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Book Review Essay

The Topic of Cancer: New Perspectives on the Emotional Experience of Cancer, edited by Jonathan Burke, London: Karnac Books, 2013, pp. 211, £23.99 (pb) ISBN 978-1-7804911-3-4

The Topic of Cancer is dedicated “to all whose lives are touched by cancer”. I was struck by the gentleness of that word ‘touch’, and how it is so different from the usual, more strident discourses of this disease. Considering this led me to think about the way in which the language of cancer so often constructs a battle, or war; one that must be tirelessly waged against a relentless, cruel enemy by armies of clinicians, patients, their families, researchers and fund-raisers. Occasionally, a more considered discourse or narrative is available, that of the journey, or quest, as Frank (1995) identified in his study of illness narratives. From this perspective, people with cancer are able eventually to discover reserves of strength and courage, or even find a better version of themselves.

It was in this way that I tentatively approached this book by thinking about discursive constructions of cancer. I wanted to think about my own beliefs and preconceptions before I opened it. These ideas about how cancer is written about are discussed eloquently and insightfully in the final chapter of the book in which Anne Karpf writes from a sociological, discursive perspective about “The Cancer Memoir: In search of a writing cure”, to which I will return later in the review.

Throughout my reading of *The Topic of Cancer*, I could not help but think about the particular, culturally mediated ways in which we tend to think and speak about this disease, and how in their different chapters, each of the contributors widen these discourses considerably. By drawing from different disciplines such as psychoanalysis, nursing, medicine, religion and literature, we are given the space to think about the people experience of the people who have cancer, and what it is like to be with them, in different, more complex and potentially useful ways.

In the Foreword, Professor Brett Kahr writes of how difficult talking and thinking about cancer has traditionally been for people, and the fear of dying that it evokes, noting how remarkable it is that the contributors to this book have been able to speak of cancer in such a “direct, compassionate, non-defensive and non-catastrophising way...” (pxxi). I have found in its chapters an abundance of ideas both to stimulate reflection and inform both my psychotherapeutic practice and research, for this book contains much that can be applied not just to cancer, but to other kinds of illness and to dying.

Editor Jonathan Burke takes up the theme of the silence that used to surround cancer in the introductory chapter, and of our seeming reluctance to allow it into our minds, as if by doing so we could be somehow also afflicted. Even when a patient recovers from cancer, the experience of having glimpsed the

possibility of the end of one's life means having to engage with mortality in a way that others who have not yet been so 'touched' mostly strive to avoid, distracted by everyday concerns and other kinds of suffering.

This avoidance has more recently been almost forcibly overruled by the proliferation of writing about cancer that has become available, and the final chapter in this book is an incisive reading of the way in which the cancer memoir or blog has become a way for writers to make sense of their illness, at the same time as giving readers the opportunity to experience something so profound vicariously, and perhaps even prophylactically.

The idea of what is not said, of trauma that cannot be put into words, or thought about, is at the heart of the psychoanalytic approach to subjectivity. But I am going to argue that there is a problem for psychoanalysis with this particular embodied type of experience that I am going to try to explore briefly in this essay review.

What is it that has made cancer this special, perhaps uniquely unspoken of and frightening disease? It seems that perhaps more than the other serious illnesses that threaten us - heart disease, stroke, diabetes, kidney and liver conditions, those that progressively destroy the muscles or nerves - cancer retains its particular nightmarish sway over us. Is it the way in which cancer can spread, hidden, insidiously, to be treated successfully in one part of the body only to reappear in another, with nobody knowing quite where or when this will happen? Is it something to do with our own cells being out of control, (a bad internalized part of us?) a body taking on a life of its own, a part of our self that will kill us with its voraciousness.

Undoubtedly also there is fear associated with the hopefully now historical association with a painful death that makes us so afraid of cancer. This is a kind of death that we no longer need endure, at least in the developed world, where we have access to palliative medicine, an approach that is carefully (full of care) and thoughtfully elaborated in Chapter 8 by Robert Twycross.

Nevertheless, cancer seems to linger in the collective unconscious as one of our most feared diseases, possessing what Anne Karpf describes as the power to attack "...a core element of self, some central identity without which the writer will lose any sense of ontology and worth" (p199). It should be borne in mind here that Karpf is describing a particular subset of cancer patients, the writers who have produced cancer memoirs, and perhaps this cannot be generalized to all cancer patients.

As a practicing therapist, and a researcher, the question that I would like to ask of this collection of writing is what can psychoanalysis tell us about how to think, talk, and work with people who have cancer, as well as their families and others affected?

Quite a lot, it seems. I had the book in my possession for a number of weeks before I began to read it, daunted by the prospect of it, wanting to avoid the pain I imagined lying between its covers. I carried it to and fro on my journey

to work, thinking that I would read on the train, but something stopped me from portioning out my attention in limited amounts like this. I imagined that I needed to be mentally prepared, able to take in and be able to digest what I thought would be difficult and distressing accounts. Yet whilst all of the authors actively and explicitly engage with the subject of extreme distress, there is hope here, and this book is not in the least difficult to read.

In the chapters written by psychotherapists, the authors describe the sort of psychotherapy that will be immediately recognizable to all psychodynamic practitioners, not just those who work with cancer, for they are about what Brett Kahr describes as “the art of ordinary psychotherapy” (p.xxii). This is one of the ideas that I found most surprising and useful in the book; that no particularly specialized knowledge is needed, and perhaps contains its most important message; that cancer is not something unthinkable, and that the work is to try to think about it in the same way that we think about other parts of the patient’s life. I am not suggesting that this is an easy thing to do in practice, but the writers of *The Topic of Cancer* help to make cancer something that we can at least begin to think about.

In Chapter 1 Martin Schmidt sets the scene with his moving account of Sigmund Freud’s cancer. I was surprised to learn that Freud was unwell with cancer for sixteen years. I had not realized that it was such a long time, and that he somehow continued to work, in spite of regularly enduring agonizing and disabling treatments. It made me think about the extent to which his work and ideas were partly shaped by his experience of his illness.

One of my favourite chapters was the second one, by Dorothy Judd, “Understanding the Patient with Cancer”. I recognized the uncertainty that she describes about making analytic interpretations of her patient’s symptoms that may have their origins in the material, organic reality of cancer, rather than in unconscious phantasy. This not-knowing whether something is the product of phantasy or biology reflected my own clinical experience. In an extract of her notes Judd wonders whether she is able to interpret indigestion (that may be caused by the cancer or its treatment) as the inability to digest unbearable thoughts.

Then there is the problem of reassurance. Judd describes her feeling of wanting to reassure in her work a terminally ill patient, and of what is lost when she does so: “...I realized that I reassure her that she would still have some aspects of her old self, but I do not stay with the *not knowing*...reassurance is not what I am here for, and I did not contain the uncertainty” (p39, authors italics). The pull to reassure the dying patient, to make them and ourselves feel better is a powerfully human one, problematized by psychoanalysis.

I worked as a counsellor for a time in a hospital with patients with kidney or liver disease. These were chronic or acute conditions that were usually profoundly life limiting, barring the possibility of a transplant (a vast psychic trauma in itself), which although it might improve the odds, was itself no guarantee of survival. I learnt that to be allowed to enter for a short while the

world of someone struggling to make sense of a failing body and to engage with the sometimes overwhelming technology of medicine, requires a willingness in the therapist to forgo a need for recovery (although this may not be something the patient can afford to do). It is not surprising then, that the theoretical notion of containment is drawn on throughout several chapters of the book. The work is to be able to stay alive psychically with the patient, even while their body may be dying.

Reflecting on the experience of working with seriously ill patients makes me think about Winnicott's (1960) description of the infant's fear of annihilation as a threat to "continuity of being" at a stage in their development before death can be conceived of, and the way in which a diagnosis of a life threatening illness can so terrifyingly throw us back into this state. The ending of the self sometimes feels like an impossible thing to think about, yet this may be the work of therapy with the cancer patient. In Chapter Ten, poet Carole Satyamurti writes about psychoanalysis and creative expression. She draws on Melanie Klein's theory of reparation, as well as Winnicott's theory of the infant's use of and survival of the object and the capacity to tolerate loss to think about the artist's process, in her case poetry. As do all the authors, she uses psychoanalytic theory with the lightest of touches, making this a book that holds much of interest for psychodynamic practice and theory, but is not inaccessible to those without prior knowledge of the discipline. I think it would be of enormous practical use for medical practitioners, for example.

Satyamurti links the process of "...art as reparation..." (p162) to the process of containment by the mother of the infant's unbearable feelings, which is not something being 'dumped', but transformed. Transforming a subjective experience such as the fear of death using words gives that experience shape, and here art coincides with psychodynamic therapy. Satyamurti's own poems about her experience of having cancer are poignant and beautiful, and describe her own changing relationship with herself as subject.

My early experience of working with ill patients was at times one of not being able to conceive of how I could be of use psychodynamically to someone whose distress was in response to something taking place in their own body. It took me some time before I understood that a person's disease and its treatment, like any other part of their life, will be experienced through the complicated filter of a mixture of reality and unconscious fantasy. It's not clear to me in retrospect why this was a difficult notion to grasp, and it has led me to wonder whether psychoanalysis' focus on the mind may have led to the possibility of benign neglect of distress that is linked intrinsically to physical illness.

While anthropological and sociological perspectives on the body tend to be interested in the way that bodily manifestations flow in the direction of social to individual, from outside to inside, psychoanalysis has been more interested the dynamically unconscious psychoanalytic subject, and the way in which physical symptoms may be generated in the individual's mind, from inside to out. From this comes the interest in, and usefulness of the idea of psychosomatic diseases as an expression of psychic distress.

Psychoanalysis readily recognizes that certain physical symptoms and illness may be thought of as a form of unconscious communication that functions instead of language, their role being to telegraph the individual's subjective experience of mind. From this perspective, some illness symptoms can be thought of as communication in cases where language about traumatic feelings is not possible and the feelings cannot be symbolized (Meissner, 2006). But what I think psychoanalysis may do less well is to consider the ways in which illness symptoms that have arisen in the body, independent of mind, elicit unconscious responses to them. What can psychoanalysis say about how the body is experienced in the mind, rather than vice versa, and what are we to do with the prospect of a real, rather than a phantasied death? How do we, as therapists usefully interpret the unconscious experience that is evoked when the illusion of physical wholeness is disrupted by disease and resist the impulse to reassure?

The answer to these questions brings me back to Kahr's idea of the "ordinary psychotherapy" I mentioned earlier. By this, I mean the ability to remain able to think in the face of trauma that as yet has no words, and in doing so be able to offer something useful to patients and their families who have received a diagnosis and treatment for cancer, which may end in death. This is a theme in Chapter 3, by Anthony Lee and Jane Elfer, "The emotional impact of cancer on children". There is much in this chapter that will be of use for the practicing therapist working dynamically with children and adolescents who are facing trauma of any sort, as well as those facing cancer. The main theoretical concept drawn on here is the development of the capacity to allow others to perform the function of reassurance, and to be able instead to contain, in Bion's terms, overwhelming emotional experiences. In this chapter and others, there are also references to the usefulness of Bick's (1968) "second skin" as a defensive structure.

In Chapter 4, "What the illness may reveal", psychoanalytic psychotherapist John Woods draws parallels between his own cancer and a patient's struggle with paedophilia. Through having to face their own particular "nemeses" (p74) together, neither of which can ever be thought of as something to be fully "recovered" from, each were able to find a way to go on living in the meantime. Woods described how in continuing to work with his patient while he underwent his own chemotherapy, his visible physical deterioration awakened a capacity in the patient to face his own early traumatic experience and understand something of his own subjectivity.

In Chapter 5, Judy Parkinson continues with the theme of the psychotherapist with cancer, drawing on theories from the literature of the wounded healer, illustrating her discussion about the disclosure of a therapist's illness with the contrasting responses of two of her patients, each of whom experienced their therapist's illness through the prism of their own conscious and unconscious experience, illustrating that there is no single right way for the ill therapist to be with her patients.

For Anne Lancely, a Clinical Nurse Specialist, in Chapter 6, psychoanalytic theory is used to inform, rather than direct her in her work with cancer patients, and is particularly helpful for understanding the feelings evoked in the nurse by the patient with cancer. In contrast with the psychodynamic therapist, a nurse has to be able to reassure her patients, to comfort them, and to answer their questions as directly as possible. In this endeavour, Lancely describes how useful psychoanalytic ideas are in informing her understanding of the complex and often painful emotions that are exchanged between a patient and her nurse, to be able to think about the powerful projections a cancer patient may need to deploy in their need to protect themselves from overwhelming fear and pain. The effects of these projections on nursing staff are profound, and it is they who have to find a way to tolerate and hold something of the projection on behalf of the patient, to “contain anxiety, relieve anger, and maintain hope” (p104). Drawing on earlier organizational psychoanalytic work on nursing and the ability or not to contain anxiety, such as Menzies Lyth’s (1988) classic study, Lancely argues convincingly for the usefulness of psychoanalytic theory when working with cancer patients even when it cannot be practiced directly, as in a psychotherapeutic contract.

Therapists however, do have the privilege of being able to practice from this perspective, hopeful that clinicians like Lancely will be there to comfort and reassure the patient. Not having to make a patient feel better or that they have to change, or think less unhelpful thoughts; to be able instead to tolerate their need to rage, or mourn, provides both therapist and patient with a potentially liberating and unique opportunity. In this way, psychodynamic therapy can relieve both patient and therapist of the need to struggle against their feelings, to resist the insistence that society places on people with cancer to “think positively” (Willig, 2011), which as Anne Karpf argues in her chapter, means that the possibility of death cannot be admitted. Psychoanalysis is able to recognize such disavowal and challenge these discursive positions by being open to other possibilities.

There are some chapters in the book that do not directly derive their ideas from psychoanalysis, but are nevertheless relevant and give this book a multidisciplinary, holistic approach that I expect will only widen its appeal. There is the chapter already mentioned on palliative care, and another (Chapter 7) that helpfully outlines the medical perspective on the implications and unique problems that surviving cancer brings for an increasing number of patients. The cancer “survivor” may be facing a different reality to the one she or he previously knew. And for those who may not survive, Rabbi Jonathan Wittenberg, focuses in Chapter 9 on the role that religious or spiritual beliefs are called upon when the possibility of dying can no longer be avoided. He writes of the importance of being able to ask questions about what might happen after death, and for that, some people will be more willing to turn to members of the clergy than they are to a therapist.

I expect that this is a book that I will return to again and again. It will be of use to clinicians from any discipline working with people who have cancer. Many of the ideas in it, particularly those that are drawn from psychoanalysis, will be

relevant and important not just in cancer care, but in any life-threatening, or life-ending condition, for it is this, the capacity of cancer to change or curtail lives that gives it its power, and in this cancer is not alone. The book left me full of admiration for its authors and for their patients who are forced by their “wayward” bodies (p187) to face what most of us would rather turn away from, but which we will all gain from if we can bring ourselves to look with them.

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Biography

Julianna Challenor is a Chartered Counselling Psychologist with an independent psychotherapy practice. She is also a lecturer, tutor and research supervisor at City University, teaching on the Professional Doctorate for Counselling Psychology and the BSc Psychology programmes. Julianna’s research interests are in qualitative methodology, mind-body links in counselling, and in psychosocial methods that integrate discourse and psychoanalytic approaches to research. She has carried out research with altruistic kidney donors using this approach.