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CANCER NARRATIVES ON INSTAGRAM: VISUAL AND EMOTIONAL FRAMINGS IN THE TURKISH CONTEXT

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ABSTRACT

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This study explores how Turkish Instagram users visually and emotionally narrate their experiences with cancer, contributing to the growing field of digital health communication from a non-Western perspective. Drawing on framing theory and affect studies, the research investigates the use of episodic and thematic frames as well as emotional tone in user-generated Instagram posts tagged with cancer-related hashtags. The study adopts a qualitative, interpretive methodology based on multimodal visual-textual analysis. A total of 100 publicly shared Instagram posts were purposively sampled and analysed according to framing type and emotional expression. Findings reveal that episodic framing, emphasising individual experiences of diagnosis, treatment, and survival, dominates the dataset, often supported by emotionally intense visual self-representations. Thematic and mixed frames, while less common, are used to advocate for early detection and to reflect systemic issues in healthcare. Emotional tones vary widely, ranging from hope and resilience to fear and vulnerability. Instagram functions not merely as a space of personal expression but as a narrative infrastructure where illness is reframed, identity is performed, and affective solidarity is built. The study underscores the significance of Instagram in shaping visual illness narratives and highlights the platform's affordances for both empowerment and emotional labour. By foregrounding a Turkish context, the study also fills an important gap in the literature on digital health communication, which has so far been predominantly shaped by Western perspectives. It calls for further research into cross-cultural, longitudinal, and audience-centred aspects of digital storytelling in health contexts.

Keywords: Cancer narratives, Instagram, Framing analysis, Emotional tone, Digital health communication.

INSTAGRAM'DA KANSER ANLATILARI: TÜRKİYE BAĞLAMINDA GÖRSEL VE DUYGUSAL ÇERÇEVELEME

ÖZ

Bu çalışma, Türk Instagram kullanıcılarının kanser deneyimlerini nasıl görsel ve duygusal olarak anlattıklarını inceleyerek dijital sağlık iletişimi alanına, özellikle Batı dışı bir perspektiften katkı sunmaktadır. Çerçeveleme kuramı ve duygu çalışmaları doğrultusunda yürütülen araştırma, kullanıcılar tarafından oluşturulan ve kanserle ilgili hashtag'lerle etiketlenmiş Instagram paylaşımlarını incelemektedir. Bu kapsamda, epizodik (bireysel) ve tematik (yapısal) çerçevelemelerin yanı sıra duygusal tonların kullanımı analiz edilmiştir. Çalışma, görsel ve metinsel unsurların birlikte değerlendirildiği niteliksel ve yorumlayıcı bir metodoloji benimsemektedir. Toplamda 100 adet kamuya açık Instagram paylaşımı amaçlı örnekleme yöntemiyle seçilmiş ve çerçeve türü ile duygusal ifade biçimlerine göre analiz edilmiştir. Bulgular, tanı, tedavi ve hayatta kalma gibi bireysel deneyimleri vurgulayan epizodik çerçevenin veri kümesinde baskın olduğunu ve bu anlatıların çoğunlukla duygusal açıdan yoğun görsel öz temsillerle desteklendiğini ortaya koymaktadır. Tematik ve karma çerçeveler ise daha az yaygın olmakla birlikte, erken teşhisin önemini vurgulamak ve sağlık sistemindeki yapısal sorunlara dikkat çekmek amacıyla kullanılmaktadır. Paylaşımlarda yer alan duygusal tonlar umut ve dirençten korku ve kırılganlığa kadar geniş bir yelpazede çeşitlenmektedir. Instagram, yalnızca kişisel ifade aracı değil, aynı zamanda hastalığın yeniden çerçevelendiği, kimliğin performatif olarak inşa edildiği ve duygusal dayanışmanın kurulduğu bir anlatı altyapısı işlevi görmektedir. Çalışma, Instagram'ın görsel hastalık anlatılarını şekillendirmedeki önemini vurgulamakta ve bu platformun hem güçlenme hem de duygusal emek üretimi açısından sunduğu olanakları ortaya koymaktadır. Türkiye bağlamını öne çıkararak, çalışma şimdiye kadar büyük ölçüde Batı perspektifleriyle şekillenmiş olan dijital sağlık iletişimi literatüründe önemli bir boşluğu da doldurmaktadır. Son olarak, sağlık bağlamındaki dijital hikâye anlatımının kültürler arası, uzunlamasına ve izleyici merkezli yönlerine odaklanan daha fazla araştırma yapılması çağrısında bulunmaktadır.

Anahtar Kelimeler: Kanser anlatıları, Instagram, Çerçeveleme analizi, Duygusal ton, Dijital sağlık iletişimi.

INTRODUCTION

Social media has emerged as a key platform for the dissemination of illness narratives, particularly in the context of cancer (Stage, 2019, p. 270). Unlike traditional literary illness accounts, digital narratives shared on platforms such as Facebook, Instagram, and YouTube reshape how personal experiences of illness are documented, interpreted, and understood (Groenevelt, 2022; Hinson & Sword, 2019). These narratives serve not only as modes of self-expression, but also as strategic resources employed by individuals, institutions, and corporations across various domains of everyday life (Mäkelä et al., 2021, p. 3). However, the instrumentalisation of such narratives has introduced complex ethical tensions and rhetorical contradictions that complicate their cultural and communicative functions (Mäkelä et al., 2021, p. 3).

Health-related content produced and circulated on social media generates economic and institutional value for digital platforms and healthcare providers alike, while simultaneously creating vital communicative spaces for patient communities to access, share, and make sense of information often limited in offline settings (van Dijck, 2018; Vicari & Cappai, 2016). For everyday users, these digital narratives are increasingly significant, reshaping the role of digital media in participatory practices, emotional expression, and the formation of informational publics (Jenkins et al., 2013; Papacharissi, 2014). Scholars have increasingly focused on these narrative practices and their impact on public discourse, patient identity, and community engagement (Gonzalez-Polledo & Tarr, 2016; Han & Wiley, 2013; Talbot et al., 2021; Ytre-Arne, 2016).

Cancer remains one of the most common causes of illness and death around the globe, with a marked increase in both incidence and mortality figures anticipated in the coming decades (International Agency for Research on Cancer, 2023; Mattiuzzi & Lippi, 2019). Specifically, breast cancer cases and related deaths are expected to increase by 38% and 68%, respectively, by 2050, with low- and middle-income countries anticipated to bear a disproportionate share of this growing burden (Kim et al., 2025, p. 1155). In Türkiye, the number of newly diagnosed cancer cases is also rising in parallel with the country's population growth, with 240,013 new cases reported in 2022 (International Agency for Research on Cancer, 2022).

As the global cancer burden intensifies, social media platforms have become significant spaces for patients and caregivers to share their experiences, seek emotional and informational support, and raise awareness (Moorhead et al., 2013, p. 1). A noticeable increase in cancer-related content has been observed across platforms such as Twitter (now known as X), Instagram, and Facebook, often amplified by awareness campaigns and fundraising efforts (Varela-Rodríguez & Vicente-Mariño, 2023, p. 35). Users share messages, images, and personal narratives to express solidarity, document treatment journeys, and promote health-related causes. During awareness months, breast cancer content in particular circulates widely, generating high levels of engagement (Vraga et al., 2018, p. 8), although other cancers such as skin cancer also receive significant attention (Banerjee et al., 2018, p. 11).

While cancer communication on social media has received growing scholarly attention, much of this research remains focused on text-heavy platforms such as

Facebook and X, often within Western contexts (Attai et al., 2015; Starr & Oxlad, 2021). Visually driven platforms like Instagram, despite their increasing influence in shaping health narratives, remain relatively underexplored (Henderson et al., 2021, p. 568). Moreover, studies that investigate how illness is framed and emotionally narrated through multimodal content in non-Western settings are particularly scarce. This study addresses that gap by focusing on Turkish Instagram users and analysing a range of cancer-related narratives across visual and textual dimensions. Drawing on framing theory and affect studies (Entman, 1993; Frank, 1995; Iyengar, 1994; Vicari, 2021), the research examines how episodic and thematic frames intersect with emotional tones to construct meaning and build affective publics in the digital sphere. Accordingly, the research seeks to answer the following questions:

1. How do Turkish Instagram users frame their cancer experiences using episodic and thematic narratives?
2. What emotional tones are expressed in user-generated cancer-related Instagram posts?
3. How do visual elements contribute to constructing and conveying cancer narratives on Instagram?

1. Illness Narratives in the Digital Age

The study of illness narratives has traditionally been rooted in sociology, anthropology, and medical science, with key contributions from scholars such as Arthur W. Frank (1995) and Arthur Kleinman (1997). Frank’s typology of illness narratives consisted of respectively *‘restitution’, chaos,' and 'quest* used by both storytellers and listeners to organise and make sense of illness experiences (p. XIV). Restitution narratives focus on recovery and the restoration of health, chaos narratives express the fragmentation and confusion that accompany illness, while quest narratives depict the transformative journey through illness (Frank, 1995, pp. 75, 97). A significant portion of illness-related storytelling revolves around making sense of the experience by addressing questions such as *“Why me?”, “What caused this?”,* and *“What can I do to recover?”* (Kleinman, 2017). When shared with an audience, these narratives engage empathetic listeners and often inspire morally driven action (Kleinman, 2017).

In patient-centred medical practice, sharing illness narratives has been promoted as a valuable means of empowering patients and giving them a voice (Kleinman, 2017). Expressing what it feels like to be ill can arguably empower patients during medical encounters and help reduce institutional asymmetries between patients and doctors (Frank, 1995, pp. 5-7). It also allows patients to take an active role as *wounded storytellers*, allowing them to navigate and cope with the challenges and identity shifts they experience throughout their illness journey (Frank, 1995, pp. xi-xiii). However, since the early 2000s, critiques have emerged regarding the excessive celebration of storytelling, accompanied by calls for caution against using personal narratives as direct reflections of lived experience (Atkinson, 2009, p.1). Instead, emphasis has been placed on the importance of situating the structures of the narrative self within their cultural, political and social political contexts (Schiff, 2007, p. 34).

With the rise of social media and digital platforms, illness narratives, especially those based on personal experiences, are increasingly being leveraged by individuals to share their journeys through online platforms (Mäkelä et al., 2021, p. 2). In the digital age, narratives function not only as a communicative practice but also as an interactive feature on social media platforms like Snapchat, Facebook, and Instagram. Therefore, it becomes increasingly important to critically examine the potential empowering or disempowering effects of storytelling (Georgakopoulou et al., 2020, p. 126). Many apps today are introducing story features to enable users to share a more continuous stream of their everyday moments, allowing them to capture and present "*not just one moment, but all the moments of their day*." (Georgakopoulou, 2017, p. 24). Researchers have investigated the ways in which digital technologies allow for the sharing of illness experiences in multimedia forms, enabling users to document their journeys and interact with a wider audience in real time (Conrad et al., 2016; Hargreaves et al., 2018; Orgad, 2005; Rains, 2018). They have noted that the publication of personal narratives by patients has profoundly disrupted the silence surrounding illness, while also contesting the depersonalised medical jargon that has often dominated the discourse around it (Hinson & Sword, 2019; Orgad, 2005). Others have also argued that digital platforms have contributed to the development of virtual communities where people can tell and retell their stories with their peers (Ressler et al., 2012, p. 2). In sum, social media is becoming an increasingly important tool for these individuals because it encourages the rethinking of pain not as a singular, devastating, life-altering event, but as an ongoing way of being in the world with a transformed perspective (Gonzalez-Polledo, 2016; Sendra & Farré, 2020).

1.1. Framing Illness on social media

Framing theory, initially developed by Goffman (1974) and further advanced in media and communication studies, offers a crucial framework for analysing how meaning is constructed and conveyed in public discourse (Entman, 1993). In its essence, framing refers to the selection and emphasis of certain aspects of a perceived reality while downplaying or omitting others, thus shaping how audiences interpret events and issues (Entman, 1993, p. 5). In health and illness communication contexts, framing determines how an illness is understood, which causes are emphasised, who is assigned blame, and what interventions are deemed appropriate (Starr & Oxlad, 2021, p. 690). One important distinction within framing theory is between episodic and thematic frames, as proposed by Iyengar (1994). Episodic framing refers to the portrayal of issues as a set of stories or disconnected events which individualises a person while ignoring the social structures that impact the individual (Iyengar, 1994). Thematic framing places issues in context and deals with big picture narratives, patterns, or causal processes (Iyengar, 1994, p. 14). The difference is important in framing studies of illness narratives posted on social media, as there is an increasing interest in how cancer is constructed and communicated through the content that users put on the different platforms employing these frames (Varela-Rodríguez & Vicente-Mariño, 2023).

From a user perspective, social media facilitates the construction and sharing of personal illness narratives as well as complex articulations of their health experiences (Hinson & Sword, 2019). Prior research illustrates that episodically framed narratives, those grounded in specific personal events, evoke greater emotional engagement (and thus more influence on attitudes and judgements) than thematically framed accounts (Aaroe, 2011; Gross, 2008). At the same time, users increasingly recognise the importance of contributing to a positive and supportive environment, which fosters more empathetic and compassionate responses to such narratives (Suran et al., 2014, p. 734). Furthermore, episodic storytelling is both encouraged and reciprocated, resulting in responses that are also episodic and contributing to a cycle of emotionally resonant, experience-based engagement (Starr & Oxlad, 2021, p. 690). In contrast, thematic framing tends to shift responsibility for health-related issues from the individual to broader societal structures (Major, 2009, p. 176). When individuals are made aware of the social determinants contributing to health outcomes, they are more likely to endorse systemic interventions, such as legislation, regulatory policies, institutional practices, pricing mechanisms, and product standards, that shape both individual health behaviours and the environments in which people live and work (Chapman, 2001). Although these framing dimensions are conceptually distinct, episodic frames are frequently equated with individual-level attributions of responsibility, while thematic frames are associated with societal-level responsibility(Shah et al., 2004, p. 104). However, this association is not absolute; not all episodic narratives entail the attribution of responsibility to individuals, nor do all thematic narratives inherently convey societal responsibility (Temmann et al., 2021, p. 833).

In Türkiye, studies on health communication have also reflected this broader shift toward digital illness narratives. For instance, Yılmaz and Günay (2022) show that while healthcare professionals widely acknowledge the importance of communication, structural constraints and mutual mistrust often hinder effective interaction. Beyond clinical contexts, studies reveal how health-related issues are represented in traditional and online media: Damlapınar and Işık (2017) argue that health news is often framed sensationally rather than informatively, while Kartal and Erigüç (2018) highlight the popularity and ethical concerns surrounding health content on the social news portal Onedio. Likewise, Özer et al. (2012) find that Turkish internet users actively turn to health websites for information, though they remain sceptical about its reliability.

More recently, Yılmaz and Sezgin (2023) demonstrate how misinformation and disinformation on social media contribute to parental vaccine hesitancy, underlining the tangible impact of digital platforms on health-related decision-making. More directly tied to patient perspectives, recent work on Turkish women with breast cancer illustrates how Instagram enables multimodal storytelling, where users combine visual and textual strategies to negotiate identity, articulate meaning, and foster solidarity (Eren & Ulağlı, 2024). Taken together, these studies suggest that while Turkish scholarship has contributed valuable insights into health communication, the affective, visual, and patient-centred illness narratives that circulate on platforms such as Instagram remain underexplored, a gap that the present study addresses.

1.2. Instagram as a Platform for Cancer Storytelling

Illness narratives have increasingly shifted into digital spaces, where individuals use online platforms to share experiences, seek connection, and reconstruct their sense of self in relation to illness (Pitts, 2004). In presenting their personal stories, narrators often assert a form of experiential expertise, drawing upon shared cultural understandings of illness and recovery to legitimise their narratives (Melander, 2019, pp. 72-73). When it comes to multimodal representations of health and illness, research has highlighted the capacity of images to embed experiences of illness within the routines of everyday life (Melander, 2019, p. 70). Thompson (2012, pp. 395-396) describes an online mental health forum (used as an interconnected case study) as undergoing a ‘visual turn’ in mental health communication, wherein visual materials increasingly aid in the comprehension and articulation of illness in digital environments. Initially, the website’s layout featured images that explicitly depicted the body as ill or physically diseased. These visuals were later replaced by stock photographs portraying individuals as ‘ordinary’ people engaged in everyday routines. Such mundane imagery contributes to framing mental illness as widespread and relatable, rather than as exceptional or stigmatised (Thompson, 2012, p. 416).

This Instagram shift is part of a broader evolution in how illness is photographed. Instead of negative, stigmatised imagery, we increasingly see every day and mundane representations. Instagram functions as a distinct social network through which users document their illness experiences, particularly cancer, via imagery that blends clinical visuals with personal stories (Gurrieri & Drenten, 2019). Within the scope of social cancer communication, Instagram stands out as a prominent platform for circulating and publicly discussing illness-related narratives (Stage et al., 2020, p. 6). The growing use of cancer-related hashtags suggests that more private cancer bloggers are turning to the platform to share and reflect on their experiences (Stüwe & Wegner, 2020). On Instagram, documentary-style photographs of narrators attired in 'hospital costumes' tangibly support the textual account by emphasising the 'reality' and everyday nature of illness.

The perspective used in these selfies, or images that could be classified as selfies, serves to draw the audience into a deeper, more personal appreciation of realistic moments of discomfort (Melander, 2019, p. 8). These forms of visual storytelling often bear hashtags such as #breastcancer and #colorectalcancer, which not only serve as identity markers but also as tools for community formation, offering a sense of visibility and affiliation within algorithmic spaces (Basch & MacLean, 2019; La Rocca & Boccia Artieri, 2022; Srivastava & Stimpson, 2025). These visual narrations on Instagram reflect a broader sociocultural phenomenon within digital health culture, where caregiving, emotional expression, and peer interaction fundamentally shape how illness is experienced, represented, and understood (Gurrieri & Drenten, 2019; Papacharissi, 2014).

2. Method

This study adopts a qualitative interpretive research design grounded in the social constructivist paradigm, which emphasises the situated, context-dependent nature of meaning-making. The research explores how Instagram users in Türkiye narrate their experiences with cancer, both visually and textually, within the semiotic and affective affordances of the platform. Rather than aiming for representativeness or generalisability, the study emphasises conceptual richness and interpretive depth, attending to how illness is framed, emotionally expressed, and socially circulated in digital spaces. This approach is particularly suited to research questions that explore narrative construction, emotional communication, and identity performance in health-related contexts.

The design draws upon theoretical frameworks in framing theory (Entman, 1993; Iyengar, 1994) and illness narrative theory (Frank, 1995; Kleinman, 2017), adapted to account for the multimodal and interactive dynamics of social media. The analysis focuses on how cancer experiences are framed, either episodically or thematically, and how these frames intersect with affective tones such as hope, fear, gratitude, and resilience. Illness is approached not as a purely medical condition but as a lived, affectively charged, and socially mediated experience, shaped through both visual and verbal storytelling.

Instagram was selected as the primary field site due to its highly visual, emotionally expressive, and algorithmically shaped environment. As a space where users actively curate identity, aesthetics, and intimacy, Instagram facilitates distinctive forms of health communication that blend narrative with performativity (Rogers, 2021). The platform is treated not merely as a content repository, but as a dynamic narrative interface where user agency, platform vernaculars, and algorithmic visibility converge to shape how illness is communicated and received. As Welles (2014, p. 1) sharply puts it, “A large dataset quickly becomes small when you focus on a minority population.” By shifting the analytical lens from transient, large-scale ‘ad hoc publics’ (Bruns & Burgess, 2011, pp. 1-2) to fluid publics, communities of users who engage with cancer as an enduring part of their everyday lives, this study intentionally makes Big Data small. It develops an explorative, interpretive approach that honours the specificity, multimodality, and affective depth of user-generated digital cancer narratives.

2.1. Data Collection and Sampling

Data were collected manually between January and March 2025 using Instagram’s public search interface. Posts were selected from five Turkish-language cancer-related hashtags: #kanserdeğilbizgüçlüyüz, #kanser, #memekanseri, #kansersizhayat, and #memeca. These hashtags were chosen for their high visibility and relevance to both personal storytelling and public awareness within Turkish-speaking cancer communities. In total, approximately 1247 posts were reviewed manually, from which 100 publicly accessible and thematically relevant posts were purposively selected for in-depth analysis. This sample size was not meant to achieve representativeness but reflected a saturation-based logic, whereby new analytical themes ceased to emerge during coding.

Inclusion criteria required posts to be publicly accessible, contain a clear reference to cancer, and feature either personal narrative elements or symbolic representations of illness. Posts that were purely promotional, lacked substantive captions, or were unrelated to cancer were excluded. The purposive sample was selected for narrative depth, emotional expressivity, and aesthetic richness, consistent with qualitative research practices (Patton, 2015). Posts with high user interaction or affectively intense content (e.g., testimonials, vulnerable imagery) were particularly prioritised, as these aligned most closely with the study's focus on framing and emotion.

Efforts were made to ensure diversity of user types, including individual patients, caregivers, health professionals, influencers, and NGOs. The majority of the posts were shared by individuals, with approximately 80% appearing to be women in the current study and a gendered trend consistent with prior research on online health storytelling (Sendra & Farré, 2020, p. 4). Descriptive metadata such as user gender (inferred), profile type, and cancer type (when stated) were recorded to support later contextual interpretation of framing and tone.

2.2. Framing Analysis

The first layer of analysis focused on message framing, drawing from Iyengar's (1994) and Entman's (1993) typologies. Each post was categorised as either episodic, thematic, mixed, or other. Episodic frames depicted individual experiences and life events, often through first-person narratives, selfies, or hospital images. Thematic frames emphasised broader issues such as public health campaigns or institutional policies and were typically found in posts by organisations. Mixed frames combined both individual and structural elements, while the "other" category included symbolic or abstract content that did not fit within a clear narrative frame.

A codebook was developed iteratively, combining insights from previous framing research (Starr & Oxlad, 2021; Suran et al., 2014) with a pilot coding of 15 posts. Coding was conducted at the post level, considering image and caption holistically. A frame identification checklist guided decisions using indicators such as perspective (first vs. third person), presence of personal images, use of advocacy language, and visual symbols (e.g., ribbons, medical equipment). Ambiguous cases were discussed reflexively, with justifications recorded in memo form.

All 100 posts were coded in a spreadsheet matrix including frame type, profile type, and cancer type. A second round of blind recoding was performed on 15% of the dataset after a two-week interval to verify intra-coder reliability, yielding consistent categorisation. Reflexive journaling was maintained throughout to track coding decisions, uncertainties, and emerging patterns. Since framing involves both semiotic structure and ideological positioning, particular care was taken to ensure that visual and textual cues were analysed in relation, not isolation.

2.3. Emotional Tone Analysis

The second analytical layer addressed the emotional tone of posts, using a directed content analysis approach (Hsieh & Shannon, 2005, p. 1281). Emotional tone was categorised as positive, negative, mixed, or neutral, depending on the overall affective orientation of the post. The framework draws on Frank's (1995) model of illness storytelling and Vicari's (2021) work on digital affect. Posts that conveyed joy, hope, gratitude, resilience, self-acceptance, or awareness were coded as positive; those that expressed fear, uncertainty, or vulnerability were coded as negative. Mixed tones appeared when opposing emotional expressions were present in the same post. Posts without discernible affect were marked as neutral.

Emotions were identified through a multimodal reading of both captions and visuals. Textual cues included emotive words, punctuation, metaphors, and religious or philosophical reflections. Visual cues included facial expressions, body posture, clinical settings, and colour palettes. Posts were read twice: first for holistic impression, then for analytic coding. Anchor examples were developed and applied consistently to minimise drift in interpretation.

Each emotional subcategory was coded dichotomously (1 = present, 0 = absent), and multiple emotions could be assigned to a single post. Coding was performed using the same spreadsheet matrix as framing. Reflexive notes were maintained for posts that displayed emotional complexity or contradiction. This approach enabled the study to capture the affective texture of illness narratives, including tonal hybridity and layered emotions that are often lost in purely text-based analysis.

2.4. Ethical Considerations

This study received ethical approval from the Çankırı Karatekin University's research ethics board (Meeting No: 51/15.04.2025). The research complies with established guidelines for digital and internet-based qualitative research, particularly those concerning publicly available content, user anonymity, and the minimisation of harm (Townsend & Wallace, 2017). As the data were gathered exclusively from publicly accessible Instagram profiles using cancer-related hashtags, it was assumed that users intended their posts to be seen by a broad audience and that the content was part of a public discourse. Nevertheless, the study acknowledges that the boundary between public and private is fluid in social media environments and that ethical responsibility does not end with data accessibility (Vitak et al., 2016, p. 952).

To preserve the anonymity and dignity of users, all identifying information, including usernames, profile names, locations, and image content that could lead to user recognition, was removed or paraphrased. Although Instagram's terms of service permit public content to be accessed and analysed by third parties, previous research shows that users rarely read or fully comprehend these policies (Fiesler & Proferes, 2018, p. 2). Therefore, an additional layer of ethical care was applied to ensure that the posts were treated as cultural expressions rather than personal disclosures. Screenshots were not included in the publication, and direct quotations were paraphrased where necessary to prevent reverse identification (Reilly & Trevisan, 2016, p. 12).

The study avoided sensationalist interpretations and focused instead on the expressive agency and emotional labour of users who chose to narrate their illness in a digital public. Content involving visible bodily change, psychological vulnerability, or emotionally intense disclosures was interpreted with contextual sensitivity and reported with respect. By working solely with voluntarily public content and excluding any form of private messaging or interaction, the research operates within the ethical parameters of digital ethnography while remaining attentive to the relational and emotional risks associated with health-related content sharing.

3. Findings and Discussion

A total of 100 Instagram posts, more specifically images, were analysed, shared by users from various profile types including individuals, digital content creators, medical professionals, and organisations. The analysis reveals that Instagram functions as a dynamic space where Turkish users narrate their cancer experiences through highly personalised storytelling. Most profiles belong to individuals, primarily women, who document their journeys using emotionally rich and episodic frames (90% of images were created by individuals; 80% of profiles belonged to women). The high proportion of women in the sample also points to a gendered pattern in digital cancer storytelling. Women appear more inclined to share their experiences publicly and to employ emotionally rich and episodic frames, particularly in relation to breast cancer, which emerged as the most frequently represented type in this dataset. These findings support previous research showing that most pain-related posts on Instagram are shared by women and that these posts receive different levels of engagement (Sendra & Farré, 2020; Utter et al., 2020). Specifically, women use visual storytelling to normalise transforming bodies as they experience changes incrementally through such hashtags of #WeAreStrongNotCancer and #cancer. This kind of digital sharing serves both as a coping strategy and a way to build and share personal narratives in an emotionally meaningful and socially connected space (Gurrieri & Drenten, 2019).

These narratives often centre on diagnosis, treatment, recovery, and everyday moments, reflecting a need for connection, visibility, and self-expression. While individual accounts dominate, the presence of professional, commercial, and hybrid profiles introduces a blend of personal and institutional voices (13% digital content creators, 7% medical, 3% NGO, 3% commercial). This mix highlights how cancer-related communication on Instagram is not only personal but also informative, advocacy-driven, and sometimes commercial in nature. Breast cancer emerges as the most frequently mentioned type (more than 50% of images explicitly referenced breast cancer), aligning with global patterns of awareness and representation. The diversity in both profile types and cancer experiences demonstrate the multiple ways people engage with illness online, negotiating identity, community, and emotional tone through both text and visuals. As highlighted by Gonzalez-Polledo (2016) '*Social* *media platforms provide an ideal setting for the becoming of "pain worlds."* (p. 2). This dynamic narrative environment sets the stage for a closer examination of how illness is framed, emotionally articulated, and visually represented across different post types.

3.1. Framing Illness on Instagram: Narrative Strategies in Cancer-Related Posts

The analysis of 100 Instagram images shared by Turkish users reveals a clear preference for episodic message framing, which appears in 57% of the content (see Table 1). These posts predominantly focus on personal and emotionally rich accounts of living with cancer, tracing individual journeys through key moments such as diagnosis, treatment, relapse, and recovery. This type of narrative often adopts a linear or fragmented temporal structure that mirrors lived experience, reinforcing personal agency and identity reconstruction. Such narratives resonate with Frank's (1995) conceptualisations of the restitution and quest narrative, wherein illness is either represented as a detour followed by recovery or as a catalyst for personal growth and existential reflection.

Table 1

Distribution of Message Framing Types in Cancer-Related Instagram Images

Message Framing	Count	Description
Episodic	57	Personal and emotionally rich storytelling focusing on individual
Thematic	32	Posts addressing broader issues or patterns beyond personal experience.
Mixed	10	Combination of both episodic and thematic elements.
Unclassified	1	Unclassified or ambiguous framing styles.

As for the images with thematic framing, the analysis showed a subset of them (32%) displaying thematic framing, which attends to broader social, cultural, and/or institutional aspects of cancer, focusing on the collective rather than the individual.

These posts usually aim to publicise something, critique healthcare, or even point out common problems that the patient community faces. Reflecting thematic framing, there were many more images aiming to raise awareness instead of sharing personal accounts of living with an illness. Such images frequently included public health messages and preventive phrases like “get regular check-ups, save your life,” which reflects a focus on community health and mass life preservation. Instead of recounting personal stories, these posts sought to rally, educate, and inform wider audiences about cancer care mobilisation, specifically calling for early detection. Thematic narratives corroborate the findings of other scholars who analyse social media as a platform for collective advocacy and shared health narratives (Muhtar et al., 2024).

By integrating personal and thematic components, mixed framing (10%) allows for more complex and multidimensional portrayals of illness. Frequently, these accounts feature a cancer patient enduring chemotherapy and intertwine these personal anecdotes with commentary about the patient’s cancer as it relates to wider societal attitudes, systemic barriers, or cancer. This approach emphasises the multidimensionality of illness as a personal experience and socio-political reality simultaneously.

A mere one percent of the images fit into the “other” category, which comprised predominantly abstract or symbolic images with scant text. Such imagery could stand for some other non-textual forms of representation that defy sequential storytelling in favour of metaphorical, emotional, or ambiguous constructions. Three distinct narrative strategies were identified through frame analysis, each underscoring different ways users portray and interpret their illness experiences on Instagram.

3.1.1. Temporal Framing and the “Before/After” Illness Divide

An overarching narrative strategy observed in Instagram images is the temporal bifurcation of one’s life into pre- and post-illness phases, often encapsulated through the use of “before and after” visual collages or metaphorical expressions (e.g., “my second birthday,” “my new self,” “the old me is gone”). This reflects what Frank (1995) identifies as restitution and quest narratives where illness breaks biographical continuity and opens up a self-reconstruction process.

To narrate their diagnostic experiences on Instagram, a number of users combine the platform's collage feature with a chronological sequence to showcase snapshots that reflect their life prior to diagnosis alongside pieces depicting life post-diagnosis (Melander, 2019, pp. 77, 87). Such a framing of images into “before and after” allows users to perceive illness not only as a medical phenomenon, but as a narrative disruption with clear visual and emotional demarcations. One tells her story by showing a set of three photographs taken prior to her diagnosis where each frame displays her with a different friend, portraying her social life vividly. Another adopts a more formal approach where two photographs are set against each other: one taken just prior to the confirming surgery and one taken immediately after the surgery.

Through the use of curated visual storytelling, these users form personal archives that externalise their experience of illness in a holistic manner while simultaneously inviting distanced communal reflection and support. A third user employs a similar approach to recount her recovery journey not only in clinical terms but also through the dual lens of motherhood and emotional fortitude. She shares two photographs taken four years apart: in the first, she appears visibly exhausted alongside her young son during a tough treatment phase; in the second, both mother and child are smiling, with vibrant natural light and greenery framing the background. The spatio-temporal contrast of the two images accompanied with captions “2016” and “2020” constructs a narrative of survival and transformation. This digital story is told through the functionality of Instagram which enables users to dismantle the stigmatised narrative around chronic illness while simultaneously reclaiming agency through curated representations anchored in joy, growth, and relational continuity. Such posts contribute to a broader affirmative and aesthetic discourse in which illness is not only archived but also redefined through personal authorship and collective testimony. The long-term use of photographs (for example, documenting physical recovery over months or years) serves both as visual evidence and as a type of public closure narrative, testifying that illness belongs to a chapter of life that has been left behind.

3.1.2. Narrating Illness through the Body

An important element of cancer stories on Instagram revolves around the visual depiction of the sick body and how it changes over time. These posts serve as performative self-portraits where users exercise agency by carefully constructing bald heads, surgical scars, and postoperative selfies. This type of visual storytelling fits Goffman's (1959) presentation of self-theory, since people strive to maintain the balance between frailty and strength in their digital representation. A woman, for example, posts a close-up selfie during one of her chemotherapy sessions and writes: "No eyebrows, no lashes, but I'm still me," which enunciates the enduring identity despite manifest alterations. Another user smiles to the camera from a treatment chair, positioned as if in a selfie, projecting defiance of treatment fatigue. That image epitomises, for me, Iyengar's (1994) idea of episodic framing where the focus shifts towards personal experience detached from structural realities.

This mode of narrative tends to adopt a personally empowering tone as evidenced not only in hashtags like #WeAreStrongNotCancer, but also in the ways users self-describe themselves on their Instagram bios as "meme kanseri savaşçısı" (breast cancer warrior), "lösemi savaşçısının güncesi" (diary of a leukaemia warrior), "kanser savaşçısı" (cancer warrior), "kanser savaşçısı anne" (cancer warrior mum), and "kansere gülen kadın" (the woman who smiles at cancer). These self-ascribed labels transform the illness identity into an active identity, where the patient assumes the role of a hero who fights a battle. A user suggests, "not cancer, I am strong", which shifts focus away from the disease to the inherent strength and agency of the person. These expressions are consistent with what is described by MacLean (2004) in her quest narratives analysis, where the ill body is reconceptualised as a site of personal change and empowerment instead of passive suffering.

Some images foreground relational identity, the intersection of sickness and motherhood, for example. One user chronicles her postpartum experience starting at day three, pairing visually striking images of her exhaustion alongside captions that bolster her tenacity as a caregiver. This construction implies that the reconfiguration of self through illness is not merely about a particular body suffering and recovering, but repositioning oneself within complex roles and relationships, Frank (1995) advanced this notion of storytelling as a form of ethical self-reconstruction post-illness. These visual and written approaches transform societal perceptions of the 'damaged' body, which is now instead understood as a body full of meaning, beauty, and pride. Here, baldness is transformed from an undesirable marker of loss into something that is perceived as powerful. As one user writes: "hair is gone, but hope remains," which defies prevailing standards of beauty. Social media operates, then, as an important arena for the dissemination of counter-narratives, where people can challenge ableist social exclusion through the exposure of their bodies (Vicari et al., 2025, pp. 4, 14-15).

3.1.3. Narrative Healing and Solidarity

Expanding on the previously described visual approaches, a third primary finding focuses on the importance of narrative in evoking emotional meaning and promoting collective emotional solidarity. Users of social media most often engage with cancer using anthropomorphism and metaphorical speech as they refer to it as a "visitor," "companion," or "enemy." One user write, "I have now grown used to living with my uninvited guest, and I have to continue fighting it…" Personifying the illness as an ever-present reality that must be endured and resisted translates into a struggle that must be wrestled with. Illness is transformed not simply as a biomedical disruption, but as something symbolic and relational, what Frank (1995) termed a 'quest narrative', able to be embraced and woven into one's life narrative.

Most importantly, these actions in narrative creation often extend far beyond personal introspection to include calls to common memory and collective encouragement. Hashtags like #WeAreStrongNotCancer start off this hope as a manifestation of digital hope, demonstrating its communal nature. One striking instance illustrates how users weave faith and resilience into illness narratives. A woman writes, "may God help us. Morale is so important. I've been receiving cancer treatment for five years, and one needs to stay strong." The post invited an outpouring of supportive comments, among them "live this life in your most beautiful form, this life is yours," and "you are so beautiful. May God grant you healing. I will pray for you." Such exchanges reveal how social media operates as a space where personal stories elicit collective emotional participation, binding individuals together through expressions of solidarity and shared hope. Here, merging personal tales with unified digital presence illustrates what Papacharissi (2014) calls affective publics, "networked public formations that are mobilised and connected or disconnected through expressions of sentiment," (p. 125). These public spheres are not bound exclusively to rational-critical argumentation. Instead, emotions and sentiments with stronger currents weave through digital spaces, connecting people to foster solidarity, a sense of belonging and alternative civic engagement.

3.2. Affective Expressions and Emotional Resilience in Digital Illness Narratives

Focusing on the emotional aspect of user engagement, an analysis of Instagram posts featuring hashtags #WeAreStrongNotCancer and #cancer illustrates how users construct both personal and shared stories around the emotion of illness. Several users vividly articulate faith in their overcoming adversity, emphasising that so long as pain is outweighed by hope, one can endure many trials. One incredibly optimistic user proclaims, "as long as our hope is greater than our pain, there is no path we cannot overcome," suggesting a deep-seated willingness to reframe illness not as defeat but something awaiting a spirited and robust response. This depiction navigates the experiences of illness towards a forward journey that centres around faith in healing and the future. Furthermore, descriptions of hopefulness are frequently highlighted with declarations of youthful, effervescent vitality and vigorous utterances, evidencing the resolve that illness does not curtail one's aspirations and future identity. To illustrate this, one comment reads, "live this life in your most beautiful state, this life is yours," evoking a vigorous image that resists subjugation into the identity of a patient.

Positive emotions frequently highlighted in these narratives include gratitude, joy, self-acceptance, and heightened awareness. Posts that encourage individuals to embrace life and their present selves contribute to feelings of agency and uplift. One participant, for instance, writes, "let's continue with faith; the road is long and we still have our youth," a line that conveys hope and vitality in the face of hardship. Another shares a spiritually rooted statement, "I accepted the medicine not for its side effects, but for its healing power", illustrating a shift in how treatment is perceived, not as mere endurance but as an expression of belief and inner strength. Collectively, such remarks blend spirituality, gratitude, and communal resilience, reinforcing bonds within online communities. Yet, despite the prevailing positivity, space remains for more difficult emotions. Posts from the early stages of treatment sometimes register fear and vulnerability, introducing moments that complicate the otherwise affirmative tone and foreground the psychological weight of confronting a life-altering diagnosis.

For example, certain participants express their worries directly by writing statements such as “this is my first chemotherapy session, I am scared…” or “I didn't expect to feel this weak but I know it’s part of the process.” These moments of candour offer emotional balance to overwhelming narratives of steadfast resilience. Ascertaining that beneath affections of strength, there exists deep-seated uncertainty and anxiety, which certainly adds silence to our shared digital reality. Because of Instagram’s pictorial design, users are more willing to share such difficult feelings and allow the visibility of experiences that would otherwise remain hidden for fear of stigma or social scorn. Users combine personal photographs with their stories, and as a result, they are able to foster emotional and social support within online communities (Andalibi et al., 2017).

In essence, Instagram serves not only as a medium of personal narration, but as a venue in which collective resilience is negotiated through the sharing of emotions. The co-presence of hope and hardship, of optimism and fear, illustrates how users mobilise digital spaces not only to humanise illness, but to establish meaningful emotional connections with others facing similar challenges. These online expressions transcend mere self-disclosure; they become affective acts of solidarity that reframe illness as a shared, rather than isolated, experience. Within this space, vulnerability is not hidden but articulated, enabling a shift from silence and stigma toward recognition and support. In doing so, Instagram transforms into an affective public sphere where identity, empathy, and resistance converge through everyday acts of digital storytelling.

CONCLUSION

This research has contributed to the field of digital health communication by analysing the ways in which Turkish Instagram users visually and emotionally narrate their encounters with cancer. Rather than treating Instagram as a neutral space for storytelling, the study positions the platform as a narrative infrastructure, where the politics of visibility, vulnerability, algorithmic mediation, and the aesthetics of illness converge with affective expression and identity performance. By focusing on a non-Western digital context, the research broadens the geographical and cultural scope of scholarship on digital health narratives and highlights the embeddedness of storytelling in specific sociocultural frameworks.

The findings demonstrate that illness communication on Instagram is shaped by intricate strategies of framing, self-representation, and affective alignment. Users do not merely document suffering but reconfigure it through multimodal blends of image, caption, and emotion. These communicative practices, whether through episodic framing, quest narrative structures, or visual metaphors of empowerment, reflect how individuals navigate biomedical uncertainty alongside the performative pressures of platform culture. Such insights enrich theoretical understandings of affective publics, narrative agency, and the emotional labour inherent in digital self-representation.

Crucially, this research challenges scholars to rethink social media not simply as tools for self-expression, but as dynamic environments where collective witnessing, identity formation, and emotional solidarity take place. Instagram emerges as a socio-technical site where being ill, being resilient, and being visible are continuously negotiated and culturally reshaped. By examining this process in a specific cultural setting, the study contributes to a more nuanced and inclusive understanding of how illness is lived and made meaningful in the digital age.

Moreover, this study underscores the ethical and political stakes of sharing illness narratives in public digital spaces. The act of making illness visible, particularly through emotionally charged and bodily expressive imagery, can serve both as a means of reclaiming agency and as a gesture of collective solidarity. These digital testimonies not only challenge dominant representations of illness in media and medicine but also create affective archives that speak to shared vulnerabilities. By narrating pain, endurance, and transformation in ways that resist stigmatisation, users contribute to the normalisation of vulnerability and the redefinition of strength. In this sense, Instagram functions not only as a platform of personal storytelling but also as a participatory public forum where health, identity, and emotion are reframed through everyday acts of visual and narrative self-expression.

Limitations and Directions for Future Research

This research offers valuable insights into how cancer is visually and emotionally narrated on Instagram; however, several limitations must be acknowledged. The dataset was restricted to publicly available posts, potentially excluding more personal, nuanced, or socially stigmatised narratives shared via private accounts or ephemeral formats such as stories. Moreover, the study focused solely on content creation and did not examine how audiences engage with or interpret these narratives. As a result, the relational and dialogic dimensions of digital storytelling, where meaning is co-constructed through dynamic, multi-voiced interactions, remain outside the present study's scope. The sample was also largely female, which suggests that men's perspectives warrant closer attention in future work. Finally, the analysis was conducted by a single coder; although intra-coder checks were undertaken with stable results, incorporating an additional independent coder in subsequent studies would further strengthen objectivity.

Future research could benefit from integrating visual analysis with qualitative interviews or digital ethnography to explore users' narrative intentions, emotional labour, and representational constraints. Examining platform-specific structures, such as algorithmic affordances, moderation practices, and health-related community guidelines, may also reveal how visibility, vulnerability, and agency are shaped within digital frameworks. Cross-cultural and cross-platform studies that trace how illness narratives unfold over time and engage audiences across multiple modalities would deepen our understanding of how health is communicated, witnessed, and reshaped in networked publics.

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