PSYCHOLOGICAL TRANSFORMATION IN SURVIVORS OF TERMINAL CANCER

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ABSTRACT

The purpose of this study was to understand the meaning of transformation in surviving terminal cancer. An existential-phenomenological approach was used to interview five participants who had lived at least five years beyond the diagnosis of widely metastatic or terminal cancer.

Review of the literature which addressed the issue of transformation suggested that life-threatening illness is an opportunity for growth. There are many cross-cultural accounts of transformation, and many studies of survivorship qualities, but little research into the transformation process as it is experienced by cancer survivors.

Participants told the story of their recovery from cancer and how it changed their lives. Cochran's (1986) dramaturgical approach provided the model for capturing the meaning of this experience in story form. Each interview lasted from 2 1/2 to 5 hours. Interviews were audio-recorded and transcribed. Analysis of the interviews followed Colaizzi's (1978) method. Significant statements were extracted from the protocols, themes were formulated, and a description of the experience was written. Other sources of data were used in addition to interviews. An autobiography and a series of articles were collected from two participants. This written material was analyzed in the same way as the interviews. The experience of the researcher also served as data, and was analyzed through reflective and descriptive methods.

Conducting interviews, soliciting written descriptions and including the
researcher's experience allowed the data to be more broadly supported. Results of the study were validated by the participants in a second interview. They confirmed that the 38 themes and the common pattern of transformation derived from the five participants accurately reflected their own experience.

The results indicated that psychological transformation in survivors of terminal cancer is a spiritual journey. In allowing a life-threatening disease to become an opportunity for personal awareness and growth, people can transform their illness into a spiritual teaching. Serious illness can teach people about the meaning of life, and give their own lives purpose and direction. Through this affirmation of life, and by following their purpose and path, healing can occur. This healing not only moves people toward wholeness, but it holds the potential for transforming and healing the problems of others.

This pattern of transformation has practical implications for the nature of support useful for people experiencing a health crisis, and has implications for the designing of effective psychosocial support for cancer patients.
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CHAPTER 1

Introduction

There is a Buddhist story about a famous Zen master. In his youth he became terminally ill and was said to have only a few weeks left to live. According to the story he entered his cloister vowing not to emerge until he was either enlightened or dead. All we know is that he became one of the most famous teachers of his time (Moss, 1986, p.286).

This simple story suggests several things. First, illness is considered a meaningful event, of personal significance and collective value. Second, in surviving a life-threatening disease a person may undergo a transformation. And third, this transformation does not just happen; it requires a courageous and determined search for one's essence.

This old story has much relevance today. One in every three Canadians will develop cancer at some time during their life (Canadian Press, 1990). Despite earlier detection of the disease, and more aggressive and technologically sophisticated treatment, the death rate from cancer is increasing (Lockhart, 1977). Cancer is now the second leading cause of death in North America. Statistics Canada figures show that one in every four men, and one in every five women will die from the disease (1990).

There is currently a surge of interest in the way individuals cope with a life-threatening illness. A number of studies suggest that there
are certain "disease-fighting" attitudes that may significantly alter the course of the disease (Cunningham, 1987). Other studies indicate that cancer patients who significantly outlive their prognosis have very different attitudes and behaviours from those with the same prognosis who do not live long (Achterberg, Simonton, & Simonton, 1977; Derogatis, Abeloff, & Melisaratos, 1979; Hislop, Waxler, Coldman, Elwood, & Kan, 1987; Weisman & Worden, 1985). And yet, while there is much anecdotal and autobiographical evidence, there is very little direct research that looks at what it means to survive a life-threatening illness and be changed by it. This is the topic of the present study.

The purpose of this study is to illuminate the changes and personal growth that have occurred in survivors of terminal cancer. The perspective of this study is that cancer is a path of personal transformation and a search for one's essence. The process of healing a life-threatening disease is primarily a spiritual journey. What is meant by spiritual journey is a pilgrimage that is spirited and full of vitality, as well as one that connects people to the activating or essential principles of their lives. This journey takes people to the core of their being. It is proposed that some survivors of terminal cancer have undergone radical psychological transformation. By the term "radical psychological transformation" I am referring to a healing process which goes beyond the restoration of mental and physical health, and involves the process of becoming a whole and individuated person. Healing is viewed as a transformative and a spiritual task. Not only can these survivors teach us about the healing process, but their
experiences can clearly show us the relationship of healing and the movement toward wholeness.

An appropriate method for documenting this process is that of phenomenological interviews with individuals who have experienced a transformation in their recovery from cancer. By inviting people to tell the story of their transformation, and then looking for the common themes of their experience, one is able to capture a rich description of the larger human drama of spiritual growth through illness. This makes it possible to develop a map of personal transformation.

The significance of this study lies particularly in the area of enhancing counselling theories and practice. For years clinicians have been developing and implementing psychosocial support programmes for cancer patients. These programmes offer a wide variety of options, including crisis intervention, individual client-centred counselling, peer support, coping skills training, information-giving and group counselling. A review of these programmes indicates varying effectiveness (Cunningham, 1988). Some of the problems noted are a weak theoretical base and a lack of rigorous programme evaluation. With this study an argument is made for taking a step back: we need to learn from the survivors themselves not only how to cope, but how to grow. Only then can we be convinced that our theories of coping and personal growth truly reflect human experience. As we confirm, reject and qualify existing theory, we are able to design more effective psychosocial interventions for cancer patients.
CHAPTER 2

Literature Review

To address the issue of transformation in the context of recovering from a life-threatening illness, relevant literature must contain the following two assumptions. First, illness is considered meaningful to a person's life, not just on a physical level, but on all levels, involving the totality of their being. Second, every individual is seen as having the innate capacity for health and wholeness. These two assumptions help define the scope of this review.

The structure of this review is based on the three dimensions of human experience: body, mind and spirit. The disciplines, and the theories in which they are promoted, are as follows:

(a) physical (psychobiology and behavioural medicine);
(b) psychological (existential-phenomenological, Jungian, neo-Jungian and transpersonal psychologies); and
(c) spiritual (Amerindian and Buddhist philosophy, and spiritual medicine).

These disciplines are separated into distinct categories only for convenience of discussion. It will become evident that the physical disciplines, for example, have a psychological emphasis, and that the psychological disciplines flow into the realm of the spiritual.
An attempt is made to include literature that joins the concepts of transformation and recovery from cancer but, as this is a new area of research, the task has become one of searching out and integrating the disciplines that shed light on the healing potential contained in a crisis such as critical illness.

Accordingly, some research is excluded from this review; for instance, studies based on the traditional medical model. Allopathic medicine considers cancer to be the most capricious of all illnesses, striking without warning, without meaning, and often without reason. Thus, the traditional medical model does not address the issue of the role of illness in bringing about healing and transformation.

Physical Disciplines

Psychobiology

One of the most exciting developments in the understanding of healing from a western medical viewpoint is the surge of interest in psychobiology. It has been clearly established that stress and emotional states influence susceptibility and resistance to disease (Cunningham, 1985; Eysenck, 1987; Fox, 1983; Greer, 1979). Psychobiologists are discovering the actual biochemical steps by which the mind can modulate molecules at the cellular and genetic levels, thereby explaining the healing process, the placebo response, and spontaneous and "miracle" cures.

For an excellent review of the psychobiology of healing, the reader is referred to the work of Rossi (1986).
Mind-body healing.

There is no lack of evidence of a concrete mind-body connection: in fact, mind and body are now not considered separate at all, but an integrated communication system (Rossi, 1986). Candace Pert, former Chief of Brain Chemistry at the National Institute of Mental Health, states: "I can no longer make a strong distinction between the brain and the body" (cited in Kline, 1988, p.26).

The main thrust of research in psychobiology is the understanding of mind-body interactions, particularly the effect of thoughts and emotions upon immunity and health.

This area of research was popularized by Norman Cousins, who documented his recovery from a life-threatening illness through laughter and a strong belief in the regenerative powers of the mind and body (1979). His own experience convinced him of the power of the belief system in activating the innate healing capacity of the body (1981). Cousins proposes that "belief becomes biology": our hopes and fears and expectations have a physical (biochemical) reality, and a profound effect upon our ability to deal with the challenges of daily life or disease (1989, p. 20). According to this model, essential to the recovery from illness are: the will to live, hope, optimism, and the belief and determination to make the best of possibilities.

A basic assumption of mind-body research is that there is a meaningful relationship between body and mind. The mind has a great power in assisting the body to heal. The body, through physical dysfunction and illness, has the ability to show the mind where healing
needs to take place—for example, on an attitudinal level.

Thus, mind-body research assumes a purposeful communication between mind and body. In support of this, Rossi (1986) suggests that "illness can be a call to stop one's habitual activities [in order] to seek out the deeper meanings that are evolving in one's existence" (p. 173). He suggests reframing a symptom as a friendly signal that a creative change is needed in one's life.

Two clinicians who have given much publicity to the concept of mind-body healing are the Simontons. From their experience with hundreds of cancer patients they have concluded that a person's attitudes and expectations are crucial to their well-being. They outline four essential steps to recovery (Simonton, Matthews-Simonton, & Creighton, 1978):

(a) With the diagnosis of a life-threatening illness, a person gains a broad life perspective;
(b) One then makes the decision to alter one's behaviour and be a different person;
(c) The immunological system responds positively to feelings of hope and the renewed desire to live; and
(d) Recovered patients improve their self-concept and achieve a better state of psychological health.

Central to this process of healing is the philosophy that we take responsibility for maintaining our health. Responsibility in this context means taking an active role in one's well-being. Responsibility
does not infer causation: a person is not responsible for their disease; they are responsible to it. Thus, a person's choices in diet, exercise and lifestyle, and one's mental and emotional orientation, all play significant roles in maintaining good health. How significant are these factors has not been clinically established.

The Simontons' work emphasizes the need for elevating the importance of the mind in healing and wellness. Criticisms of their approach are largely directed at their claims of prolonging life through self-help techniques. Their studies, however, are unique, exciting and deserve attention.

**Behavioural Medicine**

Behavioural medicine is an interdisciplinary approach to the prevention, treatment and rehabilitation of physical disease. It integrates biomedical and social-behavioural approaches to illness.

**Activating the will to live.**

Some researchers regard critical illness as an experience which activates or fortifies the will to live.

Studies of progress measuring psychological response to the diagnosis of breast cancer indicate that survival is related to patients' attitudes. Of those whose initial response was a fighting spirit, 70% were still surviving after 10 years, compared to 50% of those whose reaction had been denial, 34% who had reacted with stoic acceptance, and 20% with a helpless/hopeless attitude, with p = 0.024 (Greer &
Silberfarb, 1982; Greer, Morris, & Pettingale, 1979; Pettingale, Morris, Greer, & Haybittle, 1985). Thus, the will to live fortified by a feisty, determined stance is assumed to be essential to survival.

It is not by accident that the term "survivor" has made its way into the cancer field. Many cancer patients share a remarkably similar fate with the survivors of concentration camps. Treatment of cancer is brutal, and prospects for survival are bleak. How prisoners coped with a parallel experience has been well-documented (Eitinger, 1964), and can teach us about living with severe stress and life-threatening disease. In Dimsdale's (1974, 1980) study of 19 survivors of Nazi concentration camps, he observed a variety of coping behaviours. He concluded that the most basic strategy of all was the will to live. Two other extremely powerful motivating strategies were the mobilization of hope and the belief in survival for some purpose. Many others have echoed the central need for having a strong will to live in order to survive cancer (Dosdall, 1986; Fiore, 1979; Glassman, 1983; Israel, 1978; Siegel, 1986; Simonton, 1984; Simonton, Matthews-Simonton, & Czejton, 1978), as well as surviving other serious illnesses (Hutschnecker, 1966; Jaffe, 1980; Moos & Tsu, 1977; Pelletier, 1977).

Claude Dosdall is a local (Vancouver) example of a cancer survivor who is living with a terminal diagnosis. He was diagnosed in 1977 with an inoperable brain tumour and told that he had a year to live. From his own experience of survival, he has concluded that a patient's expectation of recovery, a positive attitude, determination, and belief in survival are crucial to recovery (1986). A person must activate this
will to live by investigating and changing the beliefs, thoughts, feelings, attitudes and lifestyle choices which are not health-promoting.

Studies of survivors indicate that what people need most is a strong positive approach to their crisis. The will to live, the faith, belief in and hope for survival accompanied by the conviction that life is worth living--these are indispensible ingredients of survival and recovery.

Coping.

One of the largest areas of cancer research is that of coping. Hans Selye, father of the concept of stress, and himself a survivor of cancer, asserted many years ago that "it would not be very difficult to understand that a person who is about to die of cancer is under stress" (Tache, Selye, & Day, 1979). It is implicit in this statement that life-threatening illness is stressful, and that some people may require assistance in coping with this stress.

For detailed accounts of stress and coping theory the reader is referred to the work of Lazarus and Folkman (1980, 1982, 1984) and Menaghan (1983). A review of this literature is beyond the scope of this paper.

The most impressive application of coping theory to the study of cancer patients has been documented by Weisman, Worden and colleagues (1975, 1976a, 1976b, 1977, 1978, 1979, 1983, 1984). Their results are based on large patient samples, well-designed studies, and ample use of tests and statistical procedures measuring coping behaviour and
psychosocial variables. In a thorough investigation of how cancer patients cope with their illness, they have identified reliable predictors of distress that can be measured at diagnosis, and which correlate with future vulnerability. "Vulnerability" refers to the emotional and psychological distress that accompanies or develops in response to a problem. They propose that a reciprocal relationship exists between low emotional stress and effective coping. The following table summarizes their findings, and suggests a coping profile for cancer patients:

<table>
<thead>
<tr>
<th>Low emotional stress</th>
<th>High emotional stress</th>
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<tr>
<td>and effective coping.</td>
<td>and poor coping.</td>
</tr>
<tr>
<td>1. optimistic and hopeful</td>
<td>pessimistic, defeated, despondent</td>
</tr>
<tr>
<td>2. resourceful</td>
<td>rigid</td>
</tr>
<tr>
<td>3. assertive</td>
<td>yielding</td>
</tr>
<tr>
<td>4. high ego strength</td>
<td>low ego strength</td>
</tr>
<tr>
<td>5. stable backgrounds</td>
<td>multi-problem backgrounds</td>
</tr>
<tr>
<td>6. few marital problems before cancer</td>
<td>more marital problems before cancer</td>
</tr>
<tr>
<td>7. few regrets about the past</td>
<td>more regrets about the past</td>
</tr>
<tr>
<td>8. coping by:</td>
<td></td>
</tr>
<tr>
<td>(a) taking firm action</td>
<td>taking a passive and inactive stance</td>
</tr>
<tr>
<td>(b) confronting reality</td>
<td>denying, avoiding and suppressing</td>
</tr>
<tr>
<td>(c) redefining problems; finding something favourable about it</td>
<td>fatalistic acceptance of the problem</td>
</tr>
<tr>
<td>(d) seeking constructive help; accepting support when offered</td>
<td>social withdrawal, alienation, minimal support from others</td>
</tr>
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</table>
While the Weisman and Worden studies note that a person's style (habitual preference) for coping and their particular resources (attitudes and skills) may be fairly constant over time, they conclude that effective coping efforts (strategies) can be taught, and that in improving and diversifying their coping strategies, cancer patients can lower their distress level and improve their problem resolution. Effective coping results in improving the quality of life.

Opportunity for change.

There is age-old interest in understanding the person with the illness, reflected by Hippocrates' statement that he would prefer knowing what sort of person has a disease, to knowing what sort of disease a person has (Siegel, 1986). Implicit in this concern is the possibility for change.

There are many clinical studies which address the question of what sort of person contracts cancer. The following topics are reviewed:

(a) cancer compared with other chronic disease,
(b) cancer (malignant tumours) compared with benign disease,
(c) long-term survivors compared with short-term survivors, and
(d) the effectiveness of psychological intervention.
(a) Cancer and chronic disease.

There is an impressive set of studies contrasting personality factors of cancer patients with people who have other chronic diseases (Grossarth-Matick and colleagues, 1980a, 1980b, 1982a, 1982b, 1984a, 1984b, 1985a, 1985b). These studies used large randomized samples and a strong prospective research design. Psychological status was measured in the oldest, healthy person of either sex in every second household (N = 1,353) in an entire town (population of 14,000); these personality factors were correlated with the incidence of disease recorded ten years later. Results indicate a consistent personality pattern correlating cancer with chronic hopelessness and depression (at 0.59), and rational, anti-emotional attitudes (0.51). These are high reliability coefficients for a prospective study. Grossarth-Matick claims a 93% accuracy in predicting the incidence of cancer as distinguished from other internal diseases, solely on a blind analysis of psychosocial data (1980a).

(b) Malignant and benign disease.

In a study comparing psychological factors of breast cancer patients (N = 69) with those having benign tumours (N = 91), it was determined that diagnosis based solely on psychological variables could be predicted with 72% accuracy (p < 0.001, Greer, 1979). Extreme suppression of anger was found to be characteristic of the breast cancer group, but not of the benign breast disease group, who acted as closely matched controls.
Another study matched women having cervical cancer to those having cervical neoplasia. In the cancer group a significantly low level of cooperative coping, and significantly high levels of pessimism, future despair and somatic anxiety were measured (Goodkin, Antoni, & Blaney, 1986). The authors concluded that stress and hopelessness are cancer-promoting.

(c) Long-term survivors and short-term survivors.

Other researchers have suggested that cancer patients who outlive their medically predicted life expectancies demonstrate unique psychological functioning. A distinct profile of emotional functioning has emerged, although the picture is not always uniform in detail.

A study of metastatic breast cancer patients indicated that long-term survivors appeared distressed, communicated their distress, and were more capable of externalizing conflicts and negative feelings (Derogatis, Abeloff, & Melisaratos, 1979). In contrast, short-term survivors exhibited a higher positive mood state. Another recent study of breast cancer patients supported the finding that longer survival was associated with open, mutual communication with significant others, strong emotional ties and a solid support network (Hislop, Waxler, Coldman, Elwood, & Kan, 1987).

The findings of these breast cancer studies are also corroborated by studies of advanced metastatic disease, where diagnostic classes are mixed. In one study of terminal or widely metastatic disease, long-term survivors (defined as those living two years or more after being
diagnosed as incurable) were compared with short-term survivors (those who died within 13 months). In the long-term survivors, a battery of standard psychodiagnostics revealed: a will to live coupled with a sense of responsibility for their own healing and the belief that it can occur; a refusal to give up or decompensate in the face of stress; a high degree of ego strength, self-sufficiency, flexibility and nonconformity; and increased meaning in life; (Achterberg, Matthews-Simonton, & Simonton, 1977).

Another study of terminal cancer patients indicated that long-term survivors had intimate relations with family and friends, asked for and received medical and emotional support, expressed anger and resentment in a way that did not alienate others, and accepted the seriousness of their illness without believing that death was inevitable (Weisman & Worden, 1975). Shorter survival was associated with longstanding deprivation, alienation, depression, destructive relationships, and an attitude of pessimistic fatalism and despondency.

These results of all these studies support early clinical observations of the typical cancer patient as passive, unexpressive and obliging, and tending to experience helplessness, hopelessness and depression (Blumberg, 1954; Leshan, 1959, 1966).

(d) Psychological intervention.

In summary, studies that have addressed the issue of psychological factors related to the incidence of cancer, indicate that there is a clear and fairly consistent profile of the typical cancer patient.
Cancer patients are psychologically different from people with other serious illnesses; they are also different from people who develop benign tumours; furthermore, the people who live longer than others with the same cancer are different as well. Research hypothesizes a "Type C" personality, which can be described as a person having a tendency toward emotional inhibition or repression, passivity, helplessness, hopelessness, depression and low self-esteem. Yet cancer patients who fare better than expected are significantly more hopeful, optimistic and emotionally expressive than those who do poorly; have a strong desire to live; and take responsibility for their well-being.

People can and do change, especially in the face of crisis. People can be taught better skills of coping and adaptation. Illness can be an opportunity for change. This is the significance of all these studies which attempt to delineate a psychological and coping profile for cancer patients. Intervention studies which implement and assess the effectiveness of oncology support programmes take the current research one step further.

Several studies provide evidence that structured support programmes do lower distress and improve problem resolution in cancer patients (Forester, Kornfeld, & Fleiss, 1985; Spiegel, Bloom, & Yalom, 1981; Worden & Weisman, 1984; Yalom & Yousssef, 1984). Coping skills training seems to be more effective than nondirective group sessions (Telch & Telch, 1985, 1986).

Other studies suggest that the course of disease can be altered and lifespan prolonged through carefully designed psychotherapy programmes
(Grossarth-Maticek, Schmidt, Vetter, & Arndt, 1984; Leshan, 1989; Meares, 1980; Newton, 1982-1983; Simonton, Matthews-Simonton, & Sparks, 1980; Spiegel, 1978, 1981). Patients are encouraged to examine their expectations and beliefs, taught relaxation techniques, meditation, mental imagery, positive suggestion, problem-solving and communication skills.

The question of whether psychological approaches can indeed extend life has not yet been resolved. Studies addressing this issue have encountered much opposition from medical circles, and can rightly be criticized for methodological weaknesses and lack of proper controls. Yet the claim that health and healing can be promoted by one's own efforts is tenable in light of clinical and psychobiological evidence.

Psychological Disciplines

Existential-phenomenology

Existential psychotherapy focuses on the ultimate concerns of human existence, which Yalom (1980) describes as death, freedom, isolation and meaninglessness. Existential therapy helps people confront their anxiety about death, take responsibility for their lives, and move ahead into full and vibrant engagement in life.

Search for meaning.

Viktor Frankl speaks eloquently of the central need of every human being to discover the meaning of one's life (1984). Without discovering this meaning, life is empty and without direction and purpose, and
people cannot commit themselves to any basic involvement with the world. Most people find meaning in something they do or they create, or in loving and being loved by another. People such as those with a life-threatening illness, have yet another option. They can find meaning in their suffering, whether it lies in cultivating an attitude of courage and acceptance, or becoming an inspiration for others.

In a study of breast cancer patients, Campbell (1984) discovered a common pattern of meaning among women who had experienced a mastectomy. She proposed that by allowing and enduring suffering, people can discover a new meaning in life. Her basic assumption is that illness takes people on a search for the meaning of their lives, and helps them discover and express that meaning. Campbell suggests that pain and suffering are integral to psychological growth, when the former state of a person's consciousness must die. She concludes that, "there is much more to illness than meaningless suffering, and much more to health than efficient functioning" (p. 230). Illness leads toward individuation and wholeness by showing a person the need for healing, and how the healing can happen. For mastectomy patients this healing involves:

(a) discovering a new sense of purpose in life;
(b) expressing this purpose by clarifying priorities and values, and celebrating life "in the now";
(c) acquiring courage, gaining a sense of inner authority, taking responsibility for oneself and one's life, and asserting one's freedom;
(d) knowing oneself as a unity of opposites, accepting previously disowned aspects of oneself, and discovering one's individuality and uniqueness;
(e) having a sense of community with other cancer patients and with all humanity; and
(f) experiencing the renewal and indestructibility of the human spirit.

Self-discovery.

Lawrence LeShan has pioneered for 35 years in the field of mind-body cancer research. He has conducted studies with literally thousands of cancer patients, and claims that the appropriate psychotherapy can increase life expectancy. For the 20 years that he has been practising psychotherapy with people who have cancer, he reports that 50% of his terminal patients are still alive (1989). According to LeShan, effective psychotherapy for people with a life-threatening disease must have an existential basis.

LeShan makes four basic assumptions about healing:

(a) each person has self-healing abilities,
(b) a person must participate in their own healing,
(c) a healing programme must be individualized, and
(d) healing must occur on all levels—physical, psychological and spiritual.

He also feels that the fight for life in surviving cancer is a search for self and a search for meaning. His approach in psychotherapy
is helping cancer patients discover their own unique ways of being, relating and creating in the world.

It is important to note that no other studies have replicated the kind of success that Leshan claims in combatting cancer through psychological intervention. Yet even modest gains in life expectancy and the unquestionable improvement in the quality of life would have a profound effect on cancer treatment.

Martus (1985) conducted a phenomenological study of the healing process in 16 individuals who had healed or were dramatically healing from a major physical ailment such as cancer, tumours, kidney disease, high blood pressure or arthritis. He focused on the role and significance of belief systems in facilitating healing. He suggests that a crisis such as severe illness shatters a person's beliefs, and that new beliefs need to be discovered and affirmed. Martus concluded that believing in one's healing facilitates the healing process. Believing is both the cause of change in the healing process, as well as the outcome. Believing and healing seem to be inseparable. Moreover, he suggests that "healing changes can be just on the physical level, but more often that not, involve changes on the emotional, spiritual and behavioral levels" (p. 92). Thus, concomitant with healing is an increased awareness of self and harmony within oneself (body, mind and spirit), as well as increased harmony in relation to others and the world. His findings support other studies that suggest that the healing process begins with an orientation toward believing, and as healing progresses, there is an ongoing exploration and dialogue with
Pennington's (1982) study elaborated upon the role of beliefs and values in the healing process. She conducted a phenomenological study of six people who had survived two years beyond a terminal diagnosis. Two of the subjects were Hans Selye and Gregory Bateson. The study explored the meaning of living with a terminal diagnosis. Pennington concluded that people are able to exert a power over their healing, and in this search for health, people initiate a search for self. She suggests that "there are psychological influences which trigger the restorative mechanisms of the mind-body-spirit resulting in longer life, increased quality of living, and apparent recovery" (p. 214). These psychological influences are woven into a theory of "personal agency". This theory outlines seven stages in healing:

(a) awareness of self;
(b) meaning of life and death;
(c) choice;
(d) will to live (transformed into life-affirming action);
(e) responsibility for becoming healthier;
(f) strategies to manifest the decisions; and
(g) change in relationships, attitudes, values, beliefs and lifestyles.

In Cunningham's (1988) thorough review of psychosocial intervention for cancer patients, he notes the evolution of programmes through
various stages, notably: neglect up to the sixties; systematic support in the seventies; coping skills training in the eighties; and the possibility in the future of training in skills of mastery. Cunningham makes the plea that we can do far more than teach cancer patients to cope effectively with their illness. We need to teach people to fight actively against their disease. This would include teaching not only basic stress management, but helping instill in people the conviction that they are the masters of their own fate. This requires people to develop a sense of responsibility for their health and healing; to change thought patterns, attitudes and actions that are counterproductive to healing and happiness; to explore the meaning of one's illness; and to define a clear purpose in life aided by life review, meditation and discussion.

Siebert (1980, 1983, 1985) supports this concept of mastery with his studies in synergy. He describes the need for synergy as a basic motivational force that takes one step beyond self-actualization. Central to the synergistic personality is the integration of paradoxical personality traits. A synergistic person can be described as a unity of opposites: tough and sensitive, cooperative and rebellious, self-centred and unselfish, childlike yet mature.

Siebert's development of a synergy model dates back to his interest of 37 years in the study of survivors. He defines the survivor personality as someone who has:

(a) survived a major crisis;
(b) surmounted that crisis through personal effort;
(c) emerged from the experience with previously unknown strengths and abilities; and
(d) found, retrospectively, value in the experience.

This operational definition of a survivor gives meaning to the issue of survivorship. There has been a corresponding shift in the medical model to regard the cancer survivor as more than someone living with a diagnosis of cancer. The National Coalition for Cancer Survivorship suggests that "survivors share a common, transforming experience that has impacted their lives with new challenges and enhanced potentials" (Staff, 1987, p. 7).

In attributing certain states of mind and purposeful behaviour to survivorship, Siebert is suggesting that there is something that can be learned from crises.

Siebert's observation of survivors revealed that they are people with synergistic personalities. Survivors are guided by the primary motive of needing to have things turn out well for themselves and others, a motivation he describes as the "competence imperative". Siebert concludes that survival is not a random event. There is evidence of a survivor profile, and people can learn how be to survivors. These conclusions have significance for people with life-threatening disease.

Studies like those of Cunningham and Siebert make important contributions to the field of personology. Personology is the phenomenological study of people, which focuses in the detection of
common patterns of functioning (Mages & Mendelsohn, 1979). Cunningham and Siebert suggest a level of functioning that surpasses that of even coping well with crisis: in learning to master crisis a person discovers what it is to be fully human.

Jungian Psychology

The core of Jungian psychology is the healing of the split between consciousness and unconsciousness, by creating a dialogue through the use of dreams, fantasies, body language, art, myth and ritual. By bringing into awareness what is hidden and undiscovered, a person can make contact with a creative inner source which then guides them on the path to become a unique and individuated person.

Activating the inner healer.

Some researchers contend that healing occurs when the innate healing capacity is activated. This concept is not a new one, but a historical belief dating back to the ancient Greeks. "Vis medicatrix naturae" is the power of recovery inherent in an organism. Guggenbuhl-Craig expresses it this way: "The sick man seeks an external healer, but at the same time the intra-psychic healer is activated. We often refer to this intrapsychic healer in the ill as the 'healing factor'. Neither wounds nor diseases can heal without the curative action of the inner healer" (1971, p. 90).

What exactly is meant by the inner healer is not made explicit. Is it a creative image or symbol that arises in the mind, and that is
activated by belief and hope? Proponents of this persuasion do make it clear, however, that individuals must develop a very personal relationship with their illness: they must have the conviction that their own abilities to heal are a great ally in the struggle. It is assumed that people need to take responsibility for assisting the healing process in order for healing to occur.

**Affirming one's destiny.**

The notion that healing comes about through a unitive, higher order than psyche or soma is a notion germane to Jungian psychologists (Meier, 1963). Thus, the task in healing is to contact and activate the numinous (divine or spiritual) powers within ourselves (Hyman, 1977). By activating these spiritual, healing qualities a person is guided toward fulfilling their destiny.

Carl Jung recognized the potential of illness after his own health struggles: "It was only after the illness that I understood how important it is to affirm one's own destiny" (1961, p. 297). Furthermore, he suggests that "man needs his difficulties. They are necessary for health" (1960, para. 73).

One Jungian analyst suggests that cancer "signifies something wrong in one's relation to life, and so cancer is both a warning and an opportunity to seek out the paths of unlived life" (Lockhart, 1977). He considers cancer to be a metaphor for life unlived, and something of oneself that is denied, undernourished and not permitted to grow. In responding to illness by beginning an inner growth process, a person
awakens the previously denied meaning and purpose of their destiny. Whether one discovers (Frankl), creates (Campbell) or affirms (Jung) the meaning of one's life through illness is a semantic question. What is important is that illness is perceived as a rich source of renewal and a confirmation of one's path.

Becoming whole.

Other Jungians describe illness as holding the potential for becoming whole. John Sanford (1977) provides a seminal discussion on this theme. His work draws from Jungian and Christian influences. Sanford first looks to the origins of the word "health" to find that it means wholeness. To be healthy is to be whole; a whole person is a complete and unique person. This movement toward wholeness is called individuation. It is a life-long and never-ending process, by which people seek to realize their potential. Sanford suggests that, "All creatures exist for a purpose. Even an ant knows what that purpose is... Only human beings have come to a point where they no longer know why they exist" (p. 17). Yet that purpose is there, hidden deep within each one of us, and calling us to search for the meaning and pattern of our lives. This process of becoming whole, however, is a dark, dangerous, painful passage that most of us would prefer to avoid. It seems, then, that suffering is inherent in becoming whole. It is as if our lives must brutally knock up against something, such as a life-and-death crisis, in order for us to take the steps toward individuation and wholeness. According to Sanford's thesis, the task of
individuation for people with cancer takes them on the spiritual journey of self-healing.

Marion Woodman, in her (1985) discourse on transformation, reflects that, "it takes a holocaust, outer or inner, to help us to realize what is really essential in life" (p. 31). She questions why people are so afraid of change. "Why do we lose our childhood faith in growing? Why do we cling to old attachments instead of submitting ourselves to new possibilities?" (p. 15). Woodman suggests that people often lack the confidence, courage, will and self-assurance required for dramatic change. Furthermore, there is an absence of cultural maps and rites of passage to guide people along the way. As a result, people feel trapped, weary, and bored. This is a state described by Woodman as "perpetual chrysalis". The chrysalis is essential if we are to find ourselves, and find ourselves we must. Yet we need to emerge from the chrysalis, just as the caterpillar does to become a butterfly. This is the process of psychological transformation. It is a search for one's essence. In the struggle to become conscious, Woodman offers the image of the "pregnant virgin"--one who is forever pregnant and open to possibilities and new life.

As a summary of this discussion of wholeness, as it refers to transformation and healing, Carlson and Shield (1989) state that, "Healing is a process of reconnecting with that part of us that always was, always is, and always will be.... The golden thread of healing is a process of personal transformation, a process of becoming one with ourselves" (p. 187). The implication for cancer patients is that their
struggle for survival can be a holocaust which precipitates growth, healing and wholeness.

**Neo-Jungian Psychology**

**Self-understanding.**

One of the exciting developments in Jungian psychology is process-oriented psychology (POP) or Dreambody work, founded by Arnold Mindell (1982, 1985a, 1985b, 1987). The primary focus of process psychology is the integration of mind and body by elevating the body's role in creating awareness and leading us toward wholeness. Mindell suggests that illness, body symptoms and accidents are not an outer problem but something that the individual is trying to express. Body symptoms are considered analogous to dreams—they have a reason for existing, an inner meaning, and a mysterious way of communicating. In letting the symptoms of the body speak for themselves, a rich potential for self-understanding is available.

Instead of considering disease as pathological and destructive, Mindell suggests that all body states be regarded as meaningful and purposive. The essence of illness, according to Mindell, lies in its request for attention and change. Thus, "the spirit of the disease appears as the spirit and meaning behind life" (1982, p.90). Mindell makes an interesting hypothesis about chronic illness, borne out by his clinical experience in working with the ill, the seriously ill and the dying. "A chronic disease is often a lifelong problem, a part of someone's individuation process. I don't believe that a person actually
creates disease, but that his soul is expressing an important message to him through the disease" (1985b, p. 13). He voices the theme, echoed by other Jungian therapists, that pain and suffering are functional: "People have a huge need to feel their pain. Very often pain is the beginning of a great deal of awareness" (1985b, p. 37). Goodbread, another process-oriented therapist, agrees. He suggests that it is those things which most disturb us and create suffering which also have the greatest potential for enriching and transforming our lives (1987).

Furthermore, Mindell adds that body problems may reflect family disturbances and even collective problems of the world (1985a, 1985b, 1987). He considers cancer to be not just a personal problem, but a world process. The task of cancer patients, then, is to bring to the world the learning which has taken place during their healing and transformation process.

Transpersonal Psychology

Like Jungian psychology, transpersonal psychology reveals a deeper, spiritual aspect of ourselves, and takes another step in emphasizing that part as something that shows us our oneness and our common connection with a larger reality.

Transformation is a central concern of transpersonal psychologists, who often liken the process to a personal journey.
**Hero's journey.**

The great mythologist, Joseph Campbell, has popularized the journey of transformation in his description of the hero's myth (1968). The hero is a symbol of the spiritual force that carries our destiny. In his depiction of the hero's journey, Campbell presents a story of psychological significance. The journey expresses the fears, desires and tensions that motivate human behaviour. He outlines three stages of the journey:

(a) departure,
(b) initiation, and
(c) return.

In the first stage, the hero departs from everyday life. There is something in his life which must be faced. Perhaps the call comes from a deep sense of meaninglessness: what had meaning before no longer has meaning. The hero is summoned by destiny to enter the darkness and the unknown.

The second stage, initiation, describes this journey into the darkness. There are many trials and obstacles encountered along the way, which can only be overcome with the assistance of a spiritual power that is greater than oneself, and inexhaustible. In winning the battle, the hero is purified. He now has the vision of God. He perceives the unity of all things. This carries him beyond the duality of opposites.

In the third stage, return, the hero must reintegrate with society. This return is indispensable for the circulation of spiritual energy and
life force back into the world. The hero becomes a teacher, sharing what he has learned from his adventure.

This model of encountering obstacles, winning a battle and being strengthened by it may well provide meaning for the process of recovering from life-threatening cancer.

**Spiritual emergence.**

Stanislav Grof is a psychiatrist who has extensive clinical background supporting dying cancer patients with psychedelic-assisted death-rebirth experiences. He has developed the model of a death-rebirth process that is a transformational journey similar to Campbell's journey of the hero. The death-rebirth process also resembles shamanic initiation, cultural rites of passage, and the stages of biological birth (Grof & Grof, 1980; Grof & Halifax, 1977). This is a journey that facilitates the emergence of the spirit. Four stages are proposed:

(a) engulfment,
(b) no exit,
(c) death-rebirth struggle, and
(d) death and rebirth.

In the first stage, engulfment, a person experiences an overwhelming feeling of anxiety and the awareness of some vital threat. Grof compares this stage to the onset of biological delivery, and the biblical story of expulsion from the Garden of Eden.

The second stage, no exit, is the experience of the world as dark
and menacing, where life lacks purpose, and suffering is experienced as eternal and inescapable. This resembles first-stage birth, and the biblical descent into hell.

The next stage describes the titanic death-rebirth struggle. Here struggle becomes meaningful, whereas earlier it felt hopeless. This is a struggle for survival, and may be experienced as the struggle between good and evil, pleasure and pain, joy and suffering. A person learns to withstand the forces that threaten to crush and suffocate and drown. An analogy is made here with second-stage birth, and Purgatory or the Last Judgement.

Death and rebirth mark the end of the journey, a stage comparable to third-stage birth and the Resurrection. A person experiences complete annihilation on all levels: physical, emotional and mental. As the ego dies, one is spiritually reborn. The world is experienced as sacred. A person feels bathed in love, joy, ineffable bliss, and feels at one with all things.

Grof proposes that illness can be given the life-transforming context of spiritual rebirth. He makes the argument that we need to provide cultural maps of growth and change to help guide people of the modern age through chaotic and confusing times. To this end, he redefines life-threatening crises as "spiritual emergencies", and with Christina Grof, has developed the Spiritual Emergence Network, an international organization providing support for individuals undergoing transformative crises (Grof & Grof, 1989).
Rite of passage.

In Grof's account of the transformative death-rebirth process, he makes reference to the classical study of rites of passage by Arnold van Gennep (1961). This anthropological model has similarities to the hero's journey. Three stages are outlined:

(a) separation,
(b) transition, and
(c) incorporation.

The rite of passage is first marked by separation of the individual from her or his community. The person experiences loneliness, isolation and fear of the unexpected. Yet with the reassurance that this strange new territory has been crossed before by many others, the individual surrenders to the unknown.

In the stage of transition a person suffers total annihilation, and learns through profound experience that one can emerge renewed and reborn.

The individual is integrated, a changed person, back into the community, in the final stage of incorporation.

These three descriptions of the journey—the hero's journey, the death-rebirth process, and the rite of passage—have diverse origins in mythology, psychiatry and anthropology, and yet are remarkably similar in detail. They indicate several things: profound change involves a journey; the journey is perilous, and requires that fears be courageously faced; old ways of being must die; and as people are reborn
into new life, they make a positive contribution to the world.

**Spiritual Disciplines**

**Amerindian Philosophy**

Our native American heritage is one example of a spiritual discipline which addresses the issue of transformation. Amerindian philosophy is deeply rooted in nature and a reverence for all life. The Earth is considered to be our Mother and our most intimate relation, for without the earth, we cannot live. The focus of native teachings is how to live in harmony with the Earth and all things of the Earth.

**Shamanistic initiation.**

The literature of the native peoples of North America is rich with accounts of great teachers and healers. The writings of Carlos Castaneda about the Meso-American Indian shaman, don Juan, offer spiritual teachings embedded in our North American heritage. Whether these stories are an accurate anthropological account or fiction is not important: the relevant point here is that they depict a path of knowledge that leads to healing, transformation and spiritual renewal.

The Jungian psychologist, Donald Lee Williams, presents a rich psychological analysis of the Castaneda adventures (1981). The don Juan stories describe an initiation into shamanism. These stories use the analogy of a journey, and have an uncommon similarity to the transpersonal journeys outlined earlier.

Traditionally, what calls a person to the path of knowledge is an
unusual sickness that brings on potent dreams and visions. If the individual chooses to answer the call, this may take them on a path of personal healing and transformation, and may draw them to the work of healing or shamanism. Shamans are healers who specialize in the influence of the mind on the body, and have the ability of "travelling between the worlds" for information (Elkin, 1977, pp. 77-78). The world of the unconscious, the non-rational and the unknown hold information for healing.

The thesis of Williams' analysis is that the pursuit of self-knowledge connects a person to their source of healing. He presents three phases of this journey, expressed as an evolution of the "average man" to the:

(a) hunter,
(b) warrior, and
(c) seer.

The "average man" according to don Juan, the native Indian shaman/teacher, lacks wholeness. He does not pay attention to his unconscious, lives by mechanical routines, and lacks a sense of purpose. Illness, intense suffering, and the vision of another way call a person to the path of knowledge. The path takes a person on a search for her or his essence.

First one learns the ways of a hunter. Hunting, psychologically, is a search for one's personal myth or meaning. The hunter pays attention to the unconscious, learning how to stalk the information that
is there, yet hidden. "Through intense inner experience and reflection the individual, like the hunter...comes to know his or her unique path or myth" (p.33). Williams adds that it is essential to honour what we learn about our path by living it. This is an interesting point in relation to cancer patients. If there is a relationship (as many suggest) between health and living one's path, is there also a reciprocal relationship between illness, recurrence of cancer, and separating oneself from the path?

In the second part of the journey, a person learns the ways of the warrior. The warrior pursues the unconscious, in that he deliberately turns to the darkness and the unknown of the inner and outer worlds for direction and guidance. A warrior's attitude is crucial: he must develop courage and the willingness to face his fears. "The warrior's attitude is that the worst has already happened, he considers that he is already dead and thus has nothing to lose.... The warrior may deliberately welcome the worst in order to know its secret. The worst may even turn out to be our best chance" (p. 65). The way of the warrior is the way to individuation, where we learn to "trust and follow our own unique experience regardless of whether or not it matches the general trend" (p. 57).

Finally, one turns to the way of the seer. A seer lives by the direction of the unconscious, directs his life by what he sees, and understands things as they really are. In this way the seer reconnects himself to a larger reality. The seer must also assume responsibility for his inner knowledge, and find the means of sharing what he knows
with others in becoming a teacher, healer or shaman.

The significance of the shaman's journey is that it shows us the ways in which we have become disconnected from ourselves and the world, and suggests ways to bring ourselves back into alignment.

Buddhist Philosophy

Buddhist philosophy focuses on healing the split between the whole person and the environment, to reveal an individual's connection with the entire universe. Buddhism aims to develop a level of awareness called "unity consciousness" (Wilber, 1979). This is not the exclusive domain of Buddhism, but is the goal of most world religions. Thus, Christianity, Judaism, Islam, Hinduism, Taoism and Sufism could all be explored for the ways in which they address the issue of transformation.

Archetypal journey.

The story of the life of the Buddha, like that of Christ, symbolizes the universal principles that give meaning and guidance to human life. Goldstein and Kornfield, two Buddhist scholars and meditation teachers, interpret the classical story of the Buddha's life as an archetypal journey, similar to that of the hero (1987). They present the life of the Buddha as a model of transformation for everyone. There are four stages in the archetypal journey:

(a) the call to destiny,
(b) the great renunciation,
(c) the great struggle, and
(d) the great awakening.

The call to destiny is the call to awaken. Something inside us whispers that life can be different from the way we live it. For the Buddha, it was the profound awareness of how our lives are limited and conditioned by suffering, illness and death—that thrust him on the path of self-inquiry. The Buddha was a prince in his early years and had to leave the protective life of the palace in order to realize himself.

The second stage of the journey is the great renunciation, when a person sees new possibilities and begins to change habitual ways of living. The story of the Buddha describes how he became a monk and undertook different practices through which he might attain true freedom.

The third stage is the great struggle. People on the path of transformation must confront their fears and struggle with the forces of evil or delusion. The account of the Buddha's battle with these worldly forces is very similar to the story of the temptations of Christ.

The completion of the journey is the great awakening. A person recognizes the causes of suffering, sees that there is an end to this unhappiness, and strives to live a life that will bring true contentment and peace of mind. According to the Buddha, to be awake is to be aware, "to develop freedom within oneself, compassion for the suffering of the world, and an active sense of service for the welfare of others" (p.84). Thus, not only can we look to the Buddha to cultivate the qualities of loving-kindness, generosity, wisdom, tranquillity and equanimity, but
our lives must also be directed toward benefiting and inspiring others.

Manifesting the divine.

Karlfried von Durckheim provides another Buddhist model of the journey of transformation (1980). His thesis is that wholeness and health depend on fulfilling one's inner mission and living from one's essence. To live this way is to manifest the divine in the world. Like many others, Durckheim believes that only suffering can motivate us to take this path of transformation. "Only that pain which arises from the depths of himself can finally compell a man to look inwards and bring him to the realization that he has lost touch with his own essential inner being" (p. 15).

Five steps of transformation are proposed by Durckheim:

(a) critical awareness,
(b) letting go,
(c) experience of oneness,
(d) rebirth, and
(e) daily practice.

In the first step, critical awareness, we recognize what it is that stands in the way of true self-realization. We must understand how and in what circumstances we fail to express our essential being. According to Durckheim, to be rightly centred in our essential being is to be guided and to be given strength and purpose from our centre, so that we can learn to live at peace with all the ups and downs of life.
The second step is to let go of the attitudes and values that stand in the way of inward knowing. "Letting go requires that we give up any idea that life must be what we expect and we desire" (p. 71).

Durckheim describes the experience of oneness as "Union with the Ground of Being". In this stage we experience the feeling of being sustained, supported, nourished and renewed, no matter what the difficulty--just as the ground and as our mothers support and nourish us.

In rebirth or "new-becoming" a person experiences the reversal of the old life, a melting of the world-ego, and a new birth. Even at this point in the journey, an individual must have commitment and tenacious will to stay on the path.

The fifth stage is described as the daily practices which confirm the attitude of letting go, and give us the experience of oneness and renewal. This is similar to the final stage of the other journeys described, where a person confirms their transformative experience by sharing their knowledge with the world.

**Summary of the transformative journey.**

A description of the transformative journey as described in the six models reviewed earlier is summarized in three stages, as follows:

The beginning of the transformative journey is marked by a call to awaken and to change. It is a call that arises from our pain, our suffering, the lack of purpose and spiritual guidance in our lives, and the deeply felt need to live differently. A person clearly recognizes
what must be changed, and takes up the call by making the inner decision to change. This propels an individual on a search for a personal myth, meaning or essence. As one begins the search, the threat of death or annihilation is experienced very dramatically.

The middle of the journey describes the great struggle in letting go of old ways. Initially, the fear of letting go creates an overwhelming sense of helplessness and hopelessness. But, as one develops courage, the willingness to face fears, and the belief that death is an ally, one is able to commit oneself to the path. Many obstacles and trials are encountered and overcome, and a person is required to shed the ways that inhibit full human being.

The process of rebirth is described in the end of the story. A person experiences purposiveness, love, and unity with all things--this is a state of wholeness, and embodies the vision of God. A person expresses what they have learned through daily practices and activities, and through the attitudes of compassion, generosity, wisdom and peacefulness. The cycle of individual transformation regenerates itself as a person becomes a teacher or a healer, sharing learning with others and contributing to the welfare of all.

**Spiritual Medicine**

There is a new wave of medicine that attempts to understand health and healing in the context of a unitive, spiritual force. This area of research has largely been promoted by medical doctors looking for new options in their treatment of illness. This approach marks an
evolution: from physical medicine to mind-body medicine to spiritual medicine.

Awakening.

Brugh Joy (1979) suggests that transformation is implicit in life-threatening disease. The obvious transformation would be physical death, yet there is another possibility— that of psychological transformation. True psychological transformation demands psychological death and radical personal change. Joy proposes:

If that transformation is chosen and if it is to be effective, the change in the patient's attitudes and life patterning must be as complete as would transpire through death. Halfway measures won't do it; there is no room for compromise. Sweeping changes are required. Marshaling the courage and clarity to make the necessary changes is the real challenge. (p. 210)

In order to change, a person must first conceive that there is more to experience in any given moment, and that each moment holds limitless potential. The task is then to realize this possibility. This process is described by Joy as "discovering the intention of one's soul". The central tenet of his research is that transformation brings healing, and that both of these are essential spiritual tasks.

Stephen Levine, a consultant/guide for the dying, eloquently addresses the attitude of someone going through a transformational healing process (1987). He suggests that it is primarily our attitudes and beliefs about how we should live (and how we should die) that
contribute to our pain and suffering.

He suggests that we change our attitude toward illness to perceive it as a teaching rather than a curse. By learning to accept and allow our pain and suffering, we begin the process of healing. Developing this attitude of openness and acceptance creates the space that is crucial for healing to occur. According to Levine, "healing is the growth that each person seeks" (p. 4). Healing calls us to grow, participate deeply in life, and open our hearts to the suffering that is inescapable. This is the process of awakening that transforms our lives.

Levine makes the plea that we begin this process now. It is our task as humans to awaken and become whole.

Don't wait to live until you have been told that death is only six months away. This is not work to be done at some later date when a frightening diagnosis or prognosis is received. This is the healing available to us this very instant. Entering our heart is a process of letting go of our suffering. (pp. 246-247)

This recommendation is intended for all of us, and reinforces the need expressed in this study to learn from those who are transformed by a serious illness.

According to Levine, in healing, we learn to cultivate the attitudes of self-love and self-forgiveness, and learn to let go of our anger, grief and feelings of separateness from others. The transformation comes about as we awaken to our wholeness.

Levine makes an important statement about healing not being
confined to the body. Healing is not so much a matter of removing illness as it is the process of healing the mind and spirit, so that we can live fully and die in peace. This position warns us not to make false assumptions about those who live and those who die. "We saw no less of a healing balance among those who moved peacefully through death than we did among those whose bodies re-established a certain degree of wellness" (p. 28).

Joy and Levine assume that to be transformed by illness requires more than just surviving it. Transformation calls for a radical change in attitudes concerning how one chooses to live. Thus, the exceptional cancer patient is not someone who has simply lived longer than expected, but a person who has been renewed and made whole by the illness.

Call for aliveness.


His thesis is that medical crisis is an opportunity for personal growth and holds the potential for greater aliveness. How does illness constitute such an opportunity? According to Moss, it demands that we let go of self-images and old identity; it requires that we remain unconditionally open to the moment; it forces us to surrender to no longer being in control; it shows us the places in which we contract from full aliveness. Serious illness demands that we change in a radical manner, not simply reshuffling our ways of thinking or altering our environment and lifestyle.
Moss proposes that transformation is a fundamental change in consciousness and an invitation to radical aliveness. "Radical change demands that we must die in order to be reborn" (1986, p. 78).

Some interesting hypotheses are posed by Moss about the origins of cancer. He suggests that cancer is a high-energy system seeking to be utilized for creative purposes. When it is not transformed psychologically it becomes morbid. According to Moss, the existing epidemic of cancer and other stress-related and degenerative diseases is an indication of the changes that need to take place in the collective human consciousness. This is the same hypothesis voiced by Mindell and many others. Whether or not it is true remains to be confirmed by experience.

Elisabeth Kubler-Ross is a pioneer in the field of death, dying and transition. She has attempted to change the understanding of death, from an event to be feared, to an opportunity for growth and aliveness (1969, 1975, 1978, 1981, 1982). According to Kubler-Ross, in accepting our own impending death, people are taken on a quest to discover what is meaningful in life. In coming to terms with death, we are compelled to question our values and continually re-evaluate how we elect to live. Thus, facing the fear of death holds the potential for human transformation. Kubler-Ross believes that much of our life energy is tied to the supression of anger, resentment, guilt or grief work. She suggests that people need to express and discharge negative and destructive emotions in order to experience wholeness and aliveness. As the dam of repressed energy is let loose, people are then able to
experience self-love, connectedness and compassion for others, and an improved quality of life.

Recovering the soul.

Larry Dossey is a forerunner in the field of mind-body medicine. His present focus is on the development of a new scientific model for medicine that addresses our spiritual nature.

Dossey suggests that a critical illness is often the key to crystallizing the awareness of our unity with one another. Severe suffering and pain can break through our limited personal reality and the sense that we are separate from others. The function of such a crisis, then, is to awaken unity consciousness.

Dossey refers to the wealth of controlled replicable studies which establish that the mind behaves nonlocally—in essence, the mind is a field, and we are all connected in that field (1989). Small mind is a part of Universal mind. It is this concept of nonlocality which explains such phenomena as faith healing, healing by thought or prayer, spontaneous cure, the placebo effect, communicating through telepathy, and so on.

A model of nonlocal medicine is proposed by Dossey, based on the premise that "minds are spread through space and time; are omnipresent, infinite and immortal; and are ultimately one" (p. 265). His description of "mind" is identical to a description of spirit.

Dossey's research has broad and exciting implications:
(a) Since we are all connected through mind/spirit, our hopes and prayers and efforts directed towards the healing of others has a definite, positive (and measurable) effect.

(b) Health and healing are not just a personal but a collective affair.

(c) There are global implications for doing one's healing. Dossey quotes James Hillman, who says, "Any alteration in the human psyche resonates with a change in the psyche of the world" (1989, p. 11).

Dossey suggests that the fate of the Earth could depend on our collective efforts, and that it is essential to develop a sacred attitude for the Earth and all things in it. The human body and the body of the earth are inseparable. This is a compelling argument which could benefit by drawing on people's experience.

Robert Stein (1976) adds to this discussion that all diseases (and we might also think of the present health of the earth) are a reflection of humanity's alienation from our spiritual roots. Like Dossey, he calls for a recovery of the soul in relation to health and well-being. He proposes that the task of the soul is to discover itself, and to give purpose and meaning to human activity. "The mind can discover what is needed only by listening to and reflecting upon the subtle movements of the soul as it expresses itself in bodily sensations, feelings, emotions, images, ideas and dreams" (p.74). Thus, illness, and especially life-threatening illness, is ideal terrain for self-realization, as it reveals the soul, and the purpose of our existence.
Manifesting love.

Bernie Siegel is attempting to dramatically change the understanding of our capacity for self-healing, in his work with cancer patients. His thesis is that love is the bridge for healing. "I am convinced that unconditional love is the most powerful known stimulant of the immune system" (1986, p. 181). These are influential words, coming from a surgeon and cancer specialist. The popular Beatles' song, "All You Need Is Love", perhaps contains a truth that takes us beyond the appealing lyrics. Siegel adds, "I feel that all disease is ultimately related to a lack of love, or a love that is only conditional, for the exhaustion and depression of the immune system thus created, leads to vulnerability. I feel that all healing is related to the ability to give and accept unconditional love" (p. 180). Thus, one's attitude towards oneself, in Siegel's understanding, is the most important factor in healing and staying well. For healing to occur, we need to accept ourselves, stop criticizing and judging ourselves, and be compassionate with ourselves.

The importance of self-love, advocated by Siegel, is supported by the description others give of self-acceptance, discovering our soul or essence, manifesting the divine, awakening and becoming whole. These themes are integral to the process of healing and transformation.

Summary and Critique

Physical Disciplines

Assumptions.

1. The mind has a powerful role in activating the healing of the
2. A person's hopes, beliefs, will, expectations and intentions all have a dramatic impact on the course of a disease and the recovery from illness. Thus, a person's optimism, positive attitude, will to live, belief in recovery, and determination are essential to the healing process.

3. All efforts that reinforce a positive belief system in the ill person will assist healing.

4. There is a meaningful discourse between the mind and the body.

5. The body communicates to a person what can be changed to facilitate healing.

6. People must become active, responsible participants in their own health and healing by responding to the communication of the body about changes that need to occur.

7. Illness, especially life-threatening illness, is stressful.

8. Many people need assistance in coping with the stress of life-threatening illness.

9. People have certain attitudes, styles and strategies for managing problems that may increase their stress levels and predispose them to illness. In facing difficulty, a person who suppresses feelings and conflicts, becomes passive and pessimistic, and feels helpless and hopeless, will experience greater stress, and may become predisposed to cancer.

10. People can learn to change their attitudes and habitual ways
of approaching and managing problems.

11. Programmes can be designed to teach people effective coping strategies, better communication skills, and how to take an active role in combatting stress.

12. Effective coping improves the quality of life, makes one healthier, and may assist a person in surviving a life-threatening disease.

Criticisms.

Mind-body research has made a tremendous contribution to our understanding of the significance of the will to live and a positive belief system, in facilitating healing. Yet behavioural medicine does not attempt to understand how this healing occurs. Physical disciplines do not address the whole person, thus healing is understood simply as the return of physical, mental and social well-being. The concept of a life-transforming process that takes place as healing occurs is foreign to behavioural medicine.

Behavioural medicine clearly demonstrates that people can be taught to change their thoughts and attitudes in order to improve their health. Yet it is uncertain whether a change in thought and attitude is sufficient for healing to occur. Another question that remains unanswered is whether essential attitudes such as the will to live can even be taught. Can healing be taught? Siebert, an expert on survivorship, suggests that "the survivor personality cannot be taught but it can be learned" (1985, p.17). We can learn about survivorship by
being a survivor and by learning from survivors. This requires that we understand their experience as they lived it.

**Psychological Disciplines**

**Assumptions.**

1. Having a purpose in life is essential to well-being.
2. Each person has her or his own unique purpose.
3. Finding a meaning in suffering creates purpose in life, by giving us direction and leading to wholeness.
4. Healing from illness is a process which has meaning. In healing, we overcome a difficulty through personal effort and we are strengthened and renewed in the process. Through healing we come to understand ourselves; we come to know our gifts, abilities and special task in the world; and we discover ways to express our purpose and fulfill our destiny.
5. To be healthy and healed is to be whole.
6. To be whole is to be a unity of opposites, and to be in contact with all parts of ourselves. To be whole is to accept and learn from our illness, pain and suffering. To be whole is to follow the guidance of our spirit, which allows us to see the unity and oneness of all things.
7. To be whole requires that we change.
8. The change process can be understood as a journey.
9. The journey may be a painful and frightening one, yet it holds the rich potential of our rebirth.
Criticisms.

Psychological approaches have thoroughly investigated the transformation process brought on by crisis. An important contribution has been made by indicating the need for support, encouragement and direction to people going through life-threatening crises. By using the analogy of a journey, as developed in anthropology, sociology and psychiatry, people are provided with a map for the change process. The validity of this map must be confirmed by people's experience. There are no studies I am aware of that directly address the concept of a healing journey from the experience of the ill person. There are many anecdotal reports of change and survivorship, but few attempts have been made to search for a common pattern of change in people recovering from life-threatening cancer.

Spiritual Disciplines

Assumptions.

1. Manifesting our spiritual nature is the essence of what it means to be human.

2. Spiritual nature is revealed by following our path in life, and living from our centre.

3. In following our path, we develop self-awareness and self-knowledge. This connects us to the source of healing.

4. Critical illness holds the potential for self-realization, greater aliveness and spiritual growth.

5. In accepting our pain, and honouring our struggles and our
suffering, we learn what it means to be whole human beings. In this process we are healed.

6. Healing is a spiritual journey.

7. Spiritual growth requires that we awaken.

8. The process of awakening is a healing and transformative task, requiring radical change.

9. Transformation is a fundamental change in consciousness.

10. Healing involves change: changes within oneself, and changes in one's relation to the world.

11. For healing to be transformative, it must take place on more than just a physical level. It must involve the healing of the mind and spirit.

12. Illness teaches us the importance of love, and of letting go of feelings of being separate from others.

13. In loving and caring for ourselves and others, we heal not only ourselves, but the world as well.

14. In healing, we cultivate the qualities of wisdom, peace of mind, compassion and generosity. We experience the desire to contribute to the welfare of others.

15. Diseases such as cancer have the potential for awakening unity consciousness and healing collective human problems.

Criticisms.

Spiritual disciplines regard all difficulties as an opportunity for
spiritual growth. In honouring and accepting these difficulties, we become full human beings. Thus, life-threatening illness is given an important role in human life. Illness can be as great a teacher as any spiritual master.

Spiritual disciplines have identified the importance in healing of elusive yet pervasive phenomena such as love, caring, unconditional support, and unity consciousness. Little attempt has been made so far to validate these phenomena as essential to the healing process. The argument that one may learn and grow from illness has global social implications, which makes the study of this process imperative. Finding common patterns of personal change brought about by life-threatening illness will tend to confirm or deny these assumptions.

Both spiritual and psychological disciplines need to validate their clinical observations and theoretical assumptions. This is essential for broadening our understanding of healing and transformation from an experiential perspective.
CHAPTER 3

Method

Existential-Phenomenological Research

This study documents the meaning of surviving a life-threatening disease and being transformed by it. To faithfully elucidate this meaning requires a methodology which captures the experience as it is lived by individuals. The most appropriate method for this task is existential-phenomenological (EP) research.

Existential-phenomenology seeks to explicate the essential nature of human beings and their lived experience by using descriptive and reflective techniques. Existentialism is a philosophy which "seeks to understand the human condition as it manifests itself in our concrete, lived situations". Phenomenology refers to a method which "allows us to contact phenomena as we actually live them out and experience them" (Valle & King, 1978, pp. 6-7).

Traditional psychology focuses on understanding human and animal behaviour. In its quest to develop an objective science, it has been concerned with phenomena that are readily observable, measurable and duplicable. Thus, human experience has been deleted from its investigation. And yet to understand individuals and their experience of joy, of suffering, of surviving a terminal disease--requires that we take human beings as they exist: living, feeling, thinking, acting,
meaning-making creatures. To deny human experience as legitimate psychological content amounts to denying the whole of human existence (Colaizzi, 1978).

In order to both recognize and affirm human experience, the phenomenologist reconsiders the concept of objectivity. Colaizzi (1978) defines objectivity as fidelity to phenomena. To be objective is to accurately and faithfully describe a phenomenon. The EP method objectively investigates human experience when it remains true to the experience, and refrains from controlling, changing or construing the experience according to some preconceived model or theory.

The phenomenological approach gives the researcher the following four guidelines.

First, you assume an attitude similar to an anthropologist or ethnologist. You observe and describe a phenomenon—as it is experienced by people—as accurately as possible, in order that the meaning of the experience for the individual is retained.

Second, instead of taking the stance of a distant and impartial observer, you are present and involved. In fully contacting an experience, you are touching the richness of a person's being. In the phenomenological interview, you listen with the totality of your being so that you are "present in every imaginable way" (Colaizzi, 1978, p. 64).

Third, as a researcher you acknowledge that by investigating a phenomenon you are influencing it. You must then scrutinize your own presuppositions about the phenomenon being investigated in order to be
aware of your biases. Bias-free research is not possible; in fact, as biases are readily examined, you are motivated and propelled to more clearly understand the investigated phenomenon from a personal as well as objective point of view.

Fourth, a thorough phenomenological study uses as many sources of descriptive data and methods of data collection as possible. Colaizzi (1978) lists the following sources and methods:

(a) dialogal interviews, which involve imaginative listening;
(b) written descriptions, using the method of protocol analysis;
(c) imaginative presence to the phenomenon, using phenomenological reflection; and
(d) observations of lived-events (such as the experience of pain, or of dying) which involves the method of perceptual description.

In this descriptive study, all of these sources and methods of data collection are used to some extent. They will be explained later in the chapter.

Dramaturgical Approach

Human experience is conveyed in various forms. Drama or story form is a fundamental and natural way of communicating experience. "One of the primary ways--probably the primary way--human beings make sense of their experience is by casting it in narrative form" (Mishler, 1986, p.67). The application of dramaturgy--the art of dramatic composition--to psychological investigation is attributed to Burke (1965, 1969) and
well documented by Cochran (1986; Cochran & Claspbell, 1987).

Dramaturgy offers a practical method for capturing, in story form, the meaning of surviving terminal cancer. Telling the story of how having cancer has changed your life is a task that invites and engages the individual. Most people love to tell stories, especially the big stories of their lives! Stories help make events and experiences more comprehensible, and provide pattern, explanation and insight into motivation and behaviour (Cochran, 1987).

Dramaturgy also guides the investigator in her explication of assumptions about the phenomenon. As a researcher I ask, why am I involved in this phenomenon? I look to my own experience and, while not a survivor of cancer, I do have my own story of transformation. Writing out this story helps clarify my assumptions, guides me in formulating research questions, and helps me anticipate the kind of stories that will be collected.

The use of a dramaturgical perspective is valuable in the process of data analysis, in identifying themes of the experience and in weaving these themes into a holistic, integrated description of the experience.

Co-researchers

In existential-phenomenological research, interviews take the form of an encounter between individuals. Researchers and subjects become co-researchers (Friere, 1970). The researcher can be considered the methodology expert, while the subject is the content expert. Together they collaborate on the task of understanding the meaning of surviving a
life-threatening disease. They strive to be equals and to overcome the divisions created by age, education and professional status. (For discussion purposes, participants will be called the co-researchers, and the researcher will be known as such.) Co-researchers generally must be gently re-educated about their role. Natural science has fostered the impression that people are objects of research, expected to answer questions and fill in the blanks and follow direction as compliantly as possible. Conversely, co-researchers are reminded that they are the authorites on their own experience; they are encouraged to take their own direction and time to tell their story in their own unique way; they are invited to edit their story so that it expresses exactly what they want to say; and most important, they are engaged in refining the research product so that it faithfully describes their experience.

Selection of Co-researchers

Cochran (1987) delineates the following criteria for selecting co-researchers:

(a) experience with the phenomenon,
(b) ability to articulate the experience, and
(c) sufficient involvement as well as distance from the experience.

The people in this study were recruited through a professional acquaintance who worked in a large urban cancer hospital. She knew of some long-term cancer survivors. (Long-term cancer survivors are defined as people who have lived longer than average with a
life-threatening disease.) At the time, I was working at a smaller hospital where there were no known long-term survivors. They were considered to be a rare breed! One physician estimates that "there is less than one chance in a thousand that any single physician will encounter in his lifetime one true case of spontaneous cure or long-term regression of advanced cancer" (Glassman, 1983, p. 324).

To be eligible the participants had to be adults with the experience of surviving a minimum of five years beyond the diagnosis of widely metastatic or terminal cancer. (The five-year criterion is a statistical artifact signifying that people who survive five years beyond their diagnosis of cancer have the same risk of dying from the disease as the general population.) They were able to articulate the personal growth that had occurred since the illness. They also had enough distance from the experience to reflect on its meaning while the experience remained alive and vital for them.

The rationale of including different diagnoses of cancer grouped together under the umbrella of "widely metastatic or terminal cancer" was to create a sample of people suffering from a life-threatening disease. Cancer is not one disease, but a collection of over 100 diseases (American Cancer Society, 1974). Results may then be valid for the larger population of people suffering from serious or life-threatening illness.

The number of participants was determined in part by the practical consideration of the wealth of data that would be generated by each co-researcher. It was anticipated that a group of 5 to 7 subjects would
provide a rich bank of descriptions. An opportunistic sample was taken, in that circumstance delimited participation. I began with a list of contacts and included everyone who fit the criteria. By the fifth interview there seemed to be enough overlapping of data that very little new information would be received by interviews with additional people. Of course, every individual's story would be different and unique! Yet the researcher's task here is to present a comprehensive description of the transformation process in recovering from terminal cancer, without sacrificing the rich integrity of each account.

Demographic Information

Demographic data was recorded during the interviews, and was not a factor in the selection of co-researchers.

Five individuals participated in the study. During the analysis of protocols from the interviews, it became evident that one man's story was quite disparate from the others. Subsequent interviews with this man clarified these differences; his protocol was omitted from the collective description; yet his inclusion in this study was invaluable in highlighting the essential ingredients of being a survivor. A survivor is defined in this study as someone living with the diagnosis of cancer who has surmounted this crisis through personal effort, and emerged, transformed, with previously unknown strengths and abilities. Rationale for excluding P. from the analysis is that while medical criteria qualified him as a survivor, he accepted neither that he was a survivor, nor that he had been transformed in the process in living with
his illness. These important details were discovered only after many hours of interview.

Age, occupation, marital status, socio-economic level, ethnic background and medical diagnosis were reported for each individual. Co-researchers provided this information. Instead of organizing this data by category, it was jointly decided with the co-researchers to leave each description intact, so that it gave a hint of the flavour of each individual who wanted his or her story to be heard. The 5 participants were:

1. D, a 72-year-old woman, married, with three children and five grandchildren, a retired nurse, middleclass, English-Scot background. Diagnosed twenty years ago at the age of 52 with breast cancer, which metastasized to the lymph system and the neck about ten years later.

2. E, a 69-year-old woman, married, with two children, and a host of grandchildren and great-grandchildren. A retired hairdresser, middle class, Irish-English background. Diagnosed eight years ago with advanced lymphoma. Because the cancer was widely spread throughout (gallbladder, liver, spleen, pancreas, lymph nodes and bone marrow) she was told at the time that she was expected to live three to six months.

3. F, a 65-year-old man, married, with two children (and now a very proud grandfather of three), a retired accountant/office manager, lower-middle class, French-English background, diagnosed ten years ago with stomach cancer. Due to liver metastases, he was told he could expect to live four to six months.
4. M, a 49-year-old woman, married, with three stepchildren, a retired computer systems analyst, English, middleclass, diagnosed 35 years ago at the age of 16 with a fibrosarcoma. This involved a tumour that was attached to the shoulder blade and over the years spread to the arm, neck, back and skin.

5. P, a single man, aged 44, a school teacher, middleclass (though presently lowerclass as a result of his illness), very Scots. Diagnosed about five years ago, just shortly before his father died of cancer, with a carcinoma of the bowel which had spread to the liver and now perhaps is in the lungs.

All participants are Canadian, residents of British Columbia, and living in small to large urban centres.

**Interviews**

There were two or three interviews with each of the 5 co-researchers. All of the interviews were completed within a six-month period. Each interview lasted from $2^{1/2}$ to 5 hours. Co-researchers individually determined the length of their interviews. Between 6 and 12 hours of interview were conducted with each participant.

**The First Interviews**

The story of surviving life-threatening cancer and being transformed by it was recounted in the first interview. This experience constitutes the most important story of each person's life. It is not easy to tell:
it is complex, full of deep feelings, spans the course of many years, and carries a potent meaning that is a challenge to convey, especially to others who do not share a similar experience.

How essential it is to establish a situation of trust and comfortable rapport between researcher and co-researchers cannot be overstated. Only in a relationship where a true encounter occurs can the deeper layers of feeling and meaning be revealed.

The role of the researcher is to facilitate this encounter by actively engaging in imaginative listening. The researcher must be present to the co-researcher in every imaginable way—that is, not just listening, but feeling and living through this experience with the co-researcher as it is recounted (Colaizzi, 1978). Empathic response, reflection, paraphrasing, asking for details and probing for meaning are also important skills for the interviewer to employ.

The first interview was loosely structured. It was an informal meeting in the participant's home that began with tea or coffee and provided the opportunity to become acquainted as two individuals meeting for the first time. The purpose of the study was explained to the co-researcher, and then he or she was asked to describe the experience in the form of a story with a beginning, middle and end (see following Preamble). Additional research questions were asked, as appropriate, to help provide focus and to elicit more detail about the experience. Questions were not intended to standardize the interview. These questions were formulated from the review of the literature as well as the examination of personal presuppositions about the phenomenon.
Preamble.

The purpose of the study I am doing is to discover what it means to survive a life-threatening illness and be transformed by it. By transformation I mean a healing process which is more than getting well physically--it means becoming a more whole person. I'd like you to tell me the story of your recovery from cancer and how it changed your life. You might tell the story as if you were watching a drama of someone's life. The drama will have a beginning, middle and end. Please use as much detail as you like to fully describe your thoughts, feelings and actions around your experience.

The beginning of your story might be when you found out about your illness. The middle of the story might be a time when you remember thinking you might die, and the changes that occurred as you went about living. The end of the story could be this present time or the point at which you feel you had recovered from cancer.

Interview questions.

1. What were you told in the beginning about your illness?
2. What was happening in your life at this time?
3. Was there a time when you clearly remember thinking that you might die? What kept you going?
4. What was this time like for you?
5. Was this time a turning point in any way?
6. When you think of how your life was before your illness, can you say in what ways life is different for you now? (Probe for attitudes toward work, leisure, relationships, suffering, religious faith and death.)
7. Based on your experience of surviving cancer, do you have any suggestions for others going through a similar experience?

The Validation Interview

The purpose of the second set of interviews was twofold: (a) to involve participants actively in their role as co-researchers, and (b) to provide a measure of internal validity.

As co-researchers, participants were invited to read the transcripts of their interviews and suggest any changes that would more
accurately express what they want to communicate. They were also given a list of themes extracted from the analysis of the protocols, as well as the story of change in surviving life-threatening cancer that was drafted from all the interviews. They were asked in the validation interview how representative each theme was of their experience, and what needed to be deleted or refined to make it more true for them. Particular attention was directed to the themes that were implied in their interview or conveyed through their person, but not directly stated. The co-researchers were also engaged as editors in the story of survival: softening certain statements, emphasizing others, deleting or adding details so that the final research product faithfully described their experience. When the co-researchers were convinced that the description reflected their experience, internal validity was achieved.

**Other Descriptive Methods**

Of the four descriptive methods used in EP research as outlined earlier (see Phenomenological Research), the first method listed—that of imaginative listening—has been already delineated.

The second method is that of protocol analysis. In this study the interviews yielded protocols, and two of the participants offered other written descriptions: an autobiography and a series of articles written during the illness and published in a community periodical (see Appendix). A decision was made to edit the interviews rather than present them verbatim, for two reasons. First, in talking, many people digress from the topic at hand, ramble here and there, change their
focus, and lose their train of thought. Editing a transcript contributes clarity and comprehension (Broadfoot, 1973). Second, co-researchers felt that their transcripts presented them as rather garrulous, and requested that editing be done. These condensed transcripts were analyzed (see Protocol Analysis). The autobiography and creative writing were analyzed in a similar way, first by looking for meaning units (Giorgi, 1975), and then by extracting significant statements.

Meaning units are statements which convey a certain idea, theme or description. In the written material offered by co-researchers, meaning units selected were those concepts which elaborated upon the major question posed by this study. Looking for meaning units is a good way to begin acquainting oneself with the ideas of a person's writing or speech, and then structuring these ideas. Further analysis is conducted by extracting significant statements from these meaning units.

A third descriptive method is that of phenomenological reflection. In being fully present to these co-researchers and reflecting on the meaning of their experience, my own life was affected in a deep way. This fostered a rare and genuine learning experience. Genuine learning involves "wrestling all that we can learn from the actuality of our own lives as exquisitely unique, individual persons" (Colaizzi, 1978, p.135) as distinguished from the acquisition of facts and information. Genuine learning radically restructures our world-view, our attitudes and values, so that--what I learn changes me.

A fourth and final method is that of perceptual description. With this method you faithfully express what is perceived through the senses
of sight, hearing, feeling, etc. rather than thinking, analyzing or summarizing. Jager (1978) provides a good model of perceptual description. This method uncovered some important phenomena in this study: the experience of being with someone who is in pain, the experience of being with someone who (thinks he) is dying, the experience of being with survivors who are full of life. These lived-events (Colaizzi, 1978) are described briefly in the following chapter.

Procedure

Co-researchers heard about the study through a health professional of their acquaintance or a fellow survivor. The study was discussed between them before they were contacted by the researcher. The researcher determined whether each person met the criteria for participation and was willing to participate, explained the study in greater detail, discussed time commitment, and set up the interview.

The interviews were informal, unstructured, non-standardized and dialogal. The co-researcher was encouraged to tell the story in her or his own way (according to Cochran, 1986, 1987). This required the researcher to get to know her or him as a person and a survivor, slowly and over a period of time. Interviews were audio-recorded and transcribed. The written copies served as protocols which were analyzed according to Colaizzi (1978).

Before the second interview, co-researchers were sent copies of the transcripts of their interviews, a list of the themes derived from all the interviews, and an exhaustive narrative called the phenomenological
description. They were asked to read through this material, and invited to become active editors, reflecting upon and writing in any deletions, additions and changes.

**Protocol Analysis**

Analysis of the transcripts followed the method outlined by Colaizzi (1978, pp. 57-67).

1. The accounts of the participants' experience of surviving terminal cancer and being transformed by it were read and re-read. This renewed familiarity with the protocols, and allowed the researcher to acquire a feeling tone for each interview.

2. Significant statements that related to the research question were extracted from each protocol and written on colour-coded index cards distinguishing each of the five participants. Similar statements were grouped together with the idea of choosing one statement that best represented similar statements, and eliminated repetitions. The process of colour-coding statements was an excellent visual tool for discovering patterns.

3. **Formulated meanings** were derived from each significant statement by the process of creative insight. These meanings attempted to capture what the participants meant by what they said explicitly or implicitly, and were essentially themes derived from the stories. The researcher has to go beyond the original data to arrive at contextual meanings. The actual words of the participants were used as much as possible so that the themes illuminated the meaning of the statements,
rather than imposed a meaning which may not have been accurate. Themes reach for a level of abstraction to express what various statements have in common, without losing the meaning these statements have for the individual. For example, the theme "appreciating one's uniqueness" was derived from the statements of four individuals:

What I say may be total garbage for anybody else but me. Out of the five billion people on this earth, I am unique, and what I say could be unique as well.

You are yourself instead of trying to keep up with the Jones'.

I used to do things and say things and behave a lot on the basis of what other people would think of me. And I started to be more open and speak up for myself, which I had never done, without worrying about whether people were going to like me all the time. And then I realized that it was quite okay not to like somebody and for somebody not to like me.

And now, at this ripe old age, I don't care whether anybody likes me or not! You see, it doesn't matter!

The list of themes was created by theoretical sampling and using the principle of saturation (Glaser and Strauss, 1967). Each protocol was analyzed in succession, using a building block approach to add new themes to the collection as they appeared. A saturation point was reached when there was sufficient overlapping of data that little new information would be discovered with additional interviews.

The researcher endeavored to remain true to the participants' experience by referring these themes back to the original protocols and looking for deviations and deletions. At this point ambiguities became evident. The researcher questioned whether the derived themes captured the essence of the significant statements, and noted specific points to
be discussed later with the co-researcher for clarification and validation. The researcher also noticed themes which were not mentioned in a particular protocol and also needed special attention with the co-researcher for validation. The rationale for including material not mentioned in a person's description of their experience is outlined by Collier and Kuiken (1977). "Selective attention, forgetfulness or an inability to express certain aspects of an experience" (p. 215) may result in omitting details of an experience that may be actually quite important.

Another step, not mentioned by Colaizzi, was taken to insure fidelity of the themes. The list of themes was examined by several outside reviewers (Cochran and colleagues), who determined whether the themes accurately expressed the meaning of the co-researchers' statements. The reviewers also looked for ambiguity and redundancy in the themes, and made suggestions for improving clarity.

4. The list of themes was organized into clusters that provided a structure of the data while remaining true to each participant's experience.

5. The themes were woven into an exhaustive narrative of what it means to survive a life-threatening disease and be transformed by it. This is known as the phenomenological description and is written as a story which reveals the prototypal pattern of the experience.

6. The phenomenological description was condensed into a summary of the experience. This is called the essential structure of the experience, and is designed to communicate the heart of the experience.
as concisely and unequivocably as possible.

7. The last step was to validate the findings by returning to the co-researchers and asking whether the themes and story accurately reflected their experience. Particular attention was given to aspects of their experience which were neglected or poorly stated, and to refining the story so that it correctly described their experience. New data from these interviews were worked into the final product.
CHAPTER 4

Results

Experience of the Researcher

The process of doing this study was a transfixing and transforming one. It took place over four tumultuous years of my life which paved a golden path to asking people such a personal and deeply meaningful question about their lives.

The basic assumption which guided this research is that crises crush us and mould us, thrusting us forth into new life or leaving us crippled. I hypothesized that people who survive a life-threatening illness have died a different death—a psychological one. In recovering from terminal cancer, I expected that people would undergo a healing process that would radically change their lives. I felt that such survivors can teach us about the process of healing and becoming a whole person.

The literature review reinforced these presuppositions, and also suggested that cancer may be a spiritual journey that holds the opportunity for discovering more about ourselves, and what we are really living for.

At this point I would like to delineate my reflections about the research question, as these reflections constitute important phenomenological data.
I am convinced that it was my own spiritual journey that guided me all along the way in this research—from formulating the question, to having such intimate dialogues with people, to yielding my own life to be changed in the process.

I was unprepared for the enthusiasm the co-researchers had for this project, for their willingness to open up their lives to a stranger and share their struggles so honestly.

I was immediately struck by the presence of these survivors. They are very different people from so many other cancer patients I had known over the years from my work in the health field. In essence they are not at all average. They are full of ideas and passions; they love people and they love life; they love talking, sharing their own lives and touching other lives in a meaningful way. They are vital, vibrant, confident, unique individuals.

As I reflected on the meaning of their experience I was impressed by the fact that, as these people talked about their recovery from cancer, they were telling me what was important in their lives and how they came to be the kind of people they were. They were telling me stories of becoming more whole. And these stories were contagious—they put probing questions to the listener and engaged her as a fellow traveller on the path of growth and wholeness.

For instance, in dialoguing with M. about how she helps other cancer patients, I am suddenly jolted into thinking about my own life. M. has something to teach me and all of us when she says,
What would you like to do with the rest of your life? What do you really, really want to do, and why haven't you done it? And what's stopping you doing it?

M. is not talking to the taperecorder; she is dialoguing with me and encouraging me to reflect upon my life. She echoes the strong message voiced from everyone I interviewed that we take every opportunity to discover what it is we want in life and how we want to live, to grab hold of our dreams and to live them—to follow our bliss!!

One of my great teachers, Arny Mindell, talks about illness as a meaningful event, not only of personal significance, but of collective value. As I experienced the powerful impact that these individuals were having upon my life, I understood how it is that survivors of a terminal illness can teach us about essential collective issues. Here were people who had stood at death's door and returned with a vibrant appreciation for life. And now they were impressing this same message upon everyone who would listen. I found myself going through a similar process to the co-researchers—assessing my values, setting new priorities, looking to my sources of enjoyment, giving more value to relationships.

Interviews

Initial Interviews

Two of the participants were interviewed twice in the first series of interviews due to mechanical problems which affected the audio-recording of the initial interview. In recapturing the lost data, the format for the second interview was different; to have asked these
co-researchers to share the same story simply for the purpose of tape recording would have lacked genuineness. The second interview was even more dialogal, involved more direct questions based on the initial interview, and facilitated the sharing of new insights and different facets of the experience. What was lost in comprehensiveness was gained in strengthening the relationship between interviewer and co-researcher, so that deeper layers of the experience could be uncovered.

The interviews provided the opportunity for co-researchers to give voice to a transformative experience that spanned 5 to 35 years of their lives. It was the first time that any of the co-researchers had been invited to talk without restrictions about how having cancer had changed their lives. For several of the co-researchers this dialogue was empowering and changed them as persons, just as a good counselling session can. They felt they had gained greater understanding of their path, and confirmed their purpose in life. This verified Colaizzi's (1978) observation that dialogal research enters the realm of existential therapy.

It was evident from the hours that we spent together that we were both, researcher and co-researcher, reliving poignant and painful and transforming moments of life. We cried and laughed together, sharing stories, singing songs, sampling the new homemade wine--intimately sharing a life experience. This study attempts to capture the flavour of the experience; what actually transpired cannot be adequately described in words.

Interviews were an encounter, a "meeting of like souls" (according
to one participant), and would last from $2\frac{1}{2}$ to 5 hours. Of each interview, 1 to 3 hours was spent on the actual telling of the story, and this portion of the interview was audio-recorded and transcribed. (See Appendix for transcripts of the interviews and other written sources in their edited form.)

**Validation Interview**

The themes and the description of the transformative experience were validated by the co-researchers in the validation interview. This is a crucial step for the researcher in dispelling her doubts about misrepresenting the participants' experience. The four co-researchers included in the final analysis unanimously validated the story of transformation with statements like, "This is excellent!" "I couldn't say it any better!" "I think you've done a marvellous job of taking the information from all of us and organizing it so well." Where changes and refinements were suggested, they were acknowledged as accounting for individual differences which did not detract from the trueness of the story. "Sure, I might say it a bit different, but that's because we're all individuals." "That's not exactly true for me, but I know it's true for others."

These changes in the wording of a theme or description of some facet of the experience were worked back into the final product until participants agreed that their experience was truthfully represented. They enthusiastically supported the idea of a common story of change in survivors that still allowed for individual differences. This concept
is supported by Cochran (1986) when he says, "Similarity in content [of the stories] offers no basis for generalization. However, what all these people have in common is that they attained personhood" (p. 92). For some, this attaining of personhood meant becoming more fully who they were--living from the core of their being. For others this transformation process meant discovering resources that were previously dormant, and developing new skills and attitudes.

The Case of P.

It was mentioned earlier that one participant's story was very different from the others and that his protocol was omitted from the collective story. An analysis of these differences helps to expand the description of being a survivor.

The essential features of being a survivor were emphatically delineated during the interview process. To be a survivor you must believe that you are going to live, expect that you will live, and activate your will to live with determination, courage, hope and optimism. A survivor has the conviction that life is worth living, is buoyed up by the love and support of others, and has identified a clear purpose in living. Setting goals for the future becomes a way of expressing that you expect to live and have things to live for. Survivors are transformed in the process of recovery by embarking on a journey that radically changes their lives. People who are transformed by illness celebrate life as full and rich and meaningful, experience more joy in living, and develop closer, more satisfying relationships.
In the process of healing, they become whole and unique people, and give inspiration to others.

Let us look now to the case of P.; call him Paul for discussion purposes. Paul is within a couple of months of meeting the five-year survival mark, which perhaps gives him less perspective on his illness than the other co-researchers, who were diagnosed from 8 to 35 years ago. And yet despite some similarities with the others, dialogues with Paul revealed glaring differences.

Paul lacks that undaunted faith and belief in survival. He doesn't communicate a strong will to live, he has doubts about his survival, and often feels like giving up.

I'm not a cure. I'm just surviving at the moment. And sometimes it feels like less than surviving. I feel like I'm just hanging on by the edge. I wonder if I'm going to make it through. This last little while I don't think that I am. I feel more pessimistic than I have in the past.

We might ask if it is indeed crucial to believe in your own survival in order to overcome a life-threatening illness. A prospective study could better answer this question, which is beyond the scope of this study. Clinical experience with cancer patients, however, does support this assumption: "I never met a patient who had lost the will to live and recovered. Every physician I met or spoke to, or who wrote about the will to live, confirmed that without it survival was not possible" (Glassman, 1983).

Survivors support their stance by aligning themselves with other cancer survivors and people who have conquered their difficulties with courage and determination. Survivors are successful people and they
surround themselves with success stories. Paul is different. He identifies with failure and with death: in his own life, in those who die from cancer, and in suffering heroes. As he searches for a heroic theme for guiding his life, he recalls the stories of two Greek heroes, Sisyphus and Prometheus, both of whom are eternally punished by the Gods for evoking their disfavour. Sisyphus was condemned forever to roll a rock uphill as punishment for tricking Death. For Paul, illness is a curse and a punishment.

My life has been useless. I haven't accomplished anything. My life hasn't made much sense. [I identify with] death and failure; lostness and drifting in the sea. I feel a bit like Job who was given all these hard tasks, all this unfair treatment. And I think he dies in the end.

I discovered later, in the literature, that this mythical theme of Sisyphus is common to the experience of cancer patients (Lockhart, 1977). According to Jungian analysis, this is a theme of recurrence without resolution. Jungian analysts would encourage the dreamer to actively work with dream material, and create a new ending. Lockhart suggests that "recurrent dream and recurrent cancer may be related" (p.65). It is interesting that Paul's spontaneous image is common to other cancer patients, and this would undoubtably have been beyond his knowledge; Paul does have recurrent cancer; and he needs to discover a new and hopeful theme for his life.

Perhaps the meaning of Paul's illness for him will be simply to endure his suffering with fortitude, like Job and Sisyphus. Viktor Frankl, who writes extensively from his experience as a concentration camp survivor, says that "to live is to suffer; to survive is to find
meaning in the suffering" (Frankl, 1984, p. 9). Sometimes the only meaning life has comes from learning to endure suffering, becoming ennobled by it, and experiencing a sense of accomplishment by courageously enduring that suffering.

Survivors who have been transformed by their illness have a marvellous capacity to search continually for the good in any experience, redefining their problems in a positive light, comparing their own situation optimistically with those who are worse off—in essence, accepting their fate. Paul, on the other hand, presents himself as dissatisfied, angry, critical and a failure. He blames others for his difficulties, and views his illness as an escape from the challenges in life.

I guess I would have been a normal person if I could have kept a teaching job. I don't think I would have got cancer nearly so early. It was kind of a relief to have cancer and to have an excuse for not doing anything.

Although Paul does set some goals for himself, they are the kind of goals that simply keep him occupied, and do not give purpose to his life. He lacks the vision of a future, and feels trapped, punished and defeated by his illness.

I feel trapped by cancer. I have less energy, I have less hope, I have less future. I just haven't done that sort of risking and making a commitment to do something. This psychologist said, "You don't know what you want. You don't know what you're doing. You're screwing around."

Of course Paul wants to live, wants to fight, and is just beginning to use his illness as an opportunity to reflect on what is really important to him.
There's a lot of issues around cancer. Spiritual issues. Whether life is worth living. What makes me a happy person.

At this point he has more questions than answers, more ruminations than actual change in attitude or behaviour. He is beginning to experience, in a limited way, some positive aspects of living with cancer.

I'm much more aware of other people's problems. I wouldn't have had that awareness of what pain and ill health and a lack of a future mean to so many people. I think I appreciate just being alive, more so than before. People I've met through cancer have been a blessing.

Paul experiences life as a struggle rather than rich and meaningful, hides his illness from others, and pulls back from close relationships.

I haven't told anybody in the school system [where I work] that I have cancer. In some ways I feel like I've been trying to distance myself. If I'm going to die I don't want to be that close.

Frankl describes the striving to find meaning, whether it is something meaningful that we do or that we create, or experiencing love and knowing that somebody needs us, as a primary motivational force in life (Weisskopf-Joelson in Valle & King, 1978). Whether Paul can and does invite his cancer to really transform his life is a fascinating question perhaps for another study. What would cause him to give up? What would inspire him to fight?

To be with survivors of terminal cancer who have been transformed by their illness is to be inspired, moved, and changed in some indelible way. It is quite a different experience to be with Paul. The experience of dialoging with someone who was often uncomfortable, in pain, and thinking he was dying can best be expressed using the method
of perceptual description.

Perceptual description was defined earlier as faithfully expressing what is perceived with the senses of sight, hearing, feeling, etc. rather than thinking, analyzing or summarizing.

Paul is a handsome, well-dressed and -groomed man. He sits erectly, with composure, and commands attention. When he talks about his illness and his life a change comes over him. He collapses in his chair, closes his eyes, and slips away into a sleepy, dreamy, coma-like world. He will speak for a bit, shift in his seat, groan, close his eyes, drift away silently for some time, and return a little disoriented to the conversation at hand. One researcher talks about the possibility of experiencing an event by giving in to the contagion of passion (Jager, 1978). To be with Paul is to experience the contagion of this state. I found myself becoming sleepy and distracted and feeling lifeless. This contrasted sharply with my experience in the other interviews, when I experienced the contagion of being alert, full of vitality, passion and purpose.

Without Paul's story we might have inferred that simply in surviving a life-threatening disease one is transformed by it. As other survivors show, the process is not a passive one at all. It is not a matter of just making the five-year survival mark. The process of being transformed by crisis demands courageous and wholehearted engagement, and the willingness to risk all that is familiar, ordinary and routine.
Context for Analysis

A story comes into being because of the gap between what is and what ought to be (Cochran, 1986). In this story, "What is" is being told you have a life-threatening illness. "What ought to be" is happy old age. In the beginning of this story the conflict is made explicit. It is a crisis that makes the story of transformation take place. Indeed, it appears that it is the negative state—all that constricts us or wounds us—that is the ground for the story, the search for meaning and the call to change. The middle of the story is the path toward the resolution of the conflict, and shows how changes are made. The end of the story is not necessarily happy old age; it might be a different kind of aliveness.

In reflecting on how to organize the many themes of these survivors' stories, a number of possibilities became apparent.

One mode is a personality profile—in this case, a profile of a person who survives a life-threatening disease and is transformed by it. Here we would expect a collection of discrete traits that would describe this kind of person, albeit from their point of view. What would be completely lacking would be the description of the process—the active and courageous involvement of becoming the kind of person who does surmount terminal cancer.

A second mode of description is the story, a "completed action or drama with a beginning, middle, and end" (Cochran, 1986). Here we can present the autobiography of a survivor—the story of how a person comes to be this way. This study suggests a specific type of story: that of
a portrait, which is a story describing a person. This is a third mode of description. Cochran (1986) explains that the portrait is "a composition in which qualities interdepend and interpenetrate" (p. 106), presenting a person's regnant or dominant position, and capturing the constancy and wholeness of a person. A person's life story is implicit within their portrait.

In this portrait of transformation, the regnant position is that of being a survivor and a fighter. The story is a journey of healing initiated by the threat of death, which marks the beginning of the story. I have named the beginning or the first stage of the journey as the "call to change". (See Clusters of Themes.) The middle of the story is the beginning of change, designated as "the beginning of new life". I describe the end of the story as "rebirth". Organizing the themes into three stages, and likening the story to a hero's journey, was validated by the individuals who shared their life experience as survivors.

In describing this story in three stages there is no intention of depicting a linear process. Instead, these parts indicate a general beginning, middle and end of a story of transformation. Of course, there is no real end to this change process, only one that is marked by this moment in time. Themes are organized in such a way as to provide structure in the narrative, and do not suggest a discrete series of steps that cumulate in personal transformation. For each individual the story is unique, and like the old-fashioned oatmeal cookie, while the ingredients are the same for all, the texture and the taste of the cookie changes with each baker.
Clusters of Themes

A. Call to Change
1. Being threatened by death
2. Believing in your own survival
3. Reinforcing the will to live
4. Asking for advice and questioning experts

B. Beginning of New Life
5. Having a fighting spirit and determination
6. Being willing to take risks
7. Maintaining hope, optimism and a positive attitude
8. Having a sense of curiosity about life
9. Facing your fears
10. Distancing your problems
11. Redefining problems in a positive light
12. Being able to laugh at yourself
13. Being inspired by others who overcome their difficulties
14. Depending upon support from others
15. Seeking out meaningful communication
16. Pursuing self-knowledge
17. Learning to manage stress
18. Finding creative solutions to problems
19. Setting short-term, evolving goals
20. Learning to compensate
21. Becoming more adaptable and accepting

C. Rebirth
22. Accepting death
23. Enjoying life fully
24. Defining your beliefs about survival
25. Questioning old values and setting new priorities
26. Having a clear purpose in life
27. Perceiving difficulties as a challenge to surmount
28. Learning from having cancer
29. Having a sense of gratitude and appreciation for life
30. Being able to express feelings fully
31. Asserting yourself
32. Expressing your independence
33. Developing more caring and satisfying relationships
34. Helping others in need
35. Inspiring others
36. Enlarging your sense of community
37. Appreciating your uniqueness
38. Having a richer and more meaningful life
Themes

1. Being threatened by death

The likelihood of an untimely death becomes a concrete reality when you are told by your doctor that you are expected to live only a few months longer or, because of widespread metastases, this is the implication.

D. When I first got cancer when I was fifty-two, I didn't feel so much threatened by death. I thought, I have cancer, what am I going to do about it? I felt threatened by death ten years later when I got a metastasis. I thought, well now I'm dying, that's for sure. The second time round, this is what you think.

E. It was the family doctor that come in on Monday morning and he says, "I hear you've had a rough time of it. You've got cancer. It's a fast-growing one, and you've got three to six months to live."

F. The results of the scans were that it had invaded the mouth of the liver. And I asked [the doctor], "How long have I got?" And I only remember his saying, "You have four to six months to live."

M. When I was really in great pain and I was all bent over, and they didn't see how they could operate without taking off my entire arm from the neck here, and they still couldn't promise that that would be successful. They weren't sure how much it had spread. They didn't say that you're going to die in as many words, but the implication was there. And then the next time that was very definite was in Montreal when they sent me back to die because I had this tumour in here that they couldn't operate on, with everything to the brain going right through the middle of it! They told me that I should go back—as soon as I was well enough to travel from Montreal to England—to spend as much time as I had left with my family.

2. Believing in your own survival

There is faith in your own survival and healing, even when many of your own family have died from cancer. You have the belief that cancer can be cured, and refuse to accept dying until it is time.
D. The neighbours all had me dead. And I said, "I'm not dying today." A lot of people associate cancer with death. And you see, I didn't. I was different in that respect.

E. I lost two brothers after I got it. One took to his bed and he says, "Our mother died of cancer. Our grandmother died of cancer. I'm going to die of cancer." And I says, "Jack, you don't have to. Look at me!" Because I know in the olden days cancer meant death. Now it doesn't. But unless you have seen other people that have got better, you believe the old story that cancer is death.

F. When I was in danger then I had an aim. I'm quite convinced that this is another ingredient. Not only the will and the need to live, but the expectation of living. Never once that I recall, I never lost the conviction that I would survive it. The thought of dying didn't cross my mind. I have a feeling that at my very last breath that I would have the feeling that I was going to survive. I think I wanted to survive.

M. At no time did I ever accept that I could die. I didn't have a specific feeling about wanting to live. Just not believing that I would die.

3. Reinforcing the will to live

For some there is a sudden shift from believing in the prognosis of premature death to wanting to live. Others experience something of life that is so powerful that their will to live is constantly sustained.

D. Another thing that gave me a boost was the fact that Stew was so devastated when I first got cancer. I made an effort because he expected me to. There was one day that was really bad. That same day a lei arrived from Hawaii—my youngest daughter was in Hawaii and she airmailed this up to me—and I put that around my neck. And then a phonecall came from my son who was in Toronto. I almost cried. It was different, knowing people cared. I don't think I would have made the effort otherwise.

E. When [the doctor] said three to six months, I figured, well, I better get my life in order. There was things I felt I had to get done—what kind of funeral. The next day [a cancer survivor] had come to see me. She'd told me to quit lying around feeling sorry for myself and get on with it! If she could do it then why couldn't I? No doctor's going to tell me when I'm going to die!
F. I used to force myself to do a certain amount of work. If I progressed in my ability to work, I was progressing in my ability to survive. I used to sort out gravel from the junk and put it on my yard [when I was landscaping the new home]. I made up my mind that I would do thirty barrel-loads a day. And one day I was feeling terrible, just awful. And I thought, "You're crazy! Somebody in your state of health would be lying in bed, comfortable as possible. They wouldn't be in the cold and wet and the sleet!" I was sick as a dog. I'd just had chemo. "Why are you doing this?" And another little voice said, "If you don't do this, you're letting yourself down. You're not doing the right thing. People die in their beds, but fewer die picking out garbage from a wheelbarrow!" I made up my mind to do it, and I did it! It was a tremendous struggle!! But I never found it such a struggle again as I did then, and I progressed from there. It seemed to be a transitional moment of my life. Right then! I felt that if I pushed on I would survive. People who give up aren't going to make it. I felt better about myself not quitting. It did enhance my self-image by not quitting. It was the savings of me! By my own abilities I saved myself.

M. Perhaps, if anything it was my great desire to see the rest of the world before I died—that could have been something that inspired a will to live. To see it all! Especially nature! I always felt that God made a very beautiful place. I think I basically loved life! Just being there!

4. Asking for advice and questioning experts

You begin to confront unknown aspects of your future by actively seeking out information and direction from professionals.

D. When I got in hospital I said to the doctor that I wanted to know what was coming down. And he said, "As soon as I know, you'll know." And that was very helpful. Even bad news is better than not knowing.

E. I kept a record, a day-by-day record of how I felt and how I was responding, so the doctor would know the after-effects of a drug. Whether I spent most of my day in bed, or whether I was up doing things. And both Nick and I tell this to other patients. Keep a record. Write out your questions. Write out two lots—one that you give to your doctor, and the other you keep. I first wrote out how I was feeling, and then the questions. I'd make two copies. He got one and I kept one, to make sure he answered each of those questions. Because a lot of doctors will slough it off. You get right by that door, put both hands out and don't let him get out until you have your questions answered. You need to get your
questions answered. It's your body.

F. I asked [my doctor], "What treatments do you have?" I knew doctors would help me. We're all problem-solvers in that way. We all answer a need of somebody else. I was vitally interested in prospects of survival and prospects of help.

M. Ignorance was never bliss. I preferred to face something that I knew about, even if the knowledge did sound horrifying: it was far more frightening not to know what was going on. I always asked all the questions.

5. Having a fighting spirit and determination

You need to know what you want in order to fight for it. You want to live, you become tenacious and persevering, and you refuse to give up when things get difficult.

D. I came home from school in grade one and I had lost a fight. I came home crying. And they said, "You lost a fight, didn't you? That's the last fight you're going to lose!" And it was. Things have to be pretty bad for me not to keep trying.

E. I told [my husband, who had brought the funeral papers for me to sign] to get the hell out. I wasn't dead yet!

F. I'm the classic person that [sees] a half bottle is half-full rather than half-empty. Whenever I think something is remotely possible I go for it. What have I got to lose? You always push for the optimum. I've often thought this ability to extract the absolute maximum from a situation is perhaps one of the ingredients. I never give up!

M. Over the years God has indeed been helping me in a different way—giving me the strength and the determination to survive in spite of the times when it seemed that everything was against my doing so. I have never been a quitter.

6. Being willing to take risks

There is a need to take more risks, as there are no immediate solutions and no familiar patterns to follow.
D. [A woman] was wondering if [she] should go ahead with this [chemotherapy] or not. "What would you do?" I said, "I can't tell you what to do. But for me it's like swimming across the lake. The first time you start you don't know whether you can make it to the other side. But it's fun to try."

E. The doctors who come up with the experimental treatment that I went on, they asked if I would go on it. There was no hope otherwise. So, would you like to try it? Sure, why not? If there is a chance it would help. So I went on it. And it worked.

F. You've got to be able to take risks, especially if you're faced with threatening operations or having to take chemotherapy, or radium treatments. The doctor said to me, "We don't know what we can do for you. We're going to have to experiment. We haven't tried it on anyone else. How do you feel? There's no promises here." And I said, "Go ahead! Go your best lick!!" You've got to grasp at that straw. It doesn't matter whether that straw will support you or not. But you still have to take those chances.

M. I wasn't so willing to take risks before until I thought maybe I wouldn't be around much longer, and then I started doing all sorts of things that I might not have done. I must have been mental at times to have stuck it out [before]. I guess I was just very stubborn, obstinate or whatever. If anybody else could see themselves in a situation where it's screaming at you to get out, well for God's sake, Go!! Do it!

7. Maintaining hope, optimism and a positive attitude

You are an optimist. You can maintain a positive direction and, while still having negative thoughts, you don't allow negativity to predominate. There is a good balance of positive and negative thinking, while anticipating the best possible outcome.

D. If it's a chore to be positive it's not going to work. The reason you should have positive thinking is when you're laughing and when you have humour, you feel better. If you're well you have negative thoughts as well as positive thoughts. And it's okay to have a negative thought, as long as you don't let it get a hold of you.

E. There's more programmes going on with cancer. There's more treatments coming up. Some of the doctors have come up with the genes in the cancer cells. They've found out what is causing it to change. And they figure they've got the cure for cancer. If this
works it's going to be dandy.

F. You can always talk people into optimism. There's a rub-off effect on both pessimism and optimism. A positive attitude is absolutely essential. I've seen cases where a negative attitude has killed someone.

M. I feel that a positive attitude of mind can be beneficial in absolutely everything, and that any medical treatment will have a better chance if the patient is less depressed and stressful. Negativism breeds negativism! It's got to get better. Just stick it out a bit longer and it can't get any worse.

8. Having a sense of curiosity about life

There is the feeling that life is an adventure, and even though this illness is not what you bargained for, there is still an open, child-like curiosity about what life will bring.

D. I've always been very curious. I used to drive my father crazy asking why. You have to learn to live day by day and not expect to know what's coming.

E. There's a big world out there! Let's look!!

F. I'm curious and inquisitive at the best of times, and the worst of times, too.

M. I have always been a very, very curious person. I've always wanted to know why and how.

9. Facing your fears

The biggest fear is the fear of death. You are willing to confront this fear directly.

D. Sooner or later you've got to face up to it--no matter what fear it is. Even if I'm frightened I'll still face up to it. One day I would say, "This isn't fair! My parents lived to their eighties." And the next day I'd say, "To hell with this!" And I'd enjoy myself.

E. Sure, I'll most likely die with cancer, but I'm damn sure it's going to be a lot further down the road!
F. I think the fear of the pain and the fear of the wasting away kills a lot of people, especially men. I think we have to face up to our concerns and fears. Here's a strange thing though—the cancer itself doesn't hurt. I often think now, apart from the pain which they were able to treat with drugs quite quickly, what were the real manifestations of cancer except what the doctor was saying was happening to you?

M. I've never been afraid of dying. I wonder what it would be like to die, as if I'm curious to find out! It's almost as if I wanted to experience it, just to see what it was like! I don't think you can really come to terms with living until you're not afraid of dying.

10. Distancing your problems

Anything which creates an outward focus is helpful in distancing your illness. Thinking of others instead of yourself is one good way of redirecting your thoughts. At times you might also minimize the implications of having a life-threatening disease, or make positive comparisons with others. One woman with cancer can accept the miracle of her 35-year survival by sometimes simply denying her illness.

D. You can look around and see people much worse off than you doing very well. What really helps is to see that you're not alone. There's other people with the same or maybe worse problems than you, and so you're able to minimize your fears this way. And thinking of others instead of yourself is a big help. When my husband had to have an operation, being concerned for him got my mind off myself. Anything, absolutely anything that gets your mind off yourself is good.

E. It is something that is always in your mind once you've had it. You can push it back and not worry about it. I think that goes for a lot of cancer patients. If they're not thinking of themselves they're a lot better off. Get your mind off yourself and your cancer. It makes you feel good doing something for somebody else. [My husband] had open-heart surgery. I had to think of him. And he was squawking about me travelling on the buses to visit him in the hospital. I didn't have to go. But he was my husband and he was going through hell, so why shouldn't I go? So I forgot about having cancer or anything else.
F. It was on my mind constantly. But if you can blot it out of your mind wouldn't that be advantageous, as long as you don't live an illusory life? I used to say, "I'm okay. I'm not hurting. I can still get around. I'm not a basketcase." And that way it's a very positive thing because it helps you get along with your life.

M. The fact is that I've never been what I call ill with cancer. I feel more ill when I have the flu. I don't confuse pain and physical discomfort with being ill. Even when I was so doubled up with pain that I could hardly walk; I was having to carry my arm and I was all over to one side, and I couldn't stretch up straight--I didn't feel ill. Even when I came back minus a shoulder blade, and I got the use back into my arm, more or less--well, I couldn't lift it much after that point, but I was still around--I still felt alright, I had pain and discomfort, I wasn't ill, I was still able to function. Therefore, how could it have been so life-threatening? When I had it up here in my neck with all the main arteries and blood vessels and nerves and everything going through to the brain, they sort of sent me home to die off. But I survived that, you see, and that was amazing. I was still here after all that. So how could it have been cancer? How could it have been so fatal? The thought that I could have died, probably should have died, was still rather unreal. The fact that I hadn't only made me feel that everyone else had been wrong. I've never fully accepted the cancer perhaps. It's that the mere fact that I'm still here proves that it can't have been that bad!!

11. Redefining problems in a positive light

Problems are solved by reframing or redefining the problem and finding something favourable about it.

D. The side-effects of the treatment are not pleasant, but it's still interesting. Fascinating! Like labour! And the other thing about the body, given half a chance it will rebuild and mend!

F. Because all chemotherapy is a matter of experimentation. They try and try to find what for you is the strongest that you can tolerate without killing you. It's a race! It's a wonderful race if you think of it.

M. With the chemotherapy and the radiation I was sick quite a lot. But I think that's fairly normal. That's something that you can put up with in the short-term, because hopefully in the long-term it will work out. If you look back on every unpleasant experience in life, it never seems half as bad later. I'm lucky! I can say that because I've survived and I'm still feeling alright. And
okay, so I get pain and discomfort, but it's not debilitating. I can live with it.

12. Being able to laugh at yourself

Life's difficulties are not taken so seriously. You are able to see humour even in the losses brought on by the illness, and look for opportunities to express pleasure instead of pain.

D. The [cancer support] meeting is not morbid at all. I get a real bang out of going! Some of the things that are said! Did I tell you about the man who said one evening—there were a lot of breast patients there—"I don't know why these women make such a fuss over breasts. You know, after all!" I said, "Well, it sure screws up your skinny dipping!"

E. And if you can laugh at yourself. Now, we were in a car accident. At the time I didn't have a hair on my body at all. [In the accident my glasses and wig were knocked off.] So I put my glasses on, I put my wig on, and I stepped out of the car. And everybody disappeared, seeing me bald-headed in the car! Well I just roared!! To me it was funny.

F. I always could joke about things. I met a girl named Nellie. She had cancer that had spread everywhere. Here was I, about 125 pounds, shuffling along, and here was Nell, as skinny as I was. I said, "Nell, you know that hot tin roof that Tennessee Williams wrote about? God knows we'd make a lot of rattling on that roof with all our bones, wouldn't we?"

M. I think if I had lost my sense of humour I would have been lost years and years ago! I could usually see the funny side of anything. I can think of one day, I was walking along, crying my eyes out, I was so upset. When I got in the door all I could think of was going to lie down and have a good old howl. And the phone rang just as I came in. I answered the phone, and I chatted, and when I put down the receiver I went into the bedroom like an ultimatum, really. I looked at the bed, and I said, "What have I come in here for? I'm not crying anymore." Well then I felt cheated. Then I laughed. How stupid to feel I was cheated out of a good cry!

13. Being inspired by others who overcome their difficulties

Other cancer patients show not only that survival is possible, but
also that you can go on living day to day with a life-threatening condition. You look to these survivors to strengthen your motivation to live, to have more courage and to fight for life. Other patients you meet, not necessarily those with cancer, have suffered even more terrible situations and lived though it. These people support your stance in maintaining your fighting spirit and determination.

D. Now this other lady, she is absolutely marvellous. She is probably the one [person with cancer] that I think is the best [example] I have ever run into as far as courage goes.

E. But seeing D.—a living walking person for fifteen years or so that she'd had it—and she'd gotten better, then why couldn't I? [This other woman I know] had three-quarters of her lungs removed. She's out golfing and doing the things that she wants to do now.

F. I was often impressed by how the women [cancer patients] handled things—their fortitude, their sense of humour, their ability to just accept life. Men tend to be different. Men give up more easily. I always thought that the bounce-back ability of women was so much stronger than men.

M. I think the determination of that old lady—[an 89 year old woman who was determined to walk on her new false leg into her ninetieth birthday party]—and the definite idea of setting a goal within an achievable time frame, were lessons I learned from her which have lasted me all my life. [Autobiography]

14. Depending upon support from others

Living with cancer creates a high level of stress. You recognize the importance of actively seeking out support or simply accepting the support that is offered. Often this support comes from outside the family, and may be found in cancer self-help groups.

E. Everyday you're feeling sick. I could [still] talk on the phone. I took a pencil [when I couldn't use my fingers] and dialed.

D. Just having people there that you can talk to helps. When I was in hospital, I relied on Stew completely.
F. I got support from others!! That was an amazing thing. Tremendous support. And when I couldn't drive I didn't have any compunction about asking people to drive me somewhere if they could. But I didn't feel I needed to go out and search for it because it was on my doorstep right away. I had people coming in from my Lodge, from my soccer club, from my recorder society, from neighbours, from family, from my work. I was getting calls all the time. "What can I do to help you?" I can't imagine being in isolation and not have this tremendous outpouring of sympathy. And I also think that women are far more supporting to women than men are. And the bonding I think is closer and tighter with women. What I'm suggesting is that women, by bonding together, raise each other. I would think that women do survive when they have cancers the same way that men have. And men do tend to isolate themselves. It could be that we are at fault as men for shielding ourselves. And it could be that you women realize that another woman is your salvation. And that an emotional bonding can be of enormous help.

M. I got a lot of support from my friends. Without any doubt. I never had any difficulty talking about it, and they didn't either. I think if it hadn't been for so many friends I don't know what I would have done, really.

15. Seeking out meaningful communication

There is a sharing of concerns and anxieties, and a willingness to talk about your illness and not hide it from others. You seek out opportunities to have mutually satisfying conversations, and talk less about things that don't really matter.

D. And they say, "If I don't talk about it, it will go away." You know and I know it doesn't go away.

E. And I've been willing to talk about it, not hide it, which a lot of people do.

F. I've always talked about what I thought was important. I can't make small talk anyway.

M. Especially if I'm on holiday and it's obvious from what I'm wearing that I've got a problem, and they say, "What's happened?" I don't mind talking about it. I'm not embarrassed.
16. Pursuing self-knowledge

As you begin thinking about what is really important in life, you are motivated to know yourself better. You become more self-reflecting, question decisions you've made in the past, and think of how you might act differently the next time. Some found that writing was another good way to understand their capabilities, feelings and motivations.

D. You know, you don't know all about yourself, really. How the hell can you understand anybody else? I've done things and wondered why in the world would I have done that.

E. With any illness--cancer or M.S. or heart disease--the more you know about yourself, the more it will help you out. And learning how to get along in your personal life. You got to learn how sooner or later. And life-threatening disease will do it! You get to review your own life. And if you're falling back into the same old trap it pulls you back out! You bitch about little things and you know you need to change. There's no reason to bitch.

F. I made writings during the time I was ill. I had always kept a diary for years and years. I glean from diaries. We're the greatest analysts of our psyches! I find myself becoming more contemplative, more introverted. I remember when I first got the cancer. I was having a real bad time at work. And it transpired that the probability is that I had a duodenal ulcer then. Over the three years up to the time that these internal problems were happening, they suspected that this turned into cancer. Without the stress the ulcer would probably not have progressed to anything.

M. The group therapy started opening things up for me. When I was in that hospital and I just had to talk and talk and talk. Talk it out. And then I went to nightschool at B.C.I.T. and I took psychology courses. That was the absolute enlightenment of my life! That was very significant. I sat there in the class and you listen to these theories and it was just like seeing myself in a lot of the situations. Especially in work situations. And then writing my book got me to look at a lot of things I hadn't looked at before.

17. Learning to manage stress

You become more self-motivated and learn how to change situations
to ease the stress level and feel better for it. An active stance is taken is solving problems.

D. Sometimes when something is worrying you, you'll try different methods to put it out of your mind. Oh, a few months ago I was upset worrying about my youngest daughter, and it took me about three days of fussing before I was able to say to myself, "This is really not my problem. This is her problem." It surprised me that it took me three days to do it, to resolve it.

E. I had to learn how to handle stress. I remember falling to pieces once, and I phoned up the health clinic on Pine St. I told them I needed help. There was a bunch of social workers there. And I spent the whole day with them, listening to other people's problems, and mine didn't seem quite so bad! A lot of people had a lot of worse problems than mine! I learned that hearing other people's problems could halve my own!!

F. I don't get into stressful situations any longer. That's one thing that I've learned very strongly. Avoid stress. Not because stress in itself is dangerous, but because it's so much easier and it's so much more effective to avoid stress. The stressful person never wins.

M. How I managed stress earlier was just to avoid confrontation because it was very difficult for me to stand up for myself. It was a rare occasion in my life for me to stand up for myself. But I started doing it more and more. I started to stand up for myself about smoking in the classrooms or meeting rooms at work. I couldn't breathe because of my medical complications. It took me so long to learn how to manage stress better. I'm a slow learner in some ways.

18. Finding creative solutions to problems

You are open to new possibilities and see solutions that previously would not have been considered. Feasible alternatives are negotiated when difficulties are encountered.

D. When I couldn't do the lapidary my husband got me doing [silversmithing]. And then, when that got to be too difficult, I did a lot of leatherwork. And then scrimshaw. [And then] I made my own clothes. Because before with the bandages and the arm so big, I learned an awful lot about designing, because whatever fit me here didn't fit me anywhere else.
E. And my own granddaughter, she was 16 at the time, she said to her mom, "If grandma is in pain, tell her to get some marijuana and smoke it." I told my doctor what my granddaughter had said and he said, "If you want marijuana just go down to the ladies' restroom." They couldn't tell me to go and do this, but they told me where I could find it.

F. I left all the major decisions up to Ann [my wife]. I don't do that now because she won't let me, and I didn't do it before. Now she'll say, "No, that's not good enough. We have to come to a joint decision." So, I was shielded from a lot of problems. And it really was a revelation for my wife. It helped her become far more assertive.

M. I can't think of any goal that I didn't actually achieve. If it didn't work one way, it worked another. I figured out a different way around it. Like hanging clothes on the line with one arm! I hold doors open with my feet and my rear end! I put light switches on with my nose or my chin!!

19. Setting short-term evolving goals

You begin to cope more effectively by setting concrete, time-limited goals that keep evolving.

D. But one thing [my husband] started 20 years ago. He takes me out to dinner every week. And I look forward to that. It's very important to have a goal. It doesn't matter whether you ever make it. But to have a goal, and something to look forward to, is very important.

E. When my boys' father died all I was thinking of was my boys. All I asked when I had my first big operation was that I could live to see my kids grown up. They're grown up! They're married! Now to see the great-grandchildren grow! But I don't plan my life around that.

F. And though it may seem impractical, give the poor sufferer the prospect that he's got something to live for. "Live for today" is what you always hear. But don't we live for birthdays and weddings and anniversaries? "Live for the future" is what I think. Survival in itself becomes almost a motivation to live. Think of those things you were going to do. Focus on that trip we were going to take, that new house we were going to do. We do live for the future. We always do. We live for the great things. Isn't there an old saying, "The anticipation is better than the realization"?
M. I began making goals for myself, and as soon as one was accomplished I set another—mileposts in my life to be reached, conquered or enjoyed; such as a course to be completed, or a holiday. I kept making shorter-term plans so that I had something to look forward to, such as a special outing, a movie, or going out to dinner. Without consciously recognizing it then, I was starting to give myself more reasons to live again... [Autobiography] It gave me something to look forward to. Even when things kind of went a bit wrong I would always come back and go straight ahead because I got this goal, this sort of shining light at the end of the tunnel that I'd got to reach. [Interview]

20. Learning to compensate

There is an acknowledgement that you don't always get what you think you deserve in life, and that happiness lies in accepting what is. You learn to accept unexpected compensations.

D. This is what I tell people about cancer: "There's compensation. You give up this, but you get that. And you may not think it's quite as nice as what you gave up, but you're still getting something out of life."

F. But you compensate. We have a marvellous way of compensating. I think my survival is part of that. I think you can always accentuate the prospect that if you're not well enough to go back to work, we're in good shape. You can always be in good shape.

M. Over the years I've discovered that out of any disaster there always comes some compensation... [Autobiography] All is not bad because you've got cancer. You may meet new friends, new things might happen to you, you can widen your horizons, your children may become more caring, your husband may realize how much he cares for you, it may bring you closer together, you'll start to do things that you never would have done before. [Interview]

21. Becoming more adaptable and accepting

You learn to become more adaptable and accepting of situations.

D. I have had to give up a whole lot since I got cancer, but I've also gained some other things that fill that void. It's not the worst thing that can happen to you in life.
E. You got to be thinking of others rather than yourself all the time. You got to let go of thinking about cancer. It's not the most important thing in your life. Everytime you got sick, you don't think, "Oh, it's back. I'm going to die." You're living, not dying.

F. I was impressed by the need to accept life's fate. Women have this greater resource. I think a lot of the problem with survival is that the sheer shock of knowledge of this could kill you. This is how it's going to be, and the quicker we can come to terms with it, the happier we will be. And I'm much happier. I had to resolve this and recognize it myself. You have much greater peace with yourself if this happens.

M. I had to change a lot of the things that I wanted to do. I had to change my attitude because I wasn't able to do what I always wanted to do. I had to adjust to making the most of a career that I hadn't wanted to do. I had to adjust to being on my own instead of being married and bringing up children like all my friends were. I made the best that I could of it, and enjoyed as much of it as I could.

22. Accepting death

There is an acceptance of your own pain, illness, suffering and the possibility of dying from this illness. You are able to let go of regrets and self-pity.

D. When I first found the cancer I said, "I'm 52 years old. I've had a damn good life!" I didn't think, why me? Because I felt why should another poor bugger have it and not me? And most people think everybody else dies but them. I thought, well, if this is it, thank God my children are just about grown up. I've accepted that I've got cancer and it could kill me, and I find that I relax more from accepting it. I think about death a lot, but I enjoy each day so if I die tomorrow, it's not so horrible. I don't feel cheated. If a person can still get a little kick out of life, hang in there! I want to hang in there to the end. This is an experience! Death is an experience, just the same as being born is an experience.

E. [I've] had a good life. And a long life. And of course we hate to say that this is it. If I went tomorrow I wouldn't be sorry. I'm doing now what I want to be doing. The odds are that you got to go sometime. I never thought of my own mortality before. Even at 60 [when I was diagnosed], I wasn't ready to die. "I'm not
going to die!!" It was such a shock. Even though it was through the family. Now, the thought of dying is always in the back of your mind. But you plan for the future as if you're going to be here.

F. I found myself contemplating if I was going to die whether it would be all bad. I would compare the negatives of living to the positives of death. Thinking it's not such a good life after all. Life is full of toil and care. And I don't believe necessarily that there's a better life to come. I found myself purposely making something positive about the prospect of death, and reducing the positive about the prospect of living. All is not black and white. It could be a relief! This helped me an awful lot. I convinced myself that dying is not all negative. Although I didn't feel I was going to die, I recognised the good strong prospect that I would, and I softened the odds. But I still deep down didn't feel I was going to die. You accept the possibility, the probability, the inevitability of dying. But I always thought I was going to dodge the bullet from this one.

M. But whatever the future may hold, I know that I have had a very full life—which has been extended by at least thirty years more than the medical profession expected.

23. Enjoying life fully

There is the conviction that life is to be enjoyed. You create more joy and happiness in life, and pursue whatever you think will bring happiness.

D. I'll tell you a little story about the farmer who had a barrel of apples. And one was going rotten, so he ate that one. And the next day there was another one going rotten. And he ate that one. At the end of the barrel he'd eaten a whole barrel of rotten apples! And I said [to this woman who had cancer], "Why don't you go out and have some fun?"

B. A lot of people when they first come in, they're down in the dumps, which is only natural. They've just found out they have cancer. After they've been there [at the cancer support meetings] coming regular for a little while, they're laughing and joking. Sure it's bothering [you] but [you] can joke and fool around and everything else. Happiness is more important than anything else.

F. I was going to retire at 60, and this thing happened at 54. Suddenly I'm there, and in very reduced physical circumstances with reduced prospects. And now I've gone a step beyond. Now we're
saying, "Hey! Now's the time to really live!! Let's take our trips! Let's do all these things!" And it's more enjoyable to have the acclaim of your fellows, having survived. More enjoyable to have the admiration of people who expressed how they felt: "Jesus it's great to have you back! Won't it be great when we can do so-and-so?"

M. If you feel good today don't worry about tomorrow. Get out there and make the most of today. [Autobiography]

24. Defining your beliefs about survival

There is an investigation of the spiritual or rational beliefs that guide your life. These beliefs are defined and crystallized into an explanation for why you are still living.

D. I can watch a flower grow from a seed, and wither and die, and if that's all there is, that's fine. I'm afraid you can't call me a believer. I guess I'm a bit from Missouri. I know what there is here, and I don't know if there is something there [in heaven].

E. I believe there is a Supreme Being and He is the only one that knows when you're going to die. We're not church people, but there is a belief there. And He must have more work for me or I would have been gone.

F. This is a doctor in whom I have faith; I am a person in need; people do survive; why shouldn't I be one of those survivors? So when he told me I had stomach cancer, the first thing I asked him was, "How are you going to solve it for me?" I knew doctors would help me. We're all problem-solvers in that way. We all answer a need of somebody else.

M. I am more certain than ever that some higher Power has been looking after me. How many times did I ask myself why God had kept me around? I wasn't very religious but a small voice in the far recesses of my mind kept telling me that I must have been saved for some reason, and I must try to find out what it was. [Autobiography] There was some inner power that was giving me the strength to survive believing that things would get better, and that it was worthwhile continuing and trying to struggle and keep on. [Interview]
25. Questioning old values and setting new priorities

In finding what is true for yourself, many old habits and routines and values are no longer meaningful. As priorities change, you act in new ways.

D. And when I first got cancer my mother wanted me to come back. So I thought, by God, I'm going to get back to Nova Scotia! Now, a year after my cancer I went back. I've been back a few times since then. I've been to Hawaii. I've been down to California a few times. What I'm trying to say is that thing I hadn't done was important to do, and after I'd done that, these things weren't so important anymore. But if you've got something that's been gnawing at you that you haven't done that you feel you should have done, get it done! That's important!!

E. You sit there and go through your life. "What have I done with it? What do I want to do with it? What am I going to do with it?" So you've got to think, if I died tomorrow, what's going to happen? If I live five years, if I live ten years, what do I want done? So you redefine your life. Do you want to carry on the same way, or do you want to do it differently? Since then I've taken to crafts. To hell with the housework! I'll get it done. When my kids were growing up you could eat off the floors. When my great-grandchild comes his knees may be dirty from crawling around on the floor, but I'm not worried. If it don't get done it don't get done. And I do my crafts instead. My husband's going to retire [early] so that we can travel. We look ahead. And since both of us have been sick this is what we have been doing. Because we got to think of enjoying the rest of our lives.

F. Most of us are hooked into the necessity for working. We're still somehow committed to this prospect that people are sent on this earth to toil and labour. You work to achieve the greatest monetary advantage as well as to achieve the highest personal advantage. I can't work any longer. But I can work in the garden. I can walk. I can go on Caribbean cruises. We aren't pressed financially. We might as well try and do the things that we've put off doing. Spend the money that we've never spent before. Forget worrying about our old age and not having enough to live on. Do things now instead of always being concerned with whether it's the right thing to do. We did change. We did readjust our thinking. Shall we do things now or later? Shall we do them at all? Now we say, "Now is the future!" Having cancer pushed me into early retirement and all that this involves.
M. People get really hung up on cleaning the house! And I realize that I used to. I used to get really hung up on things that didn't really matter. Now I do a lot of impetuous things that I'd never done before. I guess my character sort of started to change. In a way I'd been very conservative and backward, and and everything had to be done just sort of to a pattern, or to a routine. [My husband and I] now do an awful lot of spontaneous things, which is a lot more fun.

26. Having a clear purpose in life

You determine your purpose in surviving. You experience an increased purpose in life.

D. As long as you're enjoying life, that's the main thing.

E. There is some purpose to still being here. There's always a reason. [For me, it's] to help other people. How long He's wanting me to do it, I don't know. But I'm going to help others as long as I'm living.

F. I think I wanted to survive. My boy had just gotten married. They wanted children. I wanted to survive to see a grandchild. And when the grandchild was born, I wanted to survive long enough for that grandchild to remember me. This is our immortality coming up. You and I aren't immortal. Our memory is not immortal. And if there is a God up there and if there is a paradise up there, that's good, but sometimes I have my grave doubts. I think our immortality is what we leave, our influence in what we leave in memories, the things we do, for good or bad.

M. The whole purpose of life is to live it. To reach out, to experience as much as possible, to love more, to touch more, feel more, enjoy more, even to hate more and feel anger. [Autobiography] Do things while you can, while you're still able. Don't put it off. Don't wait until you can afford it. Or you're retired. Because by then, who knows? You could have had a heart attack and be six feet under. [Interview]

27. Perceiving difficulties as a challenge to surmount

Obstacles are perceived as a challenge. There is the feeling of gaining strength from adversity, and that difficulties make you a stronger and better person.
D. Most people who take it well have had obstacles that they surmounted. I think I've learned more from failures than I ever learned from winning. Once you find that you can surmount that failure, you gain a little confidence in yourself. There is nothing wrong with failure. You should learn that you can't always do things.

E. My fingers all peeled. I couldn't hold my coffee cup except with two hands. [My husband] had to cut up my food or mash it. And these sort of things, as far as I'm concerned, are a challenge. It was a challenge to figure out how I could do these things and be independent.

F. And I don't think that the buffets and the pounding of life which most of us go through, especially emotionally, they don't hurt us and they don't worry us as much as they do people who have been closeted and carefully protected. And I have a feeling that this is what helped me. I think my background of deprivation probably was a good thing. I tend to attack challenges with the object of surmounting them, and usually do.

M. I started with it so young. I've lived with it for so long. I've really forgotten what it was like to do it any different. I find myself doing silly things like opening doors for people if they're carrying things [even though I've only got one good arm].

28. Learning from having cancer

You find meaning in suffering and struggle, and can see the illness as a teacher and an opportunity rather than a curse. Some feel much richer for the experience, while others simply embrace it.

D. I have learned a lot from having cancer, because you learn even from pain. You learn! But it's not pleasant. I don't feel I'm a better person because I've had cancer.

E. My husband and I have both had sicknesses. We've both had a rough life. [These struggles have made me] more understanding. A stronger person. I'll stick to my convictions. You're more thoughtful, thinking of other people. Cancer taught me how to be more alive.

F. I can say that I'm a richer person for having had cancer. It's been an interesting experience, not an overwhelming one. There's got to be some good coming out of everything. In a way I'm lucky to have experienced this. I wouldn't have the joy of recovery, the
achievement of recovering. I wouldn't have appreciated what other people have done.

M. I'm not sorry that I had [cancer] in a lot of ways. I mean, obviously anybody would rather have a healthy life. [Interview]... I am sure that I have done more with my life--seen more, achieved more, travelled more, acquired so many wonderful friends en route--than I would ever have done had I not had cancer. For that perhaps I should thank cancer for having come into my life. [Autobiography]

29. Having a sense of gratitude and appreciation for life

There is the sense of being lucky and thankful to be alive even in the midst of difficulties. You experience something precious in living that you had not felt in the same way before.

D. But the thing you have to learn having cancer is that--and even you who are probably very healthy--it's something that everybody has to do, is to take one day at a time. Because you could get hit by a bloody truck or something and that would be the end of you anyway. So if you're breathing today be happy for that!

E. We got to think of enjoying the rest of our lives. I'm doing now what I want to be doing. Not sitting here waiting for Nick to retire maybe in five more years! We might not be here in five years. Either one of us! We might as well do what we want. I'm glad to be alive! Everything else is a bonus.

F. Survival in itself becomes almost a motivation to live. I say to myself, "I've got a life to live. Life is worth living when it goes on." And there is a silver lining to life. It's not always going to be travail. Life is something to be engaged in! Time is more precious.

M. I think when a lot of people have gone through certain things which are very difficult, a lot of suffering, they become rather different types of people. A lot of them have a much greater appreciation for life. They appreciate what they've got. Life itself. There has been a great deal of suffering but there has also been a tremendous amount of happiness which I can appreciate all the more. God has not forsaken me. I am still alive, and what a wonderful world it is that I have been privileged to remain in! To me there is so much beauty to see in the world.
30. Being able to express feelings fully

A more diverse and intense expression of feeling is developed. For some, this means learning to let out emotional tension and conflicts, and verbalizing feelings of anger, fear, doubt, frustration, regret and resentment.

D. I didn't have to have a radical. And they discovered that removing the pectoral muscle didn't help one bloody bit. I said, "If only.." Now, if-it-is is a waste of time. But I had to find out you see. In fact, feeling sorry for yourself is a total waste of time. It wouldn't be so bad if you felt good while you're doing it, but you don't. I think I express my feelings better. Perhaps I'm not as self-conscious as I was when I was young.

E. You like somebody, or you love somebody, but you don't go around saying it. Now, if I run into somebody I know, I hug them, whereas I wouldn't have before. I'd be a little standoffish. And now, who knows if I'm ever going to see them again? I've learned to tell people that I love them, and I'm really glad to see them! Like even with my little great-grandson, he'll come in and say hi, and now I say to him, "Have you got a kiss for me?" And so he comes right over and hugs me. Whereas before I wouldn't have said anything. You learn to express yourself. Too bad we can't learn ahead of time. And now, if somebody is doing something that bugs me, I'm not afraid to say, "Well, cut it out!"

F. Oh, [my wife and I] yell and scrap like the devil, but it's really kind of safety-valve releases. I'm not shy to say how I feel.

M. But ever since [the last recurrence] I have tended to become irritable, and I never used to be irritable ever. I never knew I had a temper. I never knew I was capable of violent feelings. I didn't express feelings of anger or frustration or hurt. I kept a lot of that to myself. Even at work I was afraid to let other people see that I was irritated or angry or that I wasn't pleased with them. That came later. I learned a lot when I went to that group therapy session after I had a sort of breakdown. To shout and scream and do what you wanted. Don't bottle it all up!

31. Asserting yourself

You assert your being in the world by taking a stance, standing up for yourself, and verbalizing opinions and passions that need to be
expressed.

D. As a young girl I was very shy and didn't talk out. And as you get older you learn not to worry whether people like what you say. Age helps. Now I get very adamant about the Cancer Society. I see faults. I'm concerned for the patient. So I bitch about that. Yes, I speak up for myself!

E. I have to cut [my husband] down to size once in awhile, because I've built him up so much. Before [having cancer] I'd have sat there and taken [his domineering behaviour].

F. There was one time I was not expected to survive. I was on chemical feeding. Five little pots of chemicals for every meal until I came to the conclusion that I was never going to survive on that stuff, and the only way I could force things was not to take them. So for three days they kept piling up, and I hadn't eaten now, I'd only drunk water. On Monday I told the doctor, "I'm going to die taking that stuff! I think you're on the wrong track. I will die before I take any more of it, so you might as well know that." He said, "I'm glad you've given me some direction to take." And he phoned my wife and said, "Come and pick him up." I was home that night. That's when my weight was down to 117 pounds. Refusing that stuff made me feel quite good, like I was master of my own fate. I knew that it wouldn't work!

M. I'd rather have cancer than be blind. And I certainly wouldn't want to be a quadriplegic or paraplegic, or brain-damaged, or retarded. I'd rather be dead. I don't want to live any longer than when I'm capable of surviving the way I am now. I would hope I would have the strength to take every pill I've got stashed up in the event that anything should happen. I feel that when your time has come, when God has called, I think you should go.

32. Expressing your independence

You identify your own needs and and pursue your own interests rather than adjust to the expectations of others. You become self-reliant, autonomous and self-governed.

D. I've always been independent from the time I was born!

E. [Before] I'd have given up the holiday for the kids. But not anymore. They've got their life. They've got their friends. They don't worry about what I'm doing. So it was family which my life
had revolved about before the cancer. Now we spread our wings and do what we want to do. Now it's for our own fun.

F. And I do believe [some] people are survivors. If you have people that are self-reliant, and through training or necessity become self-reliant in more ways than physically, emotionally, perhaps, that they can get along well on their own—what if you didn't have the same inner resources? What if you were totally dependent on your partner, as lots of people are? Totally dependent emotionally. What if this awful trauma hit you at this time?

M. I learned that I could live on my own, with my own company. I'd always shared with somebody. First of all for financial reasons, and also because I didn't like being alone. Then I got to the point where I didn't have to have a roommate. I'd been able to overcome so many difficulties that I'd had. And I was a lot more successful at work, I was a lot more confident in myself, I was happier. I learned that the most important person in your life is you. You are responsible for your own happiness. You can't depend on other people for it.

33. Developing more caring and satisfying relationships

Significant relationships are deepened, marriage is strengthened, and friendships become more meaningful and supportive.

D. My husband, no matter what kind of an ass I'd make of myself, he always stood behind me, and that gave me a great deal of confidence.

E. [When I was sick, my husband] was hovering over me. But then he had the heart attack. So then I turned and was thinking of him. It just brought us closer in a lot of ways.

F. I think there is one other factor which is very important: my wife is very tolerant of me. Very supportive. And I think if you have that buttressing at a time like that—I don't know if you're actually conscious of it, but if you don't have it, then you'd be very conscious of the cost. My wife and I have known each other for forty years. And we got married in 1953. We've been married now 36 years. And we're so lucky in that way, we're pretty stable. I've never had a family problem. It's an oasis for me to come home to. I think your relationships with people and with family get better. I am very conscious that people are more important [than they were to me before.]
M. Patients need to have some motivation to live and not just give up. I, personally, feel that the strongest motivator is to have a warm, close relationship, to know that someone cares. My friendships have all been deepened. I really value the friendship perhaps more because they always stood by me, whatever kind of problems I had. They're not just surface friendships. They have meant more to me than anything.

34. Helping others in need

You develop greater compassion for people and the desire to provide service.

D. I think one of the biggest joys in life is going to the "Living with Cancer" meeting and jollifying everybody up. I really get a kick out of doing that.

E. I guess that would be the best lesson: that you give of yourself more and not try to take for yourself.

F. When I was quite sick in the ward our floor didn't have a microwave to boil up a cup of tea. I swore when I was out that I would go into my company and get fifty cents from everybody to buy one. Lots of people wanted to give me fifty dollars and lots wanted to give me five dollars. I didn't want five dollars or fifty dollars. I wanted fifty cents! I could say, "This is from Johnson Terminal." And I collected five hundred dollars. This gave me a tremendous sense of purpose.

M. There is another volunteer activity which keeps me busy and makes me feel that I am finally contributing to this world. Perhaps these are some of the reasons the Lord has kept me around. I became involved with teaching new Canadian students English as a second language. [Autobiography]... If you know that what you are doing is bearing some fruit or somebody is really appreciating it, you're helping them or they're getting something out of it, you want to do more for them. [Interview]

35. Inspiring others

You identify yourself as a survivor and an example not only to others with cancer, but to everyone who could benefit from hearing a story of hope and success. You have a strong sense of mission, and you
become socially and politically active in cancer support groups and
projects which will improve the lives of other cancer patients.

D. We've got to teach people about cancer, so they won't be so scared
when they get it. By showing people that you can cope, if they
could see that I could cope—and I'm still living—then this would
save a lot of anxiety. Self-help groups are very important.

E. And when I went into the waiting room I said to them, "I was in
your shoes about seven years ago. But behind every cloud there is
a rainbow, and here's one for you to get better with." So these
sort of little things help them all. And before I left that room
they were all talking to each other and smiling because I had been
there before them! Learning all the different things that will
help people makes the biggest difference in the world! To try and
make them realize that cancer isn't fatal.

F. As soon as I knew somebody with cancer, I would get on the phone
of my own accord. And people would refer others to me, because I'd
say, "If you know of somebody in the same circumstances that I'm in,
for Pete's sake, put them in touch with me!" I'm quite happy to be
pointed out as a survivor. I'm happy if somebody can listen to my
story and gain something from it. I think it's vitally important
that not just cancer sufferers be told about my story. Now it's one
in four Canadians who will have cancer sometime in their lives. So
it's just as important that every member of the population knows
that there is life after cancer, knows that there is help. I get
up in churches and I say this. I get up in social groups and I say
this. "I'm a survivor!" And that's very important. I think
talking to others is the greatest thing that I can possibly do!
I'm living proof!

M. I think it's absolutely wonderful to be able to talk to and help
people who have got problems and fears that I didn't have--realize
the problems that they've got and what they're going through and try
to help. They're really appreciative when they talk to you. And I
have been feeling especially since I got on to this last section of
the book, that maybe this is--this is the sort of thing that I'm
here to do. And if indeed my story does become an inspiration or
a help to even one other person perhaps that might be the elusive
reason why, against so many odds, God has kept me alive.

36. Enlarging your sense of community

You experience a greater feeling of connectedness to other people
and to humanity. There is the sense of belonging in the world, and
that the world is an extension of yourself. You have an increased
central for the environment and the welfare of others.

D. I never used to be interested much in politics, but right now I'm
rooting for the Indians. Mulroney trying to slip this Meech Lake
thing under the table. And Russia, look at the changes that have
gone on there! Things are happening in this world right now!

E. Before it was more—family. Now it's the world. This is the
difference. We're willing to go out, instead of just the two of us
walking down the road hand in hand, and doing just the things with
our family and relations. Now there's a bigger world out there.

F. I'm more dependent upon doctors. I'm more dependent upon people
to help me with things mainly, for physical reasons. And I do have
the time now and the opportunity to be more involved with people.

M. People who have suffered are more caring about other people.
They're much more aware of other people.

37. Appreciating your uniqueness

You accept yourself for who you are and value this uniqueness. You
become more non-conforming.

D. And now, at this ripe old age, I don't care whether anybody likes
me or not! You see, it doesn't matter!

E. The main lesson that you learn is that life is important. Not
money, not homes. You are yourself instead of trying to keep up
with the Jones'.

F. What I say may be total garbage for anybody else but me. Out of
the five billion people on this earth, I am unique, and what I say
could be unique as well.

M. I used to do things and say things and behave a lot on the basis
of being what other people would think of me. And I started to
be more open and speak up for myself, which I had never done,
without worrying about whether people were going to like me all the
time. And then I realized that it was quite okay not to like
somebody and for somebody not to like me.

38. Having a richer and more meaningful life
Life is experienced as full, rich and meaningful. You discover your dream and live it with passion.

D. Like when my father died, three weeks before he died there was a family reunion, and he enjoyed himself to the end. And he bought a TV that he never got to see. Because by the time it was delivered he was dead. That's living, eh? I don't want to miss anything. But, you see, even if you lived to 130, you're still going to miss something, so it really doesn't make all that much difference. But, being greedy, you want all you can get!

E. Once you get over the shock of cancer and your treatment, then you live every day for what you want to do. You're not dead, you're living. You got to enjoy your life. Now we spread our wings and do what we want to do. We both like travelling. Now we never stay at home anymore! We're more involved in pleasure than in getting ahead. The almighty dollar don't mean that much to either of us.

F. Regardless of my [health] restrictions now, I do more. I appreciate the greater fullness of life. I love classical music, and now I listen to two major symphonic works a day, at least. I can listen to six hours of symphonic music. I read poetry, and I do the things that I always had wanted to do before.

M. Do as much with your life as possible. In fact, do more because you have cancer than you would have done without it. Hopefully you'll be lucky and conquer your cancer, but if not, all the more reason to get as much out of your life as you can while you are still able to. Since my most recent brush with death, I had ever so slowly started to develop a different attitude--a case of do it now! I should live every year as much as I could, just in case there wasn't going to be another one. And instead of putting things off, I should do them now. Do as much as you can for as long as you're able. What would you like to do with the rest of your life, however much of it you've got left? What would you really, really want to do, and why haven't you done it? And what's stopping you doing it? And then go ahead and do it.

Phenomenological Description

The process of surviving a life-threatening disease and being transformed by it is a spiritual journey set in motion by the threat of death.
The first stage of this journey is the call to change.

The diagnosis of terminal or life-threatening cancer brings people face to face with death. This crisis marks the beginning of the journey. As death becomes imminent people are forced to change if they are to go on living. They must have the sense that their fate can be different. The threat of death is the call to begin living life in a different way. It is a call to begin investigating life.

The investigation begins by taking an active and fearless stance, much like a warrior going to battle. Survivors have a conviction about their own survival and healing: they believe they are going to live, and expect that they are going to live despite what they are told, and despite the many others they know who have died of cancer.

In refusing to accept an untimely death the will to live is reinforced. This decision to live is a distinct turning point. Often this turning point is the experience of what is valued in life—a loving husband and caring children, the beauty in nature, the desire to see more of the world and experience more of life. There is the sense of being at the junction of Life and Death, and deciding to go on and choose life. For some people there is a crucial interaction with another that helps activate the will to live. This other person may be a cancer survivor who can show that survival is possible, and that it requires tremendous will and fortitude and tenacity.

Survivors begin to take responsibility for their own healing process. They seek out professional information and direction about their condition that will arm them with the facts that they need to
fight the battle. For someone with terminal cancer, the situation is that there are no cures and few alternatives offered by traditional medicine. With such limited advice, direction and hope from experts they realize that their fate is in their own hands. This awareness throws them back upon themselves—to seek some inner guidance, to take chances, to reach for any possibility.

The second stage of the journey marks the beginning of change and new life. The habitual ways of seeing and relating to themselves and the world begin to change.

To be a survivor of cancer and to go on living people must develop a fighting spirit. Obstacles are encountered that they learn to overcome by clearly focusing on the goal, becoming determined and tenacious, and refusing to give up as things become difficult. Survivors learn to take more risks because there are no promises and no guarantees. The old ways of solving problems are not viable solutions any longer. They are now in unknown territory. There are no maps. Survivors need to break away from routine and become more intuitive and spontaneous in order to make important decisions. They ask themselves, "What treatment will be most helpful? What is the most important thing for me to be doing right now?"

An attitude of hope and optimism accompanies the desire to live. Survivors begin by anticipating the best possible outcome of treatment. Soon all difficult situations are met with a positive attitude. Of course they are discouraged at times, and negative thoughts are acknowledged and allowed. Yet they do not predominate and they do not
colour expectations.

An attitude of curiosity is cultivated. In living with a life-threatening illness, people are much more aware that the future is unknown. Instead of dreading that future, they remain open and excited about it, as if life was an adventure. Their own lives become a compelling adventure, and they learn to begin living day by day.

To take up that spirit of adventure means to face their fears: fear of loss, fear of pain and suffering, fear of death. People cannot be adventurers without encountering danger and facing their fears. One person observed that women seemed better able to face the fear associated with cancer because they live with more fear throughout life, and need more fortitude and stronger inner resources in order to survive.

Yet there is a balance between confronting fears and placing too much emphasis on them. In facing the fear of death, survivors learn not to become obsessed with the thought of dying, but get the most of what they can from each day of life. They expect the unexpected, and allow for miracles. In living day to day with cancer it is helpful to learn ways to place it in the background rather than give it a central focus. Survivors learn how to distance their problems, and redirect their thoughts away from their own difficulties. This softens the impact of having cancer. What becomes central in life is their aliveness, and not the possibility of dying.

One woman finds it is so incredible that she has lived 35 years with a disease that should have killed her long ago that sometimes she simply denies having cancer at all. To be realistic, from a strictly
medical viewpoint, would mean believing in her death; to remain optimistic is to deny this reality at times. She is aware that this is a coping strategy, and that she is distorting reality for the moment. Denial and minimization remain adaptive when they temper the impact of the problem without hindering people's ability to still feel and deeply experience it. Other cancer survivors never deny the fact or consequences of their illness and, instead, may minimize their concerns by making positive comparisons with others who are worse off than they are. In focusing on others instead of themselves, they begin to empathize with the struggles of others, and become more understanding and caring.

Yet another coping strategy, which also helps to change how the world is perceived, is to redefine problems in a positive light. This allows survivors to be unburdened by the many small difficulties with which they are faced. This reframing helps especially in coping with the problems caused by surgery and cancer treatment. These side-effects of treatment assault the body so harshly that it is necessary to change the old way of identifying with the body. Survivors develop a good sense of humour—sometimes an outrageous sense of humour—look for amusement even in painful situations, and learn to laugh at themselves. While they take their own lives more seriously, at the same time they learn to take life's difficulties less seriously. Being able to laugh brings joy and diffuses the suffering.

In the daily struggle of living with cancer, other people who have overcome their difficulties become an inspiration. At times these are
cancer patients who are a model of courage and determination, and who show that survival is indeed possible. At other times, models are fellow patients who don't have cancer, or people encountered in group therapy who suffer even more terrible situations and live through it in a remarkable way. Those individuals who were diagnosed long before there were support groups didn't know other survivors and they didn't know how other people coped with the same problems. They recognize how helpful it would have been to have known others in a similar situation, and now actively promote the importance of self-help support groups. Yet they acknowledge that no amount of encouragement, support or inspiration from others can replace their own desire and expectation of living.

Survivors recognize the importance of support from others during this time of recovery. They identify the love and support of family and friends during this period of crisis and transition as essential to their survival. They become willing to share their anxieties about having cancer, and may reach out to cancer self-help groups and people outside the family circle. As they begin to identify with other survivors, there is the sense of being less alienated from humanity. There is a tremendous feeling of support and closeness that arises in bonding with others who are going through similar struggles.

Survivors look for opportunities to have meaningful conversations with others. It is as if the little things in life don't matter as much, and what is important is given more attention. They chat and gossip less, and talk more about the things that they are interested, concerned and passionate about. Survivors are willing to talk about
their illness and how their lives have become richer and more meaningful as a result of having cancer. What is essential in life emerges; what is trivial fades into the background.

In order to discover what is essential in life survivors become motivated to know themselves better. They begin to investigate their character and develop insight into their behaviour. They try to understand the choices that they have made in life, and how these decisions have contributed to their happiness or dis-ease. Many survivors begin a life review, and reflect on what is important in life. A personal journal may be used to learn about oneself through self-reflection. For some, this investigation begins by reviewing the stresses that may have predisposed them to contracting cancer. They learn from their mistakes, for example, the ways in which they have handled stress poorly before. Some publish their reflections, or write a book to help others with cancer, and some go on to further their education and personal growth late in life.

Survivors also learn how to handle stress much more effectively. It is as if the threat of dying becomes an opportunity for change and growth. They become more active agents in their own lives, moving toward pleasurable involvement and avoiding unhealthy conflict. Some people learn that they need to disengage themselves from confrontation; others learn that they need to stand up more for themselves, even when this means creating confrontation. One man noticed that as he stepped back from conflict he was able to encourage his wife to take a more dominant role in their relationship, and this had a powerful and
beneficial effect upon their marriage.

Survivors look for creative solutions to problems. They are open and receptive to new possibilities and see opportunities that previously wouldn't have been considered.

There is a growing conviction that life is worth living. Setting goals for the future becomes a way of expressing the conviction of expecting to live and having things to live for. It becomes important for survivors to have something ahead to which to look forward and to buoy up their enthusiasm for living. These goals help give meaning to life and to their suffering, but happiness does not depend upon achieving these goals. They learn to live with this paradox: they set goals and anticipate a future, yet also accept that these goals may never be realized. Goals become a guide to living; the achievement of these goals is not a measure of success.

In seeing their goal, yet not being attached to it, survivors learn to compensate. They find out that they do not always get what they think they deserve or what they desire, and they look instead for contentment in what is present. They see clearly that everything changes and that change is unavoidable, and yet this awareness does not create inertia. Instead, it breeds an attitude of letting go, of not being locked into preconceptions of the way things are or the way things should be. Survivors learn that having expectations and setting goals is more satisfying than relying on a predetermined strategy.

In learning to let go, survivors become much more adaptable and accepting. Their illness may necessitate a change in career, early
retirement, and a change in family roles. For many men the inability to earn a living and contribute financially to the welfare of their families was the most difficult thing that they had to accept during the course of their illness.

The third stage of this journey of personal transformation is that of rebirth, when one is born into a new life. To be born into a new life means the death of the old life. As the old life dies, survivors come to accept their own death. There is the feeling that they are ready to die now because they are living a full life, and are doing now what they want to be doing. Death is no longer the enemy. Although survivors still don't believe that they are going to die at this time, they find ways of accepting the inevitability of death. For example, they might compare death favourably with the struggles of life. In this way they learn to live with another paradox: learning to accept death and yet living life. They also learn about timing—knowing when to refuse death and when to accept it. To refuse death at the beginning of the journey is appropriate timing. It allows people to be transformed by their illness. Yet, refusing death later in the journey would impede the transformation process. In accepting death survivors become peaceful, more accepting of life, and more able to let go of regrets about opportunities not taken.

Another seeming paradox arises: in accepting death, survivors enjoy life fully. With the conviction that life is to be enjoyed, they look for happiness and joy in situations. This may require a radical departure from Christian values and the Protestant work ethic. Some
survivors feel that they have always enjoyed life, and that having cancer has not changed this except by making them aware of how much they love it! Others feel that the illness definitely impelled them toward more enjoyment of life.

Survivors begin to examine their reasons for living. It does not matter whether it is religious faith or rationalism that guides their lives. What matters is that these beliefs are crystallized into a philosophy that gives direction and meaning to life.

It is also a time of questioning the old values and setting new priorities. With the poignant awareness that life is short and valuable, survivors recognize that it is now time to do what is important. Some think, in retrospect, that perhaps any crisis or change in life can provoke a reassessment of values—retirement, serious illness, disability, losing a partner or a child. What becomes important is often quite different from what was valued before. Old habits and routines and beliefs are examined and discarded if they no longer bring meaning and pleasure. Survivors begin to see how much of their behaviour is determined by conditioning, and also see how binding and unrewarding these old ways may be. Middle-aged women realize that housework and family duties are not so vital to their well-being. Men of the same age realize that financial success is not so crucial. If money was important before, they realize that they can't take it with them! One's self-identity is changing. Survivors are no longer defined by their primary role of housewife or breadwinner. They begin to discover what is true for themselves, and that it is vitally important
to create a meaningful life that is not dependent on approval or recognition from others. This is the search for essence—a search for what is essential in life. Priorities are changed and acted upon. Survivors break away more from routine, convention and gender roles. They ask, "What is it that I want to do in life, and am able to do?" And then you go out and do it: taking up crafts rather than washing the floors; travelling to see old friends rather than staying at home; vacationing more with family or spending time abroad; spending money and giving it away rather than saving it; volunteering their time for worthwhile projects rather than working at what may be stressful and unrewarding. They become more spontaneous, and discover in the process that life is more enjoyable this way!

Survivors determine a clear purpose in living. The threat of terminal cancer has brought into sharp focus the question, "What is there to live for?" Each person comes to her own conclusion, whether it is experiencing and enjoying life to the fullest, being of service to others, or having a sense of immortality by leaving some lasting mark on the world, perhaps through children and grand-children.

Yet the sense of meaning in life is constantly assaulted by the struggle of living with cancer. Survivors develop a perception of these difficulties as challenges to surmount. Problems are not just endured; they are valued as an impetus to courage, self-confidence and independence. Handicaps created by surgery are not perceived as disadvantages but as opportunities for learning to become more adaptable.

Survivors say that in retrospect they are not sorry they have had
cancer. Some feel much richer for the experience, while others simply embrace it as a learning experience. Most feel that their lives have indeed been enriched by the people they have met because of their illness, and by the things they have done and the ways in which they have grown by having gone through the experience of recovery. The illness has been a great teacher: it teaches through pain and suffering how to be more alive.

Survivors are thankful to be alive, and experience a sense of gratitude and appreciation for life that they have not felt in the same way before. They feel that life is worth living, not despite the hardships, but perhaps because of them. They learn to take one day at a time and be thankful for it. Here is another paradox: survivors live for today, yet set goals for the future and anticipate what tomorrow may bring.

Having a fuller appreciation for life also means being able to express feelings more fully and intensely. It is as if the whole experience of life is richer and fuller. Both pain and pleasure are felt more deeply. Some feel that age has taught them to express their feelings better, while others felt forced by their illness to learn to express emotions. They learned how vital it was to release conflict and emotional tension, particularly strong feelings of anger, resentment, frustration and sorrow.

Survivors also learn the benefits of asserting themselves. They have the sense that who they are and what they think matters to others. They stand up for themselves and voice their opinions and beliefs with
passion. For some people, their sense of self was confirmed by their illness. For others, a whole new sense of self emerged. Latent qualities blossomed; they became more of who they essentially were. Some individuals needed to stop being complacent. They recognized that it was permissible—and even felt healthy—to complain more and to express what seemed wrong or what they disliked in a situation. One man noticed the way his wife learned to stand up for herself in face of his assertiveness, so that the changes brought about by his illness extended beyond himself.

Survivors express their independence. They identify their own needs and interests, instead of conforming to the expectations of others. They are more self-reliant and can express their independence within relationships. This is especially true of women within their marriages. This expression of independence indicates their sense of confidence and self-worth.

And yet, while more independent, survivors recognize their dependence and interdependence. One man for whom self-reliance was always an important virtue changed remarkably in becoming more tolerant of others, and more willing to accept his dependence upon them. Significant relationships are deepened. Marriage and friendships are strengthened and become more supportive. There is a stronger sense of teamwork in marriage, as a couple bonds together to share difficult and painful times. Knowing that someone important is there who believes in you and supports you is crucial to survival. While standing alone, you are buoyed up by the presence of someone standing alongside you.
In living with this illness, the seeds of compassion are sown. Survivors become active in helping others and contributing to their welfare, and gradually orient their lives toward service. It gives them the feeling that they are contributing to the world in a meaningful way. Often this involves volunteering their time and looking for opportunities to provide a needed service. Some choose to change their work to something they love rather than continue in a vocation that they merely tolerate. This choice is not dependent on monetary compensation.

On this path of healing survivors acquire a new identity—that of being a teacher. What they have learned from the illness is now shared with others. The mission of giving help and inspiration to other cancer patients, and showing that cancer can be beaten, provides a strong sense of direction. In becoming socially and politically active with cancer support groups, they are able to enrich the lives of many other people. This gives greater meaning to their own illness. Survivors become spokespeople for important issues, especially the need for people to create more meaningful lives.

Survivors experience a greater sense of community than before. There is a strong sense of connectedness with other cancer patients and a bonding with those who have surmounted similar difficulties. They have a sense of belonging in the world, and of their family extending far beyond their own bloodlines. The world feels like an extension of themselves; they have more concern about the environment, about human injustice and cruelty and suffering. Instead of being isolated and alienated by this life-threatening illness, survivors are drawn closer to
others and more into the world.

Survivors come to value the fact that they are unique. They look to themselves instead of to others for the source of happiness. They accept themselves as they are, with all of their tensions and conflicts and polarities. They learn to live with contradictions: fighting for what they want, yet not being attached to the results; living for today, yet setting goals for the future; being independent, yet dependent upon others; assertive and opinionated, yet able to listen and understand others' needs; self-centred, yet more giving to others; pleasure-oriented, yet service-oriented as well; self-reliant, yet with a feeling of connection to a larger community; appreciating life fully, yet not believing in life at any cost. It is as if the path of healing is also a journey of individuation—of becoming whole.

Finally, in surviving terminal cancer and being transformed by it, life is celebrated as a full and rich and meaningful experience. Survivors become more active and involved, and have more sustaining interests. They learn to live from their centre, discovering their dreams and living them fully until the end.

**Essential Structure**

The story of transformation in surviving a life-threatening illness begins with the threat of death. It is this crisis which awakens the conscious desire to live. Survivors must believe and expect that they are going to live. This conviction reinforces their will to live. They become aware of what it is that makes life worthwhile: love, beauty in
the world, and a desire to experience more of life. Other survivors may fortify their will to live by showing that it is possible to survive this illness. In looking to experts, these people realize that their fate is in their own hands, as there is only limited help, direction and medical hope, and no guarantee for survival. They must now look within and take responsibility for their life and for their own healing. They must fight their own battle.

Survivors take up the call in the spirit of a warrior. They develop courage and determination to confront their fears. They face the unknown with curiosity and a willingness to take risks. Challenges are met with hope and optimism, problems are redefined in a positive light, and difficulties are distanced and minimized. Cultivating a good sense of humour helps in taking their struggles less seriously.

Survivors discover others who have overcome their difficulties in an inspiring way. These people are models of courage and fortitude, and show how to live day to day with a life-threatening illness. Survivors look to friends and family for support, and feel buoyed up by the love that pours in all around them.

Survivors embark upon a quest for self-knowledge that connects them to the source of their healing. As they review their lives and reflect on decisions and mistakes they have made, they begin to discover what is essential in life. They learn how to handle stress more effectively, and find creative solutions to problems. Seeking out opportunities to have meaningful conversations with people, they talk openly about their illness and its effect upon their lives. Concrete goals are set as a way of
expressing what is important in life, and declaring their expectation of living. While these goals are a guide to living, at the same time they learn to let go of their attachment to the result. They learn to compensate, to become more adaptable, and to accept their circumstances and their fate.

As survivors examine the beliefs underlying their will to live, they become cognizant of the philosophy that guides their lives. A clear purpose in living is identified; it may consist of a creative life project, providing service to others, experiencing and enjoying life to the fullest, or transcending mortality by being remembered in some vital way. As this purpose is fulfilled, their illness and their lives take on more meaning. Old values are questioned, new priorities are set and, with the poignant awareness that life is short and valuable, survivors begin to do now what they really want to do. They have the conviction that life is to be enjoyed and lived, fully, day by day. At the same time survivors come to accept their own deaths, and accept that illness and suffering are no longer the enemy. They look to cancer as a teacher; it has taught them how to become more alive. Their illness has also given them a great sense of appreciation and gratitude for life. The difficulties that they surmount make life all the more worthwhile, and strengthen them as people.

In the process of recovering from cancer people become more assertive, communicating their feelings more fully, and expressing their independence. Paradoxically, at the same time, they depend on others more, develop closer and more satisfying relationships, feel a greater
sense of belonging and community, and actively contribute to the welfare of others. Accepting and valuing these paradoxes furthers the journey of healing and carries people along the path of individuation and wholeness.

Survivors are endowed with the mission of sharing what they have learned from their illness. They become teachers and models to others for discovering what is essential. They inspire others to lead richer, more passionate and meaningful lives. In teaching important collective issues, cancer survivors have become the shamans of our time.
CHAPTER 5

Discussion

Limitations of the Study

This study has depicted a story of transformation shared by four individuals who survived life-threatening cancer. The story revealed a pattern of spiritual growth through awareness. This awareness developed as people accepted their illness and learned from it.

The purpose of this study was to understand the process of transformation that can take place in survivors of terminal cancer. The participants in the study were considered to be the "cultural representatives" of the population which is transformed during recovery from cancer (Claspell, 1984, p.79). Their experience may well reveal the universal meaning of transformation through life-threatening illness, and perhaps other life-threatening crises.

I do not claim that this pattern will be observed in all people who survive terminal cancer. As the interview with Paul indicated, people must have the determination and the willingness to learn from their illness in order to be transformed by it. Recovering from cancer does not necessarily bring about transformation.

Four participants confirmed that this pattern of growth and healing was valid for them, suggested that it was true for other cancer survivors, and that it may be an archetypal description of transformation
through illness. The pattern discovered in this study did prove to be remarkably similar to cross-cultural accounts of transformation (Campbell, 1968; Durkheim, 1980; Gennep, 1961; Goldstein & Kornfield, 1987; Grof & Grof, 1980; Grof & Halifax, 1977; Williams, 1981). A dialogue with further research will determine to what extent these results can be generalized.

**Theoretical Implications**

Understanding the meaning of the transformation process in cancer patients has broad theoretical implications. Other models have only partially addressed this phenomenon. They are limited in scope, either by their lack of empirical validation, or by omitting a description of the process of change as it takes place in people recovering from life-threatening illness. This study expands our knowledge beyond that found in other models.

The contributions of psychobiology and behavioural medicine were supported by this study. Mind-body research has emphasized the importance of a positive belief system in one's health. From this study it appeared that a positive belief system was the starting point for change. The threat of death from advanced cancer challenges one's belief system. A person asks, "Do I want to live? Why do I want to live? What makes it worthwhile living?" The survivors in this study who were transformed by their illness all had a strong will to live, an unwavering belief that they would live and that their life was worth living (Themes 2 and 3). They were optimistic, faced ongoing
difficulties with courage and determination, and handled problems in creative and good-humoured ways (Themes 5 to 13, 17 and 18).

The psychological model has emphasized the importance of allowing illness to transform our lives, show us a purpose for living, and challenge us to grow into whole and individuated persons. This study confirmed these findings. Co-researchers took responsibility for their healing, becoming active participants in their recovery (Theme 4). They openly confronted their fears, reached out to others, shared their concerns, and accepted support (Themes 9, 13, 14 and 15). They became motivated to understand themselves in a deeper way than before, and began reflecting on the meaning of their lives (Themes 16 and 24). As their purpose and path were revealed, these survivors changed old attitudes, values and priorities that were no longer meaningful (Themes 19, 25 and 26). Their illness, and the possibility of death, were transformed into a teaching about how to celebrate life (Themes 22, 28, 29 and 38). In the process, these survivors learned how to accept and appreciate themselves as whole and unique human beings (Themes 30, 31, 32 and 37). This self-acceptance extended to an acceptance of their fate, and all that life brings— including death (Themes 20, 21 and 22).

The psychological construct of wholeness as an integration of paradoxical or counterbalanced traits was supported in this study. Survivors were focused and goal-oriented, yet adaptable; self-reliant and independent, yet dependent upon others; strong-willed, assertive and opinionated, yet empathetic and full of compassion; self-centred and pleasure-oriented, yet concerned about the well-being of others. This
capacity to accept and express all parts of oneself appears to be activated in the battleground of suffering and growth.

The spiritual model emphasized the potential of struggle and suffering as an opportunity for growth. This growth reveals our essence as spiritual beings by taking us on a transformational journey. The concept of a journey is central to the process of transformation as documented in this study. The journey taken by cancer survivors who are transformed by their illness reflects, in detail, the archetypal journeys described in religion, mythology, anthropology, sociology and medicine. This suggests that the changes that take place in the life of a person who survives terminal cancer take that person on a journey recognized by many cultures. It seems to be a journey embedded deep within the human psyche.

In documenting the experience of cancer survivors, this study has supported the construct of a journey leading to integration. People have a need for growth; our pain, illness, suffering and lack of direction impel us to change and become whole. This change is a great struggle, since it involves a death of old ways and old identity. If this kind of change is allowed and encouraged, it heals us, and takes us to a new level of consciousness that unites us with all beings.

The spiritual model also suggests that the ineffable qualities of love and unity consciousness are essential to healing and transformation. This study lends support to this hypothesis. Survivors developed closer and more satisfying relationships, and identified support and love as essential to their recovery (Themes 33 and 36). As described in the
archetype of the journey, in recovering and returning to the everyday world a person has a renewed sense of responsibility for the welfare of others. Survivors shared what they had learned by surmounting their illness—they taught others the importance of courageously facing their fears, not giving in to their difficulties, and discovering how to live a meaningful life (Themes 23, 26 to 29, 34, 35 and 38). While they have not appeared to have developed unity consciousness, they have certainly gained a deep transpersonal awareness.

There are few other studies which explicate the collective value of illness. Campbell's (1984) phenomenological study of breast cancer patients does make a limited reference to the social aspect of healing. In women who had mastectomies, she observed a change that she calls "awareness of self as part of humanity". This change is described as a deep connection with all human life, the experience of the unity of human life, and the feeling that one's story is more than a personal story. These results are confirmed and expanded in this study. In addition to experiencing their connection with humanity in a new and powerful way, these survivors are bringing about social changes. Their personal and family relationships have improved, the lives of other cancer patients and their families have been enriched, and people they have contacted because of their illness have been affected in some beneficial way. Their transformation holds the potential for bringing about a collective change in consciousness. One co-researcher stated it this way:
One in every three people will get cancer sometime in their life. They'll get it, not just somebody they know. There can't be anybody in the world who won't be touched by it, because everybody knows somebody else! And if it got to be one in two, people would probably say, "Oh, that's terrible!" Just like I thought that one in three was terrible. But after thinking about it, I don't think it would be a bad thing to have half the world caring more about the other half! Some big possibilities here!!

The suffering that they have endured has made cancer survivors more compassionate. Paradoxically, through illness, they have learned to care more for others, and to express daily and openly their love and concern for the well-being of others. They recall the love and support that was available to them during their dark moments, and remember that, without it, perhaps they would not have survived.

This concept of cancer changing world consciousness is a revolutionary one. Could harmony in the world be brought about by the spirit of love? Does life-threatening illness truly hold this potential?

This study suggests that serious illness brings the same teaching as any spiritual path. In learning to accept our pain and suffering, we are taken on a journey of spiritual growth. The purpose of this journey is to make us more aware and more whole. We are more aware that suffering is pervasive in human life, and that we need to accept this. We become more aware of the purpose of our lives, and of our connection to humanity. We learn how to transform our suffering into the desire to serve others and to make this world a better place.
These teachings from cancer reflect the same message taught by many world religions. Buddhism is one example. Awareness and compassion lie at the heart of Buddhism. Buddhism teaches awareness of what causes our suffering, and how to end that suffering by living a balanced life, which is called the "Middle Way". Buddhism teaches awareness of how to use every opportunity to awaken to our true nature. Daily life is the practice and the way. Certain practices will help develop awareness, but they are not to be mistaken for the way. The way is to live with love and compassion, to express our caring, to learn selflessness by serving others. This is the essence of Buddhism, and the essence of what may be learned by cancer survivors. The teaching is a spiritual one, and a guiding philosophy for how to live.

**Practical Implications**

This study suggested that the process of recovery from cancer is a profound journey which can clarify the meaning of life, the relationship between human beings, and the responsibility each person has for the welfare of others.

The process of recovery from a life-threatening disease is much more than a return of physical, emotional and mental well-being. These are all important to health, but health also connotes wholeness, and this requires a person to establish a new spiritual relationship, not only with herself, but with the larger community.

Recognizing that recovering from cancer can be transforming process in a person's life has great implications for the support of cancer
patients. Counselling and psychotherapy must no longer seek simply to relieve the stress of a life-threatening diagnosis. Distress is functional; with direction, it can motivate necessary changes.

As LeShan (1961) suggested long ago, for support of cancer patients to be effective, it must have an existential basis. Many people need assistance in their search for self and for meaning. It is the quest of the individual and yet it is everyone's journey. Counselling and psychotherapy must not seek merely to eliminate pain, minimize struggles, and facilitate adjustment and normalization. Perhaps Marion Woodman's image of the chrysalis would be useful here. If severe illness is perceived as a chrysalis, and that chrysalis lovingly cared for, when conditions are ripe, the human spirit is liberated.

The issues posed by cancer are germane to the field of counselling psychology. Most people will experience a health crisis sometime in their lives, and will need assistance. There is a lack of social support for navigating and growing from these crises. Counselling psychologists can develop a new model of support based on the experiences of cancer patients like those in this study.

The role of the counsellor with someone who has a life-threatening illness is as a consultant/guide in the shared journey of discovering the client's essential being. The counsellor's best tools are love, compassion and her own self-awareness. Siegel (1989) suggests this requires that therapists live their message: that they be open, humble, vulnerable, self-forgiving and self-loving. It also requires that they deal with their own pain. "Will we look within? Can we see that
to be of most service to others we must face our own needs, doubts and resistances?" (Ram Dass & Gorman, 1985).

Implications for Further Research

This study provided fertile ground for speculation. Several facets of the cancer survivor's experience have been identified as crucial to the process of recovery and transformation. A strong will to live, a positive attitude, a warrior's stance, a purpose in life, a change in values so that one can live this purpose, an alignment of one's personal interests with the good and harmony of all--these are vital to healing. Although we know how to assist people in changing their thoughts and attitudes, we do not know much about activating and reinforcing a person's will to live. This study suggested that the will to live must be revealed through one's own experiences and struggles. People may be assisted in this by revealing to them the conditions under which they might choose to live--with love, support and compassion.

There is a need for research to determine what constitutes the will to live. Clinical observation and theory suggest that a person must have the will to live, to surmount a life-threatening crisis. Some well-designed studies also confirm that it is significant. Yet we still do not know if the will to live is, in fact, essential for healing.

It has been suggested in this study that the journey of healing and transformation in surviving terminal cancer may establish a pattern with meaning for all cancer patients, those with serious, chronic illness, and others going through crisis and spiritual emergency. In order to
test this hypothesis, more research on survivorship is indicated. We need to learn from the people who do well. We need to know more about cancer survivorship, and the similarities between cancer survivors and survivors of other crises.

It might appear from this study that everyone could benefit from the experience of cancer in order to learn what survivors learn. This is not the case. First, these survivors are a rare breed. Not many of us could transform these illnesses in the courageous manner of these co-researchers. In a crisis, many of us are crushed. Second, our medical system still operates on the old model that focuses on the physical treatment of cancer. Economic systems would collapse if half the people in the world developed cancer, as one woman recommended!! And third, although it does appear that it takes a crisis and enormous suffering to bring about these transformative changes, perhaps this is not a necessary condition. Perhaps we can learn from the experience of others, like these cancer survivors, and learn how to grow and become whole from each moment of our lives.

Summary

This study has contributed to understanding the meaning of transformation in surviving terminal cancer. This is an area of research that has not been fully addressed by other studies. There are many models of transformation, and many studies of survivorship qualities, but little research into the transformation process as it is experienced by cancer survivors.
An existential-phenomenological approach was used to interview long-term survivors of terminal cancer. There were five participants who told the story of their recovery from cancer and how it changed their lives. Cochran's (1986) dramaturgical approach provided a model for capturing the meaning of this experience in story form. Analysis of the interviews followed Colaizzi's (1978) method. Significant statements were extracted from the protocols, themes were formulated, and a description of the experience was written. Other sources of data were used in addition to interviews. An autobiography and a series of articles were collected from two participants. This written material was analyzed in the same way as the interviews. The experience of the researcher also served as data, and was analyzed through reflective and descriptive methods. Conducting interviews, soliciting written descriptions and including the researcher's experience allowed the data to be more broadly supported. The results of the study were validated by the participants, who confirmed that the description of transformation accurately reflected their experience.

Psychological transformation in survivors of terminal cancer is a spiritual journey. In allowing a life-threatening disease to become an opportunity for personal awareness and growth, people can transform their illness into a spiritual teaching. Serious illness can teach people about the meaning of life, and give their own lives purpose and direction. Through this affirmation of life, and by following their purpose and path, healing can occur. This healing not only moves people toward wholeness, but it holds the potential for transforming and
healing the problems of others. Cancer survivors transformed by their illness might become the new warriors and shamans of our time.
REFERENCES


I: Why don't I tell you again about this project. It's a study looking at what it means to survive terminal cancer and be changed by it.

D: So, you're most interested in how it has changed my life.

I: Yes, I'll help you along. Why don't we start from the beginning? So that would be 20 years ago, when you first knew you had cancer. Maybe you could tell me a little about what was happening in your life at that time.

D: Twenty years ago I was going to go over and visit my brother in Parksville. And I planned to swim. Our kids were teenagers then... That would have made me 52... I was shaving under my arm and I saw this blue mark. I thought, that's funny. And I started feeling around and I felt something hard. I didn't know whether it was my rib or not. Now it was about the size of a Brazil nut in shape and hardness. I got out all my medical books and started to read. I thought, that is cancer. But it was the Easter weekend, and I knew I wouldn't be able to get a doctor on Easter weekend so I just took off and had a really good time. My brother and I -- he's about five years older than me -- we got ahead of the rest of them. We were at Englishman River falls and we were just trotting across on the rocks. Walking across. It made me feel young you know. It was really, really neat.

And then I came back. I went to see my G.P. In those days, G.P.'s didn't know much about examining a woman's breast properly. He had examined me six months before. But he stood off about six feet and he said, "Where is it?" Now, I'd had to really dig to find it. So I had to show him. But once he felt it, he immediately got me to a surgeon. And I had a mammogram and what have you.

When I got in hospital, I said to the doctor that I wanted to know what was coming down. And he said, "As soon as I know, you'll know." And that was very helpful...

I was surprised. I expected to lose my breast, but I didn't expect to have them cut up so high. Right up under the shoulder blade. And then, well down here, so that when I came home I put on a sun dress and my husband said, "You can't wear that!" Because it shows, heh. Well, this was a surprise...

Now, as far as it changing my life... We did lapidary. My husband got me working with stones the same as he does...

I should go back to when I came home from the hospital. I had to
have cobalt treatments immediately. And they had to dress me each time because it hadn't healed. And after the cobalt I found a lump in the other breast. And this one was painful. You know, cancer isn't painful. People always think of it as painful. It has to press on something, like a nerve or an organ to be painful. I went to the surgeon. And he said, "I don't think this is cancer, but because you've had cancer, we've got to do a biopsy." This was right after the cobalt. There was 17 cobalt treatments, and you get five a week. It would have been quite a while after the surgery. So, that turned out to be a cyst. But the neighbours all had me dead. And I said, "I'm not dying today!" That's how I got rid of that kind of stuff!

I: Why was that? Were they afraid?

D: A lot of people associate cancer with death. And you see I didn't. I was different in that respect. Most people, as soon as they find out they have cancer, they say, "Oh! I'm dying." In fact, my husband thought I was dying. All the people he ever heard of died of cancer.

I: Why do you think you were different?

D: I thought it was because I knew about cancer. And years later, B.W. who's a nurse clinician at Clinic said, "D. do you think...?" Because I've always said that. What got me when I'd go to those meetings and see all that fear. And I'd say, we've got to teach people about cancer, so they won't be so scared when they get it. And one night B.W. said to me, "D. do you think it's because you were a nurse or because you're you?" I put some thought to that. Because I have five older brothers. And they taught me to box. And I wanted to please them. So I did a lot of things that most girls don't do just because I wanted their approval. So maybe. I don't really know myself...

My oldest daughter was getting married. And they came up to see me in the hospital. And I thought, that's fine. I'll be able to go to the wedding. Well, my God, all of a sudden... I guess your arm can start to swell at any time, maybe 10 years later. But I think when I got the cobalt that probably that did it. Because my arm ballooned up. The one thing the doctor said was, "Don't baby your arm." And so I got down on my hands and knees and I polished every damn floor! Waxed and scrubbed every floor in the house. So that was not babying your arm. And when I was finished it just ballooned. So when I phoned the doctor his nurse said, "You're going to have to go into hospital." I said, "I can't go into hospital! There's a wedding here in two weeks!!" As it happened the surgeon who'd done the surgery was on vacation so there was another doctor there. Anyway, Stew (my husband) is an industrial first aider. So he knew how serious this was. So he built me a little thing. It went underneath my chair, and up this way, and then he put a chain, and then put a pillow in the chain, and I would raise my arm up like that. And when my fingers would turn black I'd lower it down and let the blood
run again. And we did that, and I got to the wedding without anything on my arm!! Not a thing! Mind you, when I got home from the wedding I was in a mess, but I managed to get to the wedding okay.

Then, we would use bandages on my arm. And after I started going to "Living with Cancer", a nurse clinician who now lives in Hawaii, said, "D., why don't you try this Jobis machine?" Well, I had never heard of it. And so I went in. It was like two rubber sleeves. And they would force air electrically between the two sleeves, and that put pressure on. Then it would release, and put pressure on, and put pressure on, and release. You did that... They measured your arm every time you came in, until it got down to where it wasn't going to get any smaller. Then they sent away to Toledo, Ohio for this custom-made sleeve. And that was a lot nicer, because before, with the bandages and with the arm so big, I learned an awful lot about designing, because you can't buy something that's got a big enough sleeve in this one and a small enough one in the other. Whatever fit me here didn't fit me anywhere else. So I made my own clothes.

What upsets me now is that I can't sew. And I've even sewn with leather and made lots of leather vests and everything. I like to be doing those things...

What has changed in my life is that I miss the hobbies that I used to do. So, when I couldn't do the lapidary, my husband got me doing [siversmitching]. You have a pail of water about 60° in temperature and about 30 inches deep. And with an asbestos deal and a torch you melt your silver and you flip it like a pancake. If you don't like the setting you can melt it again, and melt it again. So I can show you a ring that we made between us with that. And then, when that got to be too difficult... I did a lot of leather work, I went into doing that. But now my hand is so shaky that I can't hold it steady. And I loved scrimshaw!... This is on horn. But I'll show you my first piece I ever did. I didn't have much in the way of ivory when I started this, and by the time Stew bought me two shark's teeth, my hand was shaking too much to do anything. But this was the first piece I ever did. And then, this was the second piece. Now those are on ivory. And this is horn. And those things are horn. And horn is a lot harder to work on than ivory. But a Japanese lady does gold on... it's like glass, but it's... I'll remember later on what it is... But Stew slabbed this stone up for her to work on, and she gave me this. That's gold she's put in there. But she's a real artist. I really miss doing these things...

But one thing Stew started 20 years ago [when I was first diagnosed with the cancer]. He takes me out to dinner every week. And I look forward to that. It's very important to have a goal. It doesn't matter whether you ever make it. But to have a goal, and have something to look forward to...
So, when I was a little girl, my sister and I used to look forward to the Sunday school picnic. See, I was born in Springhill, a mining town, it's a little small town. The Sunday school picnic was the thing of the year. And this particular year it rained cats and dogs. Well, we were disappointed, but my mother said, "There's always compensations!" And of course I had to get older to realize that she made the compensations. She got the little dolls' table out and we had a little tea party... This is what I tell people about cancer: "There's compensation. You give up this, but you get that. And you may not think it's quite as nice as what you gave up, but you're still getting something out of life, and as long as you're enjoying life, that's the main thing. And you can look around and see people much worse off than you doing very well."...

Now after 10 years I started having tingling and numbness in my fingers. Just the right arm. And I told the cancer clinic. The doctor got very excited. Because this right eyelid droops, too. They happened at the same time. And he figured like I've got Horner's syndrome. There's pressure on the medial and ulnar nerves and a blood vessel running down my arm. So he thought the trouble would be in my brain. So I told you about getting the brain scan. Then they sent me for a tomogram. And they sent me for more x-rays of my neck. They didn't get too excited. After two years they sent me to a neurologist and he thought the trouble was in my brain. And then he sent me to have an E.M.G. test. Well, when I had the E.M.G. test, then those fingers just danced. The doctor said, "Why did you wait so long?" He thought the trouble was in my armpit. I said there's nothing there. So, he got very determined. Phoned the neurologist and told the neurologist I should be sent back to the cancer clinic. And I thought well, now I'm dying. That's for sure... The second time round, well you think...

Dr. E. B., she was a woman doctor, and unbeknownst to me, she had cancer herself. She never told. She was the only one who could feel the lump. It was behind my collarbone there. She was the only doctor who ever felt it. I said to her, "I saw a woman whose arm was in a sling, and her doctor had told her that she might as well have it amputated for all the good it was." And she said, "You're worrying about something that might not happen." That was damn good advice.

This same doctor was at a meeting one night. And she said, "I give myself 10 minutes a day to feel sorry for myself." And a young squirt who had cancer said, "I'll give you my cancer!" Well, since this doctor has died—she's been dead some years—I think, if only I'd known she had cancer, and she never said a boo. She had cancer, and just let this woman steam off. But she knew what it was all about.

She also knew that I had this other problem. And I said, "When I had the slipped disk it was my left arm that was bothered. And I know the left arm's atrophied some. But not to the extent that the right one
has." So she put me on tamoxifen [an antihormonal drug]. I was on that for four and a half years.

And then, things started to get worse. So they thought they would do some radiation. And I said, "How come you say now that you can give me some radiation? You told me seven years ago that I'd had all the radiation that I could have." And they said, "Oh, there's one spot we can zap you!" Well, I said that I'd planned this trip back east and there was so many stops to be made, and the fact that my sister-in-law was in a wheelchair and my brother has only one hand. I didn't want anything to screw this thing up, you know what I mean. He said okay, and put me on megase, which is another hormone. And he said, "I'll see you when you get back."

So, when I came back I went thinking I was going to get radiation... I think I told you about when I talked to the painter, asking him about the treatment, and thinking I was talking to the doctor!... Anyway, he said he was going to consult with another doctor. I came again. This time it was a woman doctor and she said, "I think you should come to the breast conference." So I came again. And there's about 50 doctors who review your case. Of course they always give you an option. "Would you like to do this?" Which puts a hell of an onus on a patient who doesn't know as much as they do. I opted for the chemo, cause I figured, you know, this thing has metastasized to my neck, God knows where else it's gone.

So, I took the chemo, and when I was finished, there were two lumps that they could feel were gone, and one was still there. But I went for three years without that doing anything, and last January it started up.

And I have had about six months of chemo again. Three different drugs. And they now tell me... When I went to the neurologist I didn't realize the cancer got this far. I thought maybe I was starting with parkinson's disease. "Jesus Christ! Who wants that?" [mimicking the parkinsonian drawl]. Anyway, she thought there was no stiffness of the muscles and she said, "You've had this shakiness for so many years, I think you're doing alright." And she said "You can come back anytime." So I'm not on any medication right now, which gives me a nice little rest. I'm looking forward to that.

Today I didn't feel very good, but yesterday I felt almost like myself. So I'm looking forward to feeling good...

I: The old you again.

D: If that's possible, because after all, you've aged in the meantime. You don't know whether you getting back to yourself or whether something else is coming up as you're getting older. But the thing that you have to learn having cancer is that--and even you who are probably very
healthy—it's something everybody has to do, is to take one day at a time. Because you could get hit by a bloody truck or something, and that would be the end of you anyway. So if you're breathing today, be happy for that! I remember saying that once in a meeting. I said, "If you're breathing, say halleluja!"

And one of the nuns there... When she first came to the meeting she couldn't believe that we laughed! But the meeting is not morbid at all. It's not at all morbid. I get a real bang out of going! Some of the things that are said! Did I tell you about the man who said one evening--there were a lot of breast patients there--"I don't know why these women make such a fuss over breasts. You know, after all!" I said, "Well, it sure screws up your skinny dipping!!" That shut him up. He stopped right there. He hadn't thought about that. Because this same man, if you removed his scrotum, he'd feel a helluva lot different, wouldn't he! You bet ya!

It's not the loss so much as... What bothers me about losing my hair is that I look at myself and I don't look the same. It's not me. That's what bothers you. Not the fact that you've lost your hair. But the fact that you don't look the same. I tried the wig on that I had worn three years ago, and it's just awful! It looked fine three years ago, but it doesn't look good now. And I wear this hat when I go out. And it gives me a little jaunty look, so that's fine!...

I: Would you say that time about ten years ago when you found that other lump, was that a turning point for you in any way?

D: When I first found the cancer and I was in hospital, and an intern asked me how I would feel if it was cancer. And I already figured it was cancer, pretty well knew it was cancer. And I said, "I am 52 years old. I've had a damn good life." That's how I felt then. Now in the meantime, I started getting grandchildren. My whole attitude changed. I didn't want to go! It's different going, when you've got you and your... But I wanted to stick around and see those kids!

And, an 80-year-old man who used to live across the street, he knew for two years that he was dying. And he said D., "I don't mind dying. I don't want to miss anything!" And his son was a jet pilot, and after he died, they landed on the moon. And that would have been so exciting for him.

But you see, even if you lived to 130, you're still going to miss something, so it really doesn't make all that much difference. But being greedy, you want all you can get!

I: Being greedy, does that mean that you love life, and you want more of it?
D: Yeah.

I: You're not tired of it.

D: No, I'm not. And I think I remember talking to one nurse about a lady who was very annoyed that she... Her cancer was terminal when she found out about it. She didn't think this was at all fair. Because she had escaped from a concentration camp during the war. And she'd married and had two daughters, and then her husband had divorced her. She just hadn't had... As this nurse said it was hard for her because she hadn't had any real joy in life. But this woman, every meeting, she would start saying, "My house isn't paid for. I've got to leave two teenage daughters." And I met those two teenage daughters, and I thought, those kids are going to make it. And I turned to her and I said, "Clara, I'll tell you a little story about the farmer who had a barrel of apples. And one was going rotten. So he ate that one. And the next day there was another one going rotten. And he ate that one." And I said, "At the end of the barrel he'd eaten a barrel of rotten apples!" And I said, "Why don't you get out and have some fun?" She'd always wanted to go back to Hungary and see her relatives. She went, and when she came back, she was so far gone they had to take an ambulance to get her to the hospital to die. But she'd done it!

And when I first got cancer, I felt... My mother had wanted me to come back. When I'd lived in Montreal I'd gone back to Springhill. I had two children then. When we came west, we had lost everything we had in Montreal, and had to start over again with three little kids. And so there wasn't money to go all the way across Canada. But when mother died, I felt a little guilty about not having got back... And now my father had made the trip out here after he was 80. He'd made two trips out here. So my children got to know him. Of course the two little ones were so little that they didn't remember my mother. So, I thought, by God, I'm going to get back to Nova Scotia! Now, a year after my cancer I went back. I've been back a few times since then. I've been to Hawaii. I've been down to California a few times.

What I'm trying to say is that thing that I hadn't done was important to do, and after I'd done that, these things weren't so important anymore. But, if you've got something that's been gnawing at you that you haven't done that you feel you should have done, get it done! That's important!! I thought when Clara finally got to Hungary and saw her relatives, that made her satisfied to die then. But having something left undone--of course you always have something you wanted to do--but something that's been gnawing at you should be done.

And another thing, we had... My brother and his wife, when they would come over from Parksville, we were in the habit of the first night we would always go to a restaurant to eat. So, we called a taxi, and we had just got down to the corner of Broadway and Glen. My husband was
sitting in the front, and we three were in the back, and I was on the
far side here. I didn't see this coming at all. But my husband did.
These two young people were in a stolen car, and they were going like a
bat out of hell. It was a brand new taxi, and the taxi driver tried
desperately to get us out of the way. And what happened was they hit
us, and turned us completely around. And I said, "What's my purse doing
over there?" You see I was in shock. And then my brother let out a
groan, and I thought, my God, we've been in an accident! And my husband
wasn't talking. So I dashed out of the car and ran around to see how he
was. He wasn't talking because he'd hit that thing on the side there
and his ribs were broken. And he didn't want to breathe even. And my
brother was bruised badly, and my sister-in-law was bruised. And
luckily, here with me, I'm right down to the ribs on this side. But
hitting my sister-in-law, she's fat, she cushioned me beautifully! If I
had been where Stew was, I'd have been dead!! Anyway, my brother's
glasses went clear right into the bicycle track. My sister-in-law's
earrings were gone. And I had split a seam in my coat, and I'd bit my
tongue, because I'm always talking!

Anyway, we decided after that, my husband and I, that our three
children, they don't live in Vancouver anymore. And we thought, gee
whiz, if we were both killed, what a helluva responsibility this would
be for them. So we went downtown, saw a justice of the peace, and he
said, "Oh, you don't need me. Just go the drugstore and pick up one of
these things, and get somebody who's not interested to witness it and
you're fine." So we did that. And I felt better about that.

And then, maybe three years ago, a man came to the door wanting to
sell a memorial service. So he came in and talked. And we were all for
that. We thought, gee, this is great. Because there's a sheet you fill
out as to what you want to do. And you do it in pencil in case you want
to change it! And I thought, well this is great. It's hard enough with
all the junk we've got in the basement. It would be hard enough for
anybody to do anything. But at least if they knew what you wanted to do
with your remains and everything. So this fellow said, "What do you
want to do with the ashes?" I said, "I don't give a damn what you do
with them!" He said, "Oh, well..."--real old undertaker talk--"you
know you should do something." I said, "Well, if you want to throw them
at the root of a tree, and the tree will grow a little bit from the
ashes, that's fine." "Oh, and there should be a plaque." I said, "A
plaque!" "Oh yes, something for your children to see to know that
you've been." I said, "For God's sake, I don't want my kids staring at
a bloody plaque!! Just forget that!" So, we're down to the very
minimum of what we want. Cremation and to hell with it! But at least
it's written there so that the kids know...

That again is funny. Because an old man who used to live across
the street, he wanted to be cremated. But one of his daughters was a
Brethren. And she protested so badly that they buried him. So when
you're dead you've got no say! And the other gentleman who didn't want to miss anything, he always told his wife where to buy the oranges. He just took all the responsibility from her. Well, my God, he was hardly cold in the grave and his two daughters came and fixed the whole thing up the way they wanted it! So, when you're dead, you're dead. That's for sure...

I: Would you say having this illness has changed your ideas about God, or a spirit, or given you any thoughts about life after death?

B: No, and this is rather sad, because I've got a son who has done research on the Bible. He's a radio astronomer. He had a two year fellowship from Canada for Cal Tec. They were so interested in his research that they wanted to keep him another three years. [...] What he does today is prove the truth of the Bible. Because the Bible knew before scientists did. [...] When I was a kid, my father used to take us to church. You went to church in the morning, and Sunday school after church, and then you went in the evening, and he always took me to prayer meeting on Wednesday night. So I had a lot of teaching of the Bible. And he also became an elder and had family worship. One thing he always ended his prayer with, nevertheless, "Not my will, but thy will be done." Which I think is a very, very nice thought. Anyway, when I got away from home, I got farther and farther away from this.

When I was in training, I used to go to a church very handy to the hospital. And I was married there, and my three children were christened there. But my husband believes more than I do. And to tell you the honest truth, I can watch a flower grow from a seed, and whither and die, and if that's all there is, that's fine.

So, I haven't suddenly... I know some people who are threatened with death, they suddenly get religion. And I know that they said the thief on the cross in the eleventh hour did fine, but that's not my way of thinking...

I: It sounds like your way is to live life now fully...

D: Yeah... Like when my mother-in-law was in hospital, the theologian came around and he said something about heaven being a beautiful place. And I said, "Don't rush me!" I guess I'm a bit from Missouri. I know what there is here, and I don't know if there is something there. But that's not what you're supposed to do. According to my son, if you believe, that's all that's necessary. Good deeds won't do you a damn bit of good. Anyway, I'm afraid you can't call me a believer. No. Anything I know of the Bible my father taught me or I learned it in Sunday school or in church, or I had to get the Bible out because there's something in the crossword that I'm doing. Because I still can
do crosswords!...

I: Would you say your attitudes towards suffering have changed, suffering and illness? People always ask, "Why is there this hardship?" There must have been times when you asked, "Why me?"

D: No, I never did that. I know when you read about cancer patients, there's five different emotions that they go through. I always tell people you don't have to have them all. Now, Irene got angry and it worked for her. Whatever works, that's fine by me. But I didn't think, "Why me?", because I felt why should another poor bugger have it and not me? And most people think everybody else dies but them. But I guess maybe seeing enough of death, when I saw the lump, I did think briefly, maybe a little bit about death. And I thought, well, if this is it, thank God my children are just about grown up.

I think it's far harder for a mother if she has small children. There's one young woman, she's got lung cancer, and it's gone to her brain, and I know she hasn't got a hope in hell. And she found out when she was pregnant with her second child. What worries her, she says she's got lots of family support, but she said, "I don't want my husband to be lonely, but I don't want somebody else to be bringing up my kids." And that to me is a very legitimate thought...

But I never went through the, "Why me?" And I never went through the fear.

I: And you didn't particularly get angry...

D: One thing I did feel. At the time the time that Mrs. Rockefeller and Ford's wife got breast cancer, and they didn't have to have a radical. And they discovered that removing the pectoral muscle didn't help one bloody bit. I said, "If only..." Now, if-itis is a waste of time. But I had to find out, you see. Like my husband said, "Yes, but you're alive." And let's face it, that's how much the doctors knew then. They did the best they could. There's no sense... In fact, feeling sorry for yourself is a total waste of time. It wouldn't be so bad if you felt good while you're doing it, but you don't...

God, there's an awful lot of talk about positive thinking. Now, you'd be surprised how many new patients, and their families drive this poor son-of-a-gun crazy, saying, "You must be positive!" Well, if it's a chore to be positive, it's not going to work. The reason you should have positive thinking is when you're laughing, and when you have humour, you feel better.

So, that chap who wrote the book and said he had a very serious disease, and he bought a whole lot of comical movies and watched that. Now, that's fine, but that will only go so far. If you're well, you
have negative thoughts as well as positive thoughts. And it's okay to have a negative thought. As long as you don't let it get a hold of you. If you're not aware...

This is why I like to get people early, when they've first got their diagnosis. Because if they get down to thinking, "Oh, I'm dying!" you may not be able to help them. You may have to get a psychiatrist to get that poor bugger out of that mess. Because they've got too deep in. So, I always tell people, "You can have your down days, and that's okay."

When I thought I had cancer for the second time, I was on a teetertotter. One day I would say, "This isn't fair. My parents lived to their eighties." And the next day I'd say, "To hell with this!" And I'd enjoy myself. So it was like that for a week I'd say. And that was okay.

And of course I've faced the thought of death many times in the 20 years. And the last time I really was faced with it, I was kind of pleased with myself. Instead of thinking of myself, I thought, well Jesus, you know, my kids are going to feel dreadful! I didn't want them to feel so bad. I've told them, "For goodness sake, don't mourn." Well, that's impossible. My daughter-in-law said to me, "Now, Mom, that's impossible." Yeah, they would feel bad. But in the meantime...

Like when my father died, three weeks before he died there was a family reunion, and he enjoyed himself to the end. And he bought a TV that he never got to see. Because by the time it was delivered, he was dead. That's living, eh?

I know some people when they get an illness, they just stop living. They don't do anything. My brother's wife, when she got a stroke, my brother changed a lot. He used to be like a kid. He was just like having one of your children around, in spite of the fact that he's the one that's five years older than me. He was just full of beans and always joking. And suddenly, God love us, it almost seemed a sin if you were enjoying yourself! I missed the fun brother. I think he was looking through life with rose-coloured glasses. When they get... you better not break those glasses. That's the way they want to look at the world. And they say, if I don't talk about it, it will go away. You know and I know it doesn't go away. But that's their way of dealing with it. You can't do anything about that. It depressed me terribly to go visit him and see him doing this, but that's his way of doing it. And it's his right to do it his way. No matter what I think...

I: It sounds like you've always been a positive thinker. It sounds like for you it isn't a chore to be positive.

D: No... I only met one man in all my years of doing this sort of thing
who had never had a problem in his life. He never had an illness in his life, and took it right on the chin.

Most people who take it well have had obstacles that they surmounted. Like the theologian, J., at the Cancer Control Agency. J. has a video he shows. And there's a lady who's just sitting on the side of the bed, and she's just found out that she has cancer. She's devastated. And somebody comes in and says to her, "Have you ever had a terrible thing happen to you in your life before?" She said, "Yes, when I was 10 I was coming home from school, and somebody came out of the house and told me my mother was dead." And he said, "But you survived." Then she got the courage to say, "I've survived once, I can survive again."

This nun I was telling you about... What made me start to talk at the meetings, I'd gone to five, and hadn't opened my mouth. And this meeting they were short-staffed, there was just a social worker. C.J. used to come to the meetings at that time... This particular night there was just N. And this lady from the interior got on a yap about her non-cholesterol eggs, and her organic vegetables, and on and on and on... And I didn't know that [this other woman] was a nun, because she was dressed in ordinary clothes. But her face told me volumes. And I thought, that poor woman needs to talk, and she's never going to get a chance with this dame here. So I turned around to this lady and said, "And you got cancer anyway." And she shut up like a clam. And the nun got a chance to talk... That worried me so much that I'd done that to that woman so at coffee break, I made a special point to talk to her. And it had gone over the top of her head and hadn't bothered her a bit. But it still worried me, and I went to N. and I said, "Look, if I ever say anything that you think has hurt somebody, for God's sake, tell me to shut up! I don't mind being told to shut up, but what worries me most is that I'll say something and hurt somebody's feelings."

So anyway, the nun had had a radical mastectomy, and she'd been in Africa five years teaching, and she had assumed her cancer was gone. And she comes back to Canada and she goes for a physical, and they tell her that the cancer has diffused through both lungs, and nothing can be done. Well, she was absolutely devastated, because she figured she only had a few months to live. Well, she took chemotherapy, and one time she joined the CanSurmount group and C.J. got her visiting patients, because she said, "I've always been a teacher." And she wanted to do something. So he got her visiting patients...

Now, she found this man who was an atheist, and yet he was doing very well, and she couldn't understand that. She spoke to C.J. about him, and he said, "Well, he's got a philosophy of life that keeps him strong, and that's that." See?

Anyway, she was at the CanSurmount meeting one time and we had a
young man and a young girl who were both leg amputees. The girl won a trip for her skiing to Europe, and both of them won honours at the Expo for amputees... Anyway, this young fellow, his leg was amputated so high up I wondered how he could bloody well sit down. But he played water polo, and he skied. Anyway, he was sitting beside the nun, and she said that she didn't think that she wanted to take anymore of this chemo. She had been so nauseated and throwing up, and enough is enough. And he said, not knowing she was a nun, and I was just sitting there cringing because he turned to her and said, "Have you tried brownies?" And another woman said, "Oh, how about yoga?" Well, Sister G. said, "I think that marijuana is an assault on the body." And the young fellow said, "I think that chemotherapy is an assault on the body!" Then B.W., who's the nurse clinician there suggested, "You know, there are several drugs to prevent nausea. Maybe the one you've got's not the one for you. We'll try another one." So she took her chemo...

Now, years have gone by and she's on a new set of chemo, and the Treasurer of CanSurmount and I both went to see her. And she turns to me and she said, "You know, I've just lost two members of my family with cancer, and I'm wondering whether I should go ahead with this or not. What would you do?" I said, "I can't tell you what to do. But for me, it's like swimming across the lake. The first time you start you don't know whether you can make it to the other side. But it's fun to try." So, by God, she kept up! Finally her cancer went to her brain and she died, but, she was a very big strong help at CanSurmount...

Now, this other lady, she is absolutely marvellous. She is probably the one that I think that is the best I have ever run into as far as courage goes. She had an aneurism and lost her memory for a couple of years. She had three daughters that she had to bring up alone because her husband starting molesting them—mistreating them. And after she got away from him she had to keep moving because he kept threatening the children. She had it really tough. But she surmounted that. And when she found out that she had cancer, and she had been complaining for some time about her symptoms and got the "there's nothing there" and that kind of stuff. She is home right now, but she spends quite a bit of time in the palliative care at the Cancer Control Agency. And she's known for quite some time that she's terminal. But she's an absolute joy to visit, because never a bitch, never...

I: Does that keep you going now, doing that kind of work, with CanSurmount, and knowing that you can really be of help to people?

D: Yeah, I think that is one of my biggest joys in life is going to the Living with Cancer meeting. And jollying everybody up! I really get a kick out of doing that. I guess I'm a ham anyway!... Any more questions?

I: Yes, another question comes to mind. If you're looking back at your
life now, would you say that there were lessons you learned in life? Or if you were talking about your life to someone, is there something you could say was the most important thing that you'd learned?

D: Yeah, I think I've learned more from failures than I ever learned from winning... Once you find that you can surmount that failure, you gain a little confidence in yourself.

I think most teenagers--when I was a teenager I felt that I wasn't very good at anything. I taught myself to swim, and that gave me a confidence. I thought that was pretty good. I could do one thing well. But my youngest sister seemed more vivacious, and when it came to my brother wanting to teach us to dance, I was just like a frigging log! Just like trying to move a battleship!! And she was just as relaxed as anything. Well, I eventually learned to dance and did very well. Used to go to the country dances and have a real bang-up time.

But although my sister was three years younger, she seemed to me more confident. And do you know, she got married when she was only 20, and I was in training, and I got a letter from her and I knew things were not so good. It was with herself.

You see, when she was a pre-schooler, two of my brothers died. One died when he was six, and the other died when he was sixteen. With the six year old, it was before they gave innoculations for diptheria. And I didn't find out until my father visited me and I asked him what the symptoms were. Because I thought I had killed my brother. I was three years old, my mother was kept in the hospital for three months because she was so ill before Lill was born. And they didn't think Lill would live. So I was sent to live with my father's older sister. And they had five daughters. Well, they just thought I was the cutest damn thing that ever was. I was just three. And they would take me when they went out with their boyfriends. They'd pick me out of bed with my nightdress and take me and all. Now this I don't remember, of course, but I was told this. So, my oldest brother had wanted a baby sister for a long time, and he would come home from work and say to mother, "Where's D.?" And mother would say she was still at Uncle Herb's. And he gave her enough trouble... Because Uncle Herb and Aunt Lill said, "Oh! you've got all those boys. You don't need her." But I was at that time the first daughter, and mother always told me that she had five boys, always wanting to have a girl. And then she told my sister that she got her to keep me company. But that's a lot of bullshit! You don't have seven kids... I was grown up before I realized that was a lie.

Anyway, when I came home, I was sitting out in the garden, and my brother Ralph and I were very good pals. But we had wooden mallets, and we were driving spikes into the ground. And he took my turn, so I just let him have it over the head, and split his head open! And my dad took me into the house, and he perhaps should have realized that he couldn't
suddenly get me back in line. But I wouldn't say I was sorry. So he took a piece of kindling and whacked me good. Another time I remember refusing to eat my dinner and I got a damn good licking. Now I deserved both of those lickings, and it's straightened me out, so that's fine.

But... what was the question?... I came home from school in grade one, and I had lost a fight. This girl had grabbed me by the hair and it was coming out in handfuls, and my head was, I guess, extra tender. Anyway, I came home crying. And they said, "You lost a fight, didn't you? That's the last fight you're going to lose!" And it was!

I: That's when they taught you how to box.

D: Yeah. My oldest brother was now in Providence, Rhode Island. But when he would come home to visit... My sister and I were so much younger than him. He was five before there was any other children. So, we thought of him almost like God. Because he would lean back in his chair and start bragging, and we believed every damn word that he said!...

He brought home these six ounce boxing gloves for my brother Art, who, at 18, weighed 195. My brother, Herb was scrawny. The one that's over in Parksville. Now, when Herb would box with you, he'd let you get a whack in. Art--you hit him, and you did it. He told me that a good soldier never flinches. But he didn't tell me... I was so stupid. If I had been really smart I'd noticed that he shadow-boxed. I set there with my chin right there ready for him to hit all the time. And I never would complain, no matter how much it hurt. One time he grabbed me from behind--he never knew his own strength, and he was seven years older--he grabbed me from behind and he squeezed me this way. "Say uncle! Say uncle!" I was a stubborn little bugger. I wouldn't say uncle. And by the time I wanted to say uncle I didn't have any wind to say it. And when he let me down, I was black in the face. Scared him. But he did it once more before he quit...

And he was so capable. God he was capable. He could do anything. And he was always in all these plays and everything. And in this one play he was supposed to be shot, and drop dead. So he'd been practising this, and he was explaining to me how you did it. He said, "Now look. You stand over there, and I'll catch you. And the trick is--I won't catch you until you're almost to the ground. But if you stiffen up, you won't get hurt." I believed him! And he let me fall. He didn't do it on purpose.

But this same brother, he had a little trick he used to show my sister and I. You take three chairs. You sit on the one in the middle. You put your head just like that. You put your neck on one chair, and your heels on the other. And then you stiffen up and you take the middle chair out and then put it underneath again. Well, by this time
he has a girlfriend. And my mother had hooked rugs on the floor in the kitchen. And he was going to show her this. Well, my god, he got the chair caught in the rug, and do you think my sister and I would help him? To hell with that! We ran off!! [...]

I've lost it now... Oh I know, I said failures had done that. Each time, I'd said that I'd felt very, very insecure, and it took a long time for me to think that I could do things. I think when I got married and I found that my husband, no matter what kind of an ass I'd make of myself, he always stood behind me, and that gave me a great deal of confidence.

And now, at this ripe old age, I don't care whether anybody likes me or not! You see, it doesn't matter. It's beautiful to get old in that respect, because as a young girl I used to worry about what people thought. And in a small town like Springhill, everybody knows your business. [...]

Now, I don't know still if I've answered your question... Now when I was in school it wasn't popular in my day to study. The girls didn't study. So I would purposely leave my books in school and I remember this history teacher... I was the third seat down, and I looked in the book like that, and the first date I had it. And she comes down and asks the question, what year did such and such happen. And she damn near shit herself, because I knew it! But that's all I knew of the whole damn thing was that! But I would bone up before exams, and I could always slip through and do very well, so I guess I got the idea in my head that I could always do this. This is what I mean by failure. There is nothing wrong with failure. You should learn that you can't always do things. Anyway, when I got away from home and found that if I didn't bloody well bone up I wasn't going to get anywhere...

We got married in Montreal, and the three children were born there, and we had a business. I guess I wasn't aware that the other partner's wife was buying fur coats and what have you. We were putting everything back into the business, and that wasn't what they were doing. And he absconded with funds and we won our court cases but we couldn't collect. And so Noreen was just a baby when we moved out here. And we stopped off at Stew's mother for Christmas, and she thought that he'd never be able to find anything in Vancouver. She wanted him in Calgary...

[Story about her husband's difficulty finding work right away, and her return to work in nursing.]

The fact that the doctors had so much confidence in me, that gave me some confidence in myself. And you kind of feel that there isn't much that you can't do as long as you keep trying...

You know, you don't know all about yourself, really. People say,
"I don't understand my husband." Shit, you don't understand yourself! How the hell can you understand anybody else? I've done things and wondered why in the world would I have done that. Haven't you? Yeah. Life is like that.

I: There's always something to learn about yourself.

D: Look, I didn't ask you would you like a cocktail, or a glass of wine, or what would you like? We make our own wine, and it's pretty darn good! Now, do you like dry wine? Well this is dry. Because it's pear, from our own pear tree...

I: Boy, do you have a lot of hobbies!

D: Oh, have we ever! Have we ever!! Do you think we're through talking on this? Hey, Stew! [Calls in husband. We all sit down for an evening drink and snack, and talk about wine-making and rock-collecting for another three hours.]
I: So why don't I tell you again about this study. It's some research I'm doing out at U.B.C. to finish my master's degree in counselling psychology. What I'm doing is going around talking to people like you and D. [a friend with cancer; also a participant of this study] and others who have really done well. So I'd like you to tell me the story of how you recovered from cancer, and how it changed your life.

E: Well, I can say with D. that her personality and mine are a lot alike. And she had been very involved with CanSurmount. She'll go by bus; she'll talk to them on the phone. If they want to see her, she'll go by bus to get out there. She's thinking of other people instead of herself. She's been going through treatment and it's raised hell with her! But she's thinking of somebody else besides herself.

Now I finished my treatment in January. Nick had open-heart surgery the third of April. Now he was in the hospital for two weeks before they operated on him. So it was--bang! bang!--sort of thing. I had to think of him...

When you see some of the others who are just worrying about their own sickness, their own self, that just sit there... Well, you read these books... Getting well again is one of them. Go in a room and just say to yourself, "The cancer is going. The cancer is going." You're still thinking of cancer... I don't think that's the right approach for a lot of people.

I: Well, for you, your husband was real sick. So you were thinking about his health. And when he came back home from the hospital, you were helping him out, getting his strength back...

E: We had a homemaker, yes, but she could only do so much. Now he had babied me and everything else, and to tell you the truth, I was quite happy when he went into the hospital! I had time to myself! Now, I didn't take it lightly that he was having open-heart surgery, because I was over there everyday. And he was squawking about me travelling on the buses to visit him in the hospital. I didn't have to go. But he was my husband, and he was going through hell, so why shouldn't I go? So I forgot about having cancer, or anything else...

And if you can laugh at yourself... Now, one of our friends, they drove me over to the hospital, and we were in a car accident. Now I didn't have a hair on my body at all. Eyelashes, eyebrows, arms, legs, everything. From the treatment. So I had a wig on. But, well, a kid run in front. He and his wife were in the front seat, and I was in the back. This kid run across the street right in front of them. So of
course he had to slam on his brakes. The girl behind him couldn't stop. She ploughed into the back of him. So he got out to go back and talk to her. And he came back to the car. And you know how people gather when anything happens. He got out and came back again and says, "Where's my glasses?" He's feeling around on the floor for his glasses. He lost his glasses, so where's mine? And no hair! They're in the back of the car. There's my glasses and my wig! So I put my glasses on, I put my wig on, and I stepped out of the car. And everybody disappeared, seeing me bald-headed in the car! I guess nobody knew what to say, or what to do, so they left! Well, I just roared!! To me it was funny to see... They all left in a hurry! Poor old Chrissy and Glee, they felt horrible about it. People seeing me out in public. They'd never seen me without it before. At home I run around without a wig on.

And D. has been the same way, with so many times losing her hair. She's only got a little bit left now, with her treatment. And she always wore a wig when I first knew her. When she fell and broke her hip bone, when she got shingles, and she was holding her arm so careful so it wouldn't hurt coming down the stairs, and she tripped and broke her hip. Well, they took her to the hospital in an ambulance. Stew phoned right away to say that D. was in the hospital, that she'd broke her hip. He didn't think to put her wig on. She went to the hospital without any hair. So of course we saw her without any hair. So she said, "To hell with it! Why should I wear a wig? They all know what I'm like." And of course we saw that she was white-haired, grey-haired instead of blondy-coloured. She'd kept her hair tinted! So she just makes fun of it. And this time she's never even bothered wearing a wig...

I: Why don't you tell me a little bit about what happened with you in the beginning, and then we can follow that through to get a better idea of what changed in your life since the cancer.

E: I went in for a gallbladder operation. October '81. The doctor who did the operation... I came to, I felt miserable, of course, after an operation. Nick would come up and see me. And the kids. Nobody said boo. Poor old Nick had to keep it in. Put on a cheery face and come up and see me. Because the doctor told him on Friday that he was quite positive it was cancer. And he couldn't say anything, because he told the doctor he'd prefer the doctor telling me instead of him. So the surgeon didn't say anything. It was the family doctor that come in on Monday morning and he says, "I hear you've had a rough time of it. You've got cancer. It's a fast growing one, and you've got three to six months to live." And he turned around and tore out. Didn't walk out, he tore out!

I: Took off as fast as he could so he didn't have to answer any questions?... What went through your mind then? You were just telling me that your mother, grandmother, first husband all died of cancer...
E: And since I've had cancer, there's two of my brothers gone with it... When he said three to six months, I figured, well, I better get my life in order. There were things I felt I had to get done. What kind of funeral... So, when [my husband] came up on the Monday night, I asked him to go over and sign me up with the First Memorial. The next day D. had come to see me. [My husband], he come up later, at night time. He brought the papers for me to sign. I told him to get the hell out, I wasn't dead yet!

So, it was overnight, I'd had a big change in my life. She'd told me, "Quit lying around feeling sorry for yourself and get on with it!" If she could do it why couldn't I? Because I know in the olden days cancer meant death. Now it doesn't. But unless you have seen other people that have got better, you believe the old story that cancer is death. And more older people are getting cancer today, because they're living longer, and it's the older people that have still got that notion, that it's death. The younger kids are learning day by day, that cancer can be cured.

And my own granddaughter, she was sixteen at the time, she said to her mom, "If grandma is in pain, tell her to get some marijuana and smoke it." Now that was a sixteen year old! My daughter-in-law came up and told me. And at that time it was the old cancer clinic. I told my doctor what my granddaughter had said and he said, "If you want marijuana, just go down to the ladies' restrooms." Women were going in there and smoking. You could smell it!

I: So that was before they were actually prescribing it.

E: Right. They couldn't tell me to go and do this, but they told me where I could find it. That was the old old clinic. This one now, they prescribe it to people...

This is the difference between then, and now. There's more programmes going on with cancer. There's more treatments coming up. The doctors who come up with the experimental treatment that I went on, they asked if I would go on it. There was no hope otherwise. "So, would you like to try it?" "Sure, why not?" If there's a chance it would help. So I went on it. And it worked. They got a medal for it. Four and a half years later, in the paper, we saw this little slip where they had been given medals, these two doctors, and they were both my doctors, C. and W. They come up with this new treatment for lymphoma, and it was working.

I: So that was the one that they used for you. It was in your lymph system then? And it started in your gallbladder?

E: Well, they don't know where it started, because it was intensive throughout. Gallbladder, liver, spleen, pancreas, lymph nodes and bone
marrow. So, really, anybody else with pancreatic cancer, bone cancer, the different places, would have been on it. But this treatment worked. And it came out four and a half years later. So we cut it out and we took it to Dr. C.'s when we went back for my checkup. And he says, "Oh hell, don't worry about that! That's the one that you were on." But it did work...

Nick brought home a piece the other day. Some of the doctors have come up with the genes in the cancer cells. They've found out what is causing it to change. And they figure they've got the cure for cancer. If this works. We won't know for four or five years. But if it works, it's going to be dandy. If they've found what's causing it, then they can treat the cause...

I: Has your life changed much since then?

E: Yes!

I: What would you have been doing before?

E: Oh, ordinary things. If something struck my fancy I did it. Now we had the trailer beforehand. But now we never stay home anymore.

I've taken up doing crafts. That started when I was going over there [for treatment] and I had to sit in the lounge for four hours. One of the weeks was a four hour drip. And I had to sit there and wait until it dripped through. Somebody was in there making a pair of skates. Crochetting skates. And using paper clips for the blades. I should do that! As a rule, I never stuck to anything before. I'm a Gemini. When I found out how to work it, that was it! I'd lose interest and go on to something else. Always do something different. So, while I was sitting in there making these skates, I'd hand them to the nurses as I finished. Crochet a little booty, just about so big. It was red, the main part, and you put white on it, and long ribbon, and you'd tie a bow there, and that was a little ornament that you wore at Christmas time. Skates! Since that first time, when everybody got them, just about, in the hospital, all the nurses and that. And when my doctor came to me when I was doing them, and said, "Look it! All my nurses are wearing skates. They say you do them. Where's mine?" So I made him a pair. I realize then that people liked it. So since then, every Christmas, through the summer I make other things and I give them to all the patients who are sitting in the waiting room, the social work department, pharmacy, everybody gets something. And I always have a saying to go with it. Like one year I made magnets, fridge magnets. Rainbows. And when I went into the waiting room I said to them, "I was in your shoes about seven years ago. But behind every storm there is a rainbow, and here's one for you to get better with." So these sort of little things help them all. I was the same. I'd sit in there, glum, worrying about your treatment coming. What's it going to be like this
time? Am I going to be sick? And before I left that room, they were all talking to each other and smiling. Because I had been there before them.

I: Would it have been different for you if D. hadn't been there?

E: Yes.

I: But there must have been something inside you that had that hope or belief that it could be different for you than it was for your mom...

E: Yes, well, in those days there wasn't too much hope for anybody that had it. But seeing D., a living walking person for 15 years or so that she'd had it, and she'd gotten better. Then why can't I?

And a good example... As I said, I lost two brothers after I got it. One fought. He was down in California. But they didn't give him the same treatment as I had. The one in Vancouver, he had prostate cancer. Which was, at that time, a 95 percent cure. He took to his bed, and he says, "Our mother died of cancer. Our grandmother died of cancer. I'm going to die of cancer." And I says, "Jack, you don't have to. Look at me!" But I couldn't get through to him. He curled up and three months later he was dead...

I: So what would have been the difference between him believing he was going to die, and you not believing that?

E: Well, I wouldn't say it's not believing altogether. Because it's still in the back of your mind. When I get an ache or a pain now, some place where I shouldn't have it--it is something that is always in your mind once you've had it. You can push it back and not worry about it. And I've been willing to talk about it, not hide it. Which a lot of people do. And especially foreign people.

Now there is a lady, she's retired now, she worked at the cancer clinic, and she came over and spoke to us quite a few times on different nationalities and different ways you have to treat them. The East Indians, you go to the son's wife, for anything that they have to know, because the daughter-in-law is always the one who looks after her mother-in-law. The Chinese, with their yin and their yang, don't want to give blood. So at that time the cancer clinic used to give them a little glass of cranberry juice. This was to replace the blood that they had to take out of them. And it worked. So, learning all the different things that will help people makes the biggest difference in the world. To try and make them realize that it isn't fatal.

Sure, I'll most likely die with cancer, but I'm damn sure it's going to be a lot later on down the road... But since then I've taken
to crafts. To hell with the housework! I'll get it done...

I: ...but it's not the most important thing to be doing with your day!

E: Right! When my kids were growing up you could eat off my floors. When my great-grandchild comes, his knees may be dirty from crawling around on the floor, but I'm not worried. If it don't get done, it don't get done. And I do my crafts instead.

My husband's going to retire so we can travel. We look ahead... He's retiring in October, but he turns in his pencils at the end of March, because he has sick leave and holiday coming. And we want to go on a caravan to the International, which we're going to do, to Notre Dame, South Bend, Indiana. We're going to be gone all of June and maybe all of July. Since he's been sick and I've been sick, if there's a rally on, we go. He takes a Friday off. So it gives us a long weekend. And since both of us have been sick, this is what we have been doing.

I: Do you do more together now than you used to?

E: Well, we never went to rallies or that. Just go on holidays. We've been in the club for 13 years. But now we both take off in the club. We're more involved in pleasure than in getting ahead. The almighty dollar don't mean that much to either of us. And through the club I've talked to an awful lot of people that have had cancer. They all know that I've had it. I've never tried to hide it or anything else. So anybody in the club that's come down with cancer, they come over and ask, "How did you do it?" If I can talk to them, all well and good.

I: Were you like that before? That kind of helping person before?

E: Well, not so much. My family meant a lot to me. My house meant a lot to me. And sure, I liked to get involved in things. Before I moved into town after Hansel died, I was in Women's Auxiliary there. And I had Cubs. I was Cub Mistress. And that sort of thing. But it was all to do with the family. Now it's for our own fun.

I: It's almost as if your family's become a lot larger now. Your family's almost everyone that you get in contact with who you can help...

E: I have the two boys. I had them from my first marriage. They're both married. They've both got kids. My granddaughter is getting married in March. The oldest granddaughter. She has a three year old son. When she found out she was pregnant she phoned me. "Grandma, how do I tell my mom and dad?" I says, "The exact same way as you told me. Be honest about it." So my son said she could either marry the guy, give it up for adoption, or have an abortion. She says, "I'm having none of it. I'm keeping it. Grandma said I could."
So, it was family which my life had revolved about before the cancer. Now we spread our wings and do what we want to do. We both like travelling. We've got that tin can [mobile home] out there. We're involved with more people.

Sure, we keep in touch with the kids. Like for the granddaughter, I made her wedding cake. And, the younger son, he was divorced, and he got married again last July. They came over here, the two of them, I guess about March or April. "We've finally picked a month we're going to get married." "When's that?" "July." I says, "Sorry, kids. We're going to be down at Beausman, then!" I felt sorry for the new daughter-in-law because she just didn't know how to take me or anything else. So she says, "When would you be back?" And I says, "The soonest we can be back is the twenty-second of July." It was a Saturday. So, a couple of days later they came back over. And she says, "Do you really think you could be back for the twenty-second of July?" I says, "Yup! Why?" She says, "We'll get married that day if it's not too much trouble for you, otherwise we'll put it off to the following weekend." We come back around the Thursday, so we'd be back before their wedding.

I: Would you have done that before? Would you have said, "These are my plans. This is what is important to me"?

E: No, no! I'd have given up the holiday for the kids. But not anymore. They've got their life. They've got their friends. They don't worry what I'm doing. The younger son and Deborah, they pop in all the time. Because I told them straight out that I was doing what I wanted to do. So if they want anything with us, they let us know ahead of time. Like New Year's day, they come over here ahead of it. And they had Christmas with us. And she says, "Oh, I'm figuring on making New Year's brunch. Do you think you could come?" I says, "We're going out for supper with my cousin. Every year he's had Chinese. Taken all the family out for Chinese dinner. And they were invited, too. So I says, "Why go to the fuss in the morning, when we have this big do at nighttime?" I called that one off for her!...

But I have been more involved with crafts and doing things now that I never did before. I knit, and I crocheted before, but it was more for the grandchildren or things like that. Now, I do what I like to do, and all these new things that I come up with. That's going to be a tulip. This goes for candles. That's a tulip...

So I've got my crafts, as you can see I've got three or four things on the go. I've got a jigsaw puzzle up here. And at Christmas time... I found out how to do this at Beausman last year. Hyacinths. Do you know what is? It's rings from pop cans. And this is coathanger wire. And we're stopping pollution by using them all up. So, we hosted the Christmas party for the club. And we put them out as decorations on the tables. Red, white, red, white... And when they left they could all take one... Nick works for the district of North Vancouver. And I've
got to know a lot of the people over there. I asked one of the ladies how many women employees did they have. So, she came back and says, "There's 79 women." After Nick come home, I says, "I'm not giving to one without the other." So I sat here and he made me all the stems, and he made the leaves out of corn husks. So I got busy and made this great big box of things. Nick's boss gave him time off to come over and pick me up and go up to the hall before four o'clock. And all the women got one! A lot of them still had their skates on, wearing them, when we went up this year...

So it makes you feel good, doing something for somebody else. And this I think is the main thing as far as people are concerned. Get your mind off yourself and your cancer! It's hard to do when you first start. I will be the first to admit it. Because everyday you're feeling sick, and you don't have much energy or anything. I had to keep my hands busy. Because my fingers all peeled. My nails went to pot and everything. I couldn't hold my coffee cup except with two hands. Nick had to cut up my food or mash it down, and I ate it that way, because of the palms of my hands. And those sort of things, as far as I'm concerned, are a challenge. I could talk on the phone. I took a pencil and dialed. And just sit there and talk. It was a challenge to figure out how I could do these things and be independent. And I think that goes for a lot of cancer patients. If they're not thinking of themselves, they're a lot better off.

I: Did your ideas change on, know you, why people have such hardships, or why there is that kind of suffering?

E: Yes. The first question is, "Why me?" But then, as far as I was concerned it had run through the family and...

I: And so why not you!

E: Carl and Deb were talking one day, and they says, Carl says, "You know what I'm going to die from? Cancer." I says, "How in the hell do you know?" I says, "I'm not dying from it. I'm living. So get those silly notions out of your head. You're just asking for trouble." But that is the first question you ask: "Why me?" Even though you know it's in the family.

I: What do you do with that? Do you then just sort of put that behind you? How do you live with that day to day?

E: It is hard to live with, day to day. And if anyone is hovering over you, it makes it that much worse. Like when I told you when Stew told D. she was stupid, that's the day she felt she was living again. But it proves that you want to be yourself. And have people treat you the same way as before. You're not dead. You're living! You got to live your life. You got to enjoy your life. Happiness is more important than
anything else, than having money...

Now we're going to move over to a mobile home park when he retires. And we're waiting for the self-owned property and that. We went over and visited this one mobile home. Husband and wife are there. First time we'd ever met them. Old friends of ours had told us about the place. They said, "I think she's had cancer. But I'm not sure." So, we're sitting there, talking, go out and tour the place, and I says, "Oh, by the way, did you have cancer?"

I: Just like that! Just out of the blue!

E: Why not?! Well, I said, "Frank told us that he thought you had, but he wasn't sure." She says, "I don't go broadcasting it, because a lot of my friends... I've lost a lot of friends because they figure they're going to catch it from me." So, I asked her where it was. She said her lungs. She had three-quarters of her lungs removed. She's out golfing and doing the things that she wants to do now. They want a smaller place, so she can get out and do more. She's not house proud anymore. And this is why I figure, mobile home. Both of us want it in a park, so that when we go away there's always somebody to keep an eye on the place. Don't have to depend on the kids...

Now, I would say, the main lesson you learn, when you have been through your treatment, and it goes further and further and further along, you learn that life is important. Not money, not homes. You are yourself, instead of trying to keep up with the Jones'. And I think that's the best lesson that anybody learns out of it... Cancer taught me how to be more alive...

Carl was going in for an apprenticeship with B.C. Tel. Their rent was going up. Ours was going up. Nick has an office job. Well, he's a parts man, garage parts man. His wages were not that big. But every twenty-fourth of May, we'd go up to Whonnock Lake, rent a tent trailer, and Carl would drag that up. He was with his first wife. They started out with just the one kid, and Linda had two, and she was expecting her third. They slept in the tent trailer. I took the babies in the camper. The girls decided there was no way they could go because they had tiny babies. And there wasn't huggies and those things.

I: You washed your own!

E: So I said to them, "Think nothing of it! Come on up and enjoy yourselves." I started out with a big bucket. Put the diapers in to soak. After breakfast, washed them up, put them up on the line. So they were able to come every year...

Talk about sharing a large house together with her son and his family to save on rent; renting out the basement suite to students to
bring in some extra income.] But we've had a ball with this student... These are the sort of things that have changed now...

I: You just wouldn't have done that before? [rented out part of the house to students]

E: No!

I: Is that because you would have wanted more of your own, more of a private space?

E: Right... Once you get over the shock of the cancer, and your treatment, the you live every day for what you want to do...

Now, every Thursday night at seven o'clock in the cancer clinic, there's "Living with Cancer". And you come in and hear a lot of the people, and their tales and that. We've got to know quite a few of them, because we're always going every week...

I guess that would be the best lesson, that you give of yourself more, and not try to take for yourself.

I: Is it different now for you than it was for you before? Because before you were still giving of yourself in terms of taking care of your family and your husband...

E: Yeah, it was more family. And now it's the world. This is the difference that I've seen with a lot of them. Like D. is fighting cancer again, but she is still giving to others with cancer. She is very, very involved. She gets so mad at the [Cancer] Society for breaking up the thing! But how I got started in with that is I found a pamphlet for CanSurmount in the old cancer clinic. And it had [this name] if you wanted to get in touch with them. "M. F." My [last] name used to be F. So seeing this M. F. in there... I got Nick to phone her. We've had a lot in common since...

Now with the cancer patient, once they get over the shock and the main lot of their treatment, then there's a big world out here! Let's look...

I: Would you say you have more goals in life now, or are there certain things that you want to do more now?

E: Yeah, when my boys' father died, all I was thinking of was my boys. I went to work, and everything worked out fine. I had a couple of operations before that they thought were cancer, but it turned out to be benign cysts. All I asked when I had my first big operation was that I could live to see my kids grown up. They're grown up! They're married! Now to see the great-grandchildren grow! But I don't plan my life
around that. That's their problem.

And Nick has changed the same way since his open-heart surgery. We're willing to go out instead of just the two of us walking down the road hand in hand, and doing things just with our family and relations. Now he's spread out. He loves the trailer. We had the truck and camper before, but we didn't go that far. We got that for when we went visiting his family. Most of them are in Edmonton. We'd have a place to sleep, so we didn't have to go into their place. So it was still visiting family. It was still all family.

Now there's a bigger world out there. Like D., she's done more travelling, her and Stew this last while, than what they'd done before. They're going away in February for six weeks. Bus tour. She's been to California to see her son so many times! She goes up to Shuswap to the daughter up there. They're always doing something. They're never home. And this is what ours is going to turn out to be when Nick retires. Because we got to think of enjoying the rest of our lives!

I: Would you say that you and Nick have gotten any closer?

E: Ah, yes... He was hovering over me like what Stew did to D. But then he had the heart attack. So then I turned and was thinking of him. It just brought us closer together in a lot of ways. Our ideas are the same now. We'll go at the drop of a hat! He's taken early retirement. He's got five years to go before he's 65, but he's quitting at 60...

When we were talking about this one [rally] at Notre Dame—a year ago we were talking—"Ah, well, we won't go to that one." And these friends of ours from the north, from Washington, they're going. "Why don't you come?" So I says to Nick, "Why don't you retire?" That's all it needed! We set the ball in motion. He says, "Do you think we can manage?" I says, "Why not?" So he put his name in to retire.

I: Is that going to be a pretty big change for him? Is his life been pretty much focused on his work?

E: Ah, yes... He is gullible in lots of ways. Easily lead. There's another fellow in the club that had two bypasses. He had four. This fellow said the doctor told him that the bypass surgery only lasts ten years. And then you're a goner! So poor old Nick he's worrying himself silly about it. He's a worry-wart in lots of ways. And he'll be a lot better when he finishes with the job. Because, well he and his boss get along beautiful. But the other foreman in there figures he's a servant in lots of ways. He has to run to them. Well, Nick has an artificial limb. He's had it since he was 19. So this made him a little bit... When I first met Nick he was bitter over this. Because there was no way he could get a high-paying job. He was handicapped. He applied for so many jobs and didn't get any. Well, he went back to school for his
upgrading. He was taking telecommunications. And he went and talked to the principal down at V.V.I. And they told him that he was the top of the class, but they would never be able to place him after because he had an artificial limb. He was half-way through the course. So he came home and was going to take a long walk off a short pier. And I says to him, "You stay there." I went down to the school. I went up one side and down the other with the principal. Why didn't he tell him a year ago? So, I gave Nick a month. We were in a great big house by the General Hospital. And I took students in then, because Nick went back to school. And I had Carl still going to school. So I figured out the price of everything, what it mounted up to. I divided it into three ways. Carl and I were two ways, and Nick paid for his own, because we weren't married then. And I turned in the notice that I wasn't going to have the place anymore, and I told Nick that he had exactly one month to find a job if he wanted to be with me. I wasn't going to have the boarding house anymore. You know, he had a job within a month!

[Talk about husband's struggles and successes in work.]

We've both had sicknesses. We've both had a rough life. Because I'd met him about a year after Hansel died. You see, I'd gone through the cancer deal with him...

I: Do you think those struggles have made you a stronger person, or more understanding?

E: More understanding. A stronger person. I'll stick to my convictions. I'm not belligerent with my thinking. Other people have ideas, too. Now Nick and I, we do have the odd... Well, it's not a set-to, because we have never argued. Yesterday when we were out visiting these people at the trailer park, I started telling a story, and Nick, of course took over. And it was all, "I..I..I.." So he started telling about this kite-flying contest that we had. I said, "Nick, you weren't even there! You stayed back at the trailer. I went!" I have to cut him down to size once in awhile, because I've built him up so much. Now it's all, "I.." But I try to do things in a polite way.

I: Is that different? Would you have not done that before? Would you have just sat there and stewed in your seat?

E: Right! I'd sat there and taken it. And he is the same. You do it in a nice way when you're out in company. But we don't argue at home. And he is very helpful around the house...

[Talk about husband's support during E's stay in the hospital.]

You're more thoughtful, thinking of other people...
I: At the same time as thinking about yourself more, too?

E: Right! We think more of ourselves now. If this hadn't happened to either one of us, we wouldn't even have thought of taking off to North Dakota. Or to Notre Dame. Nick would have just stayed working till his time was up. But, the minute I mentioned "retire". Yup! we can swing it. Okay!!

[Talk about the importance of enjoying their time together, rather than going for the financial security in working longer.]

Oh, some of the younger kids that have had cancer. It's really rough going. Getting into my age and D.'s age, we've lived most of our life. And we've had a good life. And a long life. And of course we hate to say this is it.

I: Oh, you still don't want to go!

E: No! If I went tomorrow, I wouldn't be sorry. I've had a good life. I'm doing now what I want to be doing. Not sitting here waiting for Nick to retire maybe in five more years. We may not be here in five years! Either one of us. So we might as well do what want. We've made our wills out. We told the kids, "When we go, you'll have the house or something like that, but I'm going to spend my money as long as I can. And do what we want to do."

No, I would say if you talk to anybody with cancer, after they have got over the treatment, as each day passes... I'd like to see you come to Living with Cancer. And just listen to the stories. A lot of people, when they first come in, they're down in the dumps, which is only natural. They've just found out they have cancer. They've got to have treatment. After they've been there, coming regular for a little while, they're laughing and joking the same as what we are. Now there's a fellow in there, Don, and his wife. He's going in for a bone marrow transplant... Sure it's bothering him, but he can joke and fool around and everything else. They've got a six year old son. They've taken the son up, to show him where daddy's going to be in the hospital. They know Don's going to lose his hair with the treatment he's going to be getting. So, they're having a hair-cutting party. The son's going to cut daddy's hair! These are the sort of things that they are doing now, before it even comes...

I: Have your thoughts changed on anything you might call spirit or God or...?

E: I believe there is a Supreme Being, and He is the only one that knows when you're going to die. We're not church people, but there is a belief there. And he must have more work for me, or I would have been gone.
I: Has that belief gotten stronger through your illness?

E: Yes. There is some purpose to still being here.

Now, I know when we had to move out of Woodfibre after Hansel died, there was a couple, he had retired from Woodfibre, and I went to visit them all the time. Now, he had lost a leg, and was losing the other one. And he kept saying, "I don't know why I'm still here." I says, "Well, I know why. You're my rock." Which was true. I could go over there anytime I wanted, if I was feeling sad or wondering why things were happening the way they were, and just talk to him, and he would listen. So, there's always a reason.

I: Even if you don't know it... Do you think you know the reason now?

E: Yes, to help other people. How long He's wanting me to do it, I don't know. But I'm going to help others as long as I'm living. And Nick is the same. He'll talk to the families. Cause he knows what they're going through. So I can take him with me when I go visiting anybody. Or he can come with me. He drives. And we both see them...

[Talk about their teamwork in visiting cancer patients and their families...]

[Talk again about the crafts that they're both now doing together, and trading craft ideas with friends.]

These are the things I would have thought were a waste of time before... Most likely, before, I would have been out coffeeing with the neighbours, which is a waste of time...

I: ...and scrubbing your floors!

E: Right on! You know, I came home after my operation, when they let me home for the first time. I got down on my hands and knees and scrubbed the kitchen floor. Because to me it wasn't clean. It took me the whole bloody day to do it. By the end of the day I was beat! I wouldn't have cared if I'd died or not! These are the sort of silly things that I would have been doing ordinarily. I'd done it before, down on my knees. Not a spongemop around the house. Now I've got two different mops! And it's not done perfect. I don't care! And Nick doesn't worry too much about it. Every once in awhile some of his family comes and if I haven't cleaned up enough, he might get busy. He'll get in and help... Housework is not that important... So to heck with it!

[Tape ends here. E. invites me to stay for lunch and continues talking casually about her life over the next hour and a half.]
TRANSCRIPT #1 (Case F)

I: I'd like to invite you to tell me the story of what it has meant to survive terminal cancer and how you've been changed by it.

F: Oh, there's been lots of changes. But I wouldn't necessarily ascribe that to the cancer. The change may have occurred anyway. But that would be up to you to decide. To see what the patterns generally are. So you ask me whatever question you feel like.

I: Okay. I'd like you to tell me the story of how your life has been since you were first diagnosed. You might tell the story as if it was a drama. You know, if there was a play going on, and this was the play of someone's life.

F: Oh, Tennessee Williams! He could do a marvellous story about this, couldn't he? Because he had a marvellous touch of bringing out the dramatic...

I: So the beginning of the story might be when you first found out about having cancer.

F: I was getting some pains which were obviously serious. I thought they were ulcers. They were upper abdominal, burning, bad burning pains. Regular, systematic. I think my first concern was, how long is this going to take? How long will I be off work? I had previously been off work for about seven weeks, ten years earlier. I think that was the main concern, because most of us are hooked into the necessity for working. Whether we need to work, whether we have to work, or whether we're able to work. We're still somehow committed to this prospect that man is sent, women, people are sent on this earth to toil and labour. And you work to a certain goal. You work to achieve the greatest monetary advantage as well as to achieve the highest social or the highest personal advantage. You work for title, not just for money. You give a man a title and he won't ask for a raise! And if you do have a break in these things, you can have a slip backward. All these things concerned me, when you fight hard and work long for these things. This is me, personally.

I: Would it matter what you worked at?

F: I don't think so. I don't believe that many people in life today have ever worked at what they really have wanted to do. I wouldn't say more than five percent. We work at jobs that we find ourselves doing. We look for any job if we can't do the thing that we want to do. I came to Canada as a court reporter. Couldn't get a job. Whatever position I found myself in--as a father with two small children--I did. I didn't
look around and say, "I don't want to be working in an office." I want to work for a living. I want to feed my family. How I do it... I'm willing to sacrifice.

So, I don't think that what you do is too important. You may have yearnings to do something else, but if you are able to do anything well, you're going to do anything well. And if you're not able to do anything well, you're never going to learn to do anything well. I think fundamentally we work to a certain level of our ability. If you have an ability to get ahead, you get ahead in any sphere. I'm absolutely sure of this. So, these were my concerns when he told me I had cancer.

I'm not a stupid man. I knew before this happened... So when he told me I had stomach cancer, the first thing I asked him was, "How are you going to solve it for me?" When I go to a bank, [the loans officer] solves my money problems. I'm now going to a doctor. "You solve my medical problems!"

I have great faith in the medical. I'm a little bit cynical about them now, but I had great faith in them, then. I mean, a doctor, he can stick a knife in you, and you live! But if I stick a knife in you, you die! It's as simple as that.

I never was, at that time, I never was pessimistic about my prospects for survival. And when I came through the operation, which was a very, very difficult operation. It's probably the second most difficult of all surgeries. Strangely enough, not heart transplant. Lung removal. But gastrectomy is extremely difficult as well. I didn't have any doubts about my ability to survive. Because right up to that time I was playing soccer regularly in a league, practising in the evenings, doing all sorts of neat things. Hiking, walking.

I: What else was happening at that time?

F: I'm glad you asked. I was having a real bad time at work. I kind of got into... I think the A and the B personalities may come in here. I got right between a power struggle between fractions in the operations where I worked, tugging this way toward people wanting me to side with them, and going this way against other people. Being asked by one to make a report on a project and a feasibility study on a certain idea. Getting right in the heart of a civil war for people who downplayed my ideas because it propagated their opponents. It was a real bad time for me. And I found I tended to take these things to heart far too much.

If you're asking what I think caused this, I can tell you exactly what caused it, the cancer. Three years earlier, in 1976, I had tried to give blood to the Red Cross. I did it every three months. And they wouldn't take it, because the consistency was too low. And they told me then, "You have something wrong with you. Go to your doctor." I went
to the doctor. He said, "I'll take some tests. I'll call you when I get the answer." Well, after six months he hadn't called me, and I felt better. But he sent me to a hematologist, and I didn't hear from him either. And it transpired that the probability is that I had a duodenal ulcer then. Over three years up to the time that these internal problems were happening, they suspected that this turned into cancer. This is very common, by all accounts, and they can show the progression from an untreated ulcer to cancer. The stress was there, and without the stress, the ulcer would probably have not progressed to anything. With the stress, I think probably any lesion would have done it. But it was a tough time in my life. That's the only...

I've never had a family problem, ever. My wife and I just get along fine. She expects normal things from me and I expect normal things from her. And I think normality is what we're looking for. Throughout your life... you're not starry-eyed about anything after a little while, after the first flush of love. But there's much more to a relationship. There has to be. So we don't have that problem, and it's an oasis for me to come home.

But my basic problem... I don't get into stressful situations any longer. I avoid stressful situations. I've come to learn that you can't approach problems head on without somebody being hurt. It can be your head or the ram that you're butting. These stressful situations we usually create ourselves. My wife is non-stressful. She has a marvellous knack, like that dog has. If big Sam, my daughter's dog, goes for him, he just shrugs, puts his shoulder up there. No harm done. And if little Cory goes for him, he just backs off. Whereas most dogs, especially the males, if you do this to them, then they're at each others' throats. That's one thing that I've learned very strongly. Avoid stress. Not because stress in itself is dangerous, but because it's so much easier and it's so much more effective to avoid stress. The stressful person never wins...

And going on with this story, it's really a medical story from then on... The surgery was ten years, two months ago. January 2, 1980. And then in April, 1980... They take a test every weeks. It's a test of blood. It measures your C.E.A., telling them whether you are responding to cancer. Or some disease. Mine was way up. This is a strong indication that you have tremendous cell activity, abnormal cell activity. Which is the essence of cancer. He told me this, and said, "Okay, we're going to do a couple of scans on you." And after a long struggle to get into the cancer hospital, I went along to see Dr. S. at the cancer clinic... The results of these scans were that it had invaded the mouth of the liver. And I asked him, through no sense of bravado--I hate bad news--but my wife was with me, so I asked him, "How long have I got?" And although I only remember his saying, "You have four to six months to live", my notes--and I used to keep little notes each day--I have it that he said, "Unless treated you have four to six
months."

But I always remember asking him what treatments do you have, and he said, "We don't know." Because all chemotherapy is a matter of experimentation. They try and try to find what for you is the strongest that you can tolerate without doing you in. It's a race! It's a wonderful race, if you think of it. Some human involvement is required to make decisions on this. It's an enormous responsibility for these people... The only thing that happened to me is that physically from the feet to the top of my head I slowly get hot-hot-hot-hot-hot! as if I was completely on fire... When he told me that... And it's happened several times since, because several times I have had problems, similar problems. And it only happens at that time in my life... Now I've been physically afraid during war activity, without this happening. Perhaps because you are involved, you are active, you are thinking, you are operating. There is something you can do. You're not just sitting passively and having this presented to you. But that's the only manifestation that I can ever remember...

I: Do you remember what you were thinking at that time?

F: My only thought response here is that I wonder what he can do for me. I wonder what there is that can help me.

Never once that I can recall, I never lost the conviction that I would survive it. The thought of dying didn't cross my mind. And therefore it's hard for me to tell you this, because I can't rationalize my thoughts... I think people might say, "I thought I was going to die" because people die of this, inevitably, or there's no cure for it. But I had no logical reason for thinking the way I did. And at other times that my life has been in danger, I never looked for logic then either. I still had the conviction that I was going to live.

My wife tells me this, and I know myself, I'm the classic person that sees that a half bottle is half-full rather than half-empty. Whenever I think something is remotely possible I go for it. If I've got 15 minutes to get to the ferry and I know the ferry goes in ten minutes, I'll go for it. What have I got to lose? If I've got a job to do--I'm hanging pictures. Some friends are coming, and I've got a half hour to bring the planks in and the ladder, and measure the thing up. I think, "I can't possibly do it! But have a go." And I did it. And I was just bringing the ladder away when the car came up.

But I've often thought this ability to extract the absolute maximum from a situation is perhaps one of the ingredients. I never give up!

I: Do you think there is a so-called survivor personality?

F: Yes! I'm absolutely sure of it. And I'll tell you why. I came from
an extremely unhappy childhood. Extremely so. Children's homes, and foster homes, and all the traumas and all the tribulations that go with this. Abandonment. And I have never felt that this detracted from what I was worth in any case. Whatever I am I would have been regardless... But I never, never, never felt I could blame this. I think I am what I am because I am, and not because of any outside influence. I'm convinced of this. And I do believe there are people that are survivors. If you have people that are self-reliant, and through training or necessity become self-reliant, in more ways than physically—emotionally, perhaps. That they can get along on their own. When I'm on my own I love being on my own, and I love to have company as well. I'm a gregarious and noisy, talkative person, as you can see. But if you aren't brought up this way--to be self-reliant--if people cater to you, as many parents do, I think this detracts from lots of the prospects you have of survival in any other situation in your life.

I: So that self-reliance would come through in work, in relationships, in fighting a disease...?

F: I think it comes through in everything. And I don't know whether you can train self-reliance, but I do know you can get along without an awful lot of things and you can survive. Just the other day I read that one of the survival factors, in prison camps, in concentration camps, were people whose parents had not been indulgent with them. That's just a small part, but I think that the less you have, and the more you can survive that in your early life, the easier it becomes when you're older. And I don't think that the buffets and the pounding of life which most of us go through, especially emotionally, they don't hurt us and they don't worry us much as perhaps they do people who have been closeted, and carefully protected. And I've often thought, if we were a little bit tougher with our kids, not so protective of them, that their chances of survival when they need it might be enhanced. And I have a feeling that this is what helped me. I think my background of deprivation probably was a good thing. There are holes. There are enormous holes there. We are not whole people. None of us are whole, but some of us are more whole than others. Especially if you have one big segment of normal life taken away from you.

But you compensate. We have a marvellous way of compensating. I think that my survival is part of that. I didn't have to look around... I knew doctors would help me. Because I knew that if I phone a carpenter he can help me. In fact my company used to say, "When a customer calls you, he's got a problem. He's got a transportation problem. Answer him. Solve his problem!" And so when I go to a doctor... We're all problem-solvers in that way. We all answer a need of somebody else.

I: Do you think you learned anything during the war about survival?
F: Oh yeah. I thought the camaraderie of the male was highly honourable. I was highly impressed by the banding together, the brotherhood of men. I think not just only the war, I think that if you appeal to people... I don't know about women... We are kind of closed societies on each side, I often feel. But I belong to an organization which is all men. And I'm amazed, and always in awe of when they're amongst themselves, of the very honourable and moral aspect of their thinking. We are not secretly marauders as lots of people feel that we are... There was far more honour, and far more concern for the fellowman than there was a dog-eat-dog attitude. Far stronger...

I didn't reach that type of conclusion [at the time]... All I felt was, this is a doctor in whom I have faith, I am a person in need, people do survive, why shouldn't I be one of those survivors? Why shouldn't I catch that ferry even though it should have been gone five minutes before I got there? Maybe there's been a delay for five minutes... I've done it before...

You always push for the optimum! If I'm carrying things I've always got to carry more than I know I can physically manage. Or if I'm racing the bus, trying to catch a bus, I always do far more in that time than I humanly should. I think there's an ingredient here.

Another factor is, and I think women have this--I was inspired by the fortitude of women. I was able to observe men closely, and as groups, in the cancer clinic. And would observe that down the corridor you heard and saw women in their lowest moments... There's a huge difference between men and women. I was often impressed by how the women handled things--their fortitude, their sense of humour, their ability to just accept life. Men tend to be different. Men tell me, "If I was told what you were, I would have died on the spot." Men give up more easily...

I remember teenage girls, for whatever cancer they have, and they do, because my daughter-in-law had cervical cancer at 17. And the girls would come, and they were absolutely broken-hearted at having to lose their hair with chemo. But within a week, if they knew you, they wouldn't bother to hide their head. Because a female's a female, and a female is very beautiful, regardless of hair. We have a thing about hair. But to be beautiful, a woman doesn't require hair.

And I always thought that the bounce-back ability of women was so much stronger than men. I think it's because a woman's life is much more parlous than men. Women have always had to be protected because they had to be the bearers of children, and they had to look after, and they were always subject to marauding and all sorts of terrible things. And I think if women hadn't learned to absorb these much more brutal knocks then they perhaps wouldn't have survived. Men can do to women far more than what women can do to men... I would hear, "Yes, she's got
cancer of the..." Whatever the worst cancer that you can have. Colon cancer, or something. Just diagnosed yesterday. And the next day this woman would be laughing her head off. People would be saying, "Oh, you poor thing!" "What do you mean, you poor thing? I'm fine!! I'm going to be okay." You never heard this from men. On the men's side there was kind of a gruff, leave me alone, don't bug me. There was very little indication that they held hope. Quite frankly I found these rooms traumatic... There's another factor. Keep them away from each other if you possibly could, but you can't. Because there's a tendency for people to drag other people down...

Women are far more self-supporting to women than men are... I think women gang together for protection against men. You go to any gathering and you see all the women huddle in one corner. I don't think the men want to huddle in one corner. I think it's because women gravitate towards each other for self-protection. And the bonding I think is closer and tighter with women. What I'm suggesting is that women, by bonding together, raise each other. And men don't bond the same way, and therefore they don't raise each other. And if you get four men in a room, perhaps they'll start talking to each other, but they'll be like englishmen on the train, they won't really talk to each other... This is just a theory of mine...

I: How do men get the support that they need, or do you think it's not important?

F: I don't know whether it's important. I don't know whether it's possible. I think men are brought up to be self-reliant, especially emotionally. They're brought up not to bare their inner feelings. We tend to want to put a brave face on. We tend to not want to cry, when crying is appropriate. We're taught this... I don't know whether it's possible to break this so simply. I think it would have to take a long time of reconditioning before this happens... I would think that women do survive when they have cancers the same way that men have. And men do tend to isolate themselves... It could be that we are at fault as men for shielding ourselves. And it could be that you women realize that another woman is your salvation. And that an emotional bonding can be of enormous help... I can easily understand how women would support and bolster each other's morale, much stronger than men do. You don't hear men talking about their marriage problems, ever. The next thing that you hear is that a guy you know perfectly well for a long time is suddenly divorced... These are just personal thoughts, observations. I spread this. I talk with people about this. I'm not saying the universe would agree with me...

So, I never did get the feeling that I wasn't going to survive it. I have a feeling that at my very last breath that I would have the feeling that I was going to survive. I think I wanted to survive. My boy had just gotten married. They wanted children. I wanted to survive
to see a grandchild. And when the grandchild was born I wanted to survive long enough for that grandchild to remember me. This is our immortality coming up... You and I aren't immortal. Our memory is not immortal. And if there is a god up there and if there is a paradise up there, that's good, but sometimes I have my grave doubts. I think our own immortality is what we leave, our influence in what we leave in memories, the things we do, for good or bad. I think Hitler will be immortal. We'll never forget that blighter...

I: Did you find that you started setting more goals, or did you always? Whether it was seeing your grandchild, and then seeing the grandchild at a certain age, and then another goal further along...

P: I didn't have those goals in mind before this happened because I simply felt that whatever good was going to happen, was going to happen in any case. I didn't have a goal for it. I didn't think in terms of I hope I live until my... Because it was automatic. I was going to live.

But then when I was in danger, then I had an aim. I'm quite convinced that this is another ingredient. Not only the will and the need to live, but the expectation of living. I think when you say, "Well, I'm going to live. This is what I've got to live for."

And coupled with that is this awful thing that I think happens when we say to the poor cancer sufferer, "Now you live for just one day at a time." My God! Today is a terrible time for me. I don't want to go on like this... Instead of saying, "Well what are we going to do next Christmas?" Perhaps you might say, "Winter after next, why don't we go and do so and so... We've got relatives in Australia, why don't we go and see them?" And though it may seem impractical, give the poor sufferer the prospect that he's got something to live for... Don't put his face to the wall and say, well, "Live for today, and when today's over, live for today." "Live for today" is what you always hear. But don't we live for birthdays and weddings and anniversaries? "Live for the future" is what I think... Survival in itself becomes almost a motivation to live. I say to myself, "I've got a life to live." ... Think of those things you were going to do. Focus on that trip we were going to take, that new house we were going to do. And just keep pumping it at them, as if life is going to go on. And life is worth living when it goes on. And there is a silver lining to life. It's not always going to be travail... I think you can always accentuate the prospect that if you're not going to go back to work, if you're not well enough to go back to work, we're in good shape. You can always be in good shape. You can always talk people into optimism. There's a rub-off effect both on pessimism and optimism... I can't work any longer. But I can work in the garden. I can walk. I can go on Caribbean cruises. We aren't pressed financially...

What I say may be total garbage for anybody else but me. Out of
the five billion people on this earth, I am unique, and what I say could
be unique as well... But we do live for the future. We always do. We
live for the great things... Isn't there an old saying, "The
anticipation is better than the realization"? And I've found, very
often, that the thrill of the anticipation isn't borne out by the
realization. Well, the song says, "Is this all there is?" Who
knows?...

I don't know if we can try and be definitive about this. I think
there are ingredients, and there are recognizable ingredients to this...
I think perhaps, one of the things we have to recognize is something
over which we have no control ourselves, is our own physical
makeup. Maybe our diets, which we have control over, but which we're not
adequately directed about... And who knows, some of us may be just
physically protected from these things...

I believe the old idea of the psychological protection that most of
us have to have to survive anything. I'm interested in what information
there is about prison camp survivors... I wonder if there are any
parallels there with what you've heard. I'm sure that self-reliance
would be one of the factors, one of the elements of this. Because you
have to be able to grub along...

[Talk about the need for self-reliance to have been able to survive
the war.]

I think one other factor which I think is important... My wife
is very tolerant of me. Very supportive. And I think if you have that
buttressing at a time like that--I don't know if you're actually
conscious of it, but if you don't have it, then you'd be very very
conscious of the cost.

My boss nearly died of kidney failure. And he was about 48 hours
in his apartment, unconscious. And he recovered. But his wife was
messing around on him. And this man, this boss of mine, he's a very
self-reliant man. He had a tough upbringing on a farm, a brutal father.
He survived this, and he survived his wife's infidelities. But what if
you didn't have the same resources, the same inner resources as this
man? What if you were totally dependent on your partner, as lots of
people are? Totally dependent, emotionally. What if this awful trauma
hit you at that time?...

My wife and I have known each other for 40 years. And we got
married in 1953. We've been married now 36 years. And so we're lucky
in that way, we're pretty stable. We don't have emotional... Oh, we
yell and scrap like the devil, but it's really kind of safety valve
releases. I know when she's in that sort of mood, so I keep out of the
way. And she's smart if she keeps out of my way...
[Talk about the joys and struggles of family life, the importance of family stability and relatedness, the appreciation of independence and partnership within marriage.]

Every point I've made here is hedged with the idea that with every day that passes we think about things differently. Our reactions are different. Our responses are different. Who can say? How can any of us say what might have been? If your life would have been different anyway. If I retired at 60, we'd have had it made by then. But this put a whole different fact on our lives. It stopped us dead in our tracks...

I can say that I'm a richer person for having had cancer... It's been an interesting experience, not an overwhelming one. There's got to be some good coming out of everything...

Shall we take a break now?

I: Sure, F. Let's do that.
CREATIVE WRITING (Case F)

Excerps from short articles written by F. during his illness and published in a community periodical.

Different persons handle the news [of a life-threatening illness] in a variety of ways. Much will depend on an individual's fortitude and courage, especially if buttressed by strong family and social support, firm religious convictions and perhaps most importantly, a basic optimism that, whatever the danger, it could be overcome. A firm belief in God and a conviction that, no matter what, our fate is always in His hands, can be a great source of strength.

I was, and am, blessed with a loving wife and family, and not only had their wonderful support but encouragement from all sorts of acquaintances--from my church, my lodge, my soccer club, my recorder society as well as close and distant friends who had heard of my problem. My spirits were bolstered by it all.

Looking back at all that has happened to me, I can say that, though my experiences are not enviable, to me they have been a revelation. My attitude toward different aspects of life has changed. Time is no longer a throw-away commodity. Friendships are not taken for granted. I think I'm more tolerant than I was, and the knocks that life inevitably brings, don't seem as important anymore. We're financially poorer now but in more ways we are richer by far. Life has been good to me.

... For various reasons these hard times--unemployment, early retirement or perhaps disability--more and more men are having to stay at home while their wives go out to work. And with her bringing in the necessary, there's no way we can wriggle out of domiciliary duties the way we used to when we were putting in the daily grind outside... I'll bet you never dreamed that mundane old housekeeping could be so rewarding and so much fun, did you?

...

Retirement! The great day is here--paradise or paupery--the time to make up for all those lost opportunities missed in the past or to be bored witless now that we don't fall under the category of "gainfully employed". Inevitably some of us feel an awful let-down come that fateful day... [Yet] you are still the same person you were when you were still working, with the same talents and abilities.
For many of us our working lives were like a long air journey—at high altitude and great speed for the most of it; the long, ever-slowing slide down the flight path of the final years, months, weeks and days to the end of the journey and retirement. How many of us can say that we were truly productive during that final period? Now that we've arrived and see that great big world of need out there, beckoning to us, perhaps for the first time in a long while we truly have the opportunity to be "gainfully employed".
TRANSCRIPT #1 (Case M)

An initial recorded interview did not turn out, and so a second interview was arranged. The format was different, in that more direct questions were asked of M, based on the initial interview and the draft of an autobiography she is hoping to publish.

I: Well, M., this is another opportunity for us to talk about your recovery from cancer and how your life has changed. I know you were interested in my reading your book. You thought it would tell your story best.

M: Yes! What did you think?

I: What struck me initially in your book, from the first chapter, it seemed immediately that you looked at your illness as an opportunity of some kind to have have a new experience. Whether it was being in a hospital--you'd never been in a hospital before; finding out about a medical career. All the way along even when you started having the surgery on your shoulder--this was an opportunity to learn how to use your arm in a different way...

M: Did I go into some of those details about how I did a few things? Maybe I should have.

I: You mentioned about learning to type. How to rest your hand.

M: I often fold my arms because I'm supporting my arm. I'm literally holding it up... I don't know if I said anything about that, did I? Perhaps I should mention that somewhere. More changes! Oh dear, it's terrible! I wake up in the night and think of something I haven't remembered back in 1950-something you know. I had never realized that these things were in the back of my memory. They say that every experience you've ever had is in there somewhere. It just needs something to activate it. This activated a lot of mine. It's really been incredible!

I: What do you think it was, way back from the beginning, when you were 16, that gave you this positive way of thinking about your illness?

M: I have no idea, really. I mean I have always been a very, very curious person. I'm the sort who's going along the road and I just want to see what's around the next corner. Or what's over the hill. See the view from the top. I peer in doorways that are open. To see what's inside. Particularly in Mexico, that's a wonderful place to do it,
because there's all these big walls and big doors. It looks like nothing. And when you look inside you're looking into a palace. Or a gorgeous garden or a courtyard. I guess that's one of the reasons I like Mexico so much! It expresses a lot of the sort of thing that I like. I just like seeing around corners and nosing, maybe!! But I've always had an incredible sense of curiosity. I've always wanted to know why, and how, and...

When I talked about Christian Science and why it didn't work for me, I'm sure it's because I am not the sort of person who just believes blindly that this can happen. You know—that I can be cured. I can't imagine how I can be cured when I don't have the bone or the muscle there. My analytical mind says how is that possible, how could it happen? If there's a lump there, I can't believe that God could just miraculously remove it. And yet the other half of me is sure that He could. There's something inside me that says, oh yes, if you can get that kind of faith, I believe anybody could be cured. Of anything.

I: And even though you say you don't have that kind of faith, you don't believe that you're going to die.

M: Oh no, I never accepted that. The fact is, I've never been what I call ill with cancer. I feel more ill when I have the flu. I feel lousy; I've got a high temperature; I feel nauseated; I'm feverish; my body hurts; you know that sensitive feeling—you can't bear anything to touch you. Your nose is stuffed up; you've got a headache. I get terrible, terrible headaches at the back here. That's one horrible thing that happened. Whether that's stress, tension or whatever. But once I got them I seemed to continue with them... I don't confuse pain and physical discomfort with being ill. I have a different feeling towards pain. I must have a very strong, high pain threshold. I can stand a lot of pain. But as long as I don't feel ill... If you break your ankle you have a pain, but you're not ill.

I: Does that mean most of what you had with the cancer has been a localized pain?

M: Yes, well, localized or a lot of back pain. I get a lot of back pain and discomfort... I think if your tummy's upset, or you have a sore throat—that's terrible. I feel dreadful when I have a sore throat, because then I start getting a fever immediately.

I: Did you feel ill with chemotherapy?

M: Yes, and the radiation. I was sick quite a lot. But I think that's fairly normal. That's something that you can put up with in the short-term, because hopefully in the long-term it will work out. But at least you understand it. You know what's causing it. There's a lot of pains and illnesses that you don't know what causes it, and it's when you
don't know that makes you feel worse... Now, if I had cancer of the lung and it would make me have trouble with breathing, now then I would probably feel ill... But physical pain—my arm hurts, my neck hurts. Even when I was so doubled up with pain that I could hardly walk; I was having to carry my arm and I was all over to one side, and I couldn't stretch up straight—I didn't feel ill.

I: That's very interesting. Something that's very helpful in your mental attitude. I know when I can't do the things that I normally have been able to do because of an injury, I feel as if I'm not myself. And when I feel not myself I feel I must be sick. And then come all the feelings with that. What am I going to do to change it? If I can't do anything to change it there's all sorts of feelings that come along with that.

M: Well, there's frustration and anger. I get really annoyed sometimes. Like I'm trying to hang something on the line. You try and hang clothes on the line with one arm. I figure out ways of getting around certain things but sometimes the wind would come up and blow something in the wrong way and you get all tangled up and messed up and then the thing falls on the ground and gets dirty. And then I get mad, and frustrated, and angry, and I curse this stupid arm... But mostly I manage to do things... Like sometimes I can manage to carry something in this hand when I'm supporting it in this other one...

I: Now to me, that's a particular attitude of seeing what could be perceived as a handicap as simply a challenge to do something different.

M: Oh, you know, I started with it so young. I've lived with it so long. I've really forgotten what it was like to do it any different. I find myself doing silly things like opening doors for people if they're carrying things. Figuring I know I would appreciate it. Because I couldn't do it very easily myself. I forget that they've got two arms and could probably do it more easily than I could...

I: Do you think you learned any of these attitudes in your family, from your father, for instance?

M: My father was a wonderful man. He was the kindest, most peaceful man... Now, he would never say a bad word about anybody. He was just a wonderful person. He was one of the supporters of the church. Everybody, if anything needed doing, they'd always come and ask him, and he'd always do it, and he'd never complain, and he'd never expect anything in return. He was just a very good man. I always wanted to be like him, except in one respect only. If you could say he had a fault, it was that he had no ambition at all really...

[Long discussion about her father's work, his struggles, his creative genius, his death just before the pinnacle of his career.]
I: So his life was really oriented toward service, and family. Which is interesting--this now seems to be the shape of your life. You've made this change from being in the business world, moving from something that was very career-oriented, and was at times ungratifying...

M: I used to love being with the customers. Because I felt I was helping them to learn some equipment which would make their job a lot easier. I was helping them to do something. But at the same time I didn't feel that the company particularly appreciated any of my efforts. I always had this feeling at the back of my mind that I wanted to help people, and I'm not trying to sound like a martyr or something... I always had this feeling that I was being unfulfilled. Although I was doing something to help people, it was in a business sort of way. And if I wasn't doing it, somebody else would. They might not be doing it as well, or they could be doing it better than me. But the fact is, somebody was doing it... I just felt I should be doing something more meaningful. And yet I never really got a grasp of what it should be. Until I started doing E.S.L... You don't do things for people because you want them to say thankyou, thankyou, thankyou. You don't do anything for anybody in the hope of a return. You shouldn't. But at the same time, I think it's only human to feel--to have some acknowledgment, some feedback on what you're doing. Because it sort of inspires you to do more. If you know that what you're doing is bearing some fruit, or somebody is really appreciating it, you're helping them, or they're getting something out of it, you want to do more for them.

Like, we've had this fantastic relationship with this Guatemalan family. And I know they are struggling so hard. I feel I'd just like to buy a house for them! I feel so strongly about them, because I just know they are so hard-working, they are trying so hard, and they are having so many problems. I mean, there is no way I could buy a house for them, financially, and there's no way they would accept it. That's another thing. They are very proud. They are going to make their own way. But you feel very strongly that you want to do something for them...

I: What got you to stay so long in those jobs where you weren't being appreciated?

M: Security. Absolute security. Survival. And the fear that I couldn't get another job without a medical. I mean I did try. I went for a couple of interviews and I filled in their wretched forms, and at the bottom of these forms was all the medical information. "We need your medical records." Well, game over. I tore the thing up. Burst into tears. Well, what's the point?...

I: Is that still true now?

M: I don't know. I don't think in quite the same way. Because you can
People with a lot of these unacceptable diseases, heart problems and cancer—they can now get life insurance. I guess, if there's a reasonable prognosis. Events have proved that enough people are surviving. I suppose a lot of insurance companies realize that they won't get much business if cancer and all these diseases are on the increase, there won't be many people left as customers!...

Yes, a lot of what kept me working for the same company was I was earning a reasonable salary... In fact, I thought it was reasonable. It wasn't until some time I realized how much lower I was being paid than a lot of my peers. Because of the Devil [a supervisor]... She kept me down, she kept trying to get rid of me. She kept offering me—did I want a transfer to New Brunswick?... Sometimes I don't know why I didn't. I guess the climate--after living in the east, I found this climate so much better for my chest, as far as the winter goes... I really didn't want to move. But I don't know why I didn't...

I: That's a good question. Why is it that we stick with intolerable situations?

M: I was so chicken. A lot of it was my British upbringing, too. It was a very different attitude when I came over here... It was a high-pressure sales, American-run sales organization, where everything's ra! ra! ra! and the almighty dollar. When I worked for the same company in England before I came out here, that was quite an eye-opener. It was really different in England. People used to remark--American company, who wants to work for them? Who wants to work like that? It's too hard. They push you; you're always away; you're always travelling; you're always working; you don't have any time for your family; look how the divorce rate's gone up in the company. Who would want to work for a company like that?

When I came over here... I mean, I'd been brought up not to push myself forward. I mean you don't. If you're doing a good job they'll recognize it and they will reward you suitably. And all the jobs I'd had in England had worked like that. I'd got a good raise. I'd been promoted or I'd been given more responsibilities. And the boss has told me "You're doing a good job." And thankyou, and all that. Over here you were supposed to jolly well say to the boss, "Look what a super job I've done! I deserve this!" Well, I could never bring myself to do that. I was very shy and retiring. I really couldn't do that. I never pushed myself forward, and I never wrote wonderful letters and reports about what a fantastic job I'd done. Which the other girls were obviously doing, I discovered later... The customers apparently gave rave reviews about my training. They all wanted to come on the courses that I was giving...

I: Why didn't you go back to England, to an environment that fit your
temperament?

M: That's another good question, isn't it? This is what my book brought up. It comes up to me so clearly. Why did I stick it out? I think in the introduction I put words to the effect that if anybody else could see themselves in a situation where it's screaming to you to get out, well for God's sake, go! Do it!! I must have been mental at times to have stuck it out. I guess I was just very stubborn, obstinate, or whatever. The thing was, at the back of my mind, I do remember thinking, I know I'm doing a good job, and when I leave this company, it's going to be on my terms. Like I'm going to retire at the top. Like when I'm doing really well, then I'll go. But of course when I was doing really well it didn't work like that. Because I was enjoying what I was doing so much that I didn't want to leave anymore... But that was silly, because that was to my own detriment...

I: It seems, though, that this stubborness or obstinateness in terms of your cancer worked for you— it gave you a determination. You used that word a lot through your book. That sense of perseverance and determination and strength to meet another set-back and go through it even though there didn't seem to be any reason, any bright picture ahead.

M: I suppose I always thought this, I had the feeling that it's got to get better. Just stick it out a bit longer and it can't get any worse. It's got to get better. And I guess it did. Eventually. I don't know what makes me tick...

I: If you were talking to other people who'd gone through a cancer experience like yours, what would you say to them in terms of what would help?

M: Like mine? There's not that many people who seem to survive for so long. Which I suppose is why it's so remarkable that I'm still here talking to you. I guess, too, that's another interesting point. I've never really fully accepted the cancer, perhaps. The mere fact that I'm still here proves that it can't have been that bad!!! After my second operation, the word 'cancer' now meant something to me...

I: That second operation was in your twenties?

M: No, I was 18. That was when they wanted to take my arm off... But even when I came back minus a shoulder blade, and I got the use back into my arm, more or less--well I couldn't lift it much after that point, but I was still around--I still felt alright, I had pain and discomfort, but I wasn't ill. I was still able to function. Therefore, how could it have been so life-threatening? And again, when I was in Montreal, when I had it up here, in my neck... With all the main arteries and blood vessels and nerves and everything going through to
the brain. So there's this big thing in here. So they just took off a piece of the clavicle to round off the end here instead of it sticking out... Then they gave me chemotherapy and radiation and sort of sent me home to die off. But I survived that, you see, and that was amazing. I was still here after all that. So how could it have been cancer? How could it have been fatal? I was still there talking about it. And then I went nine years, ten years after that before it came back here, in the ribs... And then they were able to remove that, which they didn't think they could. And I'm still here, so....

I: Is it true to say that you dealt with whatever those fears were by saying they must have made a mistake, or it couldn't have been so serious?

M: I never thought of that consciously. My subconscious must be making a mess of me, running riot in there, telling me all kinds of things.

I: I think your subconscious has helped you out terrifically.

M: It's having a ball, isn't it! Mind you, the last one, when I had it in my ribs, that was the very first time I guess I became very depressed about it. I guess after nine years I didn't think it would come back again. And the fact that it had come back again... I don't know what would have happened if our secretary hadn't said to me, "What's the matter with you? Why are you so irritable?" Because I didn't realize was irritable. And I went to the doctor. But ever since then I have tended to become irritable, and I never used to be irritable, ever... Strange isn't it?... I never knew I had a temper until I met Denny [my husband]. Two Scorpios together... I never knew I was capable of violent feelings until my father died. And after he died, I felt very violent towards this guy who had taken all the credit for everything he'd done. Really violent. I wanted to kill him. And I was only 21, 22. I had feelings in me about that man that I didn't know I had. Almost frightening feelings. I really felt I could kill somebody.

I: What did you do with that energy?

M: Nothing. Buried it. People get upset if you start talking so violently. It's not very nice. "She's not a very nice person to say nasty things like that."

I: Times have changed! There's all sorts of therapies now where you can let it all out.

M: Now that's something I couldn't do very well either. I can punch with one hand. I'd get frustrated because I couldn't let it out with both hands!!...

I: Did you have a spiritual belief that has helped at these times?
M: Well, I have always had some kind of a belief that keeps
surfacing... It's at the back of my mind and it keeps coming up that
God has kept me here for some reason. I feel that I have been searching
all my life for the reason why, against all these odds of battling with
cancer. Although I'm not so sure I've been so conscious of it; it's
always been battling. I've felt that I must have been saved for some
reason, and I want to know what it is. And I'd often go to bed at night
very consciously and try to see some blinding revelation that would give
me some insight as to why I am here. I mean I had hoped to hear—I mean
you hear people who hear a voice, or they read something that suddenly
has a significance and they feel that they have been led to read a
particular book and that page and concentrate on this particular phrase
or sentence or paragraph because this is what they're supposed to do.
Or they have this strong feeling about going somewhere or doing
something and this is why they're here. I'd always hoped that I would
feel something. Especially when I went to church. And you're in an
atmosphere of peace. Or I've thought well maybe I've been led to come
here this particular weekend because the minister is going to tell me
something in his sermon that is going to be meaningful to me. And it
just never happened. And I've always felt vaguely disappointed. Feel
sort of let down.

But I have been feeling, especially since I got on to this last
section of the book, that maybe this is—this is the sort of thing that
I'm here to do. Because for so many years people have said to me,
people you meet, friends, casual acquaintances—something triggers a
conversation and you talk to strangers the way you wouldn't talk to
other people. Especially if I'm on holiday and it's obvious from what
I'm wearing that I've got a problem. Or they see my sleeve, and they
say, "Oh, have you hurt yourself? Have you had an accident? What's
happened?" I'm not embarrassed about talking about it. Other people
are more embarrassed, because they don't want to know. Or they feel
uncomfortable or they feel I'm going to feel uncomfortable. So I assure
them that I'm not. And they've all expressed, without exception, "How
amazing! How wonderful that you're still here! You sound like you've
had such an interesting life. You should write a book about it." And I
have always pooh-poohed it in the past. Nobody would be interested in
my life. I don't feel that it's something special.

Well, my mother chats to everybody, especially since my father
died. She talks about her life, and she goes back, over and over. It's
really sad, actually, because she lives in the past. She's never looked
forward to the future and tried to make a life for herself. She always
goes back to the time when her father had a lot of money and he lost it
in the war, and everything went downhill for her. Everything was
difficult. And how she lost daddy just when things were getting better.
She's never really tried to look positively. She's a very, very
negative, difficult lady, I have to admit... Yet she was very
supportive and very strong for a lot of years, but after my father died
she just disintegrated. And she's become the most negative person I have ever met in my life.

She's given me a lot of guilt complexes... I can tell you because it's a very big problem that I've had to face. I'm going through an awful lot of feelings now, the last couple of years at least, that I don't feel good about. I don't feel good about myself for having these feelings. And I don't feel good about my mother for making me have the feelings. You say, nobody makes you have anything. You control your own life. But I find it's very difficult not to resent the way she's made me feel. Because she's made me feel very guilty. I'm sure she blames me for my father's death. The fact that I survived and he didn't. I think a lot of the worry might have caused his heart attacks. Worry over me. I don't think, I really don't think my mother purposely tries to throw the blame on me. But there are just so many circumstances, so many remarks, so many situations when it comes up... She's had leg problems since I was born. And she tells anybody and everybody about her leg problems and how she had them having me. Then of course I had these problems, all these problems, and she and daddy were running all over the place trying to get medical help for me, and of course they'd have sold everything they got if it would have helped. Like I'm sure she doesn't do it on purpose, but it just goes on and on. It's like a broken gramophone record. Every letter there's some sort of snide little comment about something. All these problems that she has... It's so unfortunate that she's so negative now. She can never say a good word about anything or anyone...

I'd just like to get this book printed while she's still alive. I never ever thought that I could possibly outlive my mother. Never. I used to save my money to leave more to my mother. Take out this insurance so that I could leave it to my mother. It never ever occured to me that I would survive her. And for the first time now... If I get to 50, that will be a miracle! And I would really like the book to be published before then. And I would certainly like it to be published before my mom... joins my dad. Well, I think it would give her a lot more positive things to talk about. She hasn't had anything positive... She can never see anything positive...

[Long discourse about her sister and difficulties with this relationship.]

And yet all this conflict is going on within me. And I feel bad. I feel guilty. I feel resentful. And I feel guilty because I feel resentful. I feel it's my family. It's a very difficult situation. I don't know what to do... It's not a good feeling. I want to feel good about my mother. I wish she was one of these--like a few of these friends she's always complaining about. I know she's got a really good friend called G who's a lovely lady. And I keep thinking I wish my mother was more like G. And all my mother does is criticize G... I
think when mummy goes I shall never set foot in Leeds again... But I would like to get the book printed for mummy. One last opportunity to see if it's possible that she can get something positive...

Any more thoughts? Questions?

I: One other thing I was really touched by in your book. You talked about having a strong feeling about living your life more fully now because you didn't know if there was going to be a tomorrow. You felt that particularly with travel. That you had to get out and see those places and do those things now. And then that started to affect most of the decisions you were making.

M: You know, I've had that feeling for a long time. After I had that big operation in my lung, when they didn't think I was going to make it, in the early seventies. I went through that long period of depression at work with the Devil [a supervisor at work]. And after I started to come out of that, and started buying some new clothes, and the job was getting better. The Devil quit. I had a manager who was just great. Really helped me a lot. Things started to look much better. I started to feel that I had wasted so many years. In fact I didn't think I was going to survive. But the fact is that I was still here and obviously I had, so maybe I should start changing my thinking. I wasn't going to meet anybody staying at home. I'd got to go out and make an effort. And I'd got to start doing things. I had had this reprieve. I was still here. Now how much longer I would be here, who knew? Because the fact that it had actually come back again after the nine years was a shock... Like it could come back again just as easily.

So, I should live every year as much as I could, just in case there wasn't going to be another one. And instead of putting things off, I should do them now. So I started off, really, by travelling to see friends who I never thought I would see again. Actually, that's something I didn't put in the book. I got this feeling that I should try and travel to see as many friends as I could, who I hadn't seen for years, at least see them this once. See them for the last time. I was going to see everybody one more time... That was a very strong feeling. And I did. I purposely made a point of trying to... Everytime I got a bit of holiday, or I worked overtime and I had some extra days that I could attach to a weekend, or make up a week which was sufficient to go anywhere decent. Whenever I got a business trip back east I would add some time to it and go and visit different friends. I did that all the time. And I tried to cover everybody that I knew that I would just like to see once more. And of course, I've seen them many times since! But that was a real driving feeling and went on for a long time. It was like, "Do it now in case there isn't much later."

And then I started this business of goals for myself. Like to achieve this... Once I started one thing I had to have something else
down the line that I could work towards.

I: Do you think those goals were important?

M: Very important, yes. It gave me something to look forward to. Even when things kind of went a bit wrong. I still had this tunnel vision. Even if I got side-tracked and it didn't seem like it was going to work, or something went wrong and I'd gone off down the wrong tunnel, I would always come back and go straight ahead because I'd got this goal, this sort of shining light at the end of the tunnel that I'd got to reach.

I: What if that didn't turn out, or couldn't turn out, that goal?

M: It never didn't turn out!... I suppose I made it.

I: By determination?

M: Well, if it didn't work one way, it worked another. I figured out a different way around it. I can't think of a good example of that, but I can't remember any goal that I didn't actually achieve, that I had to give up in disgust. And as soon as I got to one, then I made another one. It didn't always have to be a long-term goal, in fact preferably it wasn't, because you were more likely to achieve the short-term ones than the really long ones. And I did a lot of impetuous things that I'd never done before.

I guess my character sort of started to change. In a way, I'd been very conservative, and backward, and then I'd suddenly make a sort of split-second decision. I was never indecisive, but nor was I prone to make decisions quickly and spontaneously. And I started to do a lot of that. You know, "Let's do it! Why wait? Or let's do it now. Sure, let's go!" I used to be the sort of person who was very conservative, and everything had to be done just sort of to a pattern, or to a routine. Like, well, you're working all week. The weekend you've got to clean the house. I changed my attitude on that. To heck with the house! It will still be here when I come back. So what difference does it make if I go away for the weekend and go to the Okanagon to see some friends for the weekend?

I: Without vacuuming.

M: Without vacuuming. It's not going to be much dirtier when I come back. It can wait til next week. If something happened next week, I didn't say, "Oh gees! I didn't vacuum last week, I can't go away this week." I'd say, "Another week not's going to make a lot of difference!" I'll go and write my name in the dust!... Yes, that was very different. I'd really changed in that...

I: It's like the beliefs you had for how you were to run your life
didn't fit anymore if you were to live day-to-day.

M: That's right. I don't think I brought that out well enough, did I? I'll have to go back into that chapter. "Life after the Devil".

I: I'm wondering if some of these changes you made would be helpful to most people, whether you have cancer or not...

M: I think so. I think they're quite important. Some friends of ours, some very good friends of ours, who ski a lot... Denny's daughter has got a time-share at Whistler, and they have just asked her if she can bring some more prospective clients up there. And you can have a weekend for 50 dollars. Which is great. Two nights for 50 dollars, while you spend an hour looking over the time-share. And then the rest of your time is your own. Well, they indeed could be interested, in fact, I mean genuinely. Diane's got this and she thinks it's great. And I'm contemplating on buying a week for her, rather than wait until I'm dead. I would rather buy it now so that she can enjoy it, and have two weeks. Then she can go somewhere, and we can enjoy it at the same time. So why wait til I have gone? Might as well do it now. So we're contemplating buying a second week for her, in her name, and maybe joint names, in her name and my name. And the same time we could use our week, to spend the week in luxury instead of our usual bumming around... And she could come with a friend, or whatever.

I'm determined that I'm not leaving any money I've got to my family. My mother won't need it, and my sister I've written off! So I've loaned some money to a girlfriend. She was having a terrible time. She's gone to France for a year. She's having problems with her other half. They've gone together. But she didn't have any of her own money. And he was being real niggly. And she wanted to do things when she was over there. And she was really upset and beside herself. So I thought I'd lend her some money, and she actually jumped at it. Which was great. I mean, I'm going to leave her some money anyway, when I go.

I've always got this feeling when I go, you see. I'm so sure I'm going before all my friends. I mean I still feel that. I felt, why not. I said, "Look, don't worry about hurrying to pay it back." As far as I'm concerned it's hers anyway. She might as well enjoy it now. So I feel the same thing with Diane. So, I phoned these friends to see if they'd like it--might as well fill the place up. The more you have, the more it is. Like a party. And it's cheaper. So I phoned them up. They are so like I used to be. Well, we've got this to do, and we've got the cat. I said, "It's only 50 dollars!" "Oh, I know, it sounds wonderful, but we're thinking of going to Hawaii in April for a week, and you know, I don't know whether we can afford an extra 50 dollars. And we've got so much to do in the house." I said, "The house will wait, you know. It will still be here when you come back!" So she said, "I'd love to go skiing! I'll have to ask Bill." Bill's the same.
"Well, we've got this to do in the house." I think, gosh, how a house ties you. And we're really quite glad now. We don't have anything valuable here, really...

I: I think we can find anything to tie us. It can be a house, it can be housework, it can be the same show you sit down to watch at the same hour...

M: I'm glad I've broken out of that... Well, Denny's been very good, too. I mean he had a very conventional, conservative marriage. They did everything pretty routinely. I guess since we got together we've done a lot of spontaneous things. To heck with the housework. Go! Like, we didn't have a lot to leave. Which is great. You can lock the door in an apartment as long as somebody down the corridor comes and waters your plants. Which is great. So he said, "I don't want to have a house, and then you've got to worry about the garden." So it's worked out really very well, and we've done an awful lot of spontaneous things, which is a lot more fun. And we've come back, and cleaned the house later. But people get really hung up on cleaning the house! And I realize I used to. I used to get really hung up on things that I had to do that didn't really matter. It wasn't an earth-shaking thing if I didn't do it.

I think having had cancer, and I hope I brought that out in the book, I've done an awful lot more things with my life than I'm sure I would have done if I hadn't had it. And I've met so many more very wonderful people who I'm sure I would never have met if I hadn't had cancer, because I'd never have got so involved—in these support groups, and the people at the hospital. I mean, whatever way my career might have gone I'm sure I'd have met lovely people in other areas, but I wouldn't have met the same people, or, people who have suffered what they have. And they're somehow rather special. They're quite different. I think when a lot of people have gone through certain things which are very difficult, a lot of suffering, they become rather different types of people.

I: Did you notice they also had a search for what their life was about in the same way as you?

M: Yes, a lot of them do. And a lot of them have a much greater appreciation for life. They appreciate what they've got. Life itself. And things going on around. And doing things while they can, while they're still able. Don't put it off. Don't wait until you can afford it. Or you've retired. Because by then, who knows what could have happened? By the time you've retired you could have had a heart attack and be six feet under...

And they're more caring about other people. Much more caring about other people... They're very much more aware of other people. And that
life isn't just earning the almighty dollar all the time...

No, I'm not sorry I had it, in a lot of ways. I mean, obviously anybody would rather have a healthy life. Completely healthy. But it's not all bad. If you have to have something, I'd rather have had cancer than become a quadriplegic. I'd rather have had cancer than been blind...

I: You've mentioned fear of blindness before. What is it about blindness?

M: Oh, I have a horror of that, blindness. Because I can't see. To me there is so much beauty to see in the world. I get a great high on a trip like we've been [to Mexico], and we go through this fabulous scenery. And we see these interesting people. You see this gnarled old Mexican who looks grim, and you smile at him and he smiles back and his whole face is lit up. To not to be able to see that, I think would be the greatest tragedy. It would be terrible not to be able to see, and not to be able to read. I mean, you could listen to the television, but it's not the same as seeing it. So you can read books using braille, but every book is not being translated into braille. And also it takes time. I like to do everything fast! I'm very impatient!! To not to be able to see round the corner or over the hill, or through the hole in the wall, or see the expressions on people's faces, I think that would be just terrible. I'd rather be dead than blind! And I certainly wouldn't want to be a quadriplegic, or paraplegic. To be brain-damaged, that would be another thing. I'd rather be dead. To be retarded or something like that. I know they don't realize it. I don't want to live any longer than when I'm incapable of surviving the way I am now. Does that make sense? I don't want to survive in a wheelchair. I'd have problems--I could only control it with one arm. I have horrors about those sort of things. That's much, much worse than having cancer.

No, I'm lucky! I can say that because I've survived and I'm still feeling alright. And okay, so I get pain and discomfort, but it's not debilitating. I can live with it. I can go to bed and lie down. I like reading in bed, not so much because I like reading in bed, but because it's one of the only places I'm comfortable. And then I have a good night's sleep and then I'm okay again. But if I was physically incapacitated, and I don't consider this as being physically incapacitating any more because I lived with it for so long. No, I wouldn't want to live like that...

I: Knowing you, I can imagine you'd find a way.

M: No, I would hope that I would have strength to take every pill I've got stashed up in the event that anything should happen. And I'm still in enough conscious state to do it... I'm afraid I'm not at all in favour of putting people on life support. Not at all! I feel that
when your time has come, when God has called, I think you should go. I
don't think there is any point in putting people on all these life
support machines when they're vegetables, and they don't recognize
anybody. They can't talk, they can't feed themselves. They can't
perform bodily functions. There's no dignity. There's no self-respect,
no pride any more. Heavens! People are kinder to animals. They put
them down!! Why do they keep human vegetables lying in beds attached to
all these contraptions? I think it's cruelty at its worst! I'm all in
favour of euthanasia. Whenever they have these programmes on television
about those kind of things--changing the law, preserving life at all
costs. It's ridiculous. I'm all for abortion... [Discussion on
political views on abortion.] To me, life is not worth preserving at
any cost...

I: Yes, you thought that with your arm, from the beginning. You said
you wanted to keep your arm.

M: Yes, I didn't want to live without it. I couldn't see living with
it off here. I just couldn't see it at all. I'd rather be dead. And
right back from when I was 16, 17 years old, I felt that way. And never
changed.

In fact, I've become stronger and stronger on the thought the more
I hear about these idiots who preseve life at any cost. How would they
like it if was them?! I don't think a lot of people turn it around to
how would I like it if I was that vegetable stuck in bed with all these
tubes. Would I want to survive like that? I mean if everybody put it
personally...

The same thing with the death penalty. I'm all in favour of the
firing squad if there's no doubt about these murderers. Put them off
the face of this earth before they can murder somebody else. I don't
believe in saving people who destroy life so needlessly. As long as
there's no doubt... If you had a daughter, a little girl, who was raped
and murdered, it is beyond me, religion or no religion, how anybody
could turn the other cheek, and say, "Look here, I have another
daughter, do it to her, too. Save this guy. This guy didn't know what
he was doing." Rubbish! You see, I've become quite violent, haven't I,
as I've got older!! I told you, didn't I, that earlier on I was quite
surprised at how violent my emotions had become. And I feel very
violent about these people. I could physically strangle them... I'm
actually very idealistic...

I: Yes, that's what I hear behind it, is those ideals about the quality
of life.

M: Yes. People who are inconsiderate, thoughtless, selfish, just
rotten to other people, I can't stand it. I get really upset. Things
that are beyond my control. I get really upset about it. And Denny
says, "Stop getting so uptight. There's nothing you can do about it. It just annoys me, it irritates me when you go on about it. There's nothing you can do about it." I say, "If everybody said there's nothing you can do about it, nothing would ever get done. Somebody's got to do something about it." I don't know what to do.

Mind you, when I was at school, I remember... Maybe I started off a lot younger. Because I remember people used to complain about the school dinners. And way, way back in those days, I guess I was acting out of principle... The company that I worked for, they had this philosophy, that if you have a beef about something, unless you can see a solution and present it, don't beef. Unless you are prepared to do something about it, keep your mouth shut. Which is fairly good, really, it sounds pretty sensible... But I remember way back in school people were always complaining about these school dinners. Some of them weren't bad, but some of them were pretty awful. And I, timid little me, led a group to the head mistress. I said, "You know, there's no point in keep talking about it and complaining amongst ourselves, because nothing will get done. We should go to the top! There's no point in complaining to our teacher, our class teacher, we should go to the head mistress." So, a whole party of us, almost the class, we all went in a body and knocked on the head mistress' door. And in fear and trembling and quaking we told her about the poor meals! And actually something did get done about it. Because there's safety in numbers. I suppose that's the first time that I ever asserted myself...

I was always very timid. I thought people would laugh at me. I hated that. I suppose that's another thing that made this so bad. When I was teaching, you know you turn your back to the class when you write on the board. And I felt that people would laugh at me, or the kids would think I looked funny because one side wasn't the same as the other. I don't know whether the kids even noticed...

[Talk about self-consciousness in the past.]

I: Well, why don't we call it a day now. The next step after completing all these interviews is to go over them all, pull out all the themes, and then find out what's in common.

M: I imagine D [an acquaintance who has cancer; also a participant in this study]--is a very positive person, too. Yes, she's been very courageous. She's got such a great attitude. She wears all these great things and she looks super! She doesn't stop going out and hide! She goes out and makes the most of it! She's very forward! Well, it will be fascinating!
M: I can't get over this rather revolutionary thought. I haven't heard this expressed anywhere before, have you?... The director of the Cancer Institute told me that one in every three people will get cancer sometime in their life. They will get it; not just somebody they know will get it. I mean, there can't be anybody in the world who won't be touched by it, because everybody knows somebody else! And if a third of the people are going to get it... And if it got to be one in two, people would probably say, "Oh, that's terrible!" Just like I thought one in three was terrible. But after thinking that thought, after reading all those testimonies, after doing all this research and realizing how it affected most people, I don't think it would be a bad thing! To have half the people caring more about the other half!... Some very big thoughts here! A brilliant thought!

I: Can you recall something that happened specifically where you made a decision that you were going to live?

M: No, because I never really accepted that I was going to die, so why would I make a decision to live? Once I got over feeling ill--enduring that time--you're more concerned with how rotten you feel than thinking that you're going to die. I think the fact that I was feeling so much better, and I was still here, almost gave me the feeling that everybody was wrong. I wasn't likely to die. I just would not accept that I could have died. So there was no specific feeling that said, "I'm going to die, but now I'm going to change. I've got something to live for." Because there really wasn't any particular time that I had anything specific to live for. My career--what I really wanted to do, to go to university--that career had been ruined. I didn't really know what I wanted to do when I couldn't go to university. I took a secretarial course, but that wasn't what I really wanted to do. I was looking for this blinding flash of inspiration that would tell me what I'd survived for. And it didn't come. And as far as a personal relationship went, like marriage and so on, that didn't seem to be cut out for me. And that was the other thing that I'd wanted. I wanted to go to university; I wanted to be very ordinary and have a marriage and a family. Therefore I didn't really feel I had that much to live for in order to make a conscious decision that I wanted to live. And it's actually just now, in writing this book--I desperately want to live to see it published! And be able to do something to help publicize it. I want people to be able to read it, and gain a lot of information and helpful thoughts...

Perhaps, if anything, it was my great desire to see the rest of the world before I died--that could have been something that inspired a will
to live. To see it all! Especially nature. I always felt that God made the world a very beautiful place. I feel very moved when I think about that. I get all emotional about the shape of a gorgeous tree! I go ecstatic!! I say, "Just look at that tree! Isn't it gorgeous?! The shape of it, and the colour of the leaves. Look how it ripples in the wind!" And then you see the wind blowing through a field of corn. I get very emotional over things like that because I think they're just so beautiful. And flowers, lovely flowers!!...

I don't know if that's a good enough reason. When I felt well, I never accepted it [that I was going to die]. As soon as I start to feel well again, I start to be able to appreciate what's going on outside.

I used to look at St. Joseph's oratory out of the window from my bed. It's a large temple—a bit like the Taj Mahal—it stands at the top of a flight of steps, silhouetted against the sky. And the moon would come up over it. It looked absolutely beautiful! I felt terribly emotional about it. I would look at it and want to cry! So every night I stared out of the window at it and every day you could see people trumpping up the steps—little dots in the distance—to visit it. It was a very inspiring looking place!

I: Is it true to say that it's almost life itself that was an inspiration for you? Experiencing life?

M: Yes, it probably is. Although a lot of what I experienced I didn't like. I think when I feel good, I feel very good, and when I feel bad I feel horrid! You know the old rhyme? When I feel good I feel good about everything. Very positive. Everything's wonderful. Just looking out of the window, I can see something beautiful out there in the trees. And seeing the blue sky and the sharp silhouettes, the clarity of the atmosphere, the way the ocean changes colour with the clouds and the sky. It's beautiful! Even the weeds, even! God must really like weeds! They're everywhere. They survive whether you water them or not!

I: Some people are told they are going to die and believe that this is what is going to happen. Or they have breast cancer and their mother did, their grandmother did, and both of them died from it, and so they're going to. So what would you say to someone like that from your experience--of just not believing that this would happen to you?

M: That's very difficult to say. Because I didn't have a specific feeling about wanting to live. Just not believing that I would die. Death seemed like it was unreal. It was something that happened to other people, but not to me. Not that I had grandiose feelings that I was immortal, or anything. I just never thought about it...

I've never been afraid of dying. I wonder what it would be like to
die, as if I am curious to find out! It's almost as if I wanted to experience it, just to see what it was like! Having come to terms with the fact that I'm not afraid of dying—I don't think you can really come to terms with living until you're not afraid of dying. Because if you're always living being frightened of death, for whatever reason...

All my life I've been looking for a reason for why I'm still alive, having been told, not in so many words, "You're going to die", but one had the very strong sense that certain people in the medical field didn't suspect that I'd be around for too much longer. And I still was. And I have been looking for some blinding flash of inspiration. Why am I still here? There's a reason. I think I've found the reason. It's to get this book written. I think I can actually contribute something...

I didn't realize until I started writing this book, and getting involved in doing the research at the hospital, I didn't realize how many people there were out there who weren't like me. Who did fear death. Who were having terrible times emotionally and mentally, because they couldn't come to terms with it. I didn't realise that it was like that with so many people.

I: Does the concept of a journey make sense to you? The idea of a crisis that happens in your life so that you know that death can happen; it can happen to me; and you begin to change and see life in a different way, relationships in a different way, your work in the world in a different way.

M: I had to change a lot of the things that I wanted to do. I had to change my attitude, because I wasn't able to do what I always wanted to do. I had to adjust to making the most of a career that I hadn't wanted to do. I had to adjust to being on my own instead of being married and bringing up children like all my friends were. I made the best that I could of it, and I enjoyed as much of it as I could.

I think I basically loved life! Just being there! I had good friends. That always made a difference. I love nature. I love people. I didn't mind hard work...

But I never had a temper in those days. I didn't express feelings of anger or frustration or hurt. I kept a lot of that to myself. Even at work I was afraid to let other people see that I was irritated or angry or that I wasn't pleased with them. That came later.

I: What do you think brought about that change so that you were able to bring those inside feelings out more?

M: I think I learned a lot when I went to that group therapy session after I had a sort of a breakdown. I think that was a fantastic
experience to hear other people express themselves freely, whereas I had never been able to. To hear what terrible things had happened to them in their lives. To hear them encouraged to let it out. To shout and scream and do what you wanted. Don't bottle it all up! And it made me feel, heavens! after what they've gone through, what I've got is virtually nothing. Why should I be feeling so depressed and sorry for myself?

M: Believing in my own survival. Yes! that was important. It never occured to me that I wouldn't.

I: Yes, on one level it seemed like it didn't, yet on another level it seemed a sort of motivation in the background to be doing more, living more.

M: Yes, that's really strange, because the thought of death was always there. It was something I didn't accept would happen, and yet if it was going to happen, then I was going to do as much as I could before it happened. A lot of contradictions there, aren't there? It's like happiness and unhappiness. You can't appreciate happiness unless you've been very unhappy... Maybe I'm wrong. Maybe there's a different quality to the happiness. Although you can be very happy and everything goes smoothly and great for you, perhaps you don't experience that real peak if you haven't known the bottom end. It's a superlative. I mean comparatives are okay. You're either happy or unhappy, or there's a bit in between, and they never ever get right down there where they're thinking of suicide because nothing means anything anymore. That's really going down to the dredges. And everybody doesn't have to go that far, thank goodness. But neither at the other end do they experience the actual exquisiteness, the ecstasy!...

When I look back on being a child, before I had any problems, I loved the countryside, I had a lot of good friends at school, and I enjoyed what I was doing, but I can't remember feeling that I felt as deeply about things as I did once I had the knowledge that I might not be around.

I: You didn't appreciate or value those things in the same deep way?

M: No! I felt I wanted to see all these things. When I thought I might be dying I had to go and visit all my friends, all the people I wanted to see for one last time. But thinking that there's a possibility that you might die--even if you don't really accept that you will--gives you a much deeper feeling about things. My friendships have all been deepened. There's a different meaning to the friendship! I really value the friendship perhaps more because they always stood by me, whatever kind of problems I had. They're not just surface friendships.
I: Has your relationship with Denny [your husband] changed? Deepened, strengthened by the difficulties that you've both been through?

M: Yes, I think so. We both get irritated with each other sometimes, and we have little blow-ups...

But I think if it hadn't been for having so many friends, I don't know what I would have done, really. Especially when I was on my own. They have meant more to me than anything! You have experiences with friends which are just a highlight of your life. These sort of things make life a very exciting thing!

I: Were you inspired by other cancer survivors?

M: I never knew any until I started this book, and got involved with CanSurmount, in 1987. I lived all these years and never really thought actively about other survivors.

I: You would have be more inspired by other patients? Were there other people you inspired you, other patients in the hospital? Others going through difficulties?

M: That group therapy session impacted me more than anything. When I heard of the terrible, terrible things that they had suffered. The ways their parents or husbands or wives had treated them. It was amazing that they managed to be sane at all! I guess the physical hadn't as much impact on me as this mental thing that they'd experienced. I couldn't imagine how they'd survived! I thought it was miraculous! What I'd had seemed so slight in comparison.

I: Was that quite some time ago?

M: That was '72. [Eighteen years ago.]

I: Can you tell me something about your being willing to take risks?

M: I wasn't so willing to take risks until I thought maybe I wouldn't be around much longer, and then I started to do all sorts of things that I might not have done.

I: What does it mean to be thinking of others instead of yourself?

M: I'd always been brought up to think of others before myself. That was an ingrained thing. And that's one thing that was very difficult for me, when you start learning some psychology. That the most important person in your life is you. You are responsible for your own
happiness. You can't depend on other people for it. I'd always been
counted up to consider other people before myself. I'd never learned to
say no to anybody. They came first. But I think you mean it
differently...

Looking back, I think I would have liked to have done E.S.L.—
teaching English as a second language. Right from when it was first
initiated and became necessary... It is interesting. I was reading in
that little booklet how many cancer survivors went back and did
volunteer work of some kind, or started some groups, or wanted to help
other people who'd had the same problem... That's why I think it could
be wonderful if the statistics are one in every two get cancer!

I: What does uniqueness mean to you?

M: I think I used to do things and say things and behave a lot on the
basis of what other people would think of me... I think that the group
therapy session made a big difference. The really startling thing that
came out of it was knowing that somebody didn't like me, and said so,
and they didn't even know me. There was a woman who stood up and said,
"I hate you!" And she didn't even know me. That really made a big
impression on me. And I started to be a lot more open-minded. I met
people who had had abortions, were lesbians, were homosexuals, did take
drugs, did do all these things that I used to think were terrible. And
I realized that they were people and they had problems. And why they
did these things. And I started to be more open and speak up for myself
which I never had done, without worrying about whether people were going
to like me all the time. And I also realized that I couldn't like
everybody, either. There are some people that you just don't like, for
no particular reason. I used to feel terribly upset if I felt that
somebody didn't like me. And then I realized that it was quite okay not
to like somebody and for somebody not to like me. It makes life a lot
easier for yourself, too.

I: How do you go about showing people who have cancer that there is
another way to think and to be?

M: I try to encourage them to think actively that all is not bad
because you've got cancer. You may meet new friends, new things might
happen to you, you can widen your horizons, your children may become
more caring, your husband may realize how much he cares for you, it
might bring you closer together, you'll start to do things that you
would never have done otherwise. In fact do!! Do as much as you can.
Everybody with cancer doesn't die. Look at me, I've been here for
35 years and I wasn't supposed to live beyond 20!! And I'm still here,
talking to you! And if you could see me--if I'm talking on the phone--
you'd never think I was nearly 50.
You might not be as fortunate. But if you have only five years, let them be good years. If you have only five months, let them be five good months!

Do as much as you can as long as you're able. What would you like to with the rest of your life, however much of it you've got left? What would you really, really want to do, and why haven't you done it? And what's stopping you doing it? And then go ahead and do it. And then if you don't have any more time, everybody you know will have had a really good experience and a happy time, and they'll feel really good because they'll know that you have done something you really really wanted to do.
The following are random excerpts from M's book, which she wanted included, as she thought they best expressed the thoughts and feelings around her illness.

My life was scattered with very distinct choices mostly brought about as a result of my cancer. Thinking of the depressions that resulted from some of the choices, it seemed that I had often made the wrong choice—but who knows whether the other path might have been sunnier? ....

And if indeed my story does become an inspiration or a help to even one other person, perhaps that might be the elusive reason which I have been looking for for so many years—the reason why, against so many odds, God has kept me alive. ....

At no time did I ever accept that I could die. ....

I wanted to understand how God could love people and yet allow such terrible things to happen to them. As time passed I have wondered the same thing again and again yet, at the same time, I am sure that over the years God has indeed been helping me in a different way—giving me the strength and the determination to survive in spite of the times when it seemed that everything was against my doing so. ....

To me, ignorance was never bliss. I preferred to face something that I knew about, even if the knowledge did sound horrifying: it was far more frightening not to know what was going on. ....

I think the determination of that old lady [an 89-year-old woman, who was determined to walk on her new false leg into her ninetieth birthday party], and the definite idea of setting a goal within an achievable time frame, were lessons I learned from her which have lasted me all my life. ....

I had to see New York now in case there wasn't going to be a later. Looking back it seems I have lived the rest of my life on that basis. I am sure I have done more with my life—seen more, achieved more, travelled more—than I would ever have done had I not had cancer....
I was assured that I had already endured much worse than this, and if this treatment was to save my life then surely it was worth it to put up with a little more discomfort for a few weeks. If you look back on every unpleasant experience in life, it never seems half as bad later.

[Another patient] helped me to realize that God had not forsaken me: He had helped me survive so much thus far and was continuing to do so--I was still alive, and what a wonderful world it was that I had been privileged to remain in.

The thought that I could have died, probably should have died, was still rather unreal. The fact that I hadn't, only made me think...that everyone else had been wrong.

I also remember learning a very great lesson at my father's funeral--that is, to tell people how much you appreciate them while they are still alive.

I have never been a quitter. In my first two months in Vancouver I grew up a tremendous amount emotionally and learnt that I had to stand up for myself in ways I never had before.

Over the years I've discovered that out of any disaster there always comes some compensation.

I learnt an enormous lesson from my experience with D: that not everyone was going to like me, with or without reason, and I didn't have to try to like everyone. I can't imagine why it took me so long to discover this.

How many times did I ask myself why God had kept me around? I wasn't very religious but a small voice in the far recesses of my mind kept telling me that I must have been saved for some reason and I must try to find out what it was.

Since my most recent brush with death, I had ever so slowly started to develop a different attitude--a case of "do it now" particularly as far as travelling was concerned... I expanded my line of thought: Do it now because there might not be a next year regarding everything and not just travelling.
I began making goals for myself, and as soon as one was accomplished I set another—mileposts in my life to be reached, conquered or enjoyed; such as a course to be completed, or a holiday. I kept making shorter-term plans so that I had something to look forward to, such as a special outing, a movie, or going out to dinner. Without consciously recognizing it then, I was starting to give myself more reasons to live again.

It proved to me that negativism breded negativism: everything that can go wrong will go wrong almost as if one has wished it upon oneself, whereas a positive attitude fosters good feelings from everyone.

Do as much with your life as possible. In fact, do more because you have cancer than you would have done without it. Hopefully you'll be lucky and conquer your cancer, but if not, all the more reason to get as much out of your life as you can while you are still able to.

Although I feel it's a great help to feel comfortable about death, in most cases patients need to have some motivation to live and not just give up. I, personally, feel that the strongest motivator is to have a warm, close relationship, to know that someone cares.

I once read something to the effect that the whole purpose of life is to live it. To reach out, to experience as much as possible, to love more, to touch more, feel more, enjoy more, even to hate more and feel anger. Only by experiencing some of the negative emotions can we truly appreciate the positive ones.

There is another volunteer activity which keeps me busy and makes me feel that I am finally contributing to this world. (Perhaps these are some of the reasons the Lord kept me around.) I became involved with teaching new Canadian students English as a second language... I knew this is what I should have been doing instead of enduring all those years of misery.

I am now grateful that life at the office became so miserable that it forced me to leave.

I feel that a positive attitude of mind can be beneficial in absolutely everything, and that any medical treatment will have a better chance if the patient is less depressed and stressful.
If you feel good today, don't worry about tomorrow. Get out there and make the most of today.

It seemed to me that having had cancer resulted in enriching the lives of the people I met, particularly during my research into support groups.

For so many years I feel I have been driven by an urge to do and see as much as possible... I think I have already done far more with my life than I would have had I not had cancer, and for that perhaps I should thank cancer for having come into my life. There has been a great deal of suffering but there has also been a tremendous amount of happiness which I can appreciate all the more.

In spite of my positive attitude toward life nowadays, at the back of my mind there is always the thought that my monster may be back... But whatever the future may hold, I know that I have had a very full life—which has been extended by at least thirty years more than the medical profession expected; I have been extremely fortunate to have acquired so many wonderful friends en route, and I am more certain than ever that some higher Power has been looking after me. The one deep sorrow I have is not having been able to have children of my own, especially now that I know I would have lived long enough to have brought them up...
A first interview with P. did not turn out. This second interview lacks some of the comprehensiveness of the original interview, but here P. was more comfortable and censored his feelings less.

I: So, thing's have changed for you a little bit since last I was here. [P. has had another relapse, and is back on active treatment.] That was back in January, wasn't it? Today I'd like to talk with you again about your recovery from cancer and how it has changed your life.

P: Well, I guess I'm in a kind of depressed mood. As soon as I think about cancer I get depressed, and then I get busy with my own things.

Yes, I'm back on chemotherapy. I didn't mind the regime on chemotherapy when I was in hospital for a week, and off for a week. Or hospital for four days, and then off for a week. I realllly like that. I don't have to worry about anything when I'm in hospital. I take the therapy quite well...

It's probably a good thing that I'm around the house a bit more and I can do a few things. But it's not as relaxing being around the house. I see all the things that I haven't done around the house. All the things that I should be doing...

Well, I've been to a retreat at Hope [a cancer patient self-help group]. Hope's first weekend retreat. I'm going to go to a five day one up at Cortes Island. It's the first time I've ever been to Cortes Island. And that's May 5 to 10. Hollyhock Farm. It's going to be different from the weekend thing. Maybe there'll be more meditation, I hope.

I: Is the meditation a new direction for you, or a direction you want to go in more?

P: I guess a direction I want to go in more. I think of meditation and prayer as being very similar. And the cancer hasn't gone away. It seems to be getting worse. The jaundice has come back again in February. Not quite as bad since when we talked earlier. It's still with me. You know, I've had all this chemotherapy. Four treatments. I'd like it to be gone. And we're on the last type of chemotherapy...

I: Is this the first recurrence that you've had?

P: Hell, no, not with cancer! I've had a continual battle with it for
the whole time. It's just the first treatments that went so well. With
the thing that went right into the artery, into the liver. And I've
always been disappointed that they didn't do that again...

What else? I'm looking fairly normal, I think. Sometimes when I
look in the mirror I don't look so dark, and I certainly don't look
yellow...

I: Does not being able to work, as you were before, does that bother
you?

P: Oh no, I've got lots of things that I want to do around here. It
bothers me to some extent, that it would be nice earning money, but I
earned a couple of thousand in the six weeks that I worked so far this
year, as I've noticed on the income tax.... But I was also worried
about my medical. But they've upped the allowance for premium medical
assistance to $14,000. So I could work a bit more...

I: Do you have thoughts of maybe not living through the year?

P: Oh yeah. I don't know how long it takes to die once the
chemotherapy doesn't work anymore. I assume something under a year.
They said right from the beginning that they thought I had less than two
years. And then they added to five. Just to cover themselves. And now
they're saying...

I: I don't think we really know. Some of the people I've talked to,
some of them were told 20 years ago that there wasn't much hope, that
there wasn't a treatment that would make a difference.

P: I'd like to know what happens. They'd like to know, too. A lot
of people would like to know why they're living and others aren't...
I'd like to have an S.R.--a spontaneous remission. But I've never had
a remission. Whenever I was on chemotherapy the CA counts went up.
There was never a levelling off...

I: Have you thought of that, why you're still alive when they didn't
think you would be?

P: Well, after a few months or a year they changed it. "Well, you've
got slow cancer." So the assumption is, if we had known you had slow
cancer, we would have changed the emphasis to five years anyway. I
gather they don't know the difference...

Sure, I wish diet worked. I'm not very good at staying on a diet.
Especially with something like macrobiotics, where there is so much
controversy about whether it works anyway.

But I sure have changed eating habits a lot, compared to two years
ago. I certainly never had anything with miso in it before. Just more vegetables for one thing; less meat, less dairy products. Dairy products were a staple part of my life. I just loved them! I still do. But I hardly drink any milk now. It's just practically gone compared to before...

Last week I sort of went off it. Several times. I went out to dinner. I didn't feel very comfortable about it, and it upset myself, so it kind of confirmed that I don't enjoy those things anymore.

So about the only non-macrobiotic thing I had today at lunch was margarine, on one piece of bread. Oh, and I took jam, I guess. The jam, though, is special. It comes from my friend in Bella Coola. She says the English people call it stinkleberry. I've never heard of it. It's a nice jam. If it has sugar in it it's not macrobiotic at all. So the jam and the margarine were the only non-macrobiotic things I took at lunch today...

And this morning I had some cereal with some milk on it. Usually I just have porridge and I don't take any milk. Quite a change from my poached eggs and two pieces of toast with jam and margarine. Twice a week anyway.

I: Did you have somebody teach you about how to change your diet?

P: Yes and no. I went to two lessons. The first cooking lessons I've ever taken were macrobiotic. But they only had two sessions. It seems very little...

I: Do you think you'd mind going over some of what we talked about last time?

P: No, if you can remind me... I don't usually remember conversations.

I: Last time we started out talking about what was happening in your life at the time that you were first diagnosed.

P: Oh, we have to go over that? That's the most depressing part of my whole life!...

I was unemployed. And I consider myself unemployed since '82, even though I was a substitute teacher for part of that time, and I had a six month contract between January and June '84. So I was working then. But it's always seemed like a high stress time for just years. Four years anyway...

Getting my teaching certificate was also a stress. And then losing the job. And finding out later that the reason I'd lost it was because I didn't stand up for myself well enough. I didn't know the game and
play it. If I hadn't signed a paper... I was told by the principal that by signing this piece of paper that said I was an unsatisfactory teacher, all that it was saying was that I had read the piece of paper. Well, they threw it in my face and said, "Look you've agreed that you're an unsatisfactory teacher and signed it." But still, I feel so trapped! That's just a part of my anger. It just kind of grew. I mean, it was there before, because of the failures I'd had in my life. It just blossomed after that.

That last thing with the Vancouver school board was November '85. When I'd gone in to ask about getting back on as a substitute, they said, "I don't need to have anything more to do with you." Some words to that effect. "Let's leave it, period." That just made me really angry. Feeling very powerless...

Anyway, the pains really came back, and there was more blood in my stool. after that, Christmas was just a very uncomfortable time. I always put things off. So, I said, "Oh well, I'll go to see the doctor after Christmas. I've had this before. Over the last I don't know how many years, but it always went away."

And then dad was getting worse. Multiple myeloma, another type of cancer. And he had lasted a long time. He'd lasted eight years. But he'd had a remission. For three years. When he didn't have to have chemotherapy...

So I was volunteering at home. Trying to look after him. And I was volunteering at the church. And I was volunteering at Vancouver Elementary School Teachers. And just really felt burned out.

So it was kind of a relief to have cancer and to have an excuse for not doing anything.

So I was diagnosed in February of '86. Just after a terrible time...

Dad maybe forced himself to get up for Christmas, got dressed. That was the last time. I was diagnosed in February, and my first operation was March 4. So I was home. I was in hospital a week I guess, after that, not very much anyway. And dad died. April 4. I took him down to the hospital. I was in the ambulance with him. He was having trouble going to the bathroom, and his back really hurt. He died the next night. It was around like about 24 hours...

And I had my second operation, which was an attempted liver wedge removal. It was never done because there were metastases all over. On May 16 of that year. Chemotherapy started in June. That was also a nice session of chemotherapy. I was there for six days. It was five bags, but you never get out of there in five days. Because they do
tests, and then you wait for them. And then you get a bag a day, so it's the sixth day before you even finish the fifth bag. And then you clean up and wash. Because you can't have a shower or anything when you have tubes running in you... So I didn't mind that. Well, you always mind a bit. But, I had three weeks off! I thought that was really good. They would tell me that I was progressing after each time I went in. And it went down to below normal -- the CA count. I was free! They couldn't see any cancer at the end of that. That was just a relief! A relief and a release and just kind of everything!! Just lovely. I had very little effects, because the stuff wasn't pumped through my stomach and my whole body, it just went straight to the liver...

I: Sounds almost like a bit of a paradox in a way... When you found out you had cancer, there was something that was almost a relief in that...

P: Yes!!

I: ...yet to be responding well from the treatment and doing better was also a relief.

P: Yeah, well even though dad had had cancer, he hadn't died, when I first was told. And the other thing was that he'd had a remission. And the other thing was that I was even younger. I didn't have the same type. He had a multiple myeloma. It can be a pretty deadly type. Not so much as colon cancer. Well, colon cancer can be, like all cancers... It depends when they find out. It wasn't until you see, in March, when they did the operation and the tests showed that the cancer had spread through the lymph system, and they had found the metastases in my liver. It had spread. I didn't know that until March sometime that it was even more hopeless than it was at first. And then dad did die. They tried to save him in an operation, but it didn't work. And so I was kind of going downhill, and then all of a sudden I came uphill. Chemotherapy worked. And I was feeling pretty good.

I: Were you starting to do anything different at that time? Were you going to church throughout that period?

P: Yes, church hasn't changed. I've changed churches after that. But church hasn't changed. It wasn't until about '87 that I changed churches. Because of the music...

I: Yes, I remember last time we talked you sang a few lines of that new gospel music you liked. What was it? "Ain't Got Time to Die".

P: Oh yes! That's right...

I: Looking back, would you say that your life has changed over the last
four years? Is it different now?

P: Of course! Well, I have less energy, I have less hope, I have less future. I know they say you have to make long range plans. Well, I find it very difficult. Thinking a month ahead is about as far as I can make it... If I was thinking longer, I would be looking at getting a job as a full-time teacher in September. So that means I got to get back to work now and impress people that I'm there and available. Well, I do want to go back, but when I feel I have a lot more strength. I'm just weaker. Here's a paradox, too. If I was really gung-ho I'd be out doing these things, but I also think I am less pushy, less into the rut. I don't know. Maybe I always was. I was never much of a good team player. The person who just does his job and doesn't say anything. I never was much like that...

I: Yes, I remember you talking before about things that were important to you were different than they seemed to be for other people.

P: Yeah, generally speaking. I just got into an argument today with the person on the other end of the line, because of service charges and things I don't think I should be charged. And I didn't receive my statement for the month. "I can't do it for you now unless there's a ten dollar service charge. We have to type it up." Unless they type it up all by themselves. As if that was such a big job. Well before they could just photocopy something. All the service that used to be there for part of a job is now being charged, every nickel and dime. Boy, does that bug me! It certainly bugs me about credit unions, because I think credit unions are different than banks, and that's why I went there.

It's just part of the whole sickening business. You just can't trust your government leaders. You can't trust anybody. You can't trust any institution because they're just out to do the least they possibly can in the cheapest way they can do it. It's part of the whole sickening...

I can get quite angry about this. And I notice that when I'm under chemotherapy my temper can flare very easily.

I think that Canadians are too wimpy anyway. We do need to complain more and stand up for ourselves. We, Canadians, need to do more of that, much more of that--complaining, and not just muttering and taking it...

I just heard on the radio or the TV--Wendy Mesley or one of the others on C.B.C.--that on the round-up that the public was far ahead of the politicians on the environment. That doesn't seem right. There may not be any future for me with cancer, but it's unbearable that there may not be any future for the rest of us, the children, my nieces and nephews, whatever, just because we're messing up the world so much.
Vancouver’s water is not as clean as it was ten or twenty years ago. And I know that because of the fish tanks. We store water before we put it in the fish tanks, and the water is definitely dirtier than it was twenty years ago. It doesn't taste the same, either. You go up to Bella Coola now and there's a big difference, whereas Vancouver water was pristine. It was just as good as anywhere... I don't think it should be.

Like the stupid decision to build that gas pipeline through a watershed. Asshole things like that!

I didn't use to swear before I had cancer. Before I was unemployed, actually. Went through navy training with lots of crazy people, but I could just slough it off. But know I feel like saying, "Fuck them all!" I don't swear like that. Never did swear like that. I'm much more prepared to swear in these situations. I still don't say that f-word when I bang my finger. I don't even like to say shit...

[Talk about his anger with the political system].

One good thing about this steaming off is you get rid of it for a few minutes, until it all wells back up inside of me again. Anyway, a lot of spleen, or whatever the word is for poison thoughts or angry thoughts or disagreement with everything...

There's a lot of things I think that are stupid. I suppose if I was really smart I wouldn't allow those things to get to me. Realize that they're somebody else's problem. At least that what's some people have tried to suggest. I just hurt myself... Especially if I bury it all. Which is what I do most of the time.

I: Do you think there's a way of doing something about it, to actually turn those thoughts into actions?

P: Well, no. If everybody complained, and everybody said what they felt, and if people read the newspapers... Rachael Carson and her Silent spring-1955, I think. She told us all then what was going to happen, and virtually everything that she talked about then has come true...

One sign of getting slightly better is that I complain more. When I'm really sick I just don't have any energy. Also, there's parts of my brain that seem to shut down. It's hard enough now for me to put a whole few sentences together. Well, I can't find words. When I'm really well it's easier to find words.

I: Is it being on the chemotherapy that makes you that way?

P: Oh yes! And being sick, too. I think in the processes of death
there's less blood that gets to some parts of the brain. And things just start shutting down all over the place. And then the chemotherapy...

I: Can you tell the difference between the effects of the cancer and the effects of the chemotherapy?

P: No and yes. The chemo's worse. You don't notice the other processes... I can't read... And then the chemotherapy starts bringing it back to you so that I can read or I can walk around the block. I've hardly done any exercise in the last few months. Everything is... I was downtown for the first time in months. Back aching and everything, just after a couple of hours of walking around. I went to the record stores, because I haven't been in the record stores for years. And I went to Sam the Record Man, and A & A. Those are two new stores that I don't ever remember being around for classical music... Only problem is that I'm still on L.P.'s and everybody else has gone to C.D.'s. If I was working and stuff, I probably would, too. Because that would be part of what I would call minimum standard of living. The quality of music, the accoustical environment is very important... So I would spend the money if I wanted to, and I guess I'm not wanting to.

I: What's become more of a priority now?

P: I was going to say try and be happy... I had a really good time on the retreat. The only thing that was really difficult was the food. I'm not disciplined enough to say I'm not going to eat that. It was very fatty, and pork. Old-fashioned... Well, as the people at Hope said, they did offer a whole lot of fruit after we asked them. Okay, they did make that change. They also offered wholewheat pancakes. I mean the first breakfast was scrambled eggs and sausages. I never liked sausages, anyway. I'd been a bacon man...

One of the things I still like doing is just lying down on the back porch. This is about the hottest part of the house...

At the retreat, I took in the lecture that I wanted to take in, and it was really good. And then I didn't go to the other lectures. I went swimming. And then I slept. And then I stayed up late playing bridge. I just loved it! It was just great!! And the weather cooperated. It was nice weather. And the smell--just being in the countryside with trees and grass. It was in a big acreage... At Easter Seal camp. And they had a heated swimming pool. That was really nice! So I'm hoping Cortes Island will have some of the same, where I will be able to play some bridge, have a good time, and do more meditation. Because I didn't do that much meditation. And the food is going to be vegetarian. And that's even better...

I: Is social time for you more important?
P: Oh yeah. Because I don't get out. I don't do enough with getting out of the house. I should be calling up girlfriends and doing different things. Even walking. Do anything. But I just haven't done that sort of risking and making a commitment to do something.

I: Why is that, do you think?

P: Well, it's a combination of feeling too tired by anytime after dinner. But it's also that hopelessness. So it's all kind of mixed up...

So I don't know how I'm going to make myself happy.

But I know working in the garden brings me pleasure... I started doing something that I'd been putting off for months, and that was getting an electrical cord, a special type. Number 10's. Most garden variety cords that you put on your extension -- electric mowers -- is number 14. And I want a 10 size, which is bigger... This is the first time that I've had the energy and the time. Mother's out. My sister Mary has taken mother looking for new clothes. I don't have to worry about mother. It's the first time in a long when I get to take the time and I have the energy and knew what I wanted. And I've been phoning around trying to find out all these things. It takes a while. When I was a purchasing clerk I'd find out a lot of things. But I'd kind of forgotten... And I still want to get out and fix the truck in the garage. It's been there for two years sitting on blocks. I need to have an extension cord for that...

Oh, there's just lots of things! I want to fix up my camper. I want to go. I've had the camper since 1983 and I've hardly ever used it. That's what I bought it for. That would be a real goal. And I want to go to music camp, which is the second week of July. I haven't booked yet. But I know that is a goal...

And my aunt was asking me if I want to come back to Ontario. I went back last year and that's when I turned jaundiced. But it would be different this year, because I wouldn't have to be picking up my 92 year old uncle in Minneapolis, and then taking him up to Ontario. I wouldn't have that added pressure. He hasn't been up for 30 or 40 years, and he went last year. And I helped him get there! And then I became sick and had to come home...

I: Well, you've done a lot of looking after people! Your parents, your relatives...

P: Yeah, everybody but me. I guess sometimes it feels that way. This year I've been feeling that more than I have in the past. Especially now that mother seems to be losing her cognitive abilities. Because she's growing older. And of course I expect her to stay at her peak.
Even if she is going to be 85 this year...

I thought ever since highschool that if I became a teacher that I'd be halfway satisfied with myself... I guess I probably would have been a normal person if I could have kept a teaching job. I don't think I would have got cancer nearly so early... I mean my grandfather didn't get it until he was in his sixties. That's the youngest. All the rest have in their eighties. That was '83 when he died, but he caught it eight years before that. They were all up there when they caught it. And all my relatives out east have it too. Two more have died in the last three years. They were all in their eighties. Well, I think as well as having cancer there's a whole lot of other common characteristics. Like the Scottish heritage of criticizing everything unless it's perfect. All of our family is like that. The two that I'm talking about were doctors. One was a brain surgeon and the other was the head of heart surgery. Both in Toronto. But my uncle who is still alive is a doctor, but he is more easy-going. He's more like mother. And they're the ones who are still living! And Tina, the youngest one is still alive. But she has more personality... Oh my mother is more easy-going, and a more stable person. Like my father was practically a recluse compared to mother...

[Talk about the life of his parents.]

Anyway, so they were achievers... Compared to them I feel like my life has been useless...

When I was first failing at university I took this psychology test. He said, "Why are you failing? You're in the top two percent!" I said, "No, I just kind of got through school." But I had it in writing! But I still didn't believe it. And then when I went to university in Victoria I had the test done again, and they even gave me a higher score. I had to take it three times before I said, "Oh, well..." And then I became angry. If I was so smart, why wasn't I doing better? And then at Simon Fraser this psychologist said, "You don't know what you want. You don't know what you're doing. You're screwing around. So why are you doing that?"... Anyway.

So my sister became a lawyer. I should at least be able to do that. She was always on the honour roll, but I was always the one with the so-called personality...

I: Do you think you could go for a change in career at this point?

P: Yeah, if I thought of anything that was worthwhile. One of the reasons... I didn't like the low esteem of teachers. But otherwise I like being a teacher. And pay-wise, too. Compared to doctors and lawyers. Even postal workers make about as much as teachers do. And bus drivers. Well, they're all needed people in society, too. Why
should teachers get less? Well, it's all relative. Who you're comparing yourself to. Well, I compare myself to doctors and lawyers. Well, that's not right... The last time I was teaching it was just nice to be back. I feel like I've been a bum for too long.

But when I'm sick and tired... That's another reason for not rushing back into teaching... After four weeks, by the end of the fourth week I'm just too tired. I'm starting to get sick again, I guess. I was on chemotherapy when I was teaching last...

I haven't really worked full-time in eight years. There isn't anything that I really want to do. Politician...

God, this must be a whole of gab. But I would think that most of the people you talk to sound a little different... Less angry than I am... And with not as much to say.

The people I meet at Hope don't seem to be interested in classical music... I'm glad I've found three other people who play bridge...

[Talk about his interest in this research, and my profession.]

In the seventies, I went back to university because I finally found something that I wanted to do, and that's music therapy. I was going to go down to the States... Now they're even talking about doing a bachelor's degree in music therapy. The first students now are doing a bachelor's programme here in Vancouver. They've had a two year diploma course at Capilano. But now they're combining it with something. Maybe it's at S.F.U. or U.B.C. or the Open Learning Institute that gives them a degree. So I was thinking maybe if I was being true to myself then I'd start doing something like that... I didn't want to do it if it was a just a diploma, a two year thing. I really wanted a master's. There's two places in the states. One of them I may not have got into because I didn't push hard enough... But I decided I wanted to pay back my debts, and didn't want the change to university life anyway. Wrong decision, maybe...

Oh, so many decisions you can look back and say, "Oh you should have done that!" Anyway... A lot of things I should be doing...

I want to go and visit this doctor on Saltspring Island. He was a speaker through Hope last year, sometime, maybe in May '89. He was one person, when he spoke, I thought, maybe that's a doctor I should go and talk to. And I have friends on Saltspring who have said, "Come and stay with us!" I haven't done that for a few years... There's something in me that said that I want to go and see him.

I want to get out of that same mind set we seem to get in our western medical position. I just want to get away from that. "Well,
you're going to die. Let's see if we can hold off the cancer. Control it for a while until you die. That's why we're called the Cancer Control Agency. That's all we do. And we know you're going to die. And that's too bad." I don't like that. It sure ain't helpful!

I: Do you feel that you have to fight that attitude a lot?

P: Yeah. All the time. Every day. Especially every time I go to the cancer clinic.

I: There's nobody who've met there that...

P: Oh yeah. The social workers and the nurses. Dr. S and M. are the two doctors of the G.I. or gastrointestinal part of the clinic. And I have M. Good scottish name. Good scottish-canadian background, I would think. But anyway, just like I am. Good old scottish negativism, too. If it isn't perfect, we haven't got a cure. You don't say anything, or you say the worst, because you can't be caught out wrong. It's better to say the worst than it is anything else. S. is a different personality. He smiles a lot whenever I talk to him. He just isn't so negative... But he's not my doctor. I guess I could put in a big thing about changing doctors. It's come close a couple of times...

[Talk more about education and career and some of the family values of materialism and the protestant work ethic.]

I: Has having cancer made you question those values more, or were you questioning them before?

P: Oh, sure. I questioned it before. But even as a teacher, I would get there at eight in the morning. I'd be home at three o'clock. And then I'd work through until two in the morning, marking and trying to be prepared for the morning. I don't want to do that anymore. If I arrive by eight, I want to be out by 3:15. Get what work I have to get done in the morning. Work a bit in the evening. But I want to have something to do in the afternoon that isn't school. I don't care if it's teaching kids soccer. I don't mind. But I want to be out...

There's a lot of issues around cancer. Spiritual issues. Whether life is worth living... What makes me a happy person...

I: Do you think you want some of those that society says makes you happy? Get married, have children, buying the house...

P: Yup! Oh yeah... But I don't think that it's just society that says that. Either I accepted those or I wanted those from 12 years old, I don't know. I know that this house [mother's] has been a goal of mine for some time. Because I was going to do better than my father.
But not only that... I like the view from here. Where else can you see this? I've been very satisfied here. I consider this a minimum standard of living. I want to raise the house two feet like this guy next door has done. I want to level the ground a little bit. I want to get rid of these stairs so that mother can walk to the garage without going down any stairs. I want to fix up the basement. That's been a goal for us for 25 or 30 years, and we've lived here 40...

[Talk about plans for renovating the house.]

Talking with you is getting me all excited again... Say, would you like to have something to drink now?

I: Yes! Let's stop and take a break. Thanks very much, P!
TRANSCRIPT #2 (Case P)

P: ...I guess I'm dying.

I: What makes you think so, P?

P: Well, I'm losing weight. I've seen everyone else slowly go down the tube who's got cancer. That's a good question. Mainly it's the lack of energy. And the doctors saying that the CA count is still a way up, even after chemotherapy. ...

I: What we've been talking about before were the changes that you've had in your life as a result of surviving cancer that was terminal. I've been thinking that your story is a bit different than the other people I interviewed. What may be different for you is that you may not see yourself as having recovered or survived. You may be looking at yourself in a different way than someone maybe who's been diagnosed say ten or 15 or 20 years ago.

P: That's quite true. I see myself as surviving. Maybe just at the edge of surviving. After all, the "big five" is coming up. I wonder if I'm going to make it through. This last little while I don't think that I am. I feel more pessimistic than I have in the past. Maybe if I made it through five years--I wonder if I could make it through six--and if I made it through six, I'd make it through ten. But I know five is a big thing. I know quite a few people who died at five...

So, we've been looking at changes that have come around in my life because of cancer...

Yes, well, the big thing was the lack of hope and the lack of a future...

I: So, if you don't really see yourself as having survived cancer, and you're not yet sure that you'll make it through, I wonder what keeps you going?

P: I guess because I want to live. And you do, one day at a time. There's those things you can't articulate--the belief in God. I certainly believe there's something more to life than just this existence. And what we understand of this. That sort of hope that there's more to come.

I: Does it give you the feeling that there is more to your life than you consciously know?
P: I certainly hope so! In that sense, Shirley MacLean's books on the afterlife and reincarnation are somewhat fantasies but they sure have a nice, neat idea. Things beyond this world...

I feel better after going to church. I feel better after praying. I feel better after being in community worship. More relaxed, happier. Didn't always last that long. I feel better after singing. It seems to release something.

What kept me going? Well, I don't believe in a God who would just plant me in this situation and that there would be no hope. I feel that it's just up to me to find the right things to do, or the right cures.

I: I wonder if there's someone you've met, say through Hope [a self-help group] that gives you some inspiration or some possibility that there is another way?

P: Some inspiration, yes, but when one dies like Willy did Wednesday, there's not as much inspiration as I would like. And yes, there are some examples, like Barbara, who had breast cancer which had metastasized to the liver. And she went into remission... But I'm not a cure. I'm just surviving at the moment. And sometimes it even feels like less than surviving. I feel like I'm just hanging on by the edge. ....

I: Why don't I give you a scenario? If one of your school kids was diagnosed, say, with leukemia, what would you say to that class in terms of someone who's been through a cancer experience, and what you felt you learned?

P: I don't think I'd say much if there wasn't an in. If somebody didn't ask me. Especially since I'm not over mine. I'd be even more hesitant to say anything. I guess one of the things that I would say is that the person who has the sickness needs everybody's consideration and support.

I: What would that mean?

P: That each child would have to take time to show in some way that they were interested in the child who was sick. Not to run, push, shove and yell when that child was around. And that showing of affection and concern and support did not mean pulling the child on to play. It might mean just holding a hand, or just sitting with them, not saying anything. The talking perhaps would be much less important than just being there. If the child involved asked questions, I'd certainly be willing to share my own experience. Even though I haven't told anybody in the school system that I have cancer... Encouraging the child to do whatever he/she could do. I feel that's what I would like people to do with me. I also want them to help.
I: Do you get that support and encouragement anywhere?

P: Oh, I get it at church, I get it at home, I get it at Hope, I get it from a lot of places. But I don't get people offering to help. Now that I feel so weak, I want people to come and help me sweep the garage, and do the gardening, and help me with my fish. I don't want people just saying nice things to me anymore.

....

I: Weren't you just on a retreat?

P: Oh, yes. "Today's Man". There were some people there who made a difference to my stay. My roommate was a man with a false hand. We didn't talk much and yet I felt very close to him.

....

I: Would say any relationships have become more important to you?

P: In someways I feel like I've been trying to distance myself. If I'm going to die I don't want to be that close. And yet all my relationships have become more important. I live with my mother, so that's the closest thing. I feel like my relationship with her is too important... She's such a happy person. I'm kind of jealous of that.

I'm not happy. With myself. I just feel that my life has been useless. I haven't accomplished anything. My life hasn't made much sense...

I'll have to wait and see what happens in August. What my health is like. I want to get better. This has been the best [work] year of my life. I was working as a teacher. I'd finally accomplished something. I feel that one of the biggest reasons for having cancer is the frustration and anger and bitterness I held toward the Vancouver School Board. And the way they'd treated me. I feel so manipulated. All I had to do was stand up for myself... All those chips on my shoulders are still there... With teaching I feel good. Earning some money, getting out of the house, and meeting new people, and doing a responsible job. But a lot of the time I'm pretty tired. And after six weeks I'm just exhausted. But it was important for me to be working. I was being normal and I wasn't confined by having cancer. Those were the times when I felt I was actually winning a bit. I hadn't worked for five years, and here I was working even though I had cancer. I know that working was really important. Feeling a sense of self-worth.

....

I: Are there positive changes in your life since having cancer, or does it feel more like struggles and difficulties?

P: Oh, there are positive things, alright. I'm much more aware of
other people's problems. I wouldn't have had that awareness of what pain and ill health and lack of a future mean to so many people. I know that now. A person who "comes from the other side of the tracks". I know what it means to have no future. They're trapped. Well, I feel trapped by cancer. I never felt that way before. I feel that society traps a lot of people. Certainly when I was unemployed. Here I was, Anglosaxon WASP and everything was supposed to be going for me. I felt trapped alright...

I think I appreciate just being alive. You wouldn't know it with all my negative comments. But more so than before...

People have made the effort for me. And that's been a blessing. People I've met through having cancer have been a blessing. But it is hard to keep going... Doris C. had breast cancer, and it spread all over the place. A real fighter. Does what she can. If she needs to rest, she rests.

I: Which is true for you, that you've given up your life more for other people, or that you're more self-centred?

P: I gave up too much of myself. I don't think I was self-centered enough. Or I was self-centred about all the wrong sort of things.

I: Was there a reason why he had all these hard tasks?

P: That was the whole point of it. God was trying to say that it's not because he was a sinner or a bad person that this happened. It just did. It wasn't a punishment from God. It's like life--it's not so much what it is but how we face these things.

I: What is it that you identify with now?

P: Death and failure! Lostness and drifting in the sea. I'd like to say I keep trying to identify with the person who keeps fighting, the person who keeps trying. Sisyphus. The man who kept rolling the stone up the hill even though it kept falling back down. [Goes to look up Sisyphus in the dictionary, and reads aloud.] "A legendary king of Corinth, famous for his cunning, who outwitted A. When the latter stole his neighbour's cattle, Sisyphus, who mistrusted him, was able to pick out his own cattle, having marked them under their feet. After his death, Sisyphus, on the account of misdeeds, was condemned in hell to roll to the top of a hill a large stone, which when it reached the
Oh, do I feel good about that!

I: Well, hopefully that's not going to be your eternal fate!

P: Not eternal. It would be a good thing to be able to just keep fighting... Who were you thinking of?

I: Prometheus, the one who stole fire.

P: "Prometheus." [Again reading from the dictionary.] He made mankind out of clay, and when Zeus oppressed them and deprived them of fire, he stole fire for them from heaven and taught them many arts. Zeus, to avenge himself, sent Pandora and her box to earth. Zeus, moreover, caused Prometheus to be chained to a rock where during the daytime a vulture fed on his liver, which was restored each succeeding night. From this torture Prometheus was delivered by Hercules."

I'd like to have my liver restored alright! Well, that's another reason for identifying with Prometheus and Sisyphus. They are kind of heroic. Something heroic in my life instead of just uselessness and wasting away... That's another thing about teaching. I didn't feel nearly so useless. It's a kind of passing on... It's like eternity. You're part of those kids for the rest of their lives!

I: Making a contribution to the world?

P: Also something about putting a little bit of yourself in the future.

I: Some people talk about that as being our sense of immortality.

P: That's it! Immortality. I like that!! That's what I like about teaching.