

Define Your Relationship with Cancer

How you perceive the cancer, how you see yourself, and how you define your relationship with the cancer affects the outcome of the disease. When you're first diagnosed it is tempting just to focus on the disease and how to treat it. The importance of understanding yourself and your relationship with the disease may be less obvious. There are many different perspectives on cancer. Doctors see it objectively as a biological process of cell growth. Patients may see it more personally as a result of heredity, diet or stress. Both points of view are valid. Both should be considered in making decisions

It is likewise important that you understand yourself. Knowing your own strengths and weaknesses can help you plan an effective strategy to treat the cancer.

How you define yourself in relationship with the cancer is also important. If you feel small and powerless compared to it then you may want to develop ways to empower yourself to make the battle more even. There is a cultural myth that pervades our approach to cancer that can be limiting. You need not accept this myth. You can create your own story and redefine your relationship with the cancer so that you maintain hope.

Questions to Ask Yourself

What is my relationship with my illness?

Understanding cancer

How do you perceive your cancer? Is it a result of stress? Is it because of your diet? Did it happen because you've been exposed to toxins? Is it a challenge or wake-up call? Is it fate? Or is it simply a series of biological events? There are many different ways to understand cancer. The following stories illustrate some of these perspectives.

Cancer as fate

Margaret S. felt that she was destined to get breast cancer. Her mother had developed breast cancer when she was 55 and now Margaret was approaching her 55th birthday. She resembled her mother in appearance and lifestyle and

thought that the same things would happen to her as had happened to her mother.

When Margaret went for a physical her physician insisted that she get a mammogram. She had avoided them before and at first Margaret balked at the idea. Eventually she agreed. The X-ray showed microcalcifications and a biopsy was recommended.

Margaret responded:

I just know this is cancer. My mother got cancer when she was 55 and we are just alike. I've known this was going to happen for 30 years! They're going to cut off my breast and I'll be left with a swollen arm just like my mother!

Margaret felt that it was inevitable that she get cancer. She knew that breast cancer could be hereditary and assumed that since she looked like her mother that she would get the same diseases her mother did. What made the experience even more frightening for Margaret was the image of her mother's body after she had had a radical mastectomy. She didn't know that such deforming surgery is no longer done and that current treatments may only remove a small part of the breast.

Cancer as infection

Jeannie K. had different view of her breast cancer. She felt it was an "infection."

Jeannie developed mastitis when she was nursing both of her children. When she felt a lump in the same breast she assumed it was another infection and went to her doctor to get an antibiotic. She was shocked and frightened when he suggested she get a mammogram and hinted that it might be cancer. She didn't get the mammogram but began a year-long struggle to find the right vitamins and supplements that would boost her immune system so it could fight what she viewed as an infection.

When she finally saw her doctor again the mass had begun to drain and soil her bra. She told him:

I need an antibiotic. My immune system must be too weak to fight this infection. I can't believe this could be cancer. No one in my family has had cancer.

Jeannie was familiar with mastitis and didn't consider any other explanation for the breast lump. She was suspicious of conventional medicine and pursued various alternative treatments until she was forced to see her doctor again.

Cancer as stress

Some patients identify stress as the cause of their cancer.

Tina B. was under considerable stress. She had recently lost her mother to lung cancer. In addition to working 50 hours a week she had to care for three teenage stepdaughters. When she developed a cough it took her two months to find time to see her doctor. The X-ray showed a suspicious mass and her doctor suggested biopsy. When the biopsy showed cancer she asked if it could be due to stress.

I'm under a lot of stress. Taking care of my mother's estate and trying to raise three teenagers is exhausting me. I haven't been sleeping well, either. I heard that stress causes cancer. It's my own fault. I haven't been taking very good care of myself.

The relationship between stress and cancer is complex. Tina was certainly under a lot of stress. Her lung cancer, however, was more likely to have been caused by second-hand smoke from her mother and husband than by stress.

Cancer as challenge

For some people the diagnosis of cancer is a wake-up call. They are aware that they need to change their lives but don't know how to start.

After having an early colon cancer removed successfully Dwight E. commented to his doctor:

I'm not exactly glad I got colon cancer but it sure helped me stop and look at my life. My diet has been rotten for a long time and I've been way too stressed. I think things happen for a reason.

Dwight felt his cancer was the result of a poor diet and a toxic lifestyle. He was able to respond to his diagnosis as a message to live a more wholesome life rather than as a threat.

Cancer as punishment

Some people view any illness as evidence that they have done something wrong.

Rosalie V.'s periods stopped when she was 47. Eight years later she began to bleed again and saw her doctor. A biopsy showed cancer of her uterus and she had a hysterectomy. Rosalie felt guilty and confessed to her doctor:

I feel like I'm being punished. I did something stupid when I was 18 and had an abortion. This must be God's way of telling me I sinned.

Rosalie was raised in a religiously very conservative family. Although she no longer went to church she retained many of the moral values and judgments she was taught as a child.

For some people it is preferable to believe that they did something wrong to cause their cancer rather than to believe that it "just happened." They may subconsciously feel that it is better to be guilty and have some influence in events than not to have any control at all.

Questions to Ask Yourself

How do I perceive my disease? What do I think caused it? Do I blame myself? Do I feel I have the power to help it heal?

A doctor's view of cancer

Each of these patients has a view of cancer that makes sense to them. Each perspective, however, is based upon half-truths and oversimplifications. Cancer is a complex illness. Though much is understood about how cancer develops, there are still gaps in our knowledge.

There can also be a gap between the way patients and doctors view the same illness. If you have cancer, your perspective is from the inside. Doctors view it more objectively from the outside.

From a doctor's point of view, cancer is a disease of control. Cells are damaged in such a way that the normal controls over cell growth, maturation, function and cell death no longer operate correctly.

DNA acts as the cell's master computer program. It can be damaged in various ways by chemicals, viruses, random events, etc. Usually the cell repairs the damage and no permanent harm is done. Sometimes, however, the damage is in exactly the wrong place in the DNA and is not corrected. For a cell to become transformed into cancer usually requires many such injuries.

Once transformed, the cell can grow and multiply. Depending upon what cell functions have been altered, this cell can damage the local environment, spread to other sites (metastasize), or secrete substances that damage the host.

The biggest risk factor for cancer is aging. Almost all cancers are more common as you get older. The older you are the more chances for the DNA to have been damaged and for cells to have been transformed.

Tobacco is responsible for about one third of all cancers. There are multiple substances in tobacco smoke that directly damage cells or stimulate already damaged cells to multiply. All the tissues that come in contact with the smoke are susceptible, including the bladder, where the various toxins are excreted. Certain individuals, because of the way they metabolize these toxins, are more susceptible to tobacco-related cancer. This helps to explain the paradox that not everybody who smokes gets cancer.

Improper diet is implicated in about one third of cancer. The best evidence suggests that diets with too much animal fat and too few vegetables, fruits and grains are responsible for this. Vitamins in fruits and vegetables help limit damage to the cellular DNA. The increased fiber from grains and produce reduces the time that cells lining the intestines are in contact with possible toxic substances. Though often recommended, there is not as much evidence that adding vitamins to your diet prevents cancer as well as having a healthy diet.

Heredity is a factor in many common cancers but is not as powerful a risk factor as age, smoking, and diet. If you have one relative with cancer, that does not necessarily mean that you are prone to cancer. If, however, you have several relatives all with the same kind of cancer (especially breast, ovarian, or colon) there may be a genetic link. Even with breast cancer, which is known to have a familial tendency, only 5% to 10% are felt to be due to breast cancer genes.

Cancer is not an infection though certain viruses can indirectly cause cancer. Chronic infection with hepatitis B virus can damage liver cells so that they eventually become cancerous. The AIDS virus can weaken your immune system sufficiently that it can no longer eliminate cancers.

It used to be believed that the white blood cells of your immune system were the primary defense against cancer. That is no longer held to be true. Your body's response to cancer development is complex and involves many other systems besides the immune system. Having cancer is *not* a sign that your immune system is deficient.

Cancer is not inevitable. Even if you have breast cancer causing genes not everyone with such genes develops cancer. Up to 80% of cancers can be prevented, particularly with changes in lifestyle.

There is a widespread belief that stress and cancer are linked. Well-controlled studies don't show that psychological stress causes cancer. It may be that people under chronic stress do not take as good care of themselves or may have less of a desire to live. Chronic stress does reduce the quality of life and generally reduces vitality. Hence, stress may compromise the response to cancer once it is established.

Understanding the message of cancer

Cancer is a signal that something is wrong. On a biological level, it is a problem with destructive cell growth. On a personal level, you may have certain beliefs or behaviors that are not fully healthy. These can contribute to the development of cancer or limit your response to it. In order to live fully and to heal completely, these must be addressed, too. Cancer is both a disease and a "dis-ease." On one hand, it is a biological disease that affects the body and often can be cured with treatment. On the other hand, it is a state in which you as a person are not at ease. The lack of ease may have preceded the diagnosis or be caused by it. The "dis-ease" affects the whole person.

In order to cure cancer, you need to approach it as a biological process. In order to heal yourself, you may need to understand what prevents you from finding ease in your life. If you focus only on cure, you may live longer, but not any better. If you focus only on what distresses you, and confuse the "dis-ease" with the biological disease, you may lose opportunities to eliminate the threat to your life.

A feeling of ease in life is a signal that you are in balance. Cancer—or any other life-threatening illness—upsets that balance and demands that you find a new one or face the possibility of dying.

If you heed the message that the cancer provides, you can reestablish a sense of ease in your life. Cancer's message can be different for each person. Its message may not always be straightforward. Yet, as the following stories show, the message provides the clues you need to get well.

Questions to Ask Yourself

Where do I experience “dis-ease” in my life?

The message of empowerment

Jeannie K.'s father had been a physician in Moscow where she was born. He was an alcoholic and had emotionally abused Jeannie until she came to the US in her 20s. Jeannie married a man much like her father and had two children. They divorced when his alcoholism became evident and he became abusive towards the children. Jeannie remarried an engineer who strongly disapproved of alcohol and drugs, but who was not particularly emotionally supportive. In her diary Jeannie wrote:

I feel so afraid. All my life I've made the wrong choices. Now I've got to make a choice about chemotherapy and surgery? Is it worth it? Is there enough to live for to go through all that?

A few weeks later she wrote:

My girls went to the support group with me today. Afterwards we all cried together. I love them so much and they love me. I don't know how I'm going to do it but somehow I'll have to be strong.

Jeanie's initial response to cancer was ambivalence. She had never felt strong enough to survive on her own. She was almost willing to accept dying as preferable to remaining in an unloving world.

The message of forgiveness

Rosalie V. had grown up in an immigrant family in Southern California. Her mother died when Rosalie was in college and she was torn between her desire to finish school and her father's demand that she care for her four younger sisters.

At age 18 she became pregnant. Rather than marry her boyfriend, she decided to have an abortion and finish college. Eventually she went to law school. Against her family's wishes she married outside of the Catholic Church. In spite of numerous attempts to have children she was never able to become pregnant again.

When asked why she thought her cancer was punishment for her sins, she responded:

I've always been rebellious. I was never the good little girl my father wanted. I couldn't see having a life like my mother had, just having one child after another. When I turned my back on the church, I thought God turned His back on me. I thought that He punished me by preventing me from having any children.

I've been reading the Bible more recently. There is a forgiving God as well as a vengeful one. I've had this bitterness toward Him for a long while. Maybe it is time for us to forgive each other.

Rosalie had lived with the conflict between living the life she wanted and the life expected of her by her family and culture. She interpreted her cancer as a sign that healing was possible, even for old injuries.

The message of opportunity

Dwight E. was able to use his cancer as an opportunity to change his life:

I could have gotten rid of all the crap in my life before this but it took colon cancer to get my attention! My cancer was discovered early and surgery was successful. I may not stay a vegetarian forever, but I know I'll never go back to eating the kind of junk I was eating before. My job was way too stressful! It was literally killing me. I have cut back on my hours even if it means I won't get the promotion I want.

Inherent in any crisis like cancer are both dangers and opportunities. You need to recognize the danger to take steps to avoid it. You need to notice the opportunities in order to make the best use of the experience.

The message of priorities

For Tina B. stress was almost a bigger problem than the newly diagnosed lung cancer. She had learned early in life to put aside her own needs and take care of other people. When her mother developed lung cancer Tina wanted to take care of her at home. Her husband and stepdaughters objected and she had to put her in a nursing home with hospice care.

The company she worked for downsized and Tina had to take on new responsibilities. She often had to work six days a week and couldn't spend as much time with her family. The relationships she had been developing with her stepdaughters began to deteriorate. Tina told her therapist:

I'm going crazy! I'm trying to please everybody and nobody is happy! I feel guilty about putting my mother in a home even though hospice did such a good job caring for her. I feel I didn't do enough for her before she died. Now I feel overwhelmed by all the paperwork in her estate.

The stress at work is getting to everybody. Half the people are ready to quit since we reorganized. I get headaches every day and my stomach is on fire at night.

My 13-year-old stepdaughter Denise is a handful. She never got over her father's divorce and takes it out on me. We were just beginning to get along but then my mother got sick and I had to take care of her. Denise felt abandoned and she won't let me get close again.

I know I haven't been taking care of myself, either. I haven't been eating regularly and I've lost eight pounds. I don't sleep very well, either. I think I'm depressed.

At her therapist's advice, Tina took a medical leave of absence from work and had surgery. She went on antidepressants and continued to work with her therapist on recognizing her own needs.

The message of genuine identity

Margaret always felt overshadowed by her mother. Her mother had gone to Vassar and become a very successful publisher. When Margaret was born, her mother assumed that she would follow in her footsteps. Because of their physical resemblance this assumption seemed to ring true. Margaret grew up with the expectation that she would be just like her mother. When she did not get into Vassar she went to a state school and majored in journalism, but her mother was unable to hide her disappointment.

In her journal Margaret wrote:

I've never had a chance to just be myself. I've always been a shadow of my mother. The cancer is just more darkness she has cast upon me. So many of my friends have had it and went through therapy and died anyway. What I really want is to have my own life! Will I ever get it?

Margaret read several books about breast cancer and saw doctors for second opinions. When she decided to have a lumpectomy she told her doctor:

They say that history repeats itself but I'm going to rewrite my history. I don't want to go through the rest of my life with only one breast like my mother.

Questions to Ask Yourself

What message is my disease sending me?

The cancer-patient relationship

Considering cancer from the perspective of a relationship between you and the disease opens up options you might not have considered. The goal of the cancer-patient relationship is to cope successfully with the cancer and eventually overcome it. You want a relationship in which you are larger and more powerful than the cancer. Conventional treatments are designed to diminish the power of the cancer. Complementary efforts enhance your power. Both shift the balance in your favor.

Another value of considering cancer in terms of relationship is the possibility of personal growth. As you are able to use the cancer as a challenge to change, you can become different from the person in whom the cancer occurred. You can develop yourself so you are no longer a fertile ground in which cancer can happen.

Like any other relationship, the cancer-patient relationship is a process and continues to evolve. The nature of the relationship changes over time. Where you are now in it will be different at some later date. There is always the opportunity to change your relationship to one that is in your favor.

Healthy vs. destructive growth

On a cellular level, cancer is a subversion of the normal growth process into a destructive one. The life force that allows cells to develop and grow has been distorted and now damages the person. In some respects, cancer acts like a parasite. It redirects blood vessels to nourish the tumor. It consumes energy that otherwise would be available to you. It can damage normal tissues and prevent them from functioning properly.

Similarly, the self who is ill at ease in life is growing in a destructive way. Self-destructive attitudes and activities distract your mind and direct your attention in nonproductive ways. Your energy is used up and no longer available for growing in a healthy direction. If your life force has been diverted into unwholesome beliefs or activities, it can be redirected constructively.

The immune system as a relationship

The popular vision of the immune system is that of a series of white blood cells which fight infection or cancer. This is a crude oversimplification. On a biological level, the immune involves not just different kinds of lymphocytes but antibodies and cytokines (chemicals that act like hormones and communicate between cells). Their interactions are incredibly complex. Cells “talk” to each other and influence how they respond to cancer.

You can imagine the interaction of your immune system and the cancer in terms of a relationship between them. The immune system recognizes the cancer and responds to it. Under optimal conditions, the relationship favors the immune system, allowing it to eliminate the cancer. If the relationship is dysfunctional,

then the cancer either escapes detection or is resistant to the immune system's attempts to eliminate it.

A larger view of the immune system is that it comprises all the ways your body responds to cancer. Part of your response includes the cellular and chemical immune system. Other biological parts include your circulation, your nervous system, and your metabolism. In this perspective, the relationship is about how the body either nourishes or withholds nourishment from the cancer.

An even broader view of the immune system is that it includes everything you do to respond to cancer. This includes your thoughts, feelings, social relationships and other behaviors that involve the cancer. This is the broadest form of relationship with you as a person. The cancer, after all, is a threat not just to your body but to your whole existence. It is a relationship you cannot safely ignore.

Your attitudes and beliefs about cancer and your self can be a metaphor for how your body responds. This relationship can vary from you being protective toward yourself to being permissive of harm. Your attitudes and beliefs can change as your relationship with cancer evolves. It's important to consider what your relationship is now so that you can strengthen portions of it that may need help.

Components of the cancer-patient relationship

The patient, his disease, and the relationship between the two make up a system. Figure 4-1 shows the components of the cancer-patient relationship. Each person envisions his own relationship with the disease differently. For example, some people see themselves as much larger than the problem of the disease. Some people see greater distance between themselves and the disease. Some see the disease as within them, not separated.

Figure 4-1. Cancer-patient relationship

In the relationship, first there is the person, who is put into the role of patient. You don't stop being all the other things you are just because you also are a patient. All of your history, your strengths and weaknesses, likes and dislikes, all your other relationships stay with you. The second part is the disease. The disease in this situation is cancer, though it could be heart disease, multiple sclerosis, AIDS, or any other "dis-ease" you might have. It is important to understand the nature of that illness, its mechanism of harming your body, its possible treatments, and everything else you can find out about it that might help you overcome it.

The third element is the relationship between you and your disease. Do you see yourself separate from it? Is the disease inside or outside of you? Does it seem much bigger than you or are you equally matched? Do you see it as an enemy to fight and possibly beat?

You cannot ignore any of the elements in the cancer-patient relationship. If you look only at the disease, you may get a treatment that ignores the needs of the patient. This is one of the criticisms of conventional medicine. Conversely, if you only treat the person and ignore the effect on the disease, you may lose the opportunity to be cured. This is one of the criticisms of alternative medicine. The middle path, that considers disease, person and relationship, gives the best chances of success.

Questions to Ask Yourself

What is my relationship with my illness?

Redefining the cancer-patient relationship

Regardless of where you are now, you can redefine your relationship with the disease. You need not be bound by cultural myths that can limit your response. You may find, as the following patients did, a way to use the cancer to your advantage.

Cultural myth of cancer

Our culture has a myth about cancer, and as one patient pointed out, "Cancer has a bad reputation." In this myth cancer is seen as dark, evil, mysterious and malevolent. It is perceived as inevitably fatal. Somehow the person, however competent and innocent before, becomes a powerless victim of the cancer. In many ways cancer has replaced the devil as a dark force in our culture.

Although we may scoff at such stories, either consciously or unconsciously we accept this myth. It shapes our language and attitudes about cancer. It gives power to the cancer and it creates limits to our own power to respond to cancer. Such myths can convince you that it is futile even to try to overcome the cancer. Such stories can leave you feeling drained of any vitality.

The treacherous part of this myth is the element of truth hidden among the fearful fantasies. Cancer may appear with little warning. Though much is known, there are still mysteries to solve. People do die of cancer. Some people do become frail and waste away.

The deceit rests in seeing only these facts and not the other equally valid truths. Cancer can be prevented. It can be detected early. Cancer can be cured, if not all of the time then at least some of the time. Even advanced cancers can be cured. Patients are not powerless but can take an active role in their recovery.

You do not have to let the cultural myth determine what happens to you.

Overcoming the myth

Margaret S. had accepted the cultural stereotypes of cancer but was able to confront them. After getting a second opinion that she could have a lumpectomy for her breast cancer Margaret told her doctor:

It took me a while to believe that I didn't need a radical mastectomy. It was even more surprising to find out the statistics are in my favor. The chances are very good that I'll live another 30 years!

I've begun to realize that I am different from my mother. She doesn't have control over my life. I enjoy my writing but don't want to become a famous person. I'm happy here in my own community. I do a lot of volunteer work at the hospital and the homeless shelter. I make a difference in people's lives, one person at a time.

Not only was Margaret able to see through the myth of cancer but she went beyond her personal myths about who she was supposed to be. She found meaning in her life on her terms, not those she was taught as a child.

Imagining a new relationship

Jeannie K. viewed her life in terms of her ability to defend herself against threats. She had to protect herself from abuse as a child and the cancer seemed to be another threat. She joined a support group and gained from the perspective of other women. She shared in the group:

All my life I've had to fight for what I needed. I never felt I was strong enough to win. With your support, I feel like I've got a chance. I'm so grateful! You've helped me see that I don't have to fight the cancer by myself. My daughters are with me. I've found a doctor I can trust and I'm willing to work with him.

Even better, I'm learning to trust myself. I always thought it was my fault that my father and ex-husband were drunks. It wasn't me, it was them!

Most of all, I'm learning to love and protect myself. I practice sending love to my immune system. I don't put up with my husband's ignoring me—I ask for the attention I want!

The past is past. I'm working on my future.

Jeannie was able to become stronger and grow bigger in relationship to her cancer. She was able to reclaim some of the power she had lost earlier in her life

Freedom from judgment

There is no courtroom judge that is stricter than the one that may be inside you. The cultural myth supports this self-judgment since cancer is often seen as a

judgment or punishment for wrongdoing. It is like the story of Job in the Bible where all his friends tell him he must have done something wrong to cause his misfortunes. The sense of guilt that can accompany cancer can keep you small and prevent you from imagining yourself free of cancer.

Before surgery Rosalie V. told her doctor,

I had to pray before I could have the operation. I had to be forgiven. It was fortunate that I found a sympathetic pastor who could help me see my life differently.

He pointed out that my life is a work in progress. I have made mistakes, like any other human being. But I've learned from them. I've made some good decisions, too. I could not be doing what I am now if I had not defied my father's expectations and completed school.

I have made a career of fighting injustice against my people. I've learned that bitterness doesn't help my cases. I've learned from this cancer that my bitterness against the church doesn't help my case, either.

I still think about the abortion and I'll always wonder why I got cancer. But I know now that it's not because I committed a sin.

Nurturing yourself

Tina had been out of touch with her own needs for a long time. It became clear in therapy that her depression was the accumulation of her chronic stress, her grief for her mother, her loss of joy in life because of overwork, and even the loss of her health because of the cancer and surgery. During her convalescence she wrote a letter to her therapist:

I've been rummaging around in that dark closet of my life and decided to do a bit of cleaning. There are some "old clothes" that I may want to get rid of. I'm discarding some "dress for success" suits and "power hats" and changing to a less stressful job.

My stepdaughter Denise and I are taking a train trip to Utah to go skiing. I may not do much skiing but I want to spend time with her and get to know her as a person.

I've wanted to spend more time with my photography and I found my old Nikon from college. I'm going to dust off the old photographs of my parents' families and put together the story of my family's migration from Sweden. I'll put it on CD so the rest of the family can know them.

The most important thing I found in that closet is a mirror. I polished it and from now on I'm going to look in it first and ask me what I want before I say yes to someone else.

Seizing the opportunity

It can be difficult to look at cancer as an opportunity. In the crisis of fighting for your life you may not have much time to look at anything else. Dwight did examine his life and commented to his doctor:

It's like that old joke about getting the elephant's attention by hitting him in the head with a 2x4. Cancer sure got my attention!

I began to observe myself, living my life. I noticed that it wasn't the kind of life I wanted. I was going through each day as if I were asleep. I never paid attention to the people around me, or to what I was doing. I realized that if I don't pay attention now, I may never wake up. After all, how many times does opportunity knock?

There is always an opportunity to heal. When you take the time to pay attention, you can find it.

Questions to Ask Yourself

How do I want to re-define my cancer-patient relationship?