Representations of Young Cancer Survivorship: A Discourse Analysis of Online Presentations of Self

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Publication Details
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Abstract

**Background:** More young people are surviving treatment for cancer than ever before. Survival can have an adverse impact on their transition to adulthood. Discourses of cancer are applied to cancer survivors of all ages, but they manifest differently for young people.

**Objective:** The aim of this study was to describe practices of self-representation in an online Web site that supports young Australian cancer survivors.

**Method:** We conducted a discourse analysis of images and text produced by young cancer survivors (aged 18-35 years) on a public cancer charity Web site.

**Results:** The dominant subject position of participants published on this web site is one of empowered, beautiful cancer survivor. This applies to young people who have learned to embrace their cancer as providing a positive influence on their lives. However, this discourse can marginalize those whose cancer experience remains a source of distress or shame.

**Conclusion:** Web based media can provide a valuable forum for some young people to celebrate their cancer survival and to affirm the constructive influence that their cancer experience has had on their lives. However, we ponder the apparent unsuitability of some forums for young cancer survivors who have not yet found cause for celebration.

**Implications for Practice:** Nurses have the opportunity to contribute to the development of supportive structures that meet the specific needs of different groups of young cancer survivors. This might mean assisting young cancer survivors who are struggling to find meaning in their cancer experience to negotiate the establishment of a new normal that they can embrace.

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Title: Representations of young cancer survivorship: A discourse analysis of online presentations of self

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Abstract

Purpose: More young people are surviving treatment for cancer than ever before. Survival inevitably has an impact on their experiences of adolescence and young adulthood. Dominant discourses of the cancer experience are applied to cancer survivors of all ages, but they manifest differently for young people.

Method: We conducted a discourse analysis of images and text produced by young cancer survivors (aged 18 – 35 years) on the Scar Stories Incorporated charity web site.

Results: We found that the dominant subject position of participants in Scar Stories is one of empowered, beautiful cancer survivor. This discourse tends to apply to young people who have learned to embrace their cancer experience as being a positive influence on their development and relationships. However, this outlook tends to marginalise those whose cancer experience remains a source of distress or shame, or whose preference is to forget or suppress their past experience.

Conclusion: While Scar Stories provides a valuable forum for some young people to celebrate their cancer survival and to affirm the constructive influence that their cancer experience has had on their lives, we ponder the apparent lack of an effective forum for young cancer survivors who have not yet found cause for celebration.

Implications: Supportive structures need to continue to develop in ways that meet the specific needs of different groups of adolescent and young adult cancer survivors.

Key Words: adolescent; young adult; online representation; identity development
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Introduction

Adolescence and young adulthood have been described as periods of transition during which young people seek to establish a sense of self-identity\(^1\). Young people might actively engage in exploring different identities before making a commitment to any of none of them\(^2\). Erikson’s theory of human development describes a staged process during which young people answer questions about who they are in order to progress to the next stage in the life cycle\(^1\). While stage theories of human development provide a standard script of sequential transition from childhood to adulthood, many young people experience disrupted transitions when they are confronted with factors both within and beyond their control\(^3,4\). They may do less well in their final school exams than they had hoped and subsequently miss out on entry into the university course that they had planned to undertake. They may unexpectedly lose the job that they relied upon for their independence and as a first step towards achieving their career goals or they may experience the break-down of a romantic relationship that they had foreseen continuing into the future. Any of these or similar events has the potential to alter a young person’s planned life course leading them to question their sense of self and purpose in life\(^5\).

In rare cases, a sequential path to adulthood is complicated by a diagnosis of cancer. Cancer in young Australians aged 15 – 29 years is relatively rare, accounting for only 2% of all new cancer diagnoses made annually. However, more young people are surviving cancer diagnosis and treatment than ever before. Overall five year event-free survival for young Australians aged 15 – 29 years diagnosed with cancer rose to 88% between 2004 and 2010\(^6\). Furthermore, survival is commonly accompanied by a range of adverse consequences including chronic fatigue\(^7,8\), pain\(^7,9\) and compromises to physical mobility\(^10,11\). Adverse psychosocial consequences include; alterations to young cancer survivor’s understanding of themselves and the ways in which they are understood.
by others, changes in physical appearance that undermine self-confidence and self-esteem, and increased dependence on parents that undermines a sense of maturity and independence.\textsuperscript{12,13}

Cancer illness and treatment also alters bodily appearance. For example, chemotherapy can induce hair loss; treatment with corticosteroids can result in weight gain; and surgery can result in scarring or limb amputation.\textsuperscript{14} Because these changes are inconsistent with those usually experienced as a result of puberty, they can be distressing for young people with cancer causing them to feel concerned about their attractiveness or desirability to other people.\textsuperscript{12,15,16} Young people try to accommodate the physical changes that persist after their treatment finishes into contemporary cultural frameworks of masculinity and femininity; however they are not always successful in achieving this because some physical effects of cancer, such as muscle weakness and scarring, can be difficult to disguise.\textsuperscript{12}

The disruption caused by a cancer diagnosis and treatment results in a form of biographical disruption\textsuperscript{17} and some young people can expect to engage in a prolonged and elaborate process of biographical revisioning to create a “new normal” way of being in the world.\textsuperscript{18} Biographical revisioning is a process in which taken-for-granted possible life trajectories and narrative pathways are regularly revisited and reconfigured as a way of making sense of the cancer experience that young cancer survivors can undertake socially – including in the context of intimate relationships.\textsuperscript{20}

\textbf{Representations of Cancer}

Discursive constructions of cancer have been studied in the contexts of mass media,\textsuperscript{21} pharmaceutical advertising,\textsuperscript{22} and film.\textsuperscript{23} Such analyses have made obvious the ways in which metaphor is used to make sense of cancer. For example, one of the most common metaphorical representations of cancer is that ‘cancer is war’.\textsuperscript{24} This metaphorical construction of cancer typically features heroes (the patient), enemies (cancer), allies (medical and allied health staff), and weapons (chemotherapy).\textsuperscript{24,25} Those who do not survive are regarded as battle casualties and miraculous survivors are regarded as heroes.\textsuperscript{26} Discursive constructions make available subject positions for the
people drawing on them. Reisfield has argued that the ‘cancer is war’ metaphor suggests that winning the battle is a matter of fighting effectively. This places the agency to defeat cancer with the cancer patient herself and leaves those who lose their battle positioned as failures. More recent research suggests that framing cancer as ‘enemy’ reduces the likelihood of people intentionally engaging in cancer preventive behaviours (such as reducing their intake of alcohol, high fat and red meat). The authors argue that self-limiting behaviour seems inconsistent with the action orientation of the war metaphor. Camus lists a further nine metaphors present in the British press including cancer is a machine and cancer is a puzzle.

Given that more young people are surviving cancer illness and treatment than ever before, it is important to continue not only to consider how young cancer survivors make sense of their experience, but also how they go about communicating the nature of that experience to other people. The aim of this paper therefore is to start a dialogue about how practices of online self-representation of young Australian cancer survivors might relate to dominant discourses of cancer survivorship, using the images and text presented on a contemporary youth cancer charity web site to illustrate our points.

Method
We conducted a discourse analysis of the images and text displayed on one youth cancer charity web site during November and December 2016 in order to illustrate more general points about contemporary youth cancer survivorship.

Illustrative web site
We chose to access one particular Australian-based youth cancer charity web site with which neither of the authors is affiliated for three reasons. First, it is contemporary having been established in 2014. Second, it is professionally produced using established conventions of visual representation. Third, as the interface between the charity and the public, the content is relatively static and more
publicly accessible than it would be, for example, on a social networking site. The most recent addition of a portfolio of images to the web site took place on 9th November, 2016 and the most recent comments on images were posted in November 2016. Comments on cancer survivor contributors’ images by viewers of the site are few and infrequent. As such, repeated interaction with the site over a period longer than two months was considered to be unnecessary as the data analysed were static during the period of observation.

The charity host an online platform to which they can post stories written by young Australian cancer survivors to accompany digital portraits of the survivors produced by one or more of the charity’s professional photographers. One of the charity’s mission statements is to help young cancer survivors see their scars and post-treatment bodies in an empowering and beautiful light. The charity website itself limits opportunity for interaction. The three opportunities for public interaction are to donate money, to purchase branded merchandise, and to provide comments on participants’ images. The website studied is not a social networking site. Rather, it is the public interface between the charity and its supporters, subscribers, and donors. Any social networking facilitated by the charity for the benefit of young cancer survivors takes place elsewhere; such as in person at charity and networking events and on the members’ Facebook page – none of which were accessed for this study.

Data Collection

During November and December 2016 the authors accessed the youth cancer charity web site on multiple occasions. The authors recorded demographic data, where available, from their observations including the contributors’ gender, cancer diagnosis, and survival status. We also recorded the number of images published on the web site per contributor, and the presence of any text based story produced by each contributor to accompany their images.
Data Analysis

Discourses make available particular historically and culturally specific ways of ordering and making sense of the world, including making sense of ourselves and our own experiences. A discourse analysis can be carried out wherever meaning is produced and negotiated. Our discourse analysis proceeded through the first four steps of a six step analytic approach. Empowerment and beauty were our a priori discursive objects drawn from the presence of those constructs in the charity’s mission statement. The first step was to identify how these discursive objects were discussed in the text and represented in the images on the web site. We did this by listing references to empowerment made in the stories provided by cancer survivor contributors and by identifying aspects of the images that could be interpreted as depicting beauty. The second step was to identify the different ways in which these discursive objects were constructed by different contributors on the web site. PL and KW made their own interpretations of how empowerment and beauty were constructed by different contributors and then met to compare our interpretations. Step three was to locate these constructions within broader discourses of cancer survivorship by discussing the extent to which empowerment and beauty are present in dominant discourses of cancer survivorship and how these discursive objects are depicted. Step four was to identify the subject positions that the discursive objects of empowerment and beauty provide for contributors who were represented on the web site. Both authors undertook this process separately and agreed on the interpretations presented here through repeated dialogue. Verifiability of our findings have been subject to peer review when presented at one internal research meeting, one healthcare service provider’s research meeting, and one national conference. Comments and critiques of the findings as presented in these forums have been integrated into the discussion presented in this paper.

Findings

Our analysis reveals how young cancer survivors represent themselves in image and text on one Australian youth cancer charity web site including how contributors to the web site position themselves and are positioned by others in relation to discourses of empowerment and beauty. The
findings from our analysis have been organised into three sections. First, we describe the demographic information that we have gathered about contributors to the web site. Second, we describe the contents of the images displayed on the web site. Third, we focus our analysis on four contributors to illustrate how image and text combine to produce an online representation of “self” incorporating discursive elements of empowerment, beauty, and cancer survivorship.

Demographics

A total of 36 young women and men have posed for portraits that were included on the web site at the time it was accessed for this study. Portraits of twenty-seven of these young people were published in a hard copy book in 2014 and the remaining eight subjects were added during 2015 and 2016. Twice as many young women (n=24) as young men (n=12) appear as subjects of portraits. On average, each young woman has contributed more images (n=1.93) than has each young man (n=1.63). Not all images have accompanying stories. On average, each young woman has contributed 0.54 stories compared to 0.45 stories contributed by each young man.

The diagnoses represented amongst cancer survivor web site contributors include osteosarcoma (n=7), Ewing’s sarcoma (n=4), Hodgkin lymphoma (n=4), non-Hodgkin lymphoma (n=3), brain tumour (n=3), leukaemia (n=3), and breast cancer (n=2). Some contributors displayed multiple scars. Scars appear on the head and neck (n=14), leg (n= 14), chest (n=7), and abdomen (n=4). We have excluded one participant group from our analysis because they were diagnosed at ages older than the 12 -29 year age range of adolescent and young adult (AYA) cancer.

Imagery

The home page includes a statement that describes the aim of the site as helping young adults to see their post cancer bodies in a new light that is empowering and beautiful. Thus, the visitor to the web site is immediately prepared to view the subjects in the images (and the images themselves) as beautiful,
Forty-five images appear on the portrait gallery page of the website. Of these, twenty-five images are produced in black and white. The images displayed have been created by professional photographers who have appealed to cultural touchstones of beauty to facilitate the interpretation of beauty: they have used subdued lighting, natural backdrops, soft focus, and seductive poses.

Only two of these forty-five images depict activity. Although seated, one contributor is portrayed playing in a garden with a small dog. A different contributor is depicted with arms in the air and dress twirling as though she is dancing. Images of contributors that depict activity that are not visible on the portrait gallery page but are displayed elsewhere on the website include images of one young man riding his motorcycle and another young man with his pre-chemotherapy long hair fanned around his face suggesting motion. In all other images, contributors are shown standing still, seated, or reclining on a lounge or bed.

Pink has pointed out that, when a photograph is captioned by text, it loses its autonomy. A photograph thereby subordinates photography to the written word. The charity website explored in this paper excludes text from the portrait gallery page which allows these particular images a degree of autonomy, permitting the viewer to interpret them in relation to one another rather than connecting each image primarily with its written caption. For example, one young woman is posed with a surfboard at the beach suggesting that the scars on her leg could have been the result of a shark attack. The scars visible in an image of a different young woman who is posed standing in the bush dressed in her motorcycle riding outfit, could just as easily have been the result of a motorcycle accident as the result of a surgical procedure.

Although many contributors refer to the valuable impact made to their recovery from cancer by other people, including health care professionals, relatives and friends, few images include more than one subject and only one includes a family member who provided support during the traumatic phase of cancer diagnosis and treatment. One image shows a couple: Chris is a young cancer survivor and Brodie who is Chris’s partner warrants inclusion because she is also scarred as the result
of an illness – but one other than cancer. Hannah is photographed with an unnamed companion. Jas is photographed with her mother, Sue, a cancer survivor herself, who provided support during the period of her diagnosis and treatment. Despite these exceptions, the dominant visual discourse of the web site is one of individuality rather than community.

We have chosen to illustrate our observations of the website using four cases selected at random that broadly represent the contributors to the charity’s web site as a whole in terms of gender balance and location of scar.

**Case 1 – Sarah, chondromyosarcoma**

Sarah is portrayed wearing make up with her hair styled and her skin free of blemish except for the livid surgical scar contrasting with the alabaster tone of her left thigh. Sarah’s portfolio consists of three images, in one of which her scar is invisible. When visible, her scar provides a point of interest which arguably enhances rather than diminishes Sarah’s beauty and the beauty of her images.

Sarah identifies herself as being “only ten months into my cancer journey”, which suggests that she is towards the beginning rather than the end of her period of illness and treatment. In the textual component of her contribution, Sarah frames her story as a shared, social experience that has resulted in richer and more rewarding interpersonal relationships. Her intimate union with her husband is evocatively related when she says that upon her diagnosis she told him that “we have cancer, it’s just in my body”. More broadly, Sarah refers to her supportive relatives and friends as being her “tribe” and in two of her images she poses inside a triangulated wooden structure that suggests a Native North American Tipi.

Sarah concludes her story optimistically when she writes “My life is bursting with the richest love I could ever imagine ... thanks to Cancer”.

Sarah’s portfolio has attracted four comments from viewers. Two comments refer to the beauty of the images. All four comments refer to Sarah’s story as being either “awe inspiring” or “inspirational”.

**Case 2 – Lauren, tongue cancer**

Lauren makes the playful gesture of sticking out her tongue in the primary image in her portfolio. She also has scars on her neck that are visible in two of her three images. Lauren survived her diagnosis and treatment ten years before sitting for her portraits. This contrasts with Sarah’s experience of being close to her period of diagnosis and treatment.

Lauren writes “If there is an upside to cancer it’s that it has made my relationships with people stronger and more meaningful” which suggests adherence to the cultural imperative to “positive thinking” about the cancer experience. Like Sarah, Lauren here refers to the relational nature of cancer survival by strengthening her relationships and providing meaning to them.

Lauren’s story provides an example of a restitution narrative in which, despite the trauma of diagnosis and treatment and the damage to her speech, Lauren was able to pursue a career as a broadcast journalist during her survival. “I feel as though I can put that part of my life behind me” Lauren concludes. However, she also bears the physical scars of her cancer experience and, she says, “they’re a part of who I am, and I’m a little bit proud of them.”

Lauren’s portfolio has attracted six comments, one of which contains only two symbols; one a love heart and one a smiling flower. In other comments, both Lauren and her images are commonly described as “stunning” and “amazing” and one comment described both Lauren and her images as “beautiful”.

Case 3 – Craig, brain tumour

While Sarah’s and Lauren’s images are displayed in colour and their faces are clearly visible, Craig’s single image is displayed in black and white and shows a deep scar on the back of his neck, making a representation of his face impossible.

Craig’s short textual story describes the circumstances surrounding his diagnosis and the progress of his treatment and he concludes “I am in remission. I am unable to work due to irreversible brain damage (fatigue, nausea, deafness, and memory problems) ... but it’s been two and half years and I’m still alive.”

Craig’s image has attracted no comments.

Case 4 – Jasmine, osteosarcoma

Jasmine’s images are more various and more numerous than those of any other participant - eight images produced on two separate occasions by two different photographers. In some images, Jasmine’s white dress is adorned with white feathers. She poses on a railway track in a rural location with her blond hair dishevelled and with a visible scar on her right leg. These images are displayed in black and white. In others, she poses in a garden with a small dog, or in a bedroom seated on a low stool or lying in bed. These images are displayed in colour. Her scar is clearly visible in six of her eight images.

Jasmine’s restitution narrative begins with her description of a physical and emotional nadir during which she talks of experiencing “a shattered sense of self”. Jasmine imbues her scar with particular meaning when she describes focussing “all my pain, physical and emotional, on my scar. It weighed me down and I couldn’t cope”. Her story progresses as she tells of the ways in which participation in the activities of the charity have benefited her recovery. Jasmine concludes “I have grown from feeling broken and defeated, to feeling powerful, interesting, and beautiful. Now, my mission is to help others feel the same.”
Jasmine’s story is less relational than stories contributed by some other contributors. Her story is dominated by her personal struggle to make sense of her experience and to attribute meaning to the presence of her scar, although she does allude to the role played by a psychologist in stimulating the restoration of her health.

Jasmine’s images have attracted three online comments. All three of the comments focus on the commentators’ own cancer experiences, although one of these also describes the web site itself as “inspiring” and another uses the words “beautiful and haunting” to describe some undisclosed aspect of Jasmine’s portfolio.

Discussion

Contributors to this web site use discursive devices common to cancer survival to tell their stories of their cancer experience. The stories affirm the importance of positive thinking and are used to construct the contributor’s online identity in relation to their cancer, its adverse effects, and to other people. The constructions of young cancer survivors as heroic or gifted, as defined by dominant discourses of cancer survival, provide the available subject positions from which participants can draw. In addition, contributors to this charity website, including those who have posted comments about the images displayed, draw on discourses of empowerment and beauty in their online representations.

The distribution of the characteristics of participants on the web site differs from the distribution of diagnosis of cancer by age and site in the 0-24 year old Australian population. Data from the Australian Institute of Health and Welfare for 2014 suggest that approximately 55% of all new diagnoses of cancer in this age group were made in males. The most commonly diagnosed cancer in young people of both sexes was leukaemia followed by lymphoma and testicular cancer (men) and melanoma (women). Thus, the voices of the majority of young cancer survivors are not necessarily represented on the web site discussed in this paper. The voices of some (i.e. women and those diagnosed with bone cancers) are over-represented and the voices of others (i.e. men and those
diagnosed with leukaemia) are under-represented. Indeed, a more general limitation of this study was our focus on a single web site that does not necessarily represent the range of experiences of youth cancer that can be found expressed online. Further research is required in order to identify how youth cancer and young cancer survivors are represented in different online contexts for different reasons.

For young people diagnosed with the most common forms of youth cancer, physical disfigurement and scarring might be subordinate concerns to the adverse psychosocial effects of cancer diagnosis and treatment because the physical markers of leukaemia and lymphoma, for example, do not usually include extensive surgical scarring or amputation. All young cancer survivors are required to make choices about when, where, and how they disclose aspects of their cancer experience to other people\(^20\); however, young men have previously been found to be more secretive about their cancer illness and treatment than are young women.\(^34\) The opportunity exists for nurses and other health care professionals, therefore, to identify ways in which young men can explore and communicate their experiences of cancer illness and survival and to identify ways of supporting their exploration. Willig has argued that being labelled with a cancer diagnosis results in a form of discursive capture with particular available subject positions\(^33\). First, she argues that a person diagnosed with cancer becomes subject to the cultural imperative to think positively, with implications for how this cultural imperative shapes a person’s experience of her illness. Thinking positively can be interpreted as a way of resisting the negative implications for a person’s health and well-being of a cancer diagnosis\(^35\). The text provided by contributors to the website adheres to this cultural imperative by framing contributors’ period of cancer diagnosis and treatment as being physically and emotionally torturous and their period of survival as being a reward for their stamina and perseverance. Although images of young people who have died as a result of their illness appear on the web site, they are portrayed as heroic casualties in the text provided by others.
There is a growing resistance to the framing of young cancer survival as a heroic endeavour that depends upon a young person’s innate qualities for success. Cancer care nurses can join this resistance by supporting young people to explore multiple ways of making sense of their experience of cancer illness, treatment and survival. Creative modes of expression as illustrated by the charity web site studied by us might appeal to young people who make sense of their experiences by sharing and expressing their feelings about them; and indeed there exist other cancer websites such as the leukaemia foundation in Australia which also include inspirational stories (http://www.leukaemia.org.au/). However, one size does not fit all. The possibility exists that making images of beautiful people available for self-comparison can lower estimates of one’s own physical attractiveness. Healthcare professionals caring for young cancer patients are in a privileged position of trust and should be encouraged to carefully investigate alternative methods of young patients making sense of their cancer experience, because a variety of strategies and resources are likely to be of value, and to appeal to different individuals. Healthcare providers should, furthermore, pay careful attention to both positive and negative self-evaluations amongst young cancer survivors in order to deliver high quality care and to promote well-being.

The images depicted on the website we studied were selected by the contributors themselves as representative of their personal stories. In some ways the images appear to represent cancer survival as a passive state of being, and it is difficult to identify from the images any intention to portray some form of purpose of the cancer in terms of the contributor’s future, or life direction. This passivity suggests a number of possibilities: one is that contributors consciously or unconsciously desire to portray that they are recuperating after their hard fought victory over disease and death and might be gathering their strength for a new battle - that of living life to the full. Another is that this might simply be an artistic device that highlights the contributors’ beauty but not necessarily their power and potential impact on their future lives. Previous research supports the contention that recovery from cancer illness and treatment can be time consuming and the search for a new normal is ongoing. The rhetorical device of “living life to the full” might well
encompass periods of quiet reflection as depicted in the images on the web site. With the current focus on the construction of hospital spaces specifically designed to meet the needs of adolescents and young adults being treated for cancer, the provision of quiet spaces in which young people can engage in personal reflection might be worth considering to promote young cancer survivors’ wellbeing. Further empirical research will be required in order to identify the meaning of moments of passivity for young cancer survivors.

Willig argues that cancer becomes a moral concern in which the person diagnosed with cancer is called to account for or to explain how they have become afflicted with their particular disease. This is not unique to the experience of cancer but is common to people with various, usually invisible, chronic illnesses that have the potential to invoke sanction or the existence and effects of which are contestable. The accounts that contributors to this web site produce to explain their scarring are rooted in the dominant biomedical discourses of cancer diagnosis and treatment. These discourses describe a narrative arc of wellness to illness to recovery and survival that make them restitution narratives. This type of narrative as it is deployed by the website’s young cancer survivor contributors produces a sense of common experience. However, such a simplistic representation has inherent complications, particularly if long term impact of a cancer experience is not discussed or recognised. Nurses are in an ideal position to help young cancer survivors to reflect on the sequence of events in their own lives. Recovery and survival are not stages to be experienced on the way to returning to normal. They are characteristic of a new normal that young cancer survivors have to learn to live with. Nurses can reassure young people that their feelings of uncertainty, grief and loss are common amongst cancer survivors and, while there is no opportunity to return to normal in the sense of returning to the way things were prior to cancer diagnosis, there is an opportunity to establish a new normal way of being that young cancer survivors can embrace.

The available subject positions for contributors to the website investigated here are those of empowered, beautiful cancer survivors. This tends to exclude those who are unable or unwilling to
display their scars. Although Craig’s story of brain cancer in remission (case 3) is one of muted celebration, it does conform to a discourse of survival rather than surrender. It is telling that there are no public comments responding to his story. Many people are uncomfortable dealing with the unknown and in particular with the dying. Craig is in remission, not cured. He is still damaged and the fact that his images draw no comment from the website viewers is echoed in regular society where cancer patients often feel excluded and even infectious, being stigmatised by society and excluded from normal interactions. The opportunity might exist for nurses to advocate on behalf of young cancer survivors by correcting popular misperceptions about the nature of cancer illness, treatment, and survival on behalf of the growing number of young cancer survivors in our midst.

Conclusion

Research evidence is accumulating that a growing number of young cancer survivors risk falling through the cracks of a health care system divided into the binary of child or adult. Websites and public forums describing stories of inspiration and empowerment raise important questions. How much do cancer patients rely on support from charity or private websites of survivors and supporters? How well do these resources meet the needs of young cancer survivors who are trying to make sense of their experiences? Are such resources representative of the demographics of this group and relevant throughout the spectrum of experience? Are they balanced in their information or do they reinforce unrealistic expectations of a normal and positive life post-cancer and stereotypes of success in survival then moving on? Nursing and other cancer healthcare professionals engaged in the care of adolescents and young adults with cancer can play an important role through exploring and understanding different strategies to celebrate survival that include positive aspects of survival in addition to acceptance of an altered body and an emancipatory feeling of power.

References

38. Lehmann V, Tuinman M, Keim M, Hagedoorn M, Gerhardt C. Am I a 6 or a 10? Mate value among young adult survivors of childhood cancer and healthy peers. *Journal of Adolescent and Young Adult Oncology*. 2017;00(00).