
Emerging Horizons, Part Five.

Kenzie's Story: Periods and Ellipses

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Abstract

This fifth installment of the *Emerging Horizons* series explores Kenzie's digital storytelling (DST) experience (please see the introductory editorial, *Crafting Meaning, Cultivating Understanding*, to access the documentary film on which the series is based). Kenzie's storyline revealed how culturally accepted language and metanarratives around health and wellness can create dissonance for Adolescent and Young Adult (AYA) cancer survivors as they attempt to share their experiences with others. Alternatively, the genuine conversation inherent in the Story Circle, and throughout the DST process, could promote and stimulate the re-storying of ill-fitting, "hand-me-down" cancer narratives. Specifically, the reflective intensity and co-creative nature of DST could facilitate the discovery of deeper truths, or new truths, in healthcare stories while the narrative structure and creative limitations of a digital story could empower AYAs to craft a closed ending to a perpetually open-ended cancer survivorship experience.

Keywords

Hermeneutics, digital storytelling, adolescents and young adults, psychosocial oncology, narrative interventions, arts-based methodology, documentary filmmaking

Kenzie was the youngest participant in the DST workshop (21 years old) and had been diagnosed at the youngest age (15 years old). Like Derek, I (Lang) had history with Kenzie. We had created a digital story together as part of a research project five years earlier just after she had completed her treatments for Acute Myeloid Leukemia (AML), a rare form of blood cancer in pediatrics (de Rooij et al., 2015). I vividly remember sitting down with the timid, quiet, and reserved 16-year-old Kenzie for the first time in the library of the children's hospital with her mother and younger

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brother in tow. She did not offer much information as we sat together, and I played an active role in helping her find and tell the story by constantly asking questions, typing her answers, and finally, connecting those answers together into a story arc based on her responses. As we recorded her voiceover and crafted her story over our next two meetings, she offered few ideas for images or compositional choices without prompting, and although she ultimately indicated enjoying her DST experience, she was clearly a lukewarm participant. The 21-year-old Kenzie who participated in this research project was vastly different.

In *Emerging Horizons* Kenzie was comparatively confident, talkative, and engaged. She was actively involved in group conversations and even offered unprompted feedback and ideas to the other AYAs (e.g., suggested using “theatre masks” to Kelsey). She also knew what she wanted to say (although I provided support in the process of writing down her story) and required little video editing help from me beyond cutting superfluous photos. Furthermore, in her intake interview she indicated how excited she was to go through the DST process again. In particular, she was interested to see how her story might be different this time around: she was looking for a new story.

Although none of this backstory was included in *Emerging Horizons*, Kenzie’s transformation from an indifferent participant at 16 to an excited and engaged digital storyteller at 21 is hinted at in the film. In her opening discussion with Bethany, she recounts her initial response to the cancer diagnosis through a conversation with her mother:

And I was like, well, you can’t tell anyone. And she was like, “Well, no Kenz, we have to.” And I was like, no. Like, no one needs to know. Can’t it just be a secret? Like, why does anyone have to know?

This comment seems antithetical to the version of Kenzie that participated in *Emerging Horizons* and helps illuminate my two exceedingly different DST interactions with her: Kenzie’s 16-year-old self did not want to share about cancer, but her 21-year-old self clearly did. Choosing to participate in a publicly available documentary film about cancer, when she initially wanted to keep her diagnosis a secret, demonstrated how much Kenzie had changed.

When I asked her about this transformation in both the pre- and post-workshop interviews, she attributed it to being older and having more life experience, but also to her involvement in a local pediatric oncology charity. She began as a program participant before joining the teen leadership program, and finally becoming a summer camp counsellor. During the five years since her first DST experience, she had shared her cancer story numerous times at banquets, fundraisers, and campfires to hundreds of people. In the process, she had transformed from a shy, insecure teenager to a young adult cancer advocate, despite experiencing ongoing cancer-related complications and an unclear prognosis. However, Kenzie intuitively understood that she had often shared the surface-level bullet points of her cancer experience in those speeches and conversations; there was more that could be said. She signed up for a second DST project because she wanted to craft a deeper, fully-formed, more fitting story that represented the transformation she had undergone in those five years. Consequently, her experience in *Emerging Horizons* provided an opportunity to explore how DST cultivates genuine conversation through

the story circle, troubles culturally accepted narratives, and confronts the enigma of “endings” in a cancer experience.

Periods and Ellipses: DST and “Moving On” from Cancer

Kenzie: Cancer is always in the back of my mind, and slowly over time, I realized that I can't move on from cancer, but I can move forward. . . I feel that I approach patients in a more compassionate way because I know what it is like to be them: to live with uncertainty.

In storytelling for the stage, page, or screen, “a story climax that leaves a question or two unanswered and some emotion unfulfilled is an open ending” (McKee, 1997, p. 48). Conversely, “a story climax of absolute, irreversible change that answers all questions raised by the telling and satisfies all audience emotion is a closed ending” (McKee, 1997, p. 48). Grammatically, a closed ending could be a sentence with a period, while an open ending might use an ellipsis.

Like all storytelling principles, there are gradients and grey areas, and a closed ending for some could feel open to others. However, it is clear that a cancer experience, as it is lived, is not often characterized as a closed ending. Indeed, one of the defining features of cancer in young adulthood, as highlighted by the AYA participants in *Emerging Horizons*, is its exasperating open-endedness, with numerous questions unanswered and emotions unfulfilled. For many AYAs, the cancer chapter of their lives ends with an ellipsis, not a period (Yang et al., 2019).

Kenzie's story is perhaps the most explicit articulation of the open-endedness of a cancer experience due to the unique circumstances around her transition to survivorship. A sudden change in the standard treatment protocol for AML led to an abrupt, unexpected ending to her acute treatments. Although she was glad to forego the final chemotherapy treatment and stem cell transplant, this ending made her feel that she had “no closure, no reassurance that you are cured, that you are, in fact, a survivor.” Compounding this abrupt transition was the relapse and subsequent death of a close friend from the oncology unit who had also been diagnosed with AML. Kenzie did not explicitly mention her friend in the digital story and instead chose to include a photo of them together as she recounted, “I was assured that they would watch me closely, and that I had nothing to worry about, *but that is easy to say.*” Beginning with this line, Kenzie's story highlighted the many challenges of closing that chapter of her life story, or in colloquial terms, “move on” from cancer.

During the story circle, the striking open-endedness of Kenzie's story was immediately recognized by the group, and the subsequent discussion was one of the most robust and compelling of the entire DST workshop because of its deep emotional resonance.¹ In this conversation Bethany described “what actually happens for people who have cancer” at the end of their acute treatments:

Bethany: There is no end marker.

Kenzie: Yeah.

Bethany: You can choose to put markers, but. . .

Kenzie: It doesn't really mean anything, yeah.

Bethany: . . . really, like you said, like, you can't, *doctors can't see every cell*.

This exchange helps contextualize a highly prevalent and often severe psychosocial sequela for AYAs: fear of cancer recurrence (Simard et al., 2013; Yang et al., 2019). Unlike other illnesses and injuries which have a clearly identifiable cause or onset, cancer occurs quietly over time, cell by cell until symptoms develop, and from Kenzie's perspective, if it happened once, it could happen again. Similarly, because oncologists cannot "see" every cell after treatment completion they often need to use a watchful waiting approach to determine treatment efficacy (Miller et al., 2008) and therefore do not often use definitive, closed-ending words like "cured" (Miller et al., 2013). Finally, late (e.g., heart disease, secondary cancers) and long-term effects (e.g., immunosuppression, infertility, fatigue, body composition) of treatments can occur or persist for years post-treatment and serve as a "constant reminder of their disease" (Yang et al., 2019, p. 683).

Together, fear of cancer recurrence, watchful waiting, and late and long-term effects ensured that Kenzie's cancer experience did not have a conclusive "end marker." That chapter of her life had no period, "just new protocols, never-ending appointments, more experimental drugs to block infection, and uncertainty. . ." The ellipsis ending enabled cancer to continually seep into the other chapters of her life story over the next six years (e.g., "had a bruise, a cold, an infection . . . Every time I wonder, is this a relapse?"). For Kenzie, cancer was always lurking in the margins and spilling onto the page in unwanted run-on sentences, unfinished thoughts, and ellipses. With this open-ended chapter of unanswered questions and unfulfilled emotions continually influencing her life, DST provided Kenzie the opportunity to "move forward" and "heal" from cancer by helping her craft *an* ending to her cancer story, without the expectation that it be *the* ending. In other words, it allowed her to use both a period and an ellipsis to confront the enigma of endings in her lived experience of cancer.

As Kenzie was still experiencing symptoms and undergoing weekly blood tests to look for signs of a relapse during the filming of *Emerging Horizons*, she expressed uncertainty about how to end her digital story during the Introduction to DST session. My response, directed toward the entire group, was not included in the film:

This is hard for people sometimes. I mean, "My story is still ongoing, my life is still happening. I don't know if I have an ending for this." But it is not like *the* ending of your life story, it's just *an* ending of this [digital] story. There needs to be some sort of concluding statement that helps people feel that this particular [digital] story is wrapped up.

In this statement it becomes clear that the entire DST process portrayed in the film was framed by an awareness and acknowledgement that the experiences expressed in the digital stories could always be returned to and told differently. In other words, the DST process was framed by ellipses even though all the digital stories produced in *Emerging Horizons* ended with a period.

The paradoxical nature of this outcome can be explained by the specific DST methodology used in the film (Lang et al., 2019). Specifically, the finding and telling phases of the workshop generated closed endings because I introduced classical story design (i.e., casually plotting

meaningful cancer experiences in linear time using five phase story structure with a single, active protagonist. Also known as an “archplot”; McKee, 1997, p. 45) as a way for participants to conceptualize their story. Consequently, Kenzie and the other AYAs in the film crafted a closed ending to their digital story where all questions raised by the story were answered and all emotions evoked were satisfied (McKee, 1997):

- 1) Harmony did not allow cancer to stop her from living;
- 2) Kelsey unmasked the emotional challenges of her cancer experience;
- 3) Derek discovered how important it was to release emotions;
- 4) Kenzie embraced the uncertainty in her life as a way to help others;
- 5) Bethany appreciated and valued who she had become since cancer.

In these digital stories, the primary questions and emotions were satisfied, despite the fact that all of the AYAs, like Kenzie, were living an open-ended cancer story. By embracing both periods and ellipses, the DST experience allowed the AYAs to gain the emotional benefits of both (i.e., a sense of “closure” *and* an appreciation of the open-ended nature of a cancer experience) while also providing the participants with the awareness and narrative tools to continually write new endings to their cancer story. In other words, the DST process demonstrated to the AYAs that they could continually return to their cancer experience and reinterpret that experience in new and deeper ways as their horizons broadened.

The endings of Kenzie’s two digital stories provide a salient demonstration of this possibility. The final image of Kenzie’s first digital story was a photo of her standing in the woods wearing a frilly blue gown and holding a photo of herself (bald, during treatment) with the word “survivor” printed below. In this ending the final words of her voiceover were, “I plan to be an EMT so that I can help others, with eventually being a nurse on the oncology unit.” In *Emerging Horizons*, Kenzie used this same frilly dress photo in her digital story, but it was incorporated as the second last image. While the frilly dress photo is on screen she said, “I have learned there is a difference between being cured. . .” before fading to a new ending image of her standing on a dock in a mountain lake, her hands raised in victory, with the words, “. . . and being healed.”

These two digital stories, separated by five years, chronicle the very same cancer experience and even use many of the same images, but end in vastly different ways. The first story ended with a desire to “move on” from cancer so that she could help others, while the second embraced “moving forward” with cancer as an experience that had enhanced her ability to help others. In one story, cancer had stopped her life, in the other it made her a better EMT “because I understand what it is like to be them, to live with uncertainty.” Kenzie’s two DST experiences demonstrate that a cancer story, like all stories, could always be told differently. Using DST to cultivate this important understanding could empower AYA cancer survivors to shed the ill-fitting, culturally accepted, hand-me-down narratives of cancer survivorship that have been passed on to them through language and history.

Hand-Me-Down Stories: Troubling Culturally Accepted Cancer Narratives

Kenzie: I mean, I talk about it, but I don’t necessarily talk about this intense portion of it, you know? I’m more, like, I did this in treatments, isn’t that cool! I was given these

opportunities or, I got involved in these programs because of it. But I don't necessarily talk about the "oh it really sucked" part of it . . . I normally just choose the lighter side of it.

At the beginning of Kenzie's digital story, she described the experience of watching the Hollywood film, *My Sister's Keeper* (Cassavetes, 2009), which chronicles the family struggles of a child with leukemia, two months before being diagnosed with leukemia herself. As she sat in the exam room receiving the diagnosis, she wondered, "Did I jinx it?" before exclaiming, "I don't want to die!" This opening provides a rich illustration of how cultural depictions of cancer significantly influence an AYA's diagnostic experience: after hearing the word "cancer" the historically effected consciousness (Gadamer, 1960/2004) reviews the interactions over a lifetime and interprets that word based on those experiences. For Kenzie, the word cancer immediately connected to the baldness, frailty, pain, and eventual death depicted in *My Sister's Keeper*, as that film was the primary contributor to her understanding of pediatric leukemia. This film, in turn, was informed by wider cultural depictions and understandings of cancer that are influenced by, and wrapped up in, language and history.

It is difficult to grasp the multitudinous ways in which language and history can affect when, where, how, and why an AYA cancer survivor shares their story. In Gadamer's (1960/2004) words, "history does not belong to us; we belong to it" (p. 260), and the same could be said of language. However, it was apparent in Kenzie's DST workshop experience that the influence of language and history on her experience of cancer went well beyond her initial reaction to the diagnosis; it fundamentally influenced the way she had shared her cancer story up until the fateful story circle conversation in *Emerging Horizons*. Specifically, the story circle conversation around Kenzie's experience provided two salient examples of culturally accepted narratives handed down to AYAs that "are easy to say" but much more difficult, or even impossible, to live out.

First, the common language of cancer in Canada includes a word that Kenzie and the other AYAs in the film found ill-fitting: "cure." A Google search for "cancer fundraiser" reveals the dominance of this word in the cultural conversation of cancer, with many fundraisers simply titled "(insert verb) for the Cure." This phenomenon is particularly interesting as historically, the word "cure" was applied only to the person being treated and was most often connected to ancient words for "make whole" or "tend to," with few connections to ancient words for "physician" (Online Etymology Dictionary, n.d.). Only since the 14th century was the word "cure" used in a medical context with reference to a disease itself (Online Etymology Dictionary, n.d.). The contradiction highlighted in this etymology is insightful; cancer cannot be cured, only people can be cured. Only people can be tended to, made whole, or cured of something. The language of illness used in ancient times focused attention on the individual, whereas now, the focus is often on the disease. Unfortunately, this subtle shift in language toward curing cancer, not the person, disregards the long-term impact of a cancer experience and produces a shapeless and unbecoming narrative centered around "moving on" from cancer as the ultimate goal, a narrative that clearly did not fit the experiences of the AYAs in *Emerging Horizons*.

Harmony's response to Kenzie's digital story is perhaps the best example of how the language of "cure," and its unsaid expectation of "moving on," can negatively affect AYA cancer survivors.

Harmony said, “yeah, you could feel the, the ‘hurry up, get better,’ and then, at the end really realizing that there is a big difference, for that *healing* right? Yeah . . . It was beautiful.” In this comment, it is clear that the language of “cure” cultivates the narrative of “hurry up, get better,” and that the language of “healing” may be a more fitting description of the experience of cancer survivorship. Indeed, Kenzie’s entire DST experience in *Emerging Horizons* is an attempt to shed the unhelpful modern usage of the word “cure” and its narrative implications, while taking up the more meaningful language of “healing” and the ensuing narrative of “tending to” or being “made whole.” Interestingly, the ancient use of “cure” is more aligned with the modern usage of “heal” (Online Etymology Dictionary, n.d.), and perhaps “(insert verb) for Healing” would be more appropriate language for the cancer survivors that these fundraisers are meant to support. Taking up the language of healing could help AYAs shed the current culturally accepted “hurry up, get better” narrative while also cultivating a new cancer narrative centred on “moving forward.”

In addition to the prevailing language of “cure,” historical storytelling conventions may have influenced the way Kenzie shared her cancer story as an AYA advocate. History has bestowed modern culture with an implicit understanding of the archetypal “hero” (i.e., the monomyth; Rank et al., 1990), which has cultivated the “cancer hero” amalgam within the world of oncology (Stacey, 1997). The archetypal cancer hero is someone who “beat” cancer and then went on to do incredible feats like win several Tour de France races, climb Mount Everest, or start a cancer charity (Stacey, 1997).³ Kenzie, through her involvement as a teen leader and camp counsellor for a local pediatric cancer charity, became a cancer hero on a smaller scale. Once she took up this mantle, her story was necessarily constrained by these unsaid but tacitly understood narrative conventions. Specifically, the accepted conventions of Kenzie’s pediatric cancer hero status (i.e., leader and counsellor) required her story to focus on how certain programs and services enabled her to experience meaningful childhood “play” throughout treatment and beyond (Laing, 2013). This was apparent in her final interview quote provided above where she described how, when telling her cancer story, she always focused on the fun and exciting things she did during cancer, not “this intense portion of it” (i.e., fear of recurrence, late and long-term effects, uncertainty).

During the story circle discussion of Kenzie’s story most of the AYAs indicated feeling the same unspoken cultural pressure to put on the cancer hero cloak and “curate” their cancer story in a way that covered over deeper, more honest representations of their experiences. The following conversation was not included in the film, but was the final exchange in Kenzie’s story circle discussion:

Mike: I think the “curing” and the “moving on,” those are those narratives that our culture and world are trying to put on to us [sounds of agreement].

Kenzie: They’re like, “oh you’re cured, cool.”

Harmony: Exactly.

Bethany: It is way more comfortable for everyone around us to say. . .

Kelsey: You beat it!

Harmony: Exactly!

Bethany: . . . “oh, you’re moving on, that’s so good.” Or, “you’re cured, that’s so great.” But the people around us don’t want to hear the other side of it . . .

Kelsey: No!

Kenzie: I'm kind of, kind of cured [laughter].

Bethany: Yeah! They don't want to hear that we have to carry this experience with us our entire lives. It's something that as survivors we can share with each other, but people that aren't survivors. . .

Harmony: Live in black and white when it is so grey, right?!

Bethany: Yeah! And because they love us, they want to see us just move on [slapping hands together in forward motion].

Harmony: Exactly.

Mike: Hmmm. Yeah, cool. I think that it is really important for other young adult cancer survivors to hear this part of it, to hear this story. You know, the story that we are writing ourselves, not the story that other people are putting on us.

Harmony: Or that we curate for other people, right, to make them feel comfortable. The conversations I have with my mom versus what we are having here is very different.

This conversation identifies the problem with culturally accepted, hand-me-down cancer narratives: they are full of clichés and platitudes that often do not fit individual AYA experiences and cover over meaningful moments of a cancer experience that could cultivate deeper understanding. Ironically, the cancer hero cape could cover over the very phenomenon that it purports to reveal.

The cancer hero monomyth may be perpetuated because in many settings it is easier to share than the “real” story. Kenzie’s cancer hero story, for example, may have been valuable for fundraising precisely because it was understandable to the broadest possible audience (i.e., informed by a common language and history). However, the DST setting is different than most settings in which AYAs share their cancer stories. They have time to reflect on their story *and* have their story reflected back to them through a genuine story circle conversation with people who understand the unsaid, and the unsayable, aspects of their experience. In the reflective intensity of Kenzie’s story circle conversation, it became apparent to her *how* she had outgrown her culturally influenced cancer story like a worn-out, hand-me-down sweatshirt. She needed new clothes, and through conversation with other AYAs was able to shed the unhelpful language of the “cure,” set down the bulky mantle of the cancer hero and select a new story that fit comfortably like a favorite t-shirt and perfect pair of jeans.

Bubbling Up: The Reflective Power of the Story Circle

Mike: You didn't actually have anything written down, but as you were sharing all of a sudden those two themes came out.

Kenzie: Yeah, it kind of all fell into place as I was talking about it. I guess I knew what I wanted to say!

Mike: Yeah, and everyone else did too! . . . There was a clear theme or message that started to develop as you were sharing it with us.

As a 23-year-old, I spent five weeks hitchhiking and traveling around the Tibetan plateau. I was warmly welcomed into every monastery, village, and encampment I visited, often staying for a few days and participating in the daily activities of life. Stepping through those doors felt like travelling back in time, except for one piece of modern looking equipment that most monks,

townspeople, and nomads possessed. It was a large parabolic dish of polished metal with a steel tripod in the middle. One calm, sunny afternoon, I summoned the courage to pantomime a question about the purpose of the apparatus to a young monk, who proceeded to place a large metal teakettle full of water on the tripod. I immediately understood that the dish was meant to heat the water in the kettle but was shocked when we returned to the courtyard 30 minutes later to find the kettle steaming and bubbling over. In the rarified atmosphere 4,500 meters above sea level, a mirror could boil water faster than a yak dung cooking fire. One of the many lessons I learned from my time in Tibet is that focused reflection can be powerful.

Across many health contexts and functions (e.g., disability advocacy, aging research, sexual health education, etc.) the DST process has been highlighted as an effective tool to help participants disrupt dominant cultural narratives of illness by enabling focused reflection on their own lived experiences, but also, and perhaps more importantly, as their story is reflected back to them in the story circle (de Jager et al., 2017; Fiddian-Green et al., 2019; Gubrium, 2009; Lambert, 2013a; Rice et al., 2018; Rice & Mundel, 2018). After facilitating many story circle conversations over the past eight years, I am continually amazed by how the focused reflection of a group can bring the tepid water of everyday experience to a rolling boil. However, I have struggled to find the words to adequately convey the uniquely emotional, emergent, and co-creative nature of this process. Fortunately, Kenzie's story circle experience in *Emerging Horizons* and Gadamer's account of genuine conversations have provided a mirror to focus and reflect these story circle experiences.

In real time, the story circle depicted in *Emerging Horizons* lasted just over one hour and each story led to engaged discussion as exemplified by the three and a half minutes that were included in the film. Through the story circle, potential metaphors were clarified (Harmony), images suggested (Kelsey), controlling ideas affirmed (Derek and Bethany), and for Kenzie, meaningful language uncovered. According to Gadamer (1960/2004), each person in a conversation comes with their own unique horizon or "vantage point" (p. 313), and through genuine conversation a fusion of horizons occurs and new understanding emerges. Building on this metaphor, it could be said that the multiple participant horizons represented in a story circle increases the "surface area" of lived experience, reflecting the story back to the storyteller and leading to an intensification of understanding.

In *Emerging Horizons* each AYA in the story circle was a mirror for the others, and as Kenzie gazed at her experience through the reflected language of "moving on versus moving forward," "healing versus curing," and "living with uncertainty," a fusion of horizons occurred that allowed new understanding to bubble up in her consciousness. Kenzie's story had always been there, embedded in her experience, but the fact that all the phrases provided by the other AYAs in the story circle were integral to her completed digital story, demonstrated that a fusion of horizons had occurred. The combined reflective surface of six horizons was powerful enough to boil away the superfluous content of Kenzie's cancer story and cultivate a moment of truth that she apprehended in her digital story (Lang et al., 2020). Kenzie's digital story itself is a demonstration of how the reflective focus of a group of peers in genuine conversation can lead to the intensification of meaning and transform vague tepid ideas into a roiling caldron of understanding.

However, the potential understanding cultivated in and through the story circle experience can only be achieved if the conditions of a genuine conversation are achieved. Gadamer (1960/2004) provided a clear description of how the story circle experience portrayed in *Emerging Horizons* could be considered a genuine conversation:

The way one word follows another, with the conversation taking its own twists and reaching its own conclusion, may well be conducted in some way, but the partners conversing are far less the leaders of it than the led. No one knows in advance what will “come out” of a conversation. Understanding or its failure is like an event that happens to us. (p. 383)

There was no knowing in advance what would “come out” of the story circle in *Emerging Horizons*, only that there would be stories about cancer. Moreover, although the story circle was “conducted in some way,” by me encouraging participants to share and prompting discussion with a single question (“what resonated with you in the story?”), the conversation took its own twists and came to its own conclusions that revealed or clarified something for each storyteller. It was clear that in the story circle both the AYAs and I were “far less the leaders of it than the led” and that it was through the focused reflection of the group that understanding struck like lightning, like an event that happened *to us all*.

If truth is an event (Gadamer, 1960/2004), then Kenzie’s experience in *Emerging Horizons* demonstrates how DST can create the opportunity for truth events to occur by placing a topic on the tripod, focusing the beam, and watching to see what bubbles up. By being aware of the conditions of a genuine conversation and purposely cultivating its generative possibilities through the story circle, a deeper truth – or perhaps a new truth – emerged from Kenzie’s cancer story. In this way, DST could help AYAs like Kenzie address the enigma of endings, shed ill-fitting, culturally accepted narratives, and find a new, more meaningful story through genuine conversation with their peers. That Kenzie accomplished her goal was apparent during the voiceover recording of her story in *Emerging Horizons*:

Mike: Cool. . . that’s a good ending!

Kenzie: [Nodding head emphatically] Yeah, I like the way that ends.

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¹ This discussion lasted 12 minutes in real time and contained many difficult editing decisions for me due to its richness, emotional expression, and group engagement. In the end only one minute out of 12 was included in the film, however a lengthy portion of that conversation is included later in this chapter that illustrates the depth of discussion.

² This ending contrasted sharply with the beginning of the cancer chapter of her life which started a on new page with an emphatic, centered heading, and prominent, stylized opening letter (i.e., “full stop,” music goes quiet; see Chapter Five).

³ Another form of the cancer hero that could perhaps be labeled as the “cancer antihero” archetype is someone who dies of cancer but maintains a stubbornly positive attitude to the very end.