The Phenomenon of Cancer Ghosting: Rural Reflections

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Over the past decade, cancer patients have increasingly reported being abandoned by friends, family, and colleagues following a diagnosis. A netnographic study by Stephens, Garcia, and Thomas (2025) analyzed over 125 social media posts in which cancer patients described losing meaningful relationships after disclosing their diagnosis. The team formally named this phenomenon *cancer ghosting*, which is defined as the act of ending a relationship because of or after someone has been diagnosed with cancer. This article briefly discusses cancer ghosting, the impact on rural residents, and how rural providers can address ghosting and social isolation in their patients.

The Cancer Ghosting Experience

Within cancer ghosting, there is a *ghostee* (the person abandoned) and a *ghoster* (the person who leaves). Our study found that those most likely to walk away were work colleagues, close friends, and family members including parents, spouses, and siblings. Patients who were ghosted (also described online as being shunned, iced, or simmered) reported depression, isolation, and abandonment. Other psychological effects can include confusion, self-doubt, anger, loneliness, shock, frustration, anxiety, and resentment (Filocomo, 2024; Heaslip, 2024; Petric, 2023; Stephens et al., 2025). Patients frequently attempted to rationalize why this happened to them, especially when it was someone who was a family member. Common explanations included persistent cancer stigmas such as beliefs that cancer is contagious or uniformly fatal, and the possibility that a diagnosis became a convenient exit from a relationship already under strain.

Rural Perspectives

Rural residents may already experience social isolation due to distance from neighbors, family, and community services, making ghosting particularly painful when social support is already limited. In Phase 2 of the study on cancer ghosting led by the author (Stephens), qualitative interviews with over 70 cancer patients across the US and Canada have revealed new depth beyond what social media posts alone could capture. Nearly half of those interviewed identified as "rural" or "frontier" residents (n=32), offering valuable insight into how ghosting affects this population. In many cases, rural residents must leave their communities to receive care, traveling to larger urban centers for diagnostic testing and treatment.

A forthcoming mixed-methods study by Stephens, Williams, and Smith on rural Wyoming cancer patients found that nearly 80% were forced to leave the state at some point during their care trajectory. Being abandoned by colleagues, friends, or family while navigating this displacement can be devastating. Some patients reported being forced to arrange workarounds, hiring taxis for transportation or grocery delivery. One resident of a Wyoming town of 2,000 said: "After being ghosted by my friends, and being divorced, I had to figure things out. For me, this meant leaving my community for many months and living in Denver, away from my dogs and cats whom I had to leave with friends in another town." Researchers have consistently confirmed the importance of social support for cancer patients, especially those in rural areas (e.g., Crabtree-Ide et al., 2022; Kent et al., 2023). Ghosting directly erodes that support.

Clinical Interventions

The primary goal of clinical interventions is to raise awareness of cancer ghosting as a real and potentially devastating aspect of a cancer diagnosis. Healthcare providers can take several concrete steps to address it. Most importantly, providers should familiarize themselves with the phenomenon, acknowledge that it occurs and is increasing, and feel comfortable raising it directly with patients, for example by asking: Are you aware that a cancer diagnosis can sometimes cause friends or family to pull away? Study participants have consistently noted that prior awareness would have softened the shock and hurt of being ghosted.

Because ghosting often occurs through technology, including texting, email, and social media, asking about patients' digital communication can surface concerns around ghosting and isolation. Stephens et al. (2025) offer three social media screening questions that can be incorporated into a standard provider visit, both to assess internet use and to open a conversation about ghosting. For rural providers, screening may be especially critical given patients' heightened need for practical support.

Depending on the source of ghosting and the patient's remaining support network, assistance may be needed with transportation, pet and house care, food delivery, and other daily living needs. Social work and psychological services should be engaged promptly, though in rural settings, these may be scarce. Referrals to mental telehealth services, online and local cancer support groups, and community resources such as food banks and faith communities can play an essential role.

Cancer ghosting is, unfortunately, becoming more common. For rural patients, losing relationships following a diagnosis compounds an already complex care journey on multiple levels. Rural healthcare providers are uniquely positioned and critically needed to help patients navigate this experience.

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