

# **Are You Here? Making Space for Family in Emerging Adults' Experience of Cancer**

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## **Abstract**

Emerging adulthood (encompassing ages 18 to 29) is a period of life, scaffolded by societal and developmental expectations of independence. Being confronted by a diagnosis of cancer launches emerging adults into new ways of being, sometimes at odds with these expectations. In this paper, I explore how cancer may be experienced as an interruption to an emerging adult's life script, and the expectations of childhood versus youth through an interpretation of Thomas Cole's *Voyage of Life* painting series. I explore how cultural and traditional beliefs about one's youth invoke an articulation of time "as passing" or progressing that a diagnosis of cancer puts into question. Subsequently, I consider how emerging adulthood requires being in a liminal space of self-understanding that is complicated by cancer. To conclude, I discuss Paul Ricoeur's ideas about narrative identity and self to consider how we may support emerging adults' capacity for imagination of meaningful familial relationships.

## **Keywords**

Philosophical hermeneutics, Gadamer, Ricoeur, time, narrative identity, imagination, emerging adulthood, independence, family, cancer, adolescent, young adult oncology

A diagnosis of blood cancer is an unpredictable one that can uproot an individual's sense of feeling at home in the world and throw families into new and unfamiliar territory. When the individual diagnosed with blood cancer is an emerging adult, aged 18 to 29, there is a unique relational context that must be considered. Emerging adults are at a stage of life where they

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might be undergoing renegotiation of physical and emotional boundaries, new communication patterns, and shifting relationships with their parents and siblings in pursuit of independence (Arnett, 2023; Oliveira et al., 2020). However, emerging adults who are diagnosed with cancer may be in unique situations in which they may need to depend on familial support to some extent due to their cancer diagnosis and treatments. The conflict between the developmental tasks of emerging adulthood and the demands of a cancer diagnosis creates a unique landscape for changing parent-child and sibling relationships. My doctoral research is aimed at better understanding the family dynamics of emerging adults experiencing blood cancer and their parents and siblings.

This publication was adapted from an interpretive paper written as part of my doctoral candidacy examination in response to the following statement and question crafted by my supervisor, Dr. Nancy Moules: *In examining the topic of family dynamics between young adults experiencing blood cancer and their parents and siblings, you indicated that, for some, there is a struggle. Imagine that you have commenced your research and one young man you interviewed made the following statement to you: "Ever since I've been sick, I feel like I have regressed in my life." A further inquiry from you drew out that he felt like a child again in his family. What interpretations might this comment bring you to? In this paper, please work out an interpretive account/analysis of the experience of regression in this population.*

### Interpretive Paper

The darkness hung like richness in the room  
 When like a dream the mother entered there  
 And then a glass's tinkle stirred the air  
 Near where a boy sat in the silent gloom.  
 The room betrayed the mother—so she felt—  
 She kissed her boy and questioned "Are you here?"  
 And with a gesture that he held most dear  
 Down for a moment by his side she knelt.  
 —Rainer Maria Rilke (1918), *Memories of a Childhood*

Childhood is meant to be left behind, a distant memory to reminisce. The day that the lid on the treasure chest that sat in one's childhood bedroom, overflowing with a collection of childhood ephemera, is closed once and for all, and the treasure chest passed on to someone more suitable (younger), one knows they have "grown up." The toys one once refused to depart with will now only exist through memory in photos and stories. Giving up one's childhood toys is a sort of departure, indicating movement through the passage from childhood to adulthood. In the liminal space between childhood and adulthood is one's *youth* (or emerging adulthood), which allows the space to explore one's identity, and aspire, dream, and hope for the future. But, what if in trying to craft the world one imagined, something happens that one did not expect? What if on one's way to adulthood, the world of possibilities closes in, and what was once a memory of childhood is felt again as reality? Experiencing illness, namely cancer, breaks through the traditional boundaries of what is expected in the transition from childhood to adulthood.

In this paper, I interpret the phenomena of *regression* among emerging adults diagnosed with cancer, particularly in relation to family relationships. To begin the discussion, I explore how cancer might be experienced as an interruption to an emerging adult's life script, and the societal expectations of childhood versus youth through an interpretation of Thomas Cole's (1842) *Voyage of Life* painting series (National Gallery of Art, n.d.). Subsequently, I explore how cultural and traditional beliefs about one's youth invoke an articulation of time "as passing" or progressing that a diagnosis of cancer in emerging adulthood puts into question. To conclude, I unpack Paul Ricoeur's ideas about narrative identity and self to offer how healthcare professionals can allow emerging adults the capacity to imagine and make sense of their relationships with parents and siblings while living in the in-between.

### **Life Scripts Mediated Through Society, Culture, and Tradition**

Gadamer (1977) stated that "childhood, youth, maturity, old age and death mark out each individual's path through life, and these milestones of the individual life are reflected in the institutions and customs of society" (p. 43). An individual is influenced by societal, cultural, and traditional contexts, all of which inform expectations about how life ought to unfold (Fivush et al., 2011). At the early age of nine, one starts to *script* how they want their life to be, indicative that these scripts are often transmitted through tradition rather than experience (Janssen & Rubin, 2011). Life scripts are embedded in beliefs which inform an individual's expectations about the timing and sequence of life events, often in relation to chronological ages and age categories (Janssen & Rubin, 2011). From a life span developmental theory perspective, an individual's life is dominantly viewed as lived through "stages" and periods marked by clear transitions. These stages are time-locked insofar that certain tasks of development are required within certain time periods of an individual's life. As a result, life scripts often favour events *expected* to occur in youth or emerging adulthood (Janssen & Rubin, 2011). Put differently, life scripts are an idealized life bequeathed to an individual through culture and tradition.

A series of four paintings by Thomas Cole in 1842 titled *The Voyage of Life* (National Gallery of Art, n.d.) remind us of society and tradition's influence on an individual's understanding of self. The four paintings, *Childhood*, *Youth*, *Manhood*, and *Old Age*, depicts a boy's journey through a river meant to represent the stages of human life (National Gallery of Art, n.d.). In engagement with the first two paintings of the series, *Childhood* (Cole, 1842a, Figure 1) and *Youth* (Cole, 1842b, Figure 2), I (the viewer) am left to interpret and confront what it means to grow up and the temporal nature of lived life.

**Figure 1***The Voyage of Life: Childhood*

*Note.* Image available in public domain, open access through the National Gallery of Art.

Depicted in *Childhood* (Cole, 1842a, Figure 1) is a child on a boat, emerging from the dark depths of a cave into an enchanted landscape of beautiful, lush greenery and florals. In the distant sky is beautiful hues of yellow and orange from sunrise, and we imagine the child is privileged to bask in the sunshine. Standing behind the child, with open arms, is seemingly a guardian angel. A guardian angel, with roots in Christianity and Catholicism, is believed to be assigned to an individual at birth and provides guidance and protection (Guiley, 2004). In the context of childhood, the role of a guardian angel can be understood as akin to the role of a parent. In Westernized societies, parents are considered *guardians* of biological or adopted children, responsible to care for and make decisions about children's well-being and upbringing until the age of 18 (unless of course there are circumstances in which parents are not fit to be guardians). Guardianship of a child is not a light responsibility, it is upheld by legislative law (e.g., *Family Law Act*, 2003). Put another way, guardianship of a child is viewed as an important responsibility dictated by societal norms and expectations.

A guardian angel may also be viewed as providing companionship (Guiley, 2004), accompanying one on the voyage of life. In childhood, companionship is often represented by siblings, who might sometimes be rivals for attention, but also playmates, confidants, and an individual's first experience of *friendship* (Kramer et al., 2019). Gadamer (1999/2009) articulated friendship as an *Oikos*,

a feeling of “at-home-ness” (p. 8) that stirs the soul and connects people together. There is an Oikos and a sense of “shared life” (Risser, 2002, p. 167) among parent-child and sibling relationships. I would suggest that in childhood, the significance of parents and siblings and their place on the boat is understood and accepted without hesitation, not questioned.

## Figure 2

### *The Voyage of Life: Youth*



*Note.* Image available in public domain, open access through the National Gallery of Art.

Portrayed in *Youth* (Cole, 1842b, Figure 2) is the boy, once a child, now grown-up and eagerly moving through a river to approach what appears to be a castle in the sky. The greenery in *Childhood* (Cole, 1842a, Figure 1) is still present in *Youth* (Cole, 1842b, Figure 2) but is larger, somehow more lush, and the water is clear and steady. Standing behind the youth is the guardian angel, but unlike in childhood, the angel stands outside of the boat rather than inside it. As the youth looks forward and onwards, the guardian angel appears to wave goodbye. The departure of the guardian angel signifies a farewell to childhood and can be interpreted in the many ways that emerging adulthood is perceived as a time of focus on independence and self-discovery, *separate* from families of origin. For emerging adults, the physical moving out of a childhood home can also symbolize social distance from parents and siblings. The castle then is a representation of the dreams and ambitions an emerging adult might have for their own life.

What the castle signifies can be better understood through Aristotle's (1968/1993) conceptualization of imagination (*phantasia*) related to image. In *De Anima*, Aristotle (1968/1993) attested that "to the thinking soul, images serve as sense-perceptions" (p. 63, 431<sup>a</sup>8) from which one can determine what is to be pursued and avoided in their life. The word imagination has roots in "light (*phaos*)... [and] without light it is not possible to see" (Aristotle, 1968/1993, p. 55, 428<sup>b</sup>30). In this way, imagination is temporal, insofar as it helps one to see (imagine) the future and plan present actions accordingly (Kearney, 2003). One's youth is a time of imagination, represented by the castle, and seeing a future in which one's imagined future is reachable results in movement, signified by the youth rowing the boat toward the castle. Interpreted differently, life scripts may be understood as anticipated life progressions and emerging adulthood is often the time in which one can take the necessary steps to make an idealized life *real*.

Emerging adulthood is a period best understood as what it *affords* young people through exploration, experimentation, reorganization of relationships, and self-discovery (Nelson, 2021). During emerging adulthood, individuals might work towards achieving milestones in education (e.g., graduating from high school or college), career (e.g., choosing a career, getting a job), and relationships (e.g., falling in love for the first time, getting married). Evidently, the imagined lives of emerging adults are positive in valence, and they may not imagine life-threatening illness in their process of becoming older. The pressure felt when emerging adults' complicated everyday realities with cancer collide with sociocultural expectations may contribute to heightened feelings of failure. In this way, a diagnosis of cancer can serve as a disruption to achieving emerging adults' imagined future. A tension between the *ideal* and *real* experience is created; the idealized expectations of youth and progression vis-à-vis the reality of the embodied experience of a serious illness that might hinder expected progression and independence (Pecchioni, 2012).

### **Cancer: A Thief of Fulfilled Time?**

Emerging adulthood is associated with tasks promoting individualistic and future-oriented thinking, wherein not only is future time predicted but actively constructed through the creation and pursuit of long-term ambitions and goals (Tindle et al., 2019). Passing time is associated with the uniform time-lapse of a clock, in which, it always moves forward. As represented in Thomas Cole's (1842) *Voyage of Life* paintings (National Gallery of Art, n.d.), the direction of the voyage is meant to move forward through passing time, wherein the future is ahead, and the past is left behind. In the painting *Youth* (Cole, 1842b, Figure 2), the boy is meant to move forward and onwards, leaving the guardian angel behind. Progression in the voyage parallels the accomplishment of societally dictated age-related behaviours that are deemed to be normative, that is, on time and in order.

Yet, illness is experienced "through the felt *absence* of something. What does this absence of something tell us; what does it tell us about that which is missing?" (Gadamer, 1986, p. 52, italics added for emphasis). Emerging adulthood is viewed through the lens of valuable, but fleeting, time. Cancer, by virtue of the length of treatments and its existential plight, may be experienced as a thief of this time. In the felt absence of fulfilled time, emerging adults may falter to traditionally mediated life scripts and feel a sense of failure and regression, that is, going backwards in time and losing time for self-discovery. This feeling of regression is accompanied

by a lost sense of control and agency over their life and imagined future (Tindle et al., 2019). In *The Relevance of the Beautiful*, Gadamer (1986) wrote that:

In the context of our normal, pragmatic experience of time, we say that we ‘have time for something’. The time is at our disposal; it is divisible; it is the time that we have or do not have, or at least think we do not have. In its temporal structure such time is empty and needs to be filled. (p. 41)

A diagnosis of cancer for emerging adults may be felt as a standstill of progression, wherein they no longer have time to work toward their imagined future. During treatment, time may be perceived as empty as emerging adults are unable to work towards their goals and uphold cultural and societal life scripts. Unprepared for serious illness in their own life, emerging adults may also feel a profound sense of incomprehensibility when confronted by a diagnosis of cancer (Hvidt, 2017). Indeed, life-threatening illnesses demand a confrontation with mortality, and time, “which gives the opportunity for love, celebration, and hope is also an expert in loss, heartache, and tragedy” (Dhaliwal & Bouchal, 2022, p. 1). When the future is uncertain, there may be a heightened awareness of the present (Tindle et al., 2019) experienced as “empty” time. If emerging adulthood grants young people self-exploration, then cancer in this life stage may be experienced as a taking away of fulfilled time, possibilities, and future dreams. A standstill in progression may also be interpreted as a *regression* by emerging adults experiencing cancer.

To *regress* in the psychological sense means “to return to an earlier stage in life” (Online Etymology Dictionary, n.d.) and invokes feelings of inadequacy and failure. In Western society, emerging adults are expected to individuate and differentiate from their family of origin in the process of self-discovery. Developmental tasks such as accepting responsibility for oneself, making independent decisions, and becoming financially independent have been identified as the “Big Three” cornerstones by emerging adults (Arnett, 2023). Each of these criteria has connotations of independence, specifically independence from the family of origin. Yet, emerging adults who are diagnosed with cancer may be in unique situations, in which they might shift from being previously independent to being dependent on others to a certain extent due to their cancer diagnosis and treatments. I would wager that this dependence is expected to some extent as a diagnosis of cancer may lead to emotional turmoil and physical limitations necessitating support from others. Thus, emerging adults might depend on some familial support, but this does not mean they are no longer autonomous, aspiring adults. Caring for emerging adults and their families, I have witnessed that there is a simultaneous desire of emerging adults for the presence of parents and siblings and control over their own lives (Dhaliwal et al., 2020).

Etymologically, *regression* can be understood as a “[return] toward a point of departure” (Online Etymology Dictionary, n.d.). Drawing on the painting *Youth* (Cole, 1842b, Figure 2), the guardian angel, though “departing” from the boy in the boat (or vice versa), is still present in the painting, representing the liminal space between youth and their families of origin in emerging adulthood. In the experience of cancer, the liminal space grows smaller, as parents and siblings necessarily re-enter the life of emerging adults in a more present capacity. For emerging adults, the perceived need for family involvement may result in feelings of dependence or “being a child again” when appraised in relation to societal and cultural expectations. However, as Gadamer (1970) attested in his essay, *Concerning Empty and Full-Filled Time*, drawing on Hegel:

Getting older is not a passing of time... [an] experience of age does not belong to the temporal consciousness of passing time, which conceives both the open dimensions of the future and past as an indefinite continuation of passing time. Hegel once described it beautifully – it is conclusive and correct that the temporal experience of life exists in the fact that the vast majority of the future slowly melts and a huge quantity of the past grows. (p. 348)

When time is associated with the uniform time-lapse of a clock, the temporal structure of life is understood as passing (or progressing) from past to present to future. In the experience of cancer, time is anything but uniform, and I suggest the past grows and the future slowly melts into the present moment, that is, the life being lived. Although the presence of family is more readily accepted in childhood healthcare settings, and it is expected that “children throw away their toys when they grow up” (Gadamer, 1970, p. 348, quoting Heraclitus), childhood maintains itself like wildflowers (Smith, 1905, Figure 3) in the Being of a youth. As a result, we are left to ponder what space and place parents and siblings occupy in this Being of youth, especially when complicated by cancer.

**Figure 3**  
*The Flowers*



*Note.* Illustration in *A Child's Garden of Verses* by Stevenson, open access through Project Gutenberg.



The prefix of regression, from Latin *re-* can be understood as “again” and “anew” (Online Etymology Dictionary, n.d.). Parent-child and sibling relationships, though changed from childhood, are interpreted anew in emerging adulthood, and then again in confrontation with a cancer diagnosis. The experience of time is thus better understood by the character of transition:

The transition of which we speak is not the same as the “now” that couples together what has preceded and what is to come, while it itself does not endure. It is in another sense that being-in-transition in a strange way simultaneously causes separation and conjunction. (Gadamer, 1970, p. 350)

Understanding time as being-in-transition becomes more meaningful. Rather than time as something lost or gained, something empty or fulfilled, it is always already self-enduring in Being and being-with-others, such as family. As Keane (2021) reminds us, time is a gift given to us through our planned (or even unplanned) arrival in the world. Rather than time taking the character of what is *supposed* to be, it is best understood as a “gift of love and care” (Keane, 2021, p. 5) in the lived moment. In this view of time, establishing a meaningful identity and sense of self is no longer synonymous with individuation and differentiation, rather space is opened to actualize the place of family in experiences of health and illness in emerging adulthood. Perhaps then increased family presence in the lives of emerging adults is not always seen as regression but as a *retreat*, a going backwards to find a place for ease and rest.

### **Making Sense in Liminality: “Who am I?”**

Gadamer (1960/2013) stated “the true locus of hermeneutics is the in-between” (p. 306) of familiarity and strangeness. Emerging adults engage in making sense of their cancer experiences in the liminal space between childhood and adulthood and at-homeness and unfamiliarity. Developmental psychologists suggest that emerging adulthood encompasses the contemplation of “who am I?” questions that are at the heart of identity and self-understanding (Arnett, 2023, p. 9). I would wager that this quest for understanding does not halt during an experience of cancer, rather it is exemplified by a heightened temporal awareness. Emerging adults’ initial engagement with self occurs by storying or scripting their life mediated through tradition and culture, and the experience of cancer can put this story into question, resulting in a need to re-interpret their sense of self in an unfamiliar, liminal space. By taking up time as having the character of transition, I suggest emerging adults are capable of revision and transformation of self by making sense and meaning of cancer through a narrative identity and imagination.

An individual’s identity in contemporary society coheres around a narrative structure, with tradition in storytelling (Singer, 2004). From a young age, we live and understand through fictional and life stories, including fairytales, bedtime stories, novels, and storytelling about real-life events or experiences. We also share ourselves with others through stories, as evident in the round-about stories children tell their parents about events that happened in their day, stories exchanged secretly between siblings, and parents’ stories intended to teach a lesson that start with “when I was your age.” The idea that people make sense of their life, and therefore identity, through storying their lives has emerged as an integrative conception of *narrative identity* in both the humanities and the social sciences (Singer, 2004). Narrative identity has roots in social and

developmental psychology (McAdams, 1993, 2001, 2013; McLean & Pratt, 2006) and philosophy (Ricoeur, 1988/1991, 1995).

According to Paul Ricoeur (1995), a French hermeneutic philosopher, narratives are a central form of self-interpretation as we are “beings-entangled-in stories” (p. 30). As Ricoeur made clear, however, there is a great difference between stories of life and fiction (Ricoeur, 1988/1991) insofar people cannot always control or author their life. Such is the case with a diagnosis of a life-threatening illness, which serves to disrupt one’s life story unpredictably as one certainly would not choose to “write it” into their life. In this sense, there is an unbridgeable difference between stories told and life lived (Ricoeur, 1988/1991). However, disruption understood as a “turning point” of substantial change in one’s life story (McLean & Pratt, 2006) might resemble the “plot twists” found in literary fiction. These can be contextualized further in relation to Ricoeur’s articulation of *limiting cases* of fiction, that is, puzzling cases in which the relation between character and plot is flipped and the “plot serves the character” (Samuel, 2015, p. 4). In these limiting cases of fiction, narrative coherence is often lost and there is a sense of crisis of identity echoed in the sentiment “I am nothing” (Ricoeur, 1995, p. 166). Yet, as Ricoeur (1988/1991) stated:

In these moments of extreme self-divestiture, the empty response, far from rendering the question empty, reinforces this question and maintains it as a question. What cannot be abolished is the question, “who am I?” (p. 80)

The persistent question of “who am I?” in limit cases of fiction is also true in the limit cases of life (Samuel, 2015). Emerging adults start their discovery of self with this question, and it not only persists but is amplified when they confront a diagnosis of cancer. This question’s persistence is a reminder of the pervasiveness of the narrative nature of self-understanding and identity.

Importantly, for Ricoeur (1995), the “I” exists in relation to others. Ricoeur (1995) attested that self-knowledge only comes through our relation to the world and our life with and among others in that world. In his book, *Oneself as Another*, Ricoeur (1995) suggested that from the outset, the selfhood of oneself implies otherness to such an intimate degree that one cannot be thought of without the other. Accordingly, for emerging adults, I suggest the question eliciting self-understanding is not only “who am I?” but also “who am I *in this family?*” and “who are they to me?” When emerging adults are diagnosed with cancer, their established boundaries might become less rigid as siblings and parents enter their lives in a more present and supportive capacity. The questions arise again and anew: who am I in this family? and who are they to me? Yet, I would suggest an emerging adults’ ability to attend to these questions is restricted by societal norms and expectations of individuation and independence in emerging adulthood.

As interpreted in the painting *Youth* (Cole, 1842b, Figure 2), the guardian angel, representing parent and sibling relationships, should stand outside the boat, not inside it. In this way, a diagnosis of cancer can be seen as creating a conflict with the dominant narrative of independence and individuation expected in youth. When upholding societal and developmental expectations in the context of cancer, the question that overpowers an emerging adult’s self-understanding is, “who am I *supposed* to be in this family?” As a result, emerging adults self-appraise their

relationships in comparison to peers without cancer who are on a “normal” developmental trajectory. I suggest that it is important for healthcare professionals to shift the focus away from who emerging adults are *supposed* to be in their families and allow them the space to imagine meaningful possibilities for their relationships with parents and siblings.

Imagination, as a hermeneutic resource for exploring possibilities, may be an important component of narrative identity to consider in this context. Of imagination, Ricoeur (1986) stated “imagination may have a disruptive function; it may work as a breakthrough. Its image in this case is productive, an imagining of something else, the elsewhere” (p. 266). The capacity for imagination may allow emerging adults to break through traditional and societal norms and make sense of their changing relationships with parents and siblings in the context of cancer. In this way, imagination is hermeneutic insofar as it can mediate one’s understanding and interpretation of self, others, and the world. Freeing emerging adults of expectations to be entirely independent, particularly during the diagnosis and treatment phase of their experience with cancer, may allow them to make more productive meaning of their family relationships. Thus, I suggest that by healthcare professionals acknowledging family presence in emerging adults’ experience of cancer, emerging adults may be given the capacity for imagination to respond to the questions demanding their attention: who am I in this family? and who are they to me?

### Departing Remarks

On the top of a hill in a suburban neighbourhood, a building coloured in hues of grey and brown sits. In-between the sway of autumn trees and falling leaves, a sign momentarily visible reads Foothills Medical Centre. Though appearing mundane from this vantage point, it houses life, death, tumult, happiness, grief, transition, and everything in-between. Located across the way, a vibrant and colourful building in the shape of a Lego invokes nostalgia and childhood memory. No sign is needed; it claims itself as the Alberta Children’s Hospital. It too houses life, death, tumult, happiness, grief, and transition, but also treasure chests full of toys. *Lots* of toys. Though distance exists between the two, and the exterior screams difference, if we look and listen closely, we find commonality lives inside. If we peer inside to a hematology unit, we can see a similar story unfold. A mother walks into a hospital room:

Near where a boy sat in the silent gloom.  
 The room betrayed the mother—so she felt—  
 She kissed her boy and questioned "Are you here?"  
 And with a gesture that he held most dear  
 Down for a moment by his side she knelt. (Rilke, 1918)

A diagnosis of cancer creates a need to re-interpret one’s place in the world, and this place in the world is not lived in silos and therefore cannot be understood as such. The place of family is better understood and more easily recognized in childhood and healthcare spaces in which children are cared for. The focus on independence and individuation created by developmental, societal, and cultural contexts may contribute to emerging adults’ feelings of regression in the experience of cancer. The language used in developmental and life span theories of *separating* from a family of origin in this life stage may unintentionally create challenges in how an emerging adult actualizes their familial relationships and make meaning of them.

In my practice, I have learned that emerging adults want to feel connected, secure, and understood, and parents and siblings can be an important part of who they are and how they make sense of their cancer experience. I propose that the focus of healthcare professionals must shift from labelling emerging adults as dependent or independent from family to understanding family *presence* – for example, how is family presence in this emerging adult’s life affecting their experience of cancer? How can we support them? Indeed, developmental research suggests that being able to “stand on one’s own” is achieved most successfully when it is done *within* relationships with meaningful others, such as parents and siblings (Padilla-Walker & Nelson, 2017).

As Gadamer (1996) stated:

In the vast technical structure of our civilization, we are all patients. Our personal existence is clearly something which is everywhere denied and yet it is also something which is always involved in the attempt to regain that balance which we need for ourselves, for our lived environment and for the feeling of being at home in the world. It extends far beyond the sphere of medical responsibility and includes the integration of individuals in their family, social, and professional lives.” (p. 81)

The role of healthcare professionals extends beyond addressing the physicality of cancer and requires an obligation to understand a young person’s changing familial dynamics so that we may help them find a balance in their lives. This often requires entering relational spaces consisting of multiple (and sometimes competing) voices, including those of emerging adults, family members, and the sociocultural contexts in which we live.

### **Afterword**

During my candidacy exam, Dr. Graham McCaffrey, a member of my supervisory committee and professor in the Faculty of Nursing, brought to my attention that the term *regression* has meaning imbued in psychoanalytic theory which is important to consider. Accordingly, I would like to reflect on regression from this perspective. According to Sigmund Freud, the founder of psychoanalysis, regression is an unconscious defence mechanism that causes a reversion of the ego to an earlier stage of emotional, social, or behavioural development (Freud, 1900/1913). When applied to the context of family dynamics, circumstances in which an individual becomes dependent on a parent in some capacity may be viewed as regressive (Rizzolo, 2016). This interpretation of regression is based on a view of life-cycle theory in which age-related growth is seen as working towards the acquisition of independence or maximum autonomy (Rizzolo, 2018). Accordingly, if an emerging adult becomes more dependent on family than they previously were, they may be viewed as regressed into a past, more adolescent, stage of the life cycle.

Though psychoanalytic regression theories might offer hermeneutic utility in particular situations, in the case of my topic, I feel they may be limiting and obscure understanding. The context of cancer may require individuals to have a level of dependence on healthcare professionals, family, or friends for emotional, physical, and instrumental support. Based on my clinical experiences, I would be hesitant to say that emerging adults experiencing cancer regress to an earlier, more adolescent developmental stage within their family unit. By interpreting the feeling of *being a*

*child again* reflected in the candidacy question as a literal regression of an emerging adult into an earlier life stage, I believe there is a broader, more important, context that would be lost. Critics of regression theories, such as Rizzolo (2016; 2018), echo this sentiment.

Rizzolo (2018) argued that a preoccupation with an individual's behaviours or needs as reversals to previous developmental stages detracts from the present "in the now" experience of a meaning-making person. Rizzolo (2018) made a case for an *irreversible* lifespan narrative, in which he suggested that regressions be reframed as "transformations" in which individuals shift in ways of being when confronted with human issues and life phase tasks/pressures at specific times and places in the lifespan. This notion of transformation presented by Rizzolo (2018) aligns more closely with the relational shifts I have witnessed emerging adults experience when diagnosed with cancer. I propose that Gadamer's (1960/2013) hermeneutic concept of *horizon*, applied to past and present, extends Rizzolo (2018)'s case of an irreversible lifespan narrative. According to Gadamer (1960/2013), a horizon is "the range of vision that includes everything that can be seen from a particular vantage point" (p. 313) and "the horizon of the present cannot be formed without the past" (p. 317). The horizons of the past and present do not have rigid boundaries and cannot be isolated from one another in understanding. Rather, these horizons move with a person, leading to changes or shifts in their vantage point. Put differently, when an individual encounters a new situation (such as a diagnosis of cancer), they do not return to their past way of being as if accessible by choice, but instead, make sense of the present in the context of the past, leading to a new, or expansion of their horizon or vantage point.

In my clinical experience, I sense tension as emerging adults recognize themselves as becoming independent, or already independent adults, but are required to understand again and anew what this independence means in the present context of wanting or needing support from parents or siblings when confronted by a cancer diagnosis. Thus, I found my interpretive exploration of the experience of regression in this paper was grounded in unpacking why might an emerging adult diagnosed with cancer *feel* like they have regressed in their life or are a child again in their family. This led me to an interpretation of how societal expectations of childhood versus adulthood inform emerging adulthood, and how a diagnosis of cancer might put those expectations in question.

As a portal for understanding, I provided an etymological tracing of the word regression in this paper. As Moules et al. (2015) suggested, etymological tracings of words in interpretive accounts can elicit multiple meanings and allow us to question contemporary taken-for-granted points of view. My purpose in providing an etymological tracing of regression was not to rescript existing uses of the word but to offer different ways of understanding and framing family relationships – particularly, understanding that is true to emerging adults' experience of desiring autonomy while simultaneously depending on family support. Literature suggests that healthy relationships, such as with a parent, stepparent, or sibling, can serve as a protective factor during hard times for emerging adults (Arnett, 2023), and this is true of emerging adults diagnosed with cancer (Kay et al., 2019; Sira et al., 2020). Accordingly, I made a case in this paper for why it may be important to consider ways of thinking about family involvement in an emerging adult's life contrary to societal norms and expectations (e.g., family presence as a "retreat" for support rather than "regression" to dependence).

Dr. David Nicholas, an internal examiner for my candidacy exam and professor from the Faculty of Social Work, suggested the notion of *interdependence* may be helpful to my work as it allows for an individual's personal and relational needs to be more complementary. Furthermore, I foresee the utility of understanding grounded in collective or family-orientated cultures that might help better understand the familial dynamics of emerging adults in Western cancer contexts. While I have not explored these ideas further here, they certainly warrant exploration in my future work. Thus, I conclude with the disclaimer that the ideas presented in this publication are part of a conversation still in progress.

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