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Personal Illness and the Shadow Side of Positive Thinking

A Thesis

Presented to the

Masters Degree Thesis Committee

of St. Stephen's College

Edmonton, Alberta

in partial fulfillment of the requirements

for the Degree of

Master of Psychotherapy and Spirituality

By Bonnie Roberta Paridaen

Edmonton, Alberta

In Memoriam:

To the parents who loved and believed in me:

Irene Roberta Olenicjak

Thomas Joseph Ford

Abstract

I have conducted a single-case heuristic study of my engagement with breast cancer and how the collective pressure to think positively affected me. I explore the shadow, or the unrecognized significance, that positive thinking placed upon my healing process. I argue that the tacit implication behind the belief in positive thinking can become a form of scapegoating. I have included my artwork, photographs, poetry, and my personal dreams to convey what my psyche has shown and communicated to me throughout the process of my research journey.

My goal is to illustrate that “anything derived merely from rationality risks being profoundly inauthentic unless it also bears witness to the destabilizing presence of the unconscious” (Rowland, 2005, p. 23).

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To my friends, who won't have to hear, "I'm working on my thesis" again. Thank you for believing in me...we have some catching up to do.

Thank you to my treasured family members. You provided encouragement while you patiently waited for me to emerge from the depths of the underworld. Loving Ewe!

Most importantly, to my dear husband Paul, to whom I am devoted. Your unwavering support in my fulfilling a lifelong dream will be forever cherished.

And last, but not least, "Woof! Woof!" to my intrepid four-legged, amber-eyed, dotted-tongue, floppy-eared companion, Bloo.

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Your vision will become clear only when you look inside your heart...who looks outside, dreams. Who looks inside, awakens.

(Carl Jung, 1875-1961)

In order for an individual to survive emotionally, he or she must clutch at more than a straw.

(Harlow, 1958, p. 675)

Chapter One

Introduction

Slightly above and to the left of my head hung a clear plastic bag filled with a candy apple red fluid. It contained Flourouracil, Adriamycin and Cytoxan, or, otherwise referred to by its acronym, FAC. Once I settled beneath the daybed's blanket, a nurse skillfully injected the chemical cocktail into the vein in my left hand. She leaned closer to whisper, "Just think positive." I felt conflicted. My logical mind understood the nurse's intent, but something deep within me had already recoiled from her advice. The lengthy administration of the chemotherapy's preset drip provided me with time to reflect upon what that something could be.

A New Kind of Marathon

During the preceding months I had been preoccupied with the demanding physical and mental preparations for running my first full marathon, when breast cancer reached its tentacles into what I presumed to be, my strong and healthy body. Instead, my dream of running a marathon mutated into an unpredictable and inescapable nightmare.

The following year was filled with three surgeries and five months of grueling chemotherapy that ended on January 6, 2000. As a result of the chemotherapy, I experienced

mild but permanent cognitive impairment, in particular short-term memory loss, slowed thought processing, and word seeking.

The Beginning of My Research

Fearing irreparable damage, I enrolled in the Social Work Program, at Grant MacEwan University, in the fall of 2001. My original intentions were to exercise my brain's functioning toward its pre-chemotherapy state. Initially I found it tough to focus, but with time, perseverance, and encouragement from immediate family members, my ability to concentrate improved.

The Social Work curriculum required self-reflective writing. I discovered that the ubiquitous mantra, *just think positive,* had a profound effect upon my ongoing identity as a woman. Its message conveyed that I was capable of healing cancer by thinking positively and therefore it tacitly implied that I was responsible for creating cancer. As a result, I felt blamed, ostracized, and experienced a sense of shame and guilt. A part of me wondered whether I *was* responsible for causing, or even deserving of developing breast cancer.

It seemed everywhere I turned following my diagnosis and throughout treatment, I heard the message to *think positive*. When I opened a newspaper, an article about

positive thinking would leap out at me. When I turned on the television, positive thinking was the theme of the show. When I attended my chemotherapy treatments, the oncological staff reminded me to think positive; and on a regular basis, the advice to "just think positive" would reverberate through my phone. When I attempted to suggest positive thinking had no control over whether I live or die, my words were met with derision.

Was there something wrong with me? Was I the only one to feel confused by the paradox? After reviewing Canadian Breast Cancer statistics, I became convinced there must be others that felt similarly.

Breast Cancer Statistics

On May 18, 2011, Stats Canada announced that each year, an estimated 190 men will be diagnosed and, 55 will die from breast cancer. Approximately 23,400 new female patients will be diagnosed with breast cancer. Of that total, 2,100 women will be from Alberta. On average 64 women will be diagnosed, and 14 will die *daily*. Approximately 119 women will die per week, with an average annual death of 6,188.

The Call to Write

In response to the prevalence of Canadian breast cancer statistics, I felt a sense of urgency to communicate

the ramifications of the three simple, yet powerful words: *just think positive.* The desire to continue to research the multifaceted ways this phrase can have an effect upon those with illnesses, and those who care for the ill, inspired my enrollment into the Master of Psychotherapy and Spirituality (MPS) program at St. Stephen's College, in 2006. In accordance with the requirements of the College, I have elected to write a heuristic account of the ways the collective pressure to "think positively" influenced me throughout, and subsequent to, my convalescence.

Thesis Statement

> All thoughts, deeds and memories that carry shame, guilt or anxiety, and all unacknowledged desires, demands and expectations, must be fully expressed, related to, and shared with another person. Something happens when these things pass through our larynxes that no amount of "thinking about it" can do.
>
> (Rand, 1997, p. 87)

The darkness of suffered illness is shunned by a general desire in our culture to not engage in personal suffering and shadow. When I refused to embrace the "think positive" mantra, I felt like "the child who saw the emperor's fabled robe was imaginary" (Brinton Perera, 1986, p. 35). My nonacceptance appeared to stir up discomfort in

those who tightly adhered to its hypothesis and I felt powerless to reason with the unreceptive mindset.

In my thesis I explore my personal experience of the collective shadow side of positive thinking during my encounter with a breast cancer diagnosis and its treatment.

I explore my experience of the response of others, personal and collective, to my illness, considering how and why the demand to think positively was projected upon me throughout my diagnosis, treatment and adjuvant therapy. Based on my personal experience, I will argue that the unconscious implication behind the belief in positive thinking as a cure for cancer, can be a form of scapegoating[1] those who are suffering.

I will also point to how the collective pressure to think positively can implicate a shadow side which Jung defined as "everything that the subject refuses to acknowledge about himself" (Jung, 1951, ¶ 14). Jung described the shadow as a living part of each individual's personality that wants to reside with us in some form since "it cannot be argued out of existence or rationalized into harmlessness"(Jung, 1959a, ¶ 44). Instead, the integration

---

[1]Scapegoating means "finding the one or ones who can be identified with evil or wrong-doing...it both allocates blame and serves to'inoculate against future misery and failure' by evicting the presumed cause of misfortune"(Brinton Perera, 1986, p. 9).

of our shadow can bring inspiration to the full potential of the life force within each of us.

Definitions

In the following, I first consider Jungian terms and concepts that support an articulation of the shadow aspect of positive thinking. I then consider cultural metaphors used in relation to cancer. Finally, I consider my personal conscious and unconscious perceptions regarding the human condition as described in dreams, metaphors and symbolism incorporated within the thesis.

Jungian Terms

The "Shadow" can be divided into two components. It is the inferior or undeveloped (unconscious) part of our personalities that we deny in ourselves but that we see in others. It can include such things as:

> egotism, mental laziness, and sloppiness; unreal fantasies, schemes and plots; carelessness and cowardice; inordinate love of money and possessions – in short, all the little sins about which he might previously [have] told himself: that doesn't matter nobody will notice it, and in any case other people do it too. (von Franz, 1964, p. 168)

When an individual is unwilling to bring together the parts he considers abhorrent, he will instead force them

upon “whom he projects it to carry his burden” (Woods & Harmon, 1994, p. 170). Likewise, when an underdeveloped area becomes conscious to the individual, there exists an opportunity to integrate this aspect of one’s self. The failure to acknowledge the part of ourselves we deny, and then unconsciously project onto others, becomes referred to as the “phenomenon of unconsciousness” (Bingaman, 2001, p. 168). The lack of integration of the underdeveloped area (personal unconscious), becomes in turn, “linked to those of the collective unconscious” (Casement, 2003, p. 31).

The “Collective Shadow” is a multidimensional, yet elusive aspect of humanity. While it is difficult to grasp and reproduce into language, it contains the projection of the unacknowledged collective unconscious that is directly responsible for the “immensity of harm inflicted upon human beings by each other” (Kremer & Rothberg, 1999, p. 3). Historically, the collective shadow has been referred to as sheer evil. It involves behavior described as: “naked injustice, tyranny, lies, slavery, and coercion of conscience” (Jung, 1963, p. 328). The collective shadow is the culmination of denial in what Jung noted in an earlier essay:

Unfortunately there can be no doubt that man is, on the whole, less good than he imagines himself or wants

to be. Everyone carries a shadow, and the less it is embodied in the individual's conscious life, the blacker and denser it is. (Jung, 1938, p. 76)

Paradoxically, those who have been identified as ones that carry the unacceptable shadow qualities feel inferior, rejected, and at fault for their actual existence.

"Scapegoat," according to Morris (1979), is a "person or group bearing blame for others" (p. 1159). Historically, an annual Hebrew scapegoat ritual utilized two goats. The high priest would determine which animal was to be killed as a sin-offering for the transgressions of the people. The second goat was dedicated to Azale, a chthonic god "concerning, belonging to, or inhabiting the underworld"

(Brinton Perara, 1986, p. 17), and was sent out to the wilderness symbolically bearing all the faults of the community along with it.

The practice of "scapegoating" refers to the mistakes and behaviours one cannot, or will not, accept in oneself that become "repressed and denied, or split off and made unconscious" (Brinton Perrara, 1986, p. 9). Groups tend to maintain their sense of identity by "thrusting out against what is perceived to be negative" (Rand, 1997, p. 142), and will include someone who possesses "some strong attribute

of otherness from the agreed upon aesthetic or ethical standard" (Callan, n.d., p. 5).

"Psyche" is a Latin derivative of the Greek *psukhē,* meaning breath, life, soul. Psyche is defined by Morris (1979), as "the soul or spirit, as distinguished from the body" (p. 1055). Jung (1995) felt that without the psyche there "would be neither knowledge nor insight" (p. 119). He recorded stories of similar spiritual phenomena from all around the world, and reduced their connection to the non-discriminating behaviour of the human psyche, which he posited as inherent in all humankind.

The first element of the word "Archetype," *arche* signifies, "beginning, origin, cause, primal source principle" and also, the "position of a leader, supreme rule and government" (a kind of dominant). *Type* is derived from the word "blow" or "imprint"(Rand, 1997, p. 10). The source of archetypes is thought to be a momentary unity of "outer and inner material, reality and perception, culture and body, history and experience" (Jensen, 2009, p. 3) and is considered to be "universal in nature" (Hedva, 2001, p. 1). Archetypes are said to reside in the collective unconscious, and are inseparable from language, history, and culture. They are used to describe images and symbolism that inevitably appear in "dreams, fantasy, art, and other

expressions of the human psyche” (Krippner & Feinstein, 2006, p. 4). One looks for archetypes, not only in beauty and peace, “but in the shadows: in melancholy, tragedy, loss, disturbance and death...[and] becomes curious about the territory framed by opposite forces” (Callan, n.d., p. 2).

Cultural Metaphors of Cancer

The most recent origins of the term “metaphor” lie in the late fifteenth century: from the middle French *metaphore*, was derived via Latin, from the Greek root, *metaphora*, meaning “to transfer” (Periyakoil, 2008, p. 843). Metaphors are similar to stories, symbols or ideas that are common within each cultural community. The experience of living with cancer lends itself well to three frequently utilized metaphors.

The most commonly used are war metaphors: fighting, battleground, using the big guns, survivor, etc. Sports metaphors are equally utilized when discussing a win or lose prognosis. The intention behind the sports metaphor is to create the image of a unified team consisting of health care practitioners, allopathic and complementary medicine, and the patient.

Second, machine metaphors, derived from “Descartes theory of mind and body duality” (Peryiakoi, 2008, p. 843),

create imagery whereby one replaces broken down parts, tops up body fluids, and cleans out the engine or pipes.

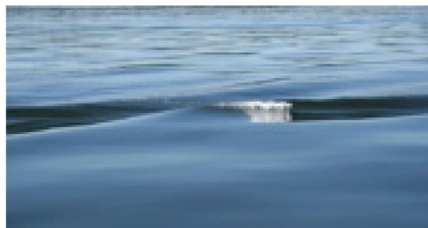
Conversely, Harpham (2007) articulates an opposing perspective that takes issue with the prevailing metaphors applied to the experience of having cancer as “misguided” (p. 42). Given her own experience with cancer she states that the metaphor “lost her battle,” commonly used following a death, is erroneous in two distinct ways. In the first place, there are no victors following the death of a palliative cancer patient. Second, and arguably more important, is the accompanying shame, guilt and horror which the phrase “lost her battle” places upon remaining loved ones. Instead, Harpham appeals that we consider a shift in our thinking; “what matters is what you live for, not what you die of” (p. 42).

Although it may appear that I have gone astray in considering the significance for metaphor, this insight is particularly relevant to the narrative that follows. In the following section I illustrate several of the metaphorical symbols and archetypal images that have emerged from my dreams during, and throughout, the 12 years since my breast cancer diagnosis.

The Personal is Universal: Personal Metaphors and Existential Questions

My personal dream experiences are unique in that they are my own, but the existential insights they embody, I would argue, are universal in that they "[bring] to greater awareness the God-image in the psyche" (Romanyshyn, 2007, p. 22). Before I describe my metaphorical and prodromal dreams to the reader, I will draw upon an analogy of the quality of water to demonstrate my understanding of the universal human condition, or life force, that I have come to believe in.

While fishing along the coast of Campbell River, B.C. in 2008, a unique wave made its way toward our boat and I feel particularly fortunate to have captured its image. It reminds me of the human spirit's adaptability to the arrhythmic and unpredictable tide of life. We hear the earliest rhythm and measure of time "when we are surrounded by the mother and her waters of life" (Rand, 1997, p. 213).



For without water, we will die.

Campbell River,B.C. 2008

Water consists of H20 -- that is, two atoms of hydrogen and one atom of oxygen. Although a single molecule

of water can be separated into two independent and complete elements, leaving its components intact, the combined traits and qualities of the original molecule have been diminished.

Like water, our bodies and minds are tangible. Our bodies consist of DNA, of flesh and blood; while our soul, or psyche, is less discernible. The ways in which our psyche communicates with each of us is unique and its benefits are unmistakable. To illustrate how the unconscious is "expressed through visual communication" (Woolf, 2003, p. 2), I have sketched, painted and utilized mixed medium for 8 of the 12 documented dreams incorporated in my thesis. It is my hope that the viewing and reading of the images will help the reader appreciate the sustenance I have personally derived from the dream world.

At this point, it may be helpful to inform you, the reader, about how I have made use of italics in my thesis. I have used italics to signify when I am temporarily placing my formal writing on pause in order to describe a relevant thought or memory. A return to the regular text format indicates that the reader should "release the pause."

Elephant in a Dream

As I reflected upon the questions and qualities surrounding the shadow side of positive thinking, I received[2] a dream about coffee beans. The beans are tightly sealed in a blood-red package with the brand name, "Gir Hoost" written in shimmering gold and antique lettering. To the right, standing on its hind legs and facing the lettering, is a dark grey elephant. Her trunk is held high as though trumpeting to her herd.

Coffee is an integral part of my morning ritual. I savour the aroma and flavors of a strong, filter-dripped coffee. I accentuate its depth of richness with a splash of cream and a spoonful of sugar. The possibility of a new coffee named "Gir Hoost," intrigued me. A thorough internet search, to date, informs me the brand is nonexistent.

Curiosity about the origin of the brand name "Gir Hoost," combined with the image of the dark grey elephant, compelled me to conduct an additional online etymological word search. I was unsuccessful in my search for Gir Hoost, but one result for "elephant" grabbed my attention.

According to an 1835 American English colloquialism, to see an elephant "is to be acquainted with life; [it] provides the ability to gain knowledge by experience"

[2] To "receive" implies there is a source or a giver and receiver. I wrestled with the concept and after much thought concluded that the word "received" is the best descriptor.

(www.etymonline.com). The symbolism contained within the elephant’s image provoked a strong response from me. Initially, I was distracted by the possibility of a new coffee, but instead, I interpreted my dream as representing a spiritual quenching.

I was moved to recreate the coffee bean package as seen in my dream. I am utterly thrilled with the result and how the lettering’s golden sparkles have added another dimension to the piece. I am particularly pleased how the photograph, for the purpose of this thesis, has captured their shimmer.

Several weeks further into the writing process, I received a dream about a carved, opaque moonstone elephant that stands on a shelf above my kitchen sink. As I gazed, entranced by her exquisite beauty, the carving awoke as if from a deep sleep, and danced a delightful dance on my behalf. Her nimble footwork and radiant facial expression bathed me with joy.

Upon awakening, I felt further encouraged by the meaningful metaphor that the carved moonstone elephant represented, in that, my thesis-writing process has breathed life into my experience with the fear of facing a death sentence. Both dreams persuasively bridged together the gap between my "soul and its epiphanies"(Romanyshyn, 2007, p. 309), as I embarked upon the research of positive thinking.

Chapter Two: Preliminary Literature Review

Positive Thinking

Positive thinking is not new. The theoretical bases of positive thinking "were already known before the late twentieth century" (Fernandez-Rios & Novo, 2012, p. 336). In the early 19th century, during the tumultuous new age of possibilities, people began to "reimagine the human condition and reject the punitive religion of their forebears" (Ehrenreich, 2009, p. 78). Things were changing. Philosophers, blue collar workers, farmers and their wives began to denounce their religious heritage and become influenced by the self-educated watchmaker and inventor, Phineas Parkhurst Quimby, and his metaphysical ideas about life and happiness; and Mary Baker Eddy, a self-taught amateur metaphysician, "daughter of a hardscrabble, fire-and-brimstone-preaching Calvinist farmer" (Ehrenreich, 2009, p. 79). The meeting of Quimby and Eddy in the 1860s

“launched the cultural phenomenon we now recognize as positive thinking” (Ehrenreich, 2009, p. 79).

Positive thinking is recognized as a modern-day elixir, capable of conquering illness and extending one’s life when a prognosis is poor. Advocates argue that positive thinking can be accessed through many avenues, including practicing religious faith, receiving alternative or complementary health care, and participating in private counselling or group therapy (Wilkinson & Kitzinger, 2000; Hanoch, 2000; Peterson, 2000).

Ehrenreich (2004) describes the ideology of positive thinking as usually meaning two things. One, the generic thought of positive thinking can be summarized as making lemonade out of lemons. She calls this mindset “optimism, and it is not the same as hope. Hope is an emotion (p. 5) ...[while] optimism is a “cognitive stance, a conscious expectation” (p. 5). The second thing meant by positive thinking, according to Ehrenreich, is “a practice, or discipline, of trying to think in a positive way” (p. 5). Defining positive thinking specifically has presented researchers with a complicated challenge. McGrath, Jordens, Montgomery, and Kerridge (2006) reflect on the popularity and common appeal of the term stating that the “meaning of ‘positive thinking’ is frequently obscure and it often

means different things to different people in different circumstances" (p. 665). Wilkinson and Kitzinger (2000) suggest that positive thinking may be better understood as "a conversational idiom, characterized by vagueness and generality, and summarizing a socially normative moral requirement" (p. 797). A review of studies further demonstrating the vagueness of the term includes that of Tod et al. (2011) who associate positive thinking with a wide range of categories including the "active use of techniques and strategies to overcome unpleasant and unwanted thoughts and feelings" (p. 45).

Various broad definitions employed in research studies that have considered the benefit of positive thinking exhibit similar generalities. Anthropologist Lionel Tiger (1979) defines positive thinking as *optimism;* a "mood or attitude associated with an expectation about the social or material future" (Peterson 2000, p. 44). Tiger adds that what is considered optimism will depend upon the individual's perspective. A population-based cohort study[3] defines *fighting spirit* as an "attitude of optimism in the face of a realistic appraisal of the illness" (Cordoba, Giese-Davis, Golant, Kronnenwetter, Chang, McFarlin, &

[3] Watson, Haviland, Greer, Davidson, Bliss (1999) Influence of psychological response on survival in breast cancer: a population-based cohort study. Lancet 1999; 354:1331-6.

Spiegel, 2003, p. 462). "Positive psychology at the subjective level is about positive subjective experience: well-being and satisfaction (past); flow, joy, the sensual pleasures, and happiness (present); and constructive cognitions about the future—optimism, hope, and faith" (Seligman, 2002, p. 3) and also refers to the "conditions and processes that contribute to the flourishing and optimal functioning of people, groups and institutions" (Gable & Haidt, 2005, p. 104).

Other researchers have been more specific with their definitions. Fredrickson (2001) offers evidence that positive thinking can uphold positive affects, thus prompting individuals to "engage with their environments and partake in activities, many of which are adaptive for the individual" (p. 219). In her earlier research, Fredrickson (2000), like other researchers (Folkman & Greer, 1999), promoted positive thinking to her clients as a coping tool because "positive meaning elicits positive emotions" (Fredrickson, 2000, n.p.), and when tapped effectively can optimize health, subjective well-being and psychological resilience. Her conceptualization was based on the premise that "negative and positive emotions are not isomorphic" (Fredrickson, 2000, n.p.).

Yet each patient’s thinking is more complex, problematic and individual than the way in which Frederickson (2000) portrays. In response to Fredrickson’s research, Byrne, Ellershaw, Holcombe, and Salmon (2002) discovered that their own patients could function well even though “different reactions coexisted” (p. 19), and thereby determined complex emotions can be compatible.

What some may view to be negative, others view as beneficial. There are individuals who regard cancer to be an answer to prayer since it “changed their lives for the better” (Wilkes et al., 2003, p. 414). For example, Wilkinson and Kitzinger (2002) refer to a patient who struggled with suicidal ideation. She viewed the cancer diagnosis as the best thing that could have happened to her since, suicide was against her religion and, the patient feared she would be banished to hell if she followed through. She was convinced that God gave her cancer to spare her family the shame her suicide would have caused, and also to help guarantee her entrance into heaven. In other words, she placed a positive reframe on her negative diagnosis.

Tod et al. (2011) noted that positive thinking lacks any “commonly accepted lay meaning, [and] this ambiguity makes it difficult to define or explore links between

positive thinking and outcomes” (p. 44). These findings suggest that positive thinking is too diverse a concept to isolate into one concise definition. Having examined some of the possible definitions I will now explore the equally complicated definition of negative thinking.

The Power of Negative Thinking

To longtime adherents of the benefits of positive thinking:

> “pessimism means being a gloomy, dreary, sad-sack loser...but, it's simply not the case that optimism is "good" and pessimism is "bad", although that's how we've been encouraged to think about them” (Paul, 2011, p. 58).

Negative thinking is generally viewed as a depressed or negative perspective but, according to Norem (2002), it represents a healthy and more productive outlook than positive thinking. Her research with non-depressed people demonstrates that they often “unrealistically underestimate their personal risk of developing a serious illness” (p. 29) and therefore neglect their physical symptoms and the recommended baseline annual physicals.

Facione (2002) recruited 770 women to examine their perceived risk for developing breast cancer. She found that most put off breast cancer screening or ignore the signs

and symptoms of the disease “to feel a measure of control over uncontrollable health threats” (p. 260) even though the consequence is an “increased risk of advanced breast cancer at diagnosis” (p. 261). Facione alerts clinicians to “expect women to be optimistic about their personal risk of developing cancer” (p. 256) and therefore, be more diligent in recommending annual checkups. While some might view their patients’ perspectives as confidence or healthy thinking, Hall (2002) warns, “the thought that disaster is unthinkable, leads to unthinkable disaster” (p. 4). Hall refers to Jerry Weinberg’s concept called “The Titanic Effect.” The H.M.S. Titanic was advertised as an unsinkable ship and yet sank on her maiden voyage in 1912, causing the loss of 1,513 lives. There were 2,024 people aboard the ship, but room for only 1,078 on the lifeboats (Hall, 2002, p. 4). In Hall’s view, the unnecessary deaths were preventable had a negative thinker been involved in the planning of the first voyage.

This example demonstrates how there can be a positive side to negative thinking. When we embrace instead of deny our negative thoughts or feelings, we engage in what Norem (2002) defines as “defensive pessimism” (p. 9). She argues that negative thinking can bring about positive effects when it assists individuals in achieving their goals. In

contrast, Holland (2000) refers to positive thinking as “the ostrich syndrome” (p. 27).

Dr. Jimmie C. Holland

Jimmie Holland (2006), a psychiatrist at Memorial Sloan-Kettering Cancer Centre in New York City, is an author that I have found particularly helpful to me as I have undertaken this heuristic inquiry. For over 30 years, she has researched the challenges that cancer patients face. In addition to the distress of the illness, side-effects resulting from treatment, and concerns with re-occurrences, Holland has identified what she calls, “the tyranny of positive thinking,” (Holland, 2000, p. 13) as an additional unhelpful burden. Holland tailors her counseling toward remedying historical misconceptions that marginalize those already burdened with illness.

When little is known about a disease, a natural response for many is to be frightened of it. Sometimes myths are developed to provide a more tolerable perspective and help one deal with what is unknown. Like cancer, mental illness for a long time had no known cause or cure with the result that both were equally feared. In the early 1800‘s “demonic possession was a common attribution; the person was blamed, ostracized, and often shackled and imprisoned in most societies” (Holland, 2003, p. 255s). This unfounded

discriminatory belief system continued to flourish in the 1940's when the medical community labelled those with tuberculosis as "persons who suffered from emotional weakness" (Holland, 2000, p. 17). The "ill were stigmatized" (Wilkes et al., 2003, p. 412), and it was implied they lacked the fortitude or desire to improve. Mercifully, tuberculosis was found to be "caused by a bacterial infection" (Holland, 2000, p. 17), thereby vindicating those affected.

Regardless of faith or religion, or even when we accept a biological or scientific explanation for disease, the human tendency is to believe illness is a "visible sign of one's own sin and guilt" (Eibach, 2006, p. 118). Loss of health becomes reduced to a belief in body-soul manifestation, or as a metaphor for inner conflicts that are responsible for a direct correlation "between actions and mystical retribution" (Klonoff & Landrine, 1994, p. 409). Some researchers have suggested illness is the result of "unresolved spiritual conflicts, to which attention is drawn by the symptoms" (Von Buegner, 2008, ¶ 2).

When it comes to disease, illness or situational misfortunes, cause and effect appear more entwined to some, but more polarized, or black and white, by others. Gombrich, an art historian, believed that "what was seen

depended on who was looking and who taught the person to look" (Acosta, 2001, p. 95).

I experienced a poignant example of this following the completion of my chemotherapy treatments in the spring of 2000.

The sunshine coaxed me from the confines of my home to enjoy a short drive around my neighbourhood. The sun cast its warm rays into the truck and I opened the window to enjoy the smells of spring. As I waited for a red traffic light to change, a loud rumbling car drove up to the left of me. I looked at the passenger. Our eyes met and I smiled. He looked at my extremely short hair, appeared to make a quick mental assessment and then yelled, "You fucking dike!" I said, "I had breast cancer, my hair is beginning to grow back". When the light turned green and as the car sped away he yelled, "You probably deserved it!"

His paraphrase of a popular vernacular "what goes around comes around," or "karma," is an example of the insidiousness that accompanies scapegoating. It is based on the belief that individuals who are stricken with illness, or bad luck, have received universal karmic retribution for their past misdeeds.

I wonder what he would say to the parents whose baby died of leukemia. . .

The person with cancer often hears a variety of accusatory questions such as “Why did you *need* to get cancer?” and “You must have *wanted* cancer” (Holland, 2000, p. 15). As one of Holland’s patients succinctly described,

> ”What difference does it make telling me my personality might have given me cancer? It’s like telling me my blue eyes caused cancer. . .tell me something I can do something about” (Holland, 2000, p. 29)).

Holland identifies personality traits, such as glass half empty versus glass half full outlooks, as those that can only affect the way you behave, rather than physically affecting your cancer. At the same time, her viewpoint is clear; each individual’s personality deals with life threatening illness in as varied a way as there are theories surrounding sickness and health.

However, Holland (2000) views the mind-body-cancer connection as “resembling beliefs about religion” (p. 21) because, she asserts, those who truly believe in the mind-body connection don’t require or look for any scientific proof. The mind-body-cancer correlation Holland refers to can be best described through what Zerbe Taylor (2002) defines as religious addiction. Addiction’s root, addict, comes from the “Latin *addicere*, meaning to assign or

surrender" (Zerbe Taylor, p. 293). Zerbe Taylor defines the religious addict's foundation to be an "absolute, unquestioning, uncritical acceptance of teachings" (p. 295). Similarly, Vanderheyden (1999) describes a religious addict as a person who

> "chooses consciously or unconsciously to avoid pain and feel good by finding a sense of esteem through rigid faith practices...within a spiritual setting" (p. 294).

Norman Vincent Peale

Norman Vincent Peale is considered by many to be the "patriarch of the twentieth-century self-help movement" (Frame, 1993, p. 56). Peale was an ordained Methodist known for combining religion with psychology in his ministry. His well known self-help book, *The Power of Positive Thinking* (1956), focused on a return to Christianity's roots. The term *pastor,* is derived from a word "meaning the cure of souls," and "[s]ince religion deals with thought and feeling and basic attitudes, it is only natural that the science of faith should be important in the healing process" (p. 138). In order to receive answers to prayer, Peale (1956) posits a formula that he claimed is both scientific: "1) prayerize, 2) picturize, and 3)actualize"

(p. 44) and based on biblical principles;"...if two of you agree on earth about anything that they may ask, it shall be done for them by my Father who is in heaven" (Matthew 18:19). Peale believed that in direct "proportion to the intensity of the faith which you muster, will you receive power to meet your situations" (Peale, 1956, p. 210). In other words, we are responsible for whether we are healed, or our situations improve. As such, Peale's view might also be considered a form of scapegoating.

Word of Faith and Positive Confession

"Word of faith" and "positive confession" movements assert that the reason people fail to be healed is due to their incorrect thinking and lack of faith in God's word. Positive confession advocates believe that humans are made in God's image and therefore their "words, when spoken in faith, have the same intrinsic creative power as God's" (Warrington, 2000, p. 136).

Faith teaching is based on the precept that when Christians pray and believe in their heart, and confess the same with their mouths, God will respond by giving them what they desire. Capps (1976) challenges the reader, "Why not learn to say what you desire, not what *seems* to exist?" (p. 113). This point of view can be dangerous because it

negates logical extraneous environmental or genetic factors that can be implicated in illness.

Most appropriate to my personal experience is Osteen's *Healed of Cancer* (1986), which is based on her documented diagnosis of metastatic liver cancer in 1981. Based on her experience, she argues that people "do not have the knowledge of the Word of God or how that it is God's will for them to be healed" (p. 7). Osteen (1986) feels that she survived because she maintained confidence in God's word. She believes that if she wavered in her faith, she would have died because "if you have symptoms of your sickness... check your spirit. Doubt is from your head. Don't let the devil condemn you" (p. 24). Ironically, throughout my own chemotherapy treatment, I was convinced the oncologists and my family doctor were lying about the positive prognosis of my stage 2 invasive ductal and lobular carcinomas, and that my death was unpreventable. According to Osteen, I allowed the devil to plant conflicting thoughts with God's word in my head. Had I died, I likely would have been judged for having a lapse in my faith (another form of scapegoating).

I have explored how similar the definitions of positive thinking and positive confession can be, that is, the art of focusing on the best possible outcome regardless of the

evidence. Next, I'll explore whether the same similarities can be transferable to the way *The Secret* (2006) defines the "law of attraction."

The Secret

The popular movie, *The Secret* (2006) explains that your life is simply the physical manifestation of your inner thoughts. The premise is that our thoughts are only capable to do what they are designed for, to create mental, spiritual and physical realities. As Vitale clarified in his interview within *The Secret* (2006), "It's just you placing your order with the universe... it's really that easy."

The burden that Vitale's (2006) statement places upon the ill is another example of the scapegoating mentality. *The Secret*'s (2006) theology argues that illness is the physical manifestation of inner thoughts and therefore, one is advised to focus only on the best possible outcome. If and when a person dies, it is in direct correlation to the individual's inability to place the correct order with the universe.

When is the right and correct time to die? Does the law of attraction apply to individuals who suffer with debilitating mental illness; and does it apply to children, or is there an age of accountability? According to whom?

Barbara Ehrenreich

In her book, *Bright-Sided: How the Relentless Promotion of Positive Thinking Has Undermined America,* Ehrenreich (2009) describes the ideology of positive thinking as twofold. She defines positive thinking as optimistic thinking in spite of the circumstantial evidence. According to Ehrenreich, the practice and philosophy of positive thinking is directed to "pump up belief in the face of much contradictory evidence" (p. 6). She concludes that ongoing studies on the benefits of positive thinking are attempts to equate optimism and positive thinking with health and healing.

When diagnosed with breast cancer, Ehrenreich says, the heinous thing about her diagnosis was not the presence of cancer but the way in which she had been replaced by the word, *cancer*. She has observed an overriding emphasis on maintaining a positive attitude; it is "axiomatic, within the breast cancer culture, that survival hinges on attitude" (Ehrenreich, 2010, p. 12). She quotes an example in a recent e-zine article entitled *Breast Cancer Prevention Tips* which advises "a simple positive and optimistic attitude has been shown to reduce the risk of cancer" (p. 12). In *MAMM*, a breast cancer support magazine, Bernard (2001) observes that people who subscribe to the

myth that perpetually happy people "radiate oodles of healing energy. . .have not yet had a major illness" (p. 64). She agrees that while positive thinking can have its benefits, it "cannot excise a malignant tumour"(p. 64).

Little Convincing Evidence

Studies have discovered little convincing evidence that psychological coping factors can prolong the survival of cancer patients (Palmer & Coyne 2004; Spiegel & Giese-Davis, 2003; Holland, 2002; Petticrew, Bell & Hunter, 2002). Coyne and Tennen (2010) call upon positive psychology's leadership, which they feel "has fostered a destructive exuberance"...[to] "rededicate themselves to a positive psychology based on scientific evidence rather than wishful thinking" (p. 25).

Clearly, there has been and still remains, a broad spectrum of conflicting beliefs regarding positive thinking. Based upon her experience, Holland (2000) suggests that the strongest factor in survival from cancer "is the presence or absence of positive nodes for cancer, [and] not the personality of the individual" (p. 28).

Tyranny of Positive Thinking

Regardless of conflicting ideologies, physicians confirm they are likely to advise patients, whom they perceive as sad, to replace the negative cause of sadness

with more generalized “coping mechanisms” (Stephenson, 2004, p. 986) such as focusing on positive activities and experiences. However, (Wilkes,O’Baugh, & Luke 2003) emphasize that the incessant “need to be positive may be courting disaster” (p. 412) for patients.

Indeed, pretending to feel confident when in fact you feel otherwise, may have a downside. Holland (2000) reports the dangers of generalizing attitudes and their impact on cancer. She describes how the present day “tyranny of positive thinking” (p. 20) has the potential to victimize people because it can cut off help and support from others. By doing so the ill person may also “be hiding anxious and depressed feelings that could be alleviated if shared honestly with their doctor” (p. 20). The irony here is that positive thinking can prevent the patient from receiving help based solely on their fears of disappointing loved ones or their professional healthcare providers. Therefore, Holland (2000) strongly recommends, if you find yourself “surrounded by the positive attitude police, ask your doctor, clergy, or therapist to call them off” (p. 21).

I undertook this exploratory inquiry hoping to offer another perspective to the collective shadow of positive thinking, and its effects upon those with illness. My hope is that this articulation, of that which has largely gone

unrecognized, will give permission to those to feel free to share their authentic experience of cancer, and expect to be heard and respected.

Chapter Three: Methodology

People tell stories not just to work out their own changing identities, but also to guide others who will follow them. They seek not to provide a map that can guide others - each must create his own - but rather to witness the experience of reconstructing one's own map. (Frank, 1997, p. 17)

What I find kind of scary about the proliferation of qualitative research articles on "patient experience," the "illness experience," is that they're claiming to make illness experience knowable as an object in reliable and verifiable ways. In the illness experience area, I find

myself irked by the fact that people have gone out to study disease X and have not taken the trouble to realize that some people who have had disease X have written extremely thoughtful, reflective memoirs of what it was to live with that. (Frank, 2005, p. 126)

Existing literature on the negative or collective *shadow* aspects of positive thinking is limited; I have therefore selected the heuristics form of inquiry to be the most relevant methodology to explore my thesis statement. The term heuristic is derived from the Greek, *heuriskein,* and means to discover or find (Moustakas, 1990, p. 9).

As part of my heuristic explorations, I have included excerpts from my journal, photographs, medical records and artwork that I have collected along my journey and in my research. I have included these to help the reader connect to my lived experience of feeling pressured to think positively during the psychological imprisonment I experienced as I was held in abeyance positioned between life and death.

Methodological Approach

I begin by defining heuristic methodology according to Romanyshyn (2007), Moustakas (1994), and Frank (2007). I then consider arts-based research methodology as developed and described by researchers McNiff (1988), Bloomgarden

(1998), and Woolf (2003), and then describe how these approaches have influenced and been incorporated into my study.

My methodological approach has been informed by several methodologies but it is primarily influenced by Romanyshyn (2007). His approach to heuristic methodology aims at uniting soul work with academic research, thus bringing the researcher's "unconscious presence to the work more conscious[ly]" (p. 161). By incorporating my dreams, I reveal the "dream as a material event" (p. 211) and therefore, highly relevant data. Romanyshyn challenges the researcher to consider how method can be a way to keep soul in the research even though psychology has become a discipline that "reduces soul to either biology, or to social forces, or to historical causes" (p. 212). In other words, he suggests that the researcher maintain a metaphoric tension, and a plurality of methods between concrete and symbolic modes of thinking to ensure that soul work is inclusive.

In addition to being influenced by Romanyshyn's emphasis on soul work, as integral to the research process, I have also been influenced by Moustakas's (1990) heuristic research approach, which encourages the development of deep

understanding until an “essential insight is achieved” (p. 11).

Moustakas (1994) expands on the definition of *heuristic* with the “cousin” word, *eureka* which was exemplified by Archimedes who, while taking a bath, experienced a “sudden, striking realization” (p. 9). Heuristic’s methodology qualifies my research as, a direct and personal encounter with the research in question because personal experience, while autobiographical in nature, “possesses social, and perhaps universal, significance” (Moustakas, 1994, p. 15).

Validity in heuristic research has been defined as “one of meaning” (p. 32) and can ultimately be “accredited only on the grounds of personal knowledge and judgement” (Polanyi, 1969, p. 120). Bridgman (1950), makes the following observations about *validity*:

> The process that I want to call scientific is a process that involves the continual apprehension of meaning, the constant appraisal of significance... accompanied by a running act of checking to be sure that I am doing what I want to do, and of judging correctness or incorrectness. This checking and judging and accepting that together constitute understanding are done by me and can be done for me by

no one else. They are as private as my toothache, and without them science is dead (p. 50).

Published stories have a particular influence in the way they affect how others tell their stories. According to Frank (1997), the need to tell personal stories is basic to human life. There is a need "to construct new maps and new perceptions of their relationships to the world" (p. 3). He considers the embodiment of the story, "how they are told not just about the body but through it" (p.3) to be important. And finally, he views how the social context affects "which stories get told and how they are told" (p. 3) to be significant.

Instead of deriving the same answer to the same question at different times, Frank (2007) is interested in the ways that first-person illness narratives can make illness knowable, and encourage us to be ethically responsive to the needs of others, rather than how qualitative studies can help us to understand, from a detached, generalized perspective. Frank adds that research on illnesses "has not particularly advanced my understanding beyond what I learned reading so and so's memoir"(p. 126).

Moustakas (1994) describes heuristic research as involving a "recreation of the lived experience; full and

complete, depictions of the experience from the frame of reference of the experiencing person" (p. 39). Based on this definition, he categorizes the heuristic research process in terms of the following six phases:

1. *Initial Engagement* (Discover of the topic), which according to Bloomgarden (1998), becomes a natural "outgrowth of the researcher's life experience" (p. 52). In my case, my response to injunctions to think positively when I was diagnosed with, and subsequently received treatment for breast cancer;
2. *Immersion* (Living the question), even though there can be a period of "formless wandering...direction emerges as perceptions and understandings of the problem are recognized" (Douglass & Moustakas, 1985, p. 47). Although the question was clear to me during the writing of my social work reflective papers, the route and method began to take shape after enrolling at St. Stephen's College;
3. *Incubation* (Permitting the inner workings time to process), and occurs while the "researcher retreats from the intense, concentrated focus on the question"(Moustakas, 1990, p. 28);

4. *Illumination* (Breakthrough, new awareness or modification of previous understanding). I received insight regarding the “clustering of qualities into themes inherent in the question” (Moustakas, 1990, p. 29) as I wrestled with articulating the tacit meaning of positive thinking;
5. *Explication* (Deeper understanding and clarity is achieved). As the researcher brings together the meaning, essential themes and qualities “into a comprehensive depiction of the essences of the experience” (Moustakas, 1990, p. 31);
6. *Creative Synthesis* (The outpouring of understanding through the documentation of words, music or artwork), allows the researcher’s “creative expression to shape the tacit dimension of the conclusion” (Bloomgarden, 1998, p. 53), while releasing the spirit and “poetics of the research process when one keeps soul in mind” (Romanyshyn, 2007, p. 151).

According to Moustakas, the challenge of writing heuristically is achieved through “examples, narrative descriptions, dialogues, stories, poems, artwork, journals and diaries, autobiographical logs, and other personal documents” (p. 39).

My dreams have been a part of me in a significant way all through my life. It wasn't surprising to me that they featured significantly as part of both my illness experience and my research journey, leading me to new insights. To convey what my psyche has shown me, I have included 12 dreams, 8 of which I've sketched or painted with mixed medium. I have also included 7 photographs of important features of the writing process; 3 of which are during and post chemotherapy to illustrate the contrast between illness and health.

Words can fail to express the emotion involved in experiencing a life-threatening illness. Arts-based research provides a vehicle that draws together human universal experiences . . . "people, art, soul, psychology, mythology, images, symbols, dreams" (McNiff, 1988, p. 86), toward learning and healing. According to Polanyi (1969) individual visions of the truth, "having made their appearance, continue to gain momentum and strength by ongoing reflection and through tangible evidence" (p. 30). Art therapy is:

> [a] form of dialogue between our conscious and unconscious, and it is a very delicate dialogue. It is often a little bit confused. We should listen to our conscious mind and we should listen to our

> unconscious mind. And it is only when we combine the two, simultaneously, that true learning and growth takes place. (Woolf, 2003, p. 9)

Ethical Limitations of Heuristic Methodology

The heuristic form of research places importance upon the researcher's experience, and the aspect beckoned me. However, there are several limitations to the methodology which I will address. The first is the lack of parameters within the research which left me feeling somewhat lost at times. I am unsure whether that is the lived experience made manifest in my writing, or whether it is the vagueness of the heuristic framework that is left open to interpretation.

Secondly, I found the requirement to be willing to risk the "opening of wounds and passionate concerns and to undergo the personal transformation that exists as a possibility in every heuristic journey" (Moustakas, 1990, p. 14), to be one of the most arduous tasks in my life. As painful and challenging as it has been for me on a personal level, I have considered its byproduct, clarity, to be a gift.

Finally, I agree with authors Djuraskovic and Arthur (2010) in that the heuristic form of research focuses on

the “subjective experience of the phenomenon” (p. 1583). Maintaining a concentrated focus on my own personal experience necessarily informed the individual bias that informs this work. Even knowingly, I focused primarily upon the collective shadow side of positive thinking as this was the focus of my research, and also because I feel few accounts exploring the shadow side of positive thinking in relation to the personal experience of breast cancer have been written. I am convinced my woundedness can be relatable to those with similar life threatening diagnoses.

Romanyshyn (2007) would describe me as a wounded and complex researcher who, by attending to both conscious and unconscious subjective aspects of experience in my research, “seeks to transform a wound into a work...without letting the work become merely a confession about the wound” (p. 111).

Methodology Definitions

For the purpose of the thesis, when I use the term, *positive thinking*, I am referring to the belief in the ability to control the future in the way one wants, by thoughts and words, in spite of contradictory evidence. This is different than *hope*, which is “an emotion, a yearning, the experience of which is not entirely within our control” (Ehrenreich, 2009, p. 4). Whereas, *optimism,*

is the hopefulness held for the successful outcome based on evidence.

Chapter Four: My Story

> At the heart of heuristics lies an emphasis on disclosing the self as a way of facilitating disclosure from others - a response to the tacit dimension within oneself sparks a similar call from others. (Douglass & Moustakas, 1985, p. 50)

By exploring my own wounds, I have opened myself up to the outcome that making oneself vulnerable can bring. Heeding the gentle, encouraging words of McNiff (1988), I remind myself to "Relax. Go easy on yourself. Be like us and focus on breathing...you've got to let go. We're just here, and we can teach you how to be more completely here too" (p. 36).

As far back as I can remember, I have enjoyed sports. It would have been unusual to take an extended break from the physically challenging activities I loved the most: softball, running and cycling. When training for my first running marathon at age 40, I brushed off bouts of fatigue, believing that my body was fighting a virus or flu bug. Over time, the fatigue increased in intensity and duration. My rest days began to outnumber my running days until one evening, following my husband's arrival from work, I

realized I had been lying on the sofa the entire day. I could only whisper, “Something's wrong.” We jointly decided that it would be best to see my family doctor as soon as possible; and an appointment was made the very next day. At the end of my examination she ordered blood tests and scheduled a baseline mammogram two days later.

Prodromic

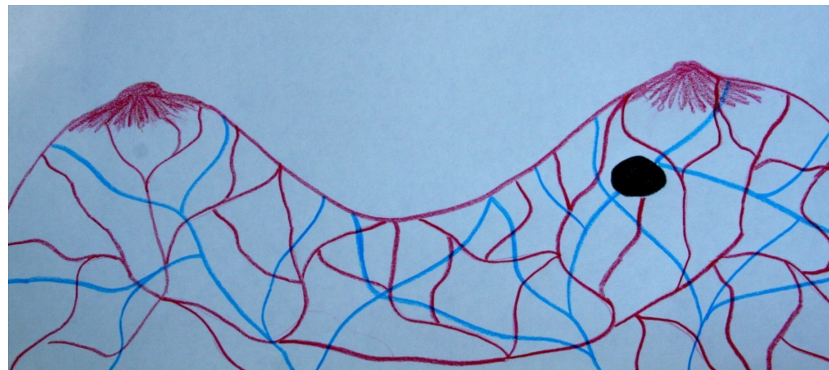
On the morning of my scheduled mammogram, I experienced what Van de Castle (1994) describes as a prodromic dream. *Prodromic* refers to premonitory dreams, particularly with specific reference to an illness that has yet to be diagnosed in the dreamer’s body. Clinical evidence in literature supports the view that nocturnal dreams can “serve as diagnostic and prognosis indicators in physical illness” (Welman & Faber, 1992, p. 66). Whitmont (1969) contends that a sort of foreknowledge is often evidenced through dreams and that it operates in the unconscious dimension as “encompassed unknown events outside of space and time . . . which lie ahead in the dreamer's development” (Welman & Faber, 1992, p. 67).

Dreams can be understood as a type of “continuation of the life process which ... is unimaginable to everyday consciousness”(von Franz, 1986, p. 156), but facilitate the registering of subtle internal and external signals that

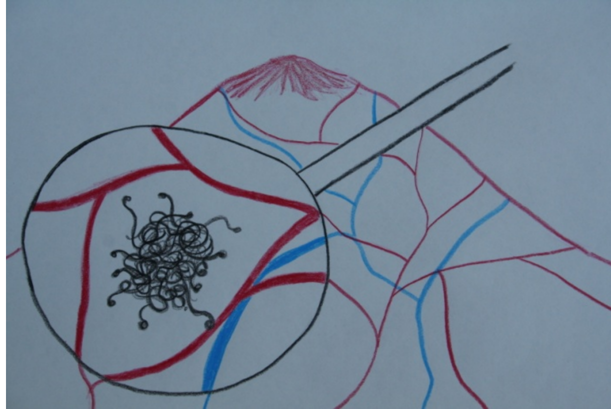
"often go undetected in waking life" (Salem, 2010, p. 17).

The Black Snakes

My first dream revealed a coal black golf ball in the upper left quadrant of my right breast. I was aware of lying on my back but desperately wanted to investigate the golf ball. I saw my breasts as though the epidermal layer had been removed, thus exposing their muscle tissue, fat, veins and arteries.



I harnessed the ability to travel within my body toward the black ball, as through an atomic force microscope. As the ball began to come into focus it transformed from a tight round sphere into a mass of entangled writhing black snakes. They were alive, menacing and clearly preparing to migrate. The message within the dream was that the snakes had to be "cut out."



Instantly roused from my dream, gasping for air, and with a pounding heart in my throat, I placed both my hands on my breast. The vivid image of the ominous twisting snakes convinced me I had witnessed breast cancer in its cellular state. First I described the dream to my husband and then informed him I *knew* I had breast cancer.

The Mammogram Technicians

Carrying the dream with me to the mammogram was unnerving. On one hand it gave me a sense of reassurance because it provided answers for the excessive fatigue, but it was simultaneously frightening as it could indicate a potentially early death.

After the initial mammogram, the lone technician left the room in silence. Two female technicians, wearing serious concerned expressions on their faces, returned. When I asked whether there was a problem, the new technician informed me they were going to use a secondary instrument to focus in on an area, "kind of like a

telescope." I stated, "It's okay, I had a dream this morning, I know I have breast cancer." The room went heavy with silence and neither woman would look at, or speak to me. I repeated myself and was again, responded to in the same volume of silence.

While I understood that their job was to refrain from offering any diagnosis or personal comments due to legal implications, I felt invisible. Their silence negated my existence. I left the wordless environment with a foreshadowed perspective about illness. I felt as though I had become the outsider, a leper, and a scapegoat in the wilderness.

I received a call from my doctor's office the very next day to notify me of an appointment, with a local surgeon, to discuss biopsy options regarding a "suspicious" read on the mammogram.

New Language

Following formal greetings inside the surgeon's welcoming consultation room, I informed her, "I had a dream about black snakes and they had to be cut out." She responded empathically, "Yes, they do need to be cut out. You never expected this kind of thing to happen did you?" Even though I arrived at the appointment equipped with the knowledge from my prodromic dream, I remained unable to

grasp what she was saying and wondered what she meant by, "this kind of thing to happen."

I don't recall much more from the appointment except that we agreed upon an outpatient surgery appointment for a biopsy. I settled in for another hand wringing and reflective waiting period. Even though I knew it was breast cancer I hadn't received an official diagnosis. Was I sick or not? Would I receive a death sentence or a clean bill of health?

The First Biopsy

I received a mild sedative before the surgeon injected a local anesthetic in my breast. As she cut into my breast, I was overcome by the memory of a miscarriage some 23 years prior.

> *Following previous indicators of miscarrying, my body had gone into labour. When I arrived at the hospital's emergency, the doctor on call ordered tests that confirmed the fetus had died. Without informing me of the procedure, the physician removed the fetus from me and gave its body to a nurse. The nurse walked past me carrying a plastic bag filled with saline and blood. I realized then what had occurred and that the bag held my baby and I asked to see it. As she held the bag up, the momentum from her walking caused the*

fetus to bounce against the bag's wall. That second was all I saw of the baby...my baby...our baby. I don't know where they took it or what they were going to do with it.

As I shared the story with the surgeon and her team I became aware of tears rolling down both sides of my face. I realized that, at the time, I only partially grasped how the four and a half month old fetus was actually a baby. I instinctively knew in that instant he was a boy and promptly named him Levi Paul.

But I wasn't in labour anymore...and I reminded myself that a surgeon was cutting, no, permanently removing a piece of my breast to confirm the status of cancer. A biopsy.

Biopsy

Biopsy: the process of removing tissues from a body as an "aid to medical diagnosis" (Morris, 1979, p. 133). *Biopsy* is derived from the Greek *bios* (life) and *opsis* (sight) (etymonline.com). Biopsies are removed from living bodies to determine the cause, or extent of a disease, whereas autopsies are performed to determine the cause of death. The surgeon wanted to gain life sight...sight of life...looking, searching for life; or removing the death, in order that I could live?

Once the biopsy was excised, the surgeon put my breast tissue onto a tray to be whisked to the lab for cancer screening. As the nurse headed toward the room's exit, I asked to see my tissue and she respectfully complied. Right in the middle of the bright pink flesh was a round, jet-black ball. My body responded as though someone had poured invisible buckets of ice water over my head. I was torn between the marvel of the prodromic dream's accuracy and the sheer terror of a potentially life threatening illness.

The Official Diagnosis

On the afternoon of our 21st wedding anniversary, May 27, 1999, my husband and I received an official diagnosis. My right breast had been affected by stage 2 Invasive Ductal and Invasive Lobular Carcinomas. It *was* breast cancer. I blurted out, "I *knew* it!" while my husband reeled in shocked supportive silence.

Cancer. Cancer the Crab: in ancient astrology the sign of the crab was associated with "water and the moon, both typically representative of the Great Goddess who was supposed to bring all things to their doom" (Walker, 1996, p. 183).

I did not fight what I instinctively knew and accepted as the truth, but time as I understood it, had stopped. Time can be confusing since the "beginning point of time

has no duration”(von Franz, 1978, p. 5). This would be the second occurrence when I experienced time in a mismatched (for lack of a better term) dimension or space.

My first experience with altered time was on August 27, 1974, when I traveled with a group of bikers heading north to a campsite in Tofino, on Vancouver Island. As the bike leaned into a wide right turn I instantly felt suspended in time and I was unable to hear anything.

In that fraction of a second, a thousand thoughts raced through my mind. I quickly understood that I had been hit by a car and instantly recalled what my mother taught me. ”If you’re ever in an accident, go limp.” In the same instant that I remembered her admonition, I was aware of my right shoulder as it began to hit the highway’s pavement. Before the rest of my body connected with the road, I consciously, and intentionally relaxed my body. My body continued to roll like a rag doll until it came to an abrupt stop. I laid on my back, staring at the stars in the black of the moonlit night.

It was then that my hearing returned. I listened to my traveling companions voices as they raced toward me. “Are you okay?” “Ew, look at all the blood!” “She’s going into shock, quick, get a blanket!” “Bonnie...Bonnie, stay focused, stay with us.”

Whenever we experience deep, visually descriptive imagery such as contrasting experiences with time, it permeates us with a feeling of "being in contact with something infinite" (von Franz, 1978, p. 9) and we are reminded of our microscopic presence on earth. Instead of philosophizing, I had to remind myself of the task at hand, my diagnosis.

Parasympathetic

After receiving the diagnosis from my doctor, I felt okay in the sense of how well I believed I was dealing with the diagnosis. I wasn't screaming...and I certainly felt in control of my thinking. What I failed to comprehend is how mercifully our physical body's parasympathetic response protects us from distressing information.

The parasympathetic nervous system "inhibits or opposes the physiological effects of the sympathetic nervous system" (Morris, 1979, p. 952). It effectively slows the heart rate and dilates blood vessels, thereby contributing toward a protective cloak of numbness.

My husband and I drove home in stunned muteness. In my robotic numbness I was unable to formulate or articulate, or perhaps even comprehend, my own thought. Instead, I continued to function at a sloth-like pace until the moment the cloak of numbness revealed a chink in its armor.

Chink in the Armor

Sitting in a movie theatre with a friend, I felt exposed and isolated within my personal muffled realm of uncertainty. Perhaps it was a result of too many stimuli: the movie was loud, the theatre was filled to capacity with people who opened paper wrappers, slurped their ice-filled pop containers and crunched on popcorn. Without warning, a cloak of dense icy fear crept up and enveloped me with a heaviness I was unable to withstand. My body shook uncontrollably and I began to hyperventilate. It was then I knew breast cancer could kill me, and I became reduced to a trembling, frightened creature.

Tkh

The word *tkh* is used to express everything that "oscillates, titubates or wobbles...as we are terrifiedly quivering towards a new identity, a transformation" (Rand, 1997, p. 212). My transformation from a strong and healthy athletic person to an unwilling and weak patient was crippling.

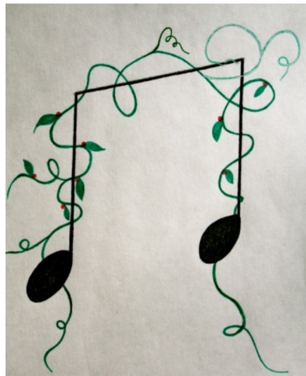
As I began to write about my experiences with the uncontrollable fear and trembling, I became aware of my hesitancy to write as accurately or as personally as I had intended within the heuristic study. It was during my reluctant inner turmoil that I received

another pivotal dream.

Quavers

The dream consisted solely of two musical notes connected by a bar, known as a quaver. At first, its image seemed innocuous. However, *quaver*, according to its late Middle English origin, *quaven* is a verb meaning “to tremble” (Morris, 1979, p. 1069): from dialect *quave* [quake, tremble]and defined as, “to quiver as from weakness.” It is also another term for an eighth note.

Most encouraging is the definition of quaver’s root, *unguent* meaning “to anoint” (Morris, 1979, p. 1399). To anoint means to “put oil on as a sign of sanctification or consecration in a religious ceremony” (Morris, p. 54). I interpret the quaver’s symbol to be a blessing or anointing of the inspirations behind my writing; one that continues to sustain me through the process of discovery within my experience with a breast cancer diagnosis.



Lost in the Wilderness

Soon after my diagnosis, I attempted to drive somewhere in our truck...and to this day, the destination escapes me. As I drove, I realized I was lost and the disorientation placed me into a state of panic.

How could this have happened? I was born in Edmonton. It is a small city divided into north and south halves. Secondly, it's divided into northwest, northeast, southeast and southwest quadrants. I know Edmonton very well but clearly the aftershock of a life threatening diagnosis induced temporary amnesia. Distraught, I continued to drive while desperately searching for a familiar landmark. Eventually I recognized a building and drove straight home and refrained from driving for six months.

Liminal

Although I made it to the safety of my physical home, metaphorically I landed in the dividing realm between life and death, a dimension referred to as *liminal* time and place. The term *liminal* is derived from the Latin word "threshold" (Shinoda Bolen, 1996, p. 15). When we experience something that changes our frame of reference and how others relate to us, the experience is a liminal one. Once we undergo the rite of initiation into knowing

something we did not know previously, we have crossed over a threshold.

After crossing the threshold of initiation, the life-threatening illness shifted my perspective. I began to fathom how it might feel to be lost in the forest, or locked in a gigantic tower without an escape, but increasingly, over time I began to identify with the myth of Persephone.

Persephone

Persephone's experience illustrates how unpredictable the shift between being healthy, and crossing over to another state of being, can be. As Persephone quietly and peacefully gathered flowers in the middle of a meadow without a care in the world, suddenly and without warning, the earth opened and:

> out of the deepest, darkest vent in the earth came Hades, the Lord of the Underworld, in his black chariot drawn by black horses, to abduct her. He pulled Persephone to him, and she screamed in fear as they circled the field, and then horses and chariot, carrying Hades, and the terrified Persephone, plunged back from where they came, and the earth closed over as if nothing had happened. (Shinoda Bolen, 1996, p. 23)

The experience of living through the metaphorical underworld, or the unconscious, created unique images for me. As I attempted to describe these images for the purpose of my research, I began to recognize the pivotal demands behind language and how each word becomes "embedded in phonetic clusters and pregnant with significance" (Rand, 1997, p. 24). For example, when I investigated the definition of the "underworld" I discovered its Christian name to be *hell,* after a "Germanic goddess of the underworld, called Hel" (Baring & Cashford, 1991, p. 582). It was during my most confused and disoriented state within the kingdom of my own hellish underworld that I received another precise, prognostic dream.

> *I floated above my half naked body that lay on top of an operating table. My body was on its back. A white sheet covered me from my hips down. I appeared dead. I saw a large gaping bloody hole on the right side of my chest.*

Based on the accuracy of my previous dreams I paid particular attention to the imagery. Initially I questioned whether my body was dead or alive but, the presence of blood assured me that my body was alive and that, I was to undergo further surgery. The dream's specificity enabled me to comprehend Jung's noteworthy observation that "image and

meaning are identical," for when "the first takes shape, the latter becomes clear" (Jung, 1982, ¶ 402).

As a result of my communicating the dream to my surgeon, she stitched extra sutures to prevent the tearing of my incisions during the second biopsy; but it wasn't the number of stitches that concerned me. The prognostic dream was challenging for me to comprehend because the initial results of the auxiliary dissection, or removal of the lymph nodes from my right armpit, confirmed 10/10 lymph nodes negative for metastatic involvement. The surgeon assured me I would only require radiation therapy. I wanted to believe her but something about this dream haunted me. How could I rest easy when I was aware that something was looming?

The Answer

> Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place. (Sontag, 1978, p. 3)

A follow up appointment at the Cross Cancer Institute, provided the incomprehensible answer. An oncologist invited me into a small consultation office. A large whiteboard hung on the wall directly in front of where I sat. As the oncologist began to summarize what would be involved - my attention drifted - the rhythmic squeak of his writing with the felt pen transported me into a hypnotic state. When the mesmerizing squeak subsided, I looked up to read the red printed word, *mastectomy*. Immediately to the right and beside was the black outline of a square box □. Inside the box was a large, green checkmark ✓. When I attempted to describe to the oncologist about the dream of the gaping hole in my chest wall all I could do was stutter. It was then that I began to comprehend the preparatory dream. The unthinkable. Except for the dream, I had understood we would be discussing radiation therapy rather than mastectomy as the next stage of treatment.

The oncologist's voice brought me back to the room, "Bonnie. A subsequent review of the right auxiliary lymph nodes confirmed the presence of micrometastatic disease; therefore, we recommend a mastectomy, chemotherapy and then radiation." I was diagnosed with Stage 2 Invasive Ductal and Invasive Lobular carcinomas with one node involvement.

My exquisite breast was sentenced to be dismembered and cast into the garbage. My body, as I knew it, would never be the same again.

Consequently, a third and final surgery was scheduled immediately for the following week. Emotionally, I had reached saturation. The thought of waiting for another surgery made me feel as though I was losing my mind. I hoped against all logical odds for some sort of miracle to occur.

Superstitions

The following morning, Wednesday, August 11, 1999, the hospital's administration office phoned to inform me that a surgery date had opened up for Friday, August 13th. One of North America's most superstitious days turned out to be a godsend for me! My first response was to laugh at the irony of it all and then I leapt at the opportunity to be there for the morning of Friday the 13th.

In preparation for the surgery I made customary phone calls to let those close to me know of the change and immediately began to agonize about the surgery.

What if the surgeon removed the wrong breast?!

If the surgeon removed the wrong breast then the correct one would also be removed, leaving me with nothing.

The macabre jokes began to swirl around in my head. Split peas on a bread board. Don’t make a mountain out of a molehill. What a weight off my chest. I can walk around topless...anywhere. Humour is an amplified aspect of reality that helps me get through uncertain times. Concentration camp survivor Frankl, described the humour within Auschwitz and Dachau as “the soul’s weapons in the fight for self-preservation” (Shinoda Bolen, 1996, p. 37).

Considering the uncontrollable circumstance, I decided to take a proactive stance in the only way I knew how. My husband drove me to the local dollar store where I purchased felt pens and an assortment of stickers. The next morning we drew coloured arrows across my chest wall pointing to the correct breast. “This one!” was emblazoned across my right clavicle. In addition to the note and arrows on my chest wall, my right breast was covered with flower, star, and rainbow stickers to ensure that the attention of the unsuspecting surgeon was directed to it, and not my healthy left breast.

Imposed Philosophies

Just before surgery, a friend and an extended family member met my husband and me at the hospital to ensure things went smoothly. It was then that both women took over.

Sedated pre-surgery, I was cognizant of my husband standing off to the side. He was alone, waiting in his quiet way to say good bye to me before I was wheeled through the forbidden and sterilized doorway. He too was trapped in the liminal threshold, as an observer...in fear that he might lose his wife due to complications in surgery or to the progression of the cancer. Upon reflection, I see that he had been brushed aside - was it because he was a man? - it was all so overwhelming.

Would this have been the appropriate time for him to say, "Get out of here! I need to be alone with my best friend, my wife, the mother of our children, the grandmother to our grandchildren, the woman I love!"?

What is appropriate behavior in an inappropriate situation?

In their concern to make certain everything went perfectly, both women overlooked the one glaringly evident factor; they had interfered - no - *ignored* and *minimized* my husband's and my cherished process. We had become secondary concerns to a much larger agenda. While some might view their presence to be caring and mothering, there also exists a shadow side to mothering that can be disturbing:

> The mother archetype may connote anything secret, hidden, dark, the abyss, the world of the dead, anything that devours, seduces and poisons, that is terrifying and inescapable like fate. (Jung, 1959-1968, vol. 9i, par. 163)

Alongside the interference in our process, one action in particular stands out. One of the women decided to say goodbye to my breast, as though it was an independent entity that possessed the capacity to understand her words. Instead of asking or thinking, she succumbed to what I interpret to be a self-indulgent philosophy. While cupping her hand over my right breast, she looked in my eyes and said, "goodbye." She did not ask whether she could touch or speak to my breast, she just did. I was infuriated by her egocentric conduct.

How DARE you touch my breast and speak to my body as though I am invisible! Who or what do you think you are?! Nothing gives you the right to impose your philosophy onto me and my body.

... And then it was time for my surgery. My husband ran to hug and give me one more (maybe the last) kiss.

The Easy Part

The surgical removal of my breast was the easy part. I was unprepared for the psychological aftermath. How does one, or can one, prepare for the unimaginable?

As I lay in the hospital bed, some women friends arrived together with one of their spouses. I was mortified. While I attempted to absorb the reality of the loss of my breast, my femininity, my body; a man who was not my husband stood at the end of my hospital bed, and he was smiling. I understood that he was trying to be supportive but it made me so uncomfortable that I pulled my knees up to my chest, locked my arms around them, and remained frozen in that position. Throughout the remainder of the visit, I heard them say, “Just think positive,” and “By His stripes we are healed,” but the words rang empty.

Don’t people think?!

Mythical Causes for Developing Breast Cancer

There are several things people struggling with an illness don’t want to hear. As an example, receiving unsolicited information for mythical causes of breast cancer is not typically welcomed by those who have experienced breast cancer. Among the causes that were shared with me were: breast trauma, mouse feces, stress, deodorant, underwire bras, meat, bovine growth hormones, pesticides, birthing children too early, birthing children

too late, issues with women (primarily mothers), past life behavior, karma, and unconfessed sin. Williams (2004) lists the following as her personal favourites: “coffee; synthetic bras; large breasts; wet ear wax; scented soap; living under hydro wires; not enough sunlight; too much sunlight; breast feeding; not breast feeding” (p. 11).

Christiane Northrup (1994), author of *Women’s Bodies, Women’s Wisdom,* reports that patients with malignant breast tumors have personality patterns related to their (high heart) fourth chakra dysfunction. Fourth chakra dysfunction involves behaviour patterns such as: a tendency to remain in a loveless marriage, the likelihood of carrying a heavy load of responsibility for younger siblings in childhood, and possessing a “greater chance of denying themselves medical care and physical nurturance” (p. 90).

It would seem the naturopathic doctor that I visited adhered to a similar philosophy. I made an appointment to combine traditional medicine with naturopathic remedies to strengthen my body’s compromised immune system (the result of chemotherapy). Due to my estrogen-positive tumours, I had to refrain from ingesting any extraneous form of estrogen or I would inadvertently feed the potential for further developing cancer cells. Therefore, prior to my first introduction with a highly renowned naturopathic

physician, I did my own research to determine, through books and the internet, which herbs contain estrogen.

After discussing the cancer with the naturopathic doctor, he became noticeably agitated. He told me that I obviously had "issues" because his mother was struggling with breast cancer and "she has issues." He continued on to berate me for my failed and incorrect philosophy [4] - which is typical of those who scapegoat - and proceeded to fill my basket with estrogen-based herbs such as Black Cohosh, Red Clover and Don Quai. I informed him "Every one of the herbs you have prescribed to me are forms of estrogen. I am unable to ingest estrogen because my tumour was estrogen positive." He looked at me, and then looked at the basket and said, "You're correct. You do not have to pay me for this visit if you don't want."

Clearly, he had issues with his mother and her body's development of breast cancer. He projected his frustrations about his mother and her illness upon me. I can only speculate what his fears and frustrations might be, but I do know they had nothing to do with me. Since our meeting, I have seen him advertise his practice on the television. I hope our mutual experience and interaction was helpful

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[4] Sloan (2011) refers to this type of mindset of linking health to personal virtue as "not only bad science, it's bad medicine" (p. A25).

toward his future dealings with women and men who develop breast cancer.

I Know Exactly How You Feel

A brilliant piece of dialogue from *Ladies in Waiting,* a research-based drama regarding breast cancer's personal challenges, offers valuable insight into the language of a physically healthy outsider's perspective:

> *"Alice: You're so strong - such an inspiration to us all.*
>
> *Naya: - Too much pressure.*
>
> *Persephone: You can put it all behind you now.*
>
> Naya: Some can - but many of us can't. Too many post-treatment side effects.
>
> *Alice: I wouldn't worry about it. It's probably nothing.*
>
> Naya: That's what they said about the lump.
>
> *Persephone: Have you ever tried. . . ?*
>
> Naya: Either I have, or I don't want to hear about it.
>
> *Alice: Should you be eating, drinking, doing that?*
>
> Naya: Piss off.
>
> *Persephone: I have a friend who recently died of breast cancer.*
>
> Naya: Is this meant to cheer me up?
>
> *Alice: You should be grateful to be alive.*

Naya: Oh puke!

Persephone: I know exactly how you feel.

Naya: Like hell.

Alice: We could all be hit by a bus tomorrow.

Persephone: You are one of the lucky ones.

Naya: Where's that bus when you need it!"

(Ivonoffski, 2001)

Naya's dialogue might seem far-fetched, but shortly following my own mastectomy, I received a phone call from an extended family member informing me "I know *exactly* what you're going through." When I suggested she could only imagine what it might be like, she indignantly huffed, "I do *so* know what it's like to have breast cancer! *I* used to give *mammograms*!"

I reiterated that it would be difficult for her to understand because she possessed two healthy breasts. In response, she diverted our conversation, "Well, if there's anything I can do for you Bonnie, just let me know." I responded, "Give me one of your breasts." She guffawed,"Oh *nooo*! You wouldn't want one of *these*!"

In reflective consideration, my original intention in including this exchange in my thesis was to lash out and include a sarcastic commentary on the scenario. *Sarcasm,* literally translated means "to tear flesh, bite the lips in

rage and to speak bitterly" (Rand, 1997, p. 109), but my feelings and understanding have broadened and developed over time leading me to a different narrative. Something has changed within my core. My feelings have lessened from white hot rage toward what I initially viewed as arrogant stupidity, to pity and compassion toward the caller's situation.

Looking back, it is unsettling to recall how she described her breasts as "one of these," suggesting they could be undesirable. The statement reflects how our North American collective unconscious depicts certain breast shapes as more desirable than others. It diminishes the beauty of our bodies; the same bodies that house our souls, make love to others, birth and feed our children, and go about daily life routines. To imply that a woman is less attractive based on the appearance of her breasts is demoralizing and shameful.

Sadly, the caller bought into this imposed belief system thereby reducing her ability to comprehend how her breasts could be considered a desirable body part. Her wholeness was unappreciated, by herself and by those that have bought into the collective beliefs about the definition of beauty.

Tanzania

Something opens up within me when I compare the foregoing incident with the caller, to my most recent experience with traveling abroad. Since wearing a prosthetic on a plane for hours is uncomfortable for me, I packed it inside my luggage. As it turned out, my suitcase was permanently lost between plane changes - a loss that provided an opportunity for depth of insight.

Traveling as a white woman without a prosthesis while in proximity to others allowed, perhaps invited, those in poverty to approach me in ways different than I've experienced in the past. I made no attempt to camouflage the imbalance of my lone flat side.

As a result, women invited me for conversation about my physical imbalance. Many immediately touched my mastectomy side out of sheer curiosity and disbelief. Clearly they could see something had occurred to my body and I welcomed the opportunity to speak about breast cancer. They informed me that in Tanzania, most consider breast cancer to be a death sentence. It was apparent they were astonished to see a healthy-looking woman with a missing breast.

Back in Canada, the plastic surgeon would quickly place me, a healthy woman, under the knife to assist me in appearing more "normal." The Tanzanian women expressed that

they wanted women to live through breast cancer, with one breast, without any breasts, just to live!

This made me wonder why I even considered the reconstructive procedure in the first place...and then I remembered...I loathe the prosthesis! It's hot, uncomfortable, and it doesn't rest well on my flat chest wall.

I struggled to obtain the assistance I required to navigate through the multiple styles, sizes and shapes of breast prostheses. There were too many options. I consulted with two plastic surgeons over a period of 12 years before making the decision to leave my body the way it is. Shortly following that decision I remember, on June 24, 2011, reading a featured article in the *Globe and Mail* called, "Plastic Surgery: Breast implant problems grow with time." The article described how saline-filled versions, as well as silicon-gel implants "come with the same complications" (p. L5) which include painful scar tissue and ruptured implants.

The FDA states that 20 to 40 percent of patients who receive implants for cosmetic reasons alone, will *minimally* require additional surgery following receiving implants within eight to ten years. Breast cancer patients statistics are higher, at 40 to 70 percent due to

mastectomy and biopsy scar tissue and compromised radiated skin.

Despite the warnings, the vice-chief of plastic surgery at Duke University Medical Center, Michael Zenn, stated, "[I]t doesn't discourage a single one of them, which is pretty amazing" (p. L5).

Breast Cancer Support

During my post-mastectomy rehabilitation in 1999, I received the contact number for a breast cancer support group. When I called the representative of that group, she stated she would bring a temporary prosthesis with her to our first meeting - when I gave her my bra size she laughed and stated, "That's so small!" I said, "It was my breast."

When we met face to face, she looked like she was 973 years old. Of course this is an exaggeration, but she was very old. I struggled to grasp how we, a 41 year old and, an old woman who laughed at my breast size, could possibly have anything in common?

Twelve years later, I heed Romanyshyn's (2007) cogent observation:

> the backward glance is an invitation to follow the soul of the work. But to do so is no easy task. Indeed, it requires that change of tune, which is a kind of dismemberment of one's familiar and

comfortable style. (Romanyshyn, 2007, p. 75)

I imagine that the woman likely had some form of dementia due to her age and as evidenced by her inappropriate laughter. At the time, I was vulnerable, had just lost my breast and was terrified of the upcoming chemotherapy. I'm certain in her heart of hearts, she did what she felt was correct and good. For she had endured the merciless beating chemotherapy can deliver. A part of her did know...and I send her my deepest respect.

Full Meal Deal

The chemotherapy regimen that I was to receive would eradicate the "microscopic remnant deposits of cancer left behind after surgery" (Mukherjee, 2010, p. 219), and the subsequent radiation would, as eloquently articulated by the oncologist, "mop up any leftovers."

The oncologist also informed me that I would receive the "full meal deal." What a ludicrous metaphor. Even today, I struggle to understand how he would consider his metaphor to be helpful. How did the corporate McDonald's chain enter into a cancer regimen? How could the oncologist's repeating a McDonald's slogan, whose representative is a fictitious clown named Ronald McDonald, encourage me or diminish my fears around the poison that would be injected directly into my bloodstream? Making

light of the situation was unhelpful in preparing me for my chemotherapy and radiation treatments. His comment broadsided me and left me feeling very alone.

MUGA - Chemotherapy

Before I received the actual chemotherapy treatment, I had to undergo a multiple uptake gated acquisition, or MUGA scan. The MUGA scan would determine whether my heart's left ventricle was strong enough to tolerate the inevitable damage incurred by Adriamycin, a powerful chemotherapy drug aptly nicknamed, "The Red Devil." In therapeutic doses, the clinically manageable non-life threatening side effects such as nausea and hair loss are temporary but, the risk of "developing heart failure remains a life-long threat" (Singal, Iliskovic, Li, & Kaur, 2001, p. 111).

The Red Devil

Tess Gallagher (2006) is an American poet who wrote about her experience with Adriamyacin due to a breast cancer diagnosis.

"The Red Devil"

the nurses on the cancer ward call it

because, like acid, if it spills

from the needle onto the skin, the patient

has to have a skin graft.

Red devil

for how it singes the inside of

the veins, causes the hair to fall out

and the nails of the hands and feet

to lift from their beds, to shrivel

or bunch like defective armor.

Now the test reveals the heart

pumps 13% less efficiently.

Never mind. Your heart

was a superheart anyway.

Now it’s normal. Join

the club. Get tired. Learn to nap.

Watch the joggers loping uphill

as if they were under water, as if

they had something to teach you

about the past, how sweet

and useless it was, taking the stairs

two at a time. They still

call you a *hummingbird.*

Sooner or later you’ll be flying

on your back to prove

you’ve got at least

one trick left.

~ Tess Gallagher (2006)

Rather than focus on the damage to my left ventricle, I focused instead on the MUGA scan. The technician injected an isotope that would enable the left ventricle's functioning to be isolated within an x-ray. Following the test, I raced to the hospital's bathroom. Since the isotope was radioactive, I hoped my urine would glow. Once there, I turned off the bathroom light, urinated, and became hugely disappointed when the toilet water remained dark.

How bizarre in retrospect to share, in my thesis, my experience on a hospital's toilet.

My left ventricle was strong enough to endure the chemotherapy's assault. The chemical ingredients prescribed by the oncological team consisted of 5-Fluorouracil, Adriamycin and Cytoxan, otherwise known as FAC. 5-Fluorourcil, is "an inhibitor of DNA synthesis," while Adriamycin is an "anthracycline discovered in 1969" (Mukherjee, 2010, p. 206) and finally, Cytoxan, "a cousin of nitrogen mustard" (Mukherjee, p. 220).

Most cancer therapies attribute the discovery of modern chemotherapy to "an explosion on a ship carrying mustard gas in 1943" (Williams, 2004, p. 90) which killed the sailors who breathed in the noxious gas. Autopsies determined the chemical had killed the fast-growing cells of the bone marrow. This led to speculation that it could

also kill off other fast-growing cells, such as cancer cells. The ongoing challenge remains to locate drugs and establish dosages to eradicate cancer without killing the patient.

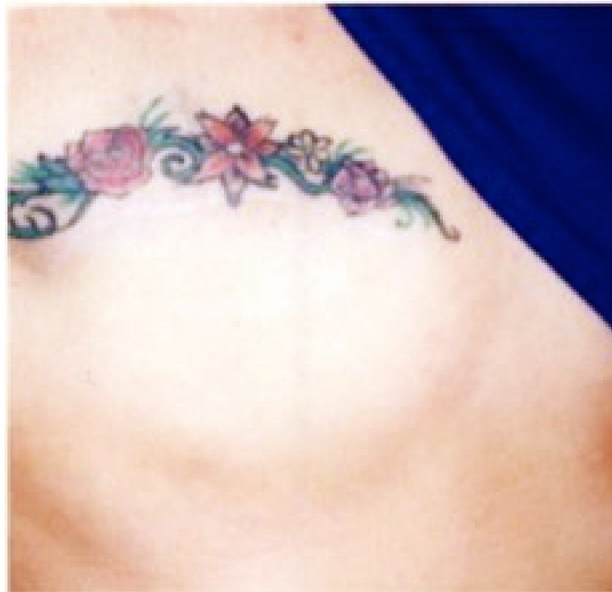
Cure

While researching cures for cancer, I stumbled upon an additional perspective and definition of the word *cure*. Cure comes from the Latin *cura*, meaning "care," "concern," "trouble," "anxiety," as well as "sorrow." The Indo-European root is *kois*, meaning "to sorrow for something" (Lockhart, 1983, p. 71). The word cure is interconnected with the root process of bringing to the forefront one's care, concern, trouble, anxiety and sorrow. To suppress their existence, by the Latin definition, would be to interfere with the process of cure.

In order for the patient to get well, "the patient - not just the physician or therapist - must show care, concern, sorrow" (Lockhart, 1983, p. 72). Lockhart encourages the embracing of suffering as a step toward the healing process. He feels that suppressing one's feelings invalidates the natural processes involved with these normal reactions to illness.

Tattoo

Two weeks after surgery and several days prior to receiving my first round of chemotherapy, I remained feeling numb and powerless. The logical option for me was to make something beautiful out of something traumatic. I visited a family friend, who is also a tattoo artist, and asked him to design something to place along my mastectomy scar.



When I proudly displayed his artwork to my oncologist, she was beside herself and gasped, "Bonnie! Don't you realize you are at a high risk for infection?" While my heart went out to her following such a strong reaction, I was incapable at the time to be concerned with the risk of infection. I needed to feel...something... anything...and the tattoo's beauty assisted me in doing so.

Chemotherapy Regimen

I was scheduled to receive chemotherapy every 21 days, or three weeks, for a total of six rounds; to be determined by my white cell count. The first round of chemotherapy seemed harmless enough. I felt a bit tired but thought, *if this is all there is to chemo, it will be easy*. Chemotherapy, I quickly learned, is cumulative. It slowly breaks down the immune system to kill cancer cells. Unfortunately many of the healthy cells must also sacrifice themselves in the treatment.

As soon as my hair began to fall out I had my hair styled into a short pixie cut. This provided me an opportunity to experiment with dyeing my hair. If I didn't like it, my hair was going to fall out anyway. I made a point to ask the sales lady for the most gentle hair dye. My plan was to come back with the empty dye box and to tell her that it made my hair fall out. I thought this would be a very funny joke to play on her but never followed through because the effects of the chemotherapy took too much of a toll on me.

After each round of chemotherapy I experienced an unrelenting cold being radiated from the core of my bones. No combination of clothes, blankets or hot water bottles

were successful in warming my body...I had to be patient while my body combatted the poison.

The chemotherapy regimen also heightened my olfactory senses. Unscented soap smelled so strong that I struggled to wash my hands far enough away from my turned head. I didn't cook, and forced myself to eat, but mercifully I was spared the severe vomiting that I've heard others must endure.

Another nasty side effect of the chemotherapy was the painful constipation brought on by the anti-nausea medication called Metoclopramide. Once the stool was finally expelled, I discovered it to be a distressing greyish white. The first time I viewed the discoloured stool it terrified me, but soon it became a normal byproduct of my encounter with chemotherapy.

Imminent Death

It was also during this time when, no matter what the oncologists, my family doctor, family members or friends said to encourage me, I knew I was dying and began to prepare for my death.

I was deep in the bowels of the Underworld. It was then that I felt it was a priority to squeeze everything of meaningful value out of me in order to get my things in order: to make the gifts I wanted to give to family and friends; to arrange who would receive what from my personal effects and belongings; and to coordinate the details for my funeral. The preparation weighed heavily on my heart but it also gave me peace of mind.

I wasn't afraid to die, I just didn't want to die, not then, not yet.

Grieving the Loss

In preparation for my death, I grieved the loss of growing old with my husband. I grieved the loss of deepening relationships with our adult children. I grieved the loss of watching our youngest daughter grow into a young woman. I grieved the loss of the memories our young grandchildren would never possess. I grieved the loss of family members. I grieved the loss of friendships near and far...

I began to think about those who had died before me. Who would I see? Would I be able to distinguish them and would they recognize me? What happens? Do I *just* die like those who believe that once we're dead, we're dead, that's it, nothing else? What about my soul, the spirit that resides within my flesh and blood...

My body was wracked with grief...I became inconsolable. I wept for the regrets: the lost moments with those that I love and cherish, the future moments that were never to be, and for the wasted hours and days. Life as I knew it had completed itself. The chasm was deep and I, despondent within its grip, lacked hope for the future and was consumed by darkness and remorse.

Remorse. An obsolete meaning for remorse is "compassion. It comes from the Latin word *remorderer* which means to bite again" (Rand, 1997, p. 45). I began to assimilate how the slow development of compassionate remorse was necessary for the comforting acceptance of myself, of who I was, who I wanted to be, and the direction I would be headed, even unto death.

Online Breast Cancer Support Group

The friend of a very close friend introduced me to an online support group whose membership included those from all time zones. On the nights I wrestled with insomnia,

somebody that understood the challenges of chemotherapy would inevitably be online to correspond with. The ability to connect with others, at various stages of their own illness, helped me to feel grounded, in what felt like, an insane situation. In the middle of those sleepless nights, I seemed to be most alert and creative and was able to write several poems for the group of "lister sisters[5]" enjoyment.

One of those nights, on February 7, 2000, I wrote a five stanza rhyme about chemotherapy and its treatment, written to the tune of "Hokey Pokey":

"The Pokeme Pokeme"

We stick our good arm out, and we take a deep breath,
in goes the needle and we're further from death
We did the pokeme pokeme, and we hope we won't get sick
That's what it's all about!!!

We go right home, and we jump into bed,
with a gallon of water right beside our head
We did the pokeme pokeme, and we hope we don't dry out

[5] One of the affectionate terms used to describe another online member.

Cause that's what it's all about!!!

The second we feel better, we go to our pc's

to find out all we can 'bout, this insidious disease

We did the pokeme pokeme, try to put our minds at ease

Cause that's what it's all about!!!!

Intruders[6] they are waiting, like sharks in bloody water

They think they're so intelligent, but we're a whole lot smarter

We do the pokeme pokeme, and we do our homework too

Cause that's what it's all about!!!!

So if you find yourself depressed, or a little bit blue

type out your fears and we'll all be there for you

We do the pokeme pokeme, and we try for unison

Cause that's what it's all about!!!!

And another posting on April 10, 2000:

There once was a girl named Bonnie

who used to be tiny and scrawny

[6] The name given to the endless sources of spam.

She became one obsessed

by the lack of her breast

And now she must wear something funny.

The Phone Call

Emerging from the darkness I was immersed in, I responded to the phone call from an acquaintance's friend. Although I knew *of* this woman, I did not know her. She called to ask how I was. Rather than listen to what I began to say, she interrupted me to complete what I now refer to as, her "spiritual checklist." The caller wanted to know if I knew where I'd go when I died.

No, I did not know for sure, did anybody really know?Regardless, I felt at peace with my looming death. She pressed further. Her goal for the conversation was to lead me to Jesus Christ. The call wasn't about me, or my situation, the call was for her benefit.

I understood her motivation. When I was younger, I had been involved in a church that followed a belief system very similar to her own. While there are conflicting personal issues I had with the way the Bible was interpreted, I do not regret those years; but as a result of my years spent entrenched in the indoctrination, I was able to address the arguments my caller raised regarding salvation.

For whatever reason, I dug deeply into my humour repertoire and assured her that "our days are numbered like the hairs on our head" (Luke 12:7)...and smiled to myself...and, somewhere a giggle began to erupt at the thought of my bald, hairless body.

Then she asked whether there was any unconfessed sin in my life, and I was stunned. Stunned that she would call a stranger to ask about unconfessed sin. I was expected to suddenly and miraculously confess my so-called "sin" to an insensitive woman with an agenda. Job's response to his friends after they admonished him for the *unconfessed sin in his life* expresses quite accurately what I felt.

I have heard many things like these;
miserable comforters are you all!
will your long-winded speeches never end?
What ails you that you keep on arguing?
I also could speak like you,
if you were in my place;
I could make fine speeches against you
and shake my head at you.
But my mouth would encourage you;
comfort from my lips would bring you relief. (Job 16)

And then the caller asked whether I had faith.

Did I have faith? Are you kidding me? Death is breathing into my face! Why no, I hadn't thought about faith in a Creator, or life after death for one second..but only because you phoned me has the thought just occurred. I did in fact possess a very personal experience with childlike and innocent faith...and relayed my story to the caller.

Crimson Lake 1965

When I was 8 years old my parents took me camping, just west of Rocky Mountain House, to a place called Crimson Lake. As I stood on the end of the pier and watched my father swim, I wanted to be near him but I was unable to swim and then, I remembered that Jesus walked on the water.

Without a second thought, I stepped off the pier with every intention to walk on the water to be with my father. Instead, I began to drown. First, I plugged my nose to prevent the water from coming in but then I can remember breathing the water deeply into my lungs. Thankfully, an adult was close and recognized I was drowning. He pulled me out of the water and hung me upside down to allow the large amount of water to spill freely from my lungs.

Resting on the pier, I looked up to see my father on the pier, panting, water dripping, fearfully questioning,

"What happened?" I answered, "I wanted to walk on the water like Jesus did".

At 8 years old, I had faith. The same blind, innocent faith that is recommended to those who are ill, dying, poor, or in any other socially deemed, unacceptable situation. I had faith - so much faith - it almost killed me.

The caller refrained from contacting me again.

I continued to reflect upon the actions of my childlike faith. All tenets of positive thinking, positive confession and *The Secret* (2006), tell me to respond to my environment with unwavering faith, and to believe that I am able to speak, and thereby create, health into existence.

Three Cryptic Steps

Following the advice proffered in *The Secret* (2006), I see that I had applied the three cryptic steps to attaining my goal, which was to walk upon the water to be by my father.

Step one: Let the Universe know your request - *I wanted to walk on the water to be beside my father.*

Step two: Believe it's already yours - *I knew I was able to walk on the water because Jesus did.*

Step three: Receive - *I stepped off the pier with the unwavering conviction that I could walk on the water.*

I acted upon my attaining my goal with unwavering faith and almost drowned.

Are the biblical documentations of Jesus walking on the water literal, or are they metaphorical?

I had faith. I believed. I acted upon the belief of receiving. All I wanted was to be near my father. Why did I need to be near him? What does it mean to be close to, or at one with, the father? I began to wrestle with the concept of a heavenly father when I received another dream.

An older East Indian woman, *clothed in a robin's egg blue dress, sat grieving in a chair. I understood her husband had recently died. I wanted to address her grief but was unsure how to respectfully respond to her culture. I asked whether it was customary, or acceptable, for me to give her a hug. She replied that instead of receiving a hug, she wanted to give me her dead husband's wisdom in order for it to communicate to my unconscious. Then she softly blew delightfully fragrant flower petals toward me. The petals wafted slowly on and around me and landed on my face. I understood the petals to represent her husband's spirit and that they were the conduit through which the wisdom would flow.*

Flowers have been "described as the 'prima materia'

(the initial matter) of the resurrection process" (Rand, 1997, p. 31). The dream moved me to attempt to capture the feeling within its imagery.

As I meditated upon the depiction, I began to ponder over what had happened to the heavenly mother I had been raised to believe in. Why or how had she been banished from my faith of origin? In the moment when I considered praying to her, I was overcome with a peaceful sense of joyful relief and wept. Somehow, I knew it was acceptable for me to pray to her. . .and I did.

Later in the same dream I searched for my father's house. I was confused...was he dead or is he alive?

This dream definitely raised a bigger question because logically, I know where my earthly father's house is, but obviously I'm searching for something.

Christmas 1999 and the New Millennium

Winter Solstice is the darkest time of the year. I had entered into my own darkest hour...the few weeks before what was to be my final round of chemotherapy. My blood counts were frightening low. So low, the previous round was postponed an additional week because administering it too early could kill me.

Before I knew it, December had come swiftly and Christmas was just around the corner. As I prepared to write about my experiences with breast cancer through the Christmas holidays, I reconsidered what I knew to be the origins around this mysterious phenomenon called Winter Solstice.

Solstice is derived from the Latin "*sol*" meaning, sun and *sistere* meaning to stand still (Baring & Cashford, 1991, p. 562). In the 4th century AD, the birth of Jesus Christ was declared by the Western Church to be December 25th, the day of the Winter Solstice, according to the Julian calendar, the day after the three days standing still of the sun. Christ's birth coincided with the rebirth of the sun and the title of *Sol Invictus* (the unvanquished sun) was ascribed to him. I concluded Winter Solstice must represent a time of rebirthing.

The Christmas Mugs

As I recall the details of Christmas 1999, I remember how the ability to spend time with immediate family members meant everything. An extended family member mailed a set of Christmas mugs and I remember thinking that it was a waste of time and money. I placed the mugs back in their packaging and then put them out of my mind.

Those who didn't originally understand have come to have their own experience with illness and also the illness experiences of close family members. I have found that over time, illness can provide a grounding, or potential for a shared understanding, and other times...it doesn't. It did not, for example, when I was chastised through a late night phone call on New Year's Eve, for neglecting to say thank you for the Christmas mugs.

I consider their denial of my breast cancer experience, including losing my breast and enduring chemotherapy's assault, to be another form of scapegoating that I encountered during this time. Despite the reality of my compromised health, they not so subtly communicated that I should act as though nothing had happened and that everything was normal.

Prayer Offering to Cancer Gods

Recalling the events over the Christmas period in 1999, can still activate the agony and sorrow that rests

dormant. At times, like the fairytale princess and the pea, I have felt overwhelmed “with exquisite sensitivity because they touch the old, raw wounds” (Brinton Perara, 1986, p. 45). During the waves of sadness, I choose to write out my response and set it on fire as a prayer offering to the cancer gods; for this is the way that I am working through my own shadow side. My shadow wants to lash out but I couldn’t be here today, without being there...living in the shadow...through the edits...the rewrites, and finally, the numinous offerings to the cancer gods. Ultimately, like the wound of cancer, soul wounds don’t just go away, but sometimes they can be transformed into new understandings. It is these new understandings that have informed this thesis.

Chapter Five

Discussion

Therefore, I want to return my focus to explore further the word *fight* and the metaphors that it can bring.

A momentary image of a chef's sharp knife appears in a dream: one made with precision and craftsmanship. It was just a flash of an image - barely a nanosecond - but I saw it.

When I woke, I began to reflect upon the knife's qualities and purposefulness. Metaphorically, I feel it symbolizes how necessary the development of sharp discrimination has become within my process of writing about the collective shadow of positive thinking. The conciseness of words..and the importance of their ability to be precise.

After describing the dream to a colleague, she gave me a copy of the Alberta-Cancer Foundation's magazine, *LEAP.* The cover's image of a woman with her sword and protective armour elicited further understanding of the outside pressures that living with a life-threatening illness can bring. The image evokes the message that we must become warriors. The metaphorical armour shields our vulnerable

organs as we are expected, perhaps pressured, to fight cancer's onslaught, even to the death.

[7]*

Fight

While in the final writing stages of my life's opus, my own eureka moment occurred in a dream representing the death and rebirth of a new understanding. The fight I've been fighting has not been solely with a life-threatening cancer, because the death of my body is inevitable. The fight is for peace of mind, direction, stability, confidence, and the beauty of my soul work; these are the things that I wrestle my inner tormenters for. For they are my inner tormenters.

[7] Used by permission from LEAP magazine for the purpose of my thesis.

During a particularly difficult and confusing time near the end of my writing process, the following dream presented this imagery:

I walked through the forest with my Bouvier des Flandres, Bloo. He ran off leash free to sniff what is humanly indiscernible and to race circles around me as I headed steadily toward my destination.

Suddenly, and without warning, a large black and grey wolf-dog began to chase after my Bloo as prey. The wolf-dog's fur is standing on end, and an electrical charge appears to emanate from it.

Bloo raced as fast as he could but the attack was inevitable. At the same time, my neighbour screamed at her wolf-dog to stop attacking Bloo. I heard yelps and snarls. It was useless. Bloo would be killed. I had to turn around

because I couldn’t bear to see my precious creature ripped into bloody pieces.

But the yelps and growls stopped as unexpectedly as they began. I turned in time to see my neighbours strong husband lean down to gently lift and tenderly wrap his arms around my dog, and then hold him tightly to his chest. At the same time he is chasing his own wolf-dog while yelling, “You are not going to be bullying anymore! Go on! Get out!”

Something is changing within me. I have begun to develop the capacity to see and choose how I want to respond or participate with my environment. My creature self is more protected than before...my unconscious is emerging into consciousness.

Christmas 2011

This year, as I prepared for the Christmas advent, I reread the Christmas story, with particular attention to the Virgin, known as the Mother of God. Etymologically, the Virgin Mary’s name is derived from the Latin *mare,* meaning “sea”(Baring, Cashford, 1991, p. 557).

The sea of the unconscious?

Relinquishing my understanding of virginity as merely referring to hymen intact, and “appreciating instead ‘the virgin’ as ‘she who is a whole woman,’ at home with her feminine mysteries and self-accepting of her wholeness”

(Rand, 1997, p. 219). A fortifying gift that was both appealing and encouraging occurred; to consider the mystery of Christmas as a celebratory occasion to give birth to myself and my views as an intact, self-accepting woman. The gift will perpetuate healthier living...less scapegoat... a new birth...a new life.

Importance and Contribution of the Thesis

I offer this heuristic, single-case study of my experience with the collective pressure, that is placed on people diagnosed with cancer to "think positively," as a contribution to a slowly growing literature. This thesis is significant given the incorporation of my personal material which has not prominently figured in previous work in this area, with the exception of such authors as: Jensen (2009) p. 10); Jung (1961, see references p. 124); McNiff (1988, see p. 44); Moustakas, (1994, see p. 43); Romanyshyn (2007, see p. 12, 17, 38-39); and Shinoda Bolen (1996) see references p. 128). The depth offered by incorporating one's dream work helps to bring unconscious insights and awareness to consciousness. In discovering our purpose in life, is to become conscious for "as far as we can discern, the sole purpose of human existence is to kindle a light in the darkness of mere being" (Jung, 1961, p. 326).

I feel breast cancer patients will find aspects of this work both interesting and helpful to them as they process their own experiences. I also feel it offers a perspective that health professionals will benefit from learning about. Of course, in addition to writing this work, I am the primary audience to this thesis. I look forward to re-reading my work over time, and continuing to learn from it. The struggle is that something is always left out of the dream-energized language, and “what is missing haunts the concepts and ideas we bring to clothe these epiphanies” (Romanyshyn, 2007, p. 309). My thesis therefore is something that I have produced as a living, continually evolving thing:

> the moral genius of storytelling is that each teller and listener, enters the space of the story *for* the other. Telling stories in postmodern times, and perhaps in all times, attempts to change one’s own life by affecting the lives of others. Thus all stories have an element of *testimony*... (Frank, 1995, p. 19)

Rowland (2005) describes the language of explanation as:

> “an attempt to evoke in writing what cannot be entirely grasped: the fleeting momentary presence of

> something that forever mutates and reaches beyond the ego's inadequate understanding" (p. 3).

The entire piece of my work has been an unexpected evolution. Instead of answers, I have ended up with a whole new series of questions about shadow and soul. At present, my understanding of what this might be is just beginning to form, but I look forward to further explore the concept and metaphor of the undeveloped soul.

Further Research

The whole notion of what cancer is, and how positive thinking affects it, is being explored rather widely. There is a conflict between the claims made in the positive psychology literature and the available evidence, in particular:

> the incoherence of claims about the adaptational value of benefit finding and post-traumatic growth among cancer patients, and the implausibility of claims that interventions that enhance benefit finding improve the prognosis of cancer patients by strengthening the immune system. (Coyne & Tennen, 2010, p. 16)

Also, the proliferation of academic and scientific usefulness, within such a short time frame, according to Fernandez and Noro (2012), appears to be the result of

"giving in to the empire of fashion and dominant discourse without any critical thinking" (p. 334).

Research studies have found associations between "fighting spirit and recurrence of cancer were inconsistent ...methodologically flawed, or generated mixed and therefore inconclusive findings" (Tod et al, 2011, p. 44). Therefore, the whole paradigm of engaging with illness is up for theoretical and individual exploration and transformation.

On the basis of my experience, and in speaking casually with others who have encountered breast cancer, suggests that recruitment of participants in these studies would be an effortless task - and certainly one that I personally would embrace.

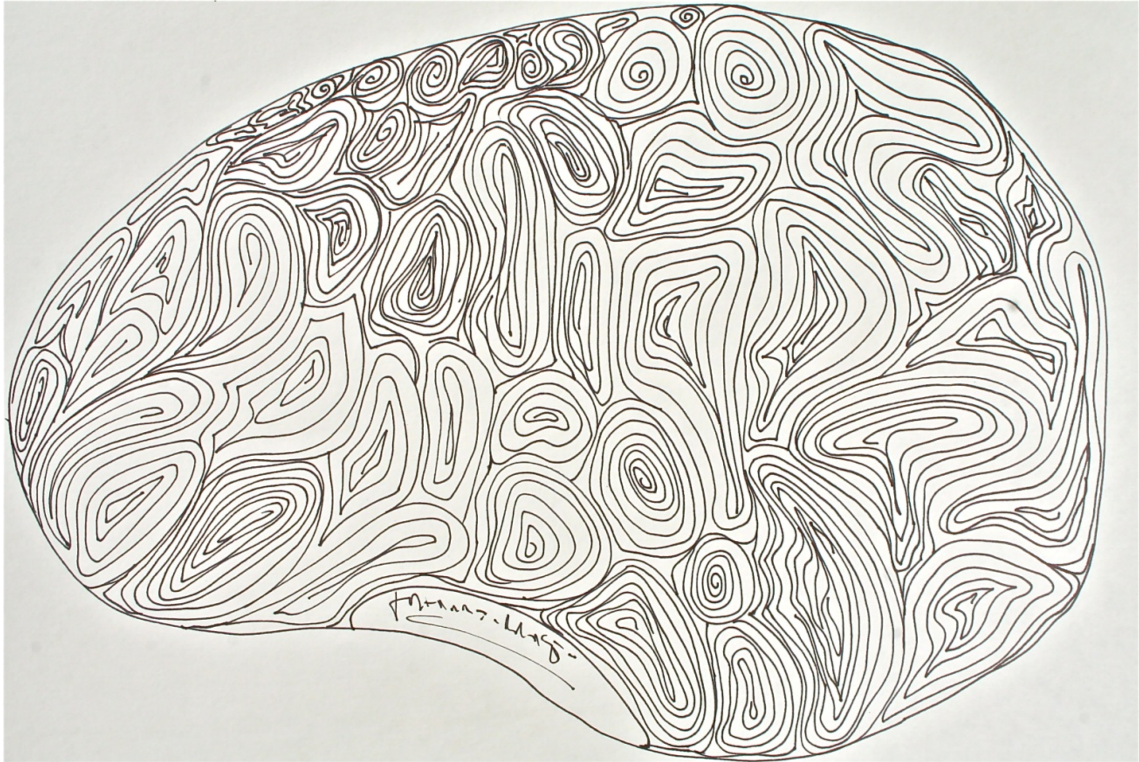
Chapter Six: My Voice: A Creative Synthesis

Facing the work, one accepts that one has been called into the work through one's complexes for the sake of becoming the agent of the work itself, accepting its imperfections and incompleteness, and, resting in that place, one knows

that to the best of his or her abilities, one has been faithful to the dialogue with the others for whom the work has been done. (Romanyshyn, 2007, p. 344)

The collective shadow side of positive thinking was birthed from my encounter with illness and as a result of my experience with the byproducts from positive thinking. As I meditated upon the integration of the qualities and core themes birthed from within my thesis, in particular, working my way through a complex, I was delightfully inspired by another dream.

In the dream, I saw a piece of artwork, approximately the size of a small watermelon, placed carefully on top of a stand. Initially, it appeared to be etched glass but, upon closer observation, I saw that it was a wood carving. The carving was so exquisite I felt compelled to pick it up to marvel at the intricate detail. When I turned the piece over, I discovered an opening. I looked inside to see that the name of the artist had been etched into the inner wall. When I woke, I sketched the carvings upon the shape of the piece. It was then that I recognized the piece itself was in the shape of a placentae.



The placentae is our original source of nourishment. The word *placentae* is “derived from the root ‘plak’ which means ‘to be flat.’ This root also gives us ‘placate,’ meaning ‘to allay the anger of,’ ‘appease’” (Rand, 1997, p. 118). I found the definition “to allay the anger of” has played an important role within the thesis exploration as I have initiated focus on my own soul work (see p. 27, 50, 66, 70-71, 77, 78, 90, 97).

The ancient Egyptians considered the placentae as the infant’s “spiritual twin” (Fem Central, 2012, ¶ 2). The Shilluk of the upper Nile always preserved the placentae of the kings, to be buried alongside the king’s body,

“otherwise, the twin might wander the world in search of the fraternal corpse”(Fem Central, ¶ 3). It is historically considered that the origin of the doppelganger, or mystic double, arose from the superstitions that surround the placental twin.

Hence, the research has been twofold. On one hand, in the pursuit of discovering and defining the question regarding the collective shadow of positive thinking, I have figuratively travelled back through time in order to vividly and accurately depict my experience. My physical body endured a life threatening illness while, metaphorically speaking, my unformed spiritual twin began to mature and develop.

Secondly, having gone through a nightmarish illness, I have also had to see how deeply I was entrenched in a family that has already scapegoated me. When my illness and my voice were ignored, the imagery of the family black sheep who is “forced to carry the shadow of the others” (Von Franz, 1974, p. 10) haunted me. Fortunately, the ongoing process of personal psychotherapy has demonstrated to me how being heard is “so close to being loved that for the average person they are almost indistinguishable” (Augsberger, 2012, ¶ 1). My confidence is growing and my perspective is changing.

As a result of the writing of this thesis, I have learned to refuse to personify the shadows of those whose words and actions have hurt me. *Personify* in this context means that I have acted in the way that has been expected of me. I previously embodied the traits, that have been placed or projected onto me, but now that I have seen the pattern within myself, it has become impossible to un-see, un-hear, and un-know. My ignoring the previously set pattern would be equivalent to denying my literacy.

> ...*and, I received another dream. A woman climbed while hanging tightly to the rungs of a train track. The train track seemed to end at the vanishing point on the horizon. Suddenly the ground split open and the woman fell into, but hung on tightly to the edge of the thick, black sludge.*

The straight and narrowness of the tracks are an invaluable symbolic image for me. The *straight and narrow*. The words conjure up how I have lived important aspects of my life. I remained within the confines of others expectations in order to prevent myself from falling into the sludge of their envy and disapproval.

Originally, my own shadow wanted those whose words have affected me to read my heuristic study, but along with honest reflection, *their* understanding has become secondary to the process. I’ve had to ask myself how their sets of values had become the paradigm for my peace of mind. The answer is that the work is within my internal framework. Rather than fight or worry about what they think, either now, in the past, or in the future, I have chosen instead to be concerned with the present and future expression of my self. Even so, I am aware that old habits die hard. My previous self-destructive thought processes and the old pattern of destroying my creativity have been intrinsically rooted. Therefore, I have begun to strengthen a new pattern of behaviour which embraces my own unique and creative abilities. Because some things, like cancer, don’t just go away.

Chapter 7: Conclusion

The Mourning Process

As I begin to draw to the conclusion of my thesis, I feel an enormous sense of sadness and loss. Perhaps central to Romanyshyn’s (2007) advice, to those who research with soul in mind, is to prepare for the accompanying mourning process. I’m torn between what I have chosen to exclude, and fearful of what I may have neglected to include. Romanyshyn offers guidance:

> [O]ne has to suffer the loss between what one says and is able to say and what still remains to be

said...one has to know that after every sentence one writes there trails behind the last word, the word "and." (Romanyshyn, 2007, p. 185)

And ... one last dream. I dreamt that I need to focus on my goal otherwise my work will be compromised and it won't be my own. Then an image...I'm holding my throat. My voice. I must protect my voice and return to the goal.

The Goal

Originally my thesis was entitled *the negative side of positive thinking* until I began to grasp Carl Jung's concept of the shadow. The shadow is the "whole of the unconscious, [and] the shadow carries the life force of the individual; and, if the shadow is disowned, the individual becomes lifeless and powerless" (McNamara,1994, p. 233). The shadow contains insights necessary for our wholeness, and when embraced, in no way does it represent a negative concept.

Even though there are existing studies that have considered the benefits of positive thinking, including medical and religious perspectives, reviews suggest these studies "can include and describe a range of activities and diverse approaches" (Tod et al., 2011, p. 46; also see *Chapter 2*) that limit the applicability of the findings. The widespread value placed on positive thinking can make

it difficult for individuals to express their true feelings. The tyranny of positive thinking can prohibit you from obtaining the help you may need “out of fear of disappointing your loved ones” (Holland, 2000, p. 21) since the same attitudes that are at work blaming you for the cancer are often “applied in explaining why you are cured or not” (Holland, 2000, p. 18).

Where I Stand on Positive Thinking

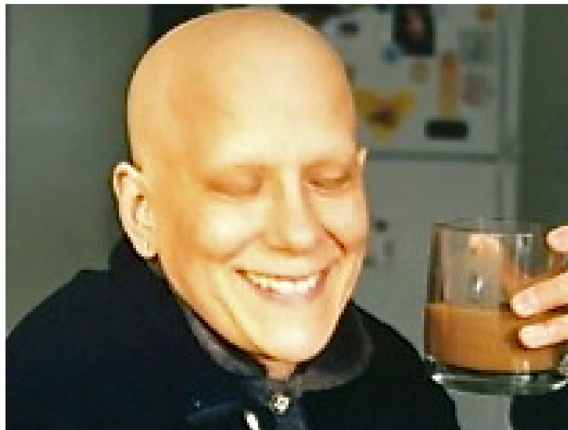
I fully endorse a more positive outlook on life such as glass half-full rather than a half-empty glass. My personal struggle is the speed with which the advice to “think positive” is given as the magical potion for healing and health. It has become a vernacular that prohibits one from looking soberly toward a life-threatening illness. We do die. Death is the ultimate in statistical studies that consider morbidity and mortality. One hundred percent of us will pass on to the other side.

As a result of my descent into the underworld, my response to another’s experience of serious illness, while their personal experience is unique from my own, is the ability to acknowledge and give a name to many of the feelings they describe. It does not remove the reality of their situations, but it can alleviate the burden they carry. Everyone wants to hear that their responses are

normal and “not crazy” or “negative.” I have also found that I focus more on educating the children in the affected person’s family because of my youngest daughter’s astonishing question to me one year after my completed treatment; “Mommy, is breast cancer contagious?” It was only then that I understood why she did not, could not, and would not hug me during my chemotherapy treatments. It’s a tragedy that could have been prevented had I known what my 8 year old was thinking.

I am confident of the following: we are not promised anything when we are born; the color of our skin, our gender, or our financial status. We are unable to buy our way from death; we die because we were born. I am alive. My heart beats and my lungs inhale oxygen and exhale carbon dioxide. My mind is relatively sound. I’m at peace. I’ve kissed death goodbye for the time being and know there will be an inevitable return of the angel of death. In the meantime, I heed the words of Dr. Wendy Harpham (2007), “What matters is what you live for, not what you die of” (p. 42).

1999



2011

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