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A Journey of Healing From Cancer

Having problems is part of the human condition. Existential philosophers, such as Victor Frankl, have offered the world important thoughts on how to respond to adversity, genocide even, in ways that do not destroy one's faith in humanity or in life itself. Part of recovering from anything means adopting an attitude, a perspective or a philosophy that does not cave in on one's self and rob one of oxygen. When dealing with oppressive circumstances, we need room to breathe, to think, to explore and to imagine.

Expansiveness is one of the qualities of the relationship with the self, with one's body and with its uninvited visitor. It is important to resist the labels and descriptions imposed by others, whether that is a doctor, a self-help book, a friend, or someone who watched Oprah. As someone living with illness or suffering, there are a number of ways to think about what you are going through. As a counsellor working with others to help make meaning of their situation, it is important the journey be a co-creation of images and descriptions. During a time of illness and suffering, one often feels "acted upon" because there is a cast of characters who are, indeed, acting upon us, mind and body. One way to consider and express the experience is through developing and applying a metaphor to help conceptualize the situation. A metaphor is a poetic or literary, (non-medical) way of talking about illness and suffering, as well as other experiences. Moreover, when living with cancer there are more metaphors available than the military ones based on "defeating", "beating," "conquering", or "overcoming". As I will describe below, there are also peaceful metaphors based on love, acceptance and grace.

After developing a second bout of cancer in 2018, I was shocked but also excited about having some time when I did not have to go to my day job. I could still do some of the things I enjoy, such as talking with people, reading, watching movies and hanging out with my family. I believe it is important to look at the opportunities that accompany seemingly negative situations. I was given a regime of radiation 5 days a week plus one day-long date with chemotherapy drugs delivered intravenously at a nearby hospital. I was given a choice, to come in every afternoon or early, as in 6:30 a.m. I chose the early time, thinking I could just get it over with and have a seemingly normal day. Sometimes I would be very tired afterwards, and other times I would be wired up on the adrenaline in the chemo. I wanted to find a way to report to my friends, who I know were concerned, about how I was doing and where I was in the process. I decided to make regular reports via Facebook. However, I didn't want to merely list facts about my day and what was done to me. In thinking about how to best approach this reportage in an interesting, meaningful and life-affirming way, I decided to work with the concept of the spiritual pilgrimage. For me, a pilgrim is like a survivor without a map. The goal is to live fully every step taken to show reverence for life, for self and for Creator.

Working with Context and Metaphor

One day, I gave a call to the local cancer support centre because I would like to access their free fitness and yoga classes. A cheery volunteer answers the call and asks me if I am a cancer survivor. I tell her that I hope I will survive but I am not there yet. She tells me that everyone who has lived long enough to receive a diagnosis is a survivor. She is trying to impose a narrative on me. I want to live but I want so much more than to merely survive! I want to emerge victorious in this chapter of my life story.

For me, the story of cancer is the drama of being an Indigenous woman whose mother lived in an environmentally polluted and radioactive community. In the aftermath of a family history linked to uranium mining and the ongoing toxification of many Canadian communities, the treatment, ironically, is nuclear medicine and having cis-platinum placed in my body to kill cells. It will kill both the “good” and “bad” cells and will hopefully keep me alive. During the process, I hear certain metaphors used to represent the process as “a fight”. “You can fight this!” “You can beat this!” It is not always clear what one is fighting... one’s own body, the system, the mining industry?

A creative woman named Fiona Moody, a cancer survivor, writes on her blog: People say women with breast cancer are so strong. You can beat this, everyone cheers, like sisters of cancer are warrior Amazons, set to battle the Mygdonians. Well, shit. What else can we do? Like a drowning man, we are going to kick and thrash and push to reach the surface. (Mooney, 2015)

Tumors are described through metaphors of colonization... I have a visitor in my body; an uninvited “drop-in”, an occupier. If I do not fight this visitor, see to its departure, it will invade and take over. I will be ushered out of my own home. More than temporary co-existence is not possible. We could co-exist if you do not spread. Again, this metaphor is ironic for an Indigenous person... we know these things often end badly.

There is a kind of externalizing that happens with the use of metaphor for cancer. The focus shifts from the person as resistance fighter to the medical machinery as resistance fighter. I have been told to exercise, to strengthen my body, as one way of becoming victorious in this onslaught. This can be difficult when the treatment makes you feel sick and compromised.

There are fewer metaphors about making peace with the illness, with the tumor. “You can stay... as long as you do not deplete my life energy. We can co-exist.” Cancer survivor Fiona Mooney elicits a partnership metaphor in relation to her chemotherapy drugs.

Fiona Mooney made a mindful decision to “partner” with her powerful chemotherapy drugs rather than fear them as poisonous. In naming

them, and having weekly dates with them, an unexpected relationship develops. She consciously refers to the drugs as the ultimate cleansing.

Are there benefits to co-creating metaphors that do not involve a fight? I suppose the path is unique for each person. The point is, each person can be engaged conversationally or therapeutically and discover their own descriptions and metaphors that characterize the process more precisely, for them.

The Way of St. James – El Camino de Compostella

I decided to be with the metaphor of the pilgrim and the pilgrimage. In the summer of 2017, I visited the Spanish Pyrenees and walked a few small stretches of the St. James trail, el Camino de Santiago de Compostella. At that time, I knew something was wrong but I did not know that my cancer had returned. I loved the land and felt a rich energy that I would describe as spiritual. The mountains and trees were magnificent, the water seemed clear and clean, and the sun was radiant. It turns out that my own treatments will take approximately the same length of time as the journey across the Camino. This path has been characterized as being filled with personal spiritual quest, wild dogs, disrupted sleep, time to reflect on one's life. It is a time to take water, eat what the body will allow and try not to get burned skin, as from the radiation treatments. Mostly, the pilgrim is asked to keep placing one foot in front of the other and to be open to whatever appears along the way. As I write this now, I am one-year cancer free and have returned to Broto, in the Pyrenees, in northern Spain. I am back in the land of the Camino. For now, I have to drive it because I am still not sturdy enough for the walking. I still hobble along with a cane.

Fluctuating Identity

Cancer has brought me new opportunities. In exchange for becoming a part-time medical service-user, I gained various freedoms. I have some time off work for reflection, care and rest. I can contemplate my life and ponder whether I am making the most of it.⁴³ Despite the dominant discourse, I am not about self-care... I prefer what my friend Allan would call "collective care". This time is about having family, friends and even acquaintances show up to cook, entertain and laugh with me. I am blessed with great storytellers who share their adventures in Africa, stories of bad boyfriends and bad bosses. But I tire easily and am grateful for naps, foot rubs and Netflix. I even go to conferences with friends and just sleep while they party. No one seems to mind and they ask if I have any CBD.

Most of the time I do not think about being sick; I think about being alive, my loved ones and places I want to travel. I think for me; the best metaphor is to think of myself as a journeyer. My mom once told me that I would take a rocket ship to the moon if I could, but that is not true. I prefer Earth and will do something about our mistreatment of her if I get through this in one piece.

One thing I learn from the cancer is that I may, at times, need to temper my impulse to live a fast-pace and sometimes unreflective and critically minded life. When I live through this I will join the Green Party and become a freedom fighter against pollution and pipelines. We all need clean water and I really appreciate that I have the things I need to help me on this healing journey. I am a survivor, and so much more as well.

Kris Carr, Crazy Sexy Cancer Survivor Writes

A survivor is a triumphant person who lives with, after, or in spite of a diagnosis or traumatic event. Survivors refuse to assume the identity of their adversity. They are not imprisoned by the constructs of a label. Instead, survivors use their brush with mortality as a catalyst for creating a better self. We transform our experience in order to further evolve spiritually, emotionally, physically and mentally. Our reality challenges us to go deeper.

There are writers available to us who have been helpful in developing analysis around cancer in women. Eve Ensler (1996), author of the *Vagina Monologues*, is a cancer survivor who has worked with women in the Congo to develop a safe village, free of violence and rape as a terrorizing practice linked to war. She shares a few points which are highly relevant to this conversation. The Congo is filled with mining companies, many of them Canadian. There is an industry of security that hires guards to keep locals away from the mines, unless they are of course working there. Ensler reports that more women are raped closer to the mines, as rape is a form of terror used to undermine resistance and protest. Secondly, she speculates that there are links between sexualized violence against women and uterine/ovarian/cervical cancer, cancers in a women's reproductive area. Although not a highly studied topic in the medical field, there is a somewhat "common sense connection" here for many women. She, along with writers such as Andrea Smith (2005), author of *Conquest*, draws a parallel between violence against women and violence against Earth.

Generally, researchers such as Catalina Crespo-Sancho (nd), have documented the relationship between the lack of gender equality and violent conflict. There is a notable and detrimental relationship between men's violence and women's compromised health and well-being. There are philosophical and practical parallels between harming women's bodies and harming Earth. Many people consider mining as a form of "earth rape", particularly when ecosystems and many life forms are killed during the extraction process. Generally speaking, whenever leadership is self-serving and corrupt, women and children are less safe. Whenever leadership is ethical, visionary and based on collective-well-being women and children experienced increased relative safety. It is typically corrupt and self-serving or profit-focused governments and political parties that approve mining and pipeline applications alongside trying to contest environmental reports that discourage Earth-destructive activities. Pro-corporate governments win elections with the support of industry money

in exchange for permission to expand industry regardless of the social and environmental consequences.

A recent book, *Policing Indigenous Movements: Dissent and the Security State* Crosby and Monaghan (2018), discusses how companies set up charitable foundations through which conservative, pro-corporate, wealthy members of the elite may donate funds to support the militarization of the police. The police are being funded to train and arm members with heightened brutality to be used against the population, to quash dissent. As such, this pro-industry capital is responsible for increasing the violence against protesters, against Black and Native American/Indigenous citizens. Movements such as “Black Lives Matter” or “Idle No More” emerge in response to this destructive and virtually unregulated onslaught of state and corporate violence,

One of the reasons that unethical and anti-ecological approaches to extraction continue is due to corporate efforts, and language use, to spin these activities as responsible, necessary and part of a healthy national economy. Media discussions of economy, resource-management and extraction seldom triangulate these issues with climate change and the disastrous planetary situation related to the changing of the earth’s temperature. It appears that many media producers are working hard to avoid making links to resource extraction and disasters such as fires, hurricanes/tornados, floods and avalanches – as if such separation is even possible.

We need to address and confront the deceptive and euphemistic language that is used, strategically, to describe the damage we are doing to Earth. Land is not real estate. Mother earth is more than a “resource”. Progress and industry often involve Earth rape and genocide. Capitalism is greed and literally high-jacks Earth’s water, stores it in plastic bottles which are then sold to working people who are too busy making a living to stop this. I read a good Facebook quote from a friend’s page that said, “Water companies do not produce water, they produce plastic bottles”.

Counselling and therapeutic conversations can help both at a micro or individual level and at a macro or broader social level. Firstly, individuals can benefit from help in exploring their feelings about their illness, with invitations to cry, grieve and express their fears. Much is at stake, including potential loss of family, friends and life itself. At a philosophical level, it is difficult to envision the end of everything we know. More and more, discussion and spiritual groups are emerging to help people explore and process the end of life. Although life on Earth is time limited for each and every one of us, Western culture has not done a good job at helping people embrace this transition as natural and sometimes gentle. Patriarchal religion has not moved much beyond after life experiences based on rewards, punishments and threats. Even more open-ended offerings of an afterlife or reincarnation do not offer too much comfort when facing end-of-life possibilities. My point is there is no real road map for how to think about this journey before-the-fact.

Counsellors can be on a sort of pilgrimage together with their clients who are suffering, either in their body or through witnessing the destruction of precious Earth. Joanne Macy (1991) has written about the spiritual pain of witnessing the demolition of our living planet and how the expression of this grief is a crucial part of action taking. Counselling doesn't have to be about a goal, an objective, motivation, or evidence-based, outcome-measured engagement. It can be a form of accompaniment, of witnessing, of revolutionary love and care for another human being. Counselling can help clients find their way, through difficult and unknown terrain with the understanding that we become who we are along the way. One way to stay on the path is to refuse to adopt the identity of a sick person.

As a therapist, I have worked with many people, often women, who have suffered from illness involving physical and emotional pain. Body pain and the accompanying feelings can sometimes manifest in ways that are non-detectable by others outside of that body. As such, invisible disabilities receive little empathy, particularly in societies where individual strength, a stiff upper lip and the denial of personal suffering are valued. Reports of suffering are sometimes viewed unsympathetically, as if they are creations. Almost everyone knows the word hypochondriac or hysterical! Sometimes, clients must work hard to forge their own path, of dignity, care and resistance to the off-track view of others.

Stigma.... What Is Wrong With You?

Erving Goffman (1963) wrote about spoiled identities and the (small p political) resistance of patients in asylums and institutions. He notes that humans try to preserve their dignity in the face of every slight, command, and act of humiliation. One way that persons living with illness, adversity and various forms of violence experience social support, or its absence is through the interaction known as the "social response".

Illness and disability, particularly non-visible conditions such as those of the auto-immune system, are made even more uncomfortable when the person has to deal with the *negative social responses* of others. The notion that positive social responses are central to well-being and recovery, after disclosure of violence or adversity, has been elaborated in the social science literature over the past four decades (Andrews & Brewin, 1990; Andrews, Brewin & Rose 2003; Fromuth, 1986; Goffman, 1963).

One example, relates to the diagnosis of PTSD. In cases of violence or life-threatening diagnoses, people are often referred to as being traumatized (Carr, 2008). Originally used in the context of head injuries or car accidents, this terminology has now entered counselling through the door of neurology. As a construct, or metaphor, *trauma* is worthy of closer analysis for a number of reasons, one being that it does not consider the quality of the social responses received by the person, a highly influential factor. Again, when people

receive positive social responses, from family, friends and professionals, they are likely to recover quickly; experience fewer symptoms of ongoing suffering, mental illness or feelings of suicide (Carr, 2008; Richardson & Wade, 2009). An earlier article by Richardson and Wade indicates that, "women and members of socially marginalized groups are more likely to receive negative social responses" (p. 209). They are also more likely to blame themselves, sometimes as pre-emptive protection against the (social) blame they receive from others. Similar to victims of violence, people living with adversity and illness also fare better when they are listened to, believed, supported and treated with compassion. Talking about trauma can be problematic when it transfers the problem from being an event in the social world to a condition of someone's brain.

Trauma talk conceals violence, the presence of a perpetrator and when it collapses events such as an earthquake and rape into the same reality when they are categorically different. Trauma talk pretends there is no perpetrator and thus no one is held accountable for the violence. The notion of trauma does not offer a challenge to the status quo by invisibilizing both the violence and the resistance to it, or the absence of social justice which created the conditions for the violation. The contaminated bodies of people living in radioactive and environmentally toxic mining communities were contaminated through a very dangerous and profit-generating activity linked to war and domination. The Sahtu Dene men who died in the Northwest Territory due to work in the uranium industry did not die from trauma, they died from exploitation and deliberate exposure to dangerous materials. How we choose to talk about these events can make a difference for how we responsabilize human beings and hold perpetrators accountable for violence.

A Study of Dignified Resistance to (Various Forms of) Violence and Negative Social Responses

Family, friends and professionals can help to reduce or prolong certain forms of suffering based on the quality of support they offer, which is often related to upholding dignity. Dignity preservation is linked to being validated for one's intelligence, decisions, knowledge and thus protected from unsolicited advice and criticism. For example, a cancer diagnosis can kick open a number of doors, including a myriad of advice from well-intentioned individuals. Unsolicited advice can be contradictory and confusing for the patient who is trying to use their own intuition and body wisdom to negotiate their situation. For example, resisting the hegemony of the medical system at the same time managing the perspective of others can take a lot of energy that might be better used for rest and healing. People with long histories of institutional mistreatment may react strongly to medical professional who they do not deem as respectful.

In terms of offering counselling support for people living with illness, there are various ways to go. As a response-based therapist, I listen to accounts of so-

cial interaction, accounts of suffering and situational analysis. I consider these accounts within the larger context of the society (e.g. who has the most power, is most enabled by structural violence and who is most blamed in the society). This conceptual analysis has been outlined by Richardson, Maje-Raider, McInerney, and Carrier (2017) within an article called *Creating Safety and Social Justice for Women in the Yukon*. I ask questions which elicit both the events of a particular situation and then about the kinds of social responses received in relation to that event. I understand the actions of the person as serving their personal dignity (or that of others) and trying to maximize their sense of safety in settings which sometimes are psychologically or culturally unsafe (Blanchet-Cohen & Richardson, 2017).

Cancer patients often have to “manage” the views of others (Goffman, 1963). One hears that cancer is manifested by our thoughts, our mental attitudes, our diet, our lack of exercise, and even our lack of forgiveness towards self or others. Cervical cancer is now articulated as a virus, like an STD. Too much sex? There are many individual-blaming perspectives which exist to explain why, in a highly toxic and polluted world, some people get cancer and others do not.

Finding Meaning on the Path

Is cancer the hell, heaven or the road to it? These questions indicate a mindset, a spiritual state, not a geographical location. I, similar to my clients, have a lot of experience managing health care professions. As a child of one year, I lived through many painful and confusing procedures: I know I must have had my own way of managing them. With much help from my mother and my grandmother, I would be animated by songs and stories, by sweet distractions, Jell-O, toys, hugs and responding positively to the kindness of good-hearted health professionals. I know this because I often look forward to going to the hospital, until its reality sets in a few days later.

Structurally, there is a belief-system at work in the medical realm based on science. Medical wisdom puts little focus on nutrition, prevention, and funding the creation of unpolluted and non-toxic, clean environments. Most patients have experienced recovery food in styrofoam cups, meals reheated in microwaves, non-live foods packaged in a factory several months back. The contradictions and even spiritual pain associated with these contradictions make it difficult to live in integrity while trying to recover, or stay alive. Yet clients face the risk of inciting anger and scepticism if they complain; if I speak up will it jeopardize my good care? This is where I benefit from asking response-based therapeutic questions, to learn how my clients try to preserve their values and their dignity in times of an affront or a humiliation. Their response typically involves an analysis of the power in the room and the social context. In a social setting where one has recourse for abusive behaviour, such as a complaint process and where human rights are respected can influence whether a person will challenge a medical professional.

Counselling Practices

When working with clients, context is important. This means learning about the client's life, family, social engagement, values and hopes. I will often use response-based practice (Wade, Coates, & Richardson, 2017) to see how the person has responded to or resisted the various intrusions and demands of the medical system, trying to preserve their dignity. Aspects of narrative co-creation can be helpful to more fully explore rich identities, beyond that of "patient" or "sick person" and how a person views themselves within the context of their life story. Some of the practices documented in Michael White's "saying hullo again" can be used in a session while the person is living... how does this person want to be remembered? What do they want to leave behind for others? Where are the places they might come and meet with loved ones, in a loving embrace of spirit? These things can be discussed in advanced, not only imaged after the parting.

After having lived through various hospital and medical experiences, one's identity has often been totalized as "a cancer patient". This is not helpful for the person who wants to keep a foot in the real world, a world not necessarily dominated by illness. Some people do get well. Upon recovery, it can be like a Woody Allan movie where he discovers he is not going to die... Well not yet anyway. This can offer the person a chance to "reboot" and examine changed priorities. If there is a lesson in illness, what is it? How might one live differently after serious illness or injury? A study out of the University of Southampton shows that people with depression take longer to get their life back "on track" after cancer (Foster, Haviland, & Winter, et al., 2016) Perhaps this study asks the wrong questions. Do people who receive positive social responses and appropriate support prior to cancer, and during cancer treatment, tend to get depression? What proportion of women experiencing violence get cancer? How do we take into account the "Louise Hay-like" ideas that state that our bodies respond to our mental states in some way and that victim-blaming is everywhere and this just may not be our fault?