

## The Gift of Connection: A Personal Reflection on My Work with Cancer Patients

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In brotherly love there is the experience of union with all men, of human solidarity, of human atonement. Brotherly love is based on the experience that we all are one. The differences in talents, intelligence, and knowledge are negligible in comparison with the identity of the human core common to all men.

—Erich Fromm, 1956

ONE MORNING in my second month of working at the cancer center I went down to the therapy room to greet one of my new patients, Anna R. She was on time, awaiting me, and sitting gracefully in one of the large chairs in front of our room. She was a tiny Latina in her 30s with a big and beautiful smile as well as freckles that complemented her open, welcoming face. No one could have guessed, on seeing this cheerful young lady, that she not only battled a rare form of terminal intestinal cancer, but also had survived traumas in her short time on earth that others would never experience in a lifetime.

Anna, indeed, turned out to be one of the most inspiring people I have ever come across. She suffered horrendous abuse by her godfather throughout the better part of her childhood and adolescence. Neglected and abandoned by her substance-dependent mother, she lived with her grandparents, who made her feel responsible for her godfather's relentless abuse. Anna finally broke free from her abusive home at the age of 18. What followed were years of struggle that fluctuated between living on the streets and living in homeless shelters ... all with her five children. Then, as if life would never plan on giving this brave woman a break, she most recently was diagnosed with desmoplastic small round cell tumor, a rare form of incurable cancer found in the abdomen.

What fascinated me most about Anna, and why I felt that hers would be a story worth telling, was the fact that despite her agonizing share of traumatic experiences throughout her lifetime, she seemingly never had to resort to maladaptive, primitive defenses, such as externalization, denial, or regression. Quite the opposite, she was a responsible and caring survivor, whose kindness and warmth were immediately apparent to everyone around her. Not once did I hear Anna complain about the poverty of her childhood, the roughness of her adolescence, or the injustice of her early illness. Her grace and humility were an inspiring example of what I ultimately learned to be a sincere form of strength, free from the toxicity of defenses, harshness, and animosity.

This resilience I noticed in Anna was one that many of my patients seemed to possess—it was a deeply rooted, emotional kind of warmth that I came to experience most intensely through my work with this population. It is a powerful virtue that is sometimes, so it seems, only accessible to us in the face of pain and suffering. The strength I see in some of my patients appears to be the opposite of defenses. Defenses can disconnect us from the rest of humanity; they help us to avoid painful feelings, but thereby also deny us access to ourselves and others. In working with the cancer population, I came to realize how dreadful life circumstances have forced many in this population to give up their fences and directly face the rawness of reality. By both experiencing and sharing the vulnerable feelings of pain and suffering, they are also able to share sincere feelings of warmth, connection, and tenderness.

The teachings of Pema Chödrön come to mind when I think of the rawness of feelings, such as sorrow and grief, that we, perhaps too often, try to avoid in our daily lives, as we associate these feelings with discomfort. However, this natural tendency to shield ourselves from seemingly unbearable feelings also prevents us from opening our hearts and genuinely connecting with others, as suggested by Pema. Working with cancer patients, a group that has no choice but to look life and its harsh realities straight in the eye, has allowed me to share some of their bittersweet vulnerability. In working with these individuals, I found myself faced with the poignant defenselessness of these patients, and then I too was forced to take my fences down. And for me, when those boundaries fell and I was confronted with life's realities of suffering and mortality, I suddenly felt a sincere sense of serenity as a result of the relatedness I felt with the patients and mankind in general. As humans, we all share suffering and joy, harshness and lovability, life and death, and if we allow ourselves to meet those around us as our equals, a natural sense of empathy, kindness, and connectedness starts to emerge.

Not to be misunderstood, I have seen rigorous attempts within the cancer population—as with many people who do

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not carry this diagnosis, including myself—to shut down their fears and guard themselves from intolerable thoughts about mortality, loss, and grief. More often than not such attempts to avoid these anxiety-provoking feelings are reflected in controlling behaviors, such as an excessive monitoring of food intakes, a meticulous researching of treatment options, and a rigorous examining of all aspects of behaviors either in the process of battling cancer or in the process of preventing it from ever coming back again. However, what I have learned from Anna and other patients is that sometimes *not* looking for answers or asking the questions can open our hearts and minds and thereby soften us. The ability to open up and allow ourselves to experience feelings, both good and bad, means to stay in the present moment and it also means to let go of our desperate attempts to control ourselves, our feelings and thoughts, and our surroundings.

What I have learned is that even though most of us might try to avoid thinking about mortality, the avoidance behaviors are ultimately what will cause fear and loneliness. When we allow ourselves—or are forced—to face these feelings, we might also realize that life and death are what we share with others and that those very feelings, which seem filled with so much distress, also allow us to connect and relate and thereby, counterintuitively, reduce loneliness and suffering.

It is as if this population, which undergoes great dread and sorrow, has the rare capacity to touch their own hearts and those of others around them.

I will never forget Anna nor the lessons her courage and spirit have taught me about life and living. When family and friends ask me why I am working with cancer patients, my natural response is: How could I not?

### References

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