



The soul's wisdom: stories of living and dying

M.L.S. Vachon RN PhD

ABSTRACT

Cancer can lead to spiritual transformation, which can be seen as a form of alchemy. During this process, patients, family members, and even professional caregivers can find themselves having spiritual experiences that go beyond any they had previously encountered. This paper provides qualitative descriptions of the “Field” or “Soul Wisdom” experienced by patients and caregivers.

KEY WORDS

Spirituality

1. INTRODUCTION

The experience of cancer affects different people in different ways, but for many, it becomes a time of searching for meaning, and it leads to a spiritual awakening or transformation.

Four days before Dr. Veronique Benk was diagnosed with leukemia, which followed her diagnosis of breast cancer, we met with colleagues to plan a lecture in which we would speak of how each of us had been transformed professionally through personal experiences of being wounded healers. Benk suggested the title “The Alchemy of Healing: Transformation of Personal Experience into Healing Partnerships.” Alchemy was the chemical “science” of the Middle Ages—the attempt to transmute base metals into gold and to find a remedy for all diseases¹. Over time, some alchemists came to view the metaphysical aspects of the search as the true foundation of alchemy. Organic and inorganic chemical substances, physical states, and molecular material processes were seen as mere metaphors for spiritual entities, spiritual states, and ultimately, spiritual transformations². Alchemy has also been seen as the “Great Work of nature that perfects this chaotic matter, whether it be expressed as the metals, the cosmos, or the substance of our souls.”

Alchemy is about transformation. The power to transform something common into something precious.

In the book *When Professionals Weep*³, Katz writes of the alchemical reaction that occurs when two

individuals engage together at the most vulnerable time in human existence—the end of life. Alchemy is “that space that takes its own place in the poignant relationship between helper and patient. Through the experience, both can be transformed.”

Some might argue that maintaining objectivity is essential in a professional relationship, but Dr. Michael Kearney⁴, a palliative care physician, uses concepts in the “new physics” to describe the integration between the traditional medical model and the healing model that can be applied in palliative care, and the relevance of that model to the relationship between the caregiver and the patient: “The quantum idea that ours is a participatory universe has implications for carers.” Although there are still subjects and objects within the healing model, the boundaries may not be as clear as they were within the medical model. Caring now becomes a dynamic event. The roles of “carer” and “patient” remain, but an interweaving of the two also occurs. The term “clinical objectivity” is joined by that of “clinical subjectivity,” acknowledging a shared dimension to the healing encounter. Palliative care has been defined as whole-person care⁵ in the sense that the whole-person representation of the patient (body, mind, and spirit) is the object of care, as is the whole person of the caregiver. “Integrative care” or “integrative oncology” might also involve both the whole person of the patient and the whole person of the caregiver.

Kearney⁴ quotes the Jungian, Guggenbühl-Craig, who notes that the sick man seeks an external healer, but at the same time, activates the intrapsychic healer:

This intrapsychic factor is known as the “healing factor.” The physician within the patient himself and its healing action is as great as that of the doctor who appears on the scene externally. Neither wounds nor diseases can heal without the curative action in the inner healer. Caregivers often need healing as well. If the caregiver has the impression that weakness, illness and wounds belong only to the patient and the caregiver is secure against them: the poor creatures known as patients live in a world completely different from her (or

his) own. (S)he develops into a physician without wounds and can no longer constitute the healing factor in patients.⁶

For many patients and caregivers, this awareness comes through a spiritual transformation.

2. SPIRITUALITY

Spirituality has been defined by Puchalski and Romer as being “that which allows a person to experience transcendent meaning in life”⁷. This experience is often expressed as a relationship with God, but it can be about nature, art, music, family or community—whatever beliefs and values give a person a sense of meaning and purpose in life. Cunningham defines spirituality as the attempt to make contact with or become aware of the “deep knowing” of our being^{8,9}. It may emerge from religious belief, or it may have no relationship at all with organized religion.

2.1 Cancer As a Spiritually Transforming Experience

Cancer survivors often report that their disease results in spiritual transformation. Some type of spiritual experience or awakening is common to long-term survivors who have been diagnosed with incurable disease and greatly exceeded their initial prognosis¹⁰. Dr. Yvonne Kason speaks of spiritually transforming experiences as being “part of a transformation and expansion of consciousness in which we become intermittently capable of perceiving other levels of reality, including what we might consider mystical or paranormal dimensions. Spiritually transformative experiences appear to be signs that this transformation may be accelerating”¹¹.

Spiritually transforming experiences may involve near-death experiences that connect individuals with another realm. People who are being transformed will find that their lives have a more spiritual focus, that their sense of connection to the “loving Higher Power” deepens, and that they have much stronger ethical convictions and a stronger need to embrace personal emotional healing and recovery¹¹. In patients nearing death, the ability to intuit meaning that has value, depth, and reality is related to the ease of transformation¹².

2.2 The Soul

Shealy and Church¹³ define “soul” as a personalized expression of the Universal field, as the divine aspect of a human being, of God expressed at the level of a single being, or as a personhood made manifest through pure consciousness, as opposed to physical or mental form. In *Care of the Soul*, Thomas Moore says it is impossible to define exactly what soul is: “Definition is an intellectual enterprise anyway; the soul prefers to imagine. We know intuitively the soul has to do with

genuineness and depth.... Soul is revealed in attachment, love, and community, as well as in retreat on behalf of inner communing and intimacy”¹⁴.

Dr. David Cumes, a urologic surgeon, also speaks of the Field¹⁵. Originally from South Africa, where he learned about traditional ways of healing before moving to Stanford Medical Center, Cumes writes about getting in touch with the Inner Healer and one’s intuitive wisdom, in part through wilderness trekking and connecting with what he calls the Field. He quotes the Bhagavad-Gita: “Whatever being comes to be, be it motionless or moving, derives its being from the ‘field’ and ‘knower of the field.’ Know this.” Cumes speaks of us all being “knowers” of the Field:

Not only are we in the Field, but the Field is in us. The cosmic Field seems to extend from us as an energy reservoir in space through which signals pass back and forth. We could divide the messages that traverse the Field simply into Knowable and Unknowable. Light, sound, radio, TV, electromagnetic pulses and chemicals as subtle as pheromones are some of the Knowable signals that travel through the Field.

Many Knowable “mini” fields are encountered in nature. We see the marvel of a termite colony, where the Field of intelligence of the colony far exceeds the capacity of the nervous system of any singular termite ... however, there are also Unknowable forces transmitted through the Field such as telepathic and healing energies, which science has been unable to define or measure.¹⁵

Cumes returned from a wilderness trek in Peru to a busy schedule of patients, one of whom was a young man requiring a lymph node dissection for a cancerous tumour. The morning after the surgery, Cumes woke at 5:00 AM

with an unusual degree of clarity. In this wide-awake state I was unable to get back to sleep and lay restlessly in bed. I felt uneasy about something, but could not put my finger on it. I decided to go to the hospital to make rounds early.

It was dark when I arrived at the hospital to visit Jim. The nurse wondered what I was doing at the hospital so early and accompanied me to his bed. As we entered his room, it was obvious that Jim had stopped breathing. The nurse had seen him shortly before I arrived and everything had been fine. We began to ventilate him immediately because his reaction might have been due to an oversensitivity to morphine, gave him a drug called Narcan, which reverses the effect of morphine. There

was a dramatic response and Jim began to breathe immediately ...

When I left the hospital after the incident, I gave a sigh of relief and realized how different the outcome could have been if something had not awakened me that morning. I wondered if my sensitivity to messages from the field had been increased after the past two weeks in the pristine wilderness of the Andes”¹⁵.

Cumes says that “All healing involves four factors: the healer, the patient, the place where the healing occurs and the presence of a universal Field that embraces both healer and patient”¹⁵. Dr. Caroline Myss speaks of this healing energy as being grace¹⁶.

2.3 The Soul’s Wisdom

2.3.1 Listening

Dr. Doe began to have experiences similar to that of David Cumes during the time his mother was dying. Then, they began to occur at work:

Most recently, I awakened at 3:00 AM, knowing that something was going to go wrong that day at work, and I must be present to the experience for a successful resolution. Without going into too many private details, it was the first case of the day, on an otherwise healthy patient, for a simple and routine procedure. After being in the recovery room for 15–20 minutes, the patient became unconscious and had a low blood pressure. The patient was resuscitated easily, and we tested for heart issues and came up negative. [A complete blood count] showed that her hemoglobin had dropped slightly.

My gut feeling was that the patient was bleeding, and I had the surgeon come back to review the patient. He did not find any evidence of bleeding and wanted to wait until more blood work had come back. This is where I had the same feeling of heightened awakening similar to what woke me at 3:00 AM. I stayed at the bedside despite the surgeon’s request to move the day along and start the next case. Interestingly, the nurses had not taken the next patient into the OR as the surgeon wanted, so the OR was ready immediately. The patient’s blood pressure then dropped precipitously, the surgeon appeared suddenly and then agreed to take her back to the OR. As we took the patient into the OR, the patient had a cardiac arrest, and I resuscitated the patient as they reopened and quickly found an arterial bleed. I asked for help and found three

colleagues came to my assistance within moments. She was discharged home a week later in good condition.

2.3.2 Presence and Transformation

Barbara is a 68-year-old woman who was referred to me following a complicated course of treatment for non-Hodgkin lymphoma. She used ASIST meditation¹⁷, developed by Dr. John Thornton, in which the person asks a question for which he or she has no conscious answer and, under direction, assembles helpers and accesses the non-conscious mind. The “Spirits” (as she called them) who came to Barbara continued to be available to her in times of crisis.

One evening, Barbara was at her cottage, having spent a wonderful weekend with her husband. She went to bed at 10:00 PM feeling fine and awakened at 1:00 AM feeling ghastly. She called her husband, who came and brought her to the hospital 2 hours away. Within a few hours, the physicians were telling her husband that she was seriously ill with pneumonia and kidney failure and was in danger of dying. The “Spirits” came to Barbara and said, “You think you are dying, don’t you?” She agreed that she did. They said, “Well, you’re not.” They continued to be present to her as she went on dialysis and until it was clear she was going to live.

Barbara’s life had transformed throughout her recovery from cancer and transformed even more after that episode. Her relationships with her family members are much improved. She has taken on a new Jewish name in a ceremony with the rabbi, had a party to celebrate her healing, and feels that she has been totally transformed by her experience with cancer.

2.3.3 Premonition and Mutual Experience

During and following Dr. Veronique Benk’s induction chemotherapy for treatment of her leukemia, friends and colleagues would take turns spending the night at the hospital with her. I sat with her on Tuesday nights:

One Tuesday night, Veronique awakened and said that she had a dream of two archangels, Gabriel and Raphael, who told her they were Team 1.7. I suggested that maybe [their words] meant they would be with her until her white blood count reached 1.7. On Thursday, I received a call ... that Veronique had been transferred to the [intensive care unit (ICU)] with an acute respiratory syndrome that developed as her white blood count climbed to 1.7. She had been told that if she was ventilated there was only a 5% chance that she would survive.

I went to the ICU thinking that I would not be able to see Veronique, but maybe I could at least see her husband, Paul, for a couple of minutes. When I arrived, Paul said that their daughter, Aude, then age 4, was in process of being admitted to the Hospital for Sick Chil-

dren (HSC) with a ruptured appendix. I suggested that he go to HSC, and I would stay with Veronique. She was afraid to go to sleep for fear that she would stop breathing. I told her to go to sleep, and I would stay awake and pray all night.

In the morning, when Veronique awoke, she said that she was carried all night along the beach on a seat made by the crossed hands of her two angels, Team 1.7. She later said that, that night, she had a near-death experience and was asked whether she was ready to die or still wanted to live. She chose to come back for the sake of her family. To this day, Aude insists that her mother was with her when she went for surgery that evening. On Friday, when I went to my office, I had my normal energy as though I had a full night's sleep.

2.3.4 Soul Work

Roy was an exceptionally intelligent, well read, and successful 72-year-old international businessman who had been referred to me many years earlier after a traumatic life event. He had had a previous experience with cancer, which recurred. He was then diagnosed with non-Hodgkin lymphoma. During his hospitalization, Roy appeared to become very disoriented, and at night, he seemed to be revisiting many of the traumatic experiences that he had undergone in his international work:

I did a home visit. Roy started the conversation by saying, "You're Catholic, aren't you? I need you to know that while I was very sick in the hospital, I was told that I was going to need to review every scene of my life, and to examine my culpability in scene after scene. In these scenes, it was not as though I was in a field with John. I was in the field forty paces from John, who was wearing his blue plaid shirt. I was actually there in the field with him, feeling the feelings that I felt at the time of the initial encounter. I needed to review my culpability in scene after scene, but during these scenes, which happened night after night, I was being held by the Virgin Mary. I am not Catholic, although I suppose if I had to choose a religion that it the one I would choose. But I wasn't brought up in that religion."

Roy proceeded to relate what happened in scene after scene around the world. Some of the scenes were very difficult for him to re-experience, involving as they did the deaths of other people.

Roy was unlike his normal, polite self as he related these scenes. If I interjected at all, he just patiently "heard me out" and then resumed his monologue. At the end of the 2-hour visit, I made ar-

rangements to return in a couple of weeks.

A couple of days later, Virginia, his wife, said that she had mentioned my visit to Roy, and he did not remember that I had visited. His wife asked if I thought that his subconscious was speaking to me¹⁸.

2.3.5 After-Death Communication

Bill and Susan were a couple in their mid-forties with three young children when Bill was diagnosed with advanced pancreatic cancer. We met, discussed the effect of his illness, taped a legacy video for his children, and performed ASIST meditation. Bill and his wife were sailors, and one of his helpers in his meditation was Moon Spirit.

Shortly before Bill's death, Bill and Susan asked to meet with me. They asked how they would be able to communicate with one another after death. I had not been asked that question previously and wasn't sure how to answer, but said that people often felt that their deceased relatives communicated through electrical equipment.

Shortly after Bill's death, Susan was sitting at the kitchen table with two of her children. Suddenly the numbers on the broken digital clock started to move. Susan was startled, remembered our conversation, but thought it was just a coincidence. She bought another clock. One night, while she was doing the dishes, the clock suddenly started to play. She thought perhaps the alarm had inadvertently been set to that time. Then Thomas Moore, author of *Care of the Soul* and *Dark Nights of the Soul* came on and began to speak of Moon Spirit. Even Susan had to wonder at that point whether Bill was trying to communicate.

3. SUMMARY

The experience of cancer often leads to a spiritual transformation in patients, family members, and caregivers. This process can result in alchemy, a process of transformation at the level of the soul. This transformation can lead to experiences of deepening awareness that may result in a "connection" either with one's deeper self or with others by reaching out from a place previously unrecognized as existing. This experience can be seen as involving energy, as entering into the Universal field, or as receiving grace. Dr. Caroline Myss states that, at these times, thoughts travel faster than the speed of light¹⁶.

4. REFERENCES

1. Osol A. *Blakiston's Gould Medical Dictionary*. New York: McGraw-Hill Book Company; 1972.
2. Wikipedia. Alchemy [Web article]. San Francisco: Wikimedia; n.d. [Available at: en.wikipedia.org/wiki/Alchemy; cited: March 23, 2008]
3. Katz R. When our personal selves influence our professional work: an introduction to emotions and countertransference in end-of-life care. In: Katz RS, Johnson TA, eds. *When Profes-*

- sionals Weep: Emotional and Countertransference Responses in End-of-Life Care.* New York: Routledge; 2006: 3–12.
4. Kearney M. *A Place of Healing.* Oxford: Oxford University Press; 2000.
 5. Barnard D, Towers A, Boston P, Lambrinidou Y. *Crossing Over: Narratives of Palliative Care.* New York: Oxford; 2000.
 6. Guggenbühl–Craig A. *Power in the Helping Professions.* Dallas: Spring Publications; 1971.
 7. Puchalski C, Romer AL. Taking a spiritual history allows clinicians to understand patients more fully. *J Palliat Med* 2000;3:129–37.
 8. Cunningham AJ. The healing journey: incorporating psychological and spiritual dimensions into the care of cancer patients. *Curr Oncol* 2008;15(suppl 2): **Sxx-Sxx**.
 9. Cunningham AJ. *Bringing Spirituality into Your Healing Journey.* Toronto: Key Porter Books; 2002.
 10. Hirshberg C, Barasch MI. *Remarkable Recovery.* New York: Riverhead Books; 1995.
 11. Kason Y. *Farther Shores.* Toronto: HarperCollins; 2000.
 12. Singh KD. *The Grace in Dying: How We are Transformed Spiritually As We Die.* San Francisco: Harper San Francisco; 1998.
 13. Shealy N, Church D. *Soul Medicine: Awakening Your Inner Blueprint for Abundant Health and Energy.* Santa Rosa, CA: Elite Books; 2006.
 14. Moore T. *Care of the Soul.* New York: Harper Perennial; 1992.
 15. Cumes D. *The Spirit of Healing.* St. Paul, MN: Llewellyn; 1999.
 16. Myss C. *Entering the Castle: An Inner Path to God and Your Soul.* Toronto: Hay House Publishing; 2006.
 17. Rossiter–Thornton J F. Prayer in your practice. *Complement Ther Nurs Midwifery* 2002;8:21–8.
 18. Vachon MLS. The emotional problems of the patient in palliative medicine. In: Hanks G, Cherny NI, Kaasa S, Portenoy R, Christakis N, Fallon M, eds. *Oxford Textbook of Palliative Medicine.* Oxford: Oxford University Press; [in press].

Correspondence to: Mary L.S. Vachon, Departments of Psychiatry and Public Health Sciences, University of Toronto, 204 St. George Street, Toronto, Ontario M5R 2N5.

E-mail: maryvachon@sympatico.ca