



## The Personification of Cancer

**F**acilitating a session recently at the C4YW conference in Orlando, FL, moved me in ways that I am still processing. This conference is for women who were diagnosed with breast cancer prior to the age of 45, and these survivors are encouraged to return to the conference for education, support, and fellowship for as long as they want. They can bring family members or friends with them and the meeting rooms and hallways are filled with laughter and tears.

The session that I facilitated was titled “Confronting Mortality at a Young Age,” and I knew that it was going to be a challenging session. I did not do a formal presentation but rather opened the session with an invitation for those who were there to introduce themselves to the group and to share their experience of having cancer at a young age. There were about 25 women in the audience, three of them with their male partners. They were mostly young and, as they introduced themselves, some stated their age or how many years it had been since their diagnoses and then told the stories of their individual cancer journeys. However, what struck me initially was how many of them introduced themselves with the words, “My name is XXXXX and I am metastatic.”

The phrase “I am metastatic” took me back to an earlier stage of my nursing career when I worked in the community with men who were HIV positive. Many of them would talk about themselves the same way: “Hi, I’m YYYYY and I’m HIV.” Back then, this description of their disease as part of who they were was interesting to me and this similar description from the women at this session is similarly fascinating. These women did not say, “I have metastatic breast cancer,” they said, “I am metastatic.”

What is the meaning of this? Have these women personified their disease to such an extent that they now see

themselves and the disease as one? Are we a part of this by talking about patients when we think they can’t hear us and describing them in phrases such as “the woman who is metastatic?” Do the words make a difference? How does BEING metastatic as opposed to HAVING metastatic cancer impact on how one sees oneself?

I have pondered this ever since that session. Do individuals with cardiovascular disease talk about themselves the same way? Is the severity of the disease (in this case, advanced cancer) a factor in this taking on the disease as a part of oneself? Is that the difference between saying, “I am ZZZZZ and I am cardiovascular disease” and what I heard over and over in that room? Or is it just me, and am I overly sensitive to an underlying meaning that I have constructed rather than what was intended by the women who introduced themselves with these words?

I have used this space in the *Oncology Nursing Forum* before to talk about the importance of language, and I have encouraged readers to think about how we use words and the meaning of our words to others as well as to ourselves. When we think about our patients, do we think about them as whole people or as their stage and grade of cancer?

Some years ago, I was watching the evening news with my husband when a story about pediatric surgery was broadcast. The surgeon they interviewed stated in plain language that when he has to operate on a 5-year-old, he does not think about the child lying on the operating table, but rather about the knee or the femur (insert any body part) that he will do surgery on. I jumped out of my chair and exclaimed loudly to my

husband (who is a family physician), “That’s the essential difference between a physician and a nurse! WE would never separate the child—and his family—from his disease or body part!” My husband shook his head and said that, as



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a family physician, he would not either, but that perhaps this was what surgeons do in order to do their work.

I was not convinced then and am still not convinced now. I do not see the patients that I counsel and care for as a disease or stage of disease. They are human beings and part of a couple or family that has been impacted by cancer and its treatment. This preserves their humanity for me and encourages me to connect with them and deliberately not create a distance between myself as a professional and their suffering or struggle. So what or who is it that causes someone with cancer to think of or describe themselves as “metastatic?” I am still processing that question. Can you help me to understand?

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