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## Cancer Blog Narratives: The Experience of Under-Fifty Women with Breast Cancer during Different Times after Diagnosis

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## Cancer Blog Narratives: The Experience of Under-Fifty Women with Breast Cancer during Different Times after Diagnosis

### Abstract

The recent literature shows an increase of breast cancer in women under 50, however still few are the studies which analyse the impact of the disease in this specific target age. This study aims at exploring the most prevalent topics in Italian cancer blogs of women who have received a breast cancer diagnosis before the age of 50, in order to understand their experience of illness and the characteristics of women's narrations at different times after diagnosis (1 year, 2 years, 3 years). We collected the textual corpus of 4 Italian breast cancer blogs and performed a thematic analysis. Five themes resulted, which, after interpretation using factorial mapping, fall into 3 sense vectors: toward the thought of the experience; from the external to the internal world; breast cancer: from rigidity to mobility. The blog analysis allows to build a first step of the scientific knowledge about the traumatic specificity of this experience, showing a need for processing the emotions. This allows to think about clinical support practices tailored to this group, in order to develop a diachronic processing of the experience and the construction of a new continuity of life.

### Keywords

Breast Cancer, Younger Women, Cancer Blog, Narrative, Trauma Experience

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### Acknowledgements

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## **Cancer Blog Narratives: The Experience of Under-Fifty Women with Breast Cancer during Different Times after Diagnosis**

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*The recent literature shows an increase of breast cancer in women under 50, however still few are the studies which analyse the impact of the disease in this specific target age. This study aims at exploring the most prevalent topics in Italian cancer blogs of women who have received a breast cancer diagnosis before the age of 50, in order to understand their experience of illness and the characteristics of women's narrations at different times after diagnosis (1 year, 2 years, 3 years). We collected the textual corpus of 4 Italian breast cancer blogs and performed a thematic analysis. Five themes resulted, which, after interpretation using factorial mapping, fall into 3 sense vectors: toward the thought of the experience; from the external to the internal world; breast cancer: from rigidity to mobility. The blog analysis allows to build a first step of the scientific knowledge about the traumatic specificity of this experience, showing a need for processing the emotions. This allows to think about clinical support practices tailored to this group, in order to develop a diachronic processing of the experience and the construction of a new continuity of life. Keywords: Breast Cancer, Younger Women, Cancer Blog, Narrative, Trauma Experience*

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The diagnosis of breast cancer is a traumatic event capable of causing a loss of bodily and psychic references, a loss of sense (Daune, 1997), and is a potentially life-threatening event associated with significant discomforts which may also occur after successful medical treatments (Mehnert & Koch, 2007; Somerset, Stout, Miller, & Musselman, 2004). In recent years, in Italy, there has been an overall increase of 30% of breast cancer in women under the age of 50 (Airtum, 2015). Indeed, although a diagnosis may be painful and traumatic for patients of all ages (Gargiulo et al., 2014; Mehnert & Koch, 2007), at a younger age (under-50) the breast cancer appears to be an underestimated challenge that deserves scientific interest and specific resources (Bleyer & Barr, 2007). Specifically, women under 50 are diagnosed with more aggressive forms of breast cancer, requiring multimodal treatments that on the one hand improve survival probability, but on the other hand expose woman to a more complex process of psycho-physical adaptation to the trauma (Chou, Stewart, Wild, & Bloom, 2012; Ganz, Rowland, Desmond, Meyerowitz, & Wyatt, 1998).

Breast cancer and the effects of medical treatments impact body and femininity, but also interactions with a partner, aspects related to physical image, sexuality, fertility and premature menopause; this may have a more negative impact on the quality of life of a younger woman (Avis, Crawford, & Manuel, 2005; Baucom, Porter, Kirby, Gremore, & Keefe, 2005; Rainone et al., 2017; Schover, 1994).

Furthermore, there are some psychosocial challenges specific to this phase of life since diagnosis often coincides with the emergence of adulthood and the transitions in new roles of life, which are also related to career and work (Avis, Crawford, & Manuel, 2004, 2005; Bleyer & Barr, 2009; De Luca Picione & Valsiner, 2017; Dunn & Steginga, 2000).

Those women tend to isolate themselves socially, since peers do not live their own psycho-physical condition (Adams et al., 2011). However, literature has shown that they can

activate psychic resources to cope with the disease (Carlino & Margherita, 2016), such as emotional resilience and good medical compliance for rapid medical results (Di Giacomo et al., 2016), in order to transform the traumatic experience in favour of personal growth (Luoma & Hakamies-Blomqvist, 2004).

In a scientific landscape where the studies on the impact of the disease at this specific age (under 50) still appear to be few, the work intends to fill such a gap, in order to understand the specific experience of women who received a diagnosis of breast cancer before the age of 50, starting from their narratives shared online through cancer blogs.

### **The Narrative Function of Cancer Blogs**

The web is becoming a popular mode of communication about health issues among cancer patients (Thielst, 2007). Cancer is one of the three most searched diseases on the Internet (Larkin, 2000; Mayer et al., 2007), and recent studies show that individuals with cancer cyber cope by connecting with others via online support groups and blogs (Donovan, Brown, LeFebvre, Zaitchik, & Love, 2015; Donovan, Nelson, & Scheinfeld, 2017; Kim & Lee, 2014).

In particular, women with breast cancer tend to use online sources to look for medical information (Fogel, Albert, Schnabel, Dittkoff, & Neugut, 2001) and to receive online psychological support (Froude, Rigazio-Di Gilio, Donorfio, & Bellizzi, 2017; Owen, Klapow, Roth, Nabell, & Tucker, 2004). Women's websites on cancer have been read as forms of cyber-agency (Pitts, 2004), which allow a faithful writing of the authentic experience of the disease that according to McNamara (2007) was not possible in the traditional narrative of the disease, before technological devices.

Within the panorama of websites dedicated to this topic, we focus on cancer blogs (Keim-Malpass et al., 2013); they fall into the widest view of the illness blog, considered an online narrative of the disease. Those who operate them can contribute to improving the relationship with the patient (Heilferty, 2009; McCosker, 2008; Page, 2008). Cancer blogs are public websites that allow to share the disease experience through texts, images, and videos in the form of an online diary. In this way, the blogger can tell day by day the course of events and the reader can follow the evolution of the path of illness. Anonymity allows one to get rid of a filtered story; it comes vividly and is directed to an imaginary reader. Additionally, cancer blogs allow one to expand knowledge of the disease for medical visits and possible health treatments (Kim, 2009; Narimatsu et al., 2008). This ensures that one perceives oneself within a network of virtual relationships (Boursier, Manna, Gioia, Coppola, & Venosa, 2018) as well as within a social landscape that discusses the illness.

Given that the onset of a cancerous disease generates an unexpected crisis of meaning-making processes that support the continuity of the personal lifestory (Martino & Freda, 2016a, 2016b; Martino, Onorato, D'Orlando, & Freda, 2013; Martino, Onorato & Freda, 2015), the cancer blog can represent a space where women can benefit from the healing effects of writing, building a personal narrative of the disease experience, and sharing it with others (de Boer & Slatman, 2014; Nunziante Cesàro & Lemmo, 2016; Vargens & Bertero, 2017). In this sense, the blogging activities could be considered online health resources, able to promote good health. The virtual narratives mediate between the individual and the external reality and allow a woman to present herself to the online community through new expression codes; further, the potential space usable by everyone can give the author sensory fragments of her own experience previously deposited in the web (Margherita & Gargiulo, 2018).

Moreover, narration is the elective device for constructing meaning (Margherita, Boursier, Gargiulo, & Nicolò, 2017; Freda & Martino, 2015; Martino & Freda, 2016a;

Neimeyer, Burke, Mackay, & van Dyke Stringer, 2010) and for the reconfiguration of temporal perspectives (Brockmeier, 2000; Margherita, Troisi, Tessitore, & Gargiulo, 2017) aimed at supporting processes for narrative transformation and elaboration of the traumatic experience (Dicé, Maiello, Dolce, & Freda, 2017; Dicé, Santaniello, Gerardi, Menna, & Freda, 2017; Esposito, Ribeiro, Gonçalves, & Freda, 2017; Freda & Dicé 2017; Margherita, Gargiulo, & Martino, 2015; Valsiner, 2007). Research by Pennebaker (1997) indicated that written discourses have long-term positive effects on mood and benefits such as a reduction of health problems.

Several studies have investigated the main representations of the disease through narrations made by women with breast cancer (Kaiser, 2008; MacLean, 2004), and, in the last years, we observe the tendency of researchers to investigate those also into cancer blogs (Coll-Planas & Visa, 2016). However, the studies on blogs written by women under 50 with breast cancer still appear to be few (Keim-Malpass et al., 2013; Vargens & Bertero, 2017).

From our point of view, the cancer blog as a narrative tool allows for contact where the experience of the disease transforms to spontaneous narratives. It is a scientific resource that clinicians can use to accurately understand the traumatic experience of the disease in a non-clinical setting.

Due to the lack of literature on this topic, the present study aims to know the detailed lived experience of under-50 breast cancer diagnosed women outside of the experimental setting or clinical setting and during different phases of treatment. We believe that in studying spontaneous cancer blogs, we will obtain a great resource to construct knowledge on this condition before carrying out research-interventions.

The study aims to explore the themes present in Italian blogs written by women who have received a diagnosis of breast cancer under 50 in order to understand the experience of the disease, from the onset to the end, to interpret these women's specific needs. In particular, we propose to investigate which differences are in the narrative of the traumatic experience according to the time of the disease. In medical terms, the time of the disease is related to different phases of treatment (diagnosis, surgery, chemotherapy, breast reconstruction). From a psychodynamic framework (Daune, 1997), we consider it as the inner psychic time of organizing the experience from the communication of the diagnosis. In this way we aim to observe the diachronic aspect of the disease.

## **Methods**

From a psychodynamic perspective (Salvatore & Freda, 2011; Valsiner & Rosa, 2007), we explored the narrative construction of Self-experience as a continuous process mediated by semiotic devices (i.e., meanings, linguistic canons, acts) and latent dynamics. We chose a qualitative approach to explore meanings using narrative as a tool. The explorative qualitative approach allowed us to start from data, and, through a bottom up method, it provided us ways to identify the main themes.

### **Data Collection**

We have included the words “breast cancer,” “women,” and “blog,” combined with each other, in the Google search engine. Thirteen websites were identified. Only four blogs, which qualified our inclusion criteria, were considered for our study (Table 1).

Our inclusion criteria were: public Italian blogs which reflect breast cancer content, containing first-person narratives from a blogger whose age when she received the diagnosis of breast cancer was under 50. Our exclusion criteria: restricted access websites, forums,

newsgroups and thematic chat rooms, medical reference sites, and sites containing web layouts only.

Table 1. Sample of blogs studied

<i>Blog</i>	<i>Period Activity</i>	<i>Age of communication of diagnosis</i>	<i>Number of posts</i>
1	From August 2012 to August 2013	24	165
2	From May 2012 to December 2017	35	222
3	From March 2012 to February 2017	38	131
4	From November 2013 to December 2017	42	400

All blog owners were informed of the purpose of the study via a written, private message. The owners were invited to voice any objections to inclusion of their publicly posted data in the study and were informed that if no objections were received, their public content would be analysed for research purposes. No objections were received. The study focused on the blog posts written before contact, in order to monitor the text without conditioning. The interaction between blogger and followers were excluded from the analysis.

The study was approved by the Ethical Committee of the “Istituto Nazionale Tumori IRCCS – Fondazione G. Pascale Napoli”. Furthermore, the study was carried out while respecting the ethical implications of online research (British Psychological Society, 2013). In this sense, the blogs that were examined represent open messages available in the public domain; therefore, the study did not violate the user’s privacy. Further, the individuals’ anonymity was preserved by hiding the users’ names and the title of the blogs.

## Data Analysis

Within an explorative and qualitative methodology of research, we used a thematic analysis of narrative texts. In this sense, the posts of blogs were considered to be narratives.

To analyse the blogs, we used T-Lab (Lancia, 2004), a qualitative-quantitative software for texts’ automatic analysis. We choose to use T-Lab because, based on a comparison of different lexical profiles, it identifies dimensions of meanings, shared themes, or issues present in the text under analysis—through the study of vocabulary (Bolasco, 1999). The software analyses the texts as a single set of data (Denzin & Lincoln, 1994), identifying the lexical choices and carrying out co-occurrence and comparative analysis.

The posts were merged into ten documents, codified following the variables considered, and all the documents were merged into a single body of text. The variables considered were: age of the communication of the diagnosis (20-30; 30-40; 40-50) and time passed from the communication of the diagnosis (1 year; 2 years; 3 years). The documents analysed are equal in size of textual corpus for the balancing of statistical weight.

We carried out a preliminary treatment of the text (Table 2).

Table 2. Preliminary organization of the text

Lemmatization	the forms of the verbs are brought back to their present infinitive forms the nouns and adjectives to their singular masculine form articulated prepositions to their article-less form.
Disambiguos	It is an operation by which ambiguous semantic cases are solved. In particular those cases which deal with homographs whose graphic form is the same but with a different meaning.
Lexicalization	to turn the unit into a string phrases consisting of two or three words that refer to a unitary meaning.
Cleaning the vocabulary	words from empty or insignificant, such as the abbreviations techniques, proper names. articles, conjunctions are deleted.
Characteristics of corpus	440239 occurrences, 32700 forms, 10145 e.c.u., 20515 lemmas, frequency threshold 5.

Occurrences indicate how many times a lexical unit appears in the corpus; the form is a lexical unit; the lemma contains the label used for grouping and classifying the lexical units.

We performed an analysis of the elementary context unit (e.g., sentences or short texts characterized by the same patterns of keywords), and they were projected as active variables on the factorial plane through an analysis of multiple correspondences.

The analysis of the elementary context unit is based on a statistical study of the co-occurrence of words in the same elementary context unit. The final product synthesizes the shared concerns in a few significant thematic clusters as a contextual field of meanings (Reinert, 1995) that allow us to build up “a thread” in the discourse. Lexical units (i.e., words or lemmas) are the result of a selection process aimed at creating a list of “key words.” Each cluster consists of a set of elementary context units and is described through a set of keywords that, ranked according to the decreasing value of  $\chi^2$ , indicate that the typicality of each of them within the cluster is associated for semantic value. This allows for reflection on the meaning of individual words by reference to a number of elementary context units, analysing it in the context in which they are used. The meaning of a word is known only through its relations with the contexts, that is, through its distribution within portion of text (Greimas, 1983).

The projection of clusters on the factorial plane allows one to observe relationships (i.e., oppositions and neighbourhoods) between the issues emerged by interpreting the axes that bind them together.

## Results

Five clusters appeared, to which an interpretive label was assigned (Table 3). The clusters are shown below from what is statistically more significant (threshold value  $p = .05$ ). For each cluster we illustrate a portion of narrative typical of the cluster.

Table 3. Description of cluster

Cluster	Lemma that mainly characterize the cluster based on the value of $\chi^2$
<i>the medical treatment between risks and resources</i>	breast (3.155.948), cancer (2.556.851), women (1340.28), prevention (436.898), tumor (433.948), risk (347.099), campaign (303,086), tape (285,543), research (208.691), diagnosis (179.156), screening (172.358), cause (148.054), premature (126.299), young (104.602), mammography (102.462), incidence (100.234), female (75.127), udder (69,795), study (62.627), age (61.951), factor (60.237), carcinoma (57.242), pink (38,065).
<i>the care of the diseased body</i>	therapy (667.76), Reiki (610.626), to choose (610.495), doctor (598.5), patient (483.532), reconstruction (308.533), operation (261.983), to use (243.741), effect (230.21), vitamin (178.77), water (169.77), body (167.239), exam (167.084), tit (155.914), technic (141.319), expander (131.699), lemon (129.331), hormonal (124.931), milk (124.681), mastectomy (117.709). The variables: time from diagnosis 1 year (265.483); age of diagnosis 40–50 (256.879).
<i>the social militancy for the right to life</i>	workers (3055.415), self-employed (2366.446), protection (778.48), work (754.237), rights (715.798), disease (608.418), petition (484.186), leaving (466.61), serious (428.566), to ill (406.641), indemnity (392.526), law (321.181), assistance (284.694), battle (270.731), motion (220.662), government (165.306), social (142.503). The variables: age of diagnosis 40–50 (473.525); time from diagnosis 2 years (188.345).
<i>times and places of pain</i>	home (578.468), to come back (535.087), bed (512.372), mum (490.218), to read (416.49), to see (405.513), to sleep (396.77), evening (330.197), day (270.753), doctor (254.952), morning (242.434), cortisone (241.106), week (212.774), to go through (210.058), night (201.633), dinner (193.071), I (190.668), to cry (188.764), chemotherapy (184.957), intravenous feeding (177.399). The variables: age of diagnosis 30–40 (1230.392); time from diagnosis from the 3 year onwards (735.294).
<i>the links</i>	life (1204.963), death (464.829), to know (168.943), people (168.864), to became (139.367), our (132.604), love (115.848), to think (107.937), fear (89.768), story (61.756), prayer (61.367), to feel (61.338), to smoke (60.096), to grow up (56.938), to fight (56.095), to talk (54.264), child (52.876), to share (49.244), silence (48.656), book (47.124), to heal (37.951), hope (35.234), us (34.7), blog (34.604), hate (32.917), to suffer (30.968). The variables: age of diagnosis 20–30 (198.703); time from diagnosis from 3 years on wards (26.792).

1 – *The medical treatment between risks and resources*

The first cluster, labelled *the medical treatment between risks and resources* (consisting of 2394 elementary context units out of a total of 9674, equal to 24.75%), brings in the issue of breast cancer as an organic disease of women (e.g., *breast, cancer, woman,*



*pink, female, udder*). As was to be expected, the main theme of the blogs appears in the most statistically significant cluster, to testify the centrality of that discourse. It illustrates the long-term medical practice that women undertake (i.e., *diagnosis, screening, mammography*), accompanied by risks and resources, identified in the possibility of prevention (i.e., *campaign, tape*), to detect disease early (i.e., *young, age*) as well to heal in time to continue living the rest of life. The speech is saturated with scientific data, percentages, and advances in medicine shared through links, as illustrated by a portion of narration which is statistically significant and typical of the cluster.

With screening the number of deaths for breast cancer decreases by 50% the real risk probability of a 40-year-old woman having breast cancer in the next decade 1.4% according to the National Cancer Institute.

The lemma *why* is a dense word that evokes the area of the trauma that does not find explanation, which leaves clumsiness and which leads to the search for possible answers to the medical and clinical research (i.e., *research, why, cause, study*).

## 2 – *The care of the diseased body*

The second cluster, named *the care of the diseased body* (composed of 1959 elementary context units out of a total of 9674, equal to 20.95%), highlights the concrete actions to be taken to treat the diseased body, which starts with choosing a *therapy*, and tackles operation and possible breast *reconstruction* but expands to the possibility of meeting Eastern, alternative medicinal techniques. We can observe this dynamic reading one of the statistically significant narratives of this cluster that the software has identified:

For many years, Reiki has been successfully used in many hospitals and healthcare facilities around the world. Its effectiveness has been tested in therapy for relieving anxiety, fear and depression in patients with oncological diseases, often also beneficial in decreasing the effects of chemotherapy.

In relation to the health professionals, women perceive themselves as patients and follow the doctor's instructions but at the same time develop a sense of independence in choosing the therapies. The passive attitude of patient has to be transformed into the feeling of being able to care about herself and to make changes.

Furthermore, the variable time from diagnosis in the first year brings us back to the women's concerns at the beginning of diagnosis: taking care of cancer and body transformations.

## 3 – *The social militancy for the right to life*

The third cluster, named *the social militancy for the right to life* (composed of 1959 elementary context units out of a total of 9674, equal to 20.25%), concerns the protection of cancer-sick workers' rights. Professional identity is disrupted by breast cancer: the traumatic impact of the disease on women's lives intrudes into reality and prevents them, in this case, from continuing to work as before. We see the need to be recognized as victims, to which many things have been taken away (i.e., *illness, indemnity, assistance*). There is a denunciation speech (i.e., *battle, petition, motion*). Users are invited to network, to share their experience, and to report any injustice. It is through the cluster of the outside world, of its

illness inserted within a social and political speech (i.e., *government*), that we can read the narration below.

Dear State, are you there to protect who cancer is already embezzled and is a self-employed worker? Are you giving rights and assistance to those that are ill and are currently B-series workers and patients?

This variable highlights how outbreak can occur in the second year after diagnosis—a later stage of self-care, more private and focused on the internal cancer battle.

#### *4 – Times and places of pain*

The fourth cluster, labelled *times and places of pain* (consisting of 1873 elementary context units out of a total of 9674, equal to 19.36%), presents women's experience when engaged in the difficult process of integrating the disease into identity redefinition (i.e., *I*). In reading the narratives, it is possible to understand that they appear divided between the everyday, common to peers, and the routine of the disease.

Towards the two o'clock I do short therapy that lasts an hour, then washing and then going, ready to go home. He did not go home late last night too, asthma does not pass, cough is not even, I have a trance voice and within two days I put a tube in the bronchi.

There is a movement of retreat to the family spaces, a search for reverie, of good and familiar containers that can accommodate the sufferings (i.e., *home, come back, bed, mum*). There are numerous references to the flow of time (i.e., *evening, day, morning, week, pass, night*), as evidenced in the shared narrative day by day in a virtual diary as well as by the presence of an organizing instance that, from the third year of diagnosis, can narrate and mean the experience.

#### *5 – The links*

Finally, we find the fifth cluster, called *the links* (consisting of 1421 elementary context units out of a total of 9674, equal to 14.69%), which seems to gather the emotional background of the blog linked to the relationship between the anguish of death and the hope of life. Emotions are *felt*, named (i.e., *fear*), and *shared* in relationship with each other (i.e., *people, our, baby, us, blog*). It is the cluster of emotional crossings, the oscillation between the polarities of life and death (i.e., *life/death, love/hate, talk/silence, heal/suffer*). Only in this cluster does the age of diagnosis vary, 20–30 years, so we are witnessing the presence of a younger generation of women with breast cancer and the possibility of early interference with a traumatic and emotionally destabilizing reality.

Talking about death does not scare me. Talking about cancer does not scare me. It's my life. And I cannot help. Talking about death will not make me die first. I was living with the thought of death. We should all. It helps to live the present better, you trust me.

From the narrative, it is possible to observe the reflections about life and death that the disease provides. The women are engaged in these worries and the narrative, through the blog, allows them to regulate emotions and thoughts.

## Interpretation Using Factorial Axis

On the first factor, the horizontal one, we find the axis nominated *toward the thought of the experience* (Figure 1). This factor organizes a continuum that opposed, on the one hand, the clusters *the social militancy for the right to life* and *the care of the diseased body* with variable time from the diagnosis first and second year, which represent the area of the concrete battle that is undertaken internally with cancer in the care of one's own body, as well as externally with real objects that in some way impede women with breast cancer diagnosis to achieve psycho-physical well-being. On the other hand, we find clusters of *times and places of pain* and *the links* with the variable time from diagnosis from third year to represent an area of thinking of emotions, of transformations, and of lived experience.

On the second factor, the vertical, we find the axis named *from the external to the internal world* which sees the opposition between the clusters: *the social militancy for the right to life*, *times and places of pain*, *the medical treatment between risks and resources* with the variables time from diagnosis at two years to diagnosis at three years—a polarization based on the traumatic event of diagnosis and disease of breast cancer and on the breakdown of identity that it generated, opposed to clusters: *the care of the diseased body* and *the links* with the variable time from diagnosis at one year, namely in the area of self-care. This can be seen in the therapeutic and dietary choices that pass through the body, as well as in the verbalization of emotions and in the thoughtfulness of the disease experience.

On the third factor, the transversal one named *breast cancer: from rigidity to mobility*, we find the cluster *the medical treatment between risks and resources* opposing all other clusters. There is a movement that can go from a reification of the breast cancer diagnosis as a thing in itself, treated in medical terms and far from a more emotional language, toward the disambiguation of experience in various dimensions (i.e., self-redefinition in contexts, militancy, body care).

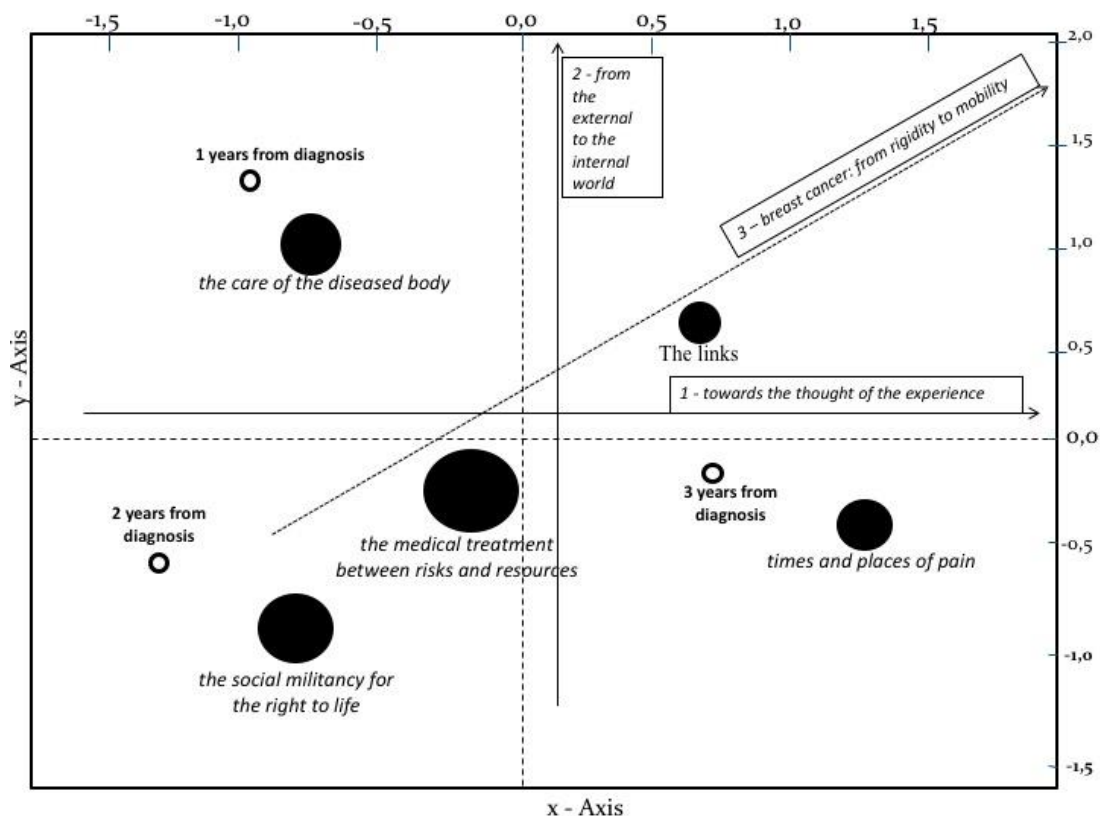


Figure 1. Factorial map of clusters

## Discussion

Our analysis of breast cancer blogs revealed five main themes. From the first theme, which regards the medical aspects of the experience, we interpreted that the emotions unleashed by the disease seem to be partially contained in massive recourse to a medical-technical language that reassures and seems to give an apparent feeling of mastery over the disease process. This extensive use of medical vocabulary may illustrate their trust and dependency on medical knowledge (Coll-Planas & Visa, 2016).

The second theme deals with the body, in its cares and transformations. The body appears as a recipient of worries and practices ranging from healthy eating to physical relaxation techniques. This appears in line with the literature that emphasizes that women's prevalence is the body's image concern that results from medical treatments, surgery, and reconstruction (Helms, O'Hea, & Corso, 2008; Paterson, Lengacher, Donovan, Kip, & Tofthagen, 2016). In fact, the body self, heavily stressed by the transformations that the interventions induce, is over-invested (Pujol, 2012).

From the third theme we observe the worries linked to the protection of the professional identity disrupted by breast cancer. Anger and frustration seem to be channelled into a denunciation speech and the blog becomes a propaganda tool aimed at gathering testimonies. It emerged that the second year from the diagnosis represents the stage of the battle.

The fourth theme concerns the acceptance of the pain and the possibility to give voice to emotions from the third year of diagnosis: the psychic pain of breast cancer peels. In this sense, the need to narrate, to keep temporality of transformations, appears to be a specific necessity for such women.

Finally, the fifth theme regards the emotional crossings. Following the Bion's theory of links (1962), we find the narration of emotions of love, hate, and knowledge. Furthermore, the links are also links of meaning; in this sense, the women tend to make sense of the entire experience, starting from the single emotion.

Our study indicates that the narratives of women with breast cancer vary according to the phase of the disease treatments in which women find themselves, in line with literature (de Boer & Slatman, 2014). In particular, the study shows how the disease experience can be progressively integrated into women's lives: if the first two years of communication of diagnosis are devoted to the fight against cancer and women appear completely projected in the outside world (into their biological and social body), in the third year, women can turn to the inner world, contacting the previously denied emotions. It is important to consider the progressive integration of the disease experience as one of the specific resources for women, as other studies demonstrate (Bleyer & Barr, 2007).

The results indicate that certain issues particularly polarize in specific ages: if women between 40 and 50 seem to be more interested in professional identity and in the possible interruption of career, the younger women (20-30) appear more sensitive to ties, to their interruption or loss, and show less difficulty seeking help. Those results are congruent with the literature which showed the specific psychosocial challenges which belong to this phase of life (e.g., emergence of adulthood and transitions in new roles of professional and sentimental life; Bleyer & Barr, 2009). A recent study highlighted that younger women strive to maintain stable relationships that could support them during breast cancer (Froude et al., 2017).

Although we are aware that the experience of the disease is not the same for all younger women, we believe that using a differentiating lens on the age and phases of the disease allowed us to observe the specifics of the psychic experience of women, of constraints and resources to which they have or lack access. It is notable that the present work

is a useful first step in identifying the specific needs of under-50 women with breast cancer at different phases after diagnosis, in keeping with targeted interventions in the wake of a personalized takeover. Thus, the clinical implications of our study are related to the possibility to think about research-intervention and aim to plan psychological support practices tailored to this group throughout treatment phases in order to develop a diachronic processing of the experience and the construction of a new continuity of life.

Regarding the virtual environments, the blog is a space for containment and sharing of emotions, but also a non-clinical setting within which power to get in touch with the understanding of the experience. From our point of view, the cancer blog could become a useful tool for healthcare professionals; studying the online narratives represents an underused modality that allows clinicians and researchers to better comprehend the disease and the effects of a cancer diagnosis through the voice of the patient. In this sense, one of the implications for practice regards the opportunity to think and focus on research about clinical support treatments tailored to this group, both in health and virtual environments, in order to develop a diachronic processing of the experience and construction of a new continuity of life. However, as highlighted in literature (Adams et al., 2011), the women under 50 with a diagnosis of breast cancer tend to isolate themselves socially because peers do not live their own psycho-physical conditions. In this sense, the possibility of activating psychological practices of support online may reduce this barrier.

The study is not free from limitations. First, because narratives were obtained via cancer blogs, diagnoses cannot be externally validated and rely on self-report data through the blogs. Another limitation regards the lack of clarity about pregnancy, motherhood, and presence of a partner. Finally, one of the limitations is the small number of blogs considered and the choice to analyse only the Italian blogs; we propose expanding the sample in future research. We emphasize the need to continue research in this area and to increase qualitative studies in general.

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