

Cancer Blogging and Connective Action

In this chapter I will begin the analysis of the tendency in contemporary blogging to intertwine individual, often very intimate, narratives of cancer and multivalent projects of social mobilization. In terms of creating an overview of the field blogging is the most obvious place to begin as there is more published research on illness communication that uses this form of social media, than on similar communication that uses Facebook, Instagram, Twitter or Snapchat (see Chaps. 3, 4). As mentioned in the introduction entrepreneurial cancer narratives can focus either on raising money for treatment of particular individuals or on mobilizing attention and other forms of value to benefit general cancer-related causes. In this chapter I focus on the latter as exemplified in the communications of two “biological entrepreneurs”: Rosie Kilburn (<https://theknockoneffect.wordpress.com>) (UK, 1992–2011) and Jessica Joy Rees (<http://www.jessicajoyrees.com/my-journal/>) (US, 1999–2012), where the blog is one of many social media platforms related to Rees’ struggle against cancer.

These two cancer blogs (which, at the time of writing this chapter, can still be found online) have many similarities. First, both blogs have attracted extensive mainstream media interest; most probably because they are created by two young female bloggers, who describe the frightening process of being diagnosed with and fighting cancer. Second, both bloggers use their blogs to create awareness, mobilize energy and raise money to benefit other people suffering from similar diseases. The social projects of the blogs have different goals, such as raising money to buy

Antecedents	Defining attributes	Consequences
<ul style="list-style-type: none">• Illness experience• Challenge to one's integrity/identity and one's family integrity/identity• Desire, ability, and time to write• Computer, Internet access• Blog creation capability	<ul style="list-style-type: none">• Unsolicited• First-person narrative• Online text narrative• Written by patients or family member• Created during treatment for illness• Frequent entries• Reverse chronological postings• Author-reader interactivity• Archived entries• Links to other websites• Beginning, middle + or – an ending• Publicly accessible or password protected• Multiple audiences• Publication in 'real time'	<ul style="list-style-type: none">• Positive• Uncertainty management• Identity evolution• Integration of events into family life• Stress management• Enhanced communication of events, feelings, etc to and from audience• Establishment of 'legacy'• Improved relationships• Diminished isolation• Negative• Hurt feelings• Further isolation• Skewed perception• Time away from loved ones• Strained relationships

Fig. 2.1 Antecedents, attributes and consequences of illness blogs. *Source* Heilferty (2009, 1541)

gifts for children with cancer (cf. Rees' blog) and supporting institutions that offer cancer treatment (cf. Kilburn's blog). In other words, the blogs intertwine the intimate story of an individual person with an appeal to the receiver to engage in more general problems or projects. In this way, the personal, the corporeal-affective and public-mobilization are conflated, creating, what I will in this chapter refer to as, an *entrepreneurial cancer blog*.

According to Catherine Heilferty's review, illness blogging as a type of media practice is characterized by a range of antecedents, attributes, and consequences (model from Heilferty 2009, 1541) (Fig. 2.1). It is striking that, according to Heilferty's table, the positive consequences of illness blogging are restricted to the relational, individual and psychological consequences for the blogger him- or herself (e.g. stress management, diminished isolation, etc.). While this is, of course, one aspect of illness blogging, I would like to add words like "social change", "multivalence" (Marres 2011) and "cultural mobilization", which are also potential consequences of the blogs I analyse in the following study.

Therefore, the two blogs challenge Heilferty's idea of a clear distinction between the more personal and inward-looking illness blog, and "political, journalistic, commercial, personal diary or social networking blogs" (Heilferty 2009, 1542). Illness blogs can also be explicitly entrepreneurial and socially mobilizing.

However, I do not wish to advocate too strong a distinction between entrepreneurial activities on the one hand, and personal problem solving and support on the other. After all, the entrepreneurial activities on the blogs are also a way for the individual to master and somehow make sense of or structure life with a serious illness through on-going narrative-affective work on the blog (cf. introduction Chap. 1). My argument is simply that focusing too narrowly on these therapeutic dimensions risks overlooking the blogs' socially transformative agendas, which go beyond the strictly personal illness experience, or rather use this personal departure to address social problems, needs and solutions. As mentioned in the introduction my overall claim is, thus, that the examined cancer blogs are sites of personal expression and entrepreneurial activities that focus on using existential "contingencies" (like cancer) to establish projects of "everyday history-making" (Spinosa et al. 1997) with social goals that transcend, but also transform, the life and death of the individual blogger (Sarasvathy 2001).

The mobilizing and transformative potential of the illness blog is not least based on the collective affective intensities motivated by following the bodies and stories of the bloggers. The blogs seem to create a kind of "cross-appropriation" (Spinosa et al. 1997) by integrating dimensions known from the social fields of politics, charity and marketing (e.g. communication stimulating action or consumption by creating affective attachments to causes and commodities [Thrift 2008]) into the social world of illness, which is normally dominated by notions of public invisibility, passivity and recovery through a privatizing withdrawal of the body (Foucault 1963). Thus, the "style" (Spinosa et al. 1997) of the world of illness is challenged, as the ideas of how an ill person normally behaves and situates herself in "the social" are renegotiated via cross-appropriation.

One aim of this chapter will be to initially identify and analyse the entrepreneurial and affective tendency in contemporary cancer blogging. I shall begin by situating this entrepreneurial practice within the existing research on online cancer communication in order to clarify how cancer patients use the internet and blogs. After this I will introduce and

problematicize the existing theoretical notion of illness communication online as mainly therapeutic and a-political. Following an analysis of the entrepreneurial blogs of Kilburn and Rees a further aim will be to discuss the political and social potentials of this type of blogging. In order to do this, I shall introduce and link the practice of entrepreneurial blogging to different theoretical perspectives on the transformative political potential of public affect in contemporary political culture, which are presented by, among others, Nigel Thrift, Lauren Berlant, Sara Ahmed, Judith Butler, Zizi Papacharissi. My key point here will be that the blogs investigated are perhaps not “politics” in a traditional institutional understanding of the word, but that they are an example of a new form of connective and affective political engagement, which must be understood and evaluated on its own terms (Bennett and Segerberg 2012). But also that the political potential of entrepreneurial blogging is dilemmatic as it seems both to resonate with an increasing privatization of health care problems, and offer important new understandings of what cancer patients are and can do.

CANCER PATIENTS AND THE INTERNET

The internet has become an important platform for finding information on health related issues generally (Ådland and Lykke 2015), and this underlines that professional health care authorities are only one of many sources of health information. Health care professionals are thus increasingly challenged by internet resources of communication. A vast amount of research has investigated how various groups of cancer patients—both in terms of cultural context and cancer type—utilize the internet and it overall seems to suggest that an increasing number of patients turn to the internet during their illness experience (Kowalski et al. 2014). Cancer is among the most “commonly searched health topics on the Internet” (Nguyen and Ingledew 2013, 662, see also Satterlund et al. 2003). The internet is, however, only one of many important sources of information for cancer patients, who besides health professionals most often cite friends and co-workers, other cancer patients, television and radio, brochures and pamphlets as important sources of information (Ziebland et al. 2004).

In existing research the percentage of cancer patients that use the internet for cancer related activities (information seeking and/or communication) varies a great deal depending on the type of patients

involved. Here is a summary of the results of some of these studies: In a Canadian study from 2013 71% of the included 56 patients used the internet for cancer related purposes (Nguyen and Ingledew 2013), in a US study from 2011 the number was 63% of 500 patients (Castleton et al. 2011) and in a 2004 UK study of 175 people from various cancer patient groups the number varied from 26 to 59% (Ziebland et al. 2004). A UK study of 200 breast cancer patients from 2013 showed that the number was 50.5% (Littlechild and Barr 2013). 58% of 43 cancer patients used the internet as a source of information in a US study from 2010 (Nagler et al. 2010), while another US study of 224 breast cancer patients found that the number was 49%, and that the internet kept on being an important source throughout treatment, which was not the case with for instance books (Satterlund et al. 2003). Based on these studies approximately half of the population of cancer patients in Western countries seems to use internet resources in relation to their illness.

Research has, however, also shown an important digital divide in the use of internet resources during cancer. Use of internet during cancer experiences is linked negatively to high age (Castleton et al. 2011; Ziebland et al. 2004; Høybye et al. 2010; Littlechild and Barr 2013), low education (Castleton et al. 2011), being part of a racial minority group (Castleton et al. 2011; James et al. 2007) and low income (Høybye et al. 2010; Littlechild and Barr 2013). In an early US study of 200 patients, who were relatively socioeconomically disadvantaged, only 10% used the internet to find information about cancer (Helft et al. 2005), and a large, but also quite early, UK study of 800 patients in a less privileged area found that only 4.8% accessed the internet for cancer knowledge (James et al. 2007). The percentage of people who reported that their internet activities had influenced decision-making processes in relation to the illness (e.g. in terms of choice of treatment) also varies from for instance 13.3% (Castleton et al. 2011) to 53% (Nguyen and Ingledew 2013).

The internet is used by cancer patients in multiple ways and for multiple reasons: Most importantly to find information about diagnosis, prognosis and treatment related to specific types of cancer (also alternative treatments), interpretation of symptoms and side-effects (Ådland and Lykke 2015; Nguyen and Ingledew 2013; Castleton et al. 2011; Ziebland et al. 2004; Maloney et al. 2015), but also to get a “second opinion” about information from health care professionals (Ådland and Lykke 2015; Ziebland et al. 2004); to develop questions to be asked

during meetings with for instance doctors (Castleton et al. 2011); to develop and display competences and “social fitness” (Ziebland et al. 2004); to access perspectives or narratives of other cancer patients with similar experiences (Rozmovits and Ziebland 2004); and to engage in groups and find emotional and peer support (Høybye et al. 2010; Yli-Uotila et al. 2013). Research from the USA has shown that patients actually are well aware of the not always reliable nature of online knowledge about cancer, and that their information seeking practices focus on validating knowledge by combining and comparing multiple sources (Maloney et al. 2015).

CANCER BLOGGING

The blog as a specific type of social media has been quite intensely researched over recent years, as it has become a prominent and used type of communication tool for people experiencing illness. It is free, easy to use and update, even during states of bodily vulnerability, and the longer narrative format of blogging (compared to e.g. Twitter and Instagram) seems to fit the needs of many especially younger and well-educated cancer patients. Jill Walker Rettberg defines a blog as “a frequently updated Web site consisting of dated entries arranged in reverse chronological order so the most recent post appears first” (Rettberg 2008, 19). Often the postings are “frequent” and “relatively brief”, and they are “usually written by individuals, and present an individual’s subjective view of—or log of—the Web, their life or a particular topic” (Rettberg 2008, 21). Rettberg continues to distinguish between three main types of blogs: (1) the diary-style blog, which focuses on the private and often intimate life of an individual blogger, (2) the filter blog, which communicates the varied interests of an individual blogger via listings of other links (e.g. web sites, articles) and (3) the topic-driven blog, which focuses on a certain social phenomenon (e.g. knitting, cars, a certain designer), but which is not necessarily created by a single blogger. The illness blogs that form the basis of this chapter take the shape of a diary-style blog, with the individual experience of illness as a dominant theme, but with an agenda transgressing a purely intimate and personal perspective.

Measuring the blogosphere is an almost impossible task. In 2012 19 million people were estimated to blog (Gualtieri and Akhtar 2013, 4). In 2016, however, the blog platform Tumblr alone has almost 300 million registered blogs. How many cancer patients actively read and write

illness blogs or personal websites is also contested, but some estimates are available. The worldwide number of health or health-related blogs was approximately 24,000 in 2013 (Gualtieri and Akhtar 2013, 5), but how many of these were actual patient or cancer blogs is not known. The reason why the number of patient or cancer blogs is so difficult to establish is not least linked to the problem of genre definition: when is a blog a patient or cancer blog as opposed to a blog about something else that just happens to mention cancer or patient experiences? Should it be initiated as a blog about illness, should a certain amount of the posts deal with illness?

According to a 2009 Pew study 61% of the US population use the internet during illness and 13% of these create or work on their own blog (Raine 2009). According to Kim and Chung “highly educated Caucasian females” are the predominant demographic groups using cancer blogs (Kim and Chung 2007, 449), but recent studies have “de-feminized” the platform by showing that male users express emotion on blogs just as much as female users (Kim and Gillham 2015). Ruth Page does, however, show that women cancer bloggers have a tendency to write longer messages, to engage more in commenting and to use hyperlinks to other blogs more than male cancer bloggers (Page 2012). In terms of reading or using health related blogs a 2015 US study of 70 breast cancer patients reported that 23% accessed individuals’ homepages or weblogs (Maloney et al. 2015). Ressler et al. has furthermore shown that 95.1% of people that blog about chronic pain or illness also read other people’s blogs on similar topics, and that 89% have commented on these blogs, which underlines that the blogosphere is highly networked and relational (Ressler et al. 2012). Other known characteristics of blogging from a US study include that 87.8% of blogs on chronic pain and illness is public and searchable online and that 64.1% of bloggers use their own name when blogging. It is also striking that blogs are shared primarily with friends and relatives, and that they are more rarely discussed with health care providers (Ressler et al. 2012).

The content of cancer blogs is predominantly experiential, personal and opinion-based, more than focused on traditional medical knowledge (Kim and Chung 2007, 449; Kim and Gillham 2015, 6). A study of 16 female cancer bloggers showed how pain and fatigue, insurance and financial barriers, fertility concerns and symptoms of stress and anxiety were recurring themes of their narratives (Keim-Malpass et al. 2013b). But why do bloggers feel the need to share these intimate experiences on

a platform open to the public? Chiu and Hsieh made a qualitative study of 34 cancer patients that actively write with fellow patients online and they discovered a range of converging reasons for doing so: (1) To be remembered after death by leaving something behind for relatives, children and friends, (2) to release negative feelings of fear, anger and distress through writing, (3) to help fellow sufferers in a similar situation, (4) to influence fellow patients through experiential knowledge (about e.g. medicine or side-effects), (5) to find survivors creating hope of own recovery and survival and (6) to be part of a supporting community (Chiu and Hsieh 2012).

A main focus on research on cancer blogging has been its positive effects: how it allows for new relations and communities, positive emotional effects and processes of regaining a sense of control and understanding of the unruly body of the cancer patient (Keim-Malpass et al. 2013a). Ressler et al. e.g. show how “initiating and maintaining an illness blog resulted in increased connection with others, decreased isolation, and an opportunity to tell their illness story” (Ressler et al. 2012, 1). Another recurring point is that this type of communication is a resource of important narrative knowledge of patients, which the health care sector could make more use of when trying to understand how to improve communication and treatment practices (Keim-Malpass et al. 2013b; Gualtieri and Akhtar 2013). In this sense blogging is approached as a tool congenial with the agenda of the narrative medicine movement (Charon 2006) and studies of illness narrative (Frank 1995): to bring back the specific and lived experience of illness to the health care sector in order to make it more caring and ethically sensitive.

BROKEN SELVES AND THERAPEUTIC NARRATIVES

In the academic literature on illness narratives more broadly—that is, not only in relation to online communication—it is a common, although not uncontested (Williams 2000), assumption that chronic illness functions as a “biographical disruption” (Bury 1982) since “chronic illness is precisely that kind of experience where the structures of everyday life and the forms of knowledge which underpin them are disrupted” (Bury 1982, 169). The understanding of illness as disruption is often linked to an understanding of language, storytelling or narration as tools used to control, neutralize or order this disruption, or to give voice to a personal account of suffering. According to Lars-Christer Hydén, the study of

narrative and illness shifted its focus in the beginning of the 1980s, from how doctors could read patients' bodies as texts, or how doctors themselves textually constructed the patient role, to how narratives and stories were involved in the "patients' experience of suffering" (Hydén 1997, 51) (see also Bury 1982; Kleinman 1988; Frank 1995, 1998). The main focus became how communication and narratives are involved in "the attempts of patients to deal with their life situation" in the process of adding "meaning to events that have disrupted and changed the course of one's life" and in giving "the sufferer a voice for articulating the illness experience apart from how illnesses are conceived and represented by biomedicine" (Hydén 1997, 51). Social media platforms, such as blogs, further the trend for individuals to reclaim an individualized—and not purely medical—account of their disease although recent studies have argued that patient bloggers often seem to combine a postmodern focus on individual perspectives with a modern faith in biomedicine (Coll-Planas and Visa 2016). Cancer blogs, however, also make it possible for these individual voices to become social gathering points and politically mobilizing forces. To date, this mobilizing dimension often has received insufficient attention in the academic literature on online illness communication.

The idea of deep illness as "biographical disruption", coined by Michael Bury in 1982, has been problematized by Simon J. Williams, who convincingly argues that this perspective "fails to account for a range of other possibilities in which illness may already be a central part of one's biography, either from birth, early childhood or in later life, including the notion of so-called 'normal crises' (...). To this we may add other important elements of *biographical continuity*, if not *reinforcement*, both individual and collective in nature, which the advent of illness may bring" (Williams 2000, 61). In other words, Williams emphasizes that deep illness is not always a disruption, but may well be something with which a person has coped his/her whole life, or something that a person anticipated, because of other factors, such as lifestyle or age. Furthermore, William stresses that we have to be aware of "the different cultural and existential meanings which people endow their illness" (Williams 2000, 53). The same diagnosis can be a devastating and debilitating event for one person, and a motivation "to get things done" for another. This is clearly exemplified by the abovementioned bloggers, who seem to react to their disease with intensified entrepreneurial activities.

A prominent discussion point across literature on online illness communication is the potential for online technology to empower patients and to offer them a virtual space of self-representation, narrative expressivity and support. Among the more “techno-optimistic” researchers of the field are Barbara Sharf and Charlotte Kimby, who view online communication as a catalyst for self-inspection, knowledge creation and valuable social relations (Sharf 1997; Kimby 2007). Nevertheless, there are also more ambivalent academic evaluations of the empowering potential of online illness communication. Victoria Pitts, for example, claims that a tension can be observed on personal cancer webpages. This tension exists between (1) the cancer patient’s opportunity to make connections, share knowledge and challenge existing notions of gender and beauty in an online setting, and, (2) an often problematic “personal responsibility ideology”, making the individual solely responsible for finding and fighting cancer (Pitts 2004, 55).

On the positive side, Shani Orgad argues that online communication about breast cancer, “allows women to voice experiences that would otherwise probably have remained unheard and obscured; it encourages them to develop supportive relationships that in many cases would otherwise have not occurred; it helps them regain the control of the visibility of their bodies, and thus of their selves” (Orgad 2005, 153). On the negative side, Orgad also stresses that online spaces are less globally inclusive and more culturally exclusive than often described (Orgad 2006), and, like Pitts, she identifies the potential problem of privatizing cancer, and turning cancer into a purely individual struggle via online communication (Orgad 2005, 142); “At the end of the day”, she writes, “the battle against the disease is a matter of personal struggle and redemption behind the screen. Transformation on a personal level may take place, but is limited at the social and political levels” (Orgad 2005, 155). Furthermore, Orgad claims that web producers of illness narratives should be more focused on how online illness communication can become more “politically meaningful”, and not solely supportive and personal (Orgad 2005, 157).

The idea of the illness blog as a political or entrepreneurial activity is not completely absent from the academic literature, but it has not been developed in depth. Pitts suggests that “writing a web page might be considered a type of activism” (Pitts 2004, 47), Hardey also emphasizes the economic dimensions of some webpages about illness (Hardey 2002, 41), McCosker describes illness blogging as a form of affective labour

(McCosker 2013, 140), Hansson and Wihlborg approach cancer blogging as a kind of “everyday activism” (Hansson and Wihlborg 2015, 2), while Ytre-Arne investigates a Norwegian case study of “patient activism”, where bloggers succeeded in putting a research project related to their illness on the public agenda (Ytre-Arne 2016, 65). But the promise of “political potential” in relation to online illness communication is in research most often based on the ability of online technology to facilitate a platform for self-expression, and not on linking this self-expression to processes of collective mobilization and awareness-building. However, the two blogs mentioned in the introduction are socially engaging in a more explicitly mobilizing way, since they focus on raising money, encouraging broader social action and increasing public awareness in relation to their respective causes. They do not concentrate solely on a “politics of self-expression” or the creation of comforting and supportive relations. In other words, communication about illness has often been understood as either expressing or neutralizing the existential and individual experience of insecurity caused by serious illness. This could be described as the “illness communication as self-therapy and support” approach. In light of my empirical research, I would like to argue that we should supplement this notion with an “illness communication as social change and mobilisation” approach.

OTHER VOICES: CANCER BLOGGING FOR SOCIAL CHANGE

As described by Jean Burgess and Joshua Green, the online participatory culture of YouTube increasingly encourages the rise of YouTube stars that deconstruct conventional distinctions between amateurs and commercial producers by earning a living through their own YouTube productions. Burgess and Green refer to these people as “entrepreneurial bloggers” and describe them as simultaneously embedded in the cultural logic of continuous participation on social media platforms and creating economic profit (Burgess and Green 2004).

When I use the term “entrepreneurial” to describe a certain type of blogger, I am not referring solely to this economic classification. In my opinion, entrepreneurial activities aim at creating “value” or become part of processes of valuation (Adkins and Lury 2012), and, as stated by Sarasvathy, values “get created in every sphere of human endeavour, from the arts and sciences to sports and philosophy. These fruits of the human imagination may be used in a variety of ways to fulfil human

aspirations” (Sarasvathy 2001, 261). As mentioned there are numerous blogs related to the experience of developing and living with a life-threatening disease. Of these blogs, only some have entrepreneurial characteristics and, among this subgroup, some are focused primarily on personal profit (e.g. selling books about the illness experience), while others are directed towards raising money for more treatments or for larger, social projects. Examples of the first type of entrepreneurial illness blog are Sophie van der Stap’s cancer blog, which was published in a revised book edition entitled *The Girl with Nine Wigs* (see <http://www.sophievanderstap.nl>), and Laurie Edwards’s blog, *A Chronic Dose* (now renamed as www.laurieedwardswriter.com/blog/), which for instance promotes her book, *Life Disrupted: Getting Real About Chronic Illness in Your Twenties and Thirties* (2008). A non-cancer related example of the last tendency is Eva Markvoort’s cystic fibrosis blog <http://65redroses.livejournal.com/> (Stage 2013), among other things advocating that readers should sign up as organ donors. In the following I will focus on the entrepreneurial blogs of Rosie Kilburn and Jessica Joy Rees, which belong to the group of blogs that engage in mobilization to benefit larger cancer-related causes and projects. After investigating the two blogs I will go deeper into the logic of mobilization characterising the blogs, which is “connective” rather than “collective” and which is based on affective or “soft” forms of engagement in the bloggers’ attempt to transform personal narratives into political projects and public awareness.

Rosie Kilburn: The Knock on Effect

My first case in the chapter is the young British woman, Rosie Kilburn, who used her blog, <https://theknockoneffect.wordpress.com>, to share her experience of living with cancer, and also to establish art auctions and to sell products, in order to support several cancer organizations. The blog begins in March 2009, and follows Kilburn’s story until her death in September 2011. Kilburn died, aged 19, after a period of physical decline, which is also documented on the blog. On 12 September, the family wrote the following post: “It’s difficult to know how to write this blog. We’ve played it over in our minds for weeks now, but until you get to it, you don’t know how to craft the words to say what you want it to say. So, cutting straight to the chase, our beautiful, feisty, annoying, brilliant Rosie died this morning.” After this announcement, the family (especially Rosie Kilburn’s mother) used the blog to disseminate

information about the funeral and the various projects that Rosie had initiated, but they also used the site as a platform to commemorate Rosie, and to express the family's grief and loss. In this way, the blog changed significantly from being an entrepreneurial illness blog, to being what you could call an entrepreneurial commemoration blog (see Chap. 6).

During Rosie Kilburn's authorship, the blog combined very intimate and personal stories of, suffering, surgery, hospital visits, anxiety and self-reflection with updates on the upcoming art auction and the high level of media attention that Kilburn and her donations attracted. Kilburn's first blog post in April 2009 sounded like this:

My name is Rosie Kilburn, I'm 17 and I have cancer.

... a few months ago I started thinking... What can I actually do with this cancer stuff? I mean, I have quite a strong story right? 17 year old fighting cancer, pull on your heart strings blahblah, surely there has got to be something that I could use my influence to do...I wanted to do something long term. So I was sitting in that hospital waiting room and I decided to hold an auction. An art auction¹

The blog begins with Kilburn's decision to hold an art auction in order to raise sufficient start-up capital for a small, charitable business, producing t-shirts, bags, earrings and rings (among other items). The idea was to donate the profits from these sales to various cancer charities, most often in the local area. Kilburn managed to raise more than £13,000 in donations and, after her death her family continued her fundraising activities. All in all £47,000 has been raised at the time of writing (see Fig. 2.2).

Let us return briefly to Kilburn's first blog entry. It is clear from her description that she approaches her illness as an existential contingency, which can be used for untraditional purposes or activities. Illness is described as a mediatized (Hjarvard 2008) narrative tool—"a strong story"—and not explicitly as a pacifying chaos-event. Following Geogakopoulou this would also be an example of a (meta-reflective) narrative stance-taking where Kilburn clearly signals that a "living" and unpredictable narrative/story (Ochs and Capps 2002) will be unfolding on the blog and invites the viewer to engage in various specific ways (Georgakopoulou 2014). An important point concerning the entrepreneurial pathography is that it does not ask for emotional support as a

THE KNOCK ON EFFECT

BLOG SHOP WHAT SPENT



Fig. 2.2 Part of the webshop at The Knock On Effect. *Source* The Knock On Effect (screenshot)

primary response from the receiver (although it is appreciated when expressed), but rather for other types of actions that contribute to the overall goal or project; such as to donate something that can be converted into the type of value produced on the platform: donations of various sorts, circulation of story to engage new audiences etc.

Kilburn, and later her family, through the blog try in some sense to establish connections between technologies, materiality (e.g. goods in the shop, donating pieces for the art auction) and collective actions, which through their combination can establish a certain desired value. Entrepreneurial blogs are united by explicitly formulating other kinds of goals—often some that can be quantified, but also reformulated as the narrative proceeds and prior goals reached. In this way the blog creates an arena for material—and not only discursive or emotional-therapeutic—participation by coding certain concrete and material practices, like donating pieces for an art auction, into a participatory act that helps support cancer treatment and care (Marres 2012). The public created is productive and material, not only discursive and informational (Knudsen and Stage 2015).

This does not mean that affect and emotion is not important. On the contrary: the affective potential is a precondition for these processes of valuation taking place. Kilburn's idea of having an influence is very clearly linked to pulling "your heart strings" as it is stated in the post. This line of thinking calls for a different approach than the traditional one, when it comes to understanding the role of narrative in accounts of illness and these accounts' approach to affect and emotion. Kilburn's narrative work on the blog can certainly be described as an attempt to navigate and create a sense of purpose and direction when faced with the disruption caused by illness. In the blog Kilburn links the complexities of the everyday to the larger story line of the entrepreneurial project of the blog. The project delivers an overall and abstract meaningful goal, which somehow helps to structure the ups and downs of everyday living with the disease. Small everyday stories intertwine with the big story of Kilburn's engagement and social project. In this sense narrative is also a way of ordering potential chaos. But Kilburn's narrative is not only about taming emotional complexity, but also about triggering and motivating collective affects that could help engage receivers in her project. The narrative aims at transmitting an affective invitation to act, to come along, to spread the news.

The idea of utilizing the strong story is a clear example of what Sarasvathy describes as the "logic of effectuation", where one treats the contingencies of life as entrepreneurial opportunities (Sarasvathy 2001). In other words, when using an effectuation approach, entrepreneurial activities are initiated by the means at hand (e.g. an illness) to reach certain dynamic goals in the future (e.g. supporting the fight against cancer and setting up a creative business). During a period of optimism in April 2009, Kilburn actually states:

This cancer larky isn't actually too bad when you consider the good things coming out of it! / Hah, mainly that I am actually getting to set up my own business with these t-shirts and stuff, which is something I've always wanted to do!! (Kilburn, April 30, 2009)²

Reading this, one might assume that Kilburn continually transforms despair into an attitude of optimism. However, it is important to emphasize that Kilburn's illness is approached also as a source of anxiety on the blog, and that the entrepreneurial attitude is, most likely also, a way of mastering parts of an otherwise unpredictable future (cf. Sarasvathy),

by setting obtainable goals (e.g. raising a certain amount of money), as opposed to the uncertain goal of complete recovery. In this sense valuation through economic goal setting and self-therapy seems to be more interconnected than one might expect.

Furthermore, Kilburn's entrepreneurial approach can also be understood as motivated by a social context, in which a "good life" is often understood as an "entrepreneurial life", thereby creating a certain pressure to perform and make positive effects. Or, as stated by Kilburn in May 2009:

You feel as though there are standards you need to live up to to make your life feel accomplished now that there is a ticking clock over your head.... Even though you know that you are far too young to have achieved anything yet. (Kilburn, May 14, 2009)³

In this way, the blog is not simply a tool for a free individual to express herself and her ideas, but also a site where social ideas about how to be a proper citizen shape illness practices. Following Annemarie Mol one could argue that Kilburn through the blog keeps on behaving and acting like a citizen instead of as a patient. The citizen-body according to Mol is expected to be in control, to tame his or her emotions and to act in enlightened ways, while the patient-body can be unruly and often not able to control emotions or to act rationally. According to Mol the logic of citizenship is sneaking into healthcare through the idea of the participatory patient, while the logic of care which accepts and cares for the patient-body is threatened (Mol 2008; see also Stacey 1997).

The quote of Kilburn also underlines the multiple roles of the blog in this case: first it is a tool of empowerment in that it provides Kilburn with a sense of agency despite her disturbed health; second it also becomes an environment where cultural expectations or discourses of what counts as "a life" can be enacted and articulated; third it in some sense fundamentally challenges what a body with cancer is, what it is able to do and for how long it can keep on having social effects (see Chap. 6).

Jessica Joy Rees: www.jessicajoyrees.com/my-journal/

Another entrepreneurial illness blogger is the 12 year-old American girl Jessica Joy Rees, who wrote about her cancer experience on www.jessicajoyrees.com/my-journal/ (and on a connected Facebook page) using

the motto “NEGU”, short for “Never Ever Give Up”. Rees wrote her first post on 19 March 2010, and, after having described her attempt to fight one, and then two, brain tumours, she died on 5 January 2011. Of course, owing to Rees’s young age, the blog presents an emotionally intense environment, filled with compassion and affection between blogger and followers. In contrast to Kilburn’s blog, a distinctive feature of Rees’s blog is that it seems to be more of a collective, family-based project from its very beginning, and the content is characterized by a Christian discourse. Rees herself continuously expresses how the social support she receives on the blog helps her get through the day and to complete her cancer treatments.

Rees clearly uses the blog as a way of mastering or understanding the process she is going through, which supports the existing literature on the positive therapeutic and social consequences of illness communication online. For example, she describes her treatments in hospital as “laps”—a word with which she is familiar, given her previous swimming performances. Furthermore, she appears to equate the support she receives with the number of ‘likes’ she receives on Facebook, and the number of people praying for her recovery. After a test showing a 30% decrease in the size of her tumour, Rees writes (24 May 2011):

i would ask a BIG favor...tell 3 people to join NEGU Nation today and become a prayer warrior for me. PLEASE! we just calculated that if $13,000 = 30\%$ reduction we need to 30,000 praying for 100%. that is my new goal. will you please help me? i promise to do my part (take chemo, rest, eat good, give blood, etc.) if you do yours. deal? email, text, do whatever please. / thanks again for cheering for me. we will continue to fight with God’s power! time to go get accupunture...hope that helps me relax⁴

This quotation demonstrates how online communication is used as a way of setting targets and creating a sense of logic and progression during a very difficult situation. And how emotional support, quantification and online dissemination is intertwined: moving from the blog to Facebook, where to like the page becomes an action simultaneously expressing care towards Rees and a contribution to reaching a measurable goal (a specific number of likes), which is also linked by Rees to the hope of bodily improvement, and, less consciously, also to spreading the story in the liker’s Facebook network. Like Kilburn’s blog Rees intertwines the fragmented small stories of the everyday (“today I did...”), with the bigger

life story of a young girl facing and fighting cancer. This calls into question Geogakopoulou's focus on social media as more focused on small, than big stories. The entrepreneurial blogs mentioned here are saturated with small stories (also in the comments), but at the same time part of the big story frame of an individual's personal struggle against a clearly demarcated other/enemy: cancer.

In the case of Rees her blogging helped initiate several larger social projects based on non-profit donations; for example, the creation of a "Joy Factory" making "Joy Jars" filled with toys and entertainment for children fighting cancer (www.jessie.org/joyjars/), which was made possible through donations to the Jessie Rees Foundation (www.thenegufoundation.org/). Since 2011 the Jessie Rees foundation has grown into a large organization with a range of strategic partners (such as UPS and Toyota) and support from other brands. The foundation's core mission is to "ensure every kid fighting cancer has the support to Never Ever Give Up!"⁵ Besides Joy Jars, it offers a range of services such as counselling and grief care, blog stories, network, mini-vacations, and room-makeovers. At the time of writing, 123,000 children suffering from cancer have received a Joy Jar, the foundation has raised \$5,000,000 and collaborates with 275 children's hospitals and care centres.⁶ Both Kilburn and Rees connect material commodities to their narrative—or rather their narratives point towards an engagement with materiality and consumption as the proper way of helping the blogger and the cause (Ehrenreich 2001). In Kilburn's case materiality must be either donated (to the art auction) or bought (profit benefits the cause), while Rees and her family invite us to donate money in order to produce material gifts (such as joy jars) to be handed on to children in need.

As with Rosie Kilburn's blog, Jessica Rees' entrepreneurial illness project was turned into a commemorative entrepreneurial practice after her death. Her family continued to commemorate Jessica on the blog, and they also pursued the Joy Jar scheme, which Jessica had fostered. In the Joy Factory, where the Joy Jars are packed and transported all over the world, there is a wall of remembrance with pictures of Jessica. In this way, the continuation of her project is also a way of honouring her memory.⁷ Both Kilburn's and Rees' blogs are thus ecologies of multiple and changing narrators: first the illness blogger is the key narrator and multiple co-narrators engage in the blog through commenting, but after their death they are turned into an absent, but still symbolically central key

narrator, with a relative as the new substitute narrator and multiple commenting co-narrators.

It is striking that Rees and her family are extremely good at using various social media platforms and at establishing networks able to impact the cause positively. The illness experience seems to have created a long-lasting intensive dedication towards the cancer cause, which keeps on motivating new actions and initiatives. The media platforms also serve as a rather complex affective space of grief, fear and despair, as well as an affective guiding point with a strong dedication to maintaining hope, joy and love throughout cancer treatments. Jessie Rees, as a blogger and commemorated key figure in the organization, becomes a paradoxical leading figure in this movement of joy and hope, which develops power through her own example and ability to stay positive throughout her struggle.

PUBLIC AFFECT, ENTREPRENEURSHIP AND/OR ACTIVISM

In summary, both bloggers discussed above launch various entrepreneurial projects related to their disease, which are aimed at creating value for other cancer patients—often through engagements with materiality (as commodity or gift). Their sharing of suffering and actions manages to attract a large amount of collective compassionate responses. As well as this, the blogs facilitate the creation of intensive environments, where collective affect is shared in the blog followers' comments. Both Kilburn and Rees become emotional icon-leaders, who incarnate larger personal characteristics, such as positivity, being inspirational, not giving up. In the final section of this chapter, I shall discuss the transformative potential of this kind of public affect as a catalyst to effectuate entrepreneurial projects and to what extent they are political and activist.

As mentioned earlier a key concern in earlier research on the political transformative potential of illness blogging, is the strictly personal and therapeutic nature of the blogs. As I have shown this concern is being challenged by more project-orientated and entrepreneurial logics, but in order to discuss the political potentials of these we need to clarify the use of the key concepts. Entrepreneurship as it is used here, following Sarasvathy, is basically an approach to life and the hindrances and opportunities it offers you. Being entrepreneurial means that you are able to pragmatically engage with existing means in order to build dynamic and revisable projects. In this sense the entrepreneur is not in herself political

or activist as the project could be focused on simply earning money for personal gains. According to Silas Harrebye an activist is instead “a non-profit-oriented, active citizen engaging socially in the civic sphere to change society for the better by communicating conflicts and/or solutions where no one else can or no one else does it” (Harrebye 2011, 411), and the strategies used can be more or less radical, confrontational, creative, professional, occasional or mundane. This implies than an activist is focused on transgressing strictly private, personal or profit-orientated concerns in order to raise, change or act on more general problems or issues. Following this I would argue that Kilburn and Rees are both entrepreneurial and activist at the same time as they focus on linking the affective power of their own story to larger social challenges (children and cancer institutions in need of assistance). And for the same reason what they are doing is not “politics” in the sense of engaging in traditional political institutions (Mouffe 2005), but “political” in the sense of trying to raise issues and problems of public concern and to mobilize an unknown audience of citizens to act on these problems. They can, therefore be described as activist and political, because they try to establish a project aiming to change the social by providing new forms of assistance to patients, families and institutions. They, however, to a large extent bypass the established political system (they do not, for instance, make demands of politicians) and instead focus on direct peer-to-peer civil society activities and engagement.

The affective dimensions of cancer blogging nevertheless seem to pose a challenge, as the potential of affect as a catalyst for positive social change and innovation has been highly contested (Knudsen and Stage 2012). Public affect and positive political change is not always a proper match according to key contemporary cultural theorists. Lauren Berlant, for example, traces the rise of an, “intimate public sphere” in the USA, and claims that this has resulted in a collapse of “the political and the personal into a world of public intimacy”. She also writes that “Portraits and stories of citizen-victims—pathological, poignant, heroic, and grotesque—now permeate the political public sphere, putting on display a mass experience of economic insecurity, racial discord, class conflict, and sexual unease” (Berlant 1997, 1). Berlant understands these processes as politically orchestrated by conservative cultural politics, which is trying to reroute “the critical energies of the emerging political sphere onto the sentimental spaces of an amorphous opinion culture” (Berlant 1997, 3). Berlant’s notion of the intimate public sphere is congenial with other

accounts of how “the public sphere”, as a space securing proper political contestation, is threatened by the dominance of economic logics and entertainment (Habermas 1962/1989), or even by an obsession with victims and the wound (Seltzer 1997) (for a description of the the academic criticism of “victim culture” see Dean 2010).

The intimate public sphere creates a “privatization of citizenship” (Berlant 1997, 3), which obscures important structural power differences. According to Berlant, when everyone is a “citizen-victim”, it becomes increasingly difficult to identify political problems, as well as structural and historically motivated inequalities. Furthermore, the solutions offered to political problems in the intimate public sphere are always individualized; in other words, structural problems are somehow turned into private affairs with private solutions resting on individual characteristics or perhaps even on acts of consumption—the latter tendency has likewise been criticized in Barbara Ehrenreich’s account of the sentimental commodification of cancer through the proliferation of what Ehrenreich terms “pink kitsch” objects and brands (Ehrenreich 2001). In this way, the intimate public sphere ends up “overvalorizing individual will, as though personal willpower alone would be enough to make ‘market democracy’ deliver on its ‘promise’” (Berlant 1997, 9). An overload of sentimental investment in the suffering of particular individuals threatens our ability to think and act in a genuinely political manner, and it makes it difficult to focus on creating general solutions to social problems.

According to Berlant, it is thus necessary to reformulate “citizenship as a vital space on which diverse political demands can be made” (...) (Berlant 1997, 21). One such example of reformulation is, what she calls, “diva citizenship”, where women (e.g. in the case of Anita Hill vs. Clarence Thomas about sexual harassment) affect the public sphere and raise relevant discussions about power, gender and race:

Diva Citizenship occurs when a person stages a dramatic coup in a public sphere in which she does not have privilege. Flashing up and startling the public, she puts the dominant story into suspended animation; as though recording an estranging voice-over to a film we have already seen, she renarrates the dominant history as one that the abjected people have once lived *soto voce*, but no more; and she challenges her audience to identify with the enormity of the suffering she has narrated and the courage she has had to produce, calling on people to change the social and institutional

practices of citizenship to which they currently consent. (Berlant 1997, 223)

Berlant marks these moments of *diva* citizenship as promising, although she maintains that their purely subjective approach risks supporting the abovementioned privatization of citizenship.

Nigel Thrift shares the idea of a necessary revitalization of democracy. He argues that counter-political projects, which criticize neoliberal processes, have been neglecting biology and affect as important mobilizing forces of engagement (Thrift 2008, 252). He also claims that much of the theory dealing with affect and politics has been, “bedevilled by the view that politics ought to be about conscious, rational discourse with the result that affect is regarded as at best an add-on and as at worst a dangerous distraction” (Thrift 2008, 248). In a similar way, Judith Butler describes affect as crucial when it comes to raising and effectuating critique and change. Being a body, according to Butler, means constantly “coming up against” “an outside world” because of the body’s “unwilled proximity to others and to circumstances beyond one’s control” (Butler 2009, 34). Following Butler, this proximity implies that the body can become responsive to the world by being affected:

That responsiveness may include a wide range of affects: pleasure, rage, suffering, hope, to name a few. Such affects, I would argue, become not just the basis, but also the very stuff of ideation and of critique. In this way, a certain interpretative act implicitly takes hold at moments of primary affective responsiveness. (...) Because such affective responses are invariably mediated, they call upon and enact certain interpretative frames; they can also call into question the taken-for-granted character of those frames, and in that way provide the affective conditions for social critique. (Butler 2009, 34–35)

According to Butler, affect motivated by encountering external stimulation is an important catalyst for action and mobilization.

When looking at these different perspectives on the political consequences of public affect, a range of questions can be raised in relation to the entrepreneurial tendency analysed in this book. Is this tendency providing public sentimentalism, or is it symptomatic of a wound culture, which turns structural problems (e.g. health care issues) into personal problems, with solutions based on individual willpower, charisma,

happiness or an entrepreneurial mind-set? Or do they perform acts of “diva citizenship” that revitalize democracy by raising political demands and offering politically mobilizing affective experiences? Do those who aim for public affect participate in, what Jacques Rancière calls, the “distribution of the sensible” (Rancière 2000) by creating new types of public visibility that uncover the lives of people living with cancer, or do they on the contrary, through their own visibility, co-produce a range of other now more invisible non-media-savvy patients with perhaps less well-known diseases?

CONNECTIVE ACTION AND SOFT STRUCTURES OF ENGAGEMENT

There are of course no easy ways to answer these questions, and a lot depends on how “proper and positive social change” is defined and identified. Is an immediate change for the better (in terms of donations, psychological support or relief) enough to positively evaluate a certain entrepreneurial practice, or should one always evaluate such initiatives from a long-term perspective? And, if the latter is the case, what counts as the “long-term”, and how does one gain enough contextual knowledge to evaluate the total amount of personal, discursive, political and environmental consequences that arise in the wake of a certain entrepreneurial action? These dilemmas the blogs share with a range of current forms of political action, which could be accused of being too reliant on easy forms of reaction (such as liking, sharing) or what has been termed “slacktivism” (Morozov 2009). But as Bennett and Segerberg have argued this kind of criticism is not always precise, and it does not acknowledge the fact that new forms of political action based on social media and individualized “engagement with politics as an expression of personal hopes, lifestyles, and grievances” are being developed (Bennett and Segerberg 2012, 743). Bennett and Segerberg contrast a traditional political logic of “collective action” with a growing logic of “connective action”, and argue that “connective action has a logic of its own, and thus attendant dynamics of its own. It deserves analysis on its own terms” (Bennett and Segerberg 2012, 760).

Traditional forms of collective action—prevalent in unions, traditional political parties or interest groups—are based on engaging citizens through structured organizations and membership logics aimed at securing loyalty and effective coordination. Connective action is on the

contrary based more on loose affiliations or weak ties between organizations and individuals, which become engaged through “personalized action frames”, and which imply that the individual contributor can contribute to the network with their own experiences and communicative creations (like memes, personal stories or images (Bennett and Segerberg 2012, 742)). Instead of being anchored in static organizational settings (like buildings) digital media become the enabling infrastructure or “organizing agents” (Bennett and Segerberg 2012, 752) for action. Mobilization can still be large-scale, “but the identity reference is more derived through inclusive and diverse large-scale personal expression rather than through common group or ideological identification” (Bennett and Segerberg 2012, 744).

Personalized communication, or “easy-to-personalize” action frames (Bennett and Segerberg 2012, 745), are salient both in the way the networks *communicate to* potential supporters, for example, by using affectively involving and inclusive frames/symbols/mottos enabling personal investment (such as “we are the 99%”), and in the way these supporters *can communicate their way into* the network through personalized expressivity and communication via personal digitized networks (Bennett and Segerberg 2012, 744–745). In this way connective action is less about being a collective sharing a specific set of ideas or ideological aspirations than about acting “connectively” in public on a certain challenge, issue, problem or cause to benefit the common good.

The output of this kind of “connective action” is of course more difficult to measure, as it often does not convert into changed legislation or a certain amount of members in parliament. And due to the highly self-motivating nature of these networks they are frequently not successful. However *a relatively stable core of loosely organized organizations*, and a *high density of internal relations* could, according to Bennett and Segerberg, increase the political capacities of the two forms of connective action networks described (the organizationally enabled connective network vs. the self organizing connective network) (Bennett and Segerberg 2012, 761).

Although Bennett and Segerberg investigate more traditional types of social protest activity (Los Indignados, Occupy, Put People First) I would argue that the type of mobilization and engagement fostered by entrepreneurial cancer blogging shares characteristics with the logic of connective action: entrepreneurial cancer blogs create “issue advocacy networks” that rely on mobilization through social media, but create

output, values and events that disperse in on- and offline settings (such as crowdfunding, art auctions, joyjars, room-makeovers, blog stories etc.); they are not based on ideological gatekeeping or on specific shared ideological assumptions; they allow for personalized communication of supporters through the use of hashtags, comments, material contributions, and the bloggers relate to their supporters by inviting them to connect to easy-to-relate-to stories, causes, names and mottos (such as NEGU: Never ever give up, The Knock On Effect) and to share these in networks of trusted relationships on social media; they relate to and engage with established organizations (e.g. brands, medical institutions), which however do not control or structure the network; they aim at motivating public actions to benefit the common good (cancer treatment and care).

Organizations can be more or less involved behind the scenes of these connective action network, and Bennett and Segerberg distinguish between two forms of connective action: one with little or no organizational coordination of action and a second with a loose organizational coordination of action (as opposed to the collective action based on strong organization coordination). In the case of the Jessie Rees Foundation, it could be argued that the foundation changed from using the first to the second form of connective action as it developed. The result is a more enabling and centralized organization with opportunities for quasi-memberships and more long-term dedicated forms of engagement (being part of the JoySquad, which consists of people donating steadily on a monthly basis), at the same time as still offering loose forms of engagement (singular donations, sharing stories, using hashtags etc.).

I would however argue that affect is key to understanding the mobilization processes of the cancer blogs—a point, which is becoming increasingly important in studies of social mobilization and movements (Porta 2008; Gould 2009). What engages is not just the opportunity to express oneself, but also to relate affectively to the network. The affective impact of following a personal story of suffering and treatment is—by the bloggers—transformed or channelled into an engagement with an issue, and affective potentials are disseminated by followers' use of hashtags and sharing of links. In this way shared affect seems to spur a connective engagement and intensified awareness of cancer related issues and problems. In some sense affect might be the replacement of “ideological membership” as the uniting force of connective networks—what unites the supporters is that the affective force of the blog and cause is felt and

acted on. In this way they rely on what Papacharissi calls “soft structures of engagement” (Papacharissi 2015). As I see it, it is becoming increasingly important to try and understand this type of connective and soft political engagement. And work in this area should be done in a way that avoids both downgrading the actual value of this type of engagement and forgetting that affect can be a quite precarious type of political engagement.

A nuanced way of engaging with the dilemmas of public affect in relation to the cancer blogs would be to deploy a kind of “double vision” when evaluating their entrepreneurial effects. This way of viewing the situation would involve being sensitive to both their immediate connective effects, and to the broader social discourses and structures, which they may influence. If we apply this double vision to the blogs in this study, it would require an appreciation of the life-enhancing and mobilizing activities on the blogs, since these seem to facilitate support and recognition of both the person in need (the blogger during her illness, the relatives during their grief), and a cause (cancer care and treatment). But it would also motivate reflections, resonating with Berlant’s perspective, on *potential* long-term dilemmas of the entrepreneurial practice; for instance, that proper illness behaviour could become normatively linked to entrepreneurial actions and mind-sets, and that more introverted reactions could become illegitimate (Mol 2008); that solutions to health problems become individualized or privatized by linking recovery to personal will-power; that only certain types of illnesses and patients can attract public/political attention (large well-known diseases and persons with extensive digital competences).

CONCLUSION

Important perspectives relevant to the study of contemporary cancer blogging seem to be underdeveloped in the existing literature about illness, narrative and online communication: (1) The possible strategic and affective role of social media communication about cancer as a supplement to the ever-relevant focus on how language can help neutralize illness as biographical disruption by offering order, plots and explanations, (2) The rise of illness bloggers that are increasingly focused on influencing their social environment via physical self-investment, and are not solely (or perhaps more implicitly?) focused on using the blog for therapeutic or supportive reasons, and, (3) The increasing tendency to use

cancer blogging to create issue advocacy networks based on connective-affective forms of action, mobilization and valuation.

Furthermore, I have argued that the affective dimensions of the blogs are politically ambivalent. On the one hand, public affect is important for the creation of the networks of positive social and psychological changes made by the blogs, since affect can be precisely the required force that helps unknown and invisible problems become social topics of discussion and awareness. However, on the other hand, the intensity of the blog environment risks supporting the intimization and privatization of structural problems, by encouraging affective, short-term investments and by shifting the responsibility for social improvement too far towards the individual; in other words, suggesting that solutions to large-scale political problems (e.g. the lack of money for health organizations) become dependent on the individual's willpower and extraordinary entrepreneurial capacities.

NOTES

1. <http://theknockoneffect.bigcartel.com/what> (accessed 30.11.2016).
2. <http://theknockoneffect.wordpress.com/2009/04/30/silver-linings/> (accessed 30.11.2016).
3. <https://theknockoneffect.wordpress.com/2009/05/14/it-never-actually-feels-like-youre-ill/> (accessed 30.11.2016).
4. <http://www.jessicajoyrees.com/2011/05/lap-65-good-not-great/> (accessed 30.11.2016).
5. <http://negu.org/our-mission/> (accessed 30.11.2016).
6. <http://negu.org/our-mission/> (accessed 30.11.2016).
7. For a video tour around the Joy Factory see: <http://www.youtube.com/watch?v=zQ2BTjYihbk&list=UUv0BCqw6XQR0NOE8B8A70MQ&index=3&feature=plcp> (accessed 30.11.2016).

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