration of this topic can identify further ways for practitioners to support adolescents through the challenge of maternal cancer.

Communication barriers identified and recommendations from adolescents are very relevant for practice. It is clear that communication at a time of maternal cancer can be difficult and due to the benefits of communicating openly including coping, validation of emotions, closeness and supports, proper protocols, and processes need to be in place to support adolescents. Previous research identified that families generally communicate less often than desired about cancer. Therefore, research also highlighted a need to encourage and train parents to talk with their children about cancer through family therapy or counselling, but this can also include peer support groups and group interventions for children and adolescents.

Encouraging open communication in families, including an exchange of both factual information and emotions about the experience of maternal cancer, may benefit adolescents, as open communication can have a positive impact for adolescents at the time of maternal cancer. Some adolescents in this study lacked access to support from other family members or opportunities to express what they were going through. This is supported by previous research studies that found adolescents are impacted by the mental health and coping techniques of their parents and respond accordingly. Previous research has encouraged providing support for families to enhance communication about cancer risk and ways to manage it as an important area of intervention for practitioners in the field to help families and also improve patient outcomes.
REFERENCES


17. Arnone J. Adolescents may be older than we think; today 25 is the new 18, or is it. International Journal of Celiac Disease. 2014;2(2):47-48.


