

Digital Representations of Illness: Key Issues in Cancer Patient Narratives

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Language has proven to possess tremendous power: words not only reflect our perception of the world, but they also have an impact on other people's ideas (Foucault, 2002; Fairclough, 2003; Koller, 2017). This is especially significant in the case of health communication, which, in the last few years, has raised a particular interest as a result of the number of health-related discourses that have emerged on the Internet (Harvey, 2013; Brookes and Hunt, 2021). Exchanging information has become so easy and quick now that more and more people are starting to share their stories of illness, raising awareness and seeking for emotional support, which has highlighted the therapeutic role of storytelling (Conti, 2019).

Given that cancer is the leading cause of death in the world (WHO, 2022), and considering the growing trend towards storytelling and the extraordinary power of language, the aim of this paper is to analyse how cancer patients use language in their narratives when describing their illness experiences. To conduct our analysis, we compiled a corpus of cancer narratives written in English and used corpus linguistic tools (McEnery and Hardie, 2012) such as Sketch Engine (Kilgarriff *et al.*, 2014) to explore how cancer, illness, health, life and death are represented.

Preliminary findings show that, although the word 'cancer' seems to be commonly used by English-speaking cancer patients, they do not often talk about death, especially about their own, suggesting that death may still be a taboo in our society. In addition, as reflected in their narratives, patients seem to change their life expectations, values and priorities after living with cancer. Furthermore, our findings suggest that patients may understand certain issues such as 'being healthy' differently from the general population.

Keywords: cancer language; corpus linguistics; patient narratives; illness experience.

1. Introduction

Illness and health are integral components of the human experience. They need to be understood and addressed, since it is through language that we start shaping our perceptions and understanding of health. The essence of healthcare inherently entails the exchange of information among participants in many different contexts (Sarangi, 2004). As language users, we start forging our understanding of well-being when we informally discuss health-related issues with family or friends, as well as when we seek medical attention and use language to describe our symptoms to healthcare professionals (Gwyn 2002; Brookes and Collins, 2024).

However, language is not merely a tool for transmitting information; it is also a powerful force in shaping our perceptions and understanding of health. The way we talk about illness can contribute to the construction, reproduction, and perpetuation of certain health-related issues (Brookes and Collins, 2024). As a part of an audience, we are exposed to a variety of resources where health issues are dealt with. Formerly, such resources were made available to citizens mainly on the radio, newspapers and TV, but the advent of the internet has caused the amount of accessible health-related information to increase considerably. The digital age has brought forth a vast array of online resources, including websites, podcasts, blogs, and posts on social media profiles, all aimed at sharing information related to specific health issues. In addition, not only have the different channels and formats through which this information is conveyed changed, but so have the people who issue such information (Culpeper, 2009). Of course, now there are a great number of health professionals who provide users with their expertise and advice online, but also more and more patients are choosing to share their personal stories on the Internet. Patients decide to tell their illness stories in order to raise awareness of their condition, seek support and validation, and find comfort in the act of sharing. These stories, which have been referred to as patient narratives, come in various forms and provide an insight into patients' experiences, capturing each unique perspective. Patient narratives are now, in some healthcare systems, used as a therapeutic tool in healthcare and play a key role when providing patient-centred care (Kleinman, 1988; Charon, 1993, 2001; Montalt, 2017; Cercato *et al.*, 2022).

The way in which people perceive and understand a particular health issue can vary greatly due to the variety of discourses surrounding it (Harvey and Adolphs, 2012). As discourses have the capacity to produce effects (Fox, 1993; Gwyn, 2002), examining how health discussions take place in different settings can improve our understanding of the effects and characteristics of significant changes in social and health environments (Lupton, 2013; Jones, 2013). From a linguistic

perspective, analysing discourse can help us to understand societal changes; therefore, by exploring medical discourse, we can gain valuable insights into how society conceptualises certain issues, which eventually will help to promote a shift towards the use of patient-friendly language. With this in mind, this paper presents the results of an exploratory study on cancer narratives written by English-speaking patients by using corpus linguistics methods and tools.

2. Mapping Health Communication

Health communication refers to every form of communication taking place in medical settings or being somehow related to health and illness. It covers a wide range of communicative acts, from interacting with healthcare professionals to discussing health issues in casual conversations with family or friends. Language is what we use to express our thoughts and experiences related to health. When we feel ill, we typically use language to communicate our suffering and discomfort, starting with our loved ones (Charon, 2006). Then, during anamnesis, we begin to create our narratives of illness when seeking for professional assistance. At that moment, health practitioners begin to address our medical concerns, which inevitably entails communication (Brookes and Collins, 2024). Nonetheless, as we mentioned, language is not just a tool for communication: it not only reflects ideas but also reinforces them, as speakers play a role in maintaining social conventions through their use of language, which has also been observed in health discourses (Fairclough, 1989). For example, in April 2022, a controversy erupted online after a well-known swimwear brand in Spain launched an advertising campaign defending its products as suitable for different bodies, in which six models of different sizes appeared in swimwear. While most Internet users understood this advertising discourse as socially “inclusive”, many others adopted a “medical” perspective, claiming that such a discourse was rather aimed at “promoting obesity”, illustrating that language is indeed the basis for understanding our reality and reflects how we perceive the world (Sarangi, 2004; Brookes and Hunt, 2021, Pontrandolfo and Piccioni, 2021).

In the field of health communication studies, it could also be argued that language and discourse have the capacity not only to change ideas but also to influence behaviour (Harvey and Kotevko, 2013). For example, in recent years, the growing number of patients sharing their breast cancer experiences online has not only led to changes in women’s behaviour, who are now self-examining, but has also had a significant impact on the health sector: thanks to these efforts, numerous prevention campaigns have been implemented to ensure that early detection is available and accessible to as many people as possible (Jones, 2013; Moreno, 2023). Within health communication studies, discourse has been observed from

two perspectives (Gwyn, 2002): a micro and a macro perspective. In the realm of language, the micro perspective encompasses the choices individuals make to convey meaning through words. On the other hand, the macro perspective pertains to broader patterns of expression that are influenced by societal and cultural factors. Many experts in health communication approach both perspectives, macro and micro, to examine how language is used in specific health contexts. This allows them to study the everyday speech patterns that shape these contexts, while also analysing how such patterns reflect and perpetuate society's beliefs and attitudes about health, illness, and the body (Brookes *et al.*, 2023).

The role of language and communication in the field of healthcare became especially relevant after the emergence of narrative medicine, a discipline that emerged in the frame of health humanities as a response to the need to foster the implementation of narrative skills in the practice of medicine. Charon (2006) was the first author who provided a definition of narrative medicine, describing it as the set of necessary communicative skills for the effective practice of medicine. She claims that health professionals may use stories shared by patients to get a deeper knowledge of the patient's suffering and become, thus, better professionals. However, although narrative medicine initially emerged with the aim of improving health professionals' skills through the use of stories, narrative medicine has now adopted a patient-centred focus and addresses the use of storytelling as a way to give patients a voice in their therapeutic process. Storytelling allows us to reflect on our situation and to share our thoughts with others (Calabrese, 2019). We all need to tell and listen to stories in order to understand and make sense of our own experiences, which is why storytelling has been traditionally used as a therapeutic tool for humans: when we face a difficult situation, when we are worried about something, or even when we have something to be happy about, we need someone to share it with. In the case of patients, when sharing their stories of illness, the therapeutic power of narration boosts significantly: they can feel heard, rely on other patients' experiences to address their worries and concerns and even use their suffering to help other patients in the same situation (Conti, 2019). In addition, by analysing how patients describe their illness experience, we can obtain a better understanding of their feelings, expectations and concerns, and make them take part in decision-making processes.

2.1. *Corpus Studies and Health Communication*

Interest in studying communication in healthcare has grown significantly in recent decades (Charon, 2006; Mora *et al.*, 2015; Liu *et al.*, 2024), as recent research on patient information leaflets, email interactions between patients and healthcare professionals, online support groups or websites devoted to healthcare

issues or digital patient narratives shows. In many of the cases, linguists have chosen to explore how language is used to construct ideas. For instance, authors have used critical discourse analysis methods to examine and evaluate power dynamics linked to health matters across various settings (Bilic and Georgaca, 2007; Brookes, 2021), or the conception of health through multimodal discourse (Brookes and Harvey, 2016). Corpus linguistic methods (Leech, 1991; Sinclair, 2004) have also been used to test existing hypothesis about health communication. For example, Semino *et al.*, (2017) carried a corpus-based study to identify further metaphorical constructions used by patients when describing the illness experience. Also, corpus-driven methods (Tognini Bonelli, 2001) have been used as an inductive way to establish hypothesis related to language use, for instance, when paying attention to word patterns or clusters (Brookes *et al.*, 2022). Linguists may opt for one approach or another, or even combine different approaches, depending on what they want to research and on the data they have access to (Chalupnik and Atkins, 2020).

In recent studies, health discourses have been observed considering both Gwyn's (2002) macro and micro approaches so as to explore how certain health-related concepts are understood by a particular group of people. For instance, Zimmermann (2004, 2007, 2012) analysed a corpus of journal articles to examine what death acceptance and denial meant for both health professionals working in palliative care and adult patients facing end of life. Borgstrom (2020) based on policy documents and policy-promoting materials to observe how the concept of 'good death' was represented. Brookes (2021) also observed representations of obesity on the Internet, showing that 'health' is usually conceived as a synonym of being slim. Other examples of language elements that have been observed are the link between metaphor, illness and cancer (Semino, 2008; Semino and Demjén, 2016) or taboo topics in health discourse, such as cancer (Zamanzadeh, 2013; Mendoza-Dreisbach and Dreisbach, 2018). In the last decades, particular attention has been paid to health discourses in the press. Linguists have often focused on how the general population understands health-related issues. By analysing health communication and health discourses, we can gain valuable insights into how society conceptualises certain topics. For instance, as we mentioned, when dealing with obesity, being slim seems to be a synonym of being healthy, which is not true. But what happens if, instead of focusing on the general population, we focus on a particular group of people? What if we ask cancer patients? What does 'health' mean to them? Is it the mere absence of cancer? We have noted that the idea of facing death has been analysed in the case of patients in the end-of-life, but what does 'death' mean for patients who are making progress to recover? Do they ever reflect about death when telling their illness stories? We have also mentioned that, according to research, cancer

seems to be a taboo for some groups of people, such as young cancer patients (Mendoza-Dreisbach and Dreisbach, 2018). For example, in this sense, cancer has been commonly referred to as a 'a long-term disease', but how do cancer patients refer to it when they tell refer to their own experience? Do they also avoid using the word 'cancer' and use a euphemism instead?

With this in mind, and with the aim of gaining a deeper understanding of the main representations of health issues in cancer patient narratives, this study aims to answer our research questions through the following objectives:

- Objective 1. To reveal whether there are explicit references to life and death in digital patient narratives and to identify the main ideas revolving around these two concepts.
- Objective 2. To observe whether patients use the word 'cancer' to talk about their condition.
- Objective 3. To explore how patients understand health and what issues they associate with the concept of being healthy.

3. Design of the Study

3.1. *Materials and method*

To conduct our analysis, we collected a corpus of digital narratives written in English. We examined the personal stories of patients diagnosed with haematological cancer. We chose to focus on this specific type of disease because it affects individuals of all genders and ages, providing us with a diverse range of narratives to study. To find first-hand accounts from patients with this specific diagnosis, we scoured the internet for popular platforms that cater to their needs. Our goal was to select a single website that would provide us with a wealth of narratives. For such purpose, horizontal search engines, metasearch engines, and web crawling tools (Tramullas and Olvera-Lobo, 2001) were used. To select the source from which to extract the stories of our corpus, a search was run in Dogpile using keywords such as 'haematological disease story', 'patients haematology', 'stories patients with haematological disease' and 'blood cancer patients'. Following our initial search, we found numerous websites that provided content relevant to our interests, but many of the pages found were not solely dedicated to this specific disease or were managed by profit-oriented organisations like private hospital portals.

Eventually, we chose to retrieve all our texts from the official site of the British charity Association 'Lymphoma Action'. With over 35 years of experience, this non-profit organisation aims to raise awareness and assist patients with lymphoma and other blood diseases such as leukaemia. As well as providing information about these diseases, the website offers a range of support options including helplines,

Facebook groups, meetings, workshops, podcasts and a platform for patients to connect and share their experiences. The personal stories section on the website contains testimonials from both patients and caregivers, from which our narratives have been drawn. The charity association Lymphoma Action allowed us to use and analyse the data on their website, which were freely available to the general public. Partial disclosure of the data was permitted as long as authors' privacy was guaranteed. The corpus was compiled between December 2020 and May 2021 and, therefore, includes only those texts available until the end of this period. There were a total of 122 texts available on the website, representing a total of 106,445 words. However, 8 out of the 122 narratives were written in the third person – by caregivers –, and were not included in our study. Only the remaining 114 texts, all written by patients, were considered for our study.

For the analysis, we used the Sketch Engine corpus tool (Kilgarriff *et al.*, 2014). This tool allows the automatic extraction of information in a corpus, and can be used to analyse frequencies, collocations, or word patterns, among other things. In particular, we used the concordance function, which allowed us to find examples of specific words and explore the context in which such words were used in our corpus. Due to the nature of the data, we could not take into account variables like gender, age, stage of disease, or location, as these aspects were not consistently mentioned by the patients. Some narratives were anonymous, while others mentioned the age of diagnosis but not the date of writing or publication. Therefore, this variable could not be included either.

4. RESULTS AND DISCUSSION

This section presents and discusses the results in relation to the three objectives of our study.

4.1. Objective 1

Our first objective was to uncover possible explicit references to life and death in order to illustrate the main ideas revolving around these two concepts. In our search on Sketch Engine, we analysed references to death looking for concordances of terms such as 'death', 'die', 'dead', 'kill', 'pass away', as well as to references to life through terms such as 'live', 'life' and 'living'.

A) References to death

A total of 29 references to death were identified in the whole corpus, which represent about 0.024% of the whole corpus. In this regard, the concept of death was constructed from different perspectives. For instance, verbs such as 'die' or

'pass away' were used by the narrators in three different ways. Firstly, to talk about death in general (2 hits), as a possible side effect of a certain therapy or medicine, as example 1 shows. The narrators also use these verbs and derivatives to reflect on their own fears of death (5 hits) as a result of their condition, as shown in example 2. Finally, these verbs were also used to discuss the death of someone else, especially close relatives or friends (11 hits), as shown in examples 3 and 4.

*Example 1: "Preliminary findings indicate that for patients on ventilator treatment, dexamethasone reduces risk of **dying** by about one third and for patients requiring oxygen"*

*Example 2: "All I could think was that I wasn't ready to **die**"*

*Example 3: "Both my elder brother and dad had **died** of non-Hodgkin; my brother in 1999, and my dad in 2001."*

*Example 4: "I wanted to be with her and share the news of my recovery with her before she **passed away**."*

Further references to death were found when looking at terms like 'kill'. This reference was found when the disease was given personal characteristics (that of killing, as in the case of a powerful person or animal), to show the patient's fear of being killed (2 hits), as shown in example 5. However, although killing entails dying, this term has not been used to talk about patients' own death, but to describe the healing process by 'killing the bad cells', as shown in examples 6 and 7.

*Example 5: "Is this going to **kill** me?"*

*Example 6: "The radioactive iodine **kills** the lymphoma cell"*

*Example 7: "The cancerous cells were **killed**"*

In terms of frequency, references to death are rare. It is worth noting that almost every mention of death found in our corpus refers to someone else's death, never to one's own. Our findings are in line with recent research on how people deal with death, which found that, when thinking about our own death, the human brain tends to project the thought of death onto other people, and avoids projecting it onto ourselves (Dor-Ziderman *et al.*, 2019). This means that whenever we imagine a life-threatening situation, we tend to think of death as something that can happen to other people but not to us, perhaps because we are too young or because our condition is not too serious. An example of this avoidance behaviour is example 2 above, where the patient refers to his own death but claims that he does not feel ready to leave this world.

B) *References to life*

As a part of our first objective, we also looked at references to life. The total number of hits for this concept is 384, representing 0.32% of the total corpus, which shows that, when compared to death, patients seem more likely to talk about life, especially about the impact that cancer has had on them. The verb that most frequently collocated with 'life' is 'change' (76 hits). Patients use this verb to argue that cancer has entirely changed them. It may seem an obvious issue, since patients go from being healthy to being sick in a matter of seconds from the moment they are diagnosed. However, in this context, patients mainly refer to how cancer has changed their lives in a more spiritual way, changing their priorities and values, as shown in examples 8 and 9 below:

*Example 8: "Being diagnosed with follicular lymphoma has totally **changed my life.**"*

*Example 9: "My **life has changed.** My priorities have changed. I have changed."*

This verb is also used to describe a kind of change in the patient's life expectations (example 10), as in the case of collocates of 'change'. This is particularly relevant because, according to research on the emotional impact of cancer, most patients change their life expectations and values after being diagnosed with cancer giving more importance to personal relationships and developing their empathy skills (Carreño, 2018), which is also shown on example 11, where the verb 'sharpen' has been used (2 hits).

*Example 10: "This experience has taught me to **appreciate life.**"*

*Example 11: "My focus of what is important in life has **sharpened.**"*

Some other verbs such as 'save' (8 hits) were also found to collocate with 'life'. In most cases (6 hits), 'save' was used to refer to the people who helped cancer patients during their therapeutic journey, often health professionals such as doctors and nurses, and 'buddies' (examples 12, 13 and 14). These buddies are usually cancer patients in remission who help other patients in earlier stages of the healing process, as they may be confused and a bit shocked after receiving the diagnosis. Buddies are therefore responsible for providing emotional support and guidance to patients. These examples show that seeing ourselves reflected in the experiences of others can sometimes be even more helpful than the best therapies. This is particularly important in the case of cancer patients, where emotional support is essential. Therefore, reading about other people's experiences can have a reassuring effect on patients, highlighting that learning about other patients' experiences can be beneficial for other patients going through the same situation (Moreno, 2023).

Example 12: "Talking to my buddy saved my life."

Example 13: "I had been a buddy at the hospital that saved my life."

Example 14: "I am not just clapping for the doctors and nurses who saved my life."

In general, regarding our first objective, references to life are more frequent than references to death in our corpus (384 vs. 29 hits). Although our study does not allow us to give a precise reason for our findings, it would be interesting to observe whether death is a taboo topic for cancer patients in general, or whether it is only the case of patients diagnosed with blood cancer, who avoid references to death because of the good prognosis of this type of disease. Our findings could also be explained by the time at which they write their stories –most of them at a stage when they have recovered or are about to recover and therefore do not perceive any risk of death in their situation. In addition, our results may suggest that patients facing such a difficult situation may adopt a different approach to life, becoming more positive and thus avoiding talking about death. Further studies should be done to see if the results are similar in patients diagnosed with other types of cancer –with not such a good prognosis– and in patients who write at a different stage, for instance, immediately after diagnosis.

4.2. Objective 2

Our second objective was to observe whether the word ‘cancer’ is used by cancer patients to talk about their condition. As we discussed earlier, the word ‘cancer’ still seems to be a taboo. Our search on Sketch Engine yielded 212 hits, representing 0.18% of the total corpus. The main verbs that collocated with ‘cancer’ were found to be ‘have’ (134 hits), ‘go’ (31 hits), ‘diagnose’ (24 hits) and ‘change’ (13 hits) (examples 15, 16, 17 and 18 respectively), while for nouns we find ‘blood’ (44 hits), ‘diagnosis’ (39 hits), ‘patient’ (27 hits), ‘experience’ (24 hits), ‘treatment’ (21 hits) and ‘travel’ (16 hits) (examples 19, 20, 21, 22, 23 and 24 respectively).

Example 15: "I had never really come to terms with having cancer"

Example 16: "The cancer had finally gone"

Example 17: "Three months later I was diagnosed with cancer"

Example 18: "Cancer has changed our family"

Example 19: "I had Hodgkin lymphoma, a type of blood cancer"

Example 20: "With my cancer diagnosis, I was advised against searching the internet about my condition"

Example 21: "You must accept that you are no longer a cancer patient"

Example 22: "My cancer experience does not define me"

Example 23: “Finishing cancer treatment was perhaps the easy part”

Example 24: “It helped me feel less alone in my cancer journey”

Considering that the word ‘cancer’ is often avoided, especially in the media, where there is a tendency to replace it with “a long term disease”, our results seem surprising: our corpus shows that English-speaking cancer patients do not seem to be “afraid” of using the word ‘cancer’, despite the fact that such a word has historically been considered a taboo and synonymous with death (Sontag, 1978). From a psychological point of view, and according to experts from the Spanish Cancer Association (AECC), avoiding the use of euphemisms when talking about cancer is crucial, both for patients, for whom an awareness campaign has been launched in 2020 called ‘Llámalo cáncer’ (‘Call it cancer’). Many patients avoid naming it as a coping mechanism to avoid accepting their reality: if they do not say the word ‘cancer’, it does not exist. However, the fact is that avoiding the actual name can contribute to the stigmatisation of cancer, which can translate into cancer patients feeling excluded or undervalued, which can worsen their mental health (Maldonado-Castillo and Santa Cruz-Espinoza, 2024). Further research is needed to investigate whether this is the case in other languages and cultures where cancer may be more or less stigmatised, and to observe whether results are similar for other types of cancer.

4.3. Objective 3

Our third objective was to explore how patients understand the concept of health and what they mean by being healthy, for which we searched for the terms ‘health’, ‘healthy’, ‘illness’ and ‘disease’. Our results show 63 hits for the term ‘health’, with a representation of 0.052% in the whole corpus, where the main collocates are ‘mental’ (25 hits) and ‘good’ (9 hits). Regarding ‘mental’, we can see how the patients suffering from such a serious disease as cancer seem to emphasise the role of mental health, as we can see in examples 25, 26 and 27. Our examples suggest that cancer often affects both the physical and mental health of patients. Some patients highlight that cancer had such a strong emotional impact on them that they had to seek psychological help, which would be a recommendation for other cancer patients.

Example 25: “It was definitely affecting my mental health”

Example 26: “It affected my self-esteem and mental health”

Example 27: “I would say you should get in touch with their GP if you are struggling with mental health”

As we mentioned, and as examples 28 and 29, the adjective ‘good’ also collocates with ‘health’. Cancer patients seem to understand ‘good health’ as synonymous with being in remission, i.e. cancer free. However, for some other patients, being ‘in good health’ means feeling physically and emotionally fit, being able to lead a normal life despite having cancer.

Example 28: “I was in remission. I was thrilled to be back in good health”

Example 29: “I was stage IIA with no symptoms and I was in good general health”

However, although patients use ‘healthy’ (16 hits, percentage of representation in the corpus 0.013%) to talk about the feeling after remission too (example 30), it is most commonly used by patients to talk about how they felt before being diagnosed with cancer (11 hits), as shown in example 31.

Example 30: “I feel healthier than I did before my treatment”

Example 31: “Before my diagnosis, I was enjoying a healthy and active life”

‘Illness’ and ‘disease’ have similar occurrences, as each of them have a representation of 0.032% in the corpus. Although disease refers to the biological affection of the body and illness is used to mention such disease affects a patient’s life physically and emotionally (Eisenberg, 1977), patients seem to use both terms indiscriminately, as shown in examples 32, 33, 34 and 35:

Example 32: “My illness in an exceedingly rare cancer”

Example 33: “At the time my illness developed, I was training for a cycling event”

Example 34: “I was determined to overcome this disease”

Example 35: “I realised it was a complicated disease”

These examples show that ‘illness’ and ‘disease’ were also used as synonyms for ‘cancer’, which is the actual name of their condition, suggesting that in these cases both terms are used as euphemisms and that some people may refuse to use the word ‘cancer’. However, the overall use of such terms is much lower than the frequency of ‘cancer’ (0.032% vs. 0.18%), which may indicate that the use of euphemisms to talk about cancer is not the general norm for English-speaking patients.

5. CONCLUSIONS

As we have seen, in recent years there has been a growing interest in analysing language representations in health discussions, especially those that take place online. In this study, our general objective was to observe how cancer is

linguistically represented in digital patient narratives. In conducting our study, we aimed to answer several research questions about how cancer patients understand life and death, how they use the word 'cancer' when referring to their own experience of the disease, and how they understand the concepts of 'health' and 'being healthy'. To explore language use, we relied on a corpus of digital narratives written by patients diagnosed with different types of blood cancer and used Sketch Engine to address such ideas by finding real examples in our collection of texts. In our analysis, we looked at the language from a micro and a macro perspective (Gwyn, 2002). From a micro perspective, we analysed which words patients used to convey particular ideas. From a macro perspective, we observed how cultural and societal factors are reflected in patients' language use.

We chose to explore references to death and life in the first place because psychologists recognise the importance of talking about death as a natural stage of life, and therefore part of the life cycle, as it is something we will all have to face at some point. As we discussed, the human brain is wired to avoid thinking about our own death (Dor-Ziderman *et al.*, 2019), but the truth is that being able to express our concerns about death, including our own, would help us to normalise it and live happier lives (Mannix, 2018; Esquerda, 2022; Waldinger, 2023). Nevertheless, our results indicate that death is not openly discussed by cancer patients in their narratives, which may indicate that it still seems to be a taboo subject (Walter, 1991; Crespo-Fernández, 2023) and that further efforts should be made to engage people in death conversations. We also observed that, although cancer is traditionally associated with death (Sontag, 1978), in our corpus, patients tend to use the word 'cancer' to refer to their condition. Our results may suggest that cancer, despite being the world's leading cause of death (WHO, 2022), is undergoing a process of destigmatisation, perhaps thanks to scientific developments that have allowed cancer mortality rates to fall significantly lately. This is happening in the case of patients who talk about their own condition, who may have normalised their reality, but we should observe whether there are differences between how patients use the word 'cancer' and how society in general (in the press, for example) does so, where there is a tendency to use euphemisms, as we have argued. Finally, in relation to our last objective, our findings suggest that, although previous research based on discussions of obesity has shown that, for cancer patients, 'health' has nothing to do with physical appearance, but with feeling good, energetic and motivated. For cancer patients, there is a stronger link between being healthy and being mentally fit, with emotions playing a key role. This is particularly important because cancer patients tend to have higher levels of emotional distress than the general population (Rodríguez-González *et al.*, 2022).

Having addressed our three objectives, we could conclude that the use of language seems to be in line with patients' ideas. As we mentioned earlier, research shows that our brains reject the idea of dying, and this is reflected in the language we use: since we cannot think about our own death, we can hardly talk about it. In the same way, we have observed that patients tend to change their priorities in life after being diagnosed with cancer – which they openly discuss in their narratives – and not only, since the way certain health-related issues are understood can also change after such an experience, as in the case of 'health' and 'slimness'.

As mentioned in the first sections of this paper, this is an exploratory study and therefore has some limitations that could be addressed in future work. There are many variables that could not be taken into account when studying our corpus, such as the socio-cultural context of the patients, their age or gender, or the exact moment within the therapeutic moment in which they write. Taking these variables into account may allow us to observe possible differences in the construction of the ideas discussed, as, for example, health and death may be approached differently by adolescents than by adults. In addition, it would be interesting to expand the corpus to include digital narratives written by patients diagnosed with other types of cancer, in order to draw more robust conclusions and to be able to extrapolate the results to a wider field of health communication. For example, further exploration of both the micro and macro senses of the language used by patients could provide new insights into how they personally navigate and communicate their experiences with a particular disease to shape and negotiate their own identities in relation to their diagnosis.

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