

**ASPECTS OF THE PROJECT ILLNESS AND HEALING:  
MEETING WITH A WOMAN WITH  
(BREAST-) CANCER**

Introductory remark

Background of this paper are several older papers. This one is on this subject, a first try. It can be elaborated when that seems useful.

Presuppositions

1. Those who meet, in the context of this project, women with breast cancer, must be free of all fears and all preoccupations with cancer. In this freedom they meet and are with the women.

The whole project is about freedom and the possibility that women, who are threatened by illness, come into freedom. Unfreedom is as contagious as freedom, so all unfreedom is dysfunctional.

2. Those who work in the project must “have”, must live in a reality of basic trust. This basic trust is in fact only possible when there is a relationship with a transcendence. It might be that that relationship is not that conscious, but without such a relationship there is no basic trust.

Although, of course, it is superfluous to say, basic trust is not indifference, and indifference is not basic trust. Basic trust is not indifference, and indifference is not basic trust. Basic trust takes the ill women into its own world and let her partake in the basic trust; indifference excludes them.

3. Probably there are more possibilities of transcendence than just one. In European culture God, the father of Jesus, for a very long time, was transcendence. Deciding is that the relationship with transcendence gives the possibility to live in basic trust.

This means, that a religious transcendence, in which god, or the gods, are unpredictable, in which you never know, if “they” mean well or badly, is not a transcendence in which basic trust is possible. The same is true when there are big fears for God, as is the case with so many Christians.

4. Living, being in a transcendence, and meeting an ill woman, means that there is space, in which both can move. Transcendence, the ill woman, or women, and the “worker”, form together a triangle. Both can move in the space of this triangle, so having and giving freedom.

Moving in this triangle means that the ill woman (women) and the “worker” both partake in the reality of transcendence. Freedom comes to the woman (women) from two sides. In an only bilateral relationship, freedom is much smaller. There is no space to move. Both are dependent on and of each other.

5. Workers in the project are more or less in a paradoxical situation. They meet the ill woman (women) in hospital or at least too in hospital. They are, for the ill woman, part of the medical establishment. And they come from another world. They are not preoccupied by the illness. They come from and are living in the world of “health” (quotation-marks only because the word is so equivoque). If we achieve our goal they bring health without using medical treatment and without being part of the medical establishment as such. What they do, and are, is parallel to what is done medically, having nothing to do with what is done medically in a very broad sense. What they do is about healing and not about curing.

Part of this paradox situation is the question if the workers in the project should wear uniform or not and, if so, if they should not clearly be distinguished from the other, medical, uniforms.

### The surroundings of the ill woman

1. It is very important that the ill woman has contact with “normal” life, with the world. That there are windows in the room where she is, that she can see life outside. Trees, clouds, people. That there are flowers around her, who do not rival and with which she can come in the mimesis, finding peace. That there is radio and TV.

2. There are at least two aspects in all this:

2.1 It is very important that the ill woman is not closed up in and alone with her illness. That she stays as good as possible in her own world, pursuing the interests she had before. That in fact she forgets her illness.

2.2 Being in an unusual situation she might experience what happens around her, what she hears and sees, in a new manner. She might be, or become, open for the unexpected, making life more worthwhile, and so she can become open for the unexpected in her own life, including healing.

3. In this context it is a big question in how far the hospital, the whole medical “business” can become less isolated. The other way round: In how far it would be possible to show in the hospitals and in the way everything is done there, that it is all about just one side of life, one aspect of it, an emergency which does not drive out normal life. This certainly is quite difficult, because doctors have clearly to be doctors, nurses. Unclearness means the disappearance of structure and so chaos, which certainly is dysfunctional for the ill people. Nevertheless it must be very worthwhile to look at it.

## The first meeting

1. The meeting is the meeting with the woman as such, as a person. Not as a person who is invaded by the illness. It is about her, a woman, with a character, a history, in her unicity. It is a meeting with the woman who she was and, in fact still is, before she was, for the time being, invaded by the illness, by the Other, which made her unfree, made her ill. The worker is seeking, in this and following meetings, her "image", her reality, as she was and can be. The worker finds this reality of her in meeting her, and keeps it, treasures it in her, his heart. The reality of the ill woman is not lost in and because of her illness. It is kept in the heart of those who love her, and in the heart of the worker, and so, if she loses it herself, it is kept for her.

2. So the ill woman and the worker are not talking about the illness. They are talking together about life and about the life of the ill woman. About her experiences in life, about her hopes and expectations for life. It might be talking about her childhood and the beautiful experiences and memories from that time. In this meeting life becomes, as much as possible, a whole again, open ended to the future.

It might very well be that this "open-endedness" has to be sought very far back. And it is very clear that everything said here indicates a direction, not a goal. As soon as it becomes a goal, it immediately becomes a model-obstacle. As long as it is a direction, much can be achieved, if only in the form of seeds.

So it is not about the illness. Other people are busy with the illness. It is not about the difficulties, caused by the illness. Not about prognoses etc. In this meeting it is all discarded and, hopefully, just in this manner handled.

3. Fundamental in this meeting is the basic trust. When the ill woman gives an opening, the worker can tell about her, his basic trust. Tell, totally matter of fact, with no single trying to convince. Only by just telling the woman has the possibility to come into the mimesis, partaking in the transcendence and so in the basic trust or the other way round. By trying to convince the worker and the woman come in rivalry with each other or the woman resigns, gives herself up in one manner or another.

4. In this context, of accepting the whole woman, with her history, as a person and in this basic trust, she can tell about her life and her difficulties, which, in the end, ended up in her being invaded by the Other. Her again deciding is that the worker knows, and shows in her, his freedom, that there are solutions. Solutions which in the end always are given, although very often we have to do something to receive them. Of course a therapy is not possible in the one or two meetings and it is a question too, if a therapy in this context is desirable. But the worker can show hidden aspects of what the ill woman tells (and fears). She, he can say something about a direction to go with the thinking of the woman, with her life. She, he can suggest people to talk with.

### Following meetings and follow up

Probably often only one or two meetings are possible, eventually with some more meetings later, when the ill woman is again hospitalized. That certainly does not mean that these few meetings are unimportant. They can be deciding.

Nevertheless it is important to think about possibilities of more meetings and about the possibility of follow up meetings at home. As soon as that is possible, we have to think through our experiences, to find out if it is possible to give advices about these further meetings.

Hengleo, 27.9.90

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