The Will to Live

“I, like many others who are ill, went through a period of anguish and decided, yes, life is still beautiful, still precious, and until the last breath, worth fighting for. I have learned to truly value life, to cherish it, to enjoy it, and to appreciate its bittersweet brevity. When you make the momentous decision to live, you suddenly find that you never knew how to live life until you faced the reality of losing it.”

—William Cohen, M.D., a forty-two-year-old patient and physician

Physicians are always fascinated with the power of the will to live. Like every creature in the animal world, human beings have a fierce instinct for survival. The will to live is the force within each of us to fight for survival when a disease such as cancer threatens our lives. This force is stronger in some than in others, determined by one’s innate character and personality, the quality of one’s current life, and whether one has a purpose to live.

Often when cancer patients have prolonged or unexpected remissions or cures, we have felt that the added critical factor was the will to live. We have often seen how two patients who are similar in age, diagnosis, degree of illness, and treatment therapy can experience widely different therapeutic results. Each case is different and, of course, the biology of a cancer often dictates the course of events, regardless of the patient’s attitude and fighting spirit. Nonetheless, in many cases the strength of a patient’s will to live appears to be an important factor in obtaining an unexpected remission.

We are constantly impressed by the spirit and grace with which people cope with chronic disease or disability, even under the threat of death. We have observed how they refuse to let physical debility or discomfort affect their enjoyment of family and friends or prevent them from going to work or pursuing outside interests. Inspired by their fortitude, we asked several of our patients how they were able to transcend their problems and what factors they considered essential to the will to live. Their stories touched on many different elements: hope, faith, perseverance, optimism, courage, goals, love, supportive family and friends, purpose, fear of dying, strong coping skills, and a feeling that it was their destiny to
endure and survive. Whatever aspect patients focused on, continuing to live was essential to their inner drive.

It seems that the most critical ingredient of the patients’ will to live is having something compelling to live for. They set goals and do whatever they can to get the most out of life. After an initial period of feeling devastated, they decided to make the most of each day.

Maria, who had a mastectomy at age twenty-nine, exemplified this spirit. After nearly eighteen years of chemotherapy, radiotherapy, and hormonal therapy, she died five years ago—having lived with her illness for twenty-six years.

Maria never told her friends that she had cancer. She decided that because she had her husband’s support, it was easier not to have to answer questions on how she felt or how her treatment was going. When her friends drove her to Mount Zion for chemotherapy, she told them she was going for a board meeting.

Maria always led an active and productive life as a wife, mother, and real estate agent. Her will to live was one of the strongest we had ever seen. “I got out of bed every morning as if nothing was wrong,” she said. “I knew I was going to have to face things and that I might feel sick during the day, but I got out of bed anyway. There was a lot I was fighting for—I had a three-year-old child. I had a wonderful life and a magical love affair with my husband.”

Maria’s story is similar to the so-called Christmas syndrome, wherein a person summons the will to live until a specific occasion—such as a birthday or Christmas—or to meet a desired goal such as the birth of a grandchild or a graduation. In Maria’s case, she lived to raise her child and to be with her husband. After her child was grown and her husband died, she finally let go.

Many of our patients told us that facing the uncertainties of living with cancer makes life more meaningful. The smallest pleasures—eating dinner by the fire, walking the dog, enjoying the smell of fresh-cut grass—are intensified. Much hypocrisy is eliminated. When bitterness and anger begin to dissipate, there is still a capacity for joy.

Some patients have written about what it is that makes them so determined to live. “I love living, I love nature,” wrote one, adding that she loved, “being outdoors, feeling the sun on my skin or the wind blowing against my body, hearing birds sing, or breathing in the spray of the ocean.”

Another patient also wrote about the newfound meaning: “I don’t think I perceive color, sound, all the senses more deeply, but I do relish them more. I really wallow in a good sunset, but I don’t think, ‘This may be my last sunset.’ I try to be honest with my emotional reactions instead of overdramatizing them.”

These and many other patients have shown that success and victory have many definitions. For them, victory consists of trying their best to achieve the best quality of life possible under the circumstances, no matter how difficult. As Theodore Roosevelt wrote, “It is hard to fail, but it is worse to never have tried to succeed.” Milton, though blind, wrote great poetry. Beethoven, though deaf, wrote beautiful music he would never hear. “Oh, how would it be possible to admit the deficiency of a sense that I ought to possess to a more perfect degree than anybody else?” he wrote. “What a dejection when someone next to me heard a flute, and I did not hear anything, or when somebody heard the shepherd sing, and I could not hear even that. Such incidents made me desperate, and I was not far from putting an end to my life. It was only my art, my art that restrained me. Oh, I felt unable to leave this world before I had created what I felt had been assigned to me.”

Maintaining a strong will to live when critically ill is easier said than done. Depression, self-pity, and despair are understand-
able. Experiencing these emotions is part of being human. If you are feeling low enough, your first decision may be whether you want to live. It is natural to have moments of not caring whether you live or die. But in my experience, when the chips are down, most people choose life.

The question that arises, however, is whether to live passively as a person who is resigned to fate, or actively as someone who is ready to make the best of one's fate and surmount bad luck. At some point, you will probably begin to look for ways of regaining control and living as normal a life as possible. Even if the medical crisis passes and you are either cured or reach a long-term compromise with a chronic medical problem, the lesson is not lost.

A threat to our existence typically triggers us to make an objective appraisal of our lives: the kind of people we have become, what is important to us, and how we want to live in the future. And it renews our appreciation of the importance of life, love, and friendship—and of all there is to enjoy and learn in life. We begin taking risks that we haven't had the courage to take in the past.

Sudden ill health or disability is a rude reminder that our time on earth is limited. All of a sudden, your entire life is changed. Everything you took for granted, even the things you complained about, suddenly belong to another life that you'd give anything to reclaim. And yet we are often able to survive a crisis because of the way we have coped with a traumatic situation in the past. At our lowest ebb, there is a small flame, an inner strength that makes us try again to take an active—rather than a passive—role in life.

The Four Horsemen Challenge to the Will to Live

The biblical Four Horsemen of the Apocalypse—conquest, war, famine, and death—were sent to ravage the earth in preparation for its final destruction. The similar imagery can be applied to the threats to one's will to live that come with a life-threatening and debilitating illness. Just as the will to live can be nurtured by a positive attitude, so can it be undermined by fear, anger, loss of self-esteem, and alienation. These feelings are common responses to the diagnosis of cancer. If allowed to go unresolved, they lead to feelings of depression, helplessness, futility, resignation, and loss of the will to live. These feelings can be dangerous if they cause you to give up early rather than fighting for your life.

Fear

Cancer is the most feared of all diseases. In fact, the word “cancer” is one of the most feared words in the English language. After questioning many newly diagnosed cancer patients, we have found that much of the disproportionate fear associated with this disease is due to the anticipation of prolonged periods of suffering and disability. Patients believe that little can be done to control the malignancy or relieve its symptoms. Nothing could be further from the truth.

Some patients react to the diagnosis of cancer in much the same manner that people in primitive societies react to a witch doctor’s curse—as a sentence to an inevitable and ghastly death. Being “scared to death” is a well-known consequence of bone pointing, an ancient custom attributed to the Papua New Guinean and Australian Aborigines and other South Pacific cultures. A group of natives sits in a circle and spins a bone on the ground. The person the bone points to receives a tribal curse. Death could take place in a few weeks. Of course, such a curse is effective only if the person believes in its power.

In modern medical practice, a similar phenomenon may occur when a patient believes the diagnosis of cancer to be a death sentence. For instance, a physician may tell a patient that the surgery or other treatment has been unsuccessful and that nothing more
can be done. Such patients may simply accept the idea that they are going to die and extinguish their own will to live. Such patients can die rapidly, long before their disease has progressed enough for it to cause death.

Sometimes a doctor says to the patient, “I’m sorry, Mrs. Jones, but you have advanced cancer and there is no cure.” Although the surgeon may feel sympathy and empathy, and may even cry with the patient, all Mrs. Jones hears is, “I can’t be cured. I’m dying.” How different the outcome might be if the doctor had added, “But we can treat your cancer to help you continue to live—and we can help alleviate your pain. We will soon work out a therapy plan for you.”

Cancer is the most curable chronic disease. It is important to know that over 50 percent of persons diagnosed with cancer can be cured. The cure rate climbs to 75 percent when good preventive and diagnostic medicine routines are followed. These include mammograms; yearly physical examinations; colorectal sigmoidoscopy, colonoscopy, and digital (finger) rectal examinations; blood tests; and medical follow-up. As well, people should follow a healthy lifestyle—exercising regularly, quitting smoking, reducing alcohol consumption, and eating less red meat and more grains, vegetables, and fruits.

It is impossible to predict longevity for an individual patient before they begin therapy. Until the response to therapy has been established, no projection is feasible. Furthermore, even if one therapy is unsuccessful, another may work. There is hope that you may outlive any average projection by many months or years.

When a physician makes the effort to carefully explain the nature of cancer, and the anticipated problems and future tests, most patients are surprised to find that their ideas about cancer were considerably more pessimistic than the facts warrant. They find that most of their fears can be resolved by understanding the problems to be faced and the treatments and other supportive measures, and by having a reasonable estimate of the discomfort and inconvenience to be expected. Then they are able to adopt a positive attitude and to accept the compromises that come with the disease and the treatment.

One patient whom we have been treating for advanced cancer has taken meticulous precautions to ensure that most of her closest friends do not discover her illness. She does this to protect herself from their possibly negative reactions. Your own fears may be under control, but having to deal with the fears of well-meaning friends can drain emotional energy and cause depression. However, rather than hide your disease, you may feel better including close friends, as well as family, in consultations with your doctor so that they may be able to function as part of your informed support team.

Every patient runs the risk of encountering fear, pessimism, or other destructive attitudes on the part of doctors, nurses, family, friends, or acquaintances. Patients will also be overwhelmed at times by their own fears, discouragement, or sadness. This is normal. Nevertheless, the patient who is willing to fight and to accept guidance and support in his fight for life will have the basic confidence and equanimity with which to confront the ignorant and the fearful. Although fears and fantasies don’t disappear, they are put into a manageable perspective. The individual is free to do more than engage in solitary battle with self-made phantoms.

—Ellen from Living with Cancer, 1983

**Anger**

Much of your reaction to being diagnosed with cancer depends on your personality and on how well you have adapted to life’s problems in the past. Some people have difficulty coping with any adversity. Every time they meet a problem they ask, “Why me?” When
such people develop cancer, they may spend all their emotional energy being angry that the disease is happening to them. On the other hand, a person with a positive attitude toward adversity sees cancer as a problem that can be attacked in the same way as other problems.

When people ask me, “How could God let it happen to me? What justice is there from such a God?” I tell them that God is not doing something to hurt them. Illness or death before one’s time is a malfunction of nature just as much as an earthquake or a hurricane.

—Rabbi Joseph Asher,
Living with Cancer, 1983

Anger is a normal reaction and a way of grieving during the initial period of shock following the diagnosis of cancer. In fact, if anger cannot be felt or expressed, it may turn into depression. If anger remains unresolved, it takes away energy that could be channeled into coping with the disease and living life as fruitfully as possible.

To be able to resolve anger, you must first recognize that you are angry. Often the anger and bitterness about one’s disease are displaced; people make major issues out of minor events, like complaining about someone being late or the dinner not being satisfactory, or finding fault with a friend or mate. This displaced anger may be self-defeating: it can alienate people when you need family and friends most.

By recognizing your anger for what it is, you will be setting your mental attitude to cope with it. Letting the anger out by talking about it—even screaming, punching a pillow, or throwing things—can further help to release its hold on you. In the end, you can focus the energy of your anger and apply it in a positive direction by putting it to work to fight against your disease.

Maria also addressed this topic:

Cancer is devastating. At first you can’t even think about it. You’re smacked hard and all the wind goes out of you. You don’t begin to think about yourself and your family and your reasons for living. I have seen people in all kinds of situations destroy themselves with their attitude, and, although I don’t believe your attitude can cure your disease, I do believe it can help you. Therefore, I reject my negative thoughts. It sounds insane, but it keeps me healthy. Negative thinking breaks down my energy level. Although my drive and my will and my pace are basically the same as they were before, I have changed in one way. I no longer fly off the handle over unimportant matters. My priorities are being alive and loving my family. I’ve always loved life, and the biggest pain is that I hadn’t had enough of it when this thing happened. So I said, “Screw you, world! I just ain’t leaving.”

Inner Fire, 1998

Loss of Self-Esteem

The very idea of having cancer may itself threaten your self-esteem. Old superstitions still cling to the word “cancer.” Some feel that it is a supernatural punishment or a disgrace. These are only superstitions; having cancer does not mean that you are bad or less worthy, or that you are guilty of some terrible wrongdoing. The disease can happen to anyone; in fact, one out of every two men and one out of every three women in the United States will develop cancer.

Cancer can take away or change the particular things that have given you your sense of self-esteem: body image, independence, and the ability to work and provide for your family. Changes in body image that result from surgery, radiation therapy, or chemotherapy may have a devastating effect on your self-esteem, particularly if the changes are visible to others. You may experience the loss of body parts, voice changes, scars or other skin changes,
hair loss, or weight loss. Patients undergoing ostomy surgery (the creation of an artificial opening connecting the bowel to the skin) may feel humiliated because they must wear a bag to collect body wastes. Surgery affecting the genitals or reproductive organs may cause loss of self-esteem if one thinks that one is “not really a man” or “not really a woman” any longer.

Communicating with other cancer patients who have experienced similar body changes will help to remind you that, just as you can relate to them for who they are, so others can relate to you for who you are. Volunteers from various organizations and support groups (see Chapter 24, “Support Groups”) can help you to adjust emotionally. In turn, you may be able to reciprocate and be of value to others.

A major problem affecting self-esteem is the loss of independence and control. Until illness deprives us of normal responsibilities, we may not realize how much our sense of self-esteem is related to accomplishment, productivity, and the ability to care for ourselves and others. At the outset, disease and therapy make you dependent on the medical system for your very life. In the hospital, you are dominated by the medical system. Tests are carried out and therapy is given. Others may determine when you eat, bathe, eliminate, walk, or even sleep. You may feel humiliated by having to use a bedpan or by having your body exposed to doctors, nurses, and other hospital personnel. Later, you may not be able to return to work or to carry out former responsibilities at home. You may have to depend on family, friends, or social service agencies for personal care, household help, or financial needs. You may feel guilt at being a burden and feel that you are of no value to others.

Your feelings of independence and self-esteem can be increased by taking responsibility in areas that you can handle. Eating a nutritionally adequate diet, exercising regularly to increase your strength and mobility, and performing as many self-care tasks as possible can help accelerate your recovery. Keeping progress notes on your improvement can help enhance your sense of accomplishment.

Involve yourself in supportive programs, such as patient support groups or special group counseling for cancer patients. Other programs may include meditation, hypnosis, yoga, tai chi, or biofeedback. If there are no support groups in your community, enlist the aid of a social worker, a counselor, or clergy, or find other cancer patients and begin a group yourself. At home, choose the tasks you can do yourself. Caring for a pet, growing plants, or giving to family members in thoughtfulness and attention what you may not be able to give in physical effort can be an outlet for your ability to nurture and will give you a sense of self-esteem.

If work and former interests must be put aside, find new ways of being productive, such as writing, art, music, sewing, knitting, crocheting, or crafts. You may find talents that you have not had the time to explore before.

**Alienation**

Nothing is as destructive to the will to live as alienation, the feeling of being cut off from life. Isolation and loneliness cause some patients to lose their will to live. They may “give up” and die very rapidly because they have lost their connection with other human beings. Cancer patients may experience isolation because of physical circumstances, hospitalization, loss of employment, or confinement to the home. You may feel socially isolated because of the attitudes of other people, and you may also experience alienation from within because of your own attitudes.

Hospitalization removes you from the mainstream of life—from family, friends, and all the daily habits and contacts that make you part of society. Although a hospital is full of people, they are busy strangers and you may feel very lonely. When you return home,
THE WILL TO LIVE

if you’re unable to go back to work or must be confined to home, your isolation there may be greater than in the hospital. In the hospital, you were at least part of a community. Now you may be alone: you may live alone, your family may be gone during the day, or there may be no one to visit you.

Although our society espouses rehabilitation and recovery from disease, in reality we often tend to shut people with chronic diseases out of employment. Some employers resist allowing cancer patients to return to work, out of fear that he or she may not be able to carry responsibilities or that the patient may relapse. If the patient does return to work, fellow workers may avoid him or her because they are afraid cancer may be contagious, or because they do not know how to relate to their coworker. Although laws such as the 1990 Americans with Disabilities Act protect patients’ rights, there is still leeway for employers to get around such issues, and unfortunately, some do.

Family and friends sometimes inadvertently isolate the cancer patient. They may at first be sympathetic and attentive, but with time they may drift away; they have their own problems and their own lives to live. They may also find it difficult to carry on a normal conversation with someone who is ill or dying, and they may not know how to relate to you. If these things happen, it can make you feel you’re being abandoned by those you care about most.

Even when the patient is not physically or socially isolated, loneliness and alienation may exist for the cancer patient. The uncertain and life-threatening nature of cancer puts us in touch with the essential aloneness with which we all must face death. Even patients who are surrounded by family and friends may feel lonely in this awareness.

In fighting disease, some patients turn much of their energy and attention inward upon themselves. They lose contact with the rest of life and create an isolation and loneliness that they may not recognize as self-inflicted. Other patients withdraw from their connections with the outer world because their focus is on grieving and feeling sorry for themselves. Patients who regard cancer as an automatic death sentence may unconsciously cut their ties with life and live as though they already belong with the dead.

When isolation is thrust upon you from the outside and when old connections to life are broken, you must learn to make new bridges. Loss of independence may encourage you to “wait for things to happen.” You may feel frightened or pessimistic about taking any steps toward making a new life; yet we all have the capacity to alter our direction, make changes, and rearrange our strategies.

Getting involved in rehabilitation programs and support groups made up of other cancer patients and their families can be your first step (see Chapter 24, “Support Groups”). You will be aiding your recovery as well as making connections with people who share your experience.

Do not let pride prevent you from asking for help or from admitting your need for other people. And do not be ashamed to express emotions. Sharing with others can deepen and strengthen relationships. The closest bonds are made in times of crisis.

Your nurse, social worker, clergy, counselor, doctor, and patient support groups are there to hear you and to help you. Expressing what you feel and discussing your feelings with others can give you distance and new perspective, as well as heal the alienation that comes from living in a separate emotional world. You will not be abandoned.

Regaining Control

In the face of a disease and treatment effects that are both largely beyond your control, you may feel vulnerable and helpless. Feeling a lack of control, patients often have a sense of, “Why bother?” Although they want to
live and they have a desire to fight for their life, they feel that it may be futile to even try. Finding ways of regaining control can offset these feelings. We try to help patients do this by involving them as active participants in combating their disease. In this way, they no longer perceive themselves as helpless victims, but instead become active partners with their medical support team in the fight for improvement, remission, or cure. We have found this is the best action we can take to strengthen a patient's will to live.

Many patients develop their own programs for taking control of their lives. One patient, Joanna, who was diagnosed with breast cancer ten years ago and ovarian cancer five years ago, created her own regimen for handling fatigue and depression that she calls “recharging her batteries.” Her program includes “juicing” (drinking a blend of fresh-squeezed apple, cabbage, carrot, and parsley juices every day) and a diet that includes organic produce and hormone-free meat.

She tells us, “I also try to exercise regularly, which really has a good effect. It relaxes not only my body but also my mind, especially when I come back from the office after a stressful day. I love the ocean, and when I feel depressed I walk out to the beach and sit there until I feel better. When I can’t get outside, I put on one of my nature tapes with rainfall, the surf, and storms and lie on the floor with my eyes closed listening to them. Classical music has a very calming effect on me, too. If I am really unnerved or depressed, I read one of my favorite spiritual books. Whenever I feel discouraged, I think about one of the survivor stories I’ve read. I’m not saying it can save you, but it really helps you through the whole mental process.”

Each person must find his or her own ways to regain control and thereby strengthen the will to live. Still, there are some essentials, which we have outlined below. Although the purpose of this list is to try to direct the course of your illness toward health by mobilizing your will to live, our experience has been that a significant benefit to the people who use these eleven suggestions is an improvement in the quality of their current lives. This is reason enough to give them serious consideration.

1. **Choose a Physician You Can Trust with Your Care.**

Find a physician who projects hope, optimism, and confidence—someone you can talk to. Remember, the choice of doctor is yours (if your insurance is through an HMO, your choice may be restricted). You and your physician should have a mutual goal: your getting well, regardless of the diagnosis. As one of our patients said:

The physician is the most important person in a seriously ill patient’s life and has the most telling effect on the kind of life the patient leads. No one—parent, child, husband, lover, or best friend—can take the physician’s place. Having had cancer for more than two years, I know what a doctor can mean in liberating one to live actively during the remaining time of one’s life.

A doctor should recognize that by his own courage and respect for the patient, he can relieve terror. If he shows confidence that he can remain in control of the disease and the pain, it removes an enormous burden from the patient’s life. This is the approach my doctors have taken with me. It was never spoken, but they communicated it in their actions and manner. It has been a wonderful feeling. Instead of seeing each setback and loss of time as a defeat, we turn it around. Each day, week, and month that we pass—particularly if I am free to enjoy life during that time—is a victory.

If a doctor can add to the quality of a patient’s life and can help the patient live more fully, there is no greater gift.
2. **Become Partners with Your Physician.**
Be an active participant with your physician. Find out everything you can about the nature of your problem and your potential treatment. Try not to see yourself as a victim. The partnership between you and your physician must be based on honesty and open communication about therapy options and rehabilitation.

You and your doctor must also develop a program to help you maintain healthy nutrition, appropriate physical exercise, and proper mental attitude. Becoming well-informed about your medical problem is also an important step. Take advantage of medical libraries and hospital resource centers. Learn as much as possible about your condition. If you have any questions about your cancer or treatment, ask your doctor or seek a second medical opinion.

3. **Plan for the Future and Set Goals.**
People don’t plan for the future if they believe there will be no future. Come up with a list of short-term and long-term goals. Making plans is itself a pleasant and positive experience. Why not enjoy yourself while giving yourself hope for the future? As one of our patients told us, “I’m too busy to die.”

4. **Seek Psychological Support.**
The powerful emotions released by a serious illness—fear, despair, anger, and guilt—fade with recovery, but anxieties can accumulate with an illness that is chronic and possibly fatal. You may worry so much that you lose sight of the possibility of recovery. On the other hand, you also may become so hopeful and confident that you lose sight of reality and fail to follow medical advice. You need to find a balance between undue pessimism and unwarranted optimism.

Choose your support systems carefully. Support groups with skilled leaders can provide a safe atmosphere in which to express your feelings and learn from the experiences of others. The groups not only seem to enhance their members’ sense of control over their lives and ability to cope with their illnesses; they also may have positive biological effects.

The best way to judge if a support group is right for you is to attend a meeting. If you feel a group is not helping you, don’t go back. You may have to visit several groups before you find one that feels right to you. Many people need one-on-one contact for their support, either by itself or in conjunction with a group.

5. **Relaxation and Stress Reduction.**
The “relaxation response” is the name used to describe a physical state that can be achieved through acupressure, meditation and directed visualization, yoga, biofeedback, tai chi, and other methods. The relaxation response is important because, when that state is achieved, the immune system may temporarily be enhanced. This may have a beneficial effect on the course of your illness.

Choose a method that works for you and use it regularly. Herbert Benson, M.D., author of *The Relaxation Response*, pioneered studies on the effects of transcendental meditation on health. Dr. Benson found that people who meditate using a simple prayer, word, or phrase show dramatic physiologic changes, including a decrease in oxygen consumption, respiratory rate, heart rate, and blood pressure. Symptoms for a variety of diseases diminish as well.

6. **Control Negative Emotions.**
Anger, depression, and loss of self-esteem are normal reactions to a cancer diagnosis, as are feelings of isolation and loneliness. You need to use all the means at your disposal to combat them. Allowed to fester, they can destroy hope and lead to a wish to die.

Most important, you should not always believe the statistics concerning your illness. They give you only an average percentage,
derived from large population studies on illness and treatment similar to yours. A statistic can give you only a general idea of what the odds are for you to get better or have a recurrence of disease. Even if your odds seem poor, your real chances are anywhere between 100 percent (success) or 0 percent (failure).

7. Find Ways to Enjoy Life.
Positive emotions not only bolster the will to live, they also stimulate the production of natural morphine-like chemicals in the brain called endorphins, which can decrease depression. Activities such as daily walks, enjoying nature, creating art, reading and writing poetry or stories, watching funny movies, getting a massage, and helping others can produce endorphins.

Gardening is also a life-affirming activity. One patient told us, “I had never gardened before, but I was going to be home a lot, so my husband put in a garden and I became a gardener. Nothing makes me happier now than to be out in the backyard when the sun is out and plant my bulbs or prune my flowers or just sit out there and read.”

If you’re an animal lover, consider adopting a dog or cat. Pets have been scientifically proven to be more than just good company. They have been found to act as a natural sedative, lowering the blood pressure of their owners and promoting wellness.

We frequently encourage our patients to take trips. Most people return rejuvenated because they have had a chance to rest, reflect, reassess, and step out of their daily lives.

Spending time alone is important to the healing process. It is normal to want to be alone. However, too much solitude can lead to depression. Nothing can be as destructive to the will to live as the feeling of being cut off from life. Feelings of alienation, isolation, and loneliness are often due to physical circumstances—hospitalization, loss of employment, or confinement to the home—but also may arise because of the attitudes of other people toward you and your illness.

Tell your friends and family what you want and expect of them. Be open and honest about when you need their help and about what you want or don’t want to talk about. When you are feeling physically or mentally low, many people will try to raise your spirits by saying, “Don’t worry, everything will be fine.” This is a common, socially acceptable statement, but the true message seems to be, “Don’t tell me that you don’t feel good. Tell me you’re okay.” When you aren’t feeling all that great, this isn’t what you want to hear. What you want to hear is, “I’m sorry you’re feeling down and I’m here for you.”

9. Be Open and Honest.
One of the most important realizations is that you have everything to do with how others perceive you and treat you. If you can discuss your disease and medical therapy in a matter-of-fact manner, people will respond without fear or awkwardness. Remember, you’re in charge.

Compromise involves learning how to adjust to symptoms and treatments while returning to as many of the normal activities of daily living as possible. Maybe you won’t be able to take that planned vacation and maybe you won’t be exercising as vigorously or as often as you did before. Then again, maybe you will.

You need to continue, adopt, or create a lifestyle and an attitude that will let you function physically and emotionally. You will find that by making compromises, your intellectual and emotional potential have not diminished. On the contrary, they will be enhanced. Illness can be an opportunity to redirect your life in new and productive ways.

In *Creativity and Disease*, Phillip Sandblom, professor of surgery at the University of Lund in Sweden, relates the story of the artist Henri
Matisse, who was a lawyer when he suddenly was afflicted by acute appendicitis. This was before the era of successful surgery for this ailment, so Matisse was treated conservatively and spent more than a year recovering from the many complications. During his convalescence, his mother provided him with art materials as a diversion. He became infatuated with colors, and through courage and boldness became a very inventive artist.

“Had Matisse lived in our current era,” Sandblom notes, “he would have been hospitalized for a few days and then discharged to continue his career as a lawyer rather than one of the great artists of our time.”

11. Seek Inspiration from Others with a Similar Condition.

Physicians and other medical staff will often introduce frightened and apprehensive patients in the early stages of diagnosis or treatment to those who have had a similar experience. Someone who may be starting a course of chemotherapy and is afraid of losing his or her hair, for instance, may benefit from meeting someone who has already gone through that ordeal.

Finally, do not let illness dominate your life.

Hope Helps Patients Live Fuller Lives

Illness generally reduces body function, and forces idleness on the patient. This forced idleness promotes depression and reduces the will to live. Thus, the mind, which can be a powerful ally, is not allowed to fulfill its positive function in the struggle with the illness. Hope promotes recovery.

There is no medicine like hope
No incentive so great
And no tonic so powerful
As the expectation
Of something better tomorrow.
—Orison Swett Marden

Hope is the emotional mental state that motivates you to keep on living, accomplish things, and succeed. It is the expectation when you awaken that today will be a good day. It is what motivates you to get out of bed in the morning. It is a driving force for positive living.

Hope is an essential part of your will to live. Hope can be maintained as long as there is even a remote chance for survival. It is kindled and nurtured by even minor improvements, and when crises or reversals persist, hope is maintained by the positive attitude of family, friends, and your health support team.

But hope will primarily come from yourself, if you are willing to do everything you can to improve your health and if you are willing to fight for your life. Self-motivation and learning what you can do for yourself is critical. By helping yourself, you gain control over your life, thus strengthening your will to live.

Hope can be increased or improved by having good things happen and by enjoying more of life each day through positive activities, such as going to a concert, attending a football game, or enjoying your family and friends. Some of the “good things” come from sheer luck; but you too can help make “good things” happen.

When hope is diminished, a patient can lose the will to live. At these times, “living proof stories”—stories of how others courageously dealt with a similar problem—can be a great help. These stories inspire hope and may be necessary at the time of diagnosis, when everything seems bleak and the future has not yet been imagined.

Hope can last for a long time, or it can be felt during a short burst of activity or thought. You will need to increase your motivation to help maintain a state of hope and not give up. For example, the anticipation of getting well or having a pleasurable event decreases pessimism and anxiety and also gives a sense of control over the future. Sometimes, just
supportive care by a physician, family, and friends can help maintain a person during this most difficult time in life.

One of the major themes of this book is that you must become an active partner in the treatment of your illness. You must consider yourself an integral part of the medical team. You should know what is happening in your medical treatment, for with knowledge your role is supported. In this way, your will to live can be channeled into action.

Even when you are very ill, you still have physical and emotional reserves that you can draw on. These reserves will help you to survive yet another day and will become the foundation of your recovery program.

When exhausted soldiers march home after a rigorous day, they sometimes begin to march and sing together. They have a revival of mood and spirit, and find new energies and strength. And you can muster reserve energies too, even when you feel exhausted by disease and illness.

Each of us has the capacity to live each day a little better, but we need to focus on purposes and goals and then set into action a realistic plan that will help us achieve our goals. Only by using the power of the will to live, nourished by hope, can you achieve the sublime pleasures of knowing and experiencing the wonders of life and appreciating its meaning through vital living.

To heal sometimes
To relieve often
To console always

—Sir William Osler, M.D.
Courage and Hope
David Spiegel, M.D.

Plato said that courage is knowing when to be afraid. This chapter is about courageous people who became very ill or faced some other crisis, yet who counted—and still count—their own fortune. In the face of a dismal diagnosis or harsh circumstances, they took stock of their resources and found strength and love.

Many people face sickness, but are not overtaken by it. Just because one part of them becomes ill, they do not give up. Their bodies may suffer, but their spirits remain strong.

Indeed, serious illness is a reminder that we are not immortal. Those who respond creatively to a life-threatening illness hear it as a wake-up call, a reminder of how time is short and life is precious. They do what matters most while they can, experience the joy of living and loving, and let the people around them know how much they are loved and appreciated. They trivialize the trivial, drop useless commitments, eliminate relationships that are taxing and not worth the trouble, and “just say no” to doing things they think they should do rather than what they want to.

A moving section in Chapter 45, “Your Legacy of Love,” explores the tradition of writing an “ethical will”—an individual’s spiritual legacy, a codification of what that person has learned in life about what has meaning and value. This underscores the importance of feeling embedded in the world of people, using the contemplation of the end of one’s life not to deny death but to reaffirm the values of life.

People talk about and illustrate the will to live in a realistic and meaningful way. They do not demonstrate some artificial determination to prolong life no matter what. They assess life’s resources, goals, and values. They take stock and see how fortunate they are to have people who care about them and whom they care about. Mind may not triumph over matter, but the mind does matter.

Years ago, a clever graduate student taking a statistics course was wandering through a cemetery and noted that there were two types of data on the headstones: birth dates and death dates. She wondered if they bore any relationship to each other. Theoretically, they shouldn’t. When you die, you die—period. That was not what she found. People died more often in the period after their birthday than in the period before. The difference was not large, usually several weeks, but it was statistically significant. People seem to hang on until after their birthdays or some other special event. While this doesn’t mean that you can make yourself live indefinitely through mental calisthenics, it does show that meaning makes a difference in the course of disease.

Another crucial theme is the power of social connection: no man or woman is an island. Prisoners of war on Bataan kept themselves alive by giving one another lectures, playing together, and caring for one another. They developed a special relationship with each other and their God.

In my own field of research, we have found that women with breast cancer help one another enormously through support groups in which they can vent their darkest fears and learn how deeply they can still care about each other. To feel part of a network of caring at a time of serious illness is
deeply reassuring. The will to live is not the denial of death. Rather, it is the intensification of life experience that comes when you realize how finite life is.

Be willing to make compromises, find the joy in life, find good support groups, and form a partnership with your doctors. Cancer patient stories make it clear that we are not simply happy or sad and that pleasure is not simply the absence of pain. Illness teaches us that we can be both happy and sad and that the threat of progressive disease and death can provide a context in which life can be sweeter. A woman with advanced breast cancer once said to me, “All my life I had wanted to go to the summer opera in Santa Fe. This year I went. I brought my cancer with me and it sat in the seat next to me. I loved it.”

Adapted from the Introduction to Inner Fire, Your Will to Live by Ernest and Isadora Rosenbaum with permission from Plexus, Austin, Texas, 1998.