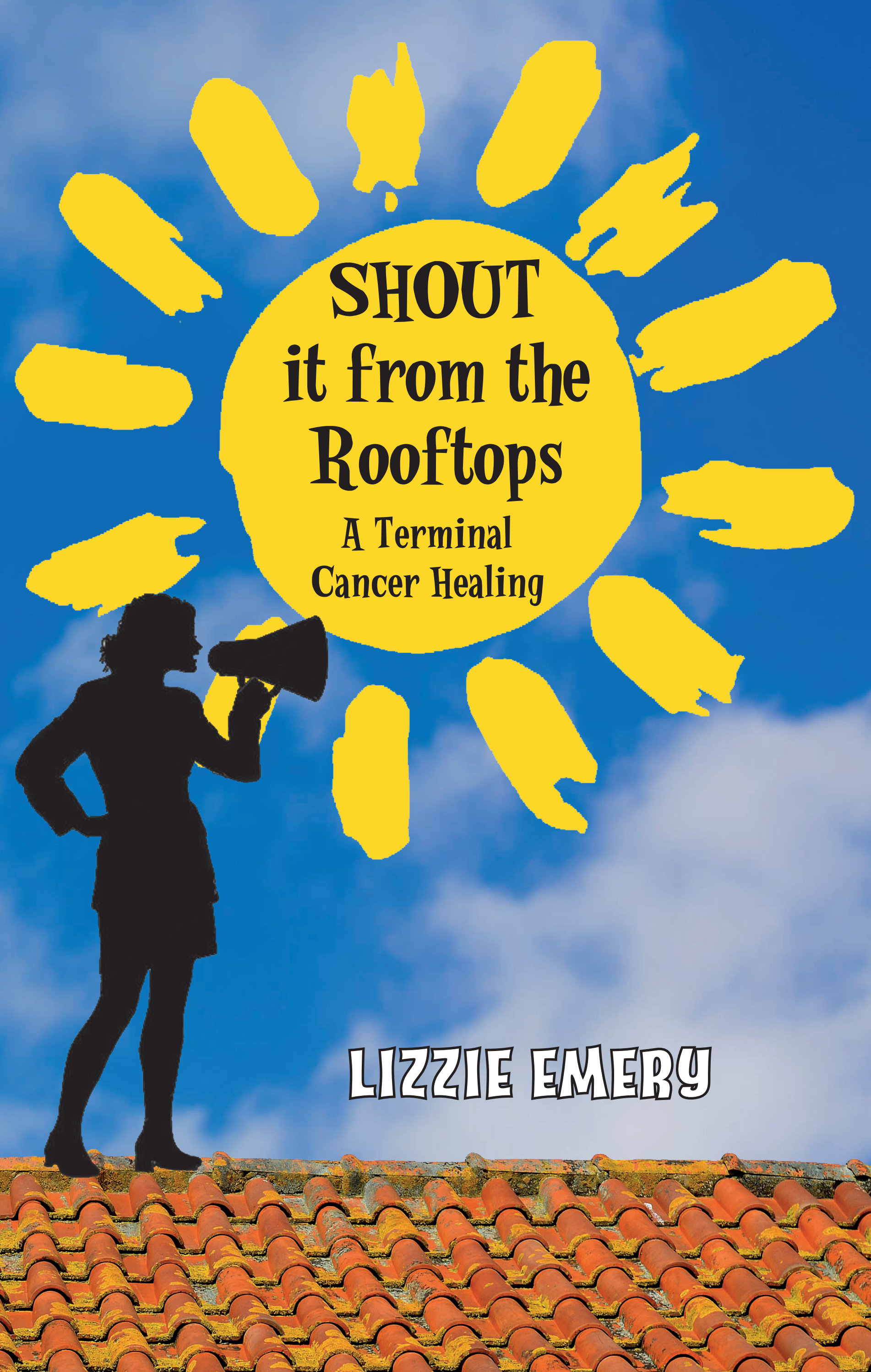

SHOUT it from the Rooftops

A Terminal Cancer Healing

LIZZIE EMERY

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Dedication

With heartfelt thanks for their unfailing
love, support, inspiration and guidance,
I dedicate this book to:
Carl, who was with me every step of the way;
Tom and Rosa, who would have been if they could;
Brenda, Keith and Louise, my super-gurus;
Cathy and all my Team – they know who they are.

* * *

And in loving memory of Father Mark Hartley O.C.S.O.

Contents

Introduction

If you have ever walked out into a beautiful summer morning when the birds are singing and flowers are scattered across the meadows, and felt glad to be alive, then you will know why I am shouting from the rooftops. It is because I am alive, when according to the doctors, I just shouldn't be! That is one reason for broadcasting the story of my journey from a diagnosis of terminal cancer in 2012 to a state of health and well-being today. The other reason is to share the store of wisdom and knowledge which I found so hard to come by, and which I used in order to get well.

Four months after the best mountaineering experience of my life, I was diagnosed with pancreatic cancer. My GP told me I had about a year to live. That was nearly eight years ago. This is the story, written to help others embarking on a similar journey, of how I managed to show that the doctor's prognosis was wrong. The fact is, that no doctor can say with authority how long any one person has to live: all that the medics can do is to quote statistics. They don't tell you that thousands of people do survive 'terminal' cancer, whether because they wish to avoid giving 'false hope' or because they judge that the efforts people need to make in order to help themselves are just too demanding. Or perhaps because they just refuse to believe that it's possible.

The human being is made up of body, mind and spirit. Whatever healing strategy we choose, each of these areas needs to be catered for. As things are at present, individual doctors can offer healing for a third of yourself **at most** (either the body or the mind), and with cancer they mostly don't even claim to be able to do that. In this book I aim to show you how I went about finding healing for the whole of me.

I hope that, if you have been diagnosed with cancer, my story will provide shortcuts, relieve certain fears, and show you that you are not alone in what you are experiencing. Even if your particular journey should take you by a different route, the hoped-for destination will be the same. If on the other hand you have a loved one who is a cancer sufferer, I hope it will give you the inspiration to support that person on a journey which is otherwise lonely and inevitably frightening.

* * *

It was only several years into my journey, and I wish it had been sooner, that I discovered the book *Radical Remission* by Dr Kelly Turner[1]. Its sub-title is 'Surviving Cancer Against All Odds', so you can see its immediate appeal! It is an inspirational, highly readable and exciting book, which I would recommend to anyone who is either suffering from cancer, or who has a loved one in that situation. Or to anyone who is determined to avoid cancer or indeed any other serious illness.

In the process of her initial research, Turner discovered, written up in medical journals, over a thousand cases of 'incredible, radical recovery' of advanced cancer patients, 'which no one was investigating'. She decided to dedicate her life to finding, analysing and publishing such cases. In her Introduction she defines 'Radical Remission' as: 'any cancer remission that is statistically unexpected, and those statistics vary depending on the cancer type, stage, and medical treatment received'. She then gives three categories of Radical Remission, and it is to the third category that I belong: 'A cancer patient uses conventional medicine and alternative healing methods at the same time in order to outlive a statistically dire prognosis (i.e. any cancer with a less than 25% chance of five-year survival)'.

Turner highlights the nine key factors which her interviewees cited more often than any others as being the nine things which they did 'in order to help heal their cancer'.

These nine factors are, and Turner stresses that they are not in any particular order:

- radically changing your diet
- taking control of your health
- following your intuition
- using herbs and supplements
- releasing suppressed emotions
- increasing positive emotions
- embracing social support
- deepening your spiritual connection
- having strong reasons for living

At various stages during my illness and recovery, and in fact even before I came across *Radical Remission*, I did indeed follow every one of these pathways. I would add a tenth: exercise. I believe that the reason that it doesn't appear on Turner's list is simply that many cancer patients do not feel well enough to do any exercise. In the following pages I will tell you the ways in which I followed these paths. I will not pretend that the going was easy: I will tell you about the bad times as well as the good.

Self-healing of ‘incurable’ illness can be achieved: many people have achieved it. Belief that you have the power to heal yourself is the key. What action is required will vary from person to person but (assuming you have strong reasons for living) perhaps the most important factors are taking control of your health and following your intuition.

To help me on my journey, I chose a number of people to be on my Team, and I will introduce them to you as my story unfolds. You cannot go the distance alone. You need other people to point out the potholes and pitfalls, to guide you round the obstacles and help you to your feet again when you fall. You will not always be strong; you will sometimes have to rest at the wayside, and at other times to retrace your weary steps because you’ve taken the wrong turning. But if you do choose this pilgrimage, it is one of the most worthwhile journeys you will ever make.

CHAPTER ONE

Out of the Blue? (2012)

> *'Sometimes certain of God's blessings arrive by shattering all the windows.'*
>
> From *Brida* by Paolo Coelho

On 4 July 2012, in the year of our Ruby Wedding, Carl and I stood on top of Monte Rosa, the second highest mountain in Europe. In a sense this was third time lucky; two years previously, when climbing with a mountain guide, we'd been beaten back from an attempt on this summit by high winds, hail and desperate cold, and in 2011 the same guide had had to cancel our proposed second attempt on it because he was ill. So, on this day, along with a young Italian guide Alex, who had led us up another 4,000 metre peak, Gran Paradiso, a week earlier, we stood on the top of Monte Rosa with a great sense of achievement and well-being. The photo of us taken by Alex on the summit shows Carl, tall and dark, hatless and gloveless in the sunshine, with little me beside him, looking like a Michelin man muffled in duvet jacket and gloves, with a few wisps of blonde hair flying out from under my hood. We are both grinning widely, because we'd planned and trained hard to get there, and it had been by no means a foregone conclusion that we'd manage it, given that we were both in our mid-sixties, and that I had something of an aversion to snow and ice. We'd reached a peak of fitness and strength, one which in my mind already I was content never to repeat. Life from now on would be more gentle, less challenging. It would be a nice change.

Back home, people marvelled at our tans and glow of success. ‘No wonder you look so well’, said one of our friends. ‘Slim and weather-beaten’ was another description, though how complimentary the latter was meant to be, I’m not sure! I suppose we did pride ourselves on our healthy lifestyle. We rarely went to the doctor. We considered ourselves to have a healthy diet, we exercised regularly, didn’t smoke, and drank very little alcohol. So, when a few weeks later I was diagnosed with terminal cancer, it seemed to come out of the blue. But, looking back, I now wonder was it really like that? Where does the story really begin?

* * *

My love of travelling, and more specifically of mountains, dates back to a family holiday in France, just across the border from Geneva, in 1959, when I was nine years old. My father, who was a primary school teacher, could not have afforded this without the generosity of our French friends, who had invited my parents, Nana (my maternal grandmother), myself and three younger siblings to stay with them for a whole month of the summer holidays. They even sent money when my father at first declined the invitation on the basis that we couldn’t afford to buy the luggage necessary for seven people.

On one of our many outings in and around the beautiful Haute Savoie, I was sitting with Nana in the front passenger seat of the French family car, when the windscreen was suddenly filled with a glittering white mass which appeared to hang in the sky, and which at first I couldn’t take in. Mont

Blanc. I was mesmerized. At home, I became an avid reader of mountaineering books, which I got from our local library.

Two years later, having done a year of French at my convent grammar school, I returned to France by myself in the summer holidays to spend another month with the same family. Martine, the youngest of their five children, was my age and had not begun to learn English, so that I was obliged to speak French, both to her and to her parents. This inspired my great love of languages and set the foundation for my career, and by the time I went to university in 1969 after a six-month stay in Germany, I was fluent in both French and German.

By 1960 we were also a family of five children. We moved into a bigger house, and to our great joy, Nana came to live with us. Both my parents now worked as schoolteachers and were very much absorbed in their careers, so that Nana virtually brought up our baby brother and looked after the rest of us for much of the time, in the most loving and self-effacing way. Apart from Nana, my closest relationship was with my sister Cathy, who will feature prominently in this story. She and I are very different in temperament and character, even though we look alike, both very blonde as children, but Cathy is the artistic one, and a talented pianist, in adulthood a yoga teacher and expert in various types of healing, including Reiki, Shamanic, and the less well-known Barbara Brennan healing. Cathy has led a varied and at times Bohemian life and dresses the part, choosing ethnic clothes and long flowing hair to this day. In spite of our four-year age gap, as children Cathy and I enjoyed an exclusive relationship, spending a lot of our spare time together, sewing, climbing trees, riding bikes and roller skates, and above all chatting late into the night and doing telepathic experiments, being careful not to wake our little sister

Denise, who shared a bedroom with us. The two boys shared another bedroom. Bernard, the next one down from myself, was too close to me in age for us to get on particularly well until we became adults, and with Christopher, ten years my junior, I had an almost maternal relationship, reading him the Narnia books and other favourites at bedtime. He could always make me laugh.

I believe that it was my linguistic ability which earned me a place at Cambridge, as I wasn't very streetwise or particularly well-read when I sat the entrance exams. Realising this, one of my teachers had tried hard to dissuade me from applying, but I was determined to give it a try. I loved being a student at Cambridge. It was at the end of the sixties, before the days of mixed colleges, when many people of both sexes had long hair, so, away from maternal domination, ('short hair is easier to look after'), I grew mine for the first time and revelled in being able to wear the newly fashionable full-length dresses, even when cycling. I exploited the non-academic side of university life to the full, though strangely it didn't occur to me to join the mountaineering club.

My acquaintance with real hills began during my first summer university vacation, when I joined a group of other students at a holiday camp on the shores of Coniston Water in the Lake District, the aim being to entertain and look after what in those days we called 'under-privileged' children. We had previously visited them in their homes in Liverpool so that we would know literally where they were coming from. This had been quite shocking, as they all lived in a state of complete deprivation, to the extent that some of them ran about the house naked, I suppose in order to preserve their clothes for outdoor wear. The only furniture in their living rooms was a huge television, and perhaps one dilapidated armchair; the children sat on wooden packing cases. When we were with them in camp, such experiences as dealing with children suffering from withdrawal symptoms when we confiscated their cigarettes, being doused with dirty dishwater and being called ‘Lez’ as a variation on Liz did make me a bit more streetwise, in addition to increasing my vocabulary in a way not calculated to impress my parents. But the most significant non-academic activity in which I took part at Cambridge was as a member of the Catholic Chaplaincy, when I grasped the opportunity to go with another student group on a working pilgrimage to Lourdes, a most uplifting and life-changing experience, when I found myself as one of a healthy minority amidst a huge throng of sick and handicapped people. It was wonderful to see their faith, their hope and their cheerfulness, the memory of which would one day encourage me through my own illness.

In my second year I went to Lourdes again as leader of the group, and met Carl, who had been a student at Cambridge ahead of me, and who had been the instigator of the Cambridge University Lourdes pilgrimages. After graduating in law, Carl had just spent two years at a Catholic seminary with a view to becoming a priest. Realising that the priesthood was not for him, he had obtained a lectureship in law at Newcastle university in north-east England. He had already signed up for our pilgrimage a few months before leaving the seminary, because as a seminarian he had to do some pastoral work during the holidays. Furthermore, he had some curiosity about the woman who was running ‘his’ pilgrimage, and I in turn had heard a lot about him from fellow pilgrims from previous years. It was pretty much love at first sight on both sides. In addition to all the obvious things which we had in common, Carl was a keen hill walker and would-be mountaineer.

We got married a year later, soon after my graduation. Before our wedding, Carl introduced me to the Cistercian Abbey of Mount Saint Bernard in Leicestershire, where we went for a few days of peaceful retreat from the frenzy of wedding preparations. To be with the monks was a real pleasure and privilege, and the place became a great landmark in our lives, and much later on in our children's as well.

After Carl and I got engaged, I had to decide what to do with what would be my new life in the north-east. I hadn't been keen to become a schoolteacher, perhaps largely because of having lived in a household headed by two of them. Following on from the vacation work which I'd done, I wanted to work with disadvantaged children. After some research, I decided that I would in fact teach to begin with, but intended after the required five years' experience to train as an educational psychologist. So, I got a job as modern languages teacher in a two-thousand-strong comprehensive school in the east end of Newcastle, near to where Carl was lecturing. In spite of my experience with the Liverpool children, this was both a shock and a huge challenge after years at a convent grammar school and then at Cambridge, and without the benefit of any teacher training. I continued to teach when we moved back to Cambridge a year later, where the children were less friendly but easier to manage.

Although Carl and I were both very keen on hill-walking and climbing, we didn't start going abroad until much later on in our married life. For one thing, growing up post-war with parents who were teachers, we were both very unused to spending money, and for another, we took only short holidays, because Carl felt it important to concentrate on his work, teaching and writing, in which he achieved great success. At the same time however, he was prey to sporadic episodes of clinical depression, so that over the years we have made several house and career moves, in an attempt to create a more holistic and less stressful lifestyle to help us to cope with this. After we'd been married for five years, we both abandoned our academic careers for a while, sold our Cambridge house and bought a tiny terraced cottage in Cumbria. Carl decided to train and work as a joiner and cabinetmaker, while I did administrative work for a guild of craftspeople. In our spare time we took up fell-running, entering numerous, often long-distance, races, and started rock-climbing so that we could fulfil a long-held ambition of Carl's, which was to traverse the Cuillin ridge on Skye, the nearest thing to Alpine mountaineering that we have in the UK.

My dearest wish was to have children, and this was another result which we hoped to achieve through our new more relaxed lifestyle. When after nine years of marriage this had not happened, and Carl was back in university teaching in Durham, we were lucky enough to adopt two lovely babies, first Tom, and then Rosa three years later. Wanting to be a hands-on Mum, I stayed at home but did some part-time adult teaching in the evenings, which I thoroughly enjoyed and which enabled us to afford family holidays abroad, often with Carl's father, or with friends and their children. We would trek from hut to hut in the Dolomites, the Alps and the Pyrenees, an activity which appealed to the children, from having sometimes to sleep ten in a bed, to befriending the 'hut pet', to making friends of their own age and playing cards and singing until bedtime. Tom, tall and strong, started to develop a love of the outdoors, and, under the influence of a great friend, he gradually became a highly talented rock climber, to a level which scares me to think about. Rosa on the other hand, whilst also being a very strong walker, did it more because she had no option: blonde and glamorous, she is now a real city girl.

When the children were in their teens, Carl and I did a role-swap. In an attempt to defeat depression once and for all, Carl stayed at home to run the house and make furniture in his garage workshop, whilst I, after a twenty year gap, returned full-time to school teaching until the children were ready to leave home. Tom went to university to read Economics but Rosa decided to leave school and make her career without a degree, so in 2003, aged 53, with great relief, I stopped the stressful job which I found teaching had become.

Now able to choose where to live, we decided to move back to Cumbria. We bought a stone barn which had been beautifully converted into a house, and I found a job nearby as a seamstress, altering wedding gowns and making bridesmaids' dresses. This was a wonderful change from school teaching, and got me back into creative craft and needlework, which has been something of a lifeline ever since. We still hadn't got our life quite as we wanted it, and in 2008, we moved back to the north-east, choosing a much smaller terraced house near to our favourite Swaledale, and retired properly. The children approved; to use a Cumbrian expression, life was grand.

Making several house moves is not only stressful, but means that to an extent you are also constantly changing your circle of friends, though we have each kept a few early friendships, and made some very strong and lasting ones in adulthood. One of these was with Father Mark Hartley, whom we met at Mount Saint Bernard Abbey in the mid-seventies when he was Guestmaster there. Mark became a most loved friend, mentor and confidant, helping us not only with spiritual matters but practical ones too: when I confided in him my longing for a baby, he surprised me by providing not only words of comfort and promises of prayer, but also by disappearing to his room and returning with a book entitled ‘Atlas of the Ovulation Method’. We got to know him so well that he became like one of the family; we corresponded frequently and even occasionally enjoyed the rare privilege of having him to stay with us, something for which Cistercian monks get permission only in exceptional circumstances. When the children came along, he enchanted them too, taking them for tractor rides and visits to the animals on the Abbey farm.

In 2010, after days of trying unsuccessfully to get in touch with him, we heard that Father Mark had a brain tumour which couldn’t be treated. This news was absolutely devastating for us. Visits to him in hospital were strictly limited, but we had the great good fortune to be able to see him once more, on what turned out to be the last day of his life. He was in a semi-coma, unable to open his eyes, but he nodded or shook his head in response to what we said to him. He died two hours after we left. In addition to both of us experiencing the most profound grief at this loss, I began to suffer severe stomach pains, which the doctor diagnosed as irritable bowel syndrome. We shall never know whether further investigation at this point would have detected my cancer at a much earlier stage.

I coped with the supposed IBS symptoms by more or less ignoring them. They did seem to get less severe as time went on. Then in the summer of 2012, where our story begins, I experienced two ‘turns’ during our climbing adventures. The first was at about 13,000 feet on Gran Paradiso, where I was very suddenly felled by a wave of nausea, dizziness and extreme weakness, accompanied by a cold grip around my stomach area. The snow turned purple before my eyes, and

I sank to the ground. I was revived by a couple of squares of chocolate, and our guide Alex rubbing my hands until they warmed. Because it had happened on the way down, he was convinced that I wasn't suffering from altitude sickness, but simply reacting to the cold. I had a similar experience the following week on Monte Rosa, but this time it was on the way up. Sitting in the snow, I started to cry, because I didn't see how I could get to the top, which would mean all three of us having to turn back. Two squares of chocolate later, Alex said gently, 'Do you want to give it a try?' I nodded and Carl helped me to my feet. We plodded slowly on, and I felt fine. However, when we parted from Alex at the mountain hut later that day and I thanked him for his kindness, I remember saying to him that I would go and see a doctor when we got home.

I didn't actually do this. Imagine going to your GP and saying that you experience feelings of nausea and weakness at an altitude of 14,000 feet, and you know what he'll say!

However, a month after Monte Rosa, I woke up on our Ruby Wedding morning doubting that I was going to be able to eat the celebration lunch which we'd planned. Although I hadn't mentioned it to Carl yet, for a couple of weeks I'd been feeling bloated and nauseous, and suffering indigestion-type pains after evening meals, which had not subsided by bedtime. Happily, the symptoms with which I woke up disappeared, and the day of our anniversary turned out brilliantly. Our friend Anthony said Mass for a congregation which consisted of only the two of us and our daughter Rosa, because Tom was living in Seattle at the time. Afterwards, we had a meal and champagne in a nearby hotel. Rosa's partner joined us later in the day and we had a walk, and an evening full of fun, laughter and the London Olympics on the television.

After this, however, things went from bad to worse with my health. I began to feel ill for most of each day. But I passed this off as just one of those occasional periods of 'low-grade infection', as an American colleague used to call them. No way was I going to see the doctor. That would open the door to medication, and blood and urine tests, and perhaps even worse. Instead I went to our local health food store, to get some herbal remedies for indigestion, and had a chat with Rosemary, who runs the store. I admitted to her that I was trying to manage without a visit to the doctor's surgery. So Rosemary, of course, said 'Well, you know what you'd say to any friend in your position, don't you? Just do it'. I left it a while longer, and was happy to make an appointment with the GP only after I'd remembered that once, as a teenager, I'd had gastritis, which had felt something like this. So I went, and asked the doctor to give me something for gastritis, which he did, telling me to come back in a fortnight's time if I wasn't feeling any better.

When I went back to see him, he still didn't examine me, but said straight away, 'I think it's time for a scan, don't you?' I thought this was a bit dramatic, but agreed: there could be no harm in eliminating the possibility of serious conditions. He also took a blood sample. The first scan was an ultra-sound scan at a clinic at another doctors' surgery in the area. The women who dealt with me were extremely kind and cheerful, and, of course, gave nothing away. The blood test results came through before the scan results; because my blood sugar reading was very high, the doctor sent me to see the diabetic nurse, which I wrongly interpreted as a good sign. She said to me, 'By the way, the doctor asked me to give you some good news: the blood tests have shown that you don't have ovarian cancer'. This was a further relief, but when I said 'So I definitely haven't got cancer?' she became rather angry and said, ‘I didn’t say that at all’. She also mentioned gallstones as a possibility. I was wondering why the doctor had sent me to the diabetic nurse instead of seeing me himself. The weeks of uncertainty continued in this cruelly suspenseful manner, as our moods alternated between hope and fear. When the doctor rang to give me the scan result, saying that my pancreas was ‘fuzzy’, I started to hope for pancreatitis, whereas until then I’d been praying ‘please God, not that’. The next step was a CT scan, this time at a local hospital. Again, the staff were very kind, but I was left in a fog of ignorance as we waited anxiously for yet another result. During this time I lost weight rapidly, had no appetite and slept very badly, as did Carl.

Finally, two months after my first visit to the doctor, the phone rang and I heard my GP say ‘I’m just ringing with the results of your scan. It’s not good news: you have a large tumour on your pancreas, which can only be cancerous.’ When I asked him if he was sure, he replied, ‘It can’t be anything else’. He also told me that it had spread to the peritoneum, and that if I was lucky I had fifteen months left to live. More precisely, he said that the best scenario in his experience as a doctor was that of a patient who had survived for fifteen months, with chemotherapy. I’ve discovered since then, from people in the know, that this prognosis was extremely optimistic, but at the time, I deliberately refrained from looking up the statistics for myself. That afternoon, we went in to the surgery to talk about treatment and referrals. I asked the doctor when he wanted to see me again. He said, ‘Quite honestly, from now on you’ll just be dealt with by your consultant’. He said I should wait for a letter. He named a doctor, and said that the hospital where I’d had the CT scan would be in touch.

* * *

There followed a period of perhaps a couple of weeks, during which I heard nothing whatsoever from the National Health Service. My doctor had implied that there was no point in seeing him, and I'd not yet been referred to an oncologist, nor had it been suggested that I might talk to the Macmillan nurses. So I felt a complete lack of support in terms of what to expect or what I might do for myself. This was a very anxious time. The NHS website states, 'Within an average year, a GP can expect to see one case of each of the four common cancers: breast, lung, colorectal and prostate'. So the doctors who are first in line don't get much practice in dealing with this highly sensitive situation, and my experience suggests that the training of my GP must have been sadly wanting in this field.

So, feeling very uninformed and at a loss as to how to get help, and having chosen to ignore the internet because you have so little control over what pops up onto your screen, I went into the public library to try and get some sensible information and, more importantly, self-help. There I found only two books on cancer: one on prostate, the other on breast cancer, both of which appeared to be very clinical and scientific, so I returned them to the shelf. I didn't want a textbook, but rather I wanted someone's story of how they'd coped. This is in part why I'm now putting pen to paper myself, and trying to make this account relevant to cancer in general; I wish I'd had access at the beginning to a lot of the knowledge which I gleaned only over a very long period of time, with much reading and thinking.

The other reason for committing my experience to print is that I found myself very exposed to reactions and comments which were entirely unexpected, both positive and negative, and the positive ones were so marvellous, and the negative ones so hurtful and stressful, that I feel I would like to try and protect others in my position, and encourage their friends and families and those in the caring professions to adopt a helpful and entirely up-building approach to sick people, closing round them in a loving team. So this will be an account of my long and continuing, life-changing journey. If it helps only one person, I shall be happy.

* * *

You probably want to know, as some friends have done, exactly how I reacted to the news of my diagnosis. I think my primary reaction was 'I don't believe it', and Carl's was the same. I think this incredulity turned out to be quite helpful, as it stopped me from accepting unquestioningly everything I was told. I kind of stood aside, and thought either, it's OK, this isn't happening to me, or, no way, that's not how it's going to be. Basically, I am a grit-your-teeth-and-get-on-with-it person. But I did feel devastated, of course I did. I remember thinking that this was the end of life as I knew it and that I was entering completely new territory. I experienced a deep feeling of loss when I thought of all the things in life that I still wanted to do. Above all, there was a desperate desire to be able to continue my family life. Then I began to grieve for the fitness I was losing, and the ability to choose to do things such as climb Monte Rosa, which I had in my mind so glibly forsaken in favour of an easier life! (How to make God laugh: tell him your plans.)

This is what I think a cancer diagnosis (diagnosis and death sentence in one) means, at first, for most people:

- You are not going to get better (when you first went to the doctor, you assumed you were)
- Your partner is devastated

- You have to go off and devastate family and friends with the news. Their grief will add to yours
- You will see your children and far-flung friends again perhaps only a handful of times
- You will never see your hoped-for grandchildren
- Most of the rest of your life is to be filled with painful and unpleasant hospital visits and treatments
- You will lose the freedom to eat, drink, play, love etc in the way you would like
- You will have to drop all plans and projects – you are no longer in control of your life
- There are huge implications for your work life

But none of these is a definite – a given. That's what I have discovered and that's what this book is about.

Ian Gawler has written a book called *You Can Conquer Cancer*,[2] which I didn't read until well after my chemotherapy had finished, and still have not read from cover to cover, but I've discovered some very helpful tips in it. He says the following:

> Many think the need is to be 'positive', which is true, but some think to be positive is to be unemotional, which is not true. I have met people who were so afraid of their emotions that they thought if they were to cry even once, it would take a week or two off their lives. It is perfectly natural and normal to have a few tough, emotional days as you take in a cancer diagnosis and what it means for you and your loved ones. It is unhealthy to suppress emotions.

I don't remember crying when I first received the news. Even when the reality of the situation started to sink in, I didn't cry, though I was to have the odd weep later on, during the more difficult times of treatment or in reaction to certain things that people would say.

* * *

It's impossible for anyone who hasn't had the experience to imagine totally accurately the fear of a person suddenly faced with a terminal illness. I don't think I'd felt terror like that since I was a child and thought there was an intruder in the house in the middle of the night. But it doesn't go away like that sort of terror. It very probably will be worse in the middle of the night, but it lingers on during the daytime, and you're reluctant to share it because you know that in this case sharing really means sharing and multiplying the worry, and not just sympathetic listening, on the part of your family. They have their own part in the terror.

It feels as if your life has changed in an instant. It's like a guillotine falling in front of you. Before, you were mistress of your own situation, you could make plans and carry them out, do things in your own time. After, it is down either to someone else, or your own body, to dictate what happens, and when and where. This is very shocking and disabling. You don't know what the future holds, and your imagination of all the possibilities is terrifying. It takes time to move forward from this place, to a point where you take control of your life again and realise that you don't have to submit to the illness, or do just whatever the doctors tell you without some input of your own.

In the early days, while I was floundering in a mire of ignorance, the fear was fed by clichéd phrases which steal insidiously into the mind – ‘too late’ – ‘palliative care only’ – ‘riddled with it’ – ‘lengthy hospitalisation’ – ‘died after a long and courageous battle’ and so on. Later on, I was confronted by notions of secondaries and recurring growths; every pain or twinge was a sign that I should be worrying! During these attacks of pain or panic, which would descend without warning, triggered by an insensitive question or a TV advert perhaps, but even more so by the memory of the prognosis which I’d been given, I couldn’t shake the conviction that this was the beginning of the end. For a while, nothing else had the ability to gain my attention; neither company, nor food and drink, nor lovely weather, nor conversation. Yet you pretend; you want to shelter your loved ones.

This was a very lonely time: I felt there was I, with my cancer, and there was the rest of the world, getting on with Life! Because however much Carl and I were a unit at the moment, tackling this together, I had been told that he was going to be left behind, with the rest of the human race, after I’d gone. I didn’t want to desert him, or my children, although they had already flown the nest and were no longer dependent on me from day to day. Then I began to be haunted by images of a friend who’d died of cancer of the oesophagus not long before: I saw him again on his deathbed, skeletal and unconscious, and was terrified of experiencing a slow decline into that state myself, watched by helpless husband and children. I think vanity played a huge part here! But I also felt revulsion and fear at all that was to come in the way of treatment and any suffering involved. I also wondered how people would react to the news of my death, and what it would be like at my funeral. These are things you don’t talk about at the time, which increases the sense of loneliness. And it’s certainly not constructive; but friends and family can be very supportive in this early stage, by trying to distract with shared activity if possible, and simply companionship if not.

There are techniques, which we acquired as time went on, for distracting yourself and getting back onto an even keel. But achieving the right environment for these, and keeping yourself on track, are extremely difficult. Especially as your body responds to fear with a battery of further attack – stomach pain, nausea, diarrhoea, or whatever is your particular Achilles heel. And so it becomes a vicious circle.

It's also difficult not to let yourself be defined entirely by the illness, and to stop others from so defining you. In fact, for a while I became so focused on it that I could think of nothing else. If I was reading a book, any word such as 'candour' or 'career' would jump out of the page as 'cancer' and I sometimes mistakenly thought I heard the word being spoken, much as, when a loved one has died, you think in a forgetful moment that you have spotted him or her in a crowd. Interestingly, a friend told me five years after his diagnosis that he still thought every single day about the fact that he had had cancer. I have been the same until very recently. An indication that others also find it difficult to think of you as anything other than a victim of a terminal illness was the fact that conversations with me became totally different from what they had been before. Many people stopped asking me questions other than about my illness and treatment – they didn't seem to want to know my opinion on what was going on in the world, or to find out what I was getting up to when I wasn't involved with treatment. As far as they were concerned, what I was doing was being ill! This is worth bearing in mind when you're considering how much to tell people, and who to tell.

I think I can honestly say that even at the beginning, I never asked the question 'why me?' although it's supposedly a common one in the present context. Like many people, I thought that serious illness strikes out of the blue and so I couldn't see any reason why I should be spared any more than anyone else. It is an entirely different question from a simple 'why?' which I did ask, and some of the answers that I found come later in this book. I did ask right at the start the question 'why did I get *this type* of cancer? Why not one that they can just cut out and there's an end of it? Why one that is going to be so difficult to fight?'

Certainly in hindsight it no longer looks quite so much out of the blue either. I now see how my life had taken a sort of negative turn, beginning with a kind of accepted, *self-permitted* loss of confidence when our very dear friend Father Mark died of a brain tumour a couple of years before my diagnosis. The possibility of a link between some traumatic incident and the onset of cancer is no longer regarded as fanciful: Turner says, '… researchers know for certain … that stress weakens the immune system, and the immune system plays a key role in detecting and removing cancer cells from the body'.[3] After Father Mark's death, I began to see myself as a person who has been knocked and who therefore has an excuse to be less strong, less focused. Other things followed – it was very early in my retirement, and I wasn't perfectly settled into my new way of life, and didn't much enjoy the voluntary work I was doing in comparison to work which I had done previously with a group of elderly but very with-it people.

So I can actually see a spiral of despondency in which my health kind of leaked away from me. With what I know now, I think I could have foreseen it and stopped it happening, by reacting to things in a positive way, and doing something about most of them. I suppose I thought that my lifestyle and diet in some way protected me from serious illness, but at the same time I acknowledge that I had feared this happening, as so many do, and it has been suggested to me that if you expect it to happen, it will.

Feeling lonely and beleaguered, I started looking around for help.