

Cancer Ghosting: A Netnographic Exploration of the Oncology Patient Experience

Jennifer M. L. Stephens, MA, PhD, RN, OCN, CCNE; Carlos Garcia, BS; Jenifer Thomas, PhD

Background: Ghosting, originally associated with online dating, describes the experience of having communication terminated without warning. Increasingly, oncology patients are reporting being “cancer ghosted.”

Objective: This paper reports on a comprehensive netnographic study undertaken to explore the phenomenon of cancer ghosting.

Methods: This qualitative study of multiple web-based and social media platforms applied the comprehensive netnographic research method described by Kozinets. Through extensive searches of public posts on sites including Twitter (X), Facebook, Reddit, chat rooms, and LinkedIn, as well as numerous blogs, posts were analyzed using netnographic technique and thematic analysis.

Results: Investigations into the occurrence of ghosting and its growing prevalence over the past 5 years have provided rich descriptive data as well as recommendations for healthcare provider interventions. Analysis of 149 posts produced themes including cancer stigma, existential crisis, abandonment, meaning making, and cancer community.

Conclusions: The netnographic approach allowed for novel insight into cancer ghosting as an impactful psych-oncology experience. The increasing frequency of posts demonstrates that cancer ghosting is an increasing feature of cancer survivorship.

Implications for Practice: Recommendations for healthcare professionals include a short tool meant to identify social media use and ghosting. Supporting cancer support group membership as well as the use of Acceptance and Commitment Therapy may affect quality of life in survivorship.

Foundational: This study is innovative because it uses netnography as a central qualitative methodology for exploring patient experience. This study is the first in oncology nursing to explore the phenomenon of cancer ghosting.

Keywords: Cancer ghosting, Netnography, Oncology, Patient experience, Qualitative research, Social media

Introduction

Cancer can disrupt the way of life for anyone who crosses its path. People often fear cancer because of several factors, including facing mortality and an unknown future. For friends, family, colleagues, and other social acquaintances, cancer represents a scary, abstract condition. Reactions to a cancer diagnosis by support system members include shock, compassion, empathy, fear, and other deep emotions. In some cases, the cancer patient can experience a phenomenon called cancer ghosting. The rise in social media use over the past decade coincides with the use of language around ghosting, which specifically refers to the purposeful, premeditated cessation of all communication and contact by members of a social circle.¹⁻³ Cancer ghosting (also called simmering, shining, or icing) is a new concept associated with the rise of online culture and social media and is defined

generally as failing to continue a relationship with someone diagnosed with cancer.^{4,5} Due to the nature of ghosting, all cancer patients are susceptible to being “ghosted” by family, friends, or colleagues. The impacts of being ghosted can be psychological, emotional, and physical. The resulting psychological effects can include depression, confusion, self-doubt, anger, loneliness, social isolation, shock, frustration, anxiety, resentment, and sadness.⁶⁻⁸

At this time, the phenomenon of cancer ghosting is poorly understood in the literature. Most reports of cancer ghosting and related concepts like cancer stigma and abandonment exist within the lay literature, including news reports, cancer organizational blogs, or other nonacademic sources. This paper describes a netnographic study of self-reported cancer ghosting social media posts by cancer patients with the goal of better understanding what cancer ghosting is, why it occurs, and how oncology providers can better support patients through this painful psychosocial experience.

Background

“Ghosting” someone is a description that entered the cultural lexicon in the mid-2010s.⁹ The experience of ghosting refers to ending a relationship and cutting off all contact.² Most current literature on ghosting is academic and lay articles pertaining to relationships, and more particularly to romantic relationships.^{10,11} Several authors describe ghosting as a “dissolution strategy” most likely to be used by young adults, and it is associated with anxiety and avoidance of uncomfortable social situations.¹⁰⁻¹² The application of ghosting to cancer occurred in social media posts after 2015, thus indicating a link in the mind of the cancer patient between purposeful relationship dissolution and their cancer.¹³

Johnson and Samson¹⁴ describe the connection between cancer avoidance, specifically avoidance of those with cancer, with that of stigma. These authors note that the cultural stigma that

Author Affiliations: Fay W. Whitney School of Nursing, University of Wyoming, Laramie, Wyoming (J. M. L. Stephens, J. Thomas); and Wyoming WWAMI Medical Education, University of Wyoming, Laramie, WY (Mr. Garcia) and Iverson Memorial Hospital, Laramie, Wyoming (C. Garcia).

This research has been funded by a University of Wyoming College of Health Sciences Grant.

The authors have no conflicts of interest to disclose.

Correspondence: Jennifer M. L. Stephens, MA, PhD, RN, OCN, CCNE, Fay W. Whitney School of Nursing, University of Wyoming, Dept. 3065 1000 E. University Avenue, Laramie, WY 82071 (jsteph35@uwyo.edu).

Copyright © 2025 The Authors. Published by Wolters Kluwer Health, Inc. on behalf of Cancer Care Research Online. All rights reserved. This is an open access article distributed under the Creative Commons Attribution License 4.0 (CCBY), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Cancer Care Research Online (2025) 5:e079

Received: 15 May 2025; Accepted 24 August 2025

Published online 13 October 2025

DOI: 10.1097/CR9.000000000000079

follows a cancer diagnosis and revelation to others can have a significant impact on social relationships. Lobchuk and colleagues¹⁵ note that, “When family members perceived the cause of an illness to be controllable by the patient, they were more critical of the patient than family members who perceived the cause as being outside of the patient’s control.” In this scenario, a health diagnosis perceived as avoidable by family members can result in stigma. This relates to the increased number of cancer treatments over the past decades, which are well-advertised on television. Stergiou-Kita and colleagues¹⁶ noted that, “While the public may be slowly gaining an understanding that cancer is increasingly treatable, persons diagnosed with cancer still live with the cloak of death.” Therefore, with the rise of cancer treatments that are widely publicized, there is an opportunity for cancer and cancer deaths to be socially perceived as avoidable.

The modern technological age, with a strong emphasis on the use of the internet and associated social media platforms like Twitter (X), Facebook, TikTok, and Instagram (to name a few), has accentuated interactions between individuals who both know and do not know each other. These platforms have also allowed for what can be called public journaling, the expression of personal thoughts and experiences in a public forum.¹⁷ With innovations such as Tinder or other online dating apps, there has been the emergence of new ways to “break up” with friends, family, and dating interests. This method of terminating a relationship often leads to a negative outcome for the “ghostee” much more than the “ghoster.” The result is that the ghostees can experience an immediate threat to their fundamental being, including loss of control, self-esteem, belongingness, and meaningful existence.¹⁰ In their study on ghosting in the context of romantic relationships, Navarro and colleagues¹⁸ described being ghosted as victimization. Cancer ghosting may be considered a similar phenomenon.

There are many lay and organizational articles, videos, and online videos on cancer ghosting experiences.^{7,19,20} An analysis of 3 studies on ghosting showed these studies primarily focused on evaluating the prevalence or consequences of being ghosted from a generalist perspective.¹¹ To this end, several researchers, including Jahrami and colleagues,¹³ have developed general questionnaires to measure the broad phenomenon as a communication model. Other healthcare disciplines, including psychology and sociology, have examined cancer ghosting from the perspectives of taboos and communication therapy.^{21,22} Within the literature, there is a lack of knowledge around social media posts about cancer ghosting from a digital ethnographic perspective. Additionally, qualitative description of the actual ghosting experience of patients with cancer is scant in the research.

The Study

Aims and Objectives

The aims of this netnographic (digital ethnographic) study were to generate foundational knowledge about the cancer patient experience of being ghosted on social media platforms. The objective of this study was to recommend interventions to oncology providers that could specifically address cancer ghosting as a phenomenon affecting emotional, physical, and mental health.

Methods/Methodology

Design

This study was designed as a qualitative, netnographic study based on methodological recommendations by Kozinets.²³ Netnography is a highly structured and rigorous digital ethnography or qualitative social media research method. Netnography is a method of systematic primary data collection and analysis that studies the user publications of online communities and

online societies to better understand sociocultural experiences (see Figure 1).

Theoretical Framework

This study has been bounded by important theoretical frameworks around netnography, nursing, and patient experience.

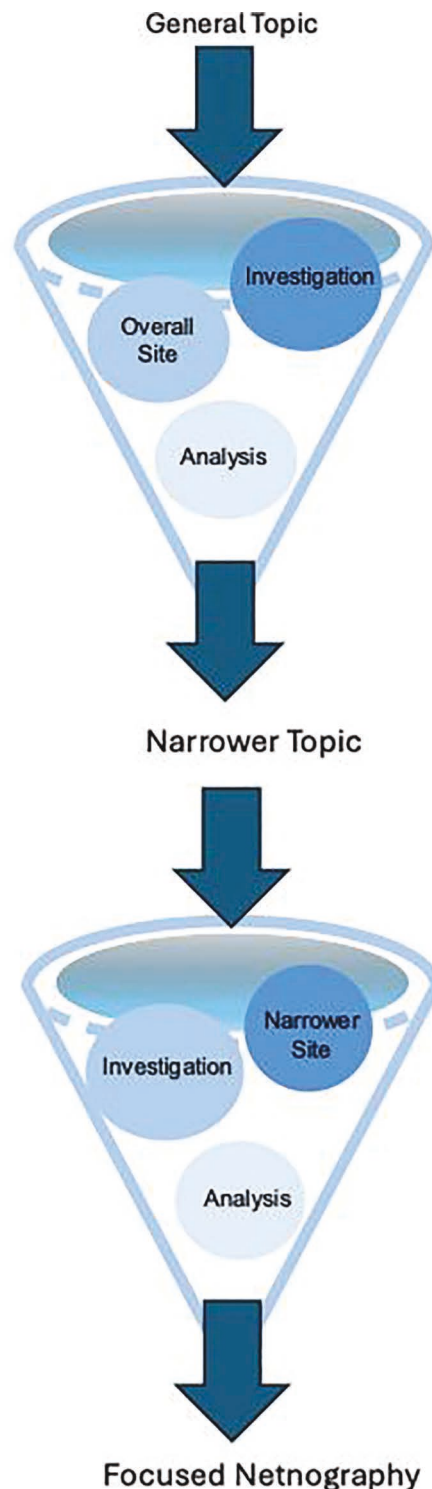


Figure 1. The double-funnel process of netnographic investigation. Reproduced with permission from Sage on 12-19-2024, ticket (RP-13196). Reproduced with permission from Kozinets²³.

Netnography is based on theories of social structuring. The first is that of technogenesis, which is that online sociality reveals the “modern” and “postmodern” condition while emphasizing qualities of “flux, movement, speed, change, and progress”.^{23(p115)} As an ontological foundation for netnography, technogenesis acknowledges the co-evolution and undeniable connection and interaction between technology and human individuals.²⁴ Affordance theory provides guidance for understanding how the technological-material and human beings become imbricated, specifically examining how humans (and animals) interact with an objective about the good of an object (called affordance).²⁵ Therefore, when applied to social media platforms, affordance describes how people believe things like communication or technology (including social media) can help them achieve their goals, whatever those might be.²³ Intersectionality in netnography describes the in-betweenness of online discussions and individuals, differentiating between the skilled, knowledgeable reader (connoisseur) and the passive reader (consumer).²³ Within social media, these specifications allow for understanding intersections between individual posts within larger social movements such as cancer subcommunities. Finally, networked individualism refers to the placement of the person as “the center of his or her own personal network... Each person has become a communication and information switchboard connecting persons, networks, and institutions.”^{26(p55)} Within netnography, these theories inform the research approach of abduction, described as the act of connecting disparate points through a simultaneous process of perception and interpretation.^{23(p317)}

These theoretical foundations of netnography are complemented by theories promoting the importance of the human experience in providing healthcare. For example, Oben²⁷ understands that the patient experience, as self-expressed, is a critical component for creating and implementing healthcare services. Aligned with this belief is psycho-oncology, an area of clinical practice that promotes the importance of psychological factors in cancer care. Flanked by cancer survivorship theory, psycho-oncology draws from adult developmental theory, reference group theory, theories exploring locus of control, theories of helplessness and self-efficacy, and models around health beliefs, fear, and dual processes.^{28–30} Figure 2 demonstrates an abductive research approach used in this study.

Sampling

Targeted purposive sampling was used in this study to find social media posts with specific criteria. Web engines used to search for posts included: Brave, Google, Yahoo, Firefox, and Safari. Key words and phrases focused on cancer and ghosting and included: “cancer ghosting,” “cancer isolation,” “cancer abandonment,” “cancer + ghosting,” “loss + cancer,” and other related machinations (see Table 1). The population in this study was oncology patients who made posts on social media platforms specifically describing being cancer ghosted. The posts

Table 1.
Search Terms and Phrases

Ghosting	Cancer + ghosting
Cancer ghosting	Cancer isolation
Cancer abandonment	Loss + cancer
Loneliness cancer	Girlfriend ghosted cancer
I was ghosted cancer	Husband ghosted cancer
I was abandoned cancer	Wife ghosted cancer
Cancer ignored	Family ghosted cancer
Cancer rejected	Friend ghosted cancer
Boyfriend ghosted cancer	Work ghosted cancer
Cancer left	Got ghosted Cancer
Cancer ditched	
My family left cancer	

themselves are considered the samples in this netnographic study, with each post considered an incident. This study contained 149 unique posts (N = 149).

Inclusion and/or Exclusion Criteria

To be considered for this study, the inclusion criteria included:

1. Public posts that did not require logins or other means to access.
2. The posts were in English.
3. The posts were made by cancer patients who specifically acknowledged that they had a cancer diagnosis either within the post or within the context of the post.
4. Posts were made within the last 5 years (2019–2024).
5. The post contained specific language about being ghosted or used associated terms like abandoned or shunned.

Social media posts that did not meet these specific criteria were not included in this study.

Data Sources/Collection

Social media platforms accessed in this study include Twitter (X), Facebook, Reddit, cancer blogs, LinkedIn, Quora, and TikTok. These platforms have both public posts and private (log-in required) posts. Social media platforms like Instagram, Pinterest, Snapchat, Telegram, and many others do not provide public posts to internet search engines and were not included in this study. See Table 2 and Figures 3 and 4 for a demographic description of the posts included in this study. Data was stored on a university-provided laptop computer with password protection. EXCEL was used to curate the posts.

Data Analysis

The posts were analyzed using netnographic technique as well as qualitative content analysis³¹ and thematic analysis^{32,33} to generate key codes, themes, and subthemes. The principal investigator (PI) and research assistant are experienced oncology healthcare providers, and the PI is a certified oncology nurse with over 20 years of clinical practice experience. The Co-Investigator (Co-I) is a psychologist and licensed therapist working in a nursing faculty and has experience with health-related counseling. Per netnographic methodology, the data were collected and initially analyzed by the PI and research assistant, and the data and arising themes were then shared and discussed with the Co-I until consensus was reached.²³ The 5 analytic operations followed included: collating, coding, combining, counting, and charting.²³ Data were categorized by social media platform, and the research team utilized WORD and EXCEL to create charts of codes and themes as they developed.

Ethical Considerations

Ethics approval was not required for this study as the posts examined were in the public internet space. Our study did not collect personal data, including profile names, personal names, or other data that would be identifying beyond the public web link.

Rigor

Rigor in a netnographic study is built into a systematic and immersive process that follows established guidelines.³⁴ Flexible procedures emphasize researcher engagement and contextualization. Additional qualitative research considerations around rigor and trustworthiness were guided by appropriate domain points outlined in the COREQ.³⁵ Rigor was achieved through having the data coded and reviewed by the investigative team.

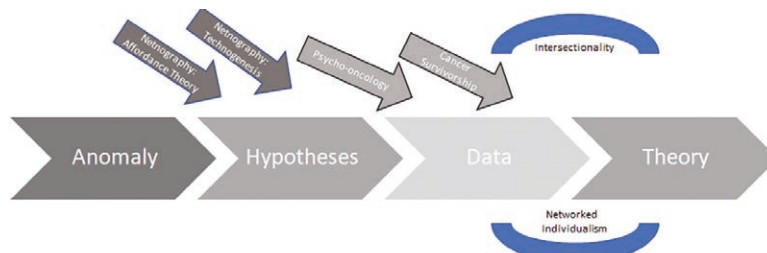


Figure 2. The applied conceptual strategy of abductive research in netnography. Based on the Abductive Research strategy as adapted from Kozinets²³.

Results

Investigations into the occurrence of ghosting and its growing prevalence over the past 2 years have provided rich descriptive data as well as recommendations for healthcare provider interventions. Themes arising from this work included cancer stigma, existential crisis, abandonment, meaning-making, and cancer community. Table 3 contains expanded quotes from the dataset around each theme.

Cancer Stigma

Patients undergoing treatment can be seen as a burden to their cost to the company health insurance as well as their fellow coworkers. With how poorly educated the population is about cancer and its effects, there is space for people to be afraid of a cancer patient not being able to fulfill requirements in the workplace. This stigmatization can cause difficulty in finding or maintaining work. One post noted that during a job interview, things were “going great until they asked how my quarantine year went. Once they found out I was a cancer survivor, the change was palpable. I was also ghosted. Not even a rejection email.”

Many posts provided evidence of being ghosted, specifically revealing a cancer diagnosis, describing loss of friends, work colleagues, romantic partners, and family almost immediately after disclosure. One post about a woman who got cancer at 28 stated that she lost her best friend and younger brother: “She shared her diagnosis with them, and —poof! — they disappeared. They stopped calling, stopped texting. They didn’t check in.” Another young woman was diagnosed at age 21, and immediately her friends “disappeared into the night. Even my parents abandoned me during this time. hilariously, when confronted, I was told my drama wasn’t their problem.” Another woman diagnosed with breast cancer noted that her boyfriend of 9 years “abruptly blocked me [and he] went with another woman and changed his phone number like 6 months ago.” The experience was so traumatizing that this poster noted, “This is the most blindsided, cruel thing to do to someone. They are making us ‘sicker’ by throwing our bodies into fight or flight mode right now.” A post by a young cancer patient noted, “my boyfriend who I loved for 6 years, also left me when I was diagnosed with stage 4 cancer. Most of my family and friends ghosted me, too, so I’m heading into transplant this summer alone.”

Existential Crisis

The concept of an existential crisis is based on deep introspection and questioning the meaning of life. The primary existential crisis present in the social media postings was around being considered dead before dying. As a cancer patient fighting for life, the action of being ghosted made them feel like they had already died and were not fully human anymore. One person expressed: “What is it about cancer that makes people SO DAMN WEIRD. Like they forget how to be human?” Another post noted that, “I think younger people are really not equipped to deal with someone their age facing a life-threatening illness.... I think they

Table 2.
Demographic Analysis of Public Social Media Posts (2014–2024)

	Social Media Occurrences (N = 149)
Year of posting	
2024	50
2023	42
2022	25
2021	10
2020	20
2019	2
Pre-2019	0
Social media source	
X/Twitter	76
Reddit	33
TikTok	19
LinkedIn	7
Facebook (public)	7
Misc Blogs	5
Quora	2

selfishly want to enjoy their youth/good health and don’t want to face a reminder that we are all mortal/we all will face health crises in our lifetime.” Regarding Western culture and society, a post expressed frustration that “people remain in denial of the inevitability of death. There is this lack of acceptance of it as a natural part of life, it’s always viewed as a loss & great tragedy.”

Around a sense of living and being alive, cancer becomes an identity which can never be shaken. A post mentioned, “People don’t understand once you’re a cancer patient, you’re always a cancer patient.” Another post by a young cancer patient expressed that, “Some folks just can’t stand being confronted to the reality of death, especially not at a young age. They’ll avoid you. At first it hurts, but remember it has nothing to do with us as friends or individuals, but much to do with them being unable to cope with the fact that death is inevitable and spares nobody.”

Abandonment

From the postings, the greatest impact of cancer on quality of life was a sense of abandonment. This led to overwhelming isolation and loneliness. Several postings related being alone and having only a pet (for example) to provide consolation. A deep sense of abandonment through being ghosted was reflected in statements around social isolation and arising loneliness. One person noted, “I had few friends to begin with. As I generally keep my personal life and social life/work life separate. And all but one person has moved on from me. Which is fine. I learned years ago I can walk alone with me and my shadow and my cat.” Another wrote that, “At first they were supportive, but soon their communication started fading away. During my treatment, I hardly heard from them, they never visited or called me. I was heartbroken because this was the group of people I had shared many great memories with, we used to be in constant communication about random stupid shit, and when I most needed them, they ghosted me.”

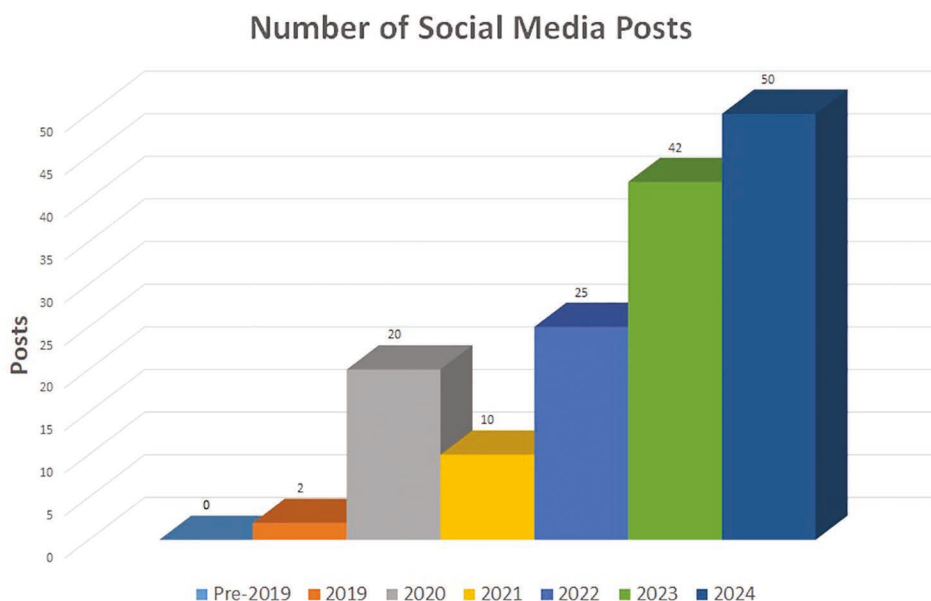


Figure 3. Social media posts: year of the post.

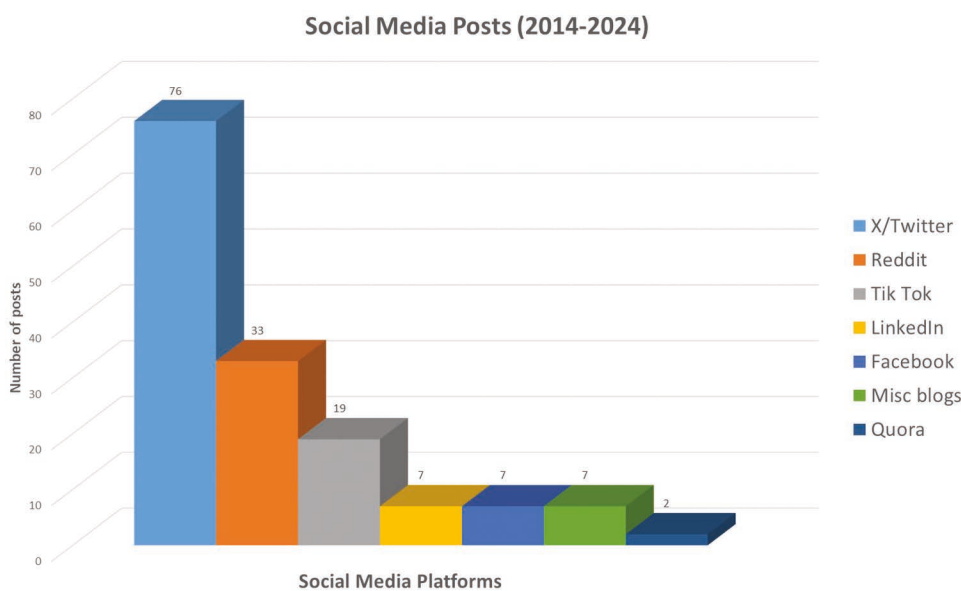


Figure 4. Social media posts: 2014–2024.

A sense of abandonment is particularly painful for the young people using social media. Several posts reflect on this, including: “Instead of going out with friends, I spent my days going in for labs, scans, and radiation treatments. It seemed like my care team were the only people who were there for me when my friends abandoned me. I still feel alone most days (if not every day).” Similarly, another young cancer patient expressed, “Then a couple of days later he disappeared... Deleted me off Facebook, blocked my number, etc. I was so sad and upset when I realized he just ghosted me. Now I feel very lonely and like I have to fight this battle alone. As if finding out I have cancer wasn’t bad enough, now I feel lonely and depressed. I hate feeling so alone.” A post stated that, “He said they didn’t know how to handle having a friend with a life threatening disease so they just cut contact so I immediately removed all of them from everything.” A younger man noted, “I was going through the hardest time of my life. Had an aggressive cancer, wasn’t sure if

I was going to live or be able to walk again after this surgery I had coming up. I expressed my emotions to my gf at the time, she ghosted me then claimed I had a personality disorder 😊.”

Meaning Making

Over half of the posts in this study contained a rationale for why the ghosting occurred. Meaning-making can be considered a coping strategy for being ghosted. One post described that being ghosted after a cancer diagnosis could be part of being polite on the part of the ghoster: “I’ve realized that a lot of people want to ‘give space’ and ‘not say the wrong thing.’ It definitely sucks.” Additional reflections on the general poor nature of people “in society” had to do with not being psychologically prepared for being around cancer patients (or those who might be dying). One post noted that, “Maybe they can’t handle bad news, maybe it triggers something in them, or maybe they just want to distance themselves in case you

Table 3.
Key Quotes for Each Theme and Subtheme

Theme	Subthemes	Participant Quotes
Cancer stigma	Stereotype Dead before dead Ignorance Promises broken Cancer is less than human Cruelty Mental pain Hurt	<p>“Why did he ghost me right after my cancer diagnosis? I had a boyfriend who was on/off for a little over a year. Then we made a commitment. He moved in. Two months later, after my cancer diagnosis. He was gone, across the country with an X.”</p> <p>“I lost so many friends through my cancer battle & a romantic relationship. I’ve had multiple decade-long friends ghost me when my cancer came back, days after I received reoccurrence diagnosis. It’s almost like they can be supportive for a minute, but they bail when they realize it’s an ongoing situation.”</p> <p>“Why would my husband cheat on me, then ghost me while I’m out of town getting cancer treatment and make up things so he can say I’m to blame?”</p>
Existential crisis	Self worth Shock Mortality Eye opening	<p>“I was diagnosed with colon cancer 6 weeks ago and I have noticed that many of my “friends” have disappeared. I am 38 years old and an introvert and didn’t have that many friends anyway, but since revealing the info, I am surprised that 2 of my “closest” friends have dropped off the face of the earth. Their initial reactions were normal and they said if they could do anything for me, let them know. All I asked is that we have tea or a walk this week and neither have even looked at my message. They didn’t even wish me well for the operation.”</p> <p>“It’s very hard to take as I was expecting visits or at least calls. Also, I have told them I am doing well and I would love to hear how their lives (work, sports, etc) are for a distraction as normal. I looked on the internet and apparently this is fairly common and called Cancer Ghosting. It’s very tricky to handle, especially since I am not working and don’t have much to do right now except go on the internet. It’s been 4 weeks since I have seen the one friend. I am very sad. I realize I need new friends and I don’t even know where to begin. I would never ignore a friend, ever never mind one going through a battle with cancer. I am shocked. About me: I am quite a humorous funny (fun) person, always going on adventures and making up funny stories and songs. I think I am really good company. I think when I don’t have this that some friends see no value in me. Can’t believe it.”</p>
Abandonment	Neglect Loneliness Loss Estrangement Detachment Exclusion Abandonment Betrayal	<p>“That was a lie just to ghost me. Just like how he lied and ghosted me when I was diagnosed with cancer. Sad, when I needed someone the most, he was never there. Stupidest thing I believed was believing I as someone to him. This time with the help of his abuse and neglect, im...”</p> <p>“Happens. Especially with cancer. I was ghosted by a friend whom I’d campaigned with locally for years. Tutored her kids for free. Another crossed the road. In contrast, the most unlikely people turned up with homemade lasagnes, did cleaning, and are now ‘real’ friends”</p>
Meaning making	Eye opening Coping Rationalizing Sorry for others	<p>“So yeah guess I know where I am going. The sad thing is odds are half of them doing this will be subjected to the same disease we are. The problem...I expect the ditch ‘em attitude will continue, and they will be facing the same issue but used to being connected longer. So even more of an impact. And no, I snuggle down with my fur baby. As child I will never have due to my hereditary condition that gave me cancer.”</p> <p>“I was going through the hardest time of my life. Had an aggressive cancer, wasn’t sure if I was going to live or be able to walk again after this surgery I had coming up. I expressed my emotions to my gf at the time, she ghosted me then claimed I had a personality disorder 😊”</p>
Cancer community	New community New friends for care team Supporting each other Resources to consider	<p>“Build a support system of friends and family. Don’t go at it alone. Much love.”</p> <p>“Conversely, people who I thought of as acquaintances stepped up and helped”</p> <p>“It’s fair for you to whine. I was ghosted by a very close friend after I told her I had cancer. I can’t imagine the pain when family members ditch you. I think some people just can’t deal with a cancer diagnosis. You’re supported here ❤️”</p>

don’t make it.” A young person, age 30, related a story about going through cancer treatments:

Before surgery, loads of people were lovely to me, told me they’d come and visit and support and all that. After, well, yeah. I was left well alone. I contacted everyone who told me they would visit and I invited them—my diary was pretty empty, of course—but nope. I was already chronically ill pre-cancer, so I was used to it. People don’t want to be friends with someone who’s sick. It reminds them of the delicate condition of humanity. I am an overwhelming positive person and don’t tend to talk about my health at all, so it’s not like I put people off by that, but obviously, when you’re too sick to go to a social event, or when people ask why you’re not eating, why you lost weight, etc, it comes out. And then their view of you changes, and you’re never you again—you’re just a sick person. Sometimes I feel I have become less human in their eyes. It’s definitely lonely.

The issue of facing existential realities was part of meaning-making, but this time on the part of the ghoster who was able to deny reality by not being in contact with the cancer sufferer. This was apparent in posts such as, “Most people around that age never need to consider their mortality” and “People don’t want to be friends with someone who’s sick. It reminds them of the delicate condition of humanity.” Another post mentioned that, “So when you’re facing your own mortality, people turn away so they don’t have to confront theirs.” A patient noted, “Had a friend of 16 years ghost me just before my first chemo treatment. It hurt like hell. But I really had more things to think about than someone ghosting me because I was sick.” A woman was abandoned after a cancer diagnosis by her own mother, leading her to ponder why: “I have shine? 😊 is that why my momma doesn’t like me and ghosted me when I was fighting for my life with cancer? I seriously thought it was because I’m not worth much to her.” Within this context, shine has a meaning

like ghosting in that it is a geographic and culturally charged slang way not only of meaning to discard someone, but it may refer to someone who is standing out of a crowd. In this community or cultural group, the person who made the post attempts to make meaning about being abandoned by their own mother, a persistent and painful theme present in many posts.

Cancer Community

Overwhelmingly, most social media posts contained a reference to a separate cancer community of fellow patients who could understand the cancer experience. The implication was that a cancer patient could only be understood, accepted, and supported by other cancer patients based on this mutual familiarity and proficiency of what it means to have cancer. The desired result was often the creation of a new social network and a new community based on a mutual diagnosis of cancer. Several examples of this from the posts included in this study include the reflection from a patient that, “There are 2 cities. One is the city of the healthy and the other is the city of the unhealthy. We all got banished to the latter when we got cancer, unless we can hide it, which for those of us in active treatment or recovering means we cannot hide it.” This post is important because it captures the notion of the us/them, and of trying to hide cancer to remain in the noncancer world. Once the crossing into the cancer world is acknowledged, the experience can be welcoming. One X post noted, “We live in a selfish society, one where folks take the ‘out of sight out of mind’ approach and it’s truly unfortunate. It’s why I appreciate my Twitter family. They’ve helped tremendously.” Similarly, another X post speaks of reflecting on being cancer ghosted, and the individual notes: “It hurt at first, but I have since met many wonderful new friends. And the cancer community on Twitter rocks!” Someone reflects that, “I’ve lost so many friends but gained so many more friends! You truly find who truly are your friends are!”

The notion of cancer-as-community was also reflected in postings that confirmed a new family as being people who were previously strangers. This family was discovered and allowed to blossom through online social media interactions. One patient wrote, “Sharing my story on here has connected me with strangers who give me more love and support than I ever expected, and that means everything. Strangers don’t have to care, but they choose to, and that warms my heart.” Another person on REDDIT confirmed why social media was an ideal outlet: “The only people I can count on for support are my family, and the people on this subreddit and other cancer subreddits. Sometimes virtual friends are the best bc there’s no judgment with them.”

Discussion

This study has embraced the concept of affordance, in which the netnographic researcher assumes that the postings (data fragments) were created with the goal of the poster to produce a positive result that would achieve a goal. Taken in relationship with theories around psycho-oncology and survivorship, we have read these posts to express motivated action-taking on behalf of the post-er to share a personal experience for several reasons, including catharsis, education, sympathizing, and empathizing. The expression of narrative in written (typed) form signifies a transmission of information across (in this case) the virtual space, which aligns with technogenesis, in which the inorganic digital realm of technology is used to create connection and relationship between individuals.

The postings from this study were examined in a keyword study, and the top resulting words were placed into a cloud graphic (see Figure 5). Beyond the words ghosting and cancer, specific people (relationships), treatments, and emotions dominate. Words like death, loss, die, and mortality are shockingly more common than the single concept of life (and living). This

corresponds with an overwhelming rationale explained by the people posting that those who ghosted them (ghost-ers) were scared to face death and mortality. Since these concepts are related to negative emotions like sadness, it follows that ghosting is a phenomenon that is undertaken so that a person can avoid facing anxiety, fear, depression, and loss. It also allows the ghost-er to avoid having to deal with death, accentuating cancer social stigma while also emphasizing the death-avoidant behavior noticed in Western (North American) culture. Lu et al³⁶ describe this as cultural fatalism associated with a cancer diagnosis and describe how Americans consistently perpetuate cancer information avoidance. This accentuates the kingdom of the sick/kingdom of the well dichotomy suggested by authors such as Sontag.³⁷ Stigma is a predominant stated, and implied, quality of receiving a cancer diagnosis as evidenced within the postings. Stigma can be defined as social disapproval that leads to discrimination. Within the postings, there exists extensive discussion over loss of relationships and loss of employment due to having the “C” word. There are also several statements on having cancer, including “cancer sucks” and “having cancer is the worst.”

The literature suggests that stigma from cancer is a major contributing factor in creating a pattern of avoidance behavior, which in turn reduces the amount of social support that cancer patients receive.^{38,39} As stated in the following excerpt, cancer can stimulate a strong emotional response from people: “The cancer patient is repugnant, with a singular ability to “evoke physical aversion and disgust in others”.”^{40(p2)} This feeling of repulsion can lead to partners and caregivers of cancer patients straying away from providing support. Ghosting can be considered a form of cancer stigma in which cancer patients are socially set apart and discriminated against based on a medical diagnosis.^{14,41} Goffman’s seminal work on stigma in the 1960s detailed the individual who is socially and mentally stereotyped as being undesirable and therefore rejected when compared to



Figure 5. Word cloud of the totality of posts.

being normal and accepted.⁴² The presence of a diagnosis that has been stereotyped as undesirable results in the person having a “spoiled identity” according to Goffman. This spoiled identity can go as far as to affect others’ view of the cancer patient. The cancer patient can often be seen as repugnant; they can even “evoke physical aversion and disgust in others.”⁴⁰ The result of stigma related to a medical condition like cancer can result in a host of issues, including delays in diagnosis and treatment, and risky lifestyle behaviors such as smoking, drinking alcohol, using drugs, eating poorly, avoiding social contact, and a host of others.^{14,43}

This research project has resulted in the development of 3 questions in a “Cancer Ghosting Social Distress” tool that can quickly be used within a patient-provider conversation (see Figure 6). The individual questions were designed to be asked verbally or as part of an electronic medical record checklist or as a stand-alone paper artifact. The questions were the result of both analysis of the data from this study and from discussion between the team members, which included trialing the questions in an outpatient cancer clinic. Responses to the tool can initiate and inform a more detailed patient-provider conversation and provide the patient with the impression that the provider is interested in providing support around this psychologically painful phenomenon. Our team anticipates further testing the questions in this tool as part of a future study on the connections between ghosting and social media use.

Implications for Practice

Ghosting is primarily a psych-social phenomenon which can affect quality of life as well as treatment and disease outcomes through the effect depression and distress have on the body. Therefore, from a psycho-oncological perspective, it is very important to acknowledge that ghosting exists and that it can have profound implications on patient care. Critical interventions for healthcare providers are based on mental health interventions and referrals to cancer-based communities.

Cancer ghosting, the action of purposefully stopping communication and association with someone who has cancer, is a psychological, emotional, and physical action purposely taken on the part of the person who is doing the abandoning. The abandonment response by the cancer patient is predictable but also subjective. In this sense, then, there is an opportunity for interventions to specifically be on the emotional response of the discarded person. The work of Lazarus^{44,45} in the Transactional Model of stress and coping seems relevant. Considering that

a cancer diagnosis is a major life event, as is being ghosted, the model informs on emotions as a moderator between a cognitive response and coping. Hulbert-Williams and colleagues⁴⁶ applied this theory to the context of stressors experienced in cancer and then determined that a more appropriate intervention was Acceptance and Commitment Therapy (ACT).⁴⁶ ACT was found to promote mindfulness in a way that is suited to the individual existential nature of cancer and supported patients in handling both social stigma and resulting negative changes in close relationships. In practice, a psych-oncology referral to practitioners familiar with ACT may serve as an important intervention for those who have been ghosted due to cancer.

Additionally, in the context of cancer ghosting, the social media cancer community seems critical for the social and emotional well-being of the person who has been ghosted. Repeatedly, postings contained gratitude from the post-er to the larger online cancer community for their ongoing support and acceptance. Therefore, interventions by healthcare providers should be aligned with promoting the participation of patients in cancer-specific communities and support groups. This also includes supporting social media use by cancer patients while at the same time suggesting controlled and mindful use of these platforms.⁴⁷

Future research on the phenomenon of cancer ghosting is needed from multiple perspectives. Quantitative surveys as well as qualitative research can be useful in providing more details around the experience of ghosting, as well as possible implications for care and healthcare provider interventions.

Strengths and Limitations

As a netnographic study, this research has presented material exclusively from social media postings that were made public by the post-er. Therefore, it is reasonable to assume that *private* postings exist in many social media environments that were not accessed by the research team. Additionally, this research was bounded by both time, platform, internet access, and willingness to post personal information. Most of the posts were made anonymously, a quality of the social media environment that is routinely scrutinized because it allows things to be said that might not otherwise have been disclosed.

Conclusions

The phenomenon of cancer ghosting is a real, impactful experience increasingly reported in social media over the past 5 years. The netnographic study reported in this paper

Assessment Question	Please Indicate Yes or no for the following questions	
Do you use social media and feel that this has a negative influence in your life?	Yes	No
Have you ever been abandoned or experienced a change in behavior from someone due to your cancer diagnosis?	Yes	No
Do you feel as if you have been abandoned through social media?	Yes	No

If the patient answers “yes” to these questions, you can consider referrals to a counselor for further mental health evaluation.

Figure 6. Cancer ghosting social media distress tool. Questions to add to healthcare assessments. If the patient answers “yes” to these questions, you can consider referrals to a counselor for further mental health evaluation.

had the goals of exploring self-reported cancer ghosting within social media posts and has generated understanding about the experience of ghosting, and provides recommendations on how oncology healthcare professionals can provide support.

Acknowledgments

We would like to acknowledge all those who were involved in the materialization of this project, including the University of Wyoming staff who assisted in the reviewing of this material.

References

- Carlson N. "Cancer ghosting" is an unfortunate reality. Curetoday. January 26, 2023. <https://www.curetoday.com/view/-cancer-ghosting-is-an-unfortunate-reality>. Accessed May 11, 2025.
- Freedman G, Powell DN, Le B, et al. Ghosting and destiny: implicit theories of relationships predict beliefs about ghosting. *J Soc Pers Relat*. 2018;36(3):905–924.
- Urban Dictionary. Ghosting. <https://www.urbandictionary.com/define.php?term=Ghosting>. Accessed May 11, 2025.
- Astleitner H, Bains A, Hörmann S. The effects of personality and social media experiences on mental health: examining the mediating role of fear of missing out, ghosting, and vaguebooking. *Comput Hum Behav*. 2023;138(1):107436.
- The Holistic Cancer Centre. What is cancer ghosting and how do we prevent it? The Holistic Cancer Centre. 2023. <https://www.holisticcancercentre.org.uk/what-is-cancer-ghosting-and-how-do-we-prevent-it/>. Accessed May 12, 2025.
- Heaslip C. How ghosting affects your mental health. Centric Mental Health. March 22, 2024. <https://www.mentalhealth.ie/mental-health-wellness-blog/ghosting-how-it-affects-your-mental-health/>. Accessed May 11, 2025.
- Filocomo F. "Cancer ghosting" and loneliness. National Review. June 27, 2024. <https://www.nationalreview.com/corner/cancer-ghosting-and-loneliness/>. Accessed December 1, 2024.
- Petric D. Potential detrimental health and social effects of ghosting. *Gnosi*. 2023;6(1):62–73. <https://www.gnosijournal.com/index.php/gnosi/article/view/214>.
- Daraj L, Buheji M, Perlmutter G, et al. Ghosting: abandonment in the digital era. *Encyclopedia*. 2023;4(1):36–45.
- Freedman G, Powell DN, Le B, et al. Emotional experiences of ghosting. *J Soc Psychol*. 2022;164(3):367–386.
- Powell DN, Freedman G, Williams KD, et al. A multi-study examination of attachment and implicit theories of relationships in ghosting experiences. *J Soc Pers Relat*. 2021;38(7):2225–2248.
- Koessler RB, Kohut T, Campbell L. When your Boo becomes a ghost: the association between breakup strategy and breakup role in experiences of relationship dissolution. *Collabra Psychol*. 2019;5(1):29–47.
- Jahrami H, Saif Z, Chen W, et al. Development and validation of a questionnaire (GHOST) to assess sudden, unexplained communication exclusion or ghosting. *Heliyon*. 2023;9(6):e17066.
- Johnson SE, Samson M. Cancer stigma: the need for policy and programmatic action. *J Natl Cancer Inst Monogr*. 2024;2024(63):45–50. <https://academic.oup.com/jncimon/article/2024/63/45/7687975>.
- Lobchuk MM, McClement SE, McPherson C, et al. Does blaming the patient with lung cancer affect the helping behavior of primary caregivers? *Oncol Nurs Forum*. 2008;35(4):681–689.
- Stergiou-Kita M, Pritlove C, Kirsh B. The "Big C"—stigma, cancer, and workplace discrimination. *J Cancer Surviv*. 2016;10(6):1035–1050.
- Smith RT. The New-Age Streets and Parks: government-run social media accounts as traditional public forums. *Emory Law J*. 2021;70(4):955–1003.
- Navarro R, Larranaga E, Yubero S, et al. Individual, interpersonal and relationship factors associated with ghosting intention and behaviors in adult relationships: Examining the associations over and above being a recipient of ghosting. *Telemat Inform*. 2020;57(1):101513. <https://www.sciencedirect.com/science/article/abs/pii/S0736585320301726>.
- Hardeman K. *Don't Say Everything Happens for a Reason*. Outskirts Press; 2023.
- Palmer P. My Friends Cut Me Off Because I Have Cancer: Cancer Ghosting. YouTube. April 29, 2024. <https://www.youtube.com/watch?v=fV-xCzA13c>. Accessed December 1, 2024.
- Salazar SMD, Dino MJS, Macindo JRB. Social connectedness and health-related quality of life among patients with cancer undergoing chemotherapy: A mixed method approach using structural equation modelling and photo-elicitation. *J Clin Nurs*. 2023;32(17-18):6298–6309.
- Schmidt C. Cancer as a taboo. In: Schmidt C, ed. *The Invisible Hand of Cancer*. Springer; 2023.
- Kozinets R. *Netnography: The Essential Guide for Qualitative Social Media Research*. 3rd ed. Sage; 2020.
- Stiegler B. *Technics and Time, Vol. 1: The Fault of Epimetheus*. Stanford University Press; 1998.
- Gibson JJ. *The Senses Considered as Perceptual Systems*. Houghton Mifflin; 1966.
- Rainie L, Wellman B. *Networked: The New Social Operating System*. MIT Press; 2012.
- Oben P. Understanding the patient experience: a conceptual framework. *J Patient Exp*. 2020;7(6):906–910. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7786717/>.
- Halpern MT, Viswanathan M, Evans TS, et al. Models of cancer survivorship care: overview and summary of current evidence. *J Oncol Pract*. 2015;11(1):e19–e27.
- Nekhlyudov L, Mollica MA, Jacobsen PB, et al. Developing a quality of cancer survivorship care framework: implications for clinical care, research, and policy. *J Natl Cancer Inst*. 2019;111(11):1120–1130.
- Zebrack B. Cancer survivorship—a framework for quality cancer care. *J Natl Cancer Inst*. 2024;116(3):352–355.
- Elo S, Kyngäs H. The qualitative content analysis process. *J Adv Nurs*. 2008;62(1):107–115.
- Naem M, Ozuem W, Howell K, et al. A step-by-step process of thematic analysis to develop a conceptual model in qualitative research. *Int J of Qual Methods*. 2023;22(1):1–18.
- Sundler AJ, Lindberg E, Nilsson C, et al. Qualitative thematic analysis based on descriptive phenomenology. *Nurs Open*. 2019;6(3):733–739.
- Kozinets RV, Gretzel U. Netnography evolved: new contexts, scope, procedures and sensibilities. *Ann Tour Res*. 2024;104(1):103693.
- Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007;19(6):349–357.
- Lu L, Liu J, Yuan YC. Cultural differences in cancer information acquisition: Cancer risk perceptions, fatalistic beliefs, and worry as predictors of cancer information seeking and avoidance in the U.S. and China. *Health Commun*. 2021;37(11):1442–1451.
- Sontag S. *Illness as Metaphor*. Farrar, Straus and Giroux; 1978.
- Castillo SM, Santa-Cruz-Espinoza H. Stigma and mental health in patients with a cancer diagnosis. *Enferm Glob*. 2024;23(1):123–130.
- Huang Z, Yu T, Wu S, et al. Correlates of stigma for patients with cancer: a systematic review and meta-analysis. *Support Care Cancer*. 2021;29(3):1195–1203.
- Peters-Golden H. Breast cancer: varied perceptions of social support in the illness experience. *Soc Sci Med*. 1982;16(4):483–491.
- Fujisawa D, Hagiwara N. Cancer stigma and its health consequences. *Curr Breast Cancer Rep*. 2015;7(3):143–150.
- Goffman E. *Stigma: Notes on the Management of Spoiled Identity*. Prentice-Hall; 1963.
- Yilmaz M, Dissiz G, Usluoğlu AK, et al. Cancer-related stigma and depression in cancer patients in a middle-income country. *Asia Pac J Oncol Nurs*. 2020;7(1):95–102.
- Lazarus RS. *Stress, Appraisal, and Coping*. New York, NY: Springer; 1984.
- Lazarus RS. Cognition and motivation in emotion. *Am Psychol*. 1991;46(4):352–367.
- Hulbert-Williams NJ, Storey L, Wilson KG. Psychological interventions for patients with cancer: psychological flexibility and the potential utility of acceptance and commitment therapy. *Eur J Cancer Care (Engl)*. 2015;24(1):15–27.
- Quinn S. Positive aspects of social media. In: Attrill-Smith A, Fullwood C, Keep M, Kuss DJ, eds. *The Oxford Handbook of Cyberpsychology*. Oxford University Press; 2018:412–431. doi:10.1093/oxfordhb/9780198812746.013.23