

Current Uses of Storytelling for Cancer Communication in Appalachia

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Background:

It is estimated that there are nearly 12 million people United States currently living with cancer (American Cancer Society, 2010). If one takes into consideration that each of those persons has friends and family members, the numbers of Americans directly affected by cancer is formidable. Each of these patients, each of these families, each of these communities of sufferers represents a web of emergent stories, compelling in their necessity to be told and heard. What are the formal and informal structures in communities and organizations that facilitate the sharing of cancer experiences? What are the purposes expressed for the creation of these story-sharing structures? What values and benefits do participants find in being part of them ?

Among survivors of cancer, as well as families of those affected by cancer, telling stories seems both a natural way to communicate about a multitude issues, often in urgent tones. Rita Charon, author of *Medical Narrative: Honoring the Stories of Illness*, takes this notion a step further by calling storytelling a moral boon to others, saying, “The drive in all these activities [storytelling,] is the same: to tell and simultaneously listen to a story that reflects and constitutes the self. Such acts of telling are ultimately ethical acts determined by collective responsibilities toward ourselves and others” (Charon, 2006).

Storytelling is a word that comes attached to various sets of associations. We use it here not to represent a form of children’s entertainment or instruction, nor to denote a genre of performing art, but to describe a range of vernacular communication practices involving the sharing of personal experiences or personal narratives. In some contexts this can also go by such names as “witnessing,” “sharing,” or “testimonial.” These practices have been used to help people manage their emotions after a cancer diagnosis,

to allay fears, to promote interpersonal relations, to share personal emotions, to shape coping skills and to enhance problem solving. Storytelling can also be an effective means of communicating information about cancer. In multiple studies health messages given in story form have been found to effectively communicate messages that influence healthy behavior. Based upon the theory of reasoned action, stories influence people's normative beliefs when they perceive that the behavior is endorsed by "important others"—whether healthcare professionals, patient navigators, support group leaders, ministers, family members, or fellow sufferers, or most saliently, people with whom the patient can identify or relate. Primarily, stories have the ability to put abstract ideas into concrete forms. Personal testimonials in women's stories about the benefits of mammography cancer screening in detecting cancers early have been shown to have greater potency in encouraging screening than an enumerated list of rationales.

Storytelling is used in many cultures to communicate information about cancer and other health issues. Researchers have identified the use of stories among American Indian and Native Alaskan populations, including Talking Circles that integrate culturally symbolic stories, as culturally validated modes of communication (Cueva et al, 2005) (Strickland et al, 1996). The African American Witness Projects extensively use survivor stories to inform about breast cancer (Nickerson et al, 2009). Hispanic *promotoras* have compiled and composed readings of personal experiences and shared them as dialogs with communities (Livaudais 2010). But are there particular aspects of Appalachian culture that provide more or less fertile grounds for such storytelling expressions in cancer prevention, education, and care?

Storytelling has long been recognized as a fundamental communication method in

Appalachia. One study observing the uniqueness of the cancer experience in Appalachian states that it “may be unique, in part, because of the region’s storytelling tradition. Cancer stories appear to be trapped in rural, mountainous communities, spreading within and between families and influencing perceptions about health, health care, and cancer in Appalachia” (Hutson et al, 2007).

Personal and community experiences have been collected and told using story circles through which cancer survivors educate communities about risk factors and appropriate use of cancer care. These stories often emphasize a “neighbor helping neighbor” approach. Cancer support groups use survivor and caregiver newsletters to publish spiritually rich stories as messages of hope. Other Appalachian community groups have developed traveling performances for educational purposes. A community cancer story project was supported by the Appalachian Regional Commission and the Centers for Disease Control and Prevention to demonstrate various storytelling methods and topics specifically supportive of cancer communication throughout the Appalachian region.

Methods

To address questions about the use of storytelling as a cancer communication methodology in Appalachia, the Storytelling Program at East Tennessee State University used three strategies to identify and describe storytelling efforts. First, investigators used internet searches to find hospitals and other cancer related organizations that post survivor stories online, sponsor cancer support groups, or reference storytelling professionals doing cancer-related work. Second, interviews were conducted with contact

persons via phone and email. Using a reputational method interviewees were asked if they knew of others engaging in cancer-related storytelling efforts. Thirty-nine- examples of the use of storytelling in cancer communication were identified.

All but one interviewee gave permission for their names or the name of their group to be referenced in this study. Programs or persons quoted or referenced herein are referred to by a two-letter state code and number (e.g., TN-1). A list of programs/persons interviewed may be found in the Appendix, categorized alphabetically by state.

How is Storytelling used?

Support, Coping and Sense of Community and Belonging

Storytelling is used throughout the Appalachian region in many different ways, but one of the most common and most widely publicized venues for storytelling about cancer is that of the support group: regular meetings of people with a common struggle. There are cancer support groups in every state in Appalachia. Support groups can be found in counties across the economic status continuum described by the Appalachian Regional Commission, from “Distressed” to “Attainment” counties (Appendix 1). We identified groups that range in size from six regular attendees to well over thirty. A trend that was immediately apparent in all of the groups was the use of storytelling, also described as “personal experience sharing,” “testimonials,” and “personal narratives.” In some cancer support groups, there is time set aside for people to tell their personal stories, while in other groups, the stories arise naturally in discussion.

Within the support groups storytelling is primarily used for support, coping, and community building. Members sharing their stories may receive advice from other

members on how to deal with loss, changes in their appearance, complications from treatments, and other issues pertinent to patients in remission. Arthur W. Frank, author of *The Wounded Storyteller*, has coined the term “remission society,” which refers to “all those people who, like me, were effectively well but could never be considered cured” (Frank, 1995). For these people it is essential to find support from others in the group who deal with the same sort of uncertainty about their ability to “pass” in the world of the well. Another example encountered was a support group for parent caregivers of children with cancer (MS-1).

Storytelling in support groups is also used to build a sense of community. Members may want to share their stories to validate their status as people who have *survived*. Susan Sontag refers to this community as a kingdom, saying, “Illness is the night side of life, a more onerous citizenship. Every person who is born holds dual citizenship in the kingdom of the well and the kingdom of the sick” (1978). Frank uses a similar metaphor about membership to this community, saying, “Many members of the remission society feel the need to claim their visa status in an active voice” (1995). In this case the “visa status” refers to the metaphorical citizenship in the kingdom of wellness, and how a person who belongs to this remission society may live there on a “visa...but sooner or later each of us is obliged, at least for a spell, to identify as citizens of that other place” (Frank, 1995).

In a support group, the survivor tells his story in his own words, thereby actively declaring ownership of his experience in the presence of others who are “in on” the terminology, the chaos, the stresses. One woman from an Appalachian county in Mississippi who attends a support group for families of children with cancer said,

“People who haven’t been through it, they think you should just get over it. It’s a relief to be around people who don’t think you should just get over it” (MS-1). Many members of Appalachian support groups reported that it was so important to them to know they were not alone in their struggles. Another woman from a Mississippi group said, “Support groups are one place that we have found where you can ‘talk the talk.’ People who have not been there don’t—it’s not that they don’t try, some of them try to be sympathetic, but the truth is that they can never really understand” (MS-2).

Storytelling is the transactional substance of mentoring systems, wherein a new member of a support group is linked with a “veteran” who shares his or her own experiences to help the new member. One woman from a support group in Pennsylvania said, “Sometimes it helps just to give a voice to what you’ve been through” (PA-1). Storytelling is also used in kids’ camps, both those camps for children with pediatric cancer as well as those for children who have a family member with cancer, or have lost a family member to cancer. For these children, telling their stories can be a helpful coping mechanism (AL-1).

Raising Awareness

Storytelling is used in formats other than support groups to raise awareness about cancer. One Kentucky county’s cancer coalition produced a video called *Cancer: Preventable, Treatable, Beatable*. In the video, several people tell about their experiences—from screening to remission. The video emphasizes the importance of screening and early detection, and also underscores the notion that cancer is not a death sentence (KY-3), an unfortunately common belief expressed in rural Appalachian communities regarding expectations of cancer outcomes. In northern Mississippi another

Appalachian group for parents of children with pediatric cancer produced a Youtube video to raise awareness about their illness. At the end of the video were links for viewers who were moved to learn more or to donate (MS-1). A Virginia group has created theatrical productions, including a play that was presented to state and national cancer coalitions and advocates (VA-2). In this way, storytelling became relevant not just to cancer survivors but to current and future healthcare professionals and community leaders, presenting them an alternative, empathy-driven view of their roles from the patients' perspectives. An East Tennessee woman aired a radio ad with her story of discovering a lump in her breast along with preventative information. She said that this ad led directly to one older man's discovery of his own breast cancer, which he was able to catch before it had metastasized (TN-1). In this way, storytelling becomes another sort of "ethical act," one that seeks to help others by making warning facts and scary statistics more real and accessible.

Beyond the live performance context, cancer patients' stories may also be found in print and online settings. One Southwest Virginia cancer survivors group maintains a website and print publication with survivors' stories, which are collected at monthly meetings (VA-3). A North Georgia group publishes an annual booklet called "Surviving to Share: Stories of Inspiration and Hope for Anyone Who Walks the Path of Battling Cancer" (GA-1). The websites of some cancer coalitions, such as the Pennsylvania Breast Cancer Coalition, and hospitals such as the Ashland-Bellefonte Cancer Center, have patient stories available for browsing (PA-2, KY-2). These may serve as catalysts for raising awareness, as well as for humanizing attitudes towards cancer patients in hospital settings and beyond.

Fundraising

Another venue for efficacious storytelling is for purposes of fundraising. Several groups in the region hold events for the group itself or to fund research for a particular type of cancer. One group in South Carolina holds an annual fundraising gala, during which one or two survivors stories tell or read their own stories of survivorship (SC-1). A group from West Virginia shares stories at blood, plasma, or marrow drives (WV-1). Again, the sharing of stories becomes an “ethical act,” resulting in direct aid to others in need of help.

Post-Diagnosis

Our study of the use of storytelling in cancer education found most stories are in the post-diagnosis realm, and most often center on treatment and/or remission. Within support groups, discussion and stories deal with diagnosis, treatment, living with cancer, and, more rarely, with end-of-life care. These groups are seen as safe spaces for survivors’ stories, which range from the technical to the subjective, and usually deal with how having cancer has affected their lives. A man from a Pennsylvania support group referenced end-of-life stories, saying, “We all L. talk about what she was going through in her last rally, and it was not easy to listen to, but it also made me feel a little stronger to face my cancer and also a little stronger in my faith in God” (PA-4). One teacher from a different support group in Pennsylvania talked about how she was able to better understand her special education students’ difficulty with focus because of her own occasions of forgetfulness described as “chemo brain” (PA-6). She also said, “While you do get stories about treatment, you don’t have people telling during treatment because that’s just so much going on. You’re just too exhausted.” Patients in treatment may lack

the energy to tell their own stories. It is not until after they get through treatment that they are able to reflect, deal with other people, and give voice to their own experiences.

Pre-Diagnosis

Stories about risk, screening, and prevention are usually found outside of support group settings. For instance, one faith-based program in Kentucky uses stories to help people understand the importance of screening and the dangers of smoking, and how smoking can be a risk factor for many different types of cancers. Their program centers on quitting tobacco use as a preventative measure against cancer (KY-1). In another instance, an Ohio University newspaper told the story of one man's experience with breast cancer as part of an awareness campaign to promote screening and breast self-exam (OH-1). Likewise, a Pennsylvania newspaper posts survivors' stories with information on screening and risk factors for the month of October (PA-9), and a newspaper in Tennessee has posted several women's stories about how they found their breast cancer (TN-2).

Considerations of Storytelling Theory

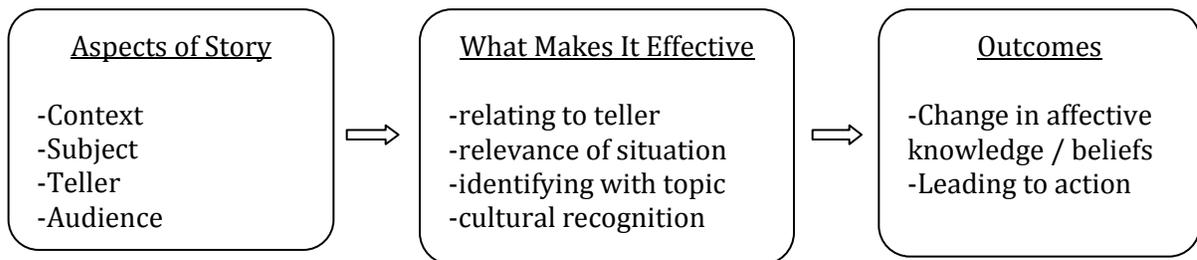
Differences found in the use of storytelling for awareness-raising and prevention, as opposed to support and personal expression, illustrate a traditional storytelling concept, that of defining the dual benefits attributable to the "teller" and the "audience." The purpose of a survivor telling his or her story is, as Frank said, "to claim their visa status in an active voice." This type of telling, for the benefit of the teller him or herself, is often at the heart of support groups and efforts for personal expression. Interestingly, these types of stories take place in both the traditional past tense and in what is termed "the historical present," meaning a narrative that takes place in the past but is told in the

present tense. Chou et. al. have postulated that the switch to the historical present is often made when the speaker feels out of control of the situation, for instance, when receiving a diagnosis (2010). We found several instances of this in our interviews. For instance, a woman in a Mississippi support group said, “You’re going through it and it’s dark. Once you’re through it, you can look through it and see the funny moments too...I was lucky in that way.” She refers to her time in treatment in the present tense, “[a]re going through it...it [i]s dark,” but switches to the past tense when evaluating that time, “I was lucky in that way.”

Conversely, storytelling may be used to communicate a point to an audience: in this type of telling, the primary beneficiary is the hearer. This is the case for cancer-education campaigns, brochures, newspaper articles and prevention videos. Storytelling to benefit the hearer also applies to the stories told by nurses and patient navigators, though they may not think of themselves as storytellers. One nurse navigator from Pennsylvania said, “I guess I use stories all the time when I’m talking to my patients...it’s easier for them when I don’t talk ‘doctor-speak’ ” (PA-11).

Still other forms of storytelling bridge these two, where there is a type of *metaxis*, or group-sharing, between teller and hearer. This is the case with productions such as “BEESTING,” a live shadow-puppet performance by a North Carolina artist about her experience with breast cancer (NC-1); and Life’s Circle, a dramatic piece developed by documentation of survivors’ stories in a Virginia Story Circle (VA-2). In these instances there is a purgative or cathartic element for the tellers, but also an informative or emotive experience for the audience. This is true also for some professional storytellers, as with one teller from Pennsylvania, who said “I have a story I

tell about a friend and I after she got cancer. We clowned together until she died” (PA-10). Another professional storyteller from Virginia has designed a college class called Data to Dressing Room, saying, “When you hear a human story as opposed to a lot of numbers, that’s when you listen” (VA-4). The stories collected and then performed by the class straddle the worlds of teller and hearer: the survivors interviewed by students are the primary tellers of their own stories and the students are the audience, but then the students turn those interviews into a narrative and become tellers themselves. Students carry with them the facts of the diseases, as well as the more personal truths of the primary tellers. One student from the class said, “As our interviews are with people diagnosed with cancer and people that have diabetes, I have learned a lot about the diagnosis just from listening to their stories.”



For which cancer types?

Breast cancer is by far the most widely represented in terms of support groups, social networks, and awareness campaigns. Many examples were identified from national campaigns like Susan G. Komen for the Cure and the Sisters Network, but in Appalachia, nearly half of the support groups identified in our study focused solely or mainly on breast cancer. Other examples of use of storytelling with pediatric, colorectal, renal, carcinoid, and lymphoma were identified. The majority of support groups not specific to breast cancer were “open to any type of cancer” or general cancer groups. There may be

several different explanations for this, but one of the most convincing arguments directly correlates with survival rates. Currently, the average 5-year rate of survival for people diagnosed with breast cancer is 80% (Juhn, Eltz, & Stacy, 2007). This figure is astronomical compared with the survival rate of other cancers, for example pancreatic cancer, with a survival rate of 10% (Hirshberg 2010). Thus, when it comes to storytelling, there are simply more breast survivors around to do the telling. Also, when one considers the aforementioned quotation, “you don’t have people telling during treatment...you’re just too exhausted,” it would make sense that people who don’t have a lot of time left after treatment would not necessarily have the energy or wish to deal with other people during such a time of trial (PA-6).

Who organizes storytelling efforts? / What national cancer organizations and educational materials have been used?

As varied as the uses for storytelling are the organizers and facilitators for those tellings. Storytelling efforts in Appalachia are organized by a wide range of people and groups. Some efforts are individual, such as “BEESTING,” the aforementioned shadow puppet performance, the impetus for which was the artist’s own experience of breast cancer (NC-1). Other efforts involve multiple community members, such as the support group hosted at the Women First Resource Center in Mississippi, a non-profit community center (MS-2), or the breast cancer group started in New York by a woman who “saw the need in the community, so we organized it” (NY-1). Other storytelling efforts are sponsored or organized by hospitals and churches.

Although most storytelling focuses on individual patient or survivor or family

stories, an Appalachian Regional Commission and Centers for Disease Control and Prevention effort sponsored a demonstration project, now involving eleven communities, in collecting and sharing their own community's cancer story. Training was provided by professionals from Appalshop, the Roadside Theater (VA-5) and East Tennessee State University on creating performances based on stories collected through the Story Circles technique. One hospital-sponsored group in Burke County, NC, gathered cancer survivors in Story Circles to create a video of vignettes of collective survivorship stories that emphasized messages of community roles in cancer screening through treatment. The group interspersed its stories with local poetry (NC-3). The video is used in the hospital waiting area to share local messages and is now on Youtube. The training program participants report that they continue to use the story circle approach to enhance other hospital, professional and even personal messages and communication efforts. The second group, the Wetzel County Cancer Coalition in West Virginia, also created a video, using the medium of Powerpoint (WV-4). Five different survivor stories were collected, prevention and treatment themes generated, and a presentation developed that is now used throughout the northern West Virginia region at Relay for Life events. At each event a chance for other survivors to tell their individual stories was included following the video show. The third project was undertaken by rural cancer coalition in Webster County, WV (WV-5). This group gathered stories and created their own play called "Hope's Cafe". The play emphasizes the community challenges of distance from cancer care for remote rural areas. The play has been performed locally in churches, for the state's Comprehensive Cancer Control Coalition, the West Virginia state legislature and at an educational session of the National Association of Social Workers. Eight additional

community cancer storytelling projects will be completed in 2011. Each has a singular focus, for example, one type of cancer, one specific community or racial group issue, and the importance of community volunteers and philanthropy.

We identified several storytelling efforts organized at the state or national level. The Pennsylvania Breast Cancer Coalition is one such organization that uses storytelling (PA-2). Another is Camp New Hope, sponsored by the Alabama Foundation for Oncology (AL-1). At this camp, children who have a family member with cancer have a space to tell their stories with the other campers. At the national level, the Susan G. Komen For the Cure, which serves as a network for local grassroots breast cancer groups, posts survivor stories on their website with a link to “tell your story,” where visitors to the site may share their cancer experiences (ON-2). The Sisters Network incorporates storytelling toward the goal of ending the silence surrounding cancer in African-American communities, focusing on women breast cancer survivors, and has two local chapters in Appalachia (TN-1.) Many locally founded and organized groups cited their use of national programs. Groups have referenced the following national organizations and educational materials as sponsors or resources: Sisters Network, American Cancer Society, Susan G. Komen for the Cure, the National Institutes of Health, National Cancer Institute, Livestrong, YWCA, the Wellness Community, and Stand Up to Cancer.

Is professional communication support available and used to assist in formulating messages?

Whether or not professional input is wanted or sought depends almost entirely on the purpose of the storytelling effort. It does appear that *when wanted*, professional time

and contributions are available and used by tellers and hearers of survivor stories. Several support groups leaders stated that their purpose was not explicitly educational, but primarily for creating a sense of community support, and therefore they did not seek input or resources from cancer professionals. However, other groups indicated the importance of education or awareness-raising and reported using a national organization as a resource for information (such as American Cancer Society, or National Institute of Health,) or inviting cancer care professionals to come and speak to their groups. Several support groups reported that they invite inter-professional panels of doctors, nurses, naturopaths, nutritionists, acupuncturists to demonstrate the importance of the membership of a cancer care team. One support group leader indicated she often has to counter the “folk beliefs” such as that smoking cannot be so bad for one’s health because “my grandfather smoked until he was 90.” She noted that “stories told by health professionals are so much better than statistics when it comes to correcting those ideas” (KY-1). This finding is supported by studies conducted outside of Appalachia on the benefits of narrative versus strictly information-based interventions. Observing barriers to mammography among African American women, Kreuter found that “...narrative video was better liked, enhanced recall, reduced counter-arguing, increased breast cancer discussions with family members and was perceived as more novel” (2010). The use of stories in teaching by professionals is largely unreported; however a National Cancer Institute study by East Tennessee State University’s College of Medicine and Storytelling Program is developing methods to train students in listening to and telling stories with their cancer patients (TN-3).

Do the communities/groups know about and use available state cancer registry data? Are the communities/groups aware of the state’s cancer plan and cancer program and coalition?

Few persons or organizations identified in this survey of cancer storytelling activities indicated that they were aware of either their state cancer registry data or the state’s comprehensive cancer control coalition. The Pennsylvania Breast Cancer Coalition was the single exception. In addition, the locations and sponsorships of the three projects sponsored by Appalachian Regional Commission and Centers for Disease Control and Prevention (not interviewed for this study) was facilitated by a mutual awareness of local cancer activities and state cancer plans and coalitions. Those interviewed who were not aware of state cancer registries and their data indicated interest and wanted more information.

What types of evaluations have storytelling projects in Appalachia designed regarding effectiveness as a means of communication? What findings have been reported?

Formal Evaluation

There seems to be very little formal evaluation being conducted among organization using storytelling in cancer education and support to determine how effective storytelling is as a means of cancer communication in Appalachia. The few examples that were identified include post-tests and exit interviews (KY-1), an annual group evaluation to determine the “direction” of the group (PA-8,) and data collection for reports to the sponsoring national organization (TN-1). Audience evaluation is included

in some storytelling performances, such as the play *Life's Circle*. Following performances at cancer and healthcare conferences, the tellers conversationally engage “conference attendees and report that the play has a tremendous impact on listeners, receives high marks, and without exception, mention the presentation as a highlight” (VA-2). Evaluations tend to focus more on gauging satisfaction with a performance rather than effectiveness in changing planned behaviors or increases in knowledge because of the telling.

Informal Evaluation

There is much more anecdotal evidence being collected by organizations using storytelling that points to a sense that “it’s working.” Two common responses were reported as evaluation assertions. First, facilitators often hear from group members that listening to someone else’s story was validating for them. “People tell us it’s helpful.” The second, and by far the most common, is “We know it is working because participants come back.” In the support groups especially, facilitators and group members report that the same faces show up month after month because telling their stories and hearing others’ stories fills definite needs.

Conclusions

Storytelling has great potential as a means of communication about cancer in Appalachia. Current practices lean mostly towards using storytelling for coping and support. These efforts can be found on a local, state, and national level. In Appalachia we have found evidence of a flourishing network of cancer support groups using storytelling practices in these ways. Storytelling can be applied as a means of gentle persuasion, creating motivation to seek screening and increase compliance with recommended health

practices. This is an under-utilized application of storytelling in Appalachian contexts. Narrative involves its tellers and listeners in complex, emotive ways that facts, lists, and statistics do not. It is appropriate and compelling in an Appalachian cultural milieu. Therefore it would behoove health providers in Appalachia to explore and verify the positive applications of storytelling in cancer prevention, detection, treatment, and psycho-social wellness.

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Personal Communications: see Appendix

Appendix:

State	Code	Organization Name	County	City
AL	AL-1	Camp Newhope	Jefferson	Birmingham
GA	GA-1	Surviving to Share	Bartow	Cartersville
KY	KY-1	Quittin' and Preventin'	Letcher	Whitesburg
KY	KY-2	Ashland Bellefonte Cancer Center	Boyd	Ashland
KY	KY-3	Floyd County Cancer Coalition	Floyd	N/A
MS	MS-1	North MS Pediatric Cancer Support Group (PECANS)	Lee	Tupelo
MS	MS-2	Women with Cancer Support Group	Monroe	Amory
NC	NC-1	"Beesting" by Lisa Sturz	Buncombe	Asheville
NC	NC-2	Natural Health and Homeopathy	Buncombe	Asheville
NC	NC-3	Burke County Cancer Coalition	Burke	N/A
NY	NY-1	Bosom Buddies Support Group	Chataqua	East Aurora
OH	OH-1	Compass, news website	Athens	Athens
PA	PA-1	Breast Cancer Support Group	Fayette	N/A
PA	PA-2	PA Breast Cancer Coalition	statewide	
PA	PA-3	Blue Mountain Health System Women's Cancer Support Group	Carbon	Lehighton
PA	PA-4	Zion United Church of Christ	Carbon	Lehighton
PA	PA-5	African American Self Help Cancer Support Group	Alghenny	Pittsburgh
PA	PA-6	Cancer Care and Share Group	Mifflin	Lewistown
PA	PA-7	Faith Based Cancer Support Group	Alghenny	Bethel Park
PA	PA-8	Encore Breast Cancer Support Group	Adams	Gettysburg
PA	PA-9	Gettysburg Times newspaper	Adams	Gettysburg
PA	PA-10	Barbara Seels, storyteller	Washington	McMurray
PA	PA-10	Terry McMinn, nurse	Mifflin	Lewistown
SC	SC-1	Survive and Thrive Breast Group and General Cancer group	Greenville	Greenville
TN	TN-1	Sisters Network, Chattanooga Chapter	Hamilton	Chattanooga
TN	TN-2	Johnson City Press	Washington	Johnson City
TN	TN-3	Cancer Stories Project: Story Driven, Interactive, Multi-Media Modules for Teaching Patient-Centered Cancer Communication	Washington	Johnson City
VA	VA-1	Montgomery Regional Hospital Breast Cancer Support Group	Mongomery	Blacksburg
VA	VA-2	"Life's Circle"	Wise	Big Stone Gap
VA/M	VA-3	Group did not wish to be identified		
VA	VA-4	From Data to Dressing Room	Wise	Wise
VA	VA-5	Roaside Theater	Wise	Norton
WV	WV-1	"Making Lemonade out of Lemons We Get" support group	Grant	Petersburg
WV	WV-2	The Survivors Club	Mongolia	Morgantown
WV	WV-3	Princeton Community Hospital Cancer Support Group	Mercer	Princeton
WV	WV-4	Wetzel County Cancer Coalition	Wetzel	N/A
WV	WV-5	Webster Springs, 1st United Methodist Church	Webster	Webster Springs
online	ON-1	Cancer Hope Network		
online	ON-2	Susan G. Komen for the Cure--Breast Cancer Survivor Stories		