

New Horizons in English Studies 7/2022

CULTURE & MEDIA



Rayna K. Morel

UNIVERSITY OF HAWAII AT HILO, USA
RAYNAM@HAWAII.EDU
[HTTPS://ORCID.ORG/0000-0003-3151-4314](https://orcid.org/0000-0003-3151-4314)

Colby Y. Miyose

UNIVERSITY OF HAWAII AT HILO, USA
COLBY.MIYOSE@HAWAII.EDU
[HTTPS://ORCID.ORG/0000-0002-6882-6947](https://orcid.org/0000-0002-6882-6947)

In Love With Cancer: Netflix Portrayals of the Cancer Experience

Abstract. Cancer is a common cause of death in the United States. With such prevalence, it is not surprising that the cancer experience is the focus of many films over the years. Cancer is depicted both in mainstream feature films as well as other venues of viewership including online platforms (i.e. Netflix). Little research has explored the representation of the cancer experience in these mediums. This paper seeks to conceptualize trends in depicting the cancer experience from available films on the popular streaming service, Netflix, via textual analysis. Three films that we analyzed are, *Then Came You* (2019), *Irreplaceable You* (2018), and *Her Only Choice* (2018), which all belong to the comedy/drama genre. Three themes emerged including stigmatized sympathy and disgust, caretaking and domesticity, and cancer mantras of “live like you are dying” versus “fight to live.” While these types of films may bring awareness or hope to a prevalent health condition, the problem of romanticizing cancer remains.

Key words: Cancer, critical/cultural studies, textual analysis, film studies

1. Introduction

Cancer remains a serious public health concern. In 2022, it is estimated that over 1.9 million cancer diagnoses would occur and approximately 600,000 Americans would die from this disease, making it the second leading cause of death in the United States only to be surpassed by heart disease (Siegel et al. 2022). With such prevalence, cancer is a real disease that affects millions of people, and it is not surprising that cancer has become the focal point in many films. As a communication medium, films remain a popular draw with diverse audiences.

One niche in the film industry are films with medical themes. How films portray the medical experience of care, end-of-life, and doctor-patient relationships may influence a viewer to form various impressions of that experience. Robert Clark, a radiologist, claims that over the course of 70 years (between 1930–1999), there were 150 films encompassing medical themes; of which there were less than two dozen films that included cancer. More specifically, there were only three films between 1930–1955 that had cancer themes, and all three films had brain tumor as the featured cancer (Clark 1999; 2001). Interestingly, the “C-word” was not featured prior to the 1939 film, *Dark Victory*, a story about a wealthy woman diagnosed with brain cancer who falls in love with her surgeon (Lederer 2007). However, films with a cancer theme became popular in the 1990s where audiences saw an increase in topics related to the “dark side” of health, such as terminal illness, dying, and death. In this era, baby boomers reached the age relevant to health topics and there was also a growing societal awareness and attention to health care costs and services (Clark 1999, 2001; Drukarczyk et al. 2014).

Although this data represents the trend of cancer films in cinema history, there seems to be a shift where cancer films are used as a form of entertainment. Moyer and Payne (2018) argue that featuring cancer in comedy-drama films stem from the “cancerainment” movement. In this movement, cancer stories are used as a form of entertainment for mass audiences, leveraging a significant health crisis as the basis of drama in the films. Cancer portrayals in films have traditionally been somber or what Clark (2001) refers to as “romantic tear jerkers,” but within the past couple of decades there has been a shift to make cancer appear “fun.” This has trickled into series-based shows. For example, Netflix original *Alexa and Katie* (2018) is a show about two teenage best friends who try to steer through challenges of being high school freshmen all while Alexa has cancer. This comedy uses humor to make light of a serious health condition while emphasizing the bond of friendship between two girls at a vulnerable time in their lives (The Internet Database 2022). Rosti et al. (2012) adds that cancer portrayals in films embrace a particular narrative: youthful patients with an elevated social standing. This is what Hall (2003) would articulate as the preferred meaning that the political economy of the media presents to the audience. This shift is changing the way society views the cancer experience, softening the edge of “real” cancer experiences in favor of charming, witty, and romanticizing experiences (Moyer and Payne 2018).

Research indicates the disengagement between the experience of cancer and what is portrayed in films (Pati 2015) due to a lack of media literacy. As a result, viewers of medical programming may be influenced by the stories portrayed (Clark 1999; 2001). Raj (2003) notes that medical exaggeration occurs in films frequently, resulting in misconceptions that influence a patient's medical experience. Raj (2003), a medical doctor, provides an example where a patient had a challenging time adapting to hospitalization, a result from comparing their experience with that from a character in a film. Time had to be spent debunking myths about medical facilities before treatment could begin. In this case, the patient's beliefs contributed to the perception of health care.

Cultural beliefs about illness influence the perception of the meaning of an illness, treatment approaches, and health behaviors (Coreil, Wilke, and Pintado 2004; Daher 2012). More specifically, Hamilton (2016) asserts that research highlights negative perceptions of cancer including punishment from God for a sinful behavior, likely death sentence, painful treatment, and ineffective surgery that potentially spreads the disease. Bollywood films have also featured cancer with characters who were youthful, hid illnesses from others, and opted out of treatment in favor for a "good death" (Pati 2015). The implications of these portrayals can lead to retaining negative views of medicine and health (Pati 2015).

Cancer remains prevalent in our society, leading viewers to find a connection to the stories shared in these films. Given the upswing of cancer films in mainstream media, it is not surprising that these types of films trickle into other venues of viewership, including online platforms. Carrying these themes over to an "at home" viewership allows for wider disbursement and consumption. Research about the cancer experience from an online viewing perspective is sparse. Coupled with the accessibility of films on demand such as Netflix, we need to explore the ways that these health stories are being told. While past research focuses on the visuals or the optics of the disease, this paper seeks to conceptualize the cancer experience from available films on a popular streaming service by conducting an ideological analysis of the cancer experience. First, an overview of current literature that examines the prevalence of cancer in mediated forms is provided, followed by themes found in the three films analyzed: *Then Came You* (2018), *Irreplaceable You* (2018), and *Her Only Choice* (2018).

2. Real vs. Reel: Cinematic Images of Cancer

Films play a large role in shaping beliefs about cancer that may impact how this illness is viewed. There is a range of cancer portrayals in films. Take the film *Dying Young* (1991), a story about a live-in nurse falling in love with her patient who is undergoing treatment. This film depicts some of the common side effects of chemotherapy, including hair loss and vomiting, with the patient ultimately deciding to cease treatment (Clark 1999; 2001). More recently, the film *50/50* (2011), based on the screenwriter's experience with cancer, shows the main character Alan (Joseph Gordon-Levitt) being

diagnosed with cancer and his struggle with living life. In their movie review, Meslow (2011) argues that in *50/50*, Adam still experiences hardship with everyday living and relationships; cancer does not make those issues disappear, it just makes it more difficult and complicated. Lupkin (2014) writes that teen cancer survivors appreciate the realism in *The Fault in Our Stars* (2014), a film about two teenagers who meet in a cancer support group and end up falling in love. Like the film, many teenage cancer patients have indicated that they too have been rushed to the hospital unexpectedly in the middle of the night. Other films show the communication complexities of cancer care. For example, *The Doctor* (1991), a film about a medical doctor navigating his own cancer diagnosis and the healthcare that comes with it, shows a range of cancer experiences including time consuming paperwork, long wait times, and patients interacting with other patients in the waiting room (Clark 1999; 2001).

There are also a number of arguments presented about ways that films depict cancer. For example, many films partially represent the types of cancers distributed in real life. “Clean cancers,” such as leukemia and lymphoma, have become the cancer of choice for filmmaking since they are not messy, unattractive, or involve sexual organs (Clark 1999; 2001). Yet, these two cancers are not common. Siegel et al. (2022, 9) reports that “the greatest number of deaths are from cancers of the lung, prostate, and colorectum in men and the lung, breast, and colorectum in women.” In addition, symptoms and stages of terminal illness do not always echo what is on the screen. For example, pain and dyspnea are symptoms common in the dying stage that are not usually present in media texts (Albert 2017). While films simplify the cancer experience, some stages tend to be absent. For example, “wasting away” shown through weight and muscle loss is not commonly shown in films although this loss is visible in advanced stages of cancer. In addition, although there were inferences of Hospice or Palliative care, these specific words were not used in any of the films presumably because the wording could dissuade audiences from watching it (Drukarczyk et al. 2014).

The treatment for cancer in films tends to be a standardized experience, unlike the complexities of the differing cancer experiences. Chemotherapy remains a popular treatment method for cancer (Rosti et al. 2012). However, in an interview with cancer survivors, Brown (2017) states that one of the biggest stereotypes is that those who have cancer appear to be weak, sickly, and lose a lot of weight. In contrast, one survivor points out that cancer is not a “cookie cutter experience” and that people with cancer can lead normal lives (Brown, 2017). This is the case with the film *50/50* (2011); although Adam’s life was more difficult with cancer, his life continued after the diagnosis.

Despite this, oncology patients usually face death at the end of a film (Pati 2015, Rosti et al. 2012). Films that feature children with cancer are not immune to this narrative. Among the sample size of 35 characters, there was a 66% mortality rate within the 29 films that were evaluated (Paviscic et al. 2014). Although films may use some “real life” symptoms, examinations, and treatments for cancer (Rosti et al. 2012), having a morbid end could lead to unnecessarily fearing the disease – a negative result for health awareness, prevention, and treatment decisions.

Robb et al. (2014) found a duality of public perceptions of cancer. It is clear that people fear the disease (aligning it with death) and often think of the taxing effects from chemotherapy such as hair loss. However, the same respondents also noted that improved medical outcomes can lead cancer patients to live with and recover from the disease (Robb et al. 2014). Yet, the film industry hasn't kept pace with this advancement in medicine although cancer research has improved prognosis and outcomes of the disease Pati (2015).

It is important to note that favored characters from a film can portray positive health messaging. For example, public-service announcements regarding testicular cancer were presented by a popular Marvel and film character, *Deadpool*, in 2016 (Lokody 2016). Blending medical vocabulary and screening instructions, coupled with the rebellious hashtag of #touchyourselftonight, this messaging was positioned to reach its target demographics of 15–35-year-old men, the age group that this cancer affects¹ (Lokody 2016). This health promoting effort attempts to educate the public regarding a common cancer, a step towards providing a better understanding of the disease. In turn, positive messaging may influence people to respond and take action. In light of these examples of positive communicative structures, there remains an overwhelming amount of skewed messages pertaining to cancer. These portrayals should be further investigated in order to know how to counter them, and is the purpose of conducting this study.

3. Textual Analysis of Film

One way to study films is through textual analysis. Textual analysis is a way for researchers to gather information about how people make sense of the world. It is a methodology for those who want to understand the ways in which members of various cultures and subcultures make sense of who they are, and of how they fit into the world in which they live (Selzer 2003). We interpret texts in order to try and obtain a sense of the ways in which, in particular cultures at particular times, people make sense of the world around them. Texts are the material traces that are left of the practice of sense-making. Hartley (2002) uses the metaphor of forensic science to describe this process.

Forensic scientists never actually see a crime committed – by the time they arrive on the scene, it has gone forever. They can never wind back time and witness it themselves; and they can never be entirely certain about what happened. But what they can do is sift through the evidence that it left – the forensic evidence – and make an educated and trained guess about what happened, based on that evidence (13).

Importantly, by examining the various ways in which it is possible to interpret reality, we also understand our own cultures better because we can start to see the limitations and advantages of our own sense-making practices.

¹ Lokody (2016) notes that breast cancer was also addressed in follow up advertisements.

As a term, representation has typically been defined as referring to signs, symbols, images, portrayals, depictions, likenesses, and substitutions. Scholars tend to think of representation as a primary function that cultural artifacts perform. We would like to think of representations as human constructs and as social representations. Speaking of them as human constructs emphasizes that representations are produced by human imagination – that representations are mediations that are human interpretations. This way of thinking of representation emphasizes that they are distinct from reality. Representations in this regard, “are spoken of as social representations to underscore the fact that they don’t spring up in isolated humans minds, but rather they come into being, exist, and do their work in the social realm, in the realm of particular, empirical, human societies” (D’Acci 2004, 373). When representations are seen in cultural artifacts, involving spheres such as television, film, literature, art, and so forth, these are often referred to as cultural representations. These representations exist and do their work in the cultural realm. Though both social and cultural representations rely on each other, the differentiation between the two being that cultural representations usually serve to reinforce the more primary social representations (D’Acci 2004).

We might ponder over the idea that cultural artifacts “reflect” society, or holds a mirror up to reality, but we would argue that this statement is false. First, texts cannot hold a mirror up to reality or nature because nature is not simply waiting out there to be reflected, it is not simply knowable, it is already humanly and socially constructed. Second, cultural artifacts cannot reflect society because texts themselves (or those creating the text) are utterly selective about what it chooses to represent and how (D’Acci 2004). With this train of thought, context, like where the representation is produced, who produces it, and so forth, is of utter importance. Thus, reality/society is not reflected per se, but can be refracted. The reason we analyze texts are to find out what were and what are the reasonable sensemaking practices of cultures, rather than just repeating our own interpretation and calling it reality (Stam 1991). A variety of perspectives exist, but there is a finite number of sensemaking positions available within a given culture at a given time – keys being intrinsic and extrinsic context, intertextuality, and paratextuality. In short, context matters. In terms of the political economy of the media, industry executives act as gatekeepers in deciding what messages are to be shown, and what are to be rejected. This creates a skewed refraction of society that Hall (2003) refers to as the hegemonic encoded preferred meaning media conglomerates hope audiences decode when viewing the text.

For this textual analysis, the three most recent and popular fictional-based cancer films were selected on Netflix that debuted between 2018–2019. We deliberately focused on the perspective and narrative of the main character with cancer. Specifically, we employ a discourse analysis and focus on the conversations between the main character and other characters in relation to the overall plotline. In doing so, we evaluate the overarching themes throughout all three texts. Based on this method, we were interested in investigating the following research question:

RQ 1: In terms of plot, storylines, and interactions between characters, what specific ways is the cancer experience portrayed in Netflix films?

After viewing and analyzing the films, themes emerged which allowed us to determine three prevalent portrayals. To better understand the analysis of these portrayals, a synopsis of each film is presented below.

4. Film Synopses

Then Came You. Directed by Peter Hutchings, *Then Came You*, also known as *Departures*, is a romantic-comedy-drama, following hypochondriac Calvin Lewis (Asa Butterfield) who befriends Skye Aitken (Maisie Williams), a teenage girl who is in the final stages of cancer at a support group meeting. From that initial encounter, Calvin and Skye grow immensely close to each other platonically, to the point that they become each other's best friend. After having been in a car accident when he was eight years-old that killed his twin sister, Calvin held enormous fears that rendered him helpless in carrying out daily tasks. Now a young adult, Calvin lives at home with his parents, after a failed attempt at going to college. As Calvin and Skye venture to complete Skye's bucket list, Calvin gains a new perspective on life, and slowly overcomes his fears and anxieties. All the while, Skye gains a true friend, someone that she has never had in her life before. *Then Came You* debuted at the Woodstock Film Festival in October 2018, and was later released on Netflix in February 2019, assumingly in commemoration of National Cancer Prevention Month.

Irreplaceable You. Directed by Stephanie Laing, romance-drama *Irreplaceable You* focuses on the lives of love birds, Abbie (Gugu Mbatha-Raw) and Sam (Michiel Huisman). Ever since Abbie bit Sam when they were both eight years-old, they have been inseparable as each other's best friend and soulmate. Thinking that Abbie is pregnant with their first child, they go for a checkup at the doctor's office. The news that they hear will change their lives forever, as they learn that Abbie is diagnosed with serious, and later terminal, cancer. As they both fight for Abbie's life, their relationship is put to the test, as Abbie tries to find a partner for Sam for when she passes. Both Abbie's and Sam's actions strain their relationship giving new meaning to "till death do us part." *Irreplaceable You* was released globally by Netflix in February 2018, also during National Cancer Prevention Month.

Her Only Choice. Directed by Christel Gibson, made for television drama *Her Only Choice* follows one women's fight to save her life and the life of her unborn baby from cancer. Remembering and cherishing the short amount of time that she had with her mother when she was a child, as she passed from cancer, Tasha (Denise Boutte) has always wanted a child of her own. After years of infertility, Tasha is pregnant, but also is diagnosed with cancer. Now she has an "impossible choice" to some, but the "only choice" for her, as she insists on keeping the baby, and fighting her illness at the same time. This film originally aired on BET in October 2018, as part of their initiative to inform viewers about breast cancer during Breast Cancer Awareness Month, but is currently released on Netflix.

In analyzing these three films, three prevalent themes emerged: 1) stigma leading to sympathy and disgust; 2) caregiving and domesticity of the main characters while living with cancer; and 3) the mantras of “live like you are dying” versus “fight to live” as guides for the main characters’ perspective on cancer and life. Each of these major themes that portray the cancer experience will be discussed.

5. Stigma, Sympathy, and Disgust

One prevalent theme that occurs across these three films is stigma. Stigma, also called “a failing, a shortcoming, a handicap,” occurs when an individual displays an attribute that is comparatively different from others, which may result in being rejected or excluded socially (Goffman 2014, 254). This perception and attitude impacts how health is seen and understood. In a society where “health is wealth,” someone who is ill may be considered to be of lower status, viewed negatively, and treated as an outcast. Through the feeling of stigma, the main characters who have cancer are treated with either sympathy or disgust.

Sympathy is defined as “an emotion caused by the realization that something bad has happened to the other person” (Gladkova 2010, 270). Gladkova (2010, 270) further argues that sympathy is shown “through physical contact, as well as in one’s tone or in the face.” For example, when a friend tells you that she is diagnosed with a chronic disease, you may communicate your sympathy for her through various verbal and nonverbal behaviors because you feel concerned for her. Specifically, to show comfort, you may give her a hug. Haptics, or touch, a form of nonverbal communication, may communicate support, appreciation, and inclusion if used appropriately (Mastumoto, Frank, and Hwang 2013). In addition, saying to your friend, “I’m sorry, let me know how I can help you” with a soft tone, is an example of a message where paralanguage (a form of nonverbal communication) and verbal communication are complementing each other. Therefore, the implied meaning of support is more likely to be received. Taking these behaviors together, it presents a strong case that sympathy is occurring. Similarly, through specific nonverbal and verbal communication, coding for this paper focuses on clear representations of sympathy shown in the three films.

The trope of sympathized stigma is heavily observed in *Then Came You*, especially in the interactions that Calvin and Skye have with police officers Al (Ken Jeong) and Mya (Briana Venskus). One notable example happens when Calvin drives Skye to a friend’s party in his tug. After briefly swerving across the road, Calvin is pulled over by the officers. These officers quickly realize who they are – teenagers who have cancer. This results in the officers changing their demeanor and tone of voice. In particular, Officer Al nudges Calvin in the shoulder while inquiring about his fight with cancer, and uses his baby voice to offer Skye illegal drugs (figure 1):

Officer Al: All right. Hey, bro, you need anything, anything, you give your boy a holler, all right? (Hands

Calvin in what resembles a business card).

Officer Al:we confiscated some high-grade icky, would you like some, sweetie? (Addresses Skye in a “baby voice”) (Hutchings 2018)



Figure 1: Officer Al offers his contact information to Calvin.

Sympathy is clearly occurring in the officers' communication. Officer Al's use of touch suggests that he feels sorry for Calvin and tries to cheer him up in a friendly yet masculine way. Officer Al also uses a “baby voice” when asking Skye if she wants marijuana. This style of communication suggests how officer Al sees Skye – a sympathy case that must be treated “gently.” Thus, Officer Al compliments his verbal communication by using a tone of voice that is less abrasive than usual police talk. Interestingly, although officer Al tries to use his voice and mannerisms as a way to sympathize with Calvin and Skye, he is actually diverging them. Thus, his behavior reinforces a stigmatized view of treating cancer patients.²

It is clear that Officers Al and Mya feel sympathy for Calvin and Skye, and use their position of power to help the duo. This sets a course for an interesting moral – the sympathy that these officers have for Calvin and Skye trumps their duty to protect and serve. While supporting, comforting, and showing compassion to a loved one, friend, or even an acquaintance through their cancer journey is not unusual, the officers' behaviors suggest that their public oath is diminished. In their view, lawful

² Though gender is not the scope of this paper, there is a distinct gendered communication when speaking to the two teenagers. The shoulder jab with Calvin can be considered a masculine nonverbal sign that shows intimacy, as opposed to a hug which is representative of a feminine nonverbal sign. This is in direct contrast to his “baby voice” that Officer Al only uses with Skye.

accommodations should be made for cancer patients. In contrast, a law-abiding citizen without cancer would normally not experience law-bending favors. For example, a police officer would not typically offer a member of the public confiscated marijuana. The officers' personal philosophy overrides public safety considerations and betrays public trust of law enforcement.

Contrary to *Then Came You*, the portrayal of stigmatized sympathy in *Irreplaceable You* is shown by someone who does not enforce the law. In this film, Abbie holds interviews for potential romantic partners for her boyfriend. After one of the interviews goes awry, Abbie becomes distraught and frustrated. Mira (Gayle Rankin), an employee of the coffee shop who overhears portions of the interviews throughout her shift, notices Abbie's spilled drink and runs over to help her clean up the mess. She understands Abbie's situation:

Mira: (Mira sits at the table with Abbie, leans forward) Yo, dude, I think it's awesome. Like, my mom died seven years ago. I was in high school. And after she passed, my dad spent every night alone. And I tried to tell him, "Go out. Live life. Find someone."

Abbie: But not just anyone. The right person.

Mira: Exactly. (nods). Which is hard. (Laing 2018)

Due to personal experience, Mira understands the predicament that Abbie is in. Mira's compassion is strengthened by sitting with Abbie, which reduces proxemics, or distance, between the two of them, as she explains what happened to her dad. Mira also nods in agreement with Abbie about finding the right person, signaling that she understands her concerns. In the same scene Mira tells Abbie to invite people to her art gallery, which is a disguise for the real plan of having Sam, Abbie's boyfriend, meet women.

Sam meets Mira at the gathering and they briefly discuss her artwork. Eventually, Mira confesses her sympathy for Sam's and Abbie's situation. As their conversation is coming to a close, Sam heads to the exit, but Mira follows him and continues to express her sentiments and admiration for Abbie's plan. Later, Sam shows up at Mira's art gallery/apartment drunk and it is implied that they engage in intercourse. Through their limited dialogue, Mira immediately understands Sam's need to be rescued, comforted, and to not be focused on Abbie's cancer at least temporarily. When Sam shows up at her door, Mira did not resist or chase Sam away. This is because she understands that he is frustrated, lost, and needs to be consoled. Feeling sympathetic, Mira engages in "pity sex" with Sam. Mira feels compelled to rescue Sam, not because she is attracted to him, but because she is the "right person" that can tend to his emotional needs right now. This example shows that the cancer experience is not just for the person with cancer, but partners, families, and friends are also impacted by this new way of living life. In this scene, Mira's sympathy extends to Sam, although he is not the one experiencing cancer himself. Sam is experiencing a strain in his relationship with Abbie as they cope with her cancer. Mira becomes a source of comfort for Sam. She responds to him in such a way that she probably would not have, had it not been for Abbie's cancer.

Sympathy is not the only result of stigma; disgust is also shown to people who have cancer. Based on Paul Ekman's work, Barrett, Lewis, and Haviland-Jones (2016) claim that disgust is a state of repulsion, characterized by nausea and facial expressions, which elicits a response to disengage. For example, if a person sneezes, another person may feel disgusted and sickened by this stimulus, so they make a facial expression to communicate aversion while also taking a step back to create distance.

Disgust is shown in *Then Came You*. While at Calvin's place of work, Skye teaches him about the "cancer card." Skye proceeds to turn to a random person and say, "I have cancer (Hutchings 2018)." The passerby's negative kinesics in reaction to Skye's self-disclosure can be interpreted as disgust. This person avoids eye contact with Skye, shows a repulsive facial expression, and continues to walk away from her to increase distance. Skye's cancer is portrayed negatively, further supporting the stigma of disgust of those with cancer.

Disgust is also presented in the film *Her Only Choice*. In the beginning of the film, Tasha revisits a childhood memory of playing outside with her friend Bernie (Timon Kyle Durrett) when they encounter a bully named William (Brandon James Roy). In particular, William instructs Tasha to "Go home and cry to your sickly mother" (Gibson 2018). Right off the bat, this young boy uses the words "sickly mother" to describe Tasha's mother Patricia (Tiffany Snow), who is experiencing breast cancer. William's verbal expression supports a stigma of disgust of those with cancer.

Further, while characters that are involved in these examples have different relationships with the main character, they both suggest the same outcome which is disgust. Thus, no matter the relationship (a stranger, a childhood friend), a person with cancer is to be avoided. These films display an interesting conundrum of how we are to perceive cancer. In most cases, the leading roles who have cancer are treated in two polar forms of stigma-sympathy or stigma-disgust but only few treated them like real people, by embracing them with empathy.

Despite the stigmatized sympathy and disgust shown by multiple characters in these films, *Irreplaceable You* shows that empathy can be communicated. Empathy is the "ability to understand or imagine the depth of another person's feelings and to resonate emotionally with that feeling to some degree" (Post et al. 2014). This approach attempts to understand their perspective, but does not feel sorry or pity for them. This is the case in *Irreplaceable You*. Take Myron (Christopher Walken) for example. Myron, an older cancer patient, meets Abbie at their support group meeting. He senses Abbie's discomfort and reaches out to her when she attempts to leave. Myron tries to reason with her, provides advice for her romantic relationship, and ends the conversation by inviting Abbie back to the support group. As their friendship develops, Myron supports Abbie's fixation for finding the right person for her husband Sam, even though he does not approve of it. Still, he provides unconventional advice for Abbie, such as finding Sam someone with "booty" (Laing 2018). Interestingly, no other person from the support group reaches out to Abbie like Myron does. Myron provides Abbie with a real friendship, one that is not glamorized or overbearing.

He makes jokes at her expense, allows Abbie the space to learn from her mistakes, and does not speak badly of her to the fellow support group members. Most notably, Myron provides wisdom about relationships in his conversations with Abbie. He does not provide Abbie with special treatment, but treats her like a good friend would. Myron does not stigmatize her, but is empathetic of Abbie. In this capacity, Myron teaches the audience a model of friendship that provides an alternative to sympathy and disgust.

6. Caretaking and Domesticity

Another trope that is portrayed in the three films is the “domesticated caretaker.” The three women that have cancer in the films have a tendency to place the needs of others in front of their own, a representation of a feminine trait.

In the film *Then Came You*, Skye’s caretaking role is apparent from the beginning of the film. Skye meets up with Calvin at his workplace, the airport, to return his ID badge after accidentally dropping it in the support group meeting. She announces that they will start her “To-Die list” and drags him along for each adventure. While they complete her “To Die” list, they build a friendship. One of the most significant ways that Skye helps Calvin is by setting the groundwork for him to interact with Izzy (Nina Dobrev), his crush. Skye encourages him to ask her on a date by writing, “ask what’s her name on a date” on a notepad. In this example, Skye is taking on a match making role, which is a feminine trait/stereotype. Although Calvin did not take this suggestion initially, Skye’s persistence of asking Calvin about Izzy eventually leads Skye to meet her. Through some manipulation, Skye successfully arranges a movie date for Calvin and Izzy. However, the date does not go well, leading to Calvin and Skye having an argument. This pushes Calvin to ask Skye, “you’re the one who came to me...I wanna know why.” She opens up her “To Die” list, and claims that helping “a sad case” is on her list. Skye tries to rationalize why she is helping him:

Skye: Before I got sick, I was just waiting for my life to start. Turns out, life doesn’t work that way. I thought maybe I could help you see that.

Calvin: I didn’t ask for your help.

Skye: Friends don’t wait to be asked... (Hutchings 2018)

This scene makes it clear that Skye believes she is helping Calvin. By first impressions, Skye gets the sense that Calvin is someone who is reclusive and not living life to the extent that he could be. She hopes that her nurturing ways allows him to see that he cannot wait for his life to start. Skye’s caretaking approach continues before her passing when she warns him that he needs to figure things out with Izzy since she will not be there in the future to assist him. As a final gesture of her caretaking, Calvin receives handwritten birthday cards from Skye after her passing.

Similar to *Then Came You*, *Irreplaceable You* continues the domesticated caretaking theme. For example, Abbie grows concerned that a future without her is real, and that she must do everything she can to set Sam up for a suitable romantic partner. One notable example occurs when Abbie helps Sam get dressed for a mixer at the art gallery that she set up with Mira. As he puts on a new jacket (that Abbie bought for him), Abbie maintains her caretaking role by saying to Sam, “Okay, this jacket is dry clean only. Which means, if I’m not around, do not put this in the laundry.” This exchange spurs an urgency in Abbie to instruct Sam on how to do the laundry with their specific washing machine. She leads Sam into the kitchen where the washing machine is located (figure 2):

Abbie: Okay so...(Abbie is at the machine)

Sam: I know how to turn it on.

Abbie: Yeah, but colors, whites, delicates...The dryer sometimes gets stuck, so, uh, you just give it two

kicks. (kicks twice). Right here. Like that. And it will generally unstick itself. (Sam smiling, kicks twice). Exactly. (Laing 2018)



Figure 2: Abby shows Sam how to use the laundry machine.

Sam playfully goes along with her teaching by smiling and participating in the kick she taught him. However, Abbie’s tone of voice, posture, and direct eye contact suggests that she is taking it sincerely. This scene strongly suggests that Abbie genuinely feels that Sam cannot take care of himself without her, causing her to frantically find ways to take care of him after she passes.

Although they had a falling out later in the film, Sam and Abbie reconnect, get engaged, and plan their wedding. However, Abbie passes away. On what was supposed to be their wedding day, Sam reads a note written by Abbie to everyone. In the letter, Abbie provides advice to her mom, Benji (Sam’s friend) (Brian Tyree Henry), Estelle (Myron’s wife) (Jacki Weaver), to her remaining support group members, and to Sam. While the ending credits roll, Sam discovers post-it notes inside his textbooks contain-

ing short messages, such as “clean your socks,” that Abbie has written for him. This approach is similar to that of parents writing encouraging notes and placing it in their child’s lunchbox, which supports the idea of her caretaking. Abbie presents herself as “the caretaker” to not only Sam, but to her immediate circle of family and friends, even though she passed. These examples showcase her continued care in her relationships, especially to Sam, even in the afterlife. The representation here is that even though the female lead characters are living with cancer they are the ones expected to provide care to others. In this regard, they prioritize others over themselves.

7. Cancer Mantras: “Live Like You Are Dying” Versus “Fight to Live”

Each film has its own way of portraying the trope of how cancer describes life. “To live like you are dying,” “fight to live,” and a hybrid of these two concepts are shown. To “live like you are dying” is synonymous with “live in the now.” Both emphasize living in the moment. Perhaps there is something you have always wanted to do but those around you think it is an unnecessary risk, silly, or a waste of time. Still, you decide to go for it because it is your life and you determine how you want to live it. This philosophy of doing or completing things, including adventurous ones, may help you to push through fears and enhance your self-confidence. This view of living is portrayed in *Then Came You*. During a support group writing exercise, facilitator Dan (L. Steven Taylor) instructs the participants to “make a list of all the things that you wanna do.” This presents an opportunity for Skye and Calvin to start her “To Die List.”

Skye and Calvin shop at a local boutique, but Calvin finds himself shoplifting for Skye unbeknownst to him. After being tasered by the shop’s owner and later released from the police officers for shoplifting, Calvin walks a few steps on the sidewalk and receives a surprise tackle from Skye. They fall to the ground, with Skye subsequently sitting on top of him. Skye cheers Calvin for getting tasered by the shop owner, but he is annoyed with her:

Calvin: You set me up!

Skye: I told you to run!

Calvin: I could have been arrested!

Skye: And I could have lived to 102! You stole some shit, you got away with it. Just enjoy the moment!

....You did something you’ve never done before.

Doesn't that feel good? Admit it, it's a rush. (Hutchings 2018)

Knowing that she has limited time due to her cancer, this example shows that Skye lives life as it happens. Skye’s “To Die” list includes what many would consider random things. Later, Skye confesses to Calvin that she made a new “To Die” list. This time, the list has more meaning to her:

Skye: I made a new one (bring out a piece of paper, shows Calvin). When I started going to support groups, everyone had the same list. I wanted to be different, so I did a bunch of stuff that no one's ever gonna remember. But I don't have much time left, so...I don't want to waste any more of it doing dumb shit. (Hutchings 2018)

Skye learns to live life, but in a more purposeful way, and recreates her "To Die" list to refocus her priorities. Calvin helps to complete those wishes. This includes "pick out a casket" (he builds it for her), "pick a final outfit" (he goes back to the store he shoplifted from and pays for an outfit), and "read the classics" (he reads books to her). Skye's actions are completed while she is living so that she can achieve the goals that she has set for what she now values.

Over the course of the film, there are two versions of Skye's "To Die" list. This shift is due to the realization that although she was "living it up" it did not fulfill her. The activities that Skye initially creates is something that a rebellious teenager would do, but later realizes what she wants out of her remaining time is different. The changing of the list helps her to seize every moment she has left and to do gratifying things that serve a better inner purpose. Thus, her second list is her revamped version of "to live like you are dying."

Opposite of "live like you are dying" is "fight to live" which is shown in *Her Only Choice*. Tasha is taught at a young age from her mother, Patricia, to fight back. Patricia eventually learns that William, a neighborhood bully, is causing trouble to Tasha and advises her "to fight back." Patricia coaches Tasha on how to physically fight, but acknowledges that there is more to fighting: "You see Tasha, strength isn't just physical, it's mental and emotional too. And I need you to be strong. (Patricia taps Tasha's chest; Tasha nods). All right?"

The bullying sets the tone for the rest of Tasha's childhood. As an adult, her fight shifts to keeping her unborn child. Upon learning that she is pregnant (after years of infertility) and that she has breast cancer within the same doctor's appointment, Tasha and her husband, Bernie, are told that abortion may be advised by an Oncologist. An abortion would be the safest route for Tasha's health as chemotherapy would need to start soon. Tasha believes that her pregnancy is a miracle and that she needs do everything she can for their child, including risking her life. Thus she "fight(s) to live", and her child emerges as the justification for the fight.

The peak of this "fight to live" mantra occurs when Tasha collapses at home and falls into a coma soon after giving birth to her daughter. Tasha's physician explains that she "needs to fight." While in the coma, Tasha experiences a conversation with her deceased mother. Patricia encourages her daughter to keep fighting (figures 3 and 4):

Tasha: Mama, I fought the good fight, but I can't. I'm tired.

Patricia: Oh, you fight anyway, honey. You ball your fist up and you swing at this thing with everything

you got, honey.

Tasha: But, I can't--

Patricia: No buts. Don't give up. You can't give up. (Gibson 2018)



Figure 3: Tasha explains to her mother, Patricia, that she is tired of fighting.



Figure 4: Patricia instructs Tasha to “ball your fist up” and keep fighting.

With the return of her mother, Tasha’s fight comes full circle. Patricia reminds her how to fight, just like when she was a child. However, Patricia also tells Tasha that “she cannot give up.” This suggests that she is telling Tasha she needs to continue to fight for her baby, just like she did when she was pregnant. Tasha’s paralanguage during this scene is very different than earlier scenes in the film. In particular, her tone of voice

was softer and not as aggressive, indicating that she was ready to give up until her mother's words of inspiration.

Interestingly, *Irreplaceable You* showcases a hybrid of "live like you are dying" and "fight to live" as Abbie is a mixture of both concepts. Abbie "lives like you are dying" when she decides that future events are not possible. For example, she cancels her gym membership and the reception hall for the "Gordon-Jones" wedding soon after finding out that she has cancer. In addition, and in contrast to *Then Came You* where Skye uses a "To Die" list to guide her daily activities, Abbie's focus is finding a romantic partner for her husband, Sam. She wants to make sure that he has someone with him to have the "home, kids, and grandkids" after she passes. This becomes her coping mechanism for her living her life; it gives her purpose for living with her remaining time.

Abbie attempts to "fight to live" in a variety of ways. For example, with her doctor's encouragement, she agrees to participate in a clinical trial and becomes a regular at the "treatment suite." She also switches her diet from diet coke and microwaved foods to green juice and salads. Perhaps the most representative of her "fight to live" is her regular attendance of support group meetings, even though she is not the biggest admirer of them. At first, she did not want to come back to the meeting, but she does. However, while in the meeting, she is also not as attentive, including when others are speaking. For example, as fellow support group member Jim describes his feelings, Abbie is scrolling through a dating app on her phone that is to the side of her. She is not using any form of eye contact and facial expressions with her group members, nonverbal indicators of staying engaged in a conversation.

As the aforementioned examples illustrate, Abbie is in limbo between these concepts. For instance, after telling her doctor that she accepts that her life is coming to a close, she tells Dominick, the Oncology nurse, that she didn't think she would come back to the treatment suite. Yet, following this, she still plans to marry Sam. This presents an interesting narrative; She gives up on her cancer "fight" by checking out of treatment, but "lives like you are dying" by participating in wedding planning after bowing out of the suite.

These three films illustrate different ways that a person with cancer may respond to the illness. As it is portrayed in the films, a cancer patient may either participate in activities that perhaps is not originally part of their life's plan, but the news of the cancer changes or reinforces their perception of how they should live. Or, perhaps a cancer patient gives it all they got and fights it by doing everything recommended by health professionals, and remains steadfast in their attempt to be cured despite lack of familial support. However, these two options are overly simplistic and problematic. The most realistic representation of the emotions experienced by cancer patients is the film *Irreplaceable You*. Abbie's consistent shifting of "live like you are dying" and "fight to live" may provide insight into what some cancer patients go through. Cancer cannot be simplified into a narrow focus of either this or that. Rather, the cancer journey is one that can be considered variable, experiencing a range of emotions that challenge their mental state.

8. Conclusion

Cancer portrayals in films may contribute to the engagement of the audience as they learn lessons along with the main character. This learning process extends to the viewing audience, as attendees react to the portrayal and reflect on their own opportunities and regrets. In our analysis of three films, three thematic portrayals were seen.

First, stigmatized sympathy and disgust were observed within these films given by a range of supporting characters, including police officers, acquaintances, friends, and support group members. We have seen that police officers use their lawful position to provide “sympathy assistance” to those with cancer. Sympathy was also extended to others, those who do not have cancer themselves but are affiliated with those who do. While disgust was shown to be a response to individuals with cancer, empathy can be an alternative as a mechanism for comfort and support to those living with the disease. Second, though Skye, Abbie, and Tasha are experiencing cancer they still act as primary caretakers of others. Whether it was for a friend, a lover, or for an unborn child, they all sought to provide nurturing support to those around them. Two films extend their caregiving into the afterlife, suggesting their care continues. Third, each film provides an overview of how cancer describes life – “live like you are dying” versus “fight to live.” Yet, the most realistic portrayal of the cancer experience comes from Abbie in the film *Irreplaceable You*, as she juggles between these two concepts. This see-saw of emotions helps to establish an interesting insight into what cancer patients may experience with their life as they battle with their illness.

Given the prevalence of cancer in the United States, it is likely that films with a cancer theme is included in popular culture, including via online platforms. This type of distribution lends well to mass viewership. However, due to the Hollywood’s vast ownership of the majority of media, films that showcase this disease paint a distinctive, preferred, and hegemonic narrative. These three films suggest that cancer patients are to be treated in a certain way. In particular, cancer patients are to be viewed as a “sad case” that requires sympathy from others. As we have discussed, sympathy can be communicated by providing assistance to those who are in “need.” However, when the transfer of tasks is overdone, especially to those who are elderly, it may prompt some to become overly dependent on others resulting in “lower self-efficacy, self-esteem, or psychological well-being” (Morgan and Brazda 2013).

The cancer experience as told from these films challenges the concept of identity. For example, how might a cancer patient see themselves? How does someone who is not experiencing this disease interpret the cancer experience? George Gerbner’s Cultivation Theory suggests that heavy viewership of media programming may lead viewers to form a distorted image of reality. Although Cultivation Theory looked at violence and enculturation, the relationship between viewing and saturation can be applied here. Heavy immersion of media, without media literacy, does not allow for the separation of “real” and “reel” (Gerbner and Gross 1976). Further, how is a cancer patient supposed to live their life? These films suggest that a cancer patient must evoke

a particular lifestyle. For example, it appears that the role of living is purposeful and to care for others while being sick is your responsibility.

It is clear that romanticizing the cancer experience is evident in our analysis. The perspective gained from these films promote a narrow view on how this ordeal should be interpreted. This connection is strengthened by Sontag (1978), who analyzed the relationship between culture and illness in her work, "Illness as Metaphor." Her essay argues that there is unfavorable discourse about illnesses. Diseases (tuberculosis, or TB, in previous years and cancer today), are stigmatized, encourage prejudices, and considered shameful, and those with such diseases are "made culpable." Sontag (1978, 21) further explains that many "believe that cancer is a disease of insufficient passion, afflicting those who are sexually repressed, inhibited, unspontaneous, incapable of expressing anger." As a result, these metaphors add not only unnecessary anguish to those experiencing the disease, but also contributes to the cultivating of societal views of disease. Thus, our attitudes about illness are partly shaped by the metaphors and subsequent myths used to communicate about them. When we reduce the cancer experience to sympathy, caretaking, and living life a certain way, we simplify it and in effect, trivialize the entire cancer experience.

Gender themes were noted in our analysis. Skye, Abbie, and Tasha are women with cancer, yet men have a higher probability of being diagnosed with cancer compared to women (Siegel et al. 2022). In addition, these women also happen to take care of others, including their friends, romantic partners, and family. In two of the portrayals, these women cared for others into the afterlife. This depicts women as the domesticated caretakers, a feminine trait. Yet, most of the care providers they sought medical care from were men. Further, these women, for the most part, were followers of their prescribed treatment plan. Gardner (2006) argues female cancer patients are characterized based on a polarized dimension of judgement (eg. as "good" or "bad,"; "wise" or "foolish."). Using an advertisement in *Hygeia*, a health magazine, as an example, Gardner (2006) describes an ad where two women were featured in a side by side comparison. The text describes one woman as "wise" because of her effort to consult a physician, receive treatment and live after discovering a lump in her breast. The other woman in the ad is considered "foolish" for ignoring the warning signs, not going to the doctor, and died alone as a result. It is within these narratives that female patients are seen as "good" or "bad" patients.

Understanding media and its influences on multiple facets of humanity (identity, ideology, economics, etc.) is complex, but media is almost inherently inescapable – it is always-already meshed into our lives (Slack 2016). With reliance on technologies in aiding even in the tiniest of daily tasks, media studies is ever more relevant. Given the implications of such messaging, it is vital that we continue to explore these connections as more films with cancer themes are emerging. *All My Life* (2020), a story about a young groom receiving a cancer diagnosis, and *Our Friend* (2021), a story about a friend providing support to another after receiving a cancer diagnosis, are two notable examples. Though this project is a step in the right direction, multiple other steps need to be taken.

Analyzing texts is but one form of examining representations. However, other facets should be considered for future research. One such suggestion would be to explore health economics. Who can afford to go to the doctor? All three women in these films had the resources and access to health care providers, including mental health counseling. The reality is that many simply cannot afford such “luxury,” even with our advancement and movement in equitable care in the U.S. health industry.

Another area of expansion would be to alter the inclusion of our research. One way to do this is to include “based on a true story” films. It is possible that audiences may be more emotionally invested in the story when it comes from a place of “reality,” perhaps generating traction in the aforementioned themes, specifically with stigmatized sympathy. Another area to expand the inclusion of our research would be to focus on the differences between female and male care providers. In the films we analyzed, we noticed that most caregivers, from an oncologist, a nurse, and several mental health counselors, were portrayed by males.

As a final recommendation, we, as researchers of this project, have never been diagnosed with any form of cancer. We are viewing these films as distant outsiders of the illness, one that we have never experienced ourselves. It would be beneficial to have someone with cancer to review these films and provide their reaction to the text. Their analysis may provide more insight into the complexities and layers of the cancer experience that is portrayed in these films than we could ever provide or explain.

Returning to Abbie, her experience reminds us, as a society, that cancer patients experience emotions that no one else may understand. While these films are one dimensional and limited, there is hope that empathy and sensitivity can be communicated, and that conversations regarding emotions and experiences are warranted.

References

- Albert, Ross. 2017. “End-of-Life Care: Managing Common Symptoms.” *American Family Physician* 95, (6): 356–361. <https://pubmed.ncbi.nlm.nih.gov/28318209/>.
- Barrett, Lisa, Michael Lewis, and Jeannette Haviland-Jones. 2016. *Handbook of Emotions*. New York: The Guilford Press.
- Brown, Ryan. 2017. “TV and Movies Get Cancer all Wrong.” *Vice*. Accessed 5 July, 2022. <https://www.vice.com/en/article/wjj8qy/tv-and-movies-get-cancer-all-wrong>.
- Clark, Robert A. 1999. “Reel Oncology: How Hollywood Films Portray Cancer.” *Cancer Control* 6 (5): 1–6. <https://doi.org/10.1177/107327489900600510>.
- . 2001. “How Hollywood Films Portray Illness.” *New England Journal of Public Policy* 17 (1): 139–165. <https://scholarworks.umb.edu/nejpp/vol17/iss1/11>.
- Coreil, Jeannine, Jaime Wilke, and Irene Pintado. 2014. “Cultural models of illness and recovery in breast cancer support groups.” *Qualitative Health Research* 14, (7): 905-923. <https://doi.org/10.1177/1049732304266656>.

- D'Acci, Julie. 2004. "Television, Representation, and Gender. In *The Television Studies Reader*, edited by Robert Allen and Annette Hill, 373–388. London: Routledge.
- Daher, M. 2012. "Cultural Beliefs and Values in Cancer Patients." *Annals of Oncology* 23 (3): iii66–iii69. <https://doi.org/10.1093/annonc/mds091>.
- Drukarczyk, Laura, Carsten Klein, Christoph Ostgathe, and Stephanie Stiel. 2014. "Life Threatening Illness in Popular Movies: A First Descriptive Analysis." *SpringerPlus* 3 (411): 1–7. <https://doi.org/10.1186/2193-1801-3-411>.
- Gardner, Kirsten. 2006. *Early Detection: Women, Cancer, and Awareness Campaigns in the Twentieth-Century United States*. Chapel Hill: University of North Carolina Press.
- Gerbner, George, and Larry Gross. 1976. "Living with Television: The Violence Profile." *Journal of Communication* 26 (2): 172–199. <https://doi.org/10.1111/j.1460-2466.1976.tb01397.x>
- Gladkova, Anna. 2010. "Sympathy, Compassion, and Empathy in English and Russian: A Linguistic and Cultural Analysis." *Culture and Psychology* 16 (2): 267–285. <https://doi.org/10.1177/1354067X10361396>.
- Goffman, Erving. 2014. "Stigma and Social Identity." In *Understanding Deviance*, edited by Tammy Anderson, 256–265. New York: Routledge.
- Hall, Stuart. 2003. "Encoding/decoding." In *Culture, Media, Language*. Edited by Stuart Hall, Doothy Hobson, Andrew Lowe and Paul Willis, 127–137. New York: Routledge.
- Hamilton, Jill B. 2017. "Cultural Beliefs and Cancer Care: Are We Doing Everything We Can?" *Cancer Nursing* 40 (1): 84–85. <https://doi.org/10.1097/NCC.0000000000000421>.
- Hartley, John. 2002. *Uses of Television*. London: Routledge. The Internet Database. 2022. "Alexa and Kate." *The Internet Database*. Accessed 5 July, 2022. <https://www.imdb.com/title/tt6916746/>.
- Lederer, Susan. 2007. "Dark Victory: Cancer and Popular Hollywood Film." *Bulletin of the History of Medicine* 81 (1): 94–115. <https://doi.org/10.1353/bhm.2007.0005>.
- Lokody, Isabel. 2016. "Deadpool: Using Pop Culture for Cancer Advocacy." *The Lancet Oncology* 17 (3): 285. [https://doi.org/10.1016/S1470-2045\(16\)00094-2](https://doi.org/10.1016/S1470-2045(16)00094-2).
- Lupkin, Sydney. 2014. "'The Fault in Our Stars' Praised and Feared for Realism." *ABC News*, Accessed 5 July, 2022. <https://abcnews.go.com/Health/fault-stars-praised-feared-realism/story?id=24076649>.
- Mastumoto, David, Mark Frank, and Hyi Sung Hwang. 2013. "Body and Gestures." In *Nonverbal Communication: Science and Applications*, edited by David Mastumoto, Mark Frank, and Hyi Sung Hwang, 75–97. Los Angeles: Sage.
- Meslow, Scott. 2011. "'50/50': Finally, a Film that Does Cancer Right." *The Atlantic*. Accessed 5 July, 2022. <https://www.theatlantic.com/entertainment/archive/2011/09/50-50-finally-a-film-that-does-cancer-right/245925/>.
- Morgan, Leslie, and Michael Brazda. 2013. "Transferring Control to Others: Process and Meaning for Older Adults in Assisted Living." *Journal of Applied Gerontology* 32 (6): 651–668. <https://doi.org/10.1177/0733464813494568>.
- Moyer, Anne, and Jackelyn Payne. 2018. "Cancer on Screen as Cancertainment." *Psychology Today*. Accessed 5 July, 2022. <https://www.psychologytoday.com/us/blog/beyond-treatment/201811/cancer-screen-cancertainment>.

- Pati, Sanghamitra. 2015. "Bollywood's Cancer: Disconnect Between Reel and Real Oncology." *Lancet Oncology* 16 (8): 894. [https://doi.org/10.1016/S1470-2045\(15\)00153-9](https://doi.org/10.1016/S1470-2045(15)00153-9).
- Pavisc, Jovana, Julie Chilton, Garry Walter, Nerissa L. Soh, and Andrés Martin. 2014. "Childhood Cancer in the Cinema: How the Celluloid Mirror Reflects Psychosocial Care." *Journal of Pediatric Hematology/Oncology* 36 (6): 430–437. <https://doi.org/10.1097/MPH.0000000000000195>.
- Post, Stephen, Lauren Ng, Janet Fischel, Mary Bennett, and Linda Bily. 2014. "Routine, Empathic and Compassionate Patient Care: Definitions, Development, Obstacles, Education and Beneficiaries." *Journal of Evaluation in Clinical Practice* 20 (6): 872–880. <https://doi.org/10.1111/jep.12243>.
- Raj, Y. Pritham. 2003. "Medicine, Myths, and the Movies: Hollywood's Misleading Depictions Affect Physicians, Patients Alike." *Postgraduate Medicine* 113 (6): 9–13. <https://doi.org/10.3810/pgm.2003.06.1440>.
- Robb, Kathryn A., Alice E. Simon, Anne Miles, and Jane Wardle. 2014. "Public Perceptions of Cancer: A Qualitative Study of the Balance of Positive and Negative Beliefs." *BMJ Open* 4 (7): e005434. <https://doi.org/10.1136/bmjopen-2014-005434>.
- Rosti, G., A. Costantini, M. Di Maio, E. Bria, D. Lorusso, and L. De Fiore. 2012. "Oncomovies: Cancer in Cinema." *Annals of Oncology* 23 (9): ix458. [https://doi.org/10.1016/S0923-7534\(20\)33959-4](https://doi.org/10.1016/S0923-7534(20)33959-4).
- Selzer, Jack. 2003. *Rhetorical Analysis: Understanding How Texts Persuade Readers*. London: Routledge.
- Siegel, Rebecca, Kimberly Miller, Hannah Fuchs, and Ahmedin Jemal. 2022. "Cancer Statistics, 2022." *A Cancer Journal for Clinicians* 72 (1): 7–33. <https://doi.org/10.3322/caac.21708>.
- Slack, Jennifer Daryl. 2016. "Beyond Transmission, Modes, and Media." In *Communication Matters: Materialist Approaches to Media, Mobility, and Networks*, edited by Jeremy Packer and Stephen Crofts Wiley, 143–158. New York: Routledge.
- Sontag, Susan. 1978. *Illness as Metaphor*. New York: Farrar, Straus, and Giroux.
- Stam, Robert. 1991. "Bakhtin, Polyphony, and Ethnic/Racial Representation." In *Unspeakable Images: Ethnicity and the American Cinema*, edited by Lester Friedman, 251–276. Chicago: University of Illinois Press.

Films

- Her Only Choice*. 2018. Directed by Christel Gibson. Netflix. Foxtrout Studios. Film.
- Irreplaceable You*. 2018. Directed by Stephanie Laing. Netflix. Roccliffe Ltd. Film.
- Then Came You*. 2018. Directed by Peter Hutchings. Netflix. BCDF Pictures. Film.