

Shaping Health Identity: Supportive Communication for Young Breast Cancer Survivors

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Abstract

Breast cancer is no longer a disease that exclusively affects older women. In fact, an increasing number of young women are being impacted by this illness due to changing physical and environmental risk factors over time. Receiving a breast cancer diagnosis as a young woman poses health complications that may persist beyond the treatment period. As a result, young breast cancer survivors need various forms of support to navigate their age-specific health and psychosocial challenges; however, many of their support needs post-treatment are unmet. Moreover, inadequate support during the transition from patienthood to survivorship may exacerbate the identity negotiation issues of young breast cancer survivors as they struggle to redefine who they are after overcoming the disease. Because prior research has extensively evaluated perceptions of the “breast cancer survivor” illness identity label, which is widely rejected by young women, this study outlines a qualitative investigation of health identity enhancement through communication that addresses the unmet support needs of young breast cancer survivors. Structured interviews of six women under age 40 at the time of diagnosis were conducted, followed by a thematic analysis of the data. Findings illustrated the unmet support needs of participants, their identity negotiation struggles, and how supportive communication post-treatment strengthened their outlook on health identity.

Keywords: young breast cancer survivor; unmet support needs; identity negotiation; health identity; social support; supportive communication; post-treatment; qualitative research

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Introduction

It may be tempting to believe that breast cancer does not impact young women since the median age at diagnosis is 62 years old (Brown, n.d.). However, according to data by the Centers for Disease Control and Prevention, “about 10% of all new cases of breast cancer in the United States are found in women younger than 45 years of age” (2024a). Furthermore, a 2025 report by the American Cancer Society mentions that the incidence rate of invasive breast cancer has increased by 1.4% per year among women under the age of 50. The ongoing rise of breast cancer diagnoses among younger women can be attributed to various risk factors such as having a family history of the disease, being over the age of 30 during one’s first pregnancy, and the presence of mutations in the BReast CAncer (BRCA) genes (American Cancer Society, 2025; Brown, 2025; CDC, 2024b). Although breast cancer remains the second leading cause of death among women in the United States, the mortality rate declined by 44% from 1989 to 2022 (American Cancer Society, 2025). This significant decrease has been driven by early detection of the disease, increased breast cancer awareness, and ever-evolving advances in treatments. Yet, younger women may experience more complex treatment trajectories compared to older women since younger women tend to develop more aggressive forms of breast cancer (Brown, 2025; CDC, 2024a; Parker et al., 2023).

Even after the completion of breast cancer treatment, the situation for young women remains challenging since they are likely at several crossroads in career development, family planning, and finances. According to Miller (2015b), young breast cancer survivors face various forms of medical, personal, and social sources of uncertainty post-treatment. Hence, supportive care can be a valuable resource for assisting young survivors to process these uncertainties. Fan

et. al (2023) define supportive care as a person-centered care approach that “aims to help a person with cancer and their family to meet their needs at multiple levels...” (p. 2). However, substantial literature reveals that not all supportive care needs are fulfilled for young breast cancer survivors in particular, illustrating an “incongruity between the supports that an individual perceives to be necessary versus the actual supports provided” (Fan et al., 2023, p. 2).

While these unmet supportive care needs can be attributed to practical factors such as resource constraints, a more pervasive barrier that hinders young breast cancer survivors from seeking support is stigma related to their identity after overcoming the disease. Based on findings by Smissen et al. (2025), women of diverse age groups who had survived cancer did not want to be seen as a “patient” and therefore minimized their problems, resulting in receiving less support than what was actually needed for these women. At the same time, the participants desired to be recognized in a way that affirmed the impact of the disease on their sense of self, also known as an illness identity that answers “Who am I with regard to illness?” (Pelters, 2024, p. 1176). However, other studies have demonstrated that young women do not resonate with the “breast cancer survivor” illness identity label and often face dilemmas in negotiating their identity post-treatment, which has significant implications for seeking and receiving adequate supportive care (Miller, 2015a; Rees, 2018; Parker et al., 2023). Based on Smiseen et al. (2025)’s study conclusions, there is a need for future research to “focu[s] on the person beyond the patient and tak[e] into account the (changed) individual needs and values in relevant life domains, [which] may be beneficial in (supportive) cancer care” (p. 15). This implication points toward the necessity of studying the health identity of young breast cancer survivors, or how an individual views oneself in relation to their overall health beyond an illness experience (Pelters, 2024).

Given that the relationship between supportive care and health identity is fairly understudied and represents a critical gap in the research literature, the goal of this paper is to outline a qualitative study that explored how communication can address the unmet support needs of young women with a history of breast cancer to enhance their health identity. The paper is organized around a thorough discussion of prior literature regarding the social support and identity negotiation experiences of young breast cancer survivors; the methodology of my study; results; discussion of findings; and a conclusion.

Literature Review

Existing literature on young breast cancer survivors encompasses three prominent topics: unmet support needs, identity challenges, and the role of communication in addressing both issues within this population. The following literature review presents major findings in each of these areas.

Unmet Support Needs of Young Breast Cancer Survivors

Supportive care can enhance one's overall health and well-being both during and after any illness, particularly in the form of social support. According to Snyder and Pearse (2010), there are four main types of social support that individuals can rely upon. Emotional support makes an individual feel more secure and better understood by another individual through empathy and compassion. Instrumental support provides tangible assistance to another individual, such as a meal or transportation to a medical appointment. Informational support involves sharing knowledge and advice about the problem of interest. Finally, experiential support is assistance provided by someone who has overcome a similar situation as the individual needing support.

Among women with breast cancer, social support has shown to be associated with positive health outcomes, such as reduced mortality risk and improved body image. Furthermore, social support remains essential for these women after treatment completion, especially since “patients’ needs are greater during the post-treatment period than during the treatment period itself” (Regnier et al., 2017, p. 791). For young breast cancer survivors, these needs are typically related to unique age-specific challenges that can manifest well after treatment including fertility concerns, sexuality issues, problems with body image, and a whole host of psychosocial complexities, such as navigating close relationships (Easley & Miedema, 2012; Parker et al., 2023; Regnier et al., 2017). Unfortunately, many support needs of breast cancer survivors in general are not adequately met. Based on findings by Fan et. al (2023), “daily activity (54%), sexual/intimacy (52%), fear of cancer recurrence/spreading (50%), and information support (45%) were regarded as the top USCNs [unmet supportive care needs] with high estimated prevalence” (p. 18). A lack of support in fulfilling these needs poses major implications for young survivors’ capacity to address complex health situations that may arise after completing active breast cancer treatment.

Based on an evaluation of various studies that assessed the unmet support needs of young breast cancer survivors, the consensus is clear: they generally receive insufficient information about navigating the physical and emotional repercussions following active breast cancer treatment completion. For instance, according to interviews of breast cancer survivors under age 50 in France, participants were underprepared to manage significant weight gain and cope with side effects from early menopause, such as hot flashes and sleep disruptions (Regnier et al., 2017). In addition, participants experienced psychological fragility when faced with feelings of loneliness, unpleasant memories of undergoing breast cancer treatment, and a fear of cancer

recurrence (Regnier et al., 2017). Similar themes were seen in focus groups of breast cancer survivors under the age of 45 in the United States, including “feeling like a different kind of woman” and “lingering emotional trauma” (Parker et al., 2023, p. 4). Therefore, these participants recommended three areas where support would be most beneficial for survivors in the future: mental health services, more frequent assessments from medical staff, and clearer communication about sexual health and body image in intimate relationships (Parker et al., 2023). Moreover, all three recommendations emphasized the vital role of medical professionals in providing information that is tailored to the specific physical and emotional needs of each breast cancer survivor. This information can serve as a critical preparation tool for the challenges young breast cancer survivors can expect after concluding treatment and, more importantly, how to address them. Given that communication with medical staff is an overall dissatisfying experience for a significant proportion of young breast cancer survivors, there is much room for growth in cultivating a healthcare system that addresses their support needs through effective patient-provider communication (Miyashita et al., 2015).

Identity Challenges for Young Women Post Breast Cancer Treatment

Fulfilling young breast survivors’ unmet support needs goes beyond providing information in a healthcare setting and warrants a care approach that enhances the transition from active treatment into breast cancer survivorship. Because this transition takes a physical and emotional toll on young survivors, support is fundamental for managing the challenges in both domains. Based on focus group discussions with young breast cancer survivors under the age of 45, participants “reflected on the continued grief tied to losing their identities (ie, concepts of self before cancer) and often had difficulty defining their “new selves” (ie, a young woman who experienced cancer)” (Parker et al., 2023, p. 9). Most literature refers to women who have

transitioned from active cancer treatment into survivorship as “cancer survivors,” which alludes to “the experience of living with, through, and beyond a diagnosis of cancer” (National Coalition for Cancer Survivorship, 2013). However, as reflected in Parker et al. (2023)’s focus group accounts, just because one no longer has cancer in their body does not mean that their identity challenges have been resolved. For young women specifically, these challenges may be heightened by complexities surrounding body image, navigating future relationships, and facing other prime life circumstances, such as career development and financial decisions.

Navigating Identity Transitions

When it comes to the transition from “cancer patient” to “survivor” among young women, a consistent finding is that many of them do not resonate with the “survivor” label as a key part of their identity. According to 20 semi-structured interviews of women who had been diagnosed with breast cancer between ages 18-44, only three women comfortably identified themselves as a survivor (Rees, 2018). The majority of participants rejected the “survivor” label, expressing that it diminished their sense of agency and “positioned them as victims of an attack” (Rees, 2018, p. 4). For them, early detection and a positive treatment prognosis practically prevented them from fearing that they would not “survive” breast cancer. Others discussed cancer’s ongoing presence in the form of lingering treatment side effects that disrupted the transition to a level of normalcy that survivorship implies; therefore, these participants did not feel that they fully “survived” the illness (Rees, 2018). These interpretations challenge a longstanding assumption that the “survivor” label fosters a sense of empowerment among most women with a history of cancer.

While Rees (2018)’s research provides valuable insights into young women’s perceptions of being called a “breast cancer survivor,” simply accepting or rejecting this identity label is

typically not a straightforward task, regardless of age or type of cancer diagnosis. For instance, Miller (2015a)'s analysis of 35 interviews revealed the following struggle of cancer survivors with a variety of past conditions: "They are not really a patient anymore, but they have not reached the point where they feel comfortable saying they are a survivor. They are somewhere in the middle, attempting to negotiate their new identity" (p. 15). Therefore, instead of focusing on the transition from being a "cancer patient" to becoming a "survivor" – a concept that does not resonate with most young women with a history of breast cancer – it is essential to concentrate on the liminal space between the shift from "cancer patient" to "*person*," which reinforces the concept of viewing a "person beyond the patient" (Smiseen et al., 2025; Stanton et al., 2005).

Exploring Health Identity Post-treatment

Health identity – broadly defined as to how an individual views oneself in relation to their overall health beyond an illness experience – is a useful framework for understanding an individual's cancer survivorship journey from a holistic perspective. The articulation of one's health identity involves answering the following questions: "Who are you, with regard to health; what attitude do you have regarding health and/or healthy behaviour; and how is someone's health conduct respected in society?" (Pelters, 2024, pp. 1173-75). On the contrary, illness identity frames the same questions within the context of one's illness. For instance, "breast cancer survivor" signifies an illness identity that answers "Who are you, with regard to your *breast cancer illness*?" As discussed previously, a significant number of young women with a history of breast cancer have either shown ambivalence toward the "breast cancer survivor" illness identity label or rejected it entirely (Miller, 2015a; Rees, 2018). Therefore, an exploration of health identity may provide the necessary space for young breast cancer survivors to redefine themselves in a way that resonates with their values, preferences, and experiences.

In a phenomenological study of collegiate athlete cancer survivors who were diagnosed between the ages of 10 and 39, participants reported that their identity as an *athlete* propelled them to confront their diagnosis and treatment plans with a drive and motivation that athleticism demands in sports (Baker et al., 2025). Rather than succumbing to the physical restrictions that can result from cancer treatment, their desire to regain good health likely stemmed from an innate commitment to fitness as an athlete. Another study that alludes to the value of studying the health identity of young breast cancer survivors demonstrated how a mindful self-compassion intervention enabled young adult cancer survivors to appreciate self-care and respond to their post-cancer health struggles with greater awareness, acceptance, and self-kindness (Lathren et al., 2018). Both studies clearly acknowledge breast cancer's impact on post-treatment life while recognizing each participant's "preferences and abilities in several life domains and society as a whole," whether that be through athletics or intentional self-awareness of one's health needs. (Smitten et al., 2025, p. 14). However, a more explicit exploration of health identity among young breast cancer survivors remains a pertinent area for future research.

Role of Communication in Addressing Unmet Support Needs and Identity Challenges

Individuals who identify themselves as "breast cancer survivors" can become involved in groups that resonate with the same identity. This phenomenon represents a key tenet of Social Identity Theory (SIT), which postulates that human beings are naturally drawn to groups that give them purpose and a sense of belonging (Tajfel & Turner, 1986). Social identity and social support share an important link that enables one to express who they are through verbal and nonverbal communication during positive social interactions. According to a study of older breast cancer survivors, the benefits to participating in breast cancer support groups are most substantial when length of membership increases (Stevenson et al., 2011). Moreover, "greater

identification with the survivor group may be connected to sustained support group participation” (Wanzer et al., 2022, p. 1602). On the other hand, women who do not identify as “breast cancer survivors” may choose not to partake in their associated survivorship support programs. This scenario is quite prevalent for young women, many of whom not only disassociate themselves from the “breast cancer survivor” label but also resist participation in official support groups after concluding treatment.

Revisiting Rees (2018)’s research, young women with a history of breast cancer “may feel alienated from mainstream breast cancer ‘survivor culture,’ perceiving older women to belong to that ‘club’ and not them” (p. 5). Similarly, Snyder and Pearse (2010) found that 61.3% of young women in their study who attended a support group felt marginalized and discussed how breast cancer advocacy organizations generally tailor their services to the needs of older women. These studies illustrate that young women face a considerable void in being able to acquire the age-appropriate support they need post-treatment that acknowledges their unique social identity challenges. As a result, scholars like Miller (2015a) call for social network members, including families, friends, peers, and clinicians to understand the identity challenges experienced by young breast cancer survivors in order to better support them through “strategic and relational communicative strategies” (p. 17).

Normative Communication Approach

There are two fundamental approaches that can be leveraged to support young breast cancer survivors through intentional communication practices. First, the normative approach focuses on the study of messages and how their supportiveness is perceived by individuals on the receiving end. It also evaluates how/why certain messages are either effective or ineffective for providing the intended form of support (Iannarino et al., 2017). According to a thematic analysis

of young adult breast cancer survivors' interviews, communication that involved treating them in a "normal" way was deemed effective (Iannarino et al., 2017). In other words, participants appreciated communication encounters that did not place breast cancer and its associated health consequences at the center of an interaction. On the other hand, ineffective forms of support entailed messages that reflected pity and excessive sympathy, negative information about the cancer experience, and remarks that were intended to be supportive but were actually perceived as insensitive (Iannarino et al., 2017). Overall, young breast cancer survivors tend to incline toward a sense of normalcy that incorporates their pre-cancer identity into their present identity, also known as biographical reconstruction (Iannarino et al., 2017).

However, the desire to be perceived as "normal" can be a slippery slope for young survivors who neither completely identify as a "patient" nor as a "survivor" and are somewhere in between (Miller, 2015a). This identity negotiation dilemma can create hesitancy in acquiring critical social support since survivors may attempt to dismiss their ongoing health problems when, in reality, they are in great need of support that acknowledges the impact of cancer on their lives. Therefore, Smissen et al. (2025) argue that the stigma of "returning to normal" after cancer treatment is complete – whether self-imposed or cast upon by others – can prevent young breast cancer survivors from seeking support, even in cases when it may be available. Moreover, communication that normalizes the support-seeking process for young breast cancer survivors can alleviate the stigma of perceiving help as counterintuitive.

Narrative Communication Approach

Alternatively, the narrative approach can assist young survivors in the biographical reconstruction process to make sense of their life experiences and renegotiate their identity after treatment (Wilson, 2020). The chaos narrative discusses "an illness fraught with disaster,

unpredictability, and disorder (Miller, 2015a, p. 3). The quest narrative offers insight into an illness as a journey that entails meaningful takeaways (Miller 2015a, Peng et al., 2025). Finally, the restitution narrative illustrates a story in which an illness is successfully overcome and good health is pursued (Miller 2015a, Peng et al., 2025). While each narrative is distinct in its articulation of how an illness has impacted one's life and overall identity, it can allow young breast cancer survivors to mitigate the biographical disruption that may have occurred when first diagnosed with cancer, or the damage to one's everyday life structure and patterns (Iannarino et al., 2017).

Based on narrative inquiry interviews of young adult osteosarcoma (bone cancer) survivors, biographical disruption was addressed in three ways: seeking social support, redefining one's identity in terms of values and beliefs, and performing actions that aligned with one's identity post illness, such as giving back to the community (Peng et al., 2025). Furthermore, the authors strongly suggested a need to support survivors in their individual journeys of reconstructing their identity post-illness. In fact, a study of breast cancer survivor narratives by Mohlin and Bernhardsson (2010) found repeated accounts about the benefits of experiential support by other survivors in order to better understand one's unique cancer trajectory. Therefore, by coming to terms with one's experiences before, during, and after breast cancer and communicating that narrative to others, young women can more effectively navigate the liminal space between "cancer patient" and "person" during identity negotiation. Even though their narratives may be influenced by the breast cancer experience, supportive communication can guide young survivors to cultivate an identity that places the illness in the broader scheme of their life experiences.

Rationale

Young women with a history of breast cancer may encounter a wide range of unmet support needs that are tailored to their unique health and life circumstances after active treatment completion. As young survivors attempt to return to a state of normalcy in their overall quality of life, a lack of support during the sensitive shift from patienthood to survivorship can exacerbate their identity negotiation challenges. Although scholars have examined the connection between social support and the “breast cancer survivor” illness identity label, much research has not scrutinized the potential relationship between social support and health identity from a communication perspective. To fill in this critical research gap, I proposed the following guiding question for my study:

How can communication that addresses the unmet support needs of young women with a history of breast cancer enhance their health identity?

Ultimately, the findings from my work will generate theoretical and practical implications for supporting young women who have overcome breast cancer through effective communication that empowers their unique health identities.

Methods

The goal of this study was to explore how communication can address the unmet support needs of young women with a history of breast cancer to enhance their health identity. The study was implemented with a qualitative research methodology involving structured interviews of young women who completed active breast cancer treatment.

Participants

My participants included six women who were diagnosed with breast cancer at or below age 40 and officially completed all forms of active treatment, which typically include one or more of the following: surgery, chemotherapy, radiation, and other targeted treatments (Mehta, 2022). The majority of participants were diagnosed with a subtype of Stage 2 breast cancer at age 38, and the duration since active treatment completion ranged from five months to three and a half years (see Table 1 for relevant demographic characteristics of each participant). While the age cutoffs for women classified as “young” vary by study, I decided to focus on women below the age of 40 because their specific priorities, such as fertility preservation and navigating intimate relationships, may not resonate as strongly with women over age 40 at the time of diagnosis (Moriarty, 2024). Participants were recruited through a combination of purposive and snowball sampling. I initially contacted a board member of Breast Connect – a nonprofit organization in Knoxville, Tennessee that provides support resources to women who have overcome breast cancer. After she posted my project details on the Breast Connect Facebook page, five individuals expressed an interest in participating, while the sixth participant learned about my study through a mutual connection.

Table 1: Relevant Demographic Characteristics of Study Participants

Participant	Age of Diagnosis	Breast Cancer Stage	Duration Since Active Treatment Completion
Jada	38	1	5 months
Karoline	31	2	3.5 years
Heather	32	2B	3 years
Deborah	38	2A - Triple Positive	1.5 years
Emerald	38	2B - Triple Negative	3.5 years

Jessica	38	2A - HER2 Positive and Estrogen Positive	5 months
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Procedures

Upon receiving IRB approval and obtaining participants' informed consent to take part in this study, structured interviews were conducted with each participant via Zoom and lasted between 45-60 minutes. Questions were centered on the unmet support needs (e.g. informational, physical, emotional, and psychological needs) of my participants; the role of communication with their support network members in shaping health identity; and the process of identity negotiation post active breast cancer treatment. Informed by prior research (Miller, 2015a; Rees, 2018; Regnier et al., 2017), the questions aimed to uncover how communication can address the unmet support needs of my participants and enhance their health identity. Even with a structured interview guide (see Appendix A), probes were used on a case-by-case basis to facilitate an in-depth exploration of participants' unique experiences. All interviews were audio-recorded using Zoom's audio recording feature and transcribed verbatim using Microsoft Dictate. During transcription, participants were assigned pseudonyms to protect their privacy. In addition, transcripts were stored in a password-protected file on my personal computer. Prior to analyzing the interview data, each participant received their transcript for member checking in order to confirm its accuracy.

Data Analysis

Once the interviews were complete, I performed a thematic analysis of the data using a three-stage inductive coding process (Tracy, 2013) as outlined in the figure below:

Figure 1: Three-Stage Inductive Coding Process

Stage 1: Initial reading of transcripts (Open coding)
Stage 2: Identification of specific codes (Axial coding)
Stage 3: Generation of themes and subthemes

In Stage 1, I wrote analytic memos to document my thoughts and observations that suggested the emergence of various preliminary codes during my initial reading of the transcripts. By allowing these codes to appear organically, I was able to derive key revelations from the raw data and minimize the impact of implicit biases on my interpretation of participants' responses. In Stage 2, I reread the transcripts as well as my analytic memos to identify specific codes that conveyed some of the most salient aspects of my participants' accounts. Finally, I consolidated these specific codes into overarching themes and subthemes that captured the essence of my participants' experiences post breast cancer treatment. I performed Stage 3 until saturation was reached.

Results

The participants in this study spoke extensively about a variety of topics, such as their unmet support needs and navigating a new approach to health identity as a young woman who has overcome breast cancer. They also discussed the complexity of the "breast cancer survivor" illness identity label and how it can be interpreted differently by each individual based on their unique experiences, values, and perspectives. Although three of my participants mentioned having a family history of breast cancer, all but one of the six total participants were taken by surprise upon receiving the diagnosis. The figure below delineates the key themes and subthemes generated from the inductive thematic analysis process discussed earlier. This section aims to

expand upon these themes and subthemes, articulating their significance in the context of the guiding question for my study: *How can communication that addresses the unmet support needs of young women with a history of breast cancer enhance their health identity?*

Figure 1: Key Themes and Subthemes

1. Ambiguity in Defining Health Identity Post-treatment
2. Negotiation of “Breast Cancer Survivor” Illness Identity Label a. Clear acceptance or rejection b. Acceptance with reservation
3. Limited Age-specific Health Information Post-treatment a. Self-advocacy for unmet health needs b. Informational self-efficacy
4. Finding Community through Experiential Support
5. Embracing Newfound Sense of Self through Supportive Communication a. Opportunities and challenges to heal and rebuild
6. Reaffirming Holistic Identity through Supportive Communication

Theme 1: Ambiguity in Defining Health Identity Post-treatment

For the majority of participants, defining health identity was not only a complex undertaking, but it was also marked by ambiguity due to unexpected health challenges with perimenopause and menopause post-treatment. For example, Deborah described the following struggle in upholding her straightforward outlook on health identity after surviving breast cancer:

I have always viewed my health as an ongoing relationship of “What can I do; what can my body do; how do I get there?” It's not this, like, starving yourself and being thin idea; it's this, “What can I do? Can I go ride my bicycle 12 miles? Can I go climb at the gym?” So, it's making sure that I'm making healthy choices to figure out how far I can push my

body. Um, and the hard part with breast cancer is, you know, it changes. It changes drastically because ... Um, like, I'm in menopause now because of it, and I was dropped in the deep end of menopause. And so, I have to figure out, like, "Am I doing bone damage? Am I taking enough calcium?"

Another participant (Karoline) similarly mentioned how questioning her diet patterns, exercise regimen, and body weight, makes her "hyper-aware" of her health to the point where she overthinks about whether or not she can be considered "healthy." For Heather, the answer to this question has always been somewhat complicated and influenced by familial views on health:

Um, it's just weird because, at least with my cancer, I didn't feel unhealthy before I got sick, like, I didn't know I was sick, you know? And so, I think that it's just been interesting to think about "healthy versus unhealthy" and "Am I healthy? Am I unhealthy right now?" Um, I don't know, I guess, ultimately, I kind of feel like I have a complicated relationship with how I view health in my life. Um, I think that I was raised with a parent who was saying a lot of things were quote unquote healthy that weren't actually healthy, but in her mind, it was healthy because it was diet culture, and she wanted to lose weight, so that meant healthy, you know?

All three accounts illustrate that the definition of health identity post active breast cancer treatment shifts in a way that includes more lifestyle considerations around taking care of one's physical health. Furthermore, the application of healthy behaviors can manifest differently after treatment completion compared to before a breast cancer diagnosis. For instance, while Jada consistently worked out at the gym about three days a week, she now only goes two days a week due to reduced energy levels. Moreover, while pursuing good physical health is an important priority for all of my participants, the journey varies significantly for each individual.

Theme 2: Negotiation of “Breast Cancer Survivor” Illness Identity Label

The interview data showed a high degree of variance in participants’ identity negotiation processes when asked whether or not they identify themselves as a “breast cancer survivor.” While some responses reflected a clear acceptance or rejection of this label, most responses indicated acceptance with certain reservations.

Clear Acceptance or Rejection

Jessica was the only participant who clearly identified herself as a “breast cancer survivor” without any reservations. Her perception of this label was logical in nature as illustrated by the following:

I went back and forth with, like, “Okay, well, what was the date when I considered myself a survivor versus, you know, still in treatment or whatever?” I consider myself a survivor the day that I was diagnosed or, like, probably even before. Like, my first abnormal mammogram came back in November of 2023. So, at that point, you know, I have cancer in my body, but I am still living, so I consider myself, like, in that moment, already a survivor.

This account demonstrates how Jessica equated survival with the notion of being alive, despite having an illness. On the other hand, Emerald used her analytical mindset to reject the “breast cancer survivor” illness identity label:

I don't use that word to describe myself, um, it's not really a label that I identify with. Um, and I'm not really sure why. I mean, I don't ... I'm not getting down on people who do because, obviously, it is something that we have quite literally survived the treatment for. Um, but I don't think of myself that way. Um, I just kind of think of myself as a neutral body, doing life, I guess.

When I asked Emerald to elaborate why this label does not resonate with her, she responded with the following explanation:

I don't really identify with the, like, pugilistic language around, um, cancer treatment. It is -- and maybe that's part of also my clinical background – um, it's sort of an evidence-based process of, you know, “What is the problem? What are the solutions? How do we adjust the course?” Um, so, that was kind of how I approached the whole thing and still do to this day.

Given her background in nursing and experience in oncology, Emerald appreciates an objective standard in viewing any health crisis as a phenomenon that can be solved with medical intervention, without it becoming ingrained in one’s sense of self. Despite two opposing views, both participants employed a logic-driven approach to evaluate their identity in relation to overcoming breast cancer.

Acceptance with Reservation

A unique finding in this study was that while some women acknowledged identifying as a “survivor,” this identity label was not comprehensive of their breast cancer journey. In Heather’s case, “survivor” was the closest word that “[felt] in alignment with [her] experience and how [she feels].” At the same time, that label was helpful for Heather to use as a hashtag when finding other women on social media with similar experiences. In addition, because the terminology surrounding breast cancer survivorship is heavily marketed, as Karoline mentioned, it was easier for both women to specifically declare themselves as “survivors.” Yet, Karoline shared Emerald’s point of view regarding how the “pugilistic” language associated with breast cancer can make it difficult for her to appreciate the “survivor” label, especially with terms like “fighter” or “warrior.”

I had a hard time with that one too because, like, that makes it like you're kind of at war with your own body, and, like, you're fighting your own body. And it makes it really hard to, kind of, use that image of war when, like, it's you and it's just you, like, fighting yourself. And I feel like that “survivor” word can kind of continue all of that.

Finally, Deborah found herself navigating the “tension of survivor’s guilt and the tension of not wanting pity.” Although she does not want cancer to become her identity, she acknowledged the misfortune of having cancer as “a part of [her] story and a part of [her] identity” since she is unwillingly restricted from doing the activities she is passionate about, such as rock climbing. Thus, Deborah feels as if she is being forced to identify as a survivor due to circumstances beyond her control; nonetheless, her account implies a determination to not let cancer take over her sense of self.

Theme 3: Limited Age-Specific Health Information Post-treatment

Among the participants in this study, the general consensus was that obtaining relevant health information post active breast cancer treatment was difficult. This situation was largely attributed to limited research on young women’s health challenges after surviving breast cancer and the lack of sustainable medical solutions for these problems. In fact, Jada faced several information barriers when doing her own research, particularly in navigating medication, chemotherapy, and endocrine therapy options. Karoline’s situation was intensified by medication side effects that impacted her fertility:

So, being on Tamoxifen sort of puts you in, like, perimenopause, or even puts some people in menopause and all the after medication, and it causes all kinds of problems when you're in your 30s that they have no solution for, no treatment. Um, like a lot of issues around, like, sexuality and sexual health, um, female health --that has been a huge,

huge, huge struggle for me. And that's really hard when you're a newlywed and wanting to have children one day, and you just can't figure out why things aren't really working the way they're supposed to.

In order to manage their uncertainty around acquiring the necessary information for responding to diverse health needs after treatment, participants employed various information-seeking strategies, which are discussed in the subthemes below.

Self-advocacy for Unmet Health Needs

Participants emphasized how explicitly advocating for their unmet health needs post-treatment was essential to gain clarity about ongoing concerns with their body. In Jessica's words, participants often "had to put up a bit of a fight to get [their] needs met." For example, Heather expressed her frustration about her physical needs being overlooked for quite some time until she finally discovered a treatment that was appropriate for her situation:

It's hard to say effectively met; it's just, I felt like I had to advocate a lot. Like, my oncologist ... As much as I would complain about my joint pain, my fatigue, my vaginal dryness, the painful sex – like, I'm young, and I'm not feeling, like, I'm feeling terrible, and this has been for a long time – um, he just didn't seem like he didn't know what to do with me. Um, and so, thankfully, I found out about a breast cancer study that's doing the testosterone pellets to show how it helps women stay on their treatment longer. So, I did not feel like my physical needs were being met for a long time; now, I do.

Similarly, Deborah's courage to ask uncomfortable questions played a crucial role in her ability to obtain key details about her sexual health post-treatment:

I was 39 years old at that time, sitting in this man's office, and please keep in mind: he's not ugly! He's a younger dude that I'm having to ask all the crazy, awkward questions to

because I've been married for 20 years; I'd like to stay married for longer; and sex is important in marriage. And so, having to ask all the awkward questions *sucks*.

Thus, participants were urged to seek information by articulating their health problems and asking specific questions either because 1) their needs went unnoticed by their healthcare providers or 2) the information participants received was limited or ambiguous.

Informational Self-efficacy

An important finding from this study was that the ability for participants to seek relevant age-specific health information after concluding active breast cancer treatment was easier for some than others. Emerald's clinical background in nursing likely gave her the greatest advantage in being able to fulfill her own informational needs, along with serving as a reliable source of information for other women who have overcome breast cancer. She described her appreciation for having this privileged position in the following way:

I was privileged that I have the intellectual -- not intellectual -- the informational framework to know what to ask and how to ask it. Um, so that came in very handy, and I know not everyone, *definitely* not everyone has that. And, um, also, I felt, you know, I felt useful on the Breast Connect group during this whole time because, you know, everyone has questions, and not everyone knows how to get them answered, um, or what to ask. And so, I felt like I was able to be a really effective support person for other people during my treatment.

Emerald's insight demonstrates that sharing meaningful information with others can be extremely beneficial for individuals like Deborah and Heather, who stressed upon their struggle to find valid health information online. Furthermore, Heather actually preferred to "go to [her] people more often for information or about their personal experience, but [she's] not one that

will, like, go on a Google doom scroll looking up things on [her] own. So, [she's] not always super informed.” In contrast, Jada was not only comfortable doing extensive online research independently, but many of her questions were satisfactorily answered by her medical providers. Unfortunately, other participants did not receive this form of informational support from their health care team, which deepened their uncertainties about managing post-treatment health complexities from a scientific standpoint. Overall, each participant’s level of informational self-efficacy greatly impacted the process of identifying and addressing their unmet health needs.

Theme 4: Finding Community through Experiential Support

Five of out six study participants alluded to the benefits of developing connections with young women who have also experienced breast cancer. These relationships enabled them to cultivate a space in which they could share mutual feelings about post-treatment health challenges that others would not be able to naturally relate to. For example, Jada’s account illustrated her comfort in being able to speak with a friend who overcame breast cancer:

...it's nice to kind of, you know, complain about medication and stuff with her because nobody else really gets it, you know? Unless you're on it, you don't actually understand the side effects, you know. But yeah, it's nice to have a friend that has kind of been through the same thing.

Jessica found value in a similar interaction with a young survivor when they showed each other their scars from surgery. In Karoline’s case, the opportunity to meet other women who completed breast cancer treatment gave her a “natural kinship” since she could “kind of just start making jokes about things that other people wouldn't understand” without being compelled to explain her entire medical situation. For Emerald, this kinship transformed into a calling to be present for other women who have survived breast cancer. Finally, Heather felt inspired to see

other women facing life with strength and confidence. Although she did not initially find those qualities within herself, “eventually, [they] did bleed over into [her].” All of these stories are a testament to the value of fostering relationships with like-minded individuals in order to feel less isolated and become uplifted by a positive network of experiential support.

Theme 5: Embracing Newfound Sense of Self through Supportive Communication

Overcoming breast cancer gave participants the opportunity to embrace a new side of their identity, which was reinforced by supportive communication. On the other hand, some participants faced difficulties in navigating various identity shifts post-treatment. The following subtheme elaborates on these opportunities and challenges.

Opportunities and Challenges to Heal and Rebuild

Participants expressed how members in their support network gave them an emotionally safe space to address their concerns after completing treatment and offered a meaningful outlet to communicate their distress. For instance, Jada described how her husband served as an essential source of emotional support:

Yeah, he’ll let me vent, he’ll let me cry, um, and without getting emotional as well. He definitely will break down if my friends are with him and they’re alone, but he won’t do it in front of me, which is so needed. I can’t allow myself to heal if I also have to take care of other people.

In addition, Heather’s survivor friends paved the way for her to rebuild her identity “...in a stronger way, kind of more confident way...” She went on to clarify the following: “I’m not trying to get back to ‘pre-diagnosis Heather’... Because I think everyone talks about ‘Are you back to normal, getting back to normal, back to your old self?’ And, um, that’s just difficult.” Jessica shared the same sentiment in terms of being unable to revert back to her physique as a

competitive CrossFit athlete before getting diagnosed with breast cancer. Nonetheless, she affirmed that “it means more now to be rebuilding and fighting back after all of that than it did, you know, previously.” She further expressed her gratitude for receiving this poignant reminder from a workout buddy at the gym.

Likewise, Deborah benefited from esteem support that motivated her to continue performing the activities that she enjoyed before her cancer diagnosis, even if she has to give herself extra grace:

...it is hard, um, but because I do have people around me that help push and that help remind me that, like, “It's okay to take breaks, and it's okay to have hard days, but then let's get back. Let's figure it out and go back to it,” my identity doesn't end at cancer. My identity will end somewhere else, hopefully, um, but it's not ending at cancer.

Although Deborah reinforced her intention to not let cancer become her identity, she was still aware of breast cancer's long-term impact on her quality of life. Hence, she wished that individuals in her support network would occasionally initiate conversations about the topic, as “the scars that are there aren't really visible ones.”

Out of all the participants in my study, Karoline appeared to struggle the most with receiving sufficient emotional support from her inner circle post-treatment. While this need was not being fulfilled at an optimal level even before treatment, she was hopeful that the individuals to whom she would typically extend support would reciprocate at least a portion of that after treatment. Unfortunately, the lack of reciprocity remained consistent:

I always, like, went 100% of the way. And, like, now, maybe I only go 60 or 70, and I'm hoping they'll come the other 30, and, like, I don't, I don't really get that ... I'm not being the person they need me to be. But I'm having to really challenge myself on all of that

because I think, you know, it was all, like, my own identity that I had made up, and this is an opportunity for me to not just take on all those roles that I don't have to anymore.

Karoline's experience demonstrates how the challenge of recognizing breast cancer's impact on her identity was heightened by inadequate supportive communication that tended to her emotional need of receiving understanding and grace. Nonetheless, she viewed this setback as an opportunity to create new priorities that aligned with her newfound sense of self and reject the roles she no longer has to expend her energy on, that is, serving as other individuals' emotional support resource while compromising self-care.

Theme 6: Reaffirming Holistic Identity through Supportive Communication

While participants acknowledged the impact of breast cancer on their life trajectories and embraced its accompanying identity shifts, supportive communication assisted them in preserving certain aspects of their overall identity that is independent of the disease diagnosis. For instance, Jada appreciated the fact that her friends do not treat her in a different light post-surgery, nor do they place her breast cancer experience at "the forefront of [their] conversations." Jessica and Emerald also shared that their identity has not fundamentally changed after completing treatment. Rather, their relationships allowed them to reaffirm the essence of who they are. As such, Emerald now finds greater meaning in her relationships:

I feel like my relationships with my social network are kind of agnostic in relation to my treatment experience. I think my social connections have remained stronger than they would have, had I not been in treatment. Um, I definitely am, uh, you know, residually more grateful, and I value my relationships more now than I did before. Um, so in that sense, like, I feel like everything is stronger. Um, but yeah, with my identity, um, I don't know. I don't feel like it's made that much of a difference.

Although these women did not necessarily return to their “pre-cancer selves,” the most salient aspects of their overall identity remained intact. On the other hand, Karoline sensed her caregivers urging her to go back to who she was before the cancer diagnosis, which had major tradeoffs as illustrated below:

Like, once you get through active treatment, they kind of stop providing the level of support they were giving you, and also, your caregivers kind of are like, “Oh okay, we're through it, and you're okay now...” which, this is good and bad. They start treating you like normal again, um, but that can be hard because things are not normal for you, and they never will be again.

Even though Karoline has preserved a part of her identity that encourages her to show up for others, despite certain constraints in being able to serve as a complete emotional support resource, her identity negotiation complexities would have been significantly eased had her support network “[realized] that [she is] still struggling with it daily.”

Discussion and Theoretical Implications

This study generated major breakthroughs in the literature surrounding young women’s health and life journeys after overcoming breast cancer, which can be a life-changing condition for many individuals. The following section outlines a discussion of these findings and their theoretical implications.

Informational support was the top unmet need among my participants, aligning with Fan et al. (2023)’s research outcomes. Women specifically expressed concerns about receiving limited information to assist with managing health problems that typically arose from early menopause symptoms post-treatment. Sexual health and female wellness challenges were prevalent in the conversation, testifying how breast cancer raises a unique set of complexities for

young women, whose age-specific priorities around relationship health and family planning may not resonate as strongly with older women (Easley & Miedema, 2012; Parker et al., 2023; Regnier et al., 2017). In order to address these medical sources of uncertainty (Miller, 2015b), some women sought additional information about dealing with post-treatment health ambiguities from medical providers, while others struggled to find clarity on next steps. Therefore, not only does this outcome call for improved patient-provider communication that addresses young women's informational support needs after completion of active breast cancer treatment, but it also echoes Martin et. al (2010)'s claim that uncertainty management in a healthcare setting does not have a one-size-fits-all approach. Based on my participants' accounts, there was a general desire to receive more information in order to come to terms with ongoing health uncertainties that may not have definitive treatment solutions, such as reproductive health issues associated with early menopause.

Regarding negotiation of the "breast cancer survivor" illness identity label, findings were generally mixed and somewhat consistent with existing research on this topic among young women specifically. For the one participant who outright rejected the label (Emerald), her view aligned with past participants who had a strong dislike toward the aggressive connotation of the word "survivor," implying someone who was under attack or had viciously fought an entity (Rees, 2018). On the contrary, only one participant (Jessica) comfortably asserted herself as a "breast cancer survivor" since she equated this label with the notion of being alive, despite having a major disease. These viewpoints reinforce past research conclusions, illustrating the wide spectrum of interpretations that can result from the same word based on one's values, beliefs, and preferences. While the majority of participants struggled to definitively choose one side or the other, they did not necessarily find themselves in the middle of being a "patient" or

“survivor” as reflected in the study by Miller (2015a). Rather, participants were on an ongoing journey to cultivate an identity that recognized the impact of breast cancer on their sense of self while also keeping their fundamental identity intact – one that was independent of receiving a breast cancer diagnosis in the first place. This revelation clearly demonstrates how biographical reconstruction can encourage young women with a history of breast cancer to embrace a new normalcy in their quality of life (Iannarino et al., 2017). Furthermore, my findings produced novel insights into how supportive communication stimulated the biographical reconstruction process to enhance health identity.

One way participants benefitted from supportive communication post-treatment was by seeking experiential support from other women who had also survived breast cancer. While past research investigations have described a lack of support group resources that are both tailored to the unique age-specific needs of younger women and deviate from “mainstream breast cancer survivor culture,” my results indicate promising avenues for young women to find experiential support through social media and other online platforms (Rees, 2018, p. 5; Snyder & Pearse, 2010). In fact, many of my participants are members of the Breast Connect Facebook group, which is not only a useful information resource, but it is also a valuable forum for engaging with young women who have experienced similar breast cancer journeys. Even though not all women in these online groups resonate with the “breast cancer survivor” identity label, their social identity needs can still be satisfied by finding purpose and belonging in a community that shares a common vantage point of having survived breast cancer (Tajfel & Turner, 1986). With the growing advent of computer-mediated communication since the COVID-19 pandemic, young women have a unique opportunity to participate in virtual communities or even create their own

online mediums to garner experiential support in ways that were not considered feasible a few years ago.

The second way participants benefitted from supportive communication was by receiving messages that validated their feelings and circumstances in a positive manner. In line with Iannarino et al. (2017)'s research, normative social support entailed intentional messages that promoted normalcy by putting the breast cancer experience aside in everyday conversations for participants like Jada. This supportive communication approach follows the restitution narrative that implies a successful resolution of an illness (Miller 2015a, Peng et al., 2025). At the same time, participants like Deborah and Karoline preferred that their social network members respectfully acknowledge breast cancer's impact on the performance of certain activities with greater limitations, such as having to take frequent breaks or no longer being able to serve as an adequate emotional support resource for other people. In aspiring for this supportive communication style, they presented their breast cancer journey through a quest narrative lens that resulted in important takeaways about the disease's long-term impact on quality of life (Miller 2015a, Peng et al., 2025). Overall, both narratives directed the young women in my study to embrace a newfound sense of self rather than revert to their pre-cancer identity. Additionally, by communicating their preferred narrative to support network members and receiving support that resonated with their post-treatment expectations, participants were able to explore the liminal space between "cancer patient" and "person." As a result, young women with a history of breast cancer may find that their identity negotiation processes can be eased when rooted in the context of their overall health.

Defining the exact nature of health identity post-treatment remains an ongoing endeavor for most of my participants, influenced by their evolving goals, priorities, and continual

uncertainty regarding what “good health” even entails. Thus, health identity can be delineated as a “context-based label that is interactively (re)constructed in performative acts” (Pelters, 2024, p. 1183). As shown by the overarching results of my study, the reconstruction process can be impacted by the effectiveness of communication by young survivors’ support network members. Moreover, this study’s preliminary outcomes suggest the value of addressing young breast cancer survivors’ unmet support needs in accordance with the health identity they are striving for, whether that involves seeking a safe space for emotional regulation, desiring esteem support to rebuild one’s inner confidence, or discovering environments that instill physical resilience after surmounting a major health crisis.

Conclusion

Breast cancer has become increasingly common among women below the age of 40, affecting the trajectory of their careers, relationships, and long-term health outcomes. Although the combination of advanced diagnostic methods and scientifically sound treatment options have significantly reduced the mortality rate for this disease across various age groups, navigating post-treatment life is an arduous undertaking for young women in particular. Hence, my study not only offers a glimpse into the unique physical, emotional, psychological, and social challenges among young women with a history of breast cancer, but it also advocates for addressing their unmet support needs in a way that empowers their sense of self. Findings illustrated that the largest unmet need for participants was receiving inadequate information about managing lingering cancer treatment side effects and other health issues associated with early menopause. A major practical implication from these results involves introducing or refining specialized survivorship programs that can provide young women with age-appropriate support services, from open discussions about fertility issues with a healthcare provider to peer

psychosocial support (Vuong & Warner, 2024). In addition, these programs can harness a more personalized approach to care that aligns with young women's outlook on health identity, even if their definition of this concept is somewhat unclear or in a state of perpetual change. Besides enhancing the structures that can assist young women in navigating the post-treatment phase with greater clarity, a more nuanced understanding of the identity negotiation struggles that emerge after active treatment completion can better equip clinicians, families, and friends to effectively support these women with empowering and empathetic messages.

This study has certain limitations that warrant acknowledgment. First, my study cannot be generalized to all young breast cancer survivors diagnosed with the disease at or under the age of 40 since my non-random sample of participants may not be representative of the broader population. Secondly, despite my own efforts to minimize bias through analytic memos and a repeated examination of key themes through a multi-stage coding process, subjective bias may still have influenced my interpretation of interview data during thematic analysis. Finally, studying a small sample of six young women with a history of breast cancer may restrict the diverse range of experiences that can be captured across race, ethnicity, and socioeconomic status. Future scholars can expand upon my preliminary investigation of health identity among young breast cancer survivors by narrowing their focus on a specific theoretical understanding of this term. Researchers can also explore the cultivation of health identities using advanced qualitative research methods (e.g. an ethnographic study of patient-provider communication encounters and their impact on young breast cancer survivors' self-efficacy to manage medication side effects). Ultimately, the debilitation and uncertainty that is often associated with post-treatment life can be counteracted by supportive communication that enables young women

who have overcome breast cancer to discover a renewed confidence in their health and enjoy an optimal quality of life.

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Appendix A: Interview Guide

Screening Questions

1. How old were you when you were first diagnosed with breast cancer?
2. What stage of breast cancer were you diagnosed with?
3. How long have you been out of breast cancer treatment?

Introductory Questions

1. Could you share a little bit about your experience with breast cancer and what that time was like for you?
2. What does “health identity” mean to you, or how do you view yourself in terms of health since you completed breast cancer treatment?
3. Do you identify yourself as a “cancer survivor”? Why or why not?

Core Questions

1. Could you share some of the needs you had after treatment that were effectively met?
These can be physical, emotional, informational, psychological, or otherwise.
2. On the flip side, were there any needs you had that were not adequately met?
3. Do you feel that you have a support network post cancer treatment?
4. How have interactions with members in your support network influenced the way you view your identity post treatment?
5. Do you feel that certain types of communication helped you feel more empowered or confident in your health journey post breast cancer treatment?
6. Was there ever a time when communication fell short or didn’t meet your needs? If so, how did that experience affect how you view yourself?

7. At any point after your treatment, did you connect with other young breast cancer survivors? If so, how have those interactions shaped your sense of self?
8. Thinking about your life now and everything we have discussed so far, how have supportive conversations helped you redefine what it means to be (insert either “healthy?” or “cancer survivor?” based on interviewee’s response to introductory question #3)

Closing Questions

1. Based on your experience and your overall perspective about this topic, how can future young breast cancer survivors like yourself be better supported in their health and life journeys post-treatment?
2. Is there anything else you would like to share about your post breast cancer experience?