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My Dance with Cancer: An Autoethnographic Exploration of the Journey

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My Dance with Cancer:
An Autoethnographic Exploration of the Journey

by

Vardine Kéda Siméus

A Dissertation Presented to the
College of Arts, Humanities, and Social Sciences
Nova Southeastern University
In Partial Fulfillment of the Requirements for the Degree
Of Doctor of Philosophy

Nova Southeastern University

2016

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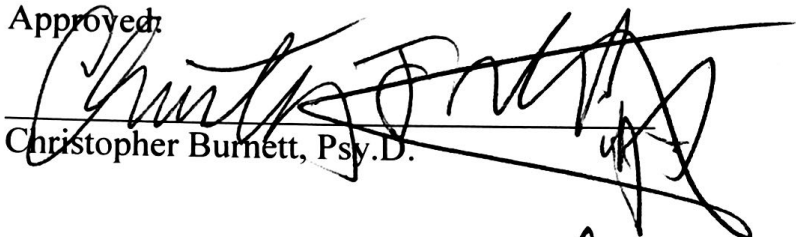
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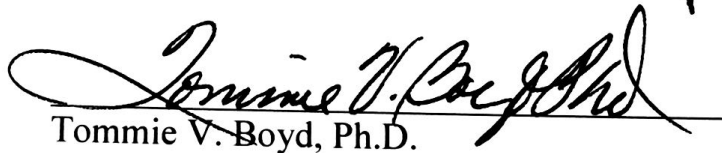
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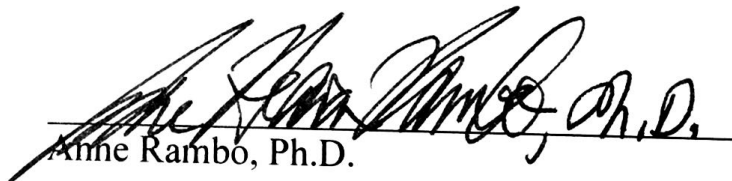
This dissertation was submitted by Vardine K. Siméus under the direction of the chair of the dissertation committee below. It was submitted to the College of Arts, Humanities, and Social Sciences and approved in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Family Therapy at Nova Southeastern University.

5/12/16
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Date of Final Approval


Christopher Burnett, Psy.D.
Chair

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Abstract

Sometimes when a person who has been diagnosed with cancer finds out that his or her cancer returned and continuously has to go for surgeries, treatments, regular follow-ups, and continued overtime to deal with the same life-threatening illness, he or she can actually feel frozen due to feeling depressed and anxious in not knowing how to move forward with life. Dance is a metaphor used in this study to move forward.

Psychotherapy can offer major benefits to help cancer patients cope with the depression, anxiety, stress, and other emotional reactions that often accompany a cancer diagnosis (Stuyck, 2008). Many studies have explored the benefit of psychotherapy for cancer patients, but little is known about the personal narratives of cancer patients who sought individual therapy to talk about their experience with cancer. The purpose of this study is to explore, through autoethnographic inquiry, what role dance plays in the process of seeking individual therapy. It also explores the impact of facing cultural biases that exist in the Haitian culture about mental health. Finally, this study explores what role psychotherapy played in my reflective therapeutic journal that I wrote while in therapy.

This autoethnography was written from a first-person perspective, thus giving readers the chance to enter into the researcher's world. This study brings a social constructionist and systemic understanding to the experience of being a Haitian Marriage and Family Therapist cancer patient who sought individual therapy and became transformed by accepting my therapist's invitation to dance with cancer. Additionally, this study examines my unique position as a Marriage and Family Therapist to receive therapy.

CHAPTER I: INTRODUCTION

We can't solve problems by using the same kind of thinking we used when we created them.

- Albert Einstein

The Inspiration for This Research: My Old Life as a Dancer

I grew up in Haiti until I was ten years old, and music was always played in our home. Political cataclysm led most people in the country to either flee to another country for safety or remain in the country where they lived in uncertainty from the regime of Tonton Macoutes, which was an extension of the government of Duvalier. At the time during 1990, Haiti was a country full of political turmoil. Therefore, music and dancing was my mother's way to camouflage the fear and the anxieties we were experiencing while my father was in exile in Canada and the United States to escape the wrath of Duvalier's regime. Both music and dance represented a sign of celebration and happiness in my family. Whenever I think of music and dance I also ponder upon how in Haiti music and dance are celebrated yearly in form of carnival. In our family music was something we did to celebrate someone's birthday or wedding, and it was what my mother did to keep my siblings and me amused most of the time. I recall my mother would play music every Friday and Saturday night, and she would dance with my sisters and me. My fondest memory of that time, since I was the youngest, was when she would have me stand on her toes and she would slowly move her feet to the beat of the music, swaying side to side while I enjoyed feeling so carefree dancing Bolero and Kompa, two native dances, on her toes. Bolero is considered a slow tempo dance that is fused with other dances and classical ballet. It is a dance that originated from Spain and Cuba.

Kompa/ konpa (Creole)/ Compas (French) is a modern merengue musical genre in Haiti with European and African roots developed by Nemours Jean-Baptiste in 1955. So music and dance have been the catalyst for my family to move forward and face life's altering events.

Dance and I have had a harmonious connection in that we both form a unique attachment between music and the "other." The "other" I operationalize as my voice, my strength, the ability to move forward, the extra emotion that moves my soul to dance. Because dance comes from my interpretation of what my soul feels and understands, the other can sometimes represent my pains, sorrows, sadness, joy, or praise to God; but most of all, it is my voice that can be audible only through movements of dancing. Dance in this study is a metaphor that analogously invites my readers to participate in my journey to get up and dance with me and also to become proactive in recognizing how listening to the right music can push one to dance in order to move forward while feeling frozen.

One simple move in dance communicates a paragraph in writing and in speaking. Similar to life, dance has a beginning state and an ending state. Dance, for me, is what an army is to a nation: it protects, defends, and moves out. Thus, I imagine dancing with cancer required me to create a strategic plan to choreograph a victorious performance. I often describe myself as a dancer because apart from dancing, my life in itself is a dance.

For 18 years of my life I was a dancer and a choreographer teaching children how to dance. Ballet is a classical dance training that is characterized by grace and accuracy of movement and by elaborate formal gestures, steps, and poses. The process of dancing demands rigorous rehearsing, choreographing, performing, managing pain, and dedication, much like the life of a cancer patient. Thus, looking back at my old life as a

dancer, I see the process of dancing utterly differently from the purpose of dancing. The purpose of dancing has been to perform a beautiful dance learned through the process of difficult training. Such wisdom – that is, to focus on the purpose and not the process – has been the crux of what has assisted me to move forward in life and to dance the dance of life.

At the age of three my mother took me to see the musical *Annie*. I told my mother that I wanted to be a dancer right after I last saw the show. I recalled always dancing in front of a mirror in my mother's living room from that moment. I would also rehearse with Michael Jackson's video "*Beat It*" by simply getting up and dancing in her living room. For my two older sisters, I became this "annoying little sister" who was always dancing and playing the music too loud. The summer I turned seven years old, I was enrolled in ballet classes with Madame Lamartine in Haiti. Madame Lamartine was French and she was known to be a very good dancer. As an instructor she was strict, flexible, theatrical, and eclectic. From day one in her class she picked up that I was very timid. I was bullied for my size and also for being the youngest in her class. Madame Lamartine called me one day after class. She gazed intently into my eyes and firmly said to me, "Nothing can beat you! Do not allow anyone to push you around! You are light on your feet and you have the skill to make everything work for you because you know how to move and when to move. You were born to be a dancer." I remember that because she wrote it on a piece of paper and gave it to me. Nothing can beat me, not even cancer.

Before cancer, I was dancing and performing as well as being a dance instructor. I was full of life, full of hope, and full of joy. At that time, music was my life, and because I would rather dance than talk, it became my voice for communicating. To give back to

my community, I volunteered at a nonprofit center in an urban area, teaching dance to a group of Haitian-American girls ranging in age from 13 to 18 years old. Although that experience of teaching was new, I felt an indescribable joy that came from my relationship with teaching dance to young girls who had never danced a day in their lives. I also learned patience and fun from them. I was performing and choreographing dance for diverse shows.

Thus, dancing became my way to escape; it became my joy to create a new world where I could construct a new identity just through movement. My first dance teacher believed that I could move and that I was skilled as a dancer. It did not matter if anyone else disagreed; my dance teacher was a renowned dancer and she performed with the best of the best. Her faith in me was sufficient to take on the world. I became a dance instructor at 18 and started to choreograph. Choreography became intriguing because I became more involved in the process of dancing than just the essence of dancing. As a dancer, I believed it was essential to be in tune with the music to which I danced because I had to listen to the beat of the music that made the sound for me to assemble the movements that made my performance. My experience in dance influenced how I moved forward with life. I have often drawn upon my past experience as a dancer and the vital skills I learned as a dancer to enlighten my ability to work as a therapist, to relate to others in social, academic, and familial relationships, and even to relate to things in my life that are beyond my control. Although I am very calm by nature, the five ballet positions I learned taught me to be still, quiet, and attentive. The individual movements that I practiced repeatedly instructed me to refine and diversify my skills in working with others. The *pas-de-deux* taught me to move in efficient rhythm with others. What I love about dance

is that every single movement speaks something different, and the core of who I am focuses on what Bateson (1972) described as the difference that makes the difference.

Context of the Study

The Struggle with Life and Family

The irony in my life is that I have an urge to be silent while greatly yearning for my voice to be heard. Since my first cancer diagnosis in May 2002, I have struggled to articulate my illness narrative. The more pain I experienced, the less I felt I could remain quiet. I ignored the question, “How are you?” because I did not know how to articulate how I was feeling most of the time; thus I hated that question. I also had to learn how to speak and when to speak. Telling my story about my daily struggle was not to obtain pity from anyone. Instead, I told my story to show my readers that light is only light when we choose to turn on the switch in the dark room.

During this period, I was also a graduate student. While the turmoil of dealing with cancer was following me, I struggled to keep my mind focused on writing my dissertation. Logically, I can say that I was writing a dissertation, but physically, my body was in dissonance with my mind. Pain from surgery, lack of confidence in myself, anxiety of the unknown, and depression from being discouraged with life became constant interruptions in the pursuit of my educational goals. My family always has believed in education. Obtaining a higher degree was expected and there was little to no room simply to quit. My father often talks about how he is so proud of my siblings and me for what we are accomplishing. In other words, greatness always has been expected of us through continued education.

Eventually, the stress became too great to handle on my own. My typical ways of handling stress were to stay busy focusing on my career and education and to never respond to the signals my body was sending to me. Working always had been my way to remain disciplined and focused. As a dancer I was used to being occupied and staying engaged. Through all the upheaval of cancer, my father had remained a cheerleader for me to trust God more, to pray more, and to believe that Jesus has already healed me (Isaiah 53). He also would remind me over and over that the doctors are not God and to not listen to them. Several authors (Desrosiers & St. Fleurose, 2002; Miller, 2000) have proposed that Haitians normally believe that God is more powerful than any other force, including Vodou *lwa-s* (spirits) or medical treatment. Although my faith in God was strong, I collapsed after receiving news that my cancer had returned not once, but twice in one year, even after vigorous treatments. Two friends encouraged me to seek psychotherapy. Of course I wrestled with the idea, being that I am Haitian and a Christian. What is wrong with that, I wondered. Do not Christian Haitian women go to therapy? For the first time, I had to see myself differently from the person I had believed myself to be.

Haitians and Mental Health

Desrosiers and St. Fleurose (2002) proposed that Haitian immigrants are a challenge to mental health professionals. Generally speaking, Haitians do not believe in therapy. To date, there are no trustworthy data on the prevalence of mental health problems in Haiti (Pierre et al., 2010). Some scholars have underlined that in the Haitian culture, there is a great distinction between religion and spirituality (Worthington & Sandage, 2001), and authors Hill and Pargament (2008) stated that there are

psychological benefits from each one for different individuals. Children are taught not to speak out loud about their feelings because neighbors may hear what they are saying. This hush-hush experience is debilitating for Haitians because they do not possess the skills to process their thoughts or feelings. Although I knew that seeking counseling would be beneficial, part of me felt that I did not possess the linguistic skills to communicate my experience with cancer. Even though I was a therapist, I still felt confronted by my own culture's presupposed idea that something was wrong with me for seeking individual therapy. It was almost insulting when my friends proposed that I find psychotherapy. I told myself, "I have cancer; I am not crazy!" Since I tend to overanalyze, I began to reflect. Thus, I decided to seek therapy alone, agreeing with several authors (Gopaul-McNicol, Benjamin-Dartigue, & Francois, 1998) who suggested that Haitians do not accept psychotherapy because solving personal problems is viewed as a family or religious matter.

For me, being Haitian and also seeking individual therapy had more than one stigma. In fact, Pierre et al. (2010) confirmed that when Haitian people have suffered repeated psychotic episodes and their behavior is impaired, they are labeled as "*fou*" (crazy) and they are perceived to be permanently dysfunctional (p. 26). Coming from a family of diverse cultures (by culture I am referring to educational background, religious beliefs, and family values), I would be considered "*fou*" or a "spoiled brat" for considering mental therapy. While this is considered to be the norm in my culture, to willingly consult elders and religious leaders in the community (Pierre et al., 2010) instead of receiving psychotherapeutic services, my questions at the moment I began to seek therapy were: How will I avoid being in a conundrum about what my family will say

and how they will view me? What will my perspective be once I begin therapy? And finally, what effects will individual therapy have on my personal narrative of living with cancer?

The Choice to Seek Individual Therapy

What has always drawn me into the field of marriage and family therapy is the fact that therapists operate as non-experts in their clients' lives and lead from one step behind their clients. I provide therapy to clients and I see how the therapeutic process works and how it transforms my clients' lives. I believe in therapy, but, as I heard myself speak those words out loud, it implied that I, a therapist, must change my closed Haitian frame of mind. I re-positioned myself as a person in need of change to a person who needs help. In a sense I had to go through the experience my clients would undergo when they sat in a chair and voiced their problems.

As I contemplated contacting a certain therapist, I would dial and quickly hang up. Then, I did something rather unusual: I asked this therapist's wife, with whom I related well, to have the therapist phone me. After two weeks, I gave up on the idea of attending therapy. The internal battle was constant, but prayer was helping. Prayer has always helped, and God is the only one I know to depend on. Approximately one month later, the therapist contacted me and scheduled an initial visit with me. Over time in the session, I, who have never talked about my emotions and living with cancer, began to formulate a voice to speak about cancer.

The Research Questions for This Study

This one subject, which I had avoided talking about or addressing, was about to become my first choice for a dissertation topic, while fear kept me away to voice any

emotions about cancer. Apparently, my therapist challenged me to choreograph a dance with cancer and invited me to write about my experience of dancing with cancer. I agreed. Nevertheless, dancing with the enemy (cancer) somehow led me to think like a choreographer, and the thought of narrating my illness narrative became interesting and intriguing as a study. The goals of this study are to examine what role dance plays in my life; what role psychotherapy plays in my therapeutic journey to explain the role the therapist played in the process; what it means to receive therapy and to provide it; and how the choice to seek treatment not only medically but psychotherapeutically in the form of individual therapy later aided me to undergo a transformative process by choreographing a dance with cancer.

This dissertation sought to answer the following questions:

1. How did I confront my cultural barriers to accept help in the form of individual therapy?
2. How did individual therapy transform my relationship with myself and aid me in dancing with cancer by undertaking it one beat at a time?
3. What effects did individual therapy have on my choice to dance with cancer by seeking therapy?

Statement of the Problem

Breast cancer is one of the leading cancers in women in America (American Cancer Society, 2014; Lueboonthavatchai, 2007). In fact, the American Cancer Society (2007) confirmed that breast cancer is the most common malignancy among women worldwide, with 178,480 new cases in the United States each year. Moreover, among African-American women, breast cancer is the second most common cause of cancer

death (Sisters Network Inc., 2012). It is well documented that breast screening and early diagnosis of breast cancer increases emotions such as fear, anxiety, and depression in women (Burgess et al., 2005; Consedine, Magai, Krivoshekova, Ryzewicz, & Neugut, 2004; Lueboonthavatchai, 2007); thus most women of color avoid going to the doctors and scheduling routine check-ups because they prefer not knowing. Literature on psychotherapy and the disease process for cancer and other life-threatening illnesses demonstrates that psychotherapy can play an important role in assisting patients to cope with serious illnesses (Fann et al., 2008). However, research tells us little about precisely whether or not psychotherapy intervention has been effective in aiding patients with their treatments.

Irvine, Brown, Crooks, Roberts, and Browne (1991), Fallowfield (1990), and Maguire (1995) all reported that about 20% to 30% of women suffer from high levels of distress during the first year after diagnosis. As such, research by Harrison and Maguire (1994) proposed that psychological illness can prolong physical illnesses and even disable a person if it goes undetected. Hence, is the researchers postulated that 27,060 new cases of breast cancer were expected to occur among African-American women during the year of 2013 for younger women under age 45. In addition, the mortality rate of breast cancer is higher in African-Americans than in whites. In addition, Blieker, Pouwer, van der Ploeg, Leer, and Ader (2000) highlighted that being diagnosed with a life-threatening disease such as breast cancer creates a new situation in life that requires adjustment. It is well documented that a subset of individuals who are experiencing clinical depression can benefit from psychotherapy and psychiatric intervention (Fann et al., 2008).

Purpose of the Study

Psychotherapy for cancer patients is known to be effective (American Cancer Society, 2014; Chochinov et al., 2011; MacCormack et al., 2001; Newell, Sanson-Fisher, & Savolainen, 2002; Sheard & Maguire, 1999; Straker, 1998; Yang et al., 2014).

Researchers also have agreed that meaning-centered group psychotherapy (MCGP) is at the heart of adequate adjustment to life after cancer because cancer survivors who feel that their lives are meaningful become better adjusted, have better quality of life, and have higher psychological functioning (Breitbart et al., 2015; van der Spek et al., 2014).

Yang et al. (2014) also agreed on the effectiveness that psychological intervention has on Chinese cancer patients. This study proposes that such treatment can also be effective on Haitian cancer patients. Nevertheless, other researchers have concluded that the effectiveness of psychological interventions for individuals diagnosed with cancer must be explored to achieve a better understanding both clinically and theoretically (Manne et al., 2010). Because cancer patients go through myriads of challenges, such as the cancer diagnosis, side-effects of medical treatment, sleep disturbance (Palesh et al., 2007), poor adjustment (Grootenhuis & Last, 1997), poor coping strategies, (Lauver, Connolly-Nelson, & Vang, 2007), emotional distress (Bultz & Carlson, 2006), and problems arising in the family, psychotherapy services can be beneficial for people who are living with cancer or facing the diagnosis of cancer. Based upon my experience undergoing individual therapy through the most crucial time in my life to deal with a life-threatening illness, I can attest that psychotherapy did help me deal with the diagnosis and treatment of cancer, and as such it was also effective in overcoming depression and anxiety, which are common in people with cancer. Moreover, research consistently has

shown that psychotherapy can be beneficial to people with cancer in a variety of ways (American Cancer Society, 2014). Researchers also have confirmed that psychotherapy processes play a role in predicting both short- and long-term treatment outcomes in cancer patients (Manne et al., 2010). This study investigated how my individual experience with cancer and the therapy I sought provided insights into just how giving a “new narrative” to my own life situation became transformative while I struggled with living with the disease.

This study has two purposes: to illustrate how my dance through the process of living with cancer is supported through psychotherapy, and to examine my experience going through the journey. Both purposes explore my transformation from my own cultural biases about mental health and reinforced my abilities to become a better patient as well as a therapist where my therapeutic skills to work with clients in therapy will be enhanced with greater compassion.

Significance of the Study

Research has demonstrated consistently how psychotherapy can be beneficial to people with cancer in a variety of ways (American Cancer Society, 2014; Straker, 1998; Yang et al., 2014). Approximately 30% of cancer survivors have a psychological disorder, such as depression or anxiety, and survivors are more likely to be depressed than the general population (Fann et al., 2008; Sharp, Carsin, & Timmons, 2012). In fact, in 2013 researchers projected a total of 1,660,290 new cancer cases and that 580,350 cancer deaths would occur in the United States that year (Siegel, Naishadham, & Jemal, 2013).

Moreover, the World Health Organization (WHO, 2015) reported that worldwide in 2008, cancer accounted for about 7.6 million deaths, or 13% of all deaths that occurred that year. About 70% of all cancer deaths occurred in low- and middle-income countries (WHO, 2015), and Haiti definitely qualifies as a low-income country.

During the most recent five years for which data are available (2005-2009), delay-adjusted cancer incidence rates have declined slightly for men (by 0.6% per year); however, the rates remained constant for women (Jemal et al., 2009). Although cancer death rates decreased by 1.8% per year for men and by 1.5% per year for women (Siegel et al., 2013), many new cases are being diagnosed daily. This result indicates that those surviving cancer will need longer-lasting help to cope with the trauma. While deaths from cancer worldwide are projected to continue to rise to over 13.1 million in 2030 (WHO, 2015), we don't know how prepared marriage and family therapists and professionals and students in training are to handle the narratives of individuals and families experiencing cancer and to help those from various cultures to find a transformative voice to address their issues.

Haitian people are not accustomed to mental health services and little research has focused on how individual therapy can significantly impact an individual. Furthermore, researchers (Carter, 1998; Kleinman & Kleinman, 1986; Lutz, 1986; Manson, Shore, & Bloom, 1986; S. Sue & Zane, 1987; Ward, Sellers, & Pate, 2005) have underlined how culture plays a profound role in how individuals from different cultural backgrounds confront and voice depressive symptoms. Desrosiers and St. Fleurose (2002) highlighted that Haitian women are more likely than Haitian males to get help from a mental health clinicians. If Haitian families seek therapy for their children, the community thinks that

the family has money to throw away or *timoun nan gate* (the child is spoiled). When Haitian immigrants have a problem, they rely on an elder, a pastor, or a priest to solve it. In fact, in the aftermath of the 2010 earthquake, the World Health Organization learned that the Protestant and Catholic churches and religious practices in Haiti helped Haitian people cope with mental and emotional problems, which provided a parallel system of healing.

Kirmayer (2010) underlined that religion in Haiti offers a sense of purpose, consolation, belonging, structure, and discipline. Engaging Haitians in therapy is so difficult that health professionals working in Haiti sometimes use spiritual leaders as allies in order to encourage clients to seek help and adhere to recommended treatments. Kirmayer found that religious and spiritual leaders serve as “consultants” or “co-therapists.” It is understood in the Haitian culture that religion can build self-esteem, ease despair, and offer hope in very difficult and trying circumstances for the Haitian people (WHO, 2010). In the Haitian culture, sickness is thought to derive from lack of respect for the environment or the gods/*lwas* (Kirmayer, 2010).

Von Bertalanffy (1968) termed a system “closed” if no material enters or leaves it; however, it is called “open” if there is import and export of material. Von Bertalanffy further explained that living systems are not considered as closed systems in true equilibrium, but open systems in a steady state. He described an open system as a system in exchange of matter with its environment, presenting import and export, building up and breaking down of its material components. An open system is contrasted with the concept of an isolated system which does not exchange energy, matter, or information with its environment. An open system is also known as a constant-volume system or a

flow system (Von Bertalanffy, 1950). As a Haitian therapist who struggled with the biases of attending therapy, I can understand how Von Bertalanffy's concept of a closed system explains why other people like me would refuse outside therapy as a form of help. When clients can accept psychotherapeutic help, they became an open system where the necessary transformation can remain on a continuous process. Systems theory is the core of the field of family therapy. As such, systems theory is used as an approach to understand and conceptualize individuals, families, relationships, and relationship systems (Nelson et al., 2007). The family is regarded as a whole being rather than the sum of its individual members. The goals of this study are to examine what role dance plays in my life; what role psychotherapy plays in my therapeutic journey to explain the role the therapist played in the process; what it means to receive therapy and to provide it; and how the choice to seek treatment not only medically but psychotherapeutically in the form of individual therapy later aided me to undergo a transformative process by choreographing a dance with cancer.

In addition, this study provided a way of expressing my narrative and my autoethnographic review of who I am, and how I was able to sought therapy, and explaining the process I underwent. Sadly, not too many cancer patients talk about their experience living with cancer, and few therapists understand how to work with cancer patients. Thus in organizing my data I looked to see what is thematic about my experience? What is the structure of my experience that can be permeated to the experience of others? How is the structure of the experience useful to the point of being both a patient and also a therapist?

Overview of Chapters

Chapter II addresses the challenges of having breast cancer as well as a comprehensive review of current literature about experiences cancer patients have had with psychotherapy and how effective it has been in their coping with a life-threatening illness. And it also reviews the cultural beliefs and practices Haitian people that prevent them from accessing healthcare. It also introduces my process of accepting help in the form of seeking therapy while acknowledging my faith in God. Chapter III focuses on the qualitative methodology of this study. It identifies and discusses the methods of data sampling, gathering, analysis, and trustworthiness. Chapter IV presents the themes that generate from my story. Chapter V reflects on the findings of this study and addresses the contributions, limitations, and implications of my study.

CHAPTER II: REVIEW OF THE LITERATURE

Ettorre (2006) proposed that being reflexive about one's illnesses can be a valued therapeutic tool for both patients and medical professionals. Life-threatening illness encompasses a variety of diseases and disabilities, both innate and acquired in nature. Cohler (1982) proposed that cancer has a profound effect on a person's sense of the past, present, and future and it also threatens a person's personal narrative. Another researcher, Denzin (1989), believed that storytelling helps humans make sense of epiphanies.

Haitian Cultural Identification

Generally, Haitians do not talk about illness. Haitian immigrants in the United States have been cautious of American healthcare providers due to their experiences of discrimination within the healthcare system (Brodwin, 2001). Haitians have been blamed for bringing the HIV/AIDS virus to the United States, shortly after the discovery of the virus in the United States during the early 1980s (Brodwin, 2001). Although later this was proven to be untrue, Haitians also have been marginalized as carriers of other infectious diseases, particularly tuberculosis. Consequently, many Haitians have been apprehensive of U.S. healthcare practices and research, especially those focused on HIV/AIDS and TB. Even though Haitians make up a large part of the Black Diaspora in America, few studies have included research pertaining to Haitian health status apart from HIV/AIDS and TB.

The American Psychological Association's (APA, 2002) Multicultural Guidelines and the Surgeon General (U.S. Department of Health and Human Services, 2001) have advised that minority group members may be hampered in their attempts to use services and receive appropriate care because of cultural misunderstandings on the part of

therapists. In fact, APA (2002) has offered mental health providers clarification to understand, address, and integrate cultural, historical, social, political, and economic contexts into service delivery for diverse populations. Within the APA Multicultural Guidelines, there are methods that mental health providers can follow to address this problem with Haitian clients.

Nicolas, DeSilva, Grey, and Gonzalez-Eaststep (2006) found that, when working with Haitian immigrants, clinicians had to be aware of the fact that Haitians often attributed illnesses to both supernatural and natural causes. Nicolas et al. also informed us that supernaturally induced illnesses for Haitians stemmed from several sources, such as (a) strained relationships with God, (b) curses or evil spells, and (c) offended *lwa* (that is, a powerful spirit or deity in the Voodoo religion). To date, there is no empirical research that either quantitatively or qualitatively explores the beliefs, illnesses, and practices of Haitians.

Ross (2010) found that Haitian people believed that God was the ultimate decider of health, illness, life, and death. In the many Haitian sayings, there is one particular belief of “*Si Bondye Vle*”/“God willing,” which resulted in an indifference to making health choices (Colin & Paperwall, 2003, p. 6). Researchers found that the traditional Haitian concept of health was constructed upon balance and equilibrium of various factors, such as hot and cold; thus, an individual must remain warm at all time or, if not, this person would become sick. Within the concept of health, the Haitian culture has held several factors to be considered healthy (Colin & Paperwall, 2003; Farmer, 1999), such as maintaining a proper diet, cleanliness, exercise, and adequate rest; emotional health that is free of excessive anger, fear, or sadness; familial relationships that are in harmony

with friends and relatives; spiritual well-being; keeping a prayer life; and good rapport with the spiritual word. Hence, a father might say, “You need to trust God more, pray harder, and have a little bit more faith” to a daughter who is suffering from cancer; if God wills this daughter to be well, it would occur by having an insurmountable amount of faith.

The Colin and Paperwall (2003) study also found that illness was considered to be a result of wrongdoing, since most Haitians believe that illness could be caused by either natural or supernatural factors. The natural cause of illness was *Maladi Bondye*, that is, sickness God allowed; therefore, such illnesses were not considered chronic. The study cited beliefs about irregular circulation or flow of blood. Natural diseases also were thought to be caused by food, gas that enters the body, air, imbalance of cold and hot, and bone displacement. In the Haitian culture, as long as a person looks well (that is, clear, healthy complexion and color; normal body weight with a fair amount of body fat; no reports of significant physical pain), that person is healthy.

The Colin and Paperwall (2003) study found that supernatural factors were believed to cause illnesses in a Haitian person, stemming from vexed spirits that retaliate with calamity and illness if a feast or other ritual was not conducted to honor their spirits, or by curses cast by jealous and or angry people. Because of that belief, people with mental illnesses were regarded as *Moun fou* / crazy person. Thus, the negative stigma surrounding mental illness was translated as being “crazy” and could damage an individual or family’s reputation in close communities such as the Haitian communities (WHO, 2010). Similarly, Kirmayer et al. (2011) highlighted the effect of cultural influences on health and illness for immigrants facing common mental health problems.

Helman (2007) reported that culture can tremendously influence every aspect of illness and adaptation, including interpretations of and reactions to symptoms; explanations of illness; patterns of coping and of seeking help and response; adherence to treatment; styles of emotional expression and communication; and relationships between patients, their families, and healthcare providers. In another study, Segal and Mayadas (2005) suggested that practitioners must be aware that regardless of how long immigrants, or a Haitian person seeking mental health, have lived in the United States, they are frequently faced with a dichotomy of cultures and must function with norms and expectations that often contradict (p. 564). Finally Thao (2009) stated that “few services are available for immigrants and refugees in their native languages ... and mental health conceptions also vary from culture to culture, making translation of mental health concepts and terms complex and challenging” (p. 1). As a practicing therapist who has experienced working with immigrants and most especially Haitians, I have found that when I invite them to dance we start first talking about what types of music they like, regions they come from, food, and the narration of their stories begin to develop. Dance has been an avenue I used as a therapist. Because I have been a dancer and experienced that when inviting anyone to dance you invited them to obtain a different type of encounter that may be interpreted as fun, and having a background in psychology and marriage and family therapy using a systemic lens, dance as a therapeutic intervention can offer some helpfulness for clients to enter the world of mental health without worrying about the bias and the stigma of seeking psychotherapy.

Dance as a Therapeutic Intervention

My dance through the process of living with cancer is supported through psychotherapy. I utilized dance as a metaphor for the positive piece that moved me through the struggle, pain, and sorrow and the decision of whether or not I should seek therapy.

Dance therapy is the utilization of psychotherapeutic movement as a means to enhance the emotional, cognitive, social, and physical integration of the individual (American Dance Therapy Association, n.d.). Ho (2005) believed that dance movement therapy (DMT) originated from the principle that body movement mirrors and imitates psychological states. It is well documented that DMT has been widely used to treat people with mental and psychological problems (Goodill, 1987; Milliken, 2002; Romero, Hurwitz, & Carranza, 1983; Stanton-Jones, 1992). Dance has been used as part of the prevention and recovery of chronic illnesses (Boughton, 2002; Byers et al., 2002; “Movement,” 2016). And, for its unique connection to the field of medicine, dance/movement therapy is also a recognized form of complementary therapy used in hospitals and comprehensive clinical cancer centers (Cohen & Walco, 1999). Cohen and Walco (1999) also reported that the inclusion of dance movement therapy facilitates greater integration of factors relating to coping with the psychosocial needs of children and adolescents with cancer because of its unique emphasis on nonverbal communication. Furthermore, DMT also was shown to decrease the special stress and anxiety associated with chronic diseases (Goodill, 2005; Stewart, McMullen, & Rubin, 1994) and cancer (Brandberg, Månsson-Brahme, Ringborg, & Sjöden, 1995; Cohen & Walco, 1999; Dibbell-Hope, 2000). Although dance has been related to the practice of

medicine in primitive cultures, in the Breast Cancer Rehabilitation Program at Albert Einstein Medical Center-Northern Division, dance is used for both its physical and psychological benefits (Molinaro, Kleinfeld, & Lebed, 1986). In that program, dancing was shown to provide patients with an emotional stimulus that accentuated their femininity and sexuality, while they were adjusting to having a new body image.

A pilot study performed by Ho (2005) evaluated the effects dance movement therapy had on Chinese cancer patients. Since cancer patients undergo traumatic treatment procedures such as surgical removal of body parts, nausea, loss of hair, and fatigue from radiotherapy and chemotherapy that harm the physical body, Ho found that dance movement therapy, which acted directly on the body, may have had a profound effect on the healing process in cancer patients. Previous studies (Courneya, Keats, & Turner, 2000; Mock et al., 1997; Molinaro, Kleinfeld, & Lebed, 1984; Molinaro et al., 1986; Rowden, 1984; Sandel & Judge, 2004) have shown that physical exercises and dance movement can enhance mood and facilitate the psychological adjustment to a diagnosis of cancer, thereby improving quality of life in breast cancer patients. Ho's pilot study used a pre- and post-study design with a total of 22 cancer patients from 39 to 69 years old to complete a questionnaire at the start of the first session and also another at the end of the last session. Participants completed a 90-minute DMT session weekly for six consecutive weeks. While DMT was a new modality of psychotherapy for most Hong Kong people, Ho (2005) found a significant reduction in perceived stress. A positive change in self-esteem also demonstrated the beneficial effects of the program.

Koch, Morlinghaus, and Fuchs (2007) conducted a quantitative study exploring specific effects of a single dance intervention on psychiatric patients with depression. The

study used a three-group repeated-measure design, comparing the treatment group (dance) to both a music only (music) and a movement-only control group (home trainer). The objective of such study was to investigate specific effects of dance/movement therapy. Their results found significantly greater decreases in depression in the dance-only group, as compared to the music-only group and the movement-only group. These results pointed to dancing as a critical therapy for cancer to decrease stress and combat cancer.

A related study conducted by Gallagher, Lagman, Walsh, Davis, and LeGrand (2006) underlined the clinical effects of music therapy in palliative medicine. These researchers evaluated 200 patients with chronic and/or advanced illnesses. The findings of their study, using the Wilcoxon signed rank test and a pair *t* test, proved that music therapy improved anxiety, body movement, facial expression, mood, pain, shortness of breath, and verbalizations. In addition, the sessions with family members that were evaluated showed that music therapy improved families' facial expressions, mood, and verbalizations. From these results, Gallagher et al. proposed that music therapy was essential in palliative medicine.

Dance in this study is metaphoric for moving forward; hence my dance with cancer is operationalized as moving forward in my journey with cancer. Being diagnosed with cancer or any other life threatening illness can present multiple challenges. In my work as a therapist I am very metaphoric and I believe that the use of metaphor stems from my Haitian culture and also from my ability to make meaning of my clients' experience by "placing things before their eyes," "spiritedness," elegance," and "urbanity" to make "discourse appear to their senses" (Ricoeur, 1977, p. 38). Metaphor

usually is utilized to bridge the gap between cancer experience and the world of technology and treatment in order to assist patients to symbolically control their illness (Laranjeira, 2013). Metaphor usually helps to talk about a difficult subject by bridging that hard subject with an analogy or just by referring to that subject in a different name. In every culture people dance, and what a wonderful way to talk metaphorically about cancer as a means to get people to get up in dance to do something different from traditional psychotherapy.

The purpose of dance therapy is to help people achieve greater self-awareness and a positive sense of well-being (Aktas & Ogce, 2005). The idea is that through authentic movement, one can express oneself and come into contact with the conscious and unconscious parts of one's personality. This contact leads to accepting one's self for who he/she is (Jordan, 2003). Such can be achieved through therapy. However, seeking therapy and receiving psychotherapy is what helped me to get through the journey by learning to accept myself for who I am.

Psychotherapy and Life Threatening Illness

Sherman and Simonton (2001) placed emphasis on the significant role the family therapist performs in comprehensive cancer care. One study looked at dipropyltryptamine (DPT) as an adjunct in brief psychotherapy with cancer patients (Richards et al., 1979). Researchers conducted a pilot project of providing individual psychotherapy over a four-week period with thirty cancer patients who suffered from psychological distress. The psychotherapy sessions lasted 12 hours, and drug-assisted therapy was administered in the form of DPT, which is a short-acting psychedelic drug. The results showed that drug-assisted therapy sessions generally facilitated a dramatic advance in the therapeutic

process. Thus, results showed statistically significant positive changes occurred on both of the primary Personal Orientation Inventory scales: “Time-Competence” (Tc) and “Inner-Directedness” (I) (Richards et al., 1979, p. 18). The alteration on the Tc-scales meant that following therapy, patients were living more in the present moment, compared to dwelling on events that happened in the past or worrying about what might happen in the future.

In another study, authors Chochinov et al. (2011) constructed a unique, individualized, short-term psychotherapy, called dignity therapy, to assist patients and their families living with life-threatening or life-limiting illness. The researchers explored how therapy alleviated distress or supported the experience in patients close to the end of their lives. Researchers recruited patients who were ≥ 18 years old who had a terminal prognosis and a life expectancy of ≤ 6 months. These patients were receiving palliative care in a hospital or community settings (i.e., home or hospice) in Canada, the U.S., and Australia. For the study, patients were randomly selected by a computer-generated table to receive dignity therapy, client-centered care, or standard palliative care in a 1:1:1 ratio. The primary goal for the study was to reduce distress in various dimensions before and after the patients completed the study. Results were measured with the Functional Assessment of Chronic Illness Therapy (Peterman, Fitchett, Brady, Hernandez, & Cella, 2002); Spiritual Well-Being Scale (Paloutzian & Ellison, 1982), Patient Dignity Inventory (Chochinov et al., 2008), Hospital Anxiety and Depression Scale (Snaith, 2003), items from the Structured Interview for Symptoms and Concerns (Wilson et al., 2004), Quality of Life Scale (Bowling, 1995), and modified Edmonton Symptom Assessment Scale (Chang, Hwang, & Feuerman, 2000). Secondary outcomes for this

study were measured in the patients' self-reported end-of-life experiences that were assessed in a survey that was introduced after the completion of the study. The data for this study were evaluated by research staff with whom the patients had had no previous interaction to prevent any possible response unfairness or contamination. Analyses were completed on patients' surveys with available data at baseline and at the end of the study intervention. Based on the assessments, 165 of 441 patients were assigned to dignity therapy, 140 to standard palliative care, and 136 to client-centered care. Then the patients were analyzed individually. For the primary assessments, the researchers found no significant differences in the three groups in the distress levels before and after the completion of the study. However, for the secondary assessments, the self-reported surveys, they found that the patients reported dignity therapy to be significantly better than the other two interventions, which helped them improve their quality of life (Chochinov et al., 2011).

Overall, the Chochinov et al. (2011) study found that dignity therapy was significantly better than client-centered care in improving spiritual well-being, and it was also significantly better than standard palliative care to decrease sadness or depression. However, patients who received dignity therapy reported significantly higher satisfaction with the study, compared to those who received standard palliative care. All in all, this study concluded that, although dignity therapy had not been proven to alleviate pain, such as depression or the desire to die or commit suicide, it was beneficial for patients facing death.

In another study, Nissim et al. (2012) explored how advanced cancer patients responded to a new brief, manualized, individual psychotherapy, referred to as Managing

Cancer and Living Meaningfully (CALM). The main goal was to test the effectiveness of this intervention prior to the initiation of a randomized, controlled trial. CALM consists of individual therapy as a semi-structured intervention. It provides three to six individual sessions, where each session lasts 45 to 60 minutes in a time period of three months. Researchers performed the interviews with ten patients who were recruited from a large urban regional cancer center in Toronto; most participants had been diagnosed with advanced cancer. Furthermore, the study identified five interrelated benefits provided by the intervention: (a) a safe place to process the experience of advanced cancer, (b) permission to talk about death and dying, (c) assistance in managing the illness and navigating the healthcare system, (d) resolution of relational strain, and (e) an opportunity to be seen as a whole person within the healthcare system. Thus, these benefits were viewed by participants as unique in their cancer journey. The authors concluded that CALM provided a psychotherapeutic intervention with substantial benefits for patients with advanced cancer prior to the end of life.

In an exploration of the Nissim et al. (2012) CALM study, Lo et al. (2104) conducted a phase 2 trial of the same study to investigate whether or not CALM remained an effective, brief individual psychotherapy for patients with advanced cancer. Researchers looked at how advanced cancer produced extensive physical and psychological struggles, which increased patients' ability to experience emotional distress and minimize their well-being. The goal for this research was to assess the viability and original success of CALM and to see how it decreased emotional distress and fostered psychological well-being and growth in patients with advanced cancer. Thus, the first outcome was depressive symptoms and the second outcomes were death anxiety,

attachment security, spiritual well-being and psychological growth. The study recruited a total of 50 patients with advanced metastatic cancer from the Princess Margaret Cancer Centre. Lo et al. (2014) concluded that, like the Nissim et al. (2012) study, CALM was a practical intervention that could benefit patients with advanced cancer.

Spiegel, Bloom, Kraemer, and Gottheil (1989) presented the first and most publicized study in which showed that at 10-year follow-up there is a statistically significant survival advantage for women with breast cancer who had participated in group therapy treatment. They lived an average of 18 months longer than control subjects. In another study conducted by Fawzy et al. (1993) working with melanoma patients, they documented that there is a survival advantage and lower rates of recurrence for 40 patients that were randomly assigned to 6 weeks of extensive group psychotherapy. Group therapy has been researched and proven to be effective to reduce stress in cancer patients.

The next largest group of studies evaluated individual therapies (Allen et al., 2002; Burton, Tillotson, Main, & Hollis, 1995; Cimprich, 1993; Lev et al., 2001; Maguire, Tait, Brooke, & Sellwood, 1980; Maguire, Robins, Thorgeirsson, & Heilman, 1983; Marchioro et al., 1996; Maunsell et al., 1996; McArdle et al., 1996; Richardson, 1997; Ritz et al., 2000; Sandgren, McCaul, King, O'Donnell, & Foreman, 2000; Walker, Vincent, Furer, Cox, & Kjernisted, 1999; Wengström & Forsberg, 1999; Wengström, Häggmark, & Forsberg, 2001). The interventions used in these studies were diverse and included telephone support and screening, a series of nursing interventions, couples therapy, cognitive- behavioral interventions, and other.

History of Psychosocial Research

Substantial resources have been distributed to research the psychosocial aspects of breast cancer. A lot of this research has focused on describing the emotional experience of women with breast cancer and on developing interventions that reduce the psychosocial distress and improve coping and adjustment (Institute of Medicine [IOM] & National Research Council [NRC], 2004). Early intervention studies were conducted by Ferlic, Goodman, and Kennedy (1979) and by Heinrich and Schag (1985); both studies produced positive psychosocial results. In an article written by Spiegel et al. (1989), researchers recommended for the first time that a psychological intervention, (supportive–expressive group therapy) might prolong survival in women living with metastatic breast cancer. This observation heightened interest in the survival effects of psychosocial interventions and led to a series of intervention studies in breast cancer (Classen et al., 2001; Cunningham et al., 1998; Edelman, Bell, & Kidman, 1999; Goodwin et al., 2001) and other cancers (Fawzy et al., 1993; Ilnyckyj, Farber, Cheang, & Weinerman, 1994; Kuchler et al., 1999; Linn, Linn, & Harris, 1982), which were completed mainly in the 1990s. These studies strived to confirm a beneficial effect of psychological interventions on survival (IOM & NRC, 2004). However, none of the subsequent studies in metastatic breast cancer has distinguished a survival effect of a range of psychological interventions (although one is ongoing) (Cunningham et al., 1998; Edelman et al., 1999; Edmonds, Lockwood, & Cunningham, 1999; Goodwin et al., 2001).

Meyer and Mark (1995) conducted a meta-analysis of psychosocial interventions in adult cancer patients in which they analyzed the effect sizes (treatment mean minus

control mean divided by pooled standard deviation) of 0.19–0.28 for emotional adjustment, functional adjustment, and global measures were identified. These effect sizes were in the range considered clinically important, suggesting significant benefit from the interventions (IOM & NRC, 2004). Burke and Kissane (1998) organized a review of psychosocial interventions provided to breast cancer patients by specialist providers (including both published and unpublished data), where they drew fairly extensively from the general cancer literature. They concluded that the benefits of psychosocial interventions in breast cancer are clearly established and recommended that such interventions be an “integral part of comprehensive medical care” (IOM & NRC, 2004, p. 3). Nevertheless, they presented a series of recommendations for future research and made more specific recommendations regarding integration of psychosocial interventions into the treatment setting. These were published in an overview paper outlining the need to challenge the health delivery system to improve and implement psychosocial and supportive care (Redman, Turner, & Davis, 2003). Two targeted reviews concluded beneficial effects were present for relaxation and imagery interventions (Wallace, 1997) and for educational interventions in patients with cancer (Rimer, Keintz, & Glassman, 1985). All of these reviews identified important areas for additional research.

A number of excellent reviewers (Burke & Kissane, 1998; Fawzy et al., 1993; Meyer & Mark, 1995; Newell et al., 2002; Rimer et al., 1985; Wallace, 1997) published reviews of psychosocial interventions in breast cancer patients, and cancer patients in general. The bulk of these reviews inferred that there are significant benefits that are associated with the use of psychological interventions of various types in distinctive

cancer settings, including breast cancer. Fawzy et al. (1993) evaluated research into education, behavioral training, individual psychotherapy, and group interventions in cancer patients in general. They concluded that there was evidence of advantage for all of these approaches, reporting that cancer patients may benefit from a range of psychological intervention programs, and suggesting specific interventions at different points along the cancer trajectory. Building on the findings of the psychological interventions researchers have conducted, this study extended that research to question whether attending therapy could permit me to develop my “dance” as a psychotherapeutic intervention.

Psychological Distress

Distress due to cancer is defined as a multifactorial, unpleasant, emotional experience of a psychological (cognitive, behavioral, and emotional), social, and/or spiritual nature that may interfere with the ability to cope effectively with cancer (National Comprehensive Cancer Network, 2015). Psychological distress is common among patients affected by cancer (Gao, Bennett, Stark, Murray, & Higginson, 2010). Psychological distress can occur at any time during the course of the disease and may change over time (Chida, Hamer, Wardle, & Steptoe, 2008; Murray et al., 2007). Straker (1998) proposed that psychodynamic psychotherapy is effective as an approach to understanding the psychological conflicts and the psychiatric symptoms of cancer patients as well as to planning useful psychological interventions. Typically, the people who get cancer are over 65-years old, but more than 70,000 young adults between the ages of 19 and 40 are diagnosed with cancer every year, thus making cancer the leading disease killer in people aged 20 to 39 (Marcus, 2005). As a result, the diagnosis of illness,

and in particular cancer, forces people to experience many changes in their lives, including having to come to terms with diagnostic tests, treatment, side-effects, and the reality of facing an uncertain future (Nail, 2001). Obviously, this physiological and psychological stress can create a need to learn how to cope (Halstead & Fernsler, 1994; V. Johnson, 2000). These studies imply that adults living with life threatening illness will suffer from several problems, including lack of confidence, sadness, increased anxiety, depression, fear, lack of finances, unemployment, and a constant worry about infertility due to the medical.

In a report by Ando et al. (2011), researchers looked at the predictors of psychological distress that occurred after diagnosis in breast cancer patients with benign breast problems (BBP), which are noncancerous. Results found that patients diagnosed with breast cancer who encountered a severe stressor experienced psychological distress, which included depression, anxiety, other forms of psychological morbidity, and a great deal of anxiety and uncertainty, all of which prevented a person from self-actualization. Ando et al. (2009) earlier reported that negatively perceived life changes influenced psychological distress to a greater degree than positively perceived life changes among patients with breast complaints. The researchers also found that patients who had high traits of anxiety, suppression of anxiety, many life-stress events, and subjective symptoms experienced a higher level of psychological distress prior to diagnosis. Ando et al. (2011) studied 38 women who were diagnosed with breast cancer and 95 women diagnosed with a BBP. For example a woman with breast cancer can also have a BBP, such as being my case from my first diagnosis. The anxiety and depression that follows a BBP are somewhat similar to having been diagnosed with breast cancer. They found that

psychological distress after diagnosis in breast cancer patients was significantly higher than in patients with a BBP. However, Ando et al. (2011) reported that higher psychological distress was associated with younger women. The findings demonstrated that patients diagnosed with breast cancer undergo more psychological distress than patients diagnosed with only a BBP, which supported the results of their previous study (Ando et al., 2009).

Sherman and Simonton (2001) reviewed clinical interventions as beneficial instruments to work with families with cancers. This review was a follow-up study of their original work in 1999, which highlighted their findings that families found it difficult to adapt to their loved ones who were experiencing cancer (Sherman & Simonton, 1999). This review underscored how little attention was being directed toward families of cancer patients, especially when families were excluded from the therapeutic process. Thus, Sherman and Simonton (2001) created four basic strategies that family therapists could use in therapy with families: (a) enhance communication and emotional contact within the family, (b) address illness-related changes in family structure, (c) find meaning in illness, and (d) address mortality issues. Sherman and Simonton discovered that the challenges families face with cancer were strongly shaped by medical factors, such as the type of cancer, extent of disease, type of treatment, and phase of illness. Also they reported that the family's cultural background and the personal meanings that they attributed to cancer could impact the experience in significant ways. Moreover, they found that the family's reactions were also influenced by qualities of the family and its environment, such as developmental stage, coping resources, social support, and concurrent stressors.

Peled, Carmil, Siboni-Samocho, and Shoham-Vardi (2008) conducted a study to examine the relationship between life events, psychological distress, and breast cancer among young women. They used a validated Brief Symptom Inventory (BSI) and the Life Event Questionnaire to design a case control study and hypothesized that psychological distress and severe life events were risk factors for breast cancer among young women. The subjects were 622 women under the age of 45 years; 255 were diagnosed for breast cancer, and 367 were healthy women. Peled et al. found that the breast cancer patients had significantly higher scores of depression compared to the controls and significantly lower scores of happiness and optimism. A significant difference was found when comparing the groups according to the increasing number of life events (two or more events). However, both groups were found to have increased scores of depression and anxiety.

Psychotherapy and Cancer Survivors

Nissim et al. (2012) informed that further psychosocial care is needed as the primary goal to palliative and supportive care, instead of empirical studies that evaluate how approaches to individual intervention can help cancer patients. Although some studies (Eldelman et al., 1999; Goodwin et al., 2001; Kissane, 2009) have reported that while group therapy for cancer patients received significant consideration in literature, other studies (Clark, Bostwick, & Rummans, 2003; Cuijpers, van Straten, Andersson, & van Oppen, 2008; Sherman et al., 2007) testified that individual psychotherapy was preferred by patients with an advanced disease because it is often a more practical treatment to deliver. Sessions could be designed flexibly to meet the individual needs while taking into account other clinic appointments and fluctuations in health status.

Furthermore, Minden and Moes (1990) reported that referring chronically ill patients and their families to psychiatrists, psychologists, social workers, marriage and family therapists, or psychiatric nurses could be helpful to patients with adjustment difficulties and marital and familial dysfunction.

Gao et al. (2010) looked at the effect of psychological distress on cancer from survivorship to end of life care, aiming to determine the prevalence of associated factors and clinical implications at three different stages in the cancer trajectory. There are three trajectories in the stages of cancer according to Murray, Kendall, Boyd, and Sheikh (2013). Trajectory one is the decline in physical health or short period of evident decline. The second trajectory is the long-term limitations with intermittent serious episodes that lead to conditions such as heart failure, hospitalization, and exacerbations which may result in death. The third trajectory is the prolonged dwindling, which is a progressive disability from an already low baseline of cognitive or physical functioning. The Murray et al. study illustrated and contrasted: (a) the prevalence of psychological distress from survivorship to end of life care (in cancer outpatients), (b) the factors that relate to psychological distress at these stages (in the three settings, that are similar to the three trajectory in cancer), and (c) the clinical value of psychological distress in specialist palliative care and cancer outpatient settings. Gao et al. (2010) found that the overall prevalence of psychological distress was 24.5% in cancer outpatients during or soon after treatment, 16.5% in the general community, and rose to 59.3% in specialist palliative care for cancer patients. Gao et al. reported that assessing for psychological distress while a patient is alive and especially during the end of life might identify unmet psychological needs and allow targeted psychological support.

A study conducted by Gao et al. (2010) explored the importance of understanding how psychological distress can alter during the cancer trajectory and how this affects targeting the right interventions and care for cancer patients. These researchers believed that their study was the first to demonstrate how to control heterogeneities in psychological measure and analytic methods across three different care settings, which included patients from survivorship to end of life. Gao et al. found that this area was not much researched because of the complexity in conducting longitudinal studies. Their study concluded that psychological distress was common among patients that were affected with cancer, although they reported a distinction of the variations of psychological distress that occurred based upon the cancer types, settings, illness stage, and patient selection (Solano, Gomes, & Higginson, 2006). The conclusions drawn from this study were that psychological distress was primarily common during diagnosis and treatment, decreased during remission, and increased as death approaches.

A study performed by Manne et al. (2010) explored therapy processes and outcomes of psychological interventions for women diagnosed with gynecological cancers, testing the generic process model of psychotherapy. Manne et al. sought to examine the three constructs from the generic model of psychotherapy (GMP): therapeutic alliance, therapeutic realizations, and therapeutic openness/involvement in the treatment and outcomes of women with communication skills intervention. Kazdin (2007) and Kazdin and Nock (2003) reported that the identification of active and inactive therapeutic understanding may improve treatment efficacy, enhance effective ingredients, and eliminate inactive and/or harmful ingredients of treatments. In fact, when interviewing individuals diagnosed with metastatic cancer who participated in either

cognitive-behavioral therapy or relaxation therapy, MacCormack et al. (2001) reported that those individuals expressed that they found it helpful to talk openly about their problems to a caring professional who was not a family member. Hence, in a study by Anderson, Watson, and Davidson (2008), results showed that perceptions of greater group cohesion (a therapeutic bond) facilitated the effects of a group intervention on psychological distress among patients diagnosed with early stage breast cancer.

Psychological Repercussions of Living with Cancer

Research has suggested that physicians no longer consider cancer deadly or as a threat to daily activities (Di Prospero et al., 2001; Lerman, Seay, Balshem, & Audrain, 1995). Cancer is viewed as a treatable illness with progressively better outcomes over the last few years. Samson and Siam (2007) reported that death rates because of major chronic illnesses have decreased from 794 for every 100,000 individuals in 1984, to 622 for each 100,000 individuals in 2001. Samson and Siam reported that physicians encouraged individuals living with chronic illnesses, including cancer, to learn to adapt rather than arrange to die. Thus, they found that the increasing number of individuals who have cancer or who have had cancer were confronting the psychological as well as social impacts of this disease, while attempting to live a relatively normal life.

Morrison (1997) addressed the question of how a therapist living with a life-threatening illness can conduct psychotherapy. Morrison described how, during 10 years of conducting psychotherapy, she dealt with breast cancer as a life-threatening illness while seeing patients. Because of the uncertainty of the illness itself and the advancement of her cancer, the study examined the ramifications of taking on new cases. Through the collection of vignettes she explained how, who, and when she decided to self-disclose to

her patients that she was battling cancer. However, she explained that the process of self-disclosing provided to her patients the freedom to either continue or terminate treatment with her.

A quantitative study by Polinsky (1994) conducted on breast cancer survivors revealed that length of time of remission did not necessarily reduce the woman's apprehension about cancer and its return. Moreover, Polinsky examined the physical, psychological, and functional status of 223 breast cancer survivors through the use of mailed-in questionnaires. He found that approximately 70% of the women stated that they were nervous about the recurrence of the disease, anxious about medical checkups, and possessed a negative body image, all negative results of having had breast cancer. Although these women had been cancer-free on an average of eight years, the results revealed the long-lasting physical and psychological effects of breast cancer and the fear of its recurrence.

Samson and Zerter (2003) conducted a different qualitative study that investigated the role spirituality played in the psychological adjustment of cancer survivors. In this study, four cancer survivors (with a minimum of five years of remission) recollected their experiences with cancer. Samson and Zerter discovered that cancer survivors normally defined themselves as being uncertain, vulnerable, helpless, and without control of their cancer experience. Nonetheless, after gaining a new meaning in life, the participants gained more control and placed more importance on their values and beliefs.

Lichter (2013) highlighted the wealth of research on chaplaincy services that have been conducted to show how spiritual care is interconnected to better health care. In this *Health Progress* issue, Lichter narrowed down previous studies that have been conducted

alongside with the Mayo Clinic Department of Chaplaincy Services productivity data, which highlighted the importance of creating a spiritual care department's staffing and services. Lichter demonstrated how chaplaincy was growing and improving. His results showed how patients' spiritual needs and whether or not their religious or spiritual needs were met affected their perception of their quality of care and their health outcomes. Results showed that many cancer patients who were visited by a chaplain or talked to a religious leader found reassurance in knowing that they made proper decisions toward their health outcomes, altered their perception toward their quality of care, and made healthier choices about how to take care of their health.

Similarly, a review article by Breitbart (2001) examined spirituality and meaning provided to advanced cancer patients using group psychotherapy interventions. The study agreed with the previous research review by Litcher (2013) and demonstrated the importance of spirituality in supportive care. Breitbart (2001) reported how integrating spirituality and issues of meaning and faith into the supportive care of cancer patients with advanced disease should be a vital part of their treatment.

The Role of Narratives in Cancer Patients

Carlick and Biley (2004) wrote a review on the therapeutic use of narrative in the promotion of coping in cancer care. The role that narratives play in helping cancer patients cope with their illness is well documented. In this study Carlick and Biley showed that narratives were effective in helping people objectify and distance themselves from their problems in order to gain understanding, establish meaning, develop greater self-knowledge, and decrease emotional distress. In particular, the researchers assessed how cancer patients used narratives to help them cope with the diagnosis of cancer.

Furthermore, they examined multiple research studies that confirmed a growing awareness of the role that narratives play in helping cancer patients cope with their illness, and recommended that nurses and health care providers incorporate the use of narratives in their practice. Other previous studies by Taylor (1983), Lazarus and Folkman (1984), and Janoff-Bulman (1992) also had proposed that coping could be achieved through identification and distancing oneself from problems in order to gain understanding, establish meaning, develop greater self-knowledge, and decrease emotional distress.

White and Epston (1990) proposed that writing success stories has the effect of distancing persons from their problems and allowed them to consult others as well as themselves if the problem came back in their lives. Writing a story about my experience with cancer became apparent while meeting with my therapist. While I continue to inform my therapist that I was frozen and unable to dance with cancer, he continued to invite me to perform and choreograph my dance with cancer. Thus, as I begin to write about my dancing to the *pasodoble*, a light Spanish music for dancing, with cancer, suddenly I realized that engaging cancer in a dance rather than distancing from it was the best approach to confronting the issues of being a Haitian therapist seeking therapy, being frozen and fearful and not knowing how to move forward, and becoming cognizant of how to proceed with my medical teams' directives.

In another study, Boje (1999) explained that different approaches of narrative therapy could be used in storytelling organizations. Storytelling organizations is a theory of organizations in which stories are the medium of interpretative exchange (Boje, 1995). Boje (1999) reported how narrative therapy reverses the claims and the story to be re-

storied and re-situated in preferred stories of being. Furthermore, Boje referenced Abels's (2001) basis of narrative therapy viewing the person as the person and the problem as the problem. In another word he treats the symptoms as the problems apart from the person as being the problem from the medical model.

In summary, research has continually stressed the need for psychological therapy and interventions for cancer patients. Among the most successful strategies are personal narratives and dance therapy. Thus, the current study was built on this research and drew on my background as a professional in psychology and dance and as a cancer survivor to deal with the complex issues facing my relationships with my health, family, and clients. Utilizing the methodology of autoethnography accentuated the benefits of utilizing psychotherapy to learn to communicate about cancer rather than to avoid communicating about cancer (Goldsmith, Miller, & Caughlin, 2008), which presents negative mental health consequences for patients.

CHAPTER III: METHODOLOGY

This study utilized the qualitative research method of autoethnography. Ellis and Bochner (2000) have defined autoethnography as “autobiographies that self-consciously explore the interplay of the introspective, personally engaged self with cultural descriptions mediated through language, history, and ethnographic explanation” (p. 742). This autoethnographic study emphasizes the characteristics of qualitative research. This study consists of the narrative of my journey dancing with cancer and my transformation from receiving individual therapy to cope with cancer.

Qualitative Research

A unique quality that lies beneath the intents and purposes of qualitative research is realizing that the study of naturally occurring behaviors is best understood when observed without the influence of external constraints or controls, and by considering the situational context in which behaviors occur (McMillan, 2004). Qualitative researchers study phenomena in their natural settings by attempting to make sense of the meaning that people ascribe to these events (Denzin & Lincoln, 1998b). Denzin and Lincoln (1998a), Ellis (2008), and Lincoln and Guba (1985) referred to the qualitative research method as a method to understand the meanings people assign to their life experiences. Ellis (2004) reported that this goal is accomplished through examining the social context and trying to understand “how we go about thinking, acting and making meaning in our lives” (p. 25). Qualitative research is inherently multi-method in focus and views the researcher as a *bricoleur*, or a maker of quilts (Denzin & Lincoln, 2005).

As a professional, I have been submerged in the world of psychology and dance. I did not have the insight of how to blend these worlds. However, the literature and

postmodernist theories provided diverse methods of communication to speak with my clients, family, and health providers. My evolution as a family therapist permitted me to see relationships not only as an important factor in psychological health, but as forming connected separation (Flemons, 1991) that transformed the individual self. The concept of postmodernism significantly influenced my alternative ways of thinking, how to process information, and how to approach life by recognizing the connection of mind, body, and spirit. It also helped me gain a better understanding about working with clients and relating to my family.

In an effort to piece together the defining moments of my life, I wrote a journal while I sought therapy to learn how to dance with cancer. Qualitative data are intertwined into an “intricate fabric composed of minute threads, many colors, different textures, and various focusing on the qualities of entities and on processes and meaning that are not intensity, or frequency” (Denzin & Lincoln, 2005, p. 10). This chapter explains the inductive reasoning processes that I used to interpret and structure meanings derived from this therapeutic journal. I analyzed this journal and implemented my reflections of my therapeutic sessions, reflections of my conversations with my cousin who struggled and lost the battle to ovarian cancer in September 2015, as well as conversations I have had with my family about their views of how they witness me facing cancer.

To create a successful study, a sound methodological approach is forefront for the design. Qualitative research is a well-established methodology according to Denzin and Lincoln (1998a, 1998b), and it has a long history of being utilized in numerous fields of study. As such, a great number of qualitative researchers are pulled to this form of analysis, given that they are “drawn to the flowing, evolving and dynamic nature of this

approach in contrast to the more rigid and structured format of quantitative methods” (Corbin & Strauss, 2008, p. 13). K. Gergen (2009) proposed that each one of us have “our own private and personal experience of the world” (p. 5). Qualitative research uses a variety of empirical data (such as personal experience, case study, interview, observation, personal narratives, introspection, history interaction, and visual texts) to explain routine and challenging moments and meanings in life (Denzin & Lincoln, 1998a, 1998b). Hence, autoethnography positions itself within this practice as an ethnographic inquiry that utilizes the autobiographic materials of the researcher as the primary data (Chang, 1992).

Researchers (Atkinson, Heath, & Chenail, 1991; Cavell & Snyder, 1991; Moon, Dillon, & Sprenkle, 1990) illustrated the advantages of qualitative research methods and as a result, many family therapy researchers (Deacon & Piercy, 2000; Faulkner, Klock, & Gale, 2002; Gehart, Ratliff, & Lyle, 2001; Hardy & Keller, 1991; Hawley, Bailey, & Pennick, 2000; Piercy & Fontes, 2001; Sprenkle & Piercy, 2005) demonstrated an increased interest in using this mode of inquiry. In fact, Sprenkle and Moon (1996) argued that “qualitative designs seem congruent with systems theory, afford creative ways to investigate the actual process of therapy, and legitimize the kind of discovery-oriented research that has helped to make marital-family therapy a vibrant field” (p. 5).

Perspective: Theoretical Position

Many studies have proposed that a researcher’s paradigm, or “set of beliefs,” guides every decision and choice made regarding the purpose and design of his or her inquiry (Creswell & Clark, 2007; Guba & Lincoln, 1989; Lincoln & Guba, 1985). Lincoln and Guba (1985) believed that these belief systems influence the researcher’s

worldview, which represents how they understand the world (p. 178). The three basic assumptions that shape a researcher's worldview are ontology, the nature of reality; epistemology, the nature of the relationship between the knower and what is known; and methodology, the nature of how we inquire about what is known.

While looking at these three basic assumptions in the framework of how we understand the world, three eras of inquiry emerge: prepositivist, positivist, and postpositivist. Lincoln and Guba (1985) demonstrated that each one of these periods epitomizes a set of beliefs, or “metaphysical principles” (p. 15) that were used to conduct study. They identified the prepositivist era of science as mostly stagnant, due to people taking a stance of being a “passive observer” (Lincoln & Guba, 1985, p. 18). However, in the positivist era, researchers attempted to discover “truth” by creating new scientific methods. These methods were developed from the overarching belief that an objective reality existed and guided our lives. During the postpositivist period, researchers started to perceive reality as socially constructed and subjective. From this conceptualization, additional recommendations arose about ways to conduct research. Thus, social constructionists contested words such as “truth,” “objectivity,” “reason,” and “knowledge” (K. Gergen, 2009). From this viewpoint, researchers “stress the social constructive nature of reality, the intimate relationship between researcher and what is studied, and the situational constraints that shape inquiry” (Guba & Lincoln, 1989, p. 8). People experience their own perception of the world in the postpositivist perspective, from their personal reality. This experience creates an immense number of realities, which produces multiple perspectives (Lincoln & Guba, 1985). Because we impart our ideas through language, Anderson and Goolishian (1988) ascertained that we co-create

meanings of our world that further expand our reality. They highlighted that therapy can be likened to a process of listening to clients who confirm the therapists' expectations and, in turn, the therapists confirm the clients'. Thus, language and relationships develop and directly impact how we learn about our world (Anderson & Goolishian, 1988; K. Gergen, 2009).

Research Underpinnings

The uniqueness of this study is that I am both a therapist and a client seeking psychotherapeutic help from a marriage and family therapist; also the research is about my experience of journeying with cancer and learning through psychotherapy how to cope with the illness and to move forward through dance. Counselling and psychotherapy researchers have recognized the importance of acknowledging and understanding their clients' lived experiences as well the meaning they ascribed to those experiences (Gallegos, 2005). The use of qualitative methodologies to investigate psychotherapeutic processes has been getting increasing support. McLeod (2001) believed that the primary aim of qualitative research is to develop an understanding of individuals' experiences and meanings. This focus of qualitative research is remarkably appropriate to the current study as my experiences of being a cancer patient also a therapist that sought therapy to cope with cancer is in itself unique and remains relatively unknown in the literature, and my experience may provide a plethora of information for both therapists and cancer patients. Methodologically, this study is an autoethnography focusing on the experience of this researcher's journey with cancer through her choice of using psychotherapy to dance with cancer.

The Self of the Researcher

According to Merton (1988), the researcher is characterized as “the ultimate participant in a dual participant-observer role” (p. 18). Ellis and Bochner (2000) believe that it is necessary to provide a brief explanation of the researcher’s life as it relates to the research so that the reader may fully appreciate the context with which the researcher presents the data. The examination of self as a methodology has been criticized by some as self-indulgent (Coffey 1999; Denzin & Lincoln 1994). However, during my proposal defense it became clear from my chair and the committee members that there is also a dualism in this research for me to uniquely present my narrative and report what it is like to be a cancer patient receiving therapy and also to demonstrate how I have been changed as a therapist who has received therapy, and how that changed my ability to provide therapy to my clients. Needless to say that, until the proposal defense, I had not thought of introducing myself as the researcher, nor did I see this study solely about my experience through the journey of cancer. Frank (1995) suggested that those who are ill “need to become storytellers in order to recover the voices that illness and its treatment often take away” (p. xii). While I am writing an autoethnographic research study that is about me, I, on the other hand, would like to be incognito.

Autoethnography, according to Ellis (1999), is a reflexive writing genre that provides an avenue to learn through exposure and vulnerability. Autoethnography can be seen as pushing the boundaries of traditional academic research (Sparkes, 2000). Nonetheless, as Ellis (1999) clarifies, this genre breaks through academic discourse, which fundamentally camouflages the author. The goal at this point is to address pivotal parts of the journal narrative to highlight the process of being a Haitian therapist in

therapy while dealing with an illness. Jackson (1989) describes the research process as personified in the researcher's journey, that our "understanding of others can only proceed from within our own experiences, and this experience involves our personalities and histories as much as our field of research" (p. 17). Other authors expand this idea by agreeing that the traditional objectivist perspective is to look backwards (Ellis 1999), but they regard the writing process as inseparable from the process of inquiry (Ellis & Bochner, 2000; Richardson, 2000; Van Manen, 2002).

Throughout my graduate and my doctoral studies in Marriage and Family Therapy, I developed an interest in narrative therapy. There is something that happens for me as a therapist to listen to my clients' stories in session, which lead me to assist them to find and to develop a personal narrative voice to approach the issues that brought them into therapy. Because I have been working in the field for over ten years, I have seen that when I am positive as a therapist and maintained a neutral stance (Pirrotta & Cecchin, 1988), I have gained better therapeutic alliance with my clients, which leads to better joining to further unpack the issue that brings them to therapy. Based on my systemic training, when I begin a session with, "Tell me what brings you here?" it is also an opening to hear a story that perhaps my client has never before told anyone. As such, their stories can be authored, constructed, and co-constructed. But, for some clients, problems seem overwhelming and leave them powerless to change their problems or even see the way out. This is how my interest grew into focusing on clients' narratives, and I use narrative therapy to focus on how clients witness their ability to impact their problems. They can learn to alter a sad story to a happy story by looking at the problem

as the problem and to tackle it one beat at a time. It is all in shifting perspectives.

However this is how my story begins in writing my journal.

With that interest I developed a tactic to speak metaphorically in session to connect my clients to their stories. There were times when I did not know how to connect to my clients or how to approach their stories. As such, I would make it my goal to detach from my clients' stories so that during session I could delve into the new narrative they educated me about. My therapeutic biases and prejudices were always left at the door, but I checked them in every now and then by respectfully asking my clients to transport me to what it was I did not understand, and as a result, to gain the wisdom and the knowledge I needed to understand the context of their narratives. The first year I went in the therapeutic room, my supervisor at Nova Southeastern University told me that nothing in the room is about me; it is all about the clients and to pay attention to the process of their stories rather than the content; thus I have followed that instruction with everyone who sits before me in the clinic and in the workplace. So clinically, even as a therapist I have trained myself to stay silent from talking about myself in the room.

Focusing on my clients' stories and guiding them to restore their narratives have been my passion. Since I used to be a dancer and a choreographer, inviting people to create and to perform has been my passion, which I learned in my doctorate study to merge with my interest in psychology and Marriage and Family Therapy. During my graduate training in Marriage Family Therapy, as well as with my work as a clinical director, I would focus on the narrative voice of my clients. The beauty of having a background in dance as a choreographer is that I have the ability to be empathetic, reflective, and sensitive and all these elements assist me in being a therapist who has the

fluency to help people move with words (dance) or to develop the strength to act in order for change to take place in their lives. However, I paid little attention to my own narrative and my own dance while the music, which is illness, was occurring and I chose to do nothing until I decided to attend therapy. My story was not going to be the dance that I performed; I thought that I would be choreographing the dance that others in my study would be performing. But I am choreographing and dancing my own dance with cancer in this study.

The Physical Reality

I have always believed that whatever it is that I do must be meaningful and it has to make a difference whether it is in my life or that of another, but the core of my being since I learned about Bateson, is that it is the difference that makes a difference (Bateson, 1972). Thus I proceed in seeking to recognize how obtaining a PhD will assist me to make a difference and how my thesis will make a difference in my life, in my field, in the lives of those around me, and in the lives of other.

Cancer has taken its toll on both sides of my family, where cousins and aunts were dying just a year after being diagnosed. It seems like we were always having a family reunion attending funerals. After the death of my aunt who was as dear to me as a mother, I struggled in following up with any medical appointments. Life for me was at a standstill. How many people in my family would die from cancer? I became angry and I definitely told God that I wanted to see something different from Him for my family. It is as if we were becoming extinct. Normally, in my culture we do not talk about what is hurting. We talk around the subject but rarely will we address the subject. The subject becomes the taboo of the big elephant in the room that is almost causing everyone to feel

asphyxiated, but no one would dare touch the subject of death or cancer. Being the only one in my family with a background in psychology and Marriage and Family Therapy, I raised the issue of cancer and death, which posed a threat to me and all those in my generation. Through my quest and interview with my family I realized that very little attention was given to the one who was experiencing cancer while alive because the focus for at least in my Haitian family was to continue mourning those who had already died from cancer. Researchers addressed those individuals and group psychotherapies are beneficial to those living with cancer; however, little has been written about the fact that not many cancer patients talk about their experiences of living with cancer. From a therapeutic standpoint, not much has been researched about the fact that not many therapists know how to work with patients who are living with cancer. While attending therapy and seeing the transformation in both myself and my therapist, I wanted to write about my own experience with cancer, the Haitian culture, and how seeking therapy gave insights into struggles with the illness.

I had never discussed my feelings about the numerous lumpectomies to remove tumors out of my breast with any member of my family or friends, and definitely not with my clients. As Goldstein (1997) reported in an article, therapists are not exempt from experiencing acute, chronic, and even terminal illnesses, divorce, remarriage, adopting a child, mourning the death of a parent or significant other, or major accomplishments.

I entered this area of research as a Haitian working therapist/ cancer patient who was lost, but greatly encouraged by two good friends to seek counsel with a therapist; they continually told me, "Every doctor needs a doctor." My question to my friends was, "Do you guys think that I have a problem?" To me, going to therapy implied that I had a

problem. I was dealing with cancer, not a problem! After almost three months of resisting, I contacted a therapist through his wife. Contacting my therapist was my way to dance through the process without voicing a word. I became disinterested for it took this therapist exactly a month to call me for an initial visit. While the stigma that one has to be crazy to seek therapy still pursued me, I defeated it by taking the action to drive almost an hour and one half from home attend the many sessions which I had and am still having on and off.

This topic to dance with cancer came about during my fifth session, when I told my therapist about my experiences as a dancer. My therapist suggested that I should write about dancing with cancer since I was resisting having some procedures that I was recommended to do. Whether this dance would be mine or that of others, I did not know; however, I continued with the journey by choosing to do something distinctive such as dancing with cancer psychotherapeutically.

Since I am trained as a systemic therapist, I struggled to understand the word psychotherapy until I stumbled on its meaning by Strupp (1978), who described psychotherapy as “an interpersonal process designed to bring about modifications of feelings, cognitions, attitudes and behavior which have proved troublesome to the person seeking help from a trained professional” (p. 3). Hence the word psychotherapy is used interchangeably with therapy in this study. The issues of a Haitian therapist who is raised to keep things private because “les linges salent se lavent en famille/ dirty laundry are washed in the family” became the barriers I had to remove from my life by asking my first research question and seeking therapeutic help in the form of individual therapy.

Data Collection

As the researcher of this study I am the primary apparatus for the data collection and analysis. All data are mediated through the researcher instead of an inanimate inventory, questionnaire, or data analysis program (Merriam, 1998). Since my therapeutic journal had already been written and reflected upon, going through the analysis process was painful, but I remained conscientious of my existing preconceptions, understandings, and beliefs, and how these issues relate with and merge with the research process (Marusiak, 2012).

I wrote about my own experiences in a journal that was meant to be read only by my therapist, but going through the analysis process for this study left me feeling vulnerable and scared once again. As Ellis and Bochner (2000) mentioned, “The vulnerability of revealing yourself, not being able to take back what you’ve written or having any control over how readers interpret what you’ve written. It’s hard not to feel your life is being critiqued” (p. 738). Therefore, I looked at the journal with two perspectives. First, when I felt overwhelmed by what I read, I approached the analysis as though I were a therapist reading my own client’s story. My second approach was to acknowledge the authenticity of the narrative and to proceed with the analysis by documenting how the past impacted my transformation through a dance. I had to be cognizant that it was how I felt while I sought therapy and how through that painful time, I discovered a new me. I found that dealing with personal struggle and crisis in individual therapy as a wonderful opportunity in disguise. Looking at the journal brought significant clinical implications because I was able to see how I recorded my ability to handle challenging events in my life, such as seeking therapy and learning how to cope

with cancer. Also, I was able to read the outcome of how my relationship had changed with myself and other people. My biggest fear in reading over this journal was how my family would view me having been this vulnerable and open to share my experience with cancer with a therapist instead of them.

Issues of the researcher's credibility and trust become methodological concerns as they play a crucial part in the richness of the information that was written in the journal. Since I am both the subject and the researcher, I constantly evaluated my emotions and my thoughts to make sure that I was writing this study scholastically and not emotionally. When all my research committee agreed that this study is about me and not about my interviewing others, I began to ponder about my capability of using an autoethnographic approach and to use my own experience of the pain, struggles, sorrows, and the dance. It was not until the proposal defense that it made sense to me that I could use my journal as data since I had already written about my cancer journey. Honestly, the anticipation of going back to look at this journal became dreadful. It took me six weeks after proposal to actually sit down in the Summit Library in West Palm Beach, Florida, to finally read through the journal without closing it as I had done numerous times before. While dealing with the biases and the external thoughts of pondering about what my colleagues and my committee members now think about my process, part of me also was asking how would I manage and present the data in a way that was both valid and authentic.

When I wrote the journal in therapy, I had no inclination of ever reading it again. I wrote the journal in the way that I wanted to be heard, and in a way that I could have a voice; thus it is raw, vivid, authentic, sensitive, and direct. It was written for an audience who would not shame me or look at me as though I was "*crazy*," as someone in my

culture might have. I still pray daily and ask God for the grace to assist me in analyzing it as data for my research because of its authenticity and uniqueness. As I analyzed the data and read the journal, I dealt with different emotions, such as “I can’t believe that I felt that way! What made me think and react in such a way?”

In the journal, I came to a part where I found myself feeling unable to continue with the analysis. Hence, I promised myself that I will not ignore what I feel whenever I felt challenged to go forward with the analysis. As such, I inquired whether or not I would stop dancing if the music stopped. I continued to dance and improvise as though it was meant to happen that way and continued with the performance when the music was turned back on. In the moments of feeling frozen I came to learn that “digging my heels in,” as my therapist often said, did not allow me to get the results that I needed. I came to learn that doing more of the same would not give me a different result. I was compelled to take active steps to accomplish what it was I wanted instead of what I did not want. As a therapist I was learning that as a patient and a client in therapy, the goal was not to complete therapy and go on my merry way and fire the therapist. Actually, the goal was to identify times I needed to address this issue or that issue. Processing it meant that I needed to consult with my therapist, just as I would consult with my doctor if I have a symptom I did not understand and needed to address. Looking at my journal I see myself as the Haitian marriage and family therapist/ researcher who had been transformed through the process of dancing with cancer during my psychotherapeutic journey.

As a researcher, every decision I made writing this dissertation intrinsically revealed my social constructionist and postpositivist perspective. Utilizing my narrative from my therapeutic journal as my only collective data, I reflected upon my

conversations with my therapist, my family, my friends, and all others that have been in this journey with me while I continued to dance to move forward with life.

Evolution of the Autoethnographic Era

Autoethnography is an ethnographic inquiry that utilizes the autobiographic materials of the researcher as the primary data (Chang, 2008). Autoethnography has evolved from the social science research method of ethnography, and it is an autobiographical type of writing and research that reveals the multiple layers of consciousness (Ellis, 2004, p. 37). While that definition rests too far toward the autobiographical rather than the ethnographic end, their observation of “connecting the personal to the cultural” (Ellis & Bochner, 2000, p. 739) accurately points to the important mission of autoethnography.

The term “autoethnography” was first introduced by anthropologist Heider (1975). In his study of the Dani people of New Guinea, he called their cultural accounts of themselves the Dani’s autoethnography. The term also was presented analogously when Butz and Besio (2004) conferred the Dani people as colonized people’s self-understanding. Ellis and Bochner (2000) reported that the term autoethnography has been around for at least two decades. According to Bochner and Ellis (2004), Hayano (1979) has been identified as the originator of the term because he applied this method to his “own culture” (Reed-Danahay, 1997, p. 38) of professional poker players. Similarly, Wolcott (2004) stated that his “own people” were card players who spent “leisure hours playing cards in Southern California’s legitimate card rooms” (p. 98).

An autoethnography is not an autobiography, even though they are analogous in that both attempt to provide a key to a private event. The difference is that while an

autobiography gives a great deal of attention to childhood in an effort to answer the question, “How did I get to be who I am” (Weil, 2001, p. 25), in autoethnographic research, the subject can go back in time, then forward, then backwards to understand the experience (Clandin & Connelly, 2000).

The queries conceived by some as to what autoethnography is fail to recognize the influence of such texts in everyday life. Autoethnographies provide data that is thick and rich with information about people who are willing to share their experiences with others in the forms of personal stories, poetry, and music (Jones, 1997). In fact, Geertz (1983) referred to autoethnography as a blurred genre with traceable roots to the writing practices of anthropology, sociology, psychology, and journalism.

The rationale for using autoethnography as a qualitative research method is that it gave me, as the author/researcher, the opportunity to make myself the central focus of my research along with other participants if I chose (Ellis & Bochner, 2000). Goodall (2000) called autoethnography the “new ethnography” (p. 9), involving “creative narratives shaped out of the writer’s personal experience within a culture and addressed to academic and public audiences” (p. 9). In fact, Goodall (2003) believed that “if we are willing to study others, we ought to be equally willing to place ourselves, our lives, our families, under the same critical scrutiny” (p. 110). For this study, I incorporated the data analysis elements of my autoethnographic account as an individual facing life-threatening illnesses, including the process of making the choice to seek therapy and engaging in the therapeutic development. My purpose in telling my story is not to portray the facts of what happened, but to communicate the implications I attached to my experience.

Ellis (2004) has stated:

The stories we write put us into conversation with ourselves as well as our readers. In conversation with ourselves, we expose our vulnerabilities, our conflicts, choices, and values...In conversation with our readers, we use storytelling as a method for inviting them to put themselves in our place...Evocative stories activate subjectivity and compel emotional response. They long to be used rather than analyzed; to be told and retold rather than theorized and settled; to offer lessons for further conversation rather than undebatable conclusions; and to substitute the companionship of intimate detail for the loneliness of abstracted fact. (p. 748)

For Reed-Danahay (1997), autoethnography could include at least three varieties:

(a) “native anthropology” produced by native anthropologists from the people group who were formerly studied by outsiders, (b) “ethnic autobiography” written by members of ethnic minority groups, and (c) “autobiographical ethnography” in which anthropologists interject personal experience into ethnographic writing (p. 2). My study, however, fell under two varieties; ethnic autobiography and autobiographical ethnography.

Throughout the process of writing this study I constantly asked the question that Patton (2002a) called the “foundational question” (p. 84), which he claimed autoethnography poses, “How does my own experience of this culture connect with and offer insights about this culture, situation, event, and/or way of life?” (p. 84).

Autoethnography has been criticized for incorporating the researchers’ perspectives in a study’s concentration and results (Holt, 2003); it is understood that autoethnography provides a great level of freedom and understanding. This methodology can very well be demanding. As a researcher who is from a culture that does not believe

in opening up or discussing health issues or divulging information with anyone, I definitely found this form or method of inquiry challenging for the study.

Autoethnography, as a qualitative research method, permits that the personal inform the professional and enables the researcher to draw upon his or her experiences to help illuminate and gain a deeper understanding of various aspects of the social world under study (Denzin & Lincoln, 2005; Ellis, 2004; Holstein & Gubrium, 2007; Sprenkle & Piercy, 2005; Wolcott, 2008a, 2008b).

Autoethnography, similar to a “still emergent approach” (Patton, 2002a, p. 84) to qualitative research, is the writing of an “insider” anthropologist, where the researcher has prior knowledge of the people, culture, and language under study and identifies with the participants (Hayano, 1979). Thus the practice of autoethnography as a social constructionist approach becomes the “space in which an individual’s passion can bridge individual and collective experience to enable richness or representation, complexity of understanding, and inspiration for activism” (Ellingson & Ellis, 2008, p. 448). Denzin and Lincoln (1994) affirmed that finding some stories and experiences as significant and other as insignificant was how qualitative researchers incorporated their own voices and values in the research. Similarly, Wolcott (1994) underlined that “in the very act of constructing data out of experience, the researcher singles out some things as worthy of note and relegates others to the background” (p. 13). Thus, I selected autoethnography as the methodology for this study because it allowed me to analyze my journey and transformation personally, through my own experiences as written in my journal.

Self-Transformation

To complete this study, I had to analyze what I was thinking (Descartes, Cottingham, Stoothoff, & Murdock, 1991) and become aware of my thoughts. Similar to Wall (2006), I needed structure, and I believed that rigor was possible and necessary in qualitative research. Researchers have engaged in structural analysis when they analyzed diverse structures of their stories. Similarly, the analysis for this study concentrated on how the stories were told in relation to the types of storylines, the order of events, or the overall message of the story (Ellis, 2004). Although it was a great challenge to use myself as a subject (Wall, 2006), I hoped to learn throughout the process of writing that how I could use myself and my voice to bring validity in the study.

Autoethnographies have been applied in scholarly writings. Eckmann's (2003) doctoral dissertation about surviving breast cancer, "You Are with Someone Who is a Fighter: Constructing a Model of Personal Transformation that Can Occur in Surviving Breast Cancer," used autoethnography to tell her story as a breast cancer survivor along with seven other women who lived through this life-threatening illness. Her study emphasized the power of positive transformation while confronting breast cancer.

Nash (2004) believed that "scholarly personal narratives" (p. 28) released researchers from abstract, depersonalized writings and could "touch readers' lives by informing their experiences" (p. 28). Furthermore, M. Gergen and Gergen (2002) powerfully affirmed that, "In using oneself as an ethnographic exemplar, the researcher is freed from the traditional conventions of writing. One's unique voicing—complete with colloquialisms, reverberations from multiple relationships, and emotional

expressiveness—is honored” (p. 14). In this study I used myself as an ethnographic exemplar with the hope that readers would respond to my unique voice (Chang, 2008).

Previous studies have found that writing one’s own autoethnography can evoke self-reflection and self-examination as well as reading that of others (Florio-Ruane, 2001; Nieto 2003). Self-reflection and self-examination are believed to be the secrets to self-understanding. As such, writing, sharing, and reading autoethnography could also transform researchers and readers (listeners) in the process (Chang, 2008). As I wrote my therapeutic journal, I began to research my study by reading diverse accounts. The process of reflecting on therapy permitted me to examine myself to see the person I was transforming into, the person I was becoming both as a therapist and a client in therapy. Another type of self-transformation could accompany healing from the emotional scars of the past, which was illuminated by Foster, McAllister, and O’Brien (2005). Coia and Taylors’s (2006) experimentation with “co/autoethnography” illustrated the benefit of transformation of self and others as a powerful by-product of this line of research inquiry. Chang (2008) beautifully stated the correlation that self-reflection invokes understanding cultural fallacies:

When manifested in increased self-reflection, adoption of the culturally relevant pedagogy, desire to learn about “others of difference,” development of an inclusive community, or self-healing, the self-transformative potential of autoethnography is universally beneficial to those who work with people from diverse cultural backgrounds. Through the increased awareness of self and others, they will be able to help themselves and each other correct cultural

misunderstandings, develop cross-cultural sensitivity, and respond to the needs of cultural others effectively. (p. 14)

Therefore, the stigma that causes Haitians to reject mental health and to view therapy as indicative of one's being "crazy" became easier to understand, which helped me to formulate education about how transformative therapy could be used as a whole for families and individual facing life-threatening illnesses.

Autoethnography allows the personal to inform the professional and enables the researcher to draw upon his or her own experiences to help illuminate and gain a deeper understanding of various aspects of the social world under study (Denzin & Lincoln, 2005; Ellis, 2004; Holstein & Gubrium, 2007; Sprenkle & Piercy, 2005; Wolcott, 2008a, 2008b). This genre of inquiry, which is supported by Denzin (2006), concentrates on the subjective emotional experiences of the autoethnographer; the stories and self-narratives are intimate, revealing the vulnerability and humanity of the researcher (Ellis & Bochner, 2006).

While ethnography first emerged as a method designed to study and understand the other (Patton, 2002a), and by its simplest definition is the practice of attempting to discover the culture of others. Autoethnography, however, is the practice of "writing about the personal and its relationship to culture" (Luginbill, 2014). Because transformation occurs when one is researching, Anderson (2006) has encouraged autoethnographers to discuss openly the changes in their beliefs and relationships over the course of fieldwork. As a result, they clearly reveal themselves as people struggling with issues relevant to the study, and that they can associate and participate in adjustable

rather than static social worlds. Ellis (2004) remarked that “good autoethnographic writing is truthful, vulnerable, evocative, and therapeutic” (p. 135).

Denzin and Lincoln (1994) affirmed that finding some stories and experiences as significant and other as insignificant was how qualitative researchers incorporated their own voices and values in the research. Hence, Wolcott (1994) underlined that “in the very act of constructing data out of experience, the researcher singles out some things as worthy of note and relegates others to the background” (p. 13). This author agrees to this approach because looking back at the data, helped me to understand the experience I went through in my journey. I selected the stories that I want to remain in the foreground to present as data to others who could benefit from them.

Data Gathering

Data for this study incorporated my autoethnographic narrative that I reflectively wrote (Ellis, 1999) while attending therapy in the form of a journal. I am the subject under study for this study is about me. I reflected on the conversations I had with my therapist, my family, my friends, and myself from my therapeutic journal. Further data incorporated reflected conversations I had with my cousin Philo about seeking therapy as a Haitian while living with cancer. Philo died from ovarian cancer in September 27, 2015, and she wanted to be an integral part of my dissertation. My data is my journal, which also includes the poems I wrote upon being diagnosed.

Autoethnographic Writing

This autoethnography study was written employing what Tillmann-Healy (1996) called an “emotional first person stance” (p. 80). As I gathered my thoughts in an authentic, open manner according to Wall (2008), I also attempted to reflect on the

“concrete details of a life and the moment-to-moment” process I underwent when choosing to seek therapy to break the barriers of stigma Haitians associated with mental health services (Ellis, 1999, p. 670). Thus, throughout the process of writing this dissertation, I observed my own behavior and documented my thoughts while living them (Chang, 2008). Rodriguez and Ryave (2001) claimed that self-observation as a data collection technique was useful because it gave access to “covert, elusive, and/or personal experiences like cognitive processes, emotions, motives, concealed actions, omitted actions, and socially restricted activities” (p. 3) and brought to the surface what was “taken-for-granted, habituated, and/or unconscious matter that ...are unavailable for recall” (p. 4). Self-observation may be used in the form of self-introspection when autoethnographers are alone or in the form of “interactive introspection” while the researchers interact with others. Therefore, I used what Ellis (1991) called interactive introspection, which explains how the researchers and others can interview each other “as equals who try to help one another relive and describe their recollection of emotional experiences” (p. 7). Although the technique of “systematic self-observation” was originally advised for studies that apply to numerous participants who are instructed to conduct their own self-observation, Chang (2008) also believed that this technique could be applied to autoethnography, which focuses on one informant.

Data Analysis

Merriam (1998) believed that in qualitative studies, data collection and data analysis are not mutually exclusive processes. Dey (1993) noted that the “core of qualitative analysis lies in [the] related processes of describing phenomena, classifying it, and seeing how our concepts interconnect” (p. 30). While little research has addressed

the experiences of a cancer patient who is dancing with cancer through the utilization of psychotherapy, previous research and theoretical works with Aktas and Ogce (2005) demonstrated that dance helps one to move creatively and encourages self-expression and opens up new ways of thinking. A qualitative researcher begins his or her study with interview questions that are sensible to its informants. Shamoo and Resnik (2003) argued that various analytic procedures “provide a way of drawing inductive inferences from data and distinguishing the signal (the phenomena of interest) from the noise (statistical fluctuations) present in the data.” Rossman and Rallis (2012) asserted that this particular phase of data analysis could be one of the most difficult, ambiguous, complex, and creative sections of a qualitative study.

Creswell (2007) suggested that there are numerous ways of analyzing data just as there are numerous methods of gathering data in qualitative research. However, these procedures for this study incorporated techniques that organized and compared vital information regarding phenomena that allowed the researcher to develop theories, compare cases, identify emergent themes, or present narratives (Corbin & Strauss, 2008; Dey, 1993; Guba & Lincoln, 1989). Looking for themes and patterns required a thoughtful analysis and a heightened awareness of the data. In addition, the researcher needs to remain open to subtle, tacit nuances of a social life (Rossman & Rallis, 2012).

In 2004, Ellis argued that there were three methods of analyzing autoethnographic data: narrative analysis, thematic analysis of narrative, and structural analysis. Narrative analysis “assumes that a good story itself is theoretical” (Ellis, 2004, p. 195). Ellis (2004) concurred that “stories themselves are analytic” (p. 196). To present my therapeutic story as data for this study, I employed a combination of two analytical techniques including

narrative analysis and social constructionism. Ellis (2004) termed mixing various types of analyses as a “sandwich—a story with academic literature and theory on both sides” (p. 198). Narrative analysis, according to Jackson, Drummond, and Camara (2007), is a broad term that is used to describe to a variety of procedures for interpreting stories generated in research. As soon as I began to read my therapeutic journal, I began to code themes that I saw generated throughout my reflections in the narrative I wrote from the conversations I withheld with my family, friends, colleagues, and my therapist. Similar to Wall (2008), I pursued to “converse with the literature rather than just interject my perspectives into identified gaps in the literatures” (p. 40). As such, I also employed what Sandelowski (1991) called “emplotments” (p. 164) as I tried to design specific sequences on how I interpret the construction of my sense of self through the journal narrative. The idea of writing and presenting my dance with cancer as illness narratives was to do what Frank (2001) inferred as reflective both in form and content. The rationale for using narrative analysis and social constructionism in my autoethnographic inquiry was to demonstrate that although my story is unique, I am deeply interconnected with others (K. Gergen, 1991), and to present what is thematic about my narrative story, as well as to be able to produce novel ideas and questions (Ellis, 2004). The purpose of this autoethnographic inquiry is not to make any claims through interpretations and analyses, but to simply invite readers to share in my lived experience (Ellis & Bochner, 2000).

Narrative Analysis

Josselson and Liebeck (1995) argued that stories analyzed are the lived experience that are often chronicled in life histories, interviews, journals, diaries, autobiographies, memoirs, or biographies. Ellis (2004) believed that narrative analysis

“assumes that a good story itself is theoretical” (p. 195). Reissman (1993) claimed that a researcher conducting narrative analysis will examine how a story is developed, organized, begins, and ends, as well as its goals or aims. Ellis (2004) also concurred that analysis is concentrated on how stories are told in relation to the types of storylines, the order of events, or the overall message of the story. Presenting my story as the researcher permitted me to demonstrate how I construed my world by the manner in which I decided to choose and categorize my therapeutic journal narrative. Narrative analysis includes structural and functional forms of analyses (Jackson et al., 2007). Narrative is not simply storytelling; it is also a methodology where the researcher systematically looks for themes or other details in the data, which makes it incomparable to journalism or creative writing (Overcash, 2003). Hence the researcher uses his or her story as data to arrive at themes by utilizing thematic analysis.

Thematic Analysis

Since I will be conducting a narrative analysis of my journal which is my sole data, I will be employing thematic analysis to derive at the themes in my journal. Braun and Clarke (2006) defined thematic analysis as a method of identifying, analyzing, and reporting patterns (themes) within data; further they reported that thematic analysis marginally categorizes and defines your data set in (rich) detail. However, it also often goes further than this, and interprets various aspects of the research topic (Boyatzis, 1998). A theme synthesizes something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set (Braun & Clarke, 2006). They also ask an important question to address in terms of coding is what counts as a pattern/theme: What “size” does a theme need to be? So the

researcher's judgment is necessary to determine what a theme is. It is important to hold some flexibility because unyielding rules really do not work (Braun & Clarke, 2006). Thematic analysis was appealing for this study since having the flexibility with the themes aided in the aspect of capturing the essence of relating to the overall research question (Braun & Clarke, 2006) by being sensitive to how I could code my vulnerable story.

Boyatzis (1998) presented thematic analysis as a process of “encoding qualitative information” (p. vii) in which he explained that the researcher creates “code” words or phrases that operate as labels for sections of data. Researchers often use the story as data in thematic analysis to generate themes by shifting their perceptions from one story to a more theoretical analysis. Because thematic analysis is not bound to any particular epistemology or discipline, researchers often engage in thematic analysis to connect to their data and acquire a deeper comprehension of the content. Ellis (2004) believed that researchers using this approach “work inductively and present their findings in the form of traditional categories and theory” (p. 196). I used thematic analysis to identify the most interesting and representative patterns (Grbich, 2007) across my journal narrative. Thematic analysis seeks to find the most common and salient themes within the data, which are able to represent the whole dataset in the form of a thematic map of some phenomenon or process (Braun & Clarke, 2006).

Thematic analysis identifies common ideas and phrases that individuals articulate in their narratives and that can reveal some degree of meaning assigned to a specific thought or occurrence (Overcash, 2003). The themes of Role of Dance in My Life; Role of Therapy in the Journey; Therapeutic Interventions; Cancer Moved into my Family, and

Therapeutic Goals Accomplished, I selected for this study were determined from the three goals I drew from looking at the nature of the data, some features of my conversations with friends and members in my family that I reflected upon (which were translated from Creole/French to English), and the goals I felt that I accomplished in therapy.

Social Constructionism

For autoethnographic learning, Maydell (2010) believed that social constructionism can be used as a means to understand the nature of the knowledge production and therefore can provide a researcher with a philosophical framework in the process of making sense of the research enterprise. Maydell proceeded to define social constructionism as a theoretical approach that can function as a chart that represents a complex picture of the interplay between self and others. Constructionism is the view that all knowledge is constructed through the interactions of human beings as they engage in their social context (Crotty, 2003). As such, other researchers (Bruner, 1986a, 1986b; Chomsky, 1966) explained that humans are interpretative beings who actively create their realities and give meaning to events and experiences. Throughout the process of categorizing and selecting the themes in this study I was able to implement the meaning that I drew from my experience and report my understanding of what it was I learned as an individual receiving individual therapy. Cromby and Nightingale (1999) purported that social constructionism emphasizes the significance of others' involvement in the construction of the sense of self, as the data are considered to be co-created by both the researcher and the researcher participant. As the researcher and participant of this study, I was able to demonstrate my ability to own individuality and find my voice by bridging

in the voice of others that I reflected upon from conversations with my family and friends in Chapter IV.

For this study, the researcher, who is Haitian and also a therapist in the field of Marriage and Family Therapy, explained how the meanings for her narrative were not constructed in a void (Marusiak, 2012), but as K. Gergen (1985) simply put it, they are constructed against a backdrop of larger cultural, familial, historical, and social influences. There are multiple realities and distinctive meanings that can be attributed to seemingly anyone with similar experiences as mine from varying biographies, cultural backgrounds and unique life experiences (Marusiak, 2012).

In terms of this study, a constructionist perspective was used to view the multiple other perspectives I used during the therapeutic process. For example, I viewed how I handled my therapist's behaviors toward me and what role psychotherapy and my therapist played in my journey. Because meaning can only be understood within a social context (D'Andrea, 2000), my attempt was to demonstrate how I generated meaning from the diverse themes I addressed within my journal narratives for the study, including how receiving therapy has changed me and how I am changed in the process to provide therapy to my clients.

Starting the analysis process implied that I had to become inquisitive about my own journal narrative, specifically the questions for this study: 1). How did I confront my cultural barriers to accept help in the form of individual therapy? 2). How did individual therapy transform my relationship with myself and aid me in dancing with cancer by undertaking it one beat at a time? 3). What effects did individual therapy have on my choice to dance with cancer by seeking therapy? The set of goals I want to address are

what role dance plays in my life; what role psychotherapy plays in my therapeutic journal to explain the role the therapist played in the process; what it means to receive therapy and to provide it; and how the choice to seek treatment not only medically but psychotherapeutically in the form of individual therapy later aided me to undergo a transformative process by choreographing a dance with cancer

The main concept of analyzing data was to remain cognizant of new data that surfaced during the process of analyzing the data. Therefore, the ability to make sense of my world played an eminent part and was considered during the entire process of this study because my beliefs, culture, and experiences essentially guided and affected the focus of the study and the research design, as well as data collection and analysis.

Trustworthiness

Trustworthiness refers to preserving the integrity of the research findings (Lincoln & Guba, 1985). Presenting trustworthy research findings reinforces qualitative research studies. Thus, the trustworthiness of the researcher adds to the trustworthiness of the overall study. And as Merriam (2002) believed, for the findings of this research to be trusted, this study must demonstrate that it was performed in a systematically thorough and methodical manner. Guba's (1981) model described four general criteria for evaluation of research: credibility, transferability, dependability, and confirmability. When conducting a qualitative study, trustworthiness can be evaluated by two unified philosophies: (a) the researcher must guarantee that the study conforms to standards of acceptable and competent practice, and (b) the study has been conducted ethically with sensitivity towards the local culture (Rossman & Rallis, 2012). Acting in such a manner

allows the researcher to reduce any chance for the investigation or account to be biased, deceitful, or inadequate.

Credibility

Lincoln and Guba (1985) defined credibility as the extent to which the data collection, data analysis, and conclusions are believable and trustworthy. Thus, they further confirmed that credibility entails displaying assurance in the “truth” of the findings to the readers. To ensure credibility, there are five basic principles (i.e., prolonged engagement, persistent observation, triangulation, peer debriefing, negative case analysis) a researcher can follow according to Lincoln and Guba (1985). These researchers proposed that the researcher incorporate three methods to increase the “probability that credible findings will be produced” (Lincoln & Guba, 1985, p. 301): prolonged engagement, persistent observation, and triangulation. *Prolonged engagement* obliges researchers to take enough time to familiarize themselves with the culture they are studying. *Persistent observation* gives researchers the capacity to “identify those characteristics and elements in the situation that are most relevant to the problem or issue being pursued” (Lincoln & Guba, 1985, p. 304). *Triangulation* requires researchers to use “multiple and different sources, methods, investigators, and theories” (Lincoln & Guba, 1985, p. 305). Thus, several feminist and postmodern researchers are hesitant of the “one-night stand” method of qualitative research that some researchers have employed (Rossman & Rallis, 2012). They have argued that in-depth interviewing tends to be very intimate and revealing.

To facilitate the credibility of the current study, I employed member checks, where my reflections and conclusions were reviewed and assessed by selected family

members and friends and my therapist. I engaged in conversations in my therapeutic journal, which is considered as the most crucial technique for establishing credibility (Lincoln & Guba, 1985). As soon as I completed the data analysis by finding out what was thematic about the reflections of my journal narratives, tentative results that were written in the form of themes and narrative texts were then provided to those with whom I had had conversations. These individuals were also given the opportunity to alter, further elucidate, or refute any remarks made during the conversations that I had reflected upon. Furthermore, I continued to casually conduct member checks throughout the course of the study as part of the constant research conversations (Merriam, 2002). In doing so, I sought to identify any biases and misinterpretations of my research and to conclude if they were supported by the research data and the reflection processes logged in the therapeutic journal (Lincoln & Guba, 1985).

Validity

In the field of scientific research, researchers have to take great measures to confirm their results are valid. Results are valid when they are straightforward. Advocates of quantitative research describe validity in detail although many suggest the concept of validity to be incompatible with qualitative research (Myers, 2000). Regardless of the opposing stances on the issue of validity and a discrepancy in terminology among the two research camps, qualitative researchers seek to establish validity in their research by presenting reasonable data that are credible, trustworthy, and justifiable if contested. In order to bypass confusion, qualitative researchers commonly deter from using the term validity, thus choosing to utilize the alternative definition of credibility; that is, the extent to which the data, data analysis, and conclusions are believable and trustworthy (Lincoln

& Guba, 1985; Patton, 2002b). Although arguments set forth by certain scientists argue that reliability and validity are difficult to prove when conducting qualitative research, this autoethnographic exploration of my dance with cancer will be presented in a manner that would meet criterion to be deemed valid or credible by both quantitative and qualitative researchers alike (Myers, 2000). As such, I will do what Lincoln and Guba (1985) recommended researchers to do: persuade my audience (including myself).

Even though differences of opinion exist on the definition of validity, there are three types of validity in qualitative research: descriptive validity, interpretive validity, and theoretical validity (B. Johnson, 1997; Maxwell, 1992). Descriptive validity occurs when the researcher presents accurate descriptions of events, behaviors, or settings. Interpretive validity occurs by accurately understanding a participant's view, thoughts, feelings, and experiences. Theoretical validity happens when the chosen theory fits the data. Chang (2008) informed us that when data are collected from a single tool without other measures for checks and balances, the validity of data can be questioned. Hence, Chang believed that when the single tool is the researcher, the uncontrolled subjectivity of autoethnographers can be rigorously questioned. In this study, I attempted to increase the validity of the findings by reflecting upon the sessions that I had with my therapist. I had already reflected on some of those conversations and incorporated them in my journal, which I used as data for the present study.

Transferability

Transferability, according to Lincoln and Guba (1985), refers to the extent to which the results of a research can be duplicated or transferred to other contexts or settings. From a qualitative perspective, transferability is primarily the responsibility of

the one doing the generalizing. Guba and Lincoln (1989) suggested that “the major technique for establishing the degree of transferability is thick description” (p. 241). A researcher can accomplish this efficiently by providing “extensive and careful description of the time, the place, the context, the culture in which hypotheses were found to be salient” (Guba & Lincoln, 1989, pp. 241-242). As a researcher, I cannot guarantee the transferability of my findings; however, I have provided sufficient information that then can be used by readers to determine whether the findings would be applicable to a new situation, and then they can draw their own conclusions (Lincoln & Guba, 1985). The responsibility to “transfer” the results to a different context lies with those who are interested in duplicating this research.

I wrote about my therapeutic journey using Ellis’s (1999) emotional-recall process. Although it was challenging to talk about myself, I presented my account using a first person voice, and introduce my story, which is true, and depict diverse facets of my life, whether happy, depressing, or painful.

Dependability/Confirmability

Dependability refers to the stability of the findings over time, and confirmability to the internal coherence of the data in relation to the findings, interpretations, and recommendations (Denzin & Lincoln, 1994). As such, dependability is closely related to the concept of replicability or repeatability found in the natural sciences (Lincoln & Guba, 1985). Lincoln and Guba (1985) found that a study is dependable and confirmable when the “data (constructions, assertions, facts, and so on) can be tracked to their sources, and that the logic used to assemble the interpretations into structurally coherent and corroborating wholes is both explicit and implicit” (p. 243). In this study, I kept

receipts of payment for all my therapeutic visits as means of auditing for dependability and confirmability concurrently. My therapeutic journal which was written in the course of therapy is a form of review or audit that can be used to substantiate the findings of this study.

Confirmability refers to the degree to which the results can be confirmed (Shenton, 2004). As the researcher, I established confirmability by maintaining accurate written notes, keeping track of therapeutic sessions, and continually checking and rechecking the data (the journal I wrote while in therapy). Grounded on the principles of constructivism, the present study presumed that the researcher brings a unique perspective to the study. Throughout the study, the researcher's theoretical orientation, assumptions, values, beliefs, and preconceptions were made specific (Marusiak, 2012). Concerning the therapeutic journal, the researcher's perspective is reflected upon in an effort to identify the role these perspectives play in understanding my cancer experience. As such, this revelation and reflection will assist readers to interpret and better understand the findings of the study (McLeod, 2001).

Fairness/Authenticity

The measure of authenticity, or fairness, means ensuring that informants' "constructs are collected and faithfully represented" (Guba & Lincoln, 1989, p. 245). Fairness is a "quality of balance: that is, all stakeholder views, perspectives, claims, concerns, and voices should be apparent in the text" (Denzin & Lincoln, 2005, p. 208). Lincoln and Denzin (2003) highlighted that authenticity is demonstrated "if researchers can show that they have represented a range of realities" (p. 173). To ensure that fairness and authenticity occur in this study, I conducted member checking (Guba & Lincoln,

1989) to confirm that the personal communications I had with my families, friends, and therapist, whom I will be reflecting upon to be represented fairly and accurately in the study. I also permitted them to have access to my journal, my autoethnography, the description of my study, and the final analysis and results; in addition, I provided them with the opportunity to tell me if I reflected their voice incorrectly.

Ethical Considerations

Throughout this study I protected every informant's confidentiality and anonymity. I changed all original names to aliases in the journal. I directly managed all the collected data, and I stored my journal and the reflection of my conversations with others in a locked safe in my home office space. All my files were password protected to block any unauthorized access to them; the password was known only to me.

CHAPTER IV: ANALYSIS OF THEMES

This chapter presents the themes that I drew from my therapeutic journal written during my therapy. The themes reflect the analyses of how I viewed psychotherapy to support my dance during the journey, and to be able to identify what I found to be constructive for my transformation. Five significant themes emerged from my analysis of the journal: (a) The role of dance in my life, (b) the role of therapy in the journey, (c) therapeutic interventions, (d) cancer moved into the family, and (e) therapeutic goals accomplished. These five themes, as well as their accompanying themes are outlined below in Table 1.

Table 1

Categories and Themes

Categories	Themes
Role of Dance in My Life	My life is dance Music is my life
Role of Therapy in the Journey	The choice to seek therapy Therapist's ability to empathize Finding my voice Owning individuality
Therapeutic Interventions	The quest to dance the dance Separating/connecting to cancer
Cancer Moved into the Family	The intruder Family experience Recognizing the voices of others
Therapeutic Goals Accomplished	Transformation Connecting to therapy Self-awareness Unique position to provide therapy after receiving it

Role of Dance in My Life

My Life Is a Dance

Throughout the journal, I described myself as a dancer because I loved to dance and my life was a dance. The role dance and music played in my life was that they kept me alive. Dance was a metaphor for my escape from the world and for how I moved forward in life. I selected the title of this study, *My Dance with Cancer*, because it is in itself transformative, and I also see how it has actually strengthened me to make the decision to dance with the illness that I would never have made without my therapist's invitation. I also reflected on why my therapist made such a suggestion since I informed him that I was a Ph.D. candidate who had lost interest in writing a dissertation. All I could figure is that he heard my goal of wanting to be alive, and to live is to dance because dance is my element. When I dance, I am in my element because dance is the method I know best to express myself without having to articulate any sounds. Dance and music played a huge part of my life.

Aktas and Ogce (2005) believed that the purpose of dance therapy is to help people achieve greater self-awareness and a positive sense of well-being. The idea is that through authentic movement, one can express oneself and come into contact with the conscious and unconscious parts of their personality (Aktas & Ogce, 2005). That was my experience. While writing the journal and attending therapy, I sought to make time to start dancing again, hence moving forward becomes second nature to me.

Music Is My Life

Just as dance played a role in my journey, so did music. As evidenced in my constant references to dancing, I knew that I could not perform without music. Music's

role in the journey was therapeutic because most of the time, attending therapy was the metaphorical music that determined my ability to get up and dance. Music made me aware of my mobility since I talked a lot with my therapist about feeling frozen. As a dancer, I imagined my therapist as the musician who was playing and I, the client, as the dancer who actively choreographed a performance of survival during session. What is music? Music is the art or the science of joining vocal or instrumental sounds (or both) to fashion beauty of form, synchronization, and expression of emotion. Music is “the art of arranging tones in an orderly sequence so as to produce a unified and continuous composition” (Mashayekh & Hashemi, 2011, p. 2186).

Dance and I developed a love affair, and I naïvely believed that only with dance would cancer go away. As I was deciding to go through the therapist’s suggestion to perform with cancer, I was becoming accustomed to instructions on how to perform new styles of dance. As my mind was feeling delighted for the first time in a very long time, I stopped at Starbucks on my way home from that session to write this poem:

ENTRY # 4: Music of the Dance

In the silence of my heart
 Resonates the music of the dance
 Heart beats the sound of life
 Music becomes words that cannot be communicated
 Rhythm soul alone understands
 Moves only spirit gesticulates
 Through thoughts that only mind comprehends
 Dream only truth reveals

That if music is my life then my life is music
 With music, joy fulfills desires long unspoken for
 As love fuels what has been unknown
 Energizing what illuminates heart to be content
 Despite anxiety, depression, and suffering
 For music my heart sings, and music my feet dances to destroy cancer
 While together every organ stands to applaud my dance with my worst enemy.

Role of Therapy in the Journey

The Choice to Seek Therapy

Chochinov (2001) stated that all patients who face a life-threatening diagnosis such as cancer experience a normal, albeit painful, emotional reaction. As a professional therapist, I believe that individual therapy is beneficial to assist patients to move forward, however they choose in the course of their treatments. However, during my own journey, I finally decided to seek therapy after years of refuting the idea of seeing a therapist or the suggestion of talking to someone about having cancer. It had become crystal clear that I must talk to someone to differentiate myself from who I was expected to be and with whom I had become, particularly in light of the cultural barriers due to my Haitian heritage.

My very first session with a therapist shocked me. I came in not knowing what to expect, and I did not know how to communicate what I felt. I kept asking myself what I was doing here. In my journal, I expressed how my heart was beating so fast that morning that I began to shake. However, I was open to learning a new way of dealing with cancer. I am not naturally a crier, so in that one-hour drive to see this therapist, I began

praying to God, asking for strength and direction of what to speak. Oops! I overlooked the exit on the Turnpike, so now I felt like I am losing control because I hated to be late, and this time I was going to be super late. Part of me wanted to think that this was a sign for me not to go. However, I continued to pray, asking God for wisdom about attending this session. Miraculously, I received a telephone call from the therapist wondering if I was indeed coming. I told him about my wrong turns on the turnpike and the busy traffic that I encountered on my route to see him. Ultimately, I made it.

Because I was an experienced therapist, I walked into the therapist's office as a client expecting change. I was seeking any change that could take me from a state of ignoring cancer to another of acknowledging its existence in order to defeat it. Indeed, I was a client seeking help. I freaked out as I begin to complete the intake form to inform him why I was present in his office. For a second I felt like I was a patient seated and waiting to be seen in my doctor's office. The only difference was that I was the only one in the waiting room and there were no secretaries or nurses welcoming me in before seeing the doctor. When I saw the price this therapist charged I started to speak in my native tongue, which to my surprise, this therapist understood.

I laughed at myself and thought, "I only need one session." The old Kéda believed that therapeutic conversations might not be as helpful as I would expect. The old Kéda wanted me to suppress every known emotion. Instead, from the first moment I stepped into the therapist's office, I began to narrate my illness, my story of living with cancer in such a way that I could not explain. I started to give meanings to my experiences of living with a life-threatening illness, and I admitted to the therapist that in the nine years of living with cancer, today was the first day that I sat to talk about its effect on me.

At that point, a sense of a newness came over me. It was as though I was conceptualizing a newness of my being the new Kéda. Also, it seemed like I had more sessions to come. I wrote in my journal that I cried my heart out because this was the first time that I talked about cancer and its impact on my life. I could not believe that I had had the guts to actually sit in front of a complete stranger, telling him my life struggles of nine long years. I had reached the end of my rope and I no longer chose to be intimidated by cancer. For someone who was good at withholding information and not sharing any details, I spoke openly. This therapist seemed to be very peaceful, meaning that he was as private as I was, and I felt comfortable talking about my experiences of living with cancer. The wooden floor in his office, which reminded me of a dance studio, also made it was safe for me to be me. I left the first session knowing that I truly needed help and that I must come back; therefore, I scheduled an appointment to be seen the following week.

Therapist's Ability to Empathize

Authors Qureshi and Collazos (2011) reported that the experience of empathy is an essential component both within and across cultures. At the beginning of therapy I struggled to tell my story because I did not wish to be misunderstood and I did not want to appear as though I was seeking pity from my therapist. I wanted to be validated and understood by my therapist in the course of forming a genuine human relationship while attending therapy. I did not have to feel ashamed about telling him my story regardless the stigma and the biases that I encountered in my culture about seeking mental health. The therapeutic relationship, according to (Horvath & Symonds, 1991; Jennings &

Skovholt, 1999; Martin, Garske, & Davis, 2000) is identified as one of the strongest predictors of effective therapeutic outcome in psychotherapy.

In my journal, I posed the question of whether or not this therapist could understand the complexity of the difficulties that I was encountering, being ethnically different from him although I did not have a preference to be in therapy with someone of my own ethnicity nor religion. I think that when I made the decision to initiate therapy, I wanted help and I was ready for change. The fact that I had heard that this therapist had experience working with cancer patients was sufficient. I did not want to see anyone who would judge me or make me feel worse than I was already feeling. I wanted to be understood and helped.

And gradually, I began to embrace therapy and set aside some of my biases and fears about seeking therapy. I think my therapist made me feel like I was a person that mattered in this universe rather than just being a client that truly wanted to be invisible in this world. While I was holding on to my cultural viewpoints on mental health, I start to embrace my field and put some of my fears and biases down to embrace another culture through my therapist's ability to empathize with me. Thus, part of me wondered why I was so terrified to attend therapy. Indeed, I was reserved and I was one who did not like to break boundaries. While my therapist encouraged me to call him if I needed to talk, I told him that I could not do that because I did not want to cross my boundary. I recalled my therapist telling me that I was too polite and that he was the one who was inviting me to break this boundary. That in itself was a cultural shock for me, because I was asked to do something that I was taught not to do. How could I dance with that and move forward with accepting this invitation to simply call and say I needed to talk. In fact, I noted that

if I had a procedure scheduled on a Monday, he would call on a Sunday just to follow up or simply to talk with me. And knowing how scarred I was, he became the choreographer to co-construct rehearsing the dance with me while he was still the music I needed to listen to in order to perform. I think his approach changed me to be both a better therapist and patient. I had been known to cancel appointments and I was good at running away from following through with doing treatments; however, being encouraged in session, I learned that this repeated cycle had to be broken since it was not working. Knowing how my therapist genuinely cared challenged me to be both a better patient for my doctors and a better therapeutic client for my therapist by confronting the cultural barriers that I had placed before me concerning therapy, treatments, and surgeries.

8/13/2011 Session

This was one of my favorite sessions. I left my therapist feeling like “Wow! We actually worked well together.” I wrote, “He somehow got how the weird me thinks.” I say “weird” because I am often described by others as weird. Plus the truth is that this session helped me to see life and light at the end of the tunnel. I had the biggest struggle in deciding how to proceed with writing my dissertation. With every new topic I would begin to research, I felt disconnected from the writing process; therefore, I would stop. However, during this session I found peace knowing that I learned exactly what I wanted to write and how I would like to write it. This was the best session for me because I did not talk too much about illness or cancer. Discovering that I could have a voice and acknowledging that I did have a voice to speak to cancer—and to dance with cancer—was the breakthrough I had longed for and had found in therapy. My therapist’s voice brought healing at an intellectual level that physiologically caused healing to take place

without any chemotherapy or radiation treatment. As I stated, this session delivered me from multiple fears that I had about living to see the completion of my education. Hence, I began confronting my cultural barriers by engaging in my sessions, forming an alliance with my therapist, trusting his expertise to assist me, and therefore accepting help in the form of individual therapy. Being Haitian and having biases about attending therapy no longer were issues for me simply because I realized that those biases could not help me. Hence, doing something different, such as seeking therapy, was the first step in confronting my culture.

9/03/2011 Session

I woke up with a terrible allergic reaction all over my face. I do not know what caused it. All I knew was that my face had swollen up and there were bumps all over my face, as though I had the chicken pox. I really wanted to cancel the day's session. I had made up my mind that I did not need to go. However, there was a tiny voice inside my head that assured and insisted that I should go. Of course, following my normal routine helped: I stretched, exercised, brushed my teeth, showered, dressed, and grabbed some fruits to eat, then left the house with two bottles of water. I always prayed on my route to the sessions. Of course, I believed that I was a true singer, so I was singing songs of praise sounding like a professional only in my mind.

The highlights in this session were these realizations: (1) *Le Coeur a des raisons que la raison ne connait pas*—meaning the heart has reasons that reason does not know.

(2) Problems can be seen as illusions, similar to when I was driving down the road on a hot day and far away it appeared that there was a puddle of water on the road, but, as I drove closer, the puddle disappeared.

(3) I must turn away from the past and turn to the present to face life forward.

That past could be put away and kept as a reminder, it could be shredded, or it could be exposed to reveal that change was taking place.

(4) I liked to be invisible because I was a mystery to most others. Nevertheless, the pivotal point for me was that I was very cognizant of how attending therapy and allowing myself to participate in therapy really helped me to discover a “new Vardine.” It may not make any sense to anyone, but I felt like I was a present that had been unwrapped and finally offered as a gift. Unlike other sessions, I did not go home and think about the session. Normally, the sessions would play over in my head and make me ponder about what it was that I was learning. Why did the therapist ask me that particular question? What made me see cancer in a different way? I would hear my therapist’s voice playing in my head every time I experienced a panic attack and wanted to run from attending my treatments. But after this session, I was calm.

(5) I asked to interview my therapist to obtain his therapeutic and clinical perspective of having me as a client. What were his thoughts of me when I started therapy, throughout the course of therapy, and his view of my progress in therapy? Although, I did not get to do that, what amazed me was his willingness to say “yes.”

My therapist’s qualities of compassion and trust were critical to our progress.

Compassion. My therapist demonstrated compassion, care, and love by being available and accommodating me in my suffering. In times when I could not speak, he would bring his laptop for us to communicate during our sessions. At times when I was unable to drive for 1½ hours, he would have the session via telephone. There were also moments where I struggled with walking and experienced excruciating pain on my right

hip, especially after I got into a car accident in November 18, 2011. Knowing that I was not good at receiving help or asking for help, my therapist would offer me assistance by helping me to walk from my car to his office. Each session that we had *in vivo*, he would ask me to call him when I arrived at the office so that he could assist me in walking. Some days I listened, and there were days when I challenged the pain by not calling him, but he would always remind me that he was the one who was offering me the assistance.

Trust. That trust my therapist built with me facilitated the changes that occurred during the course of therapy. As a result, I could answer my third research question by recognizing the effect individual therapy has had on my choice to seek therapy. The individual therapy also helped me to choose to dance with cancer, which meant completing the therapeutic intervention as my therapist suggested, and the therapeutic relationship I formulated in sessions assisted me to connect to therapy. Such a meaningful connection allowed me to transition to moving forward with life and this connection later aided me in my transformation. As a foreigner, had I not obtained a positive working professional relationship with my therapist, I would not have continued and perhaps my dance with cancer would have never been performed. In fact, D. Sue and Sue (1990) underlined that a culturally skilled counselor is one who is in the process of actively developing and practicing appropriate relevant and sensitive interventions using strategies/ skills in working with culturally different clients. My therapist's intervention to dance with cancer was one that I fought at first, but it was also the catalyst for my therapeutic alteration. This section also answers my research question number 2 (i.e., How did individual therapy transform my relationship with myself and aid me in dancing with cancer by undertaking it one beat at a time?) because I realized that individual

therapy transformed my relationship with myself by accepting my therapist's invitation to think about dancing, which made me act or respond to cancer rather than remain frozen doing everything as usual.

The Three Letters

In narrative therapy, letter writing can be used as a method to narrate traumatic events. In fact researchers (Desmond, Kindsvatter, Stahl, & Smith, 2015) have stated that letter writing and art can empower children and give them hope for the future. Hence I believed that writing a letter to myself would produce similar outcomes. However, I did not think that writing about my dance with cancer would precede my ability to confront cancer, God, and myself in the form of letter writing. Suddenly, it hit me like a ton of bricks that had fallen over my head. I must forgive cancer for being an intruder that violated my plans and victimized my body. Forgiveness! The word connotes healing despite the anger that strongly comes to destroy and kill every sense of relief and yearning to be at peace with oneself, and thus destroys the immune system and prevents one from being healthy.

I had to let go of my anger at having cancer. I never addressed that anger in therapy. But that day I had to pull over and stop at a library to write down my thoughts in one of my tiny journal pocket books. I know that after my session on September 3, 2011, forgiveness was the main reason for my being there. In fact, I did not record exactly what the therapist said that allowed the thought of forgiveness to ruminate in my mind. All I recall was the sense of readiness to let go of cancer, which helped me move forward. I felt that four years of my life (2007- 2011) had gone by so quickly and I had been unfruitful and unproductive. I had been stuck in the same rut. I thought, I am not going

anywhere, and I am not moving forward, and I have not accomplished my goals. It seemed like I was in the desert wandering—not knowing where to go, what to do, and how to even proceed to do the least necessary thing I knew to do.

In this desert I experienced confusion, isolation, confrontation, and rejection. However in the desert, I began being enlightened about who I was and who I was becoming. I was aware of the purpose that God meant for me. In the desert things started to take form as truth unfolds every lie that intertwines with life. Joy began to have a face and started to connect with my soul. In the desert I recognized the need to forgive God, cancer, and myself. *Je dois te dire que je pense en Français d'abord:* I must tell you that I think first in French. I cannot endure this pain any more. It is not possible that a person can suffer like this because the closer I come to talking about cancer the more elusive the problem.

My forgiveness was reflected in three letters.

Letter # 1 Dear God: 9/15/2011

In 2002 I was hurt and I never acknowledged how angry I was at You the day I received a diagnosis with cancer. I was only 22 years old. I felt lost because I experienced so many losses: physical, emotional, relational, and educational all due to cancer.

I thought You did not care for me. Thus, my anger kept me away from you. Please forgive me God because having cancer I know is not your fault. Although this infirmity sought ways to destroy me but I know that I have been healed by the Blood of your son Jesus. I am certain that You allowed me to be sick just so You could obtain the glory. Please forgive me because I

stayed angry at you while I daily pretended that You were the closest person to me. I am sorry for taking You and your friendship for granted. Please forgive me and restore in me the joy of my salvation.

Love, Kéda

Letter # 2 Dear Cancer: 9/15/2011

First I must tell you that I hate you. It took me nine years and some months to actually say that to you. Cancer: I want you out of my life. Yes, I sound like a child, but I thank God for permitting me to receive therapy so that I can address you today. I am choosing to forgive you because I want to let go and not hold on to you anymore.

Cancer, I forgive you for breaking and entering into my body systems to cause me to have more surgeries than my tiny body can handle. I forgive you for interrupting my life and my dream of being a medical doctor to serve the poor children in my country. Cancer, I forgive you for taking me away from dance that is my essence to be. I forgive you for making me feel sad, depressed, lost, confused, and uncertain about being who I am. Mostly, I forgive you for the disfiguration you impinged on my body and for making me angry at God. I know that God is too good to allow people to be sick and to suffer.

You have caused me to lose confidence in myself simply for believing that I am not fully a woman due to missing two body parts I think represent my being a woman. I must tell you that you make me very grateful to Victoria Secrets for their padded bras because they prevent others from

noticing my abnormalities. Ooh, I really hate the fact that you limit me in how I proceed to live my life. Many weak-minded people laugh at me in their lack of understanding of the role you play in my life believing that I should die. After all that you took away from me, you made me lose my hair. I had to wear a wig for four years. As difficult it is to forget I am choosing to forgive you for unplugging my hair follicle from follicle as I in the process had to seek for wigs that match my hairstyle and my face. O, cancer I am still mad about the scars you left on my chest, shoulder, and underarm. I really hate treatments chemo and radiation because I could hardly keep anything down my stomach. You made me lose so much weight that I could barely stand to look at myself.

I am hurt that you continue to pop up unannounced and unreservedly in and out of my life. Having said all that, I, Vardine Kéda Siméus, choose to forgive you cancer. I want with all my heart and soul to forgive you and let you go to where you came from so away from my body you will be as I choose to hold on to life. No one asks me to forgive you, but I learned that it is necessary for me to do while I am invited to dance with you in therapy. Although I have been struggling to dance the pasodoble with you, forgiving you helps me to not step on your toes and for you not to run crazy all over my stage (i.e., life).

Today I forgive you because I realize that I have given you more power than that you possess over my life. My life belongs to God and only He, I choose to control that much power over me. It is time that I let go of my

anger toward you because God showed me how unfruitful and unproductive my life has been since the day I've looked at how much you have taken from me instead of noticing the blessings you have come to show me that I have living life with you.

Cancer, I hope you know that I am fully cognizant of the fact that everything you have taken away from me was meant to be taken away (e.g., dreams, aspirations, body parts, plans, relationships) in order for new ones to arise. Cancer I want to thank you before I let you go. Cancer with you as a thorn growing inside my body, I learn to humble myself to be a learner. As you help me to let go of my detrimental pride I sought help to be a different person. I accept humility as the greatest hidden treasure that made me resilient in surviving life. When I should have died, you pushed me to go farther. When I should have died, wanted to die, and planned to die, and received notice of months to live, you helped me to remain alive and start to appreciate life by seeking the Living God. You helped me to surround myself with good friends and people that truly care. You also helped me to eliminate and purge every negative thought and habit very fast by noticing the gift life offers me to simply be alive. You taught me how to be still in the midst of chaos and bad news as peace like a river overflows in my life.

In time, with time moving quickly with you by my side, every waking moment, I learned to let go the dreams I lost and started to embrace the plans God's designed for my life. As bizarre as it is to say, cancer, you've

helped me see the important role you came to play in my life. Because without you having intruded into my life I would have probably never grown to be this wise, this courageous, and this bold in formulating an intimate relationship with Jesus Christ and the confidence to know who I really am. I would have never chosen to be in the field of Marriage and Family therapy, which has greatly shaped the person that I am today.

I am not angry with you anymore cancer. It is funny that through the course of this writing I want to thank you and my therapist because if he never invited me to dance with you, never would I be able to see that embracing you would bring such healing in my observation of your presence in my life. I really wanted to kill you. Do not be fooled by my appreciation of you cancer to think that you are welcome in my body, the authenticity is that I realize that killing you would be premature for it would mean that I too would have been dead. In my sufferings, hearts around me, such as that of my family members, transformed and completely went through a conversion process. Cancer, you have assisted me to be bold and radical. Wow! I no longer limit myself to be timid. I learned to be vocal in expressing what it is I think what I want and do not want. Indeed you are teaching me the basic principle of saying no by walking away from unnecessary stressors of life. I am not always good in that but I noticed a huge difference in myself and in the person I choose to become by really listening to my doctors and following their orders to rest. You are

helping me to face myself by not working full-time and doing zillions of extra activities.

With you, I can't run from myself or from you. You opened my eyes to see that it is destructive to deny myself joy of life that is doing/refraining from doing what I love. You have helped me understand the importance of asking for help and receiving help, and to say that I am not feeling well today. You taught me the importance of forgiving quickly to be healed and to receive everlasting healing from the love of Jesus Christ and through the medicines doctors provide with an easy spirit.

Cancer, I, Vardine Kéda thank you sincerely.

Letter # 3 Dear Kéda: 9/15/2011

Translation: I wrote this letter as if God was addressing me and pleading with me to go live a life of abundance. In my journal I wrote this letter in French and it was during my analysis I begin to ponder about what it was that prompted me to write the letter in French rather than English.

As I re-read the letter I began to see the voice that I had begun to formulate socially, personally, and spiritually to address cancer. Having found the voice of God in writing this particular letter, I realized that I, too, found my voice to address something that for so long I had avoided discussing. Therapy began to give me a new sense of power to overcome the illness and the peace to become the transforming Vardine that has been playing shy for so long. Here is the entire letter.

Kéda

J'ai écrit cette lettre comme si Dieu et dans sa miséricorde m'adresse. Dans mon journal, j'ai écrit cette lettre en Français qui est ma langue maternelle. Il est ironique de constater que mon esprit savait faire cela alors que les deux autres lettres je les ai écrit en Anglais.

Dieu à Kéda

J'aimerais te dire que je suis fière de toi. Jamais je ne pourrais penser que tu possèdes la force de vivre avec une maladie comme le cancer. Je te pardonne parce que tu as pris tout ton temps à prier pour que tu aies la chance de respirer. Mais, sache bien que la souffrance amène la sanctification et aussi la joie. C'est une grâce qu'une personne reçoit simple en désirant de souffrir avec Jésus. Kéda, j'aimerais que tu vives ta vie sans crainte mais vivre simplement avec la crainte de Dieu. J'aimerais que tu vives en abondance parce que je suis toujours avec toi et tu ne seras jamais seule. Même dans la vallée de l'ombre de la mort je serai avec toi.

Je compte sur toi pour terminer la thèse et travailler comme un prof. J'espère que tu aies le courage d'achever ses rêves le plus profond de ton cœur comme bâtir un orphelinat pour les enfants.

Cette lettre je l'adresse à toi comme il aît pour te demander pardon. Tu ne mérites pas d'être seule quand ce serait mieux de partager ta souffrance avec ta famille et tes amis qui t'aiment beaucoup. Le Seigneur jamais Il aimera que tu souffres en silence sans dire un mot à ta famille quand tu saches très bien combien ils t'aiment et t'adorent. Je t'adresse

dans ta langue parce que tu t'exprimes particulièrement en Français. Alors, je t'invite à danser parce que tu as l'âme d'une danseuse et quand tu dances tout change pour le meilleur. Ton attitude, ta perception, ton monde, tout change. Comme tu es invite à danser avec le cancer, je t'instruis de danser avec ton cœur ouvert et lâche toi de tes peurs et tes faiblesses. Je suis là pour toi, et avec toi. Tu n'es pas seule. Sois sans crainte et danse comme si le cancer est à tes pieds parce que tu es déjà guéri par le sang précieux de mon fils Jésus.

Finding My Voice

Therapy was really helping me to find my voice while living with cancer. I was determined to be an active participant and an active speaker. I also did not want to hear that I must do another round of chemotherapy or radiation. However, being aware that I had cancer, I was beginning to understand that because I understood something, it did not necessarily mean that I comprehended it; and even if I comprehended, the possibility still remained that I might not fully understand it. Now this sounds like a mouthful, but the reality was that I understood the importance of following up with all of my doctors' orders. This is a reflection I made during one of my sessions while the dance with cancer was getting stronger.

My therapist asked about my peccadillos and how I can interact with them during my pasodoble dance with cancer. In pondering about how the stage is set and actually performing on the stage that I constructed, it became clear to me that being frozen and remaining frozen is what I had always done in the past. So now to answer my third research question that is what effects did individual therapy have on my choice to dance

with cancer by seeking therapy? Individual therapy influenced my ability to learn how to move in a strategic manner by developing a voice to address my fears and thus acknowledge how and when to move in my dance with cancer. Nevertheless, I was cognizant of the fact that I did not fully understand the reason and logic of accepting to have a surgery where there was an amount of uncertainty of what the outcome will be. There were times when I simply was very confused and lost, and I just did not know what to do and how to do what I was supposed to do. However, I realized that just coming to therapy was doing something different and this thinking I began to apply to living life, not just being frozen, but to actively move little by little, step by step, dancing towards my goal to remain alive because to dance is to live and to live for me is to dance.

Owning Individuality

As a result of therapy, I learned how to own my uniqueness. Before therapy, being unique was a way of thinking that I was different, which meant that I was peculiar according to my culture. Therefore embracing that difference was not something I anticipated to welcome because I played the characters that everyone wrote in script for me to play. And since I lived in fear and the uncertainty of what would become of me because of cancer, there was nothing to own. I could not survey myself to come to understand exactly who I was and who I was becoming. However, in therapy I assessed myself and I realized I was everything else but who I wanted to be. Owning my individuality, permitted me to embrace some painful truth about who I was, in light who I am and wanted to become.

Learning to create change. I posed a question, such as: How does confusion manifest itself in me when it also relates with the problem? Each time I find myself

puzzled with varied emotions and ideas, new emotions and ideas also arise. Therefore, to find a relationship, or to develop an understanding of these new ideas, meant being able to recognize that sometimes I needed to create change. Is it a thoughtful process to create change? The change I had to create was one of emotion. I saw emotion as the music of the dance between cancer and me. Therefore, learning to change the music meant that the dance would change. Emotion, however, is like the beat that makes the sound or the music that beats like rock, jazz, classical, Latin, pop, R&B, country, or what have you. Once I learned to dance with cancer, I knew its musical beat; I also found how to adjust to its rhythm since we both did not move to the same beat at exactly the same way, as I was the one who was choreographing the dance that I was inviting cancer to dance. The difference that I had come to acknowledge was that I was the choreographer, which meant that I had power over cancer by recognizing the root of my cancer, which was primarily stress, and then I could tackle it. This was a major goal for me to accomplish in therapy, learning how to respond to life. Many who know me would agree that my stubbornness got in the way of proper self-care. The truth is that as much as I separated and disconnected myself from what seemed problematic, relating to cancer always became inevitable.

Establishing distinction between negativity and positivity. I had been exploring differences that existed between cancer and me, and how I had to differentiate myself from cancer in such a way as to redefine and reclaim my life from the clutter cancer infiltrated my life. In one of my sessions, I began to hear another narrative or a new narrative of Vardine's voice.

Individuality became the new differentiated voice that I heard. No longer did I hide behind my emotions, no longer could I even pretend to myself, no longer did I care to keep my feelings within while they were intoxicating my body as I lived by putting on a façade that “I am okay.” My best friend told me how I insulted her for not having enough trust in her to say what was wrong with me. I found that as much togetherness as there is in my family and the cohesiveness there is between my friends and me, still I sought to deal with cancer on my own. Thus, presently, I was actively learning how to recuperate without imposing on others’ happiness. It was not easy for me to simply say, “Hey, I am not feeling well. I am in a lot of pain.”

I did not want to be negative. Of course, almost everyone has moments when we feel sad, depressed, and negative, and then there are moments when we want to be left alone. I do too. However, I could handle being depressed for only a maximum of three to four hours, and after that, I would find something that humored me and I laughed my heart out. Somehow it seemed automatic to turn my mind off from the negative and not allow myself to stay in a depressive state. I could not handle having a straight face at all times and pout when life still was palpable in me. Being around little children like my nephews taught me that I could cry and be sad for a minute, or even for an hour or two, but after that I had to get up and play. My nephews, Laël and Nicholas, were extremely energetic and loved to play. They were two boys who enjoyed playing and fighting. Whenever Laël hurt Nicholas, who is three years younger, I heard Nicholas cry; and of course, I picked him up, consoled him, and kissed his booboo. Laël, in his defense, told me that it was an accident, while Nicholas responded, “No, Laël, you did it on purpose.” But, two or five seconds later, I would hear Nicholas telling Laël, “Let’s play karate.”

And then they would run to play with each other. What I came to learn from these two little children is that although they hurt, cry, and get mad, after a while they do not remain hurt or mad and continue to play. They proceed with life by doing what they do best, which is to play.

As an adult, I try to implement that concept to handle negativity, pain, and hurt. The main difference I found between children and adults in bouncing back from pain, hurt, and sadness is that we, adults, are not always flexible in our perception. Thus, in therapy while I learned to dance, I made an attempt to catch my thoughts rather than allow my mind to trip me up by lingering on the negative emotions that served me no purpose. In retrospect, when I play like children do, I can choose to experience what I feel by dancing my emotions out in my living room.

During therapy, it made sense to face whatever issue was present right then and there, but it was also very important to know when to move forward with life. Perhaps the starting point was attending therapy and moving forward by continuing to attend therapy so that I could figure out cancer and how it affected me. For the past nine years of dealing on and off with cancer, I have come to believe that a negative attitude is never helpful. What I came to realize, too, is that when I felt negative or down, it seemed impossible to receive good counsel. I can recall times when I was not feeling my best and my sister Michaëlle would encourage me to look at the brighter side, or a friend would try to uplift my mood, and I would completely turn them off as though what they were saying was invalid. One day I caught myself and quickly apologized, for I became cognizant of how my negativity got in the way of receiving their love and support. Since that time, I have realized how ineffective negative emotions are and how they disconnect me from myself

and from the world. Thus, I seek to be positive even when I may not at the moment know how to exercise a positive emotion.

Finding Other Meanings

As a result of therapy, I learned to accept my emotions as universal and not just part of my illness. Learning to own my individuality allows me to be in connection with my moods as well as with the moods of others. My faith not only highlighted my ability to find other meanings in the interpretations I contextualized, but it also made me aware that living a robotic life by preventing myself to feel, is rather a failed method that keeps me frozen when I am dancing with cancer to move forward with life.

Crying. I love to laugh, and I learned to cry in therapy; so maybe it won't bother me to see my mom cry anymore. My son was hospitalized in December 2015 for two weeks and I felt helpless because I wanted to suffer for him and I could not. In a conversation with my therapist I informed him how I reflected and figured out exactly how both my mother and father feel concerning my living with a life-threatening illness. I realized that my parents' distance spoke love, fear, anger, and hurt for their inability to suffer in my place.

Love. As I traveled on my journey living with cancer on and off during the last fourteen and one-half years, I discovered that at my center is boundless love. There is no way a human being can be joyful, confident, loyal, rational, understanding, forgiving, or appreciative if she does not know and have love. Love simplifies life, and I understand that without love nothing can be accomplished. I am not talking about romantic love, although that is a part of it. I am talking about genuine, unconditional love that one human being is not afraid to express nor afraid to share with another person.

During my therapy, I learned that without my doctors' love for their fields and for me, I would not have received the prescriptions for all the treatments. Their love for me encompassed their respect for me and their desire to see me well. That love was an absolute. Of course I pondered about my therapist's responses to the ordeal I had been facing since I started seeing him, such as his busy schedule, but my therapist made time to talk to me whenever I truly needed to talk to someone who could help me make sense out of what seemed nonsense.

As a therapist, I learned from my therapist that doing what you do well is possible only if you possess a love for it and for the people with whom you are working. I knew this because as a therapist in practice I am often asked how is it that I can relate to clients of diverse ethnicities facing relentless problems. When I came to therapy, I was depressed, anxious, and really did not know how to move or when to move. Even if the music was playing, I would not have been able to dance. Instead of addressing the wrong problem, which I informed my therapist as the reason that brought me into therapy, I think that my therapist addressed the symptoms of much deeper problems that later resolved my approach toward my life-threatening illnesses. My therapist's invitation to dance with cancer addressed the symptoms of what brought me to therapy, which healed the feelings of my being depressed, anxious, scared, and hopeless, and I permitted myself to embrace the freedom of following my therapist's suggestions and begin to dance with cancer and life. Thus, as a therapist I learned that addressing the wrong problems by focusing on the feelings that clients describe in sessions is actually ignoring the warning signs of what is hiding in my clients' report of a symptomatic problems.

When we love, we help people as we would like to be helped. Everything we do signifies a greater purpose. I have learned from therapy and my therapist that what we do matters most when what we do makes a difference in the life of those with whom we are working. I cannot express how my therapist's approach changed me, but his concern for my well-being and his support throughout the therapeutic process did change me. First, I am not one who consults with people; for him to invite me to call to have a conversation anytime I was in need was a major step toward discovering a new me. Therefore, my therapist helped me find a voice to dance with cancer, and he also motivated me to recognize some of my inner strengths, like love buried deep within myself.

Faith. Lichter (2013) and Breitbart (2001) examined how spirituality provides meaning to advanced cancer patients that used group psychotherapy interventions. One of the things that keep me alive was my faith although my doctors, family members, and friends would simply say that I am a "very positive person." There is a scripture, Proverbs 18:21, that says, "Life and death are in the power of the tongue." Before coming to therapy, I hardly made it a practice of talking about having cancer, and I did not even acknowledge that I had cancer. I do not think that I denied it; I just defied it. In thinking about this scripture passage, I pondered about the kind of "I" voice that I created as a Haitian woman in therapy to address cancer without pondering on the impact, the social stigmas that I had to be *fou*/crazy to receive therapy. This scripture was beneficial to me and helped me respond to therapy as well as find the new voice that I was able to construct in therapy to narrate my dance with cancer, thinking in a novel way to speak about cancer.

As I suffered, my relationship with Jesus Christ tremendously improved and my faith in trusting God also increased because I began to acknowledge that God was at work in my life in spite of the circumstances and whatever the outcome would be. As such, I found several helpful truths in the words of God that began to assist me in coping with the illness and moving forward with life. I embrace my culture at this point in a postmodernist way by merging my profession in (i.e., Marriage and Family Therapy) with my faith in God to overcome the cultural barriers that existed in my Haitian culture about mental health. God's voice has brought me healing, joy, and hope as I learned to meditate in therapy and meditate more upon God's words. And another scripture that marked my life was Psalm 103:3 (*The Lord forgives all your sins and heals all your diseases, NIV*). I chose to listen to the voice of God as well as the voice that I began to develop in therapy to address cancer, rather than using the old non-communicative voice which often caused me to be frozen and do nothing. What I learned in therapy in combination with my faith in God was that I had to encourage myself and speak positively to myself. Sometime the burden was so much that in my wanting to give up totally, I had to speak words of victory and dance a praise dance that I would live and not die. Dying for me meant the death of the spirit, when in every attempt to be joyful, despair made me anxious and think negatively without fully understanding what was next, thus leaving me confused. And that's not me!

At first, I struggled with my thinking that way because I heard people say that I was in denial. No! I was fully aware that there were cancer cells that were malignant and cells had metastasized in my body. Nonetheless, I, the new Vardine Kéda Siméus, believed the "I" that should come out of my mouth should be positive: I am well; I am

healthy; I am getting better every day; I am healed; I am cancer free; I am fully restored from cancer; I am strong. The strength to say these statements was not in repeating the words as though, magically, I expected to be healed. I spoke positively to myself in a form of faith. I knew that I was healed regardless of what life was dictating to me. This faith came from my hope that God could do all things and in knowing that my doctors were doing all that they could do to make me well. So my trust was in God and not in what my doctors told me.

Speaking positively about my illness might not have cured the symptoms, but it certainly uplifted my spirit, which aided me greatly in feeling better. Positive thinking also helped me to be confident. When I was 24 years old, I recalled a friend asking, “What makes a woman appear attractive to a man?” I told her that the difference between a girl and a woman was confidence. When a woman is confident, she becomes contagious, where people just want to be around her. Having a sense of confidence helped me in my approach to life and in how I chose to respond to cancer. Those attitudes made a difference in my life as to how I was able to dance with cancer.

Although cancer and I have been in a battle for nine years, there will come a day when cancer will not be a part of my life anymore. This is the voice I am developing in therapy with my therapist, which is to recognize that embracing cancer does not signify that I am attached to it or that I am distant from it. However, that voice determines whether cancer threatens my life, or whether I can live and enjoy life to the fullest. I have come to acknowledge that cancer is a different entity that has chosen to be in relation to the cellular components in my body. Hence, the dance with cancer must be choreographed, challenged, and performed altogether.

Challenges. The greatest challenge I faced living with cancer was thinking: I am a “LIAR” for simply acknowledging that I do indeed have cancer. Accepting that I have cancer is in itself more painful than any physical pain that I experienced. I cannot say how many times I woke up thinking that I was the old Vardine (i.e., the Vardine before cancer). How much did I wish this was not happening to me? Finally in February 2011, I stopped getting into character and accepted that I did indeed have cancer. I felt so torn to verbalize anything about me. I often said that cancer was happening to someone else. Not me! As hard as it was to write the reason that brought me to therapy on the intake/initial visit form the therapist gave me, it has been even harder to accept that this thing that I am fighting is in fact a demon that I must face and dance with so that I am not thrown out of the ring of life. The best way that I falsely reasoned to live with cancer was to ignore it, pretending that it was invisible, even though I knew that it was the big elephant in the room, suppressing my vision to see that I needed more than medical help to survive.

Therapeutic Interventions

The Quest to Dance with Cancer

Pursuing dance has always been a passion of mine because I feel most alive when I am dancing. Since dancing was my method to praise God and praising God meant that I was alive dance is the perfect metaphor for me to move forward with living life. During this analysis, I reflected upon the effectiveness of listening as a therapist, because I do not recall exactly what I told my therapist concerning dance that he would invite me to live when he suggested that I write about my dance with cancer. Recognizing my therapist’s ability to practice active listening in session, I have become cognizant of my presence in the room with clients and therefore practice listening to my clients’ stories.

Dance has changed meaning in my life since I experienced a life-threatening illness. Because dance is itself a form of therapy for one to relieve stress and to exercise, which helps the body to produce endorphins or what I often call feel-good-hormones, to dance with cancer became appropriate for this researcher to learn to move forward. On a purely physical level, dance therapy provides the benefits of exercise, improved health, coordination, and muscle tone; it helps people stay physically fit (Brown et al., 2003). On a mental level, dance therapy seeks to enhance cognitive skills, motivation, and memory (Thulin, 1997). Although dance is a metaphor I used to operationalize moving forward with living with cancer, I also see its usefulness in a clinical sense in the same way as Aktas and Ogce (2005) reported that on an emotional level, dance helps people feel more joyful and confident, and it allows them to explore such issues as anger, frustration, and loss that may be too difficult to explore verbally.

Reflecting on how upset I was when my therapist suggested for me to dance with cancer, I see now that his invitation was rejuvenating and welcoming. I initially repudiated the idea of dancing with the enemy because when I sought therapy during a time of crisis, I needed to hear the specific guidance about how to deal with my crisis. I was what you would call a true client. I wondered how dancing with cancer and writing about it was addressing the specific issues that I came to see the therapist about. However, over time, approximately a year and a half later, I recognized his invitation to dance with the illness or the enemy as the most precise prescription he could have ever counseled me to do. Dance therapy can help people to move spontaneously and learn to recognize and trust their impulses and to act on or contain them as they choose. Moving

creatively encourages self-expression and opens up new ways of thinking and doing (Aktas & Ogce, 2005).

When my therapist asked me to dance with cancer, the thought of the pasodoble came to mind after hours and days of refuting the idea. It was bizarre how after I fumed about dancing with cancer, I came up with choreographing a pasodoble. The pasodoble is a theatrical Spanish dance performed by a couple, usually when ballroom dancing. Traditionally, the man is characterized as the matador (bullfighter) and the lady as his cape in the drama of a Spanish bullfight. The leader of this dance plays the part of the matador. The follower generally plays the part of the matador's cape, but it also can represent the shadow of the matador, as well as the bull.

The dancers may choose to enact the role of the torero, picador, banderillero, or bull, and they may change roles throughout the dance. Based on Flamenco dancing, the pasodoble dance is both arrogant and passionate. The pasodoble is performed more as a competition dance than as a social dance.

For the rationale of competition alone, and since the dancers can change roles throughout the dance, I decided to choreograph a pasodoble because not only cancer was rapidly moving in to take control, but I, on the other hand, wanted to take full control to eradicate it from my life. As a result, I might move forward in life formulating my own social dance (i.e., to live). The pasodoble, a progressive dance, nonetheless, is one of the most dramatic of all Latin dances. It would appear at times that cancer and I were both dramatic through the physical and psychological process of dealing with one another.

In the pasodoble, dancers take strong steps forward with the heels incorporating artistic hand movements. I took those steps by informing my sister Michaëlle about

seeing a therapist while also inviting her to come with me. The forward steps, or walks, should be strong and proud. My step forward was actually waking up early, taking a shower, and driving for one hour and some minutes to meet with my therapist. Granted a great part of me wondered, “Is this really going to be helpful?”

The man should also incorporate the *apel*, a move in which he strongly stamps his foot, much like a matador strikes the ground to capture the attention of the bull. For me, that meant following up with all my medical treatments and actually taking the time to listen to my body and beating cancer down with my best moves. All moves of the pasodoble are sharp and quick with the chest and head held high to represent arrogance and dignity. Since I am still dancing with cancer, I am learning to move fast. I think my therapist has helped me to learn that waiting—not doing anything—is not helpful and ignoring cancer is like having a tiger running after me attacking its prey. Hence, this has not been an effective way to handle cancer. The pasodoble is the best choice and style of dance that is appropriate for dancing with this “cancer.”

Separating from and Connecting to Cancer

God’s words always came to mind whenever I felt troubled. In Romans 12:2, we read: “And be not conformed to this world: but be you transformed by the renewing of your mind, that you may prove what is good, and acceptable, and perfect, will of God.” In this verse, I recognized my faulty thinking that life would be better if I were not in existence, and it was a way of conforming to the world’s idea of desiring to be well, not feeling pain, and hoping to be cancer free. However, renewing my mind is connecting to both my mind and body and, as a result, I have become aware and have focused on my purpose in life acknowledging that pain is also a part of life.

Renewing my mind has meant rejecting the negative, the cultural biases and stigmas, and embracing the positive. To stop life rather than allowing life to end is a choice because I know God and God knows me and has a plan for me. I simply trust him and never attempted to stop living life. I have learned that I do not want to live a life with pain because it does not allow me to live a life full of joy. I know that I am transformed because I started to let go of my thinking and emotions and started acting on the words of God, as well as the counsel from my doctors, therapist, and family and friends. Oftentimes I will say that I may not like what I am hearing, but I always am listening.

There is, however, a thought that travels my mind so many times that I have to rely on this scripture in Proverbs 3:5-6: “Trust in the LORD with all your heart; do not depend on your own understanding and in all your ways acknowledging Him, and He will make your paths straight.” This scripture speaks to me so many times that it is engrained in my head; only when I trust the Lord with all my heart and do not lean on my own understanding can I acknowledge Him so that He can lead me through others like psychotherapeutic interventions I received from my therapist to dance with cancer to go in the direction where I need to go.

Thus, I challenged myself to explore how my mind and my body were functioning in disarray while I tried my hardest to separate myself from cancer. No wonder my therapist invited me to embrace cancer and dance with it. I noticed that seriously resisting the thought of having cancer and fighting it was like being a forest that had all the trees cut down, and when it started to pour (i.e., feeling sick), I began to wonder why there were mudslides (e.g., cancer, high blood pressure, or life-threatening illnesses) when it

rained. Of course, I was thinking whether I would ever be the same, having gone through so many operations to fix just one problem—breast cancer. Nevertheless, my actions of cutting down all the trees in my forest, (i.e., separating myself from the problem of having cancer) became a consequence for the environment (i.e., my body/mind) where the ecosystem (i.e., emotions) interacted with no trees in the forest by creating mudslides (disorganization) when it rains.

Separating from cancer. In the past, separation from cancer worked on the surface, where I was only able to coach myself to regain control of life. By attacking cancer, I regained my strength by doing the things that I loved to do, such as returning to school for completing my education, working, dancing, and volunteering. At the same time I was learning to dance with cancer through my therapist's invitation, I felt lost and confused by recognizing my weaknesses and my inability to attend instantaneously to the things that I used to be capable of doing. So in that process, learning type II (Bateson, 1972), which I found relates to second order cybernetics, became relevant to me as I learned the art of practicing to be of the same mind with cancer through understanding the nature of choreographing and a co-authoring a new dance and a new story that fit both of our lives. Hence from most of my therapeutic sessions I came to realize that knowing when to either connect or to disconnect from a life-threatening illness is acknowledging my ability to listen since the body responds to the mind as the mind responds to the body. Listening or becoming an active listener to my body has become a skill my body automatically has learned to do. In one session I began to cry and I quickly hide my face from my therapist. I told him that I purposefully wore mascara so that I knew I should not cry. His response to me was how he likes the fact that my body does not listen to me.

Dance. Dance became powerful to me because one move or one step makes a difference and speaks a special language. Dancing with cancer has been powerful because my beat is fast, quick, swift, and smooth and cancer has to learn to adjust to my beat rather than me amending to its demands. On the other hand, cancer's moves are sneaky, evasive, and disorganized. However, I am in charge, I am the choreographer, I am the one who is teaching you, you need me more than I need you, and I will defeat you because I have defeated you before so I can do it again, and cancer will be crushed by my tenacity to proceed with all required treatments and attending to my doctors' orders. This poem depicted those emotions.

Entry #5: **The Ground**

Look at you, eagle!
 Flying up in the air
 Dropping uneven mercies upon my hair
 I am the ground you walk on.
 The soil that holds the roots of the trees
 You stand tall upon to repose your wings,
 The soil that contains minerals
 To allow the flowers to grow in every season
 As a result, you can be fed daily!
 Yet, who am I to you, eagle?
 Nothing!
 Surely, you'll say more,
 For I do not have the necessities that you do!

Oh, only if you knew

I am everything that you need to be

Want to be, wishing to be, should, but could never be.

I am the ground you walk on

The ground that keeps everything balanced

While you're flying up high in the sky.

After I wrote this poem I learned that without me alive, cancer has no purpose. I wonder how many cancer patients realize how important they are and that without them cancer will not find a cell to rest, to multiply, divide, and destroy. When I made that realization, I shared it with two friends of mine who were cancer patients, Jacothe and Cavanaugh, as well as my cousin Philo. They asked how I came up with that idea. "You are right, Vardine," they said. "We have to do what we need to do to fight this." It is unfortunate that my two friends and my cousin died from cancer, but I can honestly tell you that their spirit did not die with cancer because they gave cancer the performance of a lifetime.

Presently, I do not see myself as a victim of cancer, nor am I simply aware that cancer does not own me. Rather, I perceive myself as being a conqueror/matador that will kill cancer in this pasodoble dance. That explains my being of one mind with cancer. Although I am aware of the implications of having cancer in my life, I confront it with my positive attitude by following treatments, eating healthy food, exercising, and maintaining the attitude that cancer will not hinder me from being who I want to be in life.

Connecting to cancer. When I embrace cancer I learn to stay away from friends and family members and truly be me, whether it means being annoying or isolating myself. I mainly like to stay away from others and choose to deal with cancer alone. This method caused me to lose important friends who could not understand that I am speechless whenever that I am experiencing too much pain. Sometimes, it feels like there is not one single person on the planet with whom I can relate. I know realistically not to believe this because my sisters hate when I isolate myself from them and the rest of the world.

Whenever I connected to cancer, the people around me fell apart because talking about cancer was something that I embraced. This led them to reason, with fright, as to what was going to happen next and to wonder when it would end so that they could achieve their level of homeostasis. As I connected to cancer, a light bulb illuminated my mind, for I no longer fought the pain or thought of facing the challenges head on. The power of connecting mind to body became liberating. Not only did I learn to focus on the healing, which comes from God, but I also became aware of how my mind was responding to my body and vice versa. In dancing with cancer, I also learned to slow down, take naps during the day, recognize my limits and not push myself when I felt like I needed to rest. I then breathe in and out.

As I connected to cancer it became clear to me that I no longer fought the pain or the thought of facing the challenges head on. The power of connecting mind to body for me became liberating. I believe that most of my colleagues would disagree with me because I do not think I am making any sense saying that I foresee God as the larger system on whom I can solely rely and trust for my healing. It is sad when the world removes you

from being “normal,” such as when you apply for health insurance because you are in need, but instead you are described as a person with a pre-existing condition. Paying for every medical procedure out-of-pocket is not fun. But as angry as I am with the way the world operates, especially concerning health insurance for those like me who have or had a pre-existing condition, I find my peace in knowing that nothing is too big or too small for my God to handle for me. I must fight for myself even when I cannot seem to position myself to do that.

In fact, Bateson (1972) reports that there are differences between differences and those differences are themselves to be differentiated and classified (p. 463). Accordingly, there is an evident difference in my separating myself from living with cancer; also, there is another classification of difference when I allowed myself to connect with cancer. I told my therapist that I should access the old Vardine to deal fearlessly with the return of cancer when I knew that the new Vardine could not be present with the old Vardine. Each of those experiences carries on another type of relationship in which my family would say that they like me better when I am separating myself from the cancer rather than when I am embracing cancer. At least this is what I think because I am told that I am too blunt when in pain. So the people around me get affected when I separate with cancer because they seem to be uncomfortable thinking that a young person like me could have cancer, and similarly, they are uncomfortable with my wanting to keep having cancer a secret.

To conclude, the importance of connecting mind and body for me has been a challenge. However, I realize that I cannot separate my mind from my body for it is clear we are one. It is through this process of looking at the role psychotherapy played in my

journey that I fully comprehend my therapist's invitation to dance with cancer. Cancer and I are one, so separating from cancer also is separating me from myself. The more I am able to face myself, Vardine Kéda Siméus, the better I will be able to withstand cancer or whatever other obstacle comes my way.

Separating from cancer also separated me from myself, and the by-product of connecting to cancer and learning how to disconnect from cancer helped me to develop a voice to speak to it. In this clinical process—attending therapy—I discovered that I was able to face myself, Vardine Kéda Siméus, exactly as I am, and the better I am able to withstand cancer or whatever other obstacle comes my way. Thus, I have acknowledged that the greater the adversity, the stronger I am become. I also came to see myself as a different type of therapist, one who is a client and who remains a learner emerging to become a practitioner.

Cancer Moved Into My Family

The Intruder

Growing up I never heard of anyone dying in the family, except when I was four years old when my aunt's Bernadette's daughter died at eight months old. I do not recall attending the funeral and the family never talked about her death. Instead they cried discretely so that the children would not be affected by the trauma of her death.

The process of cancer moved into my family when I was around 15 years old. I heard how cousin Ghislain died of lung cancer; my mother's great aunt died of ovarian cancer. From that point on I began hearing how cousins Phillippe, Luc, Marie, Elisa, and Etienne all died of cancer within a year or two of being diagnosed. This is also when I began to document the members in both my mother's and father's side of the family who

died from cancer. My aunt Charlene died from throat and lung cancer. My mother's brother and uncle Dumas were diagnosed with prostate cancer and have received radiation. Cousin Elaine has leukemia. My cousin Philo, who is loved by everyone, died less than two years after being diagnosed. In my family, it is almost impossible to go longer than a year without celebrating the death of an aunt, cousin, or uncle due to cancer. For this reason I see cancer as an intruder. My journal reflects my struggle to accept these losses.

Journal Entry # 1: The Intruder Knocks at the Door

It's not me!

It cannot be me!

It's like talking about another person

Foreign this news is incomprehensible!

How? Why? What?

These questions come to mind

Why me? Why now?

No answer can translate this news that intercepts my life.

God! How can this be?

I don't think I can understand

Because this is not me

It certainly cannot be me

That is not my life! This is not part of the plan I have for my life

CANCER---such strange word and language I do not speak

Intrude my flesh; invade my spirit, disrupt my goals

How to cope when I don't want to relate to this alien killer?

This killer who creates turmoil to partially erase my being.

Cancer is an intruder. I think that each family feels invaded when a member in the family is diagnosed with cancer. Cancer has not simply interrupted my life, but it has also intruded on the lives of each member of my family. For example, I know that financially it costs my father a great deal to pay for my treatments. I had written the previous poem above just two weeks after I was told that I had cancer [coded "C" in my journal] by my OB/GYN. I had never shown my journal to anyone. When I began therapy, I recalled him asking me the famous question, "What brings you here?" It was the first time I had to tell someone who did not know me that I had ["C"]. After I informed my therapist why I was in his office, practically using a short description, I went home looking at this poem and I truly convinced myself that I needed help. It became clear that it was time to tackle this problem rather than to allow it to beat me. I had to develop that voice because my cousin Philo and I had been managing our illnesses alone, apart from family support, because we noticed how our families had already been impacted by this disease. While I was encouraging my cousin, who had just been diagnosed with stage IV ovarian cancer, to seek counsel, even though she could not speak with her husband and siblings, I realized that I too did not have to handle cancer all alone as I had been doing in the past.

Family Experience

"Cancer is a family experience" (Speice et al., 2000, p. 102). My family experienced cancer in such a way that I was scared for them. I recall my first surgery when my cousin Rose left her family in New Jersey to be with me at the hospital from

Saturday to Monday. My sisters, my mom, my little brothers, my friend Natasha, and my cousins camped in the recovery room with sad faces. My first word to them was, “Who died?” Ironically, it appeared as though they had surgery that day, instead of me. Instead, I had to be funny and tell them, “I know that I don’t look that bad; it was just a tiny surgery.” At that moment their depressing attitude changed to a more cheerful attitude where they all laughed and requested confirmation of “when will she stop talking?” Laughter is really a great antidote and humor is my catalyst to recovery.

Philo’s Story

November 15, 2011, I received the call from cousin Philo. She informed that she has been diagnosed with ovarian cancer. A long silence followed this announcement, and we both knew that this was not really the first day she has been told this news. “How did you do it?” She asked me after a long pause with neither of us saying anything to each other. It was almost as if we both knew what would come next. “Tell people..!” I replied. “That is the hard part.” We laughed knowing our *people*, meant our family members who would cope with the hard news.

I had to be honest with her, but I still maintained some discretion in telling her how the process truly works because she continues to communicate fear and I heard her fear. It was the same fear that told me daily that “I will not make it, because I am not as strong as you.” I have heard this fear before from myself and from other patients that were around me. I know this fear. This fear usually overtakes people by weakening their immune systems once they accepted that fear and allowed it to habituate in their brain. This fear seemed like the big giant that I let frighten me. By believing its lies, it had a stronghold in me. I told Philo, “*gade tande: look listen,*” in order to survive you have to

make an attempt to starve this giant that keeps on telling you that you cannot make it. You must not only ignore it but encounter it with your strong faith in God.

To invite my cousin to attend therapy, I knew that I had to ally with her faith in God, who would be the point of contact from which I could communicate to her about the importance of mental health when dealing with cancer. While she called me daily questioning what she needed to do, instead of feeding that fear, I would ask her to tell me what she thought about what the doctors are asking her to do. It was then that I saw the purpose of introducing her to mental health. She was so much like me, a fighter, and we were going to beat this cancer. While she kept telling me how much stronger I was than her, I reminded her how she had already overcome so much more than I ever would; for example, when we lived in Haiti in time of turmoil, she faced the passing of her father (my uncle who also died from cancer). My father is still alive and I do not want to ponder about his death, although I know that his day will come.

January 2012: Philo has surgery in Boston

Philo had surgery on the 5th of January and the procedure lasted over five hours. Everything was successful. Her husband called me to tell me that she asked about me when she awoke in the recovery room. I thanked God for the success of her surgery and I continued to pray for her speedy recovery. Later that night she called and told me that she thought that she wanted to receive therapy and that I had to talk her through it. In fact, she urged, “Use me in your project, maybe I can be your client...” While she was suffering, we were laughing. I gathered resources from Dana Farber Cancer Institute in Boston, Massachusetts, and sent them to her.

Philo's youngest sister, my cousin Rosie, called me in tears as though Philo had already died or was in the process of dying. When I confronted her with applying a different method to encourage Philo by conveying joy and encouragement, Rosie questioned how psychology could help anyone in cases like Philo's and mine.

Philo's mother, on the other hand, had done nothing but cry. Since her husband, my uncle Monet, died from cancer, she set it in her mind that Philo too would die from cancer. Since I had gone through a similar experience, I had been talking a lot with Philo about the dangers of taking on the feelings of others. Our conversations highlighted the need to feel what she feels, as well as not staying too long in the dark thoughts because hope can come with just her choosing to turn on the light.

Once when I was hospitalized, my mom's friend came to visit me and she kept on crying was that I was going to die because people with cancer always died. I was bold and cancelled her words, spoken over and over to me, and asked her to leave. However, I recalled the poignancy of her words, for my mother spent cried day and night telling me that "it's the knife that knows the heart of the yam." Philo's mother reminded me a lot of my mother. Both are loving people who became distressed and passed us their concerns rather than supporting us with encouragement when we need it most.

In a conversation, with cousin Rosie, I encouraged her to be strong for Philo by making her laugh because she would be starting chemo two weeks from the surgery. The more I emphasized how strong Rosie was and how Philo would look up to her for a speedy recovery, the more Rosie cried telling me that she was not as strong as me and that it was hard for her to watch her sister suffer. The funny thing was, my cousin Rosie has Lupus and she is the strongest woman that I know. She had a deep inconsolable

sorrow. My aunt, Philo's mother, proceeded to cry continually. They would call crying as though Philo were dead. It became clear to me that while I was learning to dance with cancer, I also need to have back-up dancer by inviting my family to the stage in an active creative way where they would be dancing without actually knowing that they were dancing so that both Philo and I could learn to move forward living with an illness.

Philo is out of the hospital:

Philo called begging me to talk to them because she was unable to take it their sorrow. She said, "Please tell me that's not what they do to you! O my God this is too much!" Her mother was crying day and night. The cancer treatment was very harsh on Philo and she could not keep anything down. She lost 20 pounds in just one month. Her mother was overwhelmed with fears watching her daughter suffer. Although I encouraged Philo's mother to be confident in knowing that not everyone who was living with cancer would die, she lingered to tell Philo that she knows that she is going to die because her father also died of cancer.

Clinical depression is a relatively common, and yet frequently overlooked, source of suffering among patients with cancer (Chochinov, 2001) and such was the case with my cousin Philo. I listened to Philo's complaints about her family for almost a month before I intervened. I was going through the process of also learning that a mass the size of my uterus was located on my ovaries and that I too needed surgery. Of course I did not inform my family about this news, but I was in therapy learning how to dance with this new diagnosis. Our families were very close and enmeshed, all the close cousins, aunts, and uncles were coping with and processing Philo's illness, because we just had a

young cousin who died in New Jersey from cancer, but no one was communicating about cancer.

While I was addressing my pains in therapy, I made myself available for cousin Philo to call, talk, vent, and to say anything she felt, like “I want to die and I cannot take it anymore...,” whenever she wanted to. I must admit that it was very hard for me to hear her speak like that whenever she would say those things, because she was more than a cousin, she was also my best friend. While I would feel sad, I had to be aware that I too had communicated those very same negative words while speaking to my friend Lissa and my sister Michaëlle. Hence, I began to shift in how I talked to both of them because I recognized how this truth can negatively impact their emotions to feel helpless and powerless.

Most people in my family think that I have it all put together, primarily because I am not one who divulges information about myself to anyone. In one of our conversations, listening to how depressed Philo reported she was, I just blurted out that I was seeing a psychotherapist to address my depression and anxiety concerning living with cancer. Philo said, “What? You of all people!!! But you help people for a living.” Puzzled, I began to think fast on my feet and I responded, “Every doctor needs a doctor; just like you as a nurse might need a nurse to care for you. Now you need a therapist like me to help you deal with the sadness and learning how to manage the pain.” It was as if I lifted an elephant off her shoulder; from that moment she told me that she would be seeking psychotherapeutic help to address her issues with depression in acknowledging that her cancer was terminal and that she would die despite chemotherapy treatment. With her having clear cancer cells (i.e., uterine clear cell carcinoma is a rare form of

endometrial cancer that has distinctive morphological descriptions on pathology; and it is very aggressive and has a high returning rate) at stage IV, the doctors told her that they would do everything they could, but that her body was not responding to the chemotherapy. The strangest thing for me to witness was that Philo's mother became very sickly and was hospitalized for two months after Philo's surgery because she became very melancholic. Philo, however, with therapy, started to feel better and her body was responding to the treatment contrary to the doctors' predictions. In May 10, 2012, Philo's mother died. I flew in the next day to be with Philo.

Although I was dealing with my own pain, knowing that the doctors told Philo that she would die was probably the hardest news I struggled to digest since I was the only one she had confided in with that information. Now another dance intervention was required of me. How could I choreograph a dance with that news? While I planned how to assist myself in dealing or coping with cancer, cancer was moving through the family, and now in cousin Philo who was like my sister. I begin to view the necessity of my field differently. Attending therapy had become meaningful and poignant, and providing it had become my passion, which created a new meaning for being a Marriage and Family Therapist. I sought ways to develop an educative packet with my cousin from the survivor's perspective to address a new way that Haitian families could approach a member of their family who was diagnosed with cancer to promote support and healing.

Cancer itself is not easy to talk about with anyone, let alone to members of the family who have become shut down just hearing the word cancer, and thus shut you down before you have an opportunity to speak. Addressing cancer within my family was harder because they displayed their emotions in ways that were non-supportive and non-

communicative; they only cried and believed that the person experiencing the cancer would die because most young people with cancer in our family have died.

Recognizing the Voices of Others

My Family Members' Perspectives

My sisters, Michaëlle and Rodeline, have always been there to take care of me. They would take turns to bathe me, feed me, and keep me company. They all coordinated their schedules with mama and papa so that I never was left alone. I never explored how much they were affected emotionally by witnessing my dance with cancer. My older sister, Rodeline, mentioned that my sense of style was one of dressing older. I have learned to take attention away from myself because so much about life is not wrapped up in how I look. Do not get me wrong, I love to look good; not looking good to attract, but to feel good about simply looking good. She questioned why I tried to wear a veil to masquerade my pain. I am certain that she was most affected by my illness because my breast specialist once invited her to witness one of my surgeries in 2006 when the cancer had metastasized from the right to the left breast. Rodeline responded to question 3:

She won't let people know that she is in pain no matter how hard she is suffering.

[Rodeline, 3]

Rodeline often made comments about my being superwoman and throwing hints that I did not need people around. Perhaps in my attempts to deal with this illness alone, I ignored being the little sister that she missed and for whom she wanted to care. She also made me aware of how hurtful it could be when I dismissed people's feelings. I am sure she wanted to help, but mama raised us to have a sense of independence, and I wanted that independence. It was not easy for me to let people help, but this was the voice that

Rodeline brought into my healing. This voice was also a voice that really helped me to seek therapy, to avoid some biases and stigma in my culture. Rodeline helped me to learn to depend on those whom I trust, and I have continued working on that so I do not push away people who love and care about me.

Michaëlle's voice was that of support, love, caring, and understanding. Ever since I was a child, I have been very close to her. She is my best friend even though we are years apart. It always has been easier to talk to her, although we disagree sometimes. She often says, "I will not fight your battle for you because you're no longer a little girl, but I will support you and be there for you no matter what you decide, but do decide to do..." Her reply to question 4 clearly explained this:

Besides constantly praying for Vardine, I chose to always lend my ears to her without expressing my opinions of how I would do things, yet I provide my support to her whenever necessary whether with words or act of kindness.

[Michaëlle, 4]

I think her respect for me, her annoying little sister, made the dance with cancer more freestyle and enjoyable. Michaëlle was very aware of my emotions. If I was happy, she could walk into a room and know that something extravagant had taken place; but if I was sad, she would ask what was wrong.

For instance, there are days I looked at Vardine and knowing how energetic she always is, I can sense that she is not feeling well physically. Yet, she makes it a point to gather family and friends together every Sunday for dinner where she joyfully prepares the meal. [Michaëlle, 3]

Most people in my family were not that aware, would not ask me if anything was wrong, but she was always paying attention to every minute detail.

On the other hand, my little brother Steve had a competitive voice. Humor has been the voice that connects us as brother and sister. We have joked with each other always. I am 9 years and 11½ months older than Steve. He is as sensitive as our mother. When he is near he always cries, and sometimes I have to tell him, jokingly, “I will slap you silly if you don’t stop. Am I the boy here or are you the girl?” “Yeeaahh,” would be his reply. Steve also brought the voice of education to my healing.

Education has played an important role in my life, and going to school challenged me to be hopeful and to be well. I also had something for which to look forward. Education has helped me tremendously to obtain an alternate perspective on life and my purpose and to declare war and victory over cancer. Steve reported that he looked up to me to succeed academically, having witnessed my ability to maintain a 4.0 GPA throughout graduate study while I was dancing with cancer. I loved how Steve punctuated this one thing that I always say, “It’s the beat that makes the sound.” He reported: “I felt so encouraged when I read his response. It is true that the only thing that changes something from good to bad or vice versa is our decision about how to respond to it.”

My other brother, Claude Jr., is the baby, so I call him Claudy. His voice has been very soothing in the process of my dance. He is very affectionate and just always wants for me to get better. His responses really touched me deeply:

As her youngest brother, I watched cancer made Vardine more willing to receive her education and to pursue her goals beyond her abilities living with cancer.

[Claude Jr., 1]

In all honesty, I describe my voice to be forgetful due to the fact I speak to Vardine as if she has no cancer. I never acknowledge her as a person who has cancer. I never voice the word cancer to her. I guess that is because I would not want to treat her differently from anybody else in the family so therefore my voice is calm, respectful, and admirable. [Claude Jr., 3]

My mother is very dear to my heart and I love her very much. It just breaks my heart see my mother weep. However, I told myself that I needed to talk to her about my illness because I had to be honest with her. I thought talking with her would take all night, with her saying “Wow. Wow. Wow. Wow.” Papa kept coming back in the room, although I had asked him to give me some time alone with mama. In the process I learned the reason I could not discuss my health issues with mama was because she despised the cancer, which she confirmed with her silent tears and prayers to God as she watched me dance with cancer.

My mother’s voice was that of concerns and fear. She was afraid and she communicated that to me, both verbally and nonverbally. Although my mother did not tell me that I was going to die, like Philo’s mother, but she cried, avoided looking at me, and even avoided interacting with me. This reaction spoke louder than she could have imagined. Now that I have been a therapist and a patient, I am able to see that she was just afraid, concerned about cancer killing her daughter. Her voice was silent from my perspective, but it was very loud in her mind and throughout her prayers to God.

My sister, Michaëlle, my little brother, Steve, and my friends, Ife and Denis, have each mentioned my cooking a Sunday meal. Cooking became extremely therapeutic over the course of dealing with cancer. I had to change my diet and, being picky as an eater, I developed a passion and a love for cooking and feeding others. There is a fulfillment in preparing a meal—starting from scratch and creating an authentic meal—that is extremely creative. I love to buy fresh produce, fresh vegetables, and fresh herbs when cooking. What I love about cooking is the process, which to me is both clinical and therapeutic because of the transformation that occurs, signifying that nothing remains the same. Creating a pleasant meal was at my fingertips. Cooking has also become part of the dance in the journey. I also enjoy going to the grocery to select what I want, buy it, take it home, and prepare it. It does not look the same after it is cooked, grilled, or baked. That is why the process of cooking is fun.

Friends' Perspectives

When I met Lissa in 2003, I was teaching dance for a program called “Youths between world.” I think that I was in the process of undergoing treatments or doing follow-up treatments. I never informed anyone about my diagnosis during that time so no one knew. Anytime I had a procedure I would just say, “I am going away on vacation.” To me business is business and personal is personal; neither should be combined. One day I went for a follow-up appointment and was informed that the cancer had returned. When I got to the office to teach the youths, I vaguely remember Lissa coming in to talk to me about a man she had met named Marcus. At the time, I really wanted to be alone, but while she was talking, the doctor’s office continued to ring on my mobile. I started to sniffle as I was talking to the secretary. Lissa may not recall how much I begged her not

to tell any soul because I was very careful about discussing this cancer. At this point I had known her probably seven or eight months when I shared my news.

Lissa has been a wonderful friend sent by God. While I became bored with the world and hid myself away, Lissa was the friend that brought life back to me by becoming my cheerleader friend. At times when I did not feel good at all and when I was unable to eat, she would act as my sister by asking me to try to eat something even when I told her that I could not. Also, Lissa knows how much I love greeting cards, so she always would surprise me with a Hallmark card to encourage me to get better. Also, she brought me M&Ms with peanuts or a pint of my favorite ice cream. Lissa understands my dry sense of humor so we can laugh about the most hideous things. Laughter is the voice that she brings to my life and I am extremely grateful for her gifts. Lissa answered question 4:

....I do believe she has made more of a difference in my life then I have made in her life..... I may have brought joy back into her life. As our friendship developed, we began interacting more socially. We would hang-out at the mall and laugh our hearts out, we would go to the movies and laugh, and we would walk down City Place and laugh. Laughter became our mascot and allowed her to not focus on being ill even when she was not feeling well. I became the friend who allowed her to enjoy life and the moment when we were together. I always wanted her to not focus on her and to just enjoy life and live life to the fullest, which she has yet to do.”

Lissa also brings the voice of fun that I am slowly learning how to accept. Normally, I find everything to be fun. Lissa also brings the voice of shopping because before her I

hated going to the mall. I always felt that people were looking at me and that they would know my secret because of the wig and being pale and skinny. My sister, Rodeline, would always be the one who shopped for me, but Lissa would drag me to the mall with her to search for sales and to try on clothes.

Other friends that I have are Keila and Estelle, whom I met when I started the master's program at Nova in 2004. We all became great friends and would meet once a month to catch up whenever we could. In 2006, after Keila and I met for lunch one day after one of my worst surgeries, I watched her cry uncontrollably. Keila became emotional each time we talked about the cancer. Surprisingly, this is what she answered for question 5:

After each conversation with Vardine, I feel incredibly lucky to have her in my life. I can help but become emotional when try to describe Vardine's challenges with cancer. Vardine's faith and wisdom did not allow her to hate cancer; instead she welcomed her challenges as part of God's purpose in her life. Cancer never changed Vardine's love for life and determination to achieve her personal and professional goals.

Keila's tears always shocked me. This time it was emotional because we were all laughing and talking about her getting married and my being part of the wedding and then boom—she hugged me and started to cry. She told me that she was afraid because she does not deal well with loss. I stayed frozen not knowing how to respond to her. In October, 2008, Keila got married and I was a bridesmaid in her wedding, proudly wearing a wig. Of course, I told her, “See you worried for nothing, I got to see this day, after all.”

Estelle in her former life taught French and Spanish at a Catholic school.

Speaking with Estelle was interesting and always comforting. Her laugh and her positive outlook on life have a way to not only make me feel better but to reassure me that all will be well with no doubt. Estelle would visit me with her husband while I was hospitalized. She is the only one who reported times when I wore a wig. Being feminine and, yes, losing my hair was a different type of experience, and it is one where it made me see myself as shallow and also as a woman who loves being beautiful and one who cares about how she looks. The truth is, in therapy I have learned that losing an organ to save my life does not alter my beauty; it simply challenges me to see my inner beauty and strength, which I can always portray by my willingness to fight and to become victorious over cancer.

I saw times Vardine was ill, weak, hospitalized but also times she was vivacious and enthusiastic. She wore a wig for quite a while until her hair came back. She was always attractively dressed whenever I saw her. [Estelle,]

Estelle would bring me magazines and gifts, and she would take the time simply to listen and to talk. I really appreciate her friendship, her love, and her support. The good thing about Estelle was that we could speak in French and I could tell her how I feel more than I could disclose to anyone else. Thus, I felt free to talk to her in my native language, for French is how I best express myself.

Another friend of mine, Corrine, I met in 2006, when I started the Ph.D. program. I had a practicum and other core classes with her. Corrine became aware of my cancer because I know that my friend Rafiah or Siva told her. In 2006, I was in and out of the hospital having surgeries back to back. Looking back to that time but also moving

forward, I know that I made it because God has allowed me to be. The voice Corrine brought into my life has been of friendship. She sought to be my friend even when I did not think that I could be a friend to her because time was of the essence. When I am in pain I cope better with the pain by staying away from any social contact. I do not like to tell people that I am in pain. Corrine and I have found a middle ground, to meet at Starbucks on the weekends to talk about life, we would spend four hours just talking. Corrine also brought the voice of concern—she did not want to be in the dark, and she wanted to support her friend no matter what. She has taken the time to be available to drive me from appointments. I honor her friendship as much as she reported:

Vardine's friendship was crucial for me several years ago when I struggled with some very intense life experiences and I feel as though I am different today because of her unwavering support. I think what Vardine offered to me was an opportunity to be seen, to know someone was paying attention; observing, concerned...I wasn't an island off by myself. I think one of the most healing things can be someone saying, 'Hey, you don't seem like yourself...I want to check in with you because I know you well enough to notice something isn't right.' I hope Vardine would say I bring the same thing to our friendship.

[Corrine, 5]

I hope that as I continue to learn, I learn how to be a great friend to all. I viewed my friends as angels sent from God. They are there to listen, to care, and to encourage, and they believe in me, even when I want to give up, and take the time to pray for me to be healed. I have made other friends in the program that have been supportive and dear to

me, but for the sake of study I could not interview all of them. Some have become like family and their love has aided me tremendously to dance with cancer.

Dating. I avoid discussing this topic because there is a great part of me that struggles to embrace the changes that have occurred in my body. My rationale is that I need to be well in order to pursue an intimate relationship. In fact, I do not believe that most people would be willing to learn how to dance with me and follow my choreographic steps in the journey. My friends Corrine and Lissa underlined how I stayed away from dating. The truth is that I know that every man is not the same as my ex-boyfriend was. I have tried dating other people, but if I start to talk about all the men I have been set up with by friends, there would be no end to this journal. I try to avoid every attempt by people playing matchmaker in my life; it never works.

My friends and family continue try to set me up with doctors and lawyers, most of whom who do not know what they want in life. It is so sad when you meet grown men who claim to be professionals and educated, yet they see relationships primarily for sexual advancement, just like a two-year-old throwing a tantrum when he feels that his needs are not met. I have tried going out with people, but I am not ready for the sexual offers that accompany these dates, so I have refrained from dating all together. Men who cannot hold an intellectual conversation about *de tout et de rien* (everything and nothing) just bore me. My friends and sisters, who never fail to tell me that I cannot be a nun, always encourage me to date or just go out to have fun. Fun! Most young men I know do not share the same interests as me. If I mention jazz, classical music, opera, or ballet, they mention a cartoon or a movie. If it is a man in my culture, he'll probably ask where "is the broom for the ballet."

I know every male will not be like my ex who ran just because he thought that I would die when I was diagnosed with cancer. But I really do not want to explain my illness to any man who is uncomfortable in his own skin and, in turn, makes me uncomfortable in my own skin.

My therapist and I addressed relationships and my fear of dating. My therapist knows how I stay away from anyone who demonstrates any interest in me, and his favorite saying to me was, "Let me guess, you're keep them at arms' length!" He was right because that is what I have done throughout my therapeutic journey. I think that I am willing to wait to date because relationship and intimacy require time and energy that I hardly have. Over the years, friendships and relationships have been valuable to me, so I am conscious of how I treat others as well as how others treat me. In the past I think this fear of being in a relationship stemmed from rejection and losing the opportunity to formulate my own voice about what I think love is. I do not think that living independently is a problem, for in therapy I am learning that dancing is the tool that led me to the transformation that became the task of narrating my experience of the journey. I think I can handle life alone for now, but my family and close friends believe otherwise. I do not desire to be alone because as a dancer, dance is not only what I do, it is my lifestyle, hence it is what I live. Living the dance is to dance the dance of life, which I know that while I am healing from a painful past that distorted reality for me, I have learned from therapy that if I change the music, I can change the dance, thus continue to dance the dance of life that is to be in an intimate relationship.

Personal Therapeutic Goals Accomplished

My Transformation as a Therapist Receiving Therapy

While I was in session with my therapist on December 20, 2011, I broke down crying as though I was going to lose myself. I cried like I never had before because I was so consumed by what the future may hold and by everything that was happening. I did not know what to do! I clearly did not know how to proceed. The thought of being unable to bear children frightened me. It was weird that, in the midst of breaking down crying, I hid my face like a little girl, then hurriedly asked my therapist to not look at me. On reflection, I see that I had never allowed myself to be vulnerable in front of anyone. That was the first time I allowed someone to know me, just to be able to know myself better. At the time, I thought I was becoming weak in therapy. I thought that to be human was to be tough, cold, and emotionless. However, that reality was not my reality any longer. Therapy had engaged me to connect myself with pains, emotions, fears, and the rest of my world. I wanted to break free from cancer, and I was beginning to know that my life probably would offer a break when I breathed my last breath. But I believed that there was more to life than watching both pain and suffering try to suffocate my life. I can say now that it felt good to cry, but while I was crying, I started to understand a different experience and emotion.

Finding myself in the midst of crying and becoming vulnerable in front of my therapist led to my embarking on a novel journey. What amazed me throughout my journey was that I thought I knew myself and that I was so strong that nothing could get to me. But in that moment in my therapist's office, I started to find pieces of myself. He asked why I was preventing my body from communicating with my mind. While I was

sitting there, broken, crying, and feeling vulnerable, a new me was emerging right in the midst of my dance performance, showing me that instead of a pasodoble where I could only perform or dance with a partner, maybe I should be practicing a new dance routine such as dancing a solo interpretative dance to demonstrate how I was connecting with the person that God created me to be.

I had learned once again from this therapist that time is essential, and to be a therapist, one must be human, showing concern for clients by offering time for support and being available. Even though I, too, was a therapist, as a patient, I was continuously learning from my therapist what it meant to be an effective therapist. Wisdom and knowledge truly are attained through experience.

I have come to realize that getting compensated for one hour of individual therapy with a client does not mean that the client's struggles and stories end until the following schedule appointment. It also does not mean that the therapist is not in a relationship with the client's story and struggle. Following up with a client either through the next attended appointment or through a simple telephone call leads to a different kind of care and of support, one that creates an increased therapeutic alliance between the patient and therapist. Honestly, I would have stopped therapy after the first appointment had not my therapist shown concern, compassion, and the ability to confront my cultural barriers. I do not believe that my therapist realized what his impact in this psychotherapeutic approach would have on me during the course of our sessions; however, transformation began for me the day my therapist invited me to dance with cancer.

As I have reflected on his suggestion, I see that dancing for me is living. To be invited to live through dancing with cancer was the right dosage and the best method of

chemotherapy that I could have been issued in this journey that I wanted to end. It was the beginning of my transition from being a cancer patient that was depressed, discouraged, anxious, hopeless, and helpless to being a choreographer that is now instructing and performing with an illness that I would soon defeat. My fears of how my culture, my family, and my own perception of attending therapy would affect me were now transformed by confronting them through seeking and attending individual therapy.

Two operative words to define who I am now are strong and stronger. I am strong and I am becoming even stronger as I endure the overwhelming emotions of living with cancer. Through each adversity that I have experienced, such as loss, trauma, and cancer, I have become stronger. I am stronger today than I ever was before because I am learning to do everything in opposite ways than I did before. I have a great urge to create change, for change is how I respond to and defeat cancer. Granted, fear was the catalyst that prevented me from moving forward when I knew it is the best choice, but sometimes the only choice to ensure freedom is to decide “What if?”

I think that therapy is an art. Thus, the art of therapy calls for brushing paint onto a “canvas” as though one were to construct and reconstruct an image that needs to be revealed. I have never painted on a canvas, but I used to draw. I recall that my best pieces of work were drawn when I intended to draw something else. Now I wonder if this is what occurred in my therapeutic sessions. I emerged from therapy with a different outcome than I expected when I started. Before attending therapy, I was in a terrible place where I did not want to do anything. I honestly had given up hope because the cancer had spread into my throat and other parts of my body. Although I tried to appear strong, I had no fight. Now I can see how confronting my cultural biases and reaching out

to my therapist's wife to begin therapy made the difference. I really did not expect to be helped by this therapist nor did I think that his voice could be one of the voices that would bring about healing in my life.

The most exhilarating thing that caused me to be transparent and lucid with my therapist was keeping my eyes on his gorgeous wooden floor, which reminded me of a dance floor. Part of me could not allow this therapist to look into my eyes. Because I was a therapist, too, I didn't want him to see how frazzled I was. I was scared and afraid, not knowing what the outcome would be. My mind wondered what idea he was forming about me as a client, a Christian woman of Haitian descent, who believed in God and not too much in receiving therapy. I was aware, as a therapist, that I had to put down my biases and fears and listen. When I left the first session, I knew that this man was probably going to think that I was eccentric for not making eye contact with him. However, his wooden floor was a safe haven, so I thought I started to believe I could discover a new me.

Meanwhile, therapy grew to be a dance because staring at my therapist's floor was my escape to experience dance in a new level of mobility while my emotions still were moving. This dance I was performing while gazing at this therapist's floor was my life. The experience of being a client was new and led to a path of uncertainty. I have been a patient numerous times before, but this was my first experience as a psychotherapy client, which was actually the same thing but different in context.

I have always been the girl that follows the rules and does things by the book. People describe me as thinking in "black and white and no in-between." I also like my private life, meaning I had not involved too many people in what was happening in my

life. Now was the time to take a risk! At some point in February 2011, I requested many things from God, but most especially to be different. Because change is constant, my focus and favorite saying is that every day is not Monday, thus nothing remains the same. Life progresses and continues moving forward. Life never takes you backward. I learned that therapy can push you forward to face challenges.

My late Grandmere had a bakery shop where she wrote a sign in French to avoid selling with credit (*aujourd'hui il n'y a pas de credit, demain oui*), which translates to, "We're not selling with credit today, but come back tomorrow." I used to watch people calling Grand'Mere a liar because she would never sell to them without money, even when they came the following day, as her sign noted. I asked her the purpose of that sign and she informed me that tomorrow never comes in the presence of the day because every tomorrow becomes today. So people misread and misunderstood her sign's meaning that she did not sell with credit at all. I found that same truth because in life, the person I was before cancer is not the same person that I am today living with cancer. I have changed through the experience of seeing life through different lenses. The person that I was on Monday, December 5, 2011, at 8:30 a.m. was not the same person that I remained by 9:00 p.m.

My belief is that cancer and the treatments' impact on cancer cannot stay the same. Something has to change, and therapy can provide the catalyst for that change. However, change is the difference that occurs across time, according to the anthropologist Bateson (1972). I changed by learning when to follow up with treatments, when to call and schedule an appointment for a mammogram/ultrasound, when to go for follow-up, when to tell my oncologist that I needed a break because "I am dog-tired," and

when to seek therapeutic help by consulting with a therapist due to the fear that this illness would win the battle.

My Growth in Self-Awareness and Accepting Myself as I Am

As a therapist, I agree with MacDougall (2002) that culturally skilled counselors are active in the process of becoming aware of their own assumptions about human nature, values, biases, and so forth. In order for me to have the capacity to accept myself as I am, a woman who grew up in different parts of the world and speaks several languages and lives with a devoted faith in Jesus Christ, I had to confront my own assumptions about therapy, culture, biases, values, and human relationships. In the process of deciphering whether or not therapy would be beneficial for me, I had to embrace my cultural viewpoints about mental health, my fears, anxiety, and depression, rather than resist them, and as a result I applied the interventions my therapist prescribed. The more I struggled with holding on to my old ways of “I am not doing anything,” the more frozen and immobile I became. As I let go, by embracing or engaging all the factors that I thought were problematic in my life, the fluidity of being a dancer made the process easy and I began to dance and move forward with life, treatments, and even writing my own dissertation.

I gained self-awareness through the process of therapy each moment that I engaged in the sessions with my therapist. It was as if I was co-creating a new me each time we had a session. In one session, my therapist walked me through the process of learning how to breathe. It was funny because I never took the opportunity to watch myself breathe, and what difference it made when I actually took the time to inhale and exhale. What I mean is that cancer made me aware of the need to relax and to slow down.

Cancer, and my therapy, taught me an important lesson about dealing with panic attacks while I was at work, in the waiting room in the doctor's office, driving to my doctor's appointment, and at home during my sleep.

I also learned that in slowing down, I became more familiar with nature. I noticed the different colors of the trees in Florida. Also, I paid attention to the number and variety of butterflies in my environment. I thought that most butterflies were the color of maroon, but I have since noticed yellow butterflies all around my townhome and everywhere else I go. I have observed how differently people respond to me when I smile at them, so I choose not to have the executive professional look that probably kept everyone at a distance. I did not realize that a simple smile could have much impact on a person. I recalled that my aunt Bernadette used to say that you can tell a person anything, as long as you first start off by bringing a smile to their face.

Therapy showed me how to be more aware of myself and my surroundings, as well as how to interact with nature and people in a more healthy, engaging, and satisfying way.

My Transformation as a Therapist Providing Therapy

Psychotherapy played a restructuring role in my therapeutic journey by allowing me to step back while dancing with cancer in order to see myself and noticed how my cultural biases were getting in the way. In the process of analyzing my journal, I saw that I gave myself permission to receive therapy, which affected how I provide therapy to my clients.

The therapist is a key change ingredient in most successful therapy (Blow, Sprenkle, & Davis, 2007). My therapist's empathic respectful and authentic approach

has given me a new sense of how to provide therapy as well. I cannot count the amount of times I had court-ordered clients sitting before me, only pretending to be strong. Now I wonder how my approach will be different when I encounter such clients who can reach breakthrough in their sessions only by becoming vulnerable and by letting go the persona of who they are portraying themselves to be. I hope I can assist them to embrace who they are becoming, just as my therapist assisted me to embrace who I was becoming inside and outside the therapy. I want to show them that although this was a scary process, they also need to recognize that change is constant.

Also, therapy allowed me to become more sympathetic to provide insight into my clients' problems. While present in the room with clients, I can practice active listening to my clients' stories. I would not say that I did not possess these skills as a therapist; however, I think that having been a client in therapy allowed me to become more aware of my presence in the therapy room with my clients, rather than simply focusing on my client's narratives.

Case Illustration of How I Have Changed to Provide Therapy

To illustrate how I have changed in how I provide therapy, I offer this case study. In October 2013, a 47-year-old woman was referred to me from the Palm Beach County State Attorney's office for therapy for having had sexual relations with a 17-year-old boy. This woman was having problems with each therapist she had been referred to, and she reported that she was classified as being "sick and a sexual addict." When the State Attorney phoned me, he informed me that I was her last hope and that she would go to jail if she did not make any progress with me. During the initial contact to schedule this woman's appointment, she cried for 30 minutes nonstop explaining her story. Part of me

was wondering how I could be helpful to this woman, but hearing her cries reminded me of my initial telephone call with my therapist to schedule my first session. Although part of my mind was wondering about her case, my heart was moved with pity for her and I began to see this case as someone who was also experiencing a life-threatening illness. I met with this woman for approximately 43 sessions, after which I had to resign as her therapist for medical reasons.

Following the customs of the agency I worked for, I always started my first session with a genogram. The genogram has a set of commonly used symbols and can portray information about the members of the family, their names, birth and death dates, sibling position, marital status, marriages, divorces, live-in patterns, ethnicity, major family events, religious affiliations, medical data, occupations, geographic locations, socioeconomic status, education, and relationships such as fusion. It also asked for the emotional patterns for each partner's family of origin. Our first session started with a genogram, and it was the first time she had seen her family and her problem within the framework of intergenerational family relationship patterns. We mapped her family and her relationship or lack thereof with each member of her family. Then she rated each relationship on a scale of 0 (cut off relationship) to 5 (close relationship). She described her perception of her present romantic relationship and what she hoped it to be, including issues such as sexual, physical, and verbal abuse, drug abuse, polysubstance abuse, domestic violence, sexual addictions, and employment relationships. All these questions were relevant to the biopsychosocial assessment that I had to complete.

During the first session this client reported how she was raped at the age of 13 by her eldest sister's boyfriend, who was ten years older than she was. This sister's

boyfriend continued to have a sexual relationship with her for a period of six months and she could not do anything about it. She described how her mother also abused her physically, verbally, and emotionally. She explained that she had a cut-off relationship with her mother, eldest sister, and her twin sister. Her closest relationship was with her cats and her “shooting up” buddies. Typically I would not address her sexual issues right away, but I noticed a shift in how I approached this case, as a result of having being in therapy myself. I began to explore her reason for being referred to therapy. Addressing her issues with sex, she reported that she liked having sex with younger man. I started to unpack her story as a child who was abused sexually at 13 years old to being a woman who feels safe only with a boy of a similar age. She began to cry as I reframed her story and she said, “Thank God someone understands me. Older men and men my age frighten me.”

This client had been labeled as a sex-offender, but I saw her as a wounded individual that experienced life-altering trauma that lead her to make unwise decisions, such as sleeping with a 17-year-old. The goal in therapy was to make her aware of this pattern and probe her about what she would do to break the pattern to avoid spending jail time.

My colleagues thought that I was crazy because I began to describe this woman, who was a polysubstance abuser in a different light in our clinical supervision meetings. My therapeutic approach with this client was to show genuine respect, empathy, warmth, and authenticity (Carlson, Sperry, & Lewis, 2013). This approach helped me to form a connection, and as a result, my client attended and participated in each scheduled session successfully, where before seeing me, she had been dismissed by three previous

therapists. The complexity of her relationship with being raped by her sister's boyfriend and then abused by her mother physically, verbally, and emotionally resulted in her having an abortion at 14, and after that, she used drugs to numb her pain. Since this client reported being emotionally cut off from her mother, I processed with her how cutting oneself off emotionally from one's family can often hinder any effort to deal with unresolved fusion with one or both parents. The importance of formulating a different relationship with her mother was also explored, and client confirmed how having a relationship with her mother would bring forth healing to her broken heart and to her childhood because it would help her to understand why she grew up believing that she was unloved by her mother and siblings.

Although she lasted only three sessions with the five previous therapists, who reported she was noncompliant and that therapy could not help her, she attended each of her sessions with me willingly. Our sessions were not only about her having sex with a 17-year-old, they were about confronting herself, her low self-image and lack of self-esteem, and her ability to learn the difference between her new developing self from her old sabotaging self. We also addressed her family issues and relationship issues, and after four months in therapy, she was made contact with her mother and initiated conversations with her siblings, which she had not done since she left home at 17. I also helped her mourn over her inability to bear children. She had blamed her mother for making her have what she called a "horrible abortion" that scarred her for life. She had told me she was Catholic, so I invited her to go to confession for having had that abortion because she kept on associating her lifestyle as a punishment from God. I also suggested confessing her feeling that she should die for having had a sexual relationship with a 17-

year-old boy so that she could make atonement for her sins. This client thanked me for my invitation. She said, “All my life I have been in therapy and no one has been able to see why I am so messed-up. Although you’re so tiny, boy you’re powerful to know that I would resonate with this.” As a therapist, I continued to invite this client to look for changes and to notice ways that she was becoming different and responding to life stressors differently. When she came from her confession, she told me that she felt like a ton of bricks had been lifted from her shoulders. She thanked me the next session by bringing me a large, white bible. When this woman terminated therapy in November 2014, she gave me a huge hug and a thank you card for saving her life. Every holiday I receive a text from this client.

What I did with this client was to allow her to tell her story. In listening to her story, I showed her respect, which built our therapeutic relationship where she was able to see that I care about her. Hence she responded to therapy by making the changes that she felt were necessary for her to stay out of jail. She has passed each of her drug tests for a consecutive 11 months after she worked with me. And she was drug-tested twice a month. She also reported that she has not had sexual relationship with any man other than men older than 25 years old. She was determined to change her life to avoid prison. Right after she terminated therapy she had another year of probation to complete. However, the district attorney released her from that charge after I submitted my three month follow-up report with my client.

Having been a client in therapy gave me a set of skills to approach this case in a novel way as a therapist, and it was that inner insight I used to invite this client to dance with her problem and lead us to reach a conclusion where in embracing her problem, she

decreased the high anxiety of her relationship with her family, and that provided the solution.

Summary

My therapist thoughtfully explored the problems I brought, rather than thinking about how he would go about fixing the problem for me. He did not seek to fix my problems. I think at some point I was a mystery to figure out; but once again, he did not seek to figure me out. He continued inviting me to explore new possibilities. So I was able to choreograph my own performance with cancer and develop my voice to speak to it.

For example, at one session I came in feeling determined that I did not want to talk about cancer. I was there to talk about cancer, but the truth is that I did not want to talk about cancer. I had just received some not-so-good news that I did not want to discuss with anyone, including myself. So I told my therapist, “Can we not talk about cancer!” Then he said, “You don’t want to talk about cancer? What do you want to talk about if you do not want to talk about cancer? You don’t have to properly formulate your thoughts to speak to me. You can just talk and we will figure out.” I know that my heavy French accent gets in the way of people understanding me, but my therapist just ignored my request and kindly brought me back to talking about cancer by inviting me to explore the context of my dance with cancer. At the end of the session I wondered what had happened. But cancer was discussed in session and out the door went my mystification.

Concluding this chapter without having a formal conversation with my therapist would be without a doubt, futile and scientifically unjust. I am referring to the therapeutic connection which developed between him and me. This connection was not there during

the first three to six months of my therapy. However, this therapeutic alliance started to grow during the season when I truly was at my worst and I wanted to give up, but my therapist kept pulling me back to fight in the ring of life. At times I could not speak, and he would tell me that he understood and we would have our sessions via a computer. When one of my doctors was giving me the run-around and refused to submit my medical record so that I could obtain a second opinion, which was after she told me that I had ovarian cancer, my therapist provided a reference where I could find assistance to circumvent that doctor, who has still never submitted my medical record. My therapist also did something that was out of the ordinary for me to witness, both as a therapist and as a patient. At a time when discouragement was swallowing me and I was immobilized with fears, he asked me to invite two of my friends and my sisters to be my delegates, and he also put me in contact with a cancer survivor who attending treatment at M.D. Anderson Cancer Center in Texas. Those little things not only empowered me to seek services, but they also showed me how much a stranger, to whom I was simply a client, could care so much about my being alive and could ignite the desire in me to want to be alive and fight cancer with all that I possess. My sister Michaelle did not show up to our session, fearing that attending a therapeutic session would mean that she accepted that her little sister is indeed sick.

I have grown to value the therapeutic relationship that I am formulating with my clients due to experiencing the transformative process that occurred in my life with having built a therapeutic relationship with my therapist. I started therapy with the thought that it would be brief since I have been studying and practicing therapy at Nova. It never occurred to me that after five years, I would still need someone to talk to about

cancer. As I write this document, I am no longer receiving therapy weekly, and sometimes months will pass without talking to my therapist. The great thing is that if I phone to schedule a session, I do not have to wait a month to be seen and we can have that session over the phone at a scheduled time.

I agree with Cromby and Nightingale (1999) that social constructionism accentuates the significance of others' involvement in the construction of the sense of self, as the data are considered to be co-created by both the researcher and the research participant. Because my data was my therapeutic journal, I did not have any participants per se, but highlighting the voices of my family members, my friends, and my therapist demonstrated how they were instrumental in my ability to create meaning. I began to see myself transforming from how I used to describe myself before therapy. I think therapy has been beneficial in my journey, and so have the voices of those who were involved in my process of constructing a new sense of self. Thus I had to add the reflection of my family and friends, as well as my therapist, to highlight how as a researcher, I choose how to interpret the data from a constructionist position (Maydell, 2010).

To write this chapter, I followed Tuffin's (2005) suggestion that every researcher is bound to influence the data. Thus, I reframed my second and my third research questions to see how my therapist and my friend Lissa would describe their perceptions of how individual therapy has been transformative and effective to me. Their answers in Appendix B confirmed my belief that individual therapy was paramount in my ability to dance with cancer and to become a transformed family therapist in the process. Their answers and comments also permitted me to acknowledge that I overcame the fears and the issues that overwhelmingly caused me to be depressed and anxious to seek therapy.

CHAPTER V: CONCLUSIONS

In compiling this autoethnographic study, my outlook was altered, not only as one who experienced cancer as a mother, as a daughter, and as a friend, but it magnified my worldview as a social science researcher and family therapist. This study permitted me to find a novel way to describe my cancer experience—one that encompasses looking at myself as a flexible, resilient person with a strong faith in God and supportive family. My new perspective, or transition/transformation, occurred when I confronted my cultural belief and learned that one does not have to be crazy to receive therapy and began to seek therapeutic help to cope with cancer.

I challenged my beliefs and learned to let go of myself to go beyond what I knew and beyond my cultural beliefs regarding mental health to find my voice. My experience as a client in therapy aided me to dance throughout this journey and move forward to stand up to a stubborn life-threatening illness. This process was not easy for me to overcome because of my inability to formulate a trusting relationship as a Haitian client. The intricacy to admit how painful the process was for me as a therapist has helped me in a way to be real and to be more at ease in connecting with anyone who finds seeking therapeutic help arduous. To stand up to this illness I had to learn how to crawl like a baby, and to crawl meant that I had to learn how to open my mouth and speak to cancer and also to talk with my therapist about cancer. Talking about having cancer was extremely difficult for me because I always have felt like cancer was happening to someone else; I never had the desire to acknowledge that it was occurring to me and to connect to it. This was the biggest struggle that I overcame in therapy because the purpose of my seeking therapy was because I had cancer and I wanted help to learn how

to respond differently to what my body was feeling. As a therapist, and also as a person with faith, I recognized the signs that I needed help and that receiving help would humble me before it killed me or the little pride I had left to seek survival. Moving forward I can say confidently that I had cancer and that I choose to live by seeking therapy to handle the issues of mental health that invited depression and anxiety in my life. While undergoing this process, I also discovered a transformed me, with skills, education, and creativity that could be an asset for cancer patients, especially Haitian cancer patients and Haitian families who are seeking mental health and family therapy. During my dance with cancer in therapy, I had invited my family and friends in my journey by asking them a set of five questions in a conversational email which I reflected upon and sought to find what was thematic about that process. For question one I sought to explore how my family members and friends witnessed cancer to have had an alteration in my life during the journey. Question two sought to see how my family and friends would assess and evaluate my hidden strengths dealing with cancer. .

The responses of my family and friends to these questions taught me an important lesson. The first lesson I learned is that as a therapist I never will know the impact, or lack thereof, I may impose on a client in asking one simple question. What I learned and hope to pass on to other therapists is that what we offer as suggestions to clients never are blanks painted on a canvas. Overtime, with reflection and focus on the client's strengths, a masterpiece will be painted on that canvas and such is my study as my therapist invited me to dance with cancer. For my family, I realized that I may have been the first and only person to give them the opportunity to talk about cancer and how they witnessed another person embrace living with cancer with courage to live and not to die. I know for

my mother it was a breaking point; in answering my questions she told me how she does not like to talk about cancer and how she prayed and prayed to God that her daughter would live. This was very therapeutic. This was in contrast to my cousin's Philo's mother, who never had anyone talk to her about how she witnessed Philo impact cancer rather than cancer influencing her. I wonder what would have occurred if such conversations had taken place between Philo and her mother. I also learned how to approach my cousin who was diagnosed with cancer about seeking therapeutic consults to cope with her depression and anxiety living with a terminal cancer diagnosis. Doing so meant that I had to self-disclose and be candid about my experience with depression and anxiety and to talk about how seeking therapy is not only beneficial but transformative. Nevertheless, I also learned that I can help clients and families in therapy by aiding them to recognize and understand what effect society, culture, and the economic environment can create in a person's ability to comprehend life situations.

During my final defense, my chair curiously asked to know what it was about therapy that made a difference for me as a client. The nature of going to seek therapy that became most important and transformative for me as a client was acknowledging that no matter what stories I came up with to disengage from therapy so that I did not have to discuss the issue (i.e., cancer) that actually brought me into therapy, the more my therapist tried to connect me to cancer. In another words, every time I tried to disconnect from the therapeutic relationship, my therapist would not let me. Rather, he would invite me into a discussion to explore alternatives meanings and contextual derivatives that somehow, someday would permit me to embrace the very thing that I feared to discuss. Furthermore, instead of focusing on my fears, my therapist responded with strong steps

(hence the dance of pasodoble) by demonstrating to me that being alive matters. He would connect me with other cancer patients who have survived cancer, and he created a troupe with my sister Michaëlle, my friends Lissa, and Corrine to assist me in following up with treatments. I never thought of providing therapy in such a manner. Witnessing those external efforts from my therapist, I would say that he maintained the relationship by building trust and compassion, which provided different opportunities for us to meet if and when certain symptoms would prevent me either from speaking or maintaining the energy to drive to meet with him face-to-face. To further elaborate on my recognition of how I found therapy to be helpful, it was my therapist's ability to maintain a therapeutic relationship with me whenever I would want to give up without actually telling him that I wanted to give up. My fears were many, and despite the fact that I could not communicate the multiple struggles I was facing, he focused on my strengths and my resiliency to bounce back by suggesting different possibilities among all other impossibilities that I could seize.

Culture's Role on My Overall Themes for the Study

The Haitian culture is known for its ability to be resilient and to bounce back after facing struggles; for example, from the 2010 earthquake and from much political turmoil. The center of the Haitian culture is the family; life revolves around family and doing what's best for one's family, even if that means going to extremes to support family. Such is the culture of my family. Everyone in my immediate family pulled together to save my life even when they were not sure that what they were doing was working; they courageously united themselves to assist me in my journey. My father utilized all his financial resources, along with his faith in God, so that I could live and was determined

that he will not bury his daughter regardless of my prognosis. Hence, my culture of being Haitian played a role in me staying resilient. Choosing themes that reflected that resiliency throughout the analysis as well as the voice of my family members and friends made a difference in my ability to process cancer.

Zautra, Hall, and Murray (2010) proposed two definitions for resilience. First they defined resilience as an outcome of successful adaptation to adversity. Second, they adopted an ecological system to define resilience as the capacity to absorb perturbations/disturbances before fundamental changes that occur in the state of that system (Holling, Schindler, Walker, & Roughgarden, 1995). Just to be alive to complete this study demonstrated how I applied such resiliency as a concept to weave together the overall themes throughout the process of analyzing my journal and that of my project. I became aware of my biases and the myriad struggles I had to overcome in order to narrate my personal stories in a candid manner that illustrated my experience of the journey living with a life-threatening illness. Castro and Murray (2010) proposed that resilience, when it is viewed as a trait like personal competence, may be regarded as another element of human capital that may contribute to a person's occupational productivity.

Resilience as a form of human capital may include (1) confident optimism, (2) productive activity, (3) insight and warmth, and (4) skilled expressiveness (Klohn, 1996) as well as (5) the capacity for self-regulations of emotions and behavior (Buckner, Mezzacappa, & Beardslee, 2003; Tugade & Fredrickson, 2004) and (6) goal-directed efforts to attain important outcomes (Connor & Davidson, 2003). (Castro & Murray, 2010, p. 4)

Looking at resiliency in that manner also demarcated my dance of moving forward with life and with being the person that I have become going through the process of therapy. Using that method of resiliency, I can say that I interwove those themes by first looking at confident optimism in such a way that the stories I choose to analyze demonstrated my strengths and those that I did not select to analyze from the journal boldly speak about my active step to move forward with life in choosing to leave the past behind. The main theme of this study was to dance with cancer. To dance with cancer meant that I was moving forward, focusing on living, and presenting how I went from step A (i.e., seeking therapeutic help to address cancer) to step B (i.e., receiving therapy) to arrive at step C (i.e., becoming transformed after therapy). This technique was pivotal for me to keep in mind because my passion and purpose as a cancer survivor, therapist, and a child of God is to live and stand by the one principle that I find at my core: to *be the difference that makes the difference* (Bateson, 1972). I maintained my optimism at a level of engagement to how I see life, despite my inability to foresee a future of certainty while I was looking at the data. Most people can utter what their tomorrows will be like; I, on the other hand, live in the present moment because I choose to believe that tomorrow never comes because every day or new day is the present. Because resilient people tend to use positive emotions to bounce back from negative sensitive experiences (Tugade & Fredrickson, 2004), I can say that resiliency in my Haitian culture permits me to use the overall themes in the study, seeking to draw out narrative that I find to be positive or impacting. My ultimate question throughout writing this dissertation was posing the question of how this document would transform, inspire, or educate anyone

who chooses to read it. What fire will my illness narrative ignite in a person's soul to get up and dance?

Insight and warmth are important part of my family culture to delineate the story. The warmth came from accepting to be kind to myself and attaching emotions to my narratives; previously I would read the material and feel like it was a story written about someone else. Although in plain view, I could not see a connection to cancer until my therapist invited me to dance with cancer; I then learned that in order to win I had to embrace it because separating from it had not worked. To be insightful about my culture presented knowledge and being knowledgeable dictates respect from elders, parents, and others in the community. In my culture it is important to be knowledgeable about a topic before you present it because the community looks to understand what they do not know from someone whom they respect who possesses the education and expertise to educate them. At the same time, it also is essential to be enthusiastic and friendly so that you are well received. This concept helped me to draw out the themes: a therapist's ability to empathize, recognizing the voices of others and finding my voice, to owning individuality. I sought to understand my story even when it was about me, and I wrote it as a way to make sure that the themes I picked were relevant not only to me but that the overall meaning or theme that I drew out aligned with the purpose of the study. Analyzing the data, I grasped that this was about me and I grew a sense of confidence about myself that this study can impact a person's life; I also became cognizant of my voice to boldly narrate this study in a learning context. I think that distancing myself from my own illness's narratives prevented me from connecting and dancing with cancer.

I employed skilled expressiveness (Klohn, 1996) as it is important to articulate your story in a level to which others can relate. For me to do that, I tried to include recognizing the voices of others as a means to skillfully connect to the sentiments of my family members and to see how understanding their voices greatly helped to shape my responses to them in a manner that helped me to move forward from a place of isolation to a place of acknowledging times when being present was helpful to them.

I employed the capacity for self-regulation of emotions and behavior (Buckner, Mezzacappa, & Beardslee, 2003; Tugade & Fredrickson, 2004) by speaking in a non-emotional way although I was able to express my thoughts and feelings. Having the capacity to regulate my own emotions was helpful so that I could represent the themes in such a manner that my readers could connect to my stories. And for those stories that I could not regulate my emotions and behavior I deselected them as themes simply because if I could not self-regulate my own thoughts and feelings about them through the analysis process, how could I expect my readers to reach an understanding.

I arrived at goal-directed efforts to attain important outcomes by looking at what my overall experience was like as an individual living with a life-threatening illness. This concept permitted me to arrive at the category of therapeutic goals accomplished and to find out what was thematic about my narratives, which was to move forward with life in dancing with cancer. It was to push the normality of my culture about seeking help for mental health issues and to acknowledge that therapy is like dancing: the more I attend/practice, the better I become in relation to what may be distressing to me.

Moving Outside of My Culture to Seek Therapy

Moving outside of my Haitian culture was a struggle because of the belief that talking with someone of expertise about my problems meant that I was not trusting God or insinuated that something was wrong with me - like I was crazy/ fou. In fact, Nicolas, Jean-Jacques, and Wheatley (2012) and Nicolas, DeSilva, Prater, and Bronski (2009) underlined the obstacles that Haitians in general may encounter in divulging and discussing personal issues with mental health professionals. However, having made the choice to seek therapy when I was at the crossroad of facing life and death, I can say that I do understand the challenges that some people from Haitian culture face when considering psychotherapy because it took time for me to disclose my personal narratives freely to my therapist.

The word psychotherapy is well defined in French, but not so in Haitian Creole, and that can present multiple barriers to a person who might not have the education to understand what it is that he or she is invited to receive. Now, that I have been in therapy and have tried to explain to my parents what it is that I do is a challenge. I can only imagine how an immigrant who recently came to the United States without any knowledge of psychotherapy or what it entails would embrace it if and when he or she is encourage to seek therapy to cope with a specific problem or illness. As a Haitian woman, pride is both my strength and my weakness. When my friends and my doctors suggested I go to therapy, I did not think that receiving help was building upon my sense of pride. However, to seek therapy is to have a sense of pride and to be conscious about wanting to live. Problems, when not dealt with, can cripple an individual. This ideology is a process that I have come to understand when I see the immobility of a Haitian client

who is hesitant to follow through with therapy when referred; thus I am moved with compassion to help them connect with their problems by teaching them how they have the power to choose how to respond differently to each life stressor they face.

Because pride is engrained in the culture and in the character of being Haitian, primarily for being the first independent Black nation and for having the resilience to bounce back and recover fully from challenges (Masten, 2001; Rutter, 1987), I can say that resiliency and pride can present obstacles for some Haitian people who think that not only can they solve their problems on their own, but that the problems will go away. Since some Haitian people believe that they will be okay with the mentality that “chak jou pa dimanch/ every day is not Sunday,” they feel the intensity of their problem likely will change. This view is not a negative view, but it is a view that I have expanded upon; although the intensity of problems do not stay the same, possessing the will to not let my emotions control me is a skill that I had to learn in embracing my problem rather than distancing myself from it. I am not certain if pride can be viewed as an extension of recognizing times when we, as Haitian people, see ourselves as strong individuals who are not apprehensive about requesting help and actually receiving help can be seen as a positive that demonstrates our great strengths and courage. I have been able to extend that invitation to my Haitian clients who are in therapy to aid them in seeing their strengths in coming to therapy rather than anticipating the problems will go away on their own. This principles have changed me as a therapist; I have become more engaged with clients who find psychotherapy as a stigma or as something meaningless, probing to see if they would rather receive preventative care to manage symptoms or remedial care

when their symptoms reach the last stage. I know that I sought therapy during a stage that probably was corrective and the outcomes overall were counteractive.

I think that having pride is a positive trait some Haitian people highly regard in individual life as well as within our family structure. When it comes to seeking therapeutic help, I think pride should be utilized in moderation. Pride, if not used in moderation, oftentimes can prevent some Haitian people from moving forward with the idea that seeking help in the form of psychotherapy is negative.

The experience of seeking therapy as a practicing marriage and family therapist has helped to shape me as a therapist by first recognizing the courageous effort a client makes simply by initiating help in the form of therapy. I also am aware of the struggles that one can face with telling, or not telling, anyone that he or she is receiving therapy for fear of how he/she will be perceived by friends and family. It is not easy to tell someone that you are in need of help, especially having to talk to a psychotherapist about your problem. I know that attending therapy was a struggle for me and one that I had to overcome all throughout my therapeutic journey.

This experience also has shaped me to be more empathetic and patient in the therapeutic process of my clients. Although I have been taught to provide brief therapy, I have come to learn that therapy is unique for each individual client and the foundation of permitting a client to find him/herself is crucial to the therapeutic process. Brief therapy, which is a “systematic, focused process that relies on assessment, client engagement, and rapid implementation of change strategies” (Center for Substance Abuse Treatment, 1999), worked for me because I had to learn to be a comfortable patient receiving therapy before that I could gain enough trust with my therapist to inform him of my struggles.

This experience also has allowed me to reflect on where I was when I started therapy five years ago to this point in time, where I still consult with my therapist occasionally. What is different for me now is that I am not afraid to text my therapist to request an appointment as before I would stall, think about it, and maybe cancel the scheduled appointment. The metamorphosis that I face now is that I am not running nor am I scared about who might find out that I am in therapy. I have come to recognize that therapy has helped me; it was extremely beneficial to me during the times when I was facing it as an obstacle, similar to what some Haitian people may be thinking at phase one when they are invited to therapy. To move out of the normal to seek therapy is for me to invite some Haitian people whom I work with to think consciously and live consciously by exploring the possibilities that seeking help for mental health issues in the form of psychotherapeutic actually may work.

Implications for Family Therapy

Family therapy could generally be very significant in the process of assisting individuals who are experiencing life-threatening illnesses and cancer survivors to deal with the consequences and impact of their illnesses. When I decided to write about my experience, my father kept asking me about the relevance it would have on my field. He even asked me the question that I often posed, “How will writing about your experience having cancer make a difference in your community?” I did not know how to answer him, because I had not intended to write about my experience simply to make a difference in my Haitian community. The truth was I did not know what the purpose of my study was at the time he asked me that question. I recalled telling my father that I believe that therapy is transformative, and that is what I want to highlight in my study.

As I planned my research, I realized that as a Marriage and Family Therapist myself, this study should not only seek to make a difference in my community, but it should bring awareness to the uniqueness of each individual who experiences cancer or a life-threatening illness. This audience includes family therapists who have never experienced working with someone living or surviving cancer, and even oncologists who might fail to realize that the patient they are treating is experiencing psychological distress such as depression, anxiety and suicidal ideations. In fact it is well documented that major depressive disorder is a frequent, but often unrecognized and untreated condition among breast cancer patients, which causes amplifications of physical symptoms, additive functional impairment, and poor adherence to treatment regimens (Fann et al., 2008). Although a number of psychological interventions for individuals diagnosed with cancer have been shown to be efficacious (e.g., Helgeson, Cohen, Schulz, & Yasko, 1999; Penedo et al., 2004; Trask, Paterson, Griffith, Riba, & Schwartz, 2003), Manne et al. (2010) stressed the importance of achieving a better understanding of why psychological interventions for cancer patients are beneficial for both clinical and theoretical purposes. I believe that presenting my narrative and detailing my reflections of my therapeutic process highlight why psychological or therapeutic interventions can be beneficial.

Pattern of Thinking

Throughout this study, dance is used as a technique and a metaphor to describe my ability to move forward with life. As I immersed myself in the study, I discerned several themes generated from my experience as a dancer that aided me a cancer patient to write an autoethnography. After I reviewed the chapters to conclude my thoughts as well as looked back into my childhood, dance has truly been my way to move forward

with life. Even as a little girl, when my mother would play music and dance with my sister and me to shield us from the political upheaval that was going on, it was her way to teach us that life moves on and that we have to go forward with living life despite the circumstances we faced. I see that mental image as the crux of my dance with cancer. Regardless of the stages of my illness and having to have surgery two days after I proposed my dissertation defense, the goal was to move forward with the process, and I did. Two months after proposing in November of 2015 I had to undergo another biopsy, and the doctor recommended a double mastectomy. Again my dance was to move forward and to keep on dancing.

In my curiosity to figure out why I selected these themes to draw out my narrative for dissertation, since there are other sections in my journal that I did not choose to analyze, I began to see the significance of why the categories and the themes I chose are pivotal in how I was able to discover a new sense of self. Throughout the process of analyzing the journal, I sought to answer my three research questions: What role did dance play in my life? What role did psychotherapy play? And finally, how did receive therapy influence how I provide therapy?

The discussion of the last question led to the implications for the study. My family members and friends pointed out how I discovered a new sense of self. I learned that isolating myself from cancer not only meant I couldn't cope with it, but it impacted my relationships with my friends and family members. I learned that I cannot be in relationship with anyone, including myself, if I am not willing to allow them to see me in my pain, instead of thinking that I can protect them by hiding how I am truly feeling. Their voices helped my dance by recognizing which beat was making the sound and so I

could move rhythmically to it. They were not making decisions for me; however, their voices permitted me to find the pieces of me that were sleeping and needed to be awakened.

Limitations and Considerations for Future Research

The goals of this study were to comprehend what role dance played in my life and what role psychotherapy played in my journey, based on my therapeutic journal. This study also sought to understand the role the therapist played in my journey and to explain what it meant for me to receive therapy and to provide it. Provided that the narrative of my experience is unique, this study may not generalize across other situations or circumstances.

One limitation of this research is the sensitive nature of my methodology. Writing an autoethnography according to Ellis (1999) includes weaving a personal narrative into culturally relevant stories, literature, and documents. As such, when I wrote my narrative from a genuinely sensitive place, I became cognizant of what stories I wanted to share from my therapeutic journal even though I realized that this would become public (Bochner, 2001; Ellis, 2004; Tillmann-Healy, 1996) and there is a part of my struggle that I wished to keep private. There are both personal and professional risks to “outing” oneself through this type of research (Ellis & Flaherty, 1992; Flemons & Green, 2002; Wall, 2008). Another methodological limitation this study is the validity of my conversations with family members and friends. Since my journal was completed about five years ago, it is possible that details from those conversations may have altered or forgotten, or recalling what questions I posed them may be vaguely remembered. Rennie (1992) reported that the recall of experiences always contains a certain degree of

construction, and this study is not exempt. Being multilingual as well may also be a problem because I interpreted and thus could have changed the meaning of the conversations I held with family members, friends, and my therapist.

The underlying limitation of this study is its reliability, or whether the analysis and conclusions I arrived at would be the same for others in this or a similar situation. I recommend a similar or an extended study for future research. It would be interesting to examine other cancer patients' experience with individual or family therapy across a larger sample and compare it to the myriads of research studies that have been written about the effectiveness of psychotherapy for cancer patients. Since not many cancer patients talk about their experiences with cancer and not many therapists understand what it is like to work with cancer patients, I would be interested to learn not just how family therapists view cancer patients' experiences, but also to learn how prepared family therapists are to work with individuals living with a life-threatening illness. Because very little has been written in the field of family therapy, about family therapists working with cancer patients, and especially about family therapists working with Haitian families facing cancer, I wonder if there are any family therapy graduate programs that incorporate a course on life-threatening illness in their training.

Reflexivity

Ellis (1991) suggested that a social scientist who has lived through an experience and has consuming, unanswered questions about it can use introspection as a data source and, following accepted practices of field research, study him- or herself as with any study with an "n" of 1. The research community is relatively comfortable with the concept of reflexivity, in which the researcher pauses for a moment to think about how

his or her presence, standpoint, or characteristics might have influenced the outcome of the research process (Wall, 2006). This reflexive process was vital in my study because most of my narratives were already written and I reflected on the conversations that I had with family members, friends, and my therapist.

Davies (1999), in her review of the concept, documented that, “Reflexivity expresses researchers’ awareness of their necessary connection to the research situation and hence their effects upon it” (p. 7). When I connected to my study, it became easy for me to reflect on my experience, and as a result I could gain understanding based upon how I interpreted my therapeutic narrative. Anderson (2006) further elaborated that reflexivity involves an awareness of the reciprocal influence between ethnographers and their settings and informants. As a result, it entails self-conscious introspection, guided by a desire to better understand both self and others through examining one’s actions and perceptions in reference to and in dialogue with those of others (Anderson, 2006).

Thus, through the process of including excerpts from the conversations I had with family members, friends, and my therapist, I was able to contemplate their responses and my reactions and, as a result, to grasp their understanding, which aided me in the process of reconstructing a novel way of comprehending my experiences. However, Laranjeira (2013) underlined how reconstruction is viewed as a fluid and continually evolving process that may occur throughout the illness trajectory. I am no longer the person that I was before I gave myself permission to dance with cancer and the freedom to engage in therapeutic relationship with my therapist in the journey. I have changed, and in fact, I am still changing. As such, Meleis et al. (2000), reported that we are constantly

challenged by changes, not just health/illness, but also developmental, situational, organizational.

The Voice of the Researcher

In this study, I had the freedom of a researcher to speak as a participant in a research project and to merge his or her experience with the experience of those studied. Wall (2006) implied that this voice is precisely what is needed to move inquiry and knowledge further along. Similarly, Clandinin and Connelly (1994) believed that if we omit a researcher's voice from a text, the writing is reduced to a mere summary and interpretation of the works of others, with nothing new added.

Taking the question of voice and representation a step further, Wall (2006) proposed that an individual is best situated to describe his or her own experience more accurately than anyone else. When I embarked in the journey to first write my therapeutic journal I never imagined that the journal would be the data that I would utilize for my dissertation. At the time, I did not think that I had the skill to voice how I was facing my own experience.

Nevertheless, having a voice in my study was important because although my voice was silent before my therapeutic journey, I learned through the five-year-period of therapy to formulate a voice that became very fluent in the process of engaging cancer in a dance, and I can no longer remain silent. However, Clough (2000) stated, "Experimental writing means re-thinking the condition of representation and therefore [engaging] with figures of subjectivity that do not depend on representation as it has been understood" (p. 286). As I was able to determine the distinctive voices of my family

members, friends, and that of my therapist, my voice, which was frozen, started to move forward from a stand-still point (i.e., being frozen,) to having an urgency to speak.

Forming a voice to address cancer also assisted me in coping with the challenges that I struggled with in my family. My family expressed that they do not like to talk about cancer and that they never approached me with cancer as a conversational topic. Establishing a voice broke that barrier. My curious stance as a therapist permitted me to engage them in conversation where they were forced to talk about cancer and how they witnessed cancer impacting my life. This process I think was very arduous for them because it took them about two to three weeks to respond. For most of my family members and maybe some of my friends, my invitation to have a reflective conversation about cancer probably was the first time that they had to introspectively reveal any opinions about a person who was experiencing a life-threatening illness. How compelling it must have been that I was the person who asked and hunted them down to have that conversation with me.

Discussion

I had two lasting friends that were both licensed clinicians of social work and Marriage and Family Therapy. They encouraged me to seek therapy each time they talked to me or asked how I was doing. Throughout the process of attending therapy, my therapist invited me to write about my dance with cancer. I wrote a journal that, as raw as it was, I sent to my chair and my committee members to read at the time. I recall exactly where I was when my chair called me with an update of my therapeutic journal. I was leaving the store of Michaels, buying arts and crafts to do a scrapbook for my son. When I asked him to be honest with me and to tell me what he thought about my journal,

he said, “Vardine, it took me a while to get to you because I could not put it down. This is good stuff and I can see this as a book or you can use it for your dissertation.” I was shocked to hear him pronounce these words to me. Part of my struggle with cancer, which I did not write about in my therapeutic journal, was the idea that I often thought that I was not good enough to do anything. It also seemed like I was a failure since I could not be well. Interestingly, when my therapist told me that my journal was well-written, it was as if I had received an Oscar nomination because he is known to be a great writer. However, I was facing a conundrum in thinking whether or not I would truly be able to write my dissertation based upon all the challenges that were before me.

I remembered my therapist saying to me the session following him reading my journal, “Vardine, this is great work you did. I can see you presenting this at conferences and publishing it as a book.” For some reasons my chair and my therapist’s comments birthed a new voice inside of my spirit. It was a voice that I prayed approximately five years to obtain. It was the voice of confidence. Feeling pain stole my confidence in myself and my ability to do even the little things that I used to do with my eyes closed. Their expressions of faith in me and in what could become of my therapeutic journal were actually the catalyst that sped the process for me to be transformed therapeutically and to write a dissertation about my dance with cancer. They showed me how transformative therapy is, once I let go of myself and all the others narratives I had grown to believe and accept as truth.

Although I was afraid of what people would say about receiving therapy from a therapist that probably does not identify himself as a Christian, my therapist and I worked well with each other and I do not think that I could have reached a similar therapeutic

alliance with another therapist. I am selective of the people I connect with and my expectations would probably be higher for a person of similar faith as me. I would not have continued therapy with anyone who said anything that would be contrary to my knowledge of God, or anything implying that I had cancer because I was cursed by God or that I needed to repent my sins to be healed. The truth for me is that I do believe in the word of God, and I also trust in what God is doing in my life rather than focusing on what is happening to me. Plus my therapist seems like he was an angel from Heaven that God used to wake me up from a frozen state to a state of survival. His therapeutic approaches and suggestions played a pivotal role in assisting me to realize the role that cancer plays in my life. It is ironic that his proposal to me to dance with cancer and asking me to perform it by narrating the process in a journal would be life altering and also become my dissertation. After I received individual therapy and learned to dance with cancer, my faith in God increased. I no longer question why God cursed me with tumors, according to *Deuteronomy 28:27*, as many people have told me; rather, I am moving forward without delaying treatments and have chosen to dance instead of remain frozen.

The purpose of this study was to explore, through autoethnographic inquiry, my dance through the process of seeking individual therapy while confronting cultural biases in the Haitian culture about mental health. It was also meant to highlight the role psychotherapy played in my reflective therapeutic journal that I wrote while in therapy. Josselson and Liebeck (1995) believed that stories of lived experiences, including life histories, interviews, journals, diaries, autobiographies, memoirs, or biographies, could be analyzed. Thus, I analyzed my therapeutic journal as data. I agree with Nicolas et al. (2006) and Nicolas et al. (2009) that Haitians may have difficulties divulging and

discussing personal issues with mental health professionals. As a child, I grew up with the belief that “*les linges salent se lavent en famille/ dirty laundry are washed within the family.*” Even though I had been practicing therapy for ten years, this belief crippled me as a client sitting in the therapeutic room attempting discuss my illness narrative with a therapist. Closed systems with rigid boundaries create isolation and a barrier to the outside world (Carbone, 2012). This viewpoint may limit one’s ability to seek help in the form of mental health, and therefore, lead a person to remain frozen rather than move forward to encounter change. However, drawing on my skills as a dancer, I had a new set of skills to be a different type of client who embraced change. The therapeutic relationship I formulated in sessions assisted me to connect to therapy and helped me to move forward with life by dancing with cancer and make changes in my life.

I am altered as a therapist who provides therapy to clients. I now recognize how therapy can heal the soul and the body. I am beginning to see the role that I have to play in the therapeutic process in others in order for change to occur.

I began to see that I will have to counsel my clients to do something to move forward, just as choosing to dance with cancer was the difference that made the difference (Bateson, 1972). In fact, just recently in a session with my therapist, as I talked about my journey with cancer, he reframed it, “What an adventure!” This statement changed my perception of the journey. A journey has a destination and it would seem that one has arrived. However, in an adventure, one seeks to have fun, to be lively, to remain curious, to discover and to be discovered, and this was true for me living with expectancy every day.

Therapy created a myriad of changes in the person that I am and the therapist that I am for my clients. The greatest alteration is that I acknowledge the strength a client possesses to seek help in the form of therapy. Most of my clients are referred to come to therapy and instead of seeking me out on their own. I travel to meet with them, conducting home-visits, but I had never acknowledged the mental process that clients go through before they make the call to a case manager to seek therapy. Thus, as a therapist, I thank my clients for allowing me to hear their story after my initial visit. I used to think that I was just a therapist, but after experiencing the transformation that I went through in therapy, I hold the field of Marriage and Family Therapy in higher regard. I have become more professional and ethical, and I possess a passion, not just to do therapy, but to becoming a therapist who connects well with her clients.

I am altered as a therapist to provide therapy to clients by recognizing that therapy brought healing to my soul and to my body, because I am now able to look at cancer through a different lens. Had I not gone to therapy, maybe this study would have never been written and there is a possibility, if I am honest, to say that I may have been dead. I expected my therapist to heal me from the symptoms of depression and anxiety that brought me to therapy, but instead he helped me to identify the symptoms, such as my cancerous tumors, that led me to be frozen and immobile, and he encouraged me to do something different as a means of intervention. Because of that experience, I am aware that I, too, cannot heal my clients and their problems, but as my therapist did for me, I can invite them to think differently as a result of our therapeutic relationship.

As a therapist who has received therapy I have changed the process of how I provide therapy, by connecting with my clients and their narratives. My first clinical

supervisor had taught me to stay in the process. For example, before I received therapy I was very a “by the book” therapist; if my clients were to offer me water, since the agency had a policy not to receive or take anything from a client, I would find a way to say thank you politely and not take it. I would also maintain my boundaries by not touching, hugging, or calling my clients to check on them until our follow-up session. I think now I have become more compassionate and understanding and I feel like I can relate to my clients without crossing any boundaries and countertransference by being sympathetic. I do check on my clients with either a text or a phone call, and it has built our therapeutic relationship to where I would hear them say, “Ms. Vardine, you really care about me. Thank you for checking in. It shows how different you are as a person and a therapist.” The meaning of being a therapist has also changed for me because I am first a person and second I am a person who practices therapy, and thus my ability to connect to clients has enriched.

Before I received therapy, being a marriage and family therapist was a job that I valued but I was not necessarily passionate about because I worked with a population who only cared about receiving therapy when they were in crisis mode. Thus, I often wondered how I made a difference in my clients’ lives when they terminated therapy. Nevertheless, conducting therapy now is more of a passion than just a job. It is my job to acknowledge that transformation is taking place, even while I am speaking and interacting with a client, because we are confronting their problems with alternatives stories that we are co-creating within the session.

Cybernetics enables us to encounter the mind in therapy while not forgetting the bodies that embody it (Keeney & Ross, 1983, p. 63). This idea really moves me in the

direction of how I must focus not only on my issues with cancer and the problems I have, but also I must pay attention to the context in which the problems exist. It is like receiving a nicely wrapped present. Surely, the present will be what I aim to receive. However, I first must acknowledge and receive the gift that is wrapped. Then, I must unbox it and open it to receive the present within the box. Usually as a patient, I will bring in the problem (the mind or the gift) and as therapists and doctors must explore the context (body/or the gift wrap box) that is carrying the problem, which is me.

Another way that I see this idea as helpful and as assisting me in coming to therapy is noticing therapy as a gift from my therapist during each session. How can I explain this? I often engage my clients in therapy with an exercise that is very appropriate to this notion of the therapist giving me the gift of therapy. In this exercise, I ask my clients to hold several things in their hands, (e.g., a phone book, cell phone, notebook, bottle of water, umbrella, pillow) as well as whatever is present around us. Then, I instruct them to make sure that their hands are so full, they cannot hold anything anymore. I then pull out a \$20 bill and hand it to them. Guess what? It never fails with any client with whom I conducted this experiment: they must put down everything in their hands in order for their hands to be free to grab that \$20 bill and run with it. I was not handed a \$20 bill in session, but I received the gift of finding a new me to become a better me. I also am finding out how to put down the things that I am holding that have not been helpful and to discover how to free my hands to receive new methods that work.

There is a dance somewhere for anyone who fears seeking therapy. Similarly to how one sought to travel to a place of adventure, therapy can provide multiple discoveries that one never expected to find as long as there is a yearning to find

something new or something completely different. My journey, has become an adventure where my dance has changed from pasodoble to not feeling afraid to perform a contemporary dance by dancing a solo. Dancing alone has permitted me to dance with others by taking away the attention off myself to focus my attention toward everyone I meet by showing him/her respect during a conversation. In this journey of dancing with cancer, I have learned to embrace my pains, my struggles, and my challenges, by also learning to let go of the fears and the uncertainty that I am living with cancer. I also keep in my mind that my body will respond to how I feel. Validating how I feel and think about myself gives me perspectives such as confronting the social stigmas and biases of my culture about mental health. I have also come to learn to relate to people by having meaningful conversation that explores how the changes in medicine will affect a regular person and what he/ she can do to get a positive result out of those changes. Feeling sorry for myself, or seeking others' opinion about how I am doing I realized cripple me. Thus, attending therapy and making an effort to change from my old habit, helps me to discover a new me.

Although many people are afraid to seek therapy or even consult a therapist, there is still a metamorphosis process that occurs when one decides to let go and to embrace who they are. For me this metamorphosis process occurred as I choose to seek therapy and begin to obtain the wisdom to also look at myself outwardly rather than inwardly. Gaining that wisdom to look at myself outwardly gave me the courage that what I am seeing on the outside is a definite reflection of what is going on in the inside of me. As such, I learned to take care of me, instead of busying myself with fatigue. I have learned to do things that I have planned to do even when I do not feel encouraged to do them,

such as completing my thesis; daily caring for my son, and working on work projects. In all reality, my progress to moving forward with life by responding to my therapist's invitation to dance with cancer, is recognizing the importance of welcoming life-threatening illness as a simple distraction. Instead of thinking that it is a disaster that comes to kill me, I engaged it with making time for myself, going on vacation, meeting up with friends for lunch, volunteering, cooking for friends and family members, and enjoying nature. Despite all the process to look on my outward self, I know that it is who I am on the inside that is reflected on my outward self. Therefore I conclude that although I attended and received therapy, the change for me is choosing to accept and to love myself as a child of the Most High God, not a cancer patient, a person who is struggling with life threatening illness, and to see myself as a person who is a conqueror regardless of my personal struggles. I have learned to "take captive my every thought to make it obedient to Christ" (2 Cor. 10:5 NLT). Whenever I am feeling negative I have come to learn that an intruder has knocked at my door. I then challenge myself to think positively or doing something rather new to distract those negative thoughts by engaging in fruitful activities, by watching a movie, going for a walk in the park with my two year old son, calling a friend, or cooking a new recipe. Having a change of heart has been the key in being transformed, and an antidote that assisted me to move forward in the journey of dancing with cancer.

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Appendices

Appendix A

Educational Plan for Haitian Families about Cancer

Part of my journey was to develop the idea for an educational plan for other families.

Knowing God or having a relationship with God plays a big part in understanding how to communicate with my family because any approach to seek therapeutic help could be seen as not trusting in God or that the individual who is seeking therapy is “*fou/crazy*” or “*gate/spoiled*.” Therefore it was crucial to have the proper strategy for approaching the family respectfully, lovingly, and kindly. Also, having knowledge and presenting information intelligently was also a prime bonus because our family respects and find pride in what you have to say when obtain a higher level of education. Cousin Philo was a nurse and I am a Ph.D. candidate writing my thesis.

While we began to process taping our thoughts, the cancer had begun to spread to her lungs and all her lymph nodes. She became unable to communicate. Philo talked about communicating through texts and emails, but I realized how tired she was. I gave her the options to call me instead. As I reflected on the decision to not proceed with this project with Philo as she insisted, I felt very disheartened that I did not complete the manual with her. She had experience as a nurse that would be beneficial for this manual that we had talked about since before she was diagnosed with the cancer herself.

I considered that our present sufferings were not worth comparing with the glory that will be revealed in us (Romans 8:18, NIV). Philo and I choose that scripture because we wanted to confront those who feel that seeking mental health was a sign of not trusting in God. It addresses our faith and relationship with God during our suffering and

tackles the bias and stigma that are connoted to seeking/attending/receiving therapy in declaring that this sickness is temporary. Therefore if temporary, receiving therapy is the antidote that may assist one in reaching such a level. I used to discuss scripture with my cousin, who was Christian worker, and her understanding was that faith requires work. However, even if you believe that you shall be healed, it does not mean that healing will come if you choose to do nothing. I proposed to her that if she and I were running a race and she were 10 meters before me in the race and chose to stop running I would catch up to her and win the race simply because she chose to stop running. As Christians, we know that according to James 2:14-26 (NIV):

*[¹⁴ What good is it, my brothers and sisters, if someone claims to have faith but does not have works? Can this kind of faith save him? ¹⁵ If a brother or sister is poorly clothed and lacks daily food, ¹⁶ and one of you says to them, “Go in peace, keep warm and eat well,” but you do not give them what the body needs, what good is it? ¹⁷ So also faith, if it does not have works, is dead being by itself. ¹⁸ But someone will say, “You have faith and I have works.” Show me your faith without works and I will show you faith by my works. ¹⁹ You believe that God is one; well and good. Even the demons believe that—and tremble with fear. ²⁰ But would you like evidence, you empty fellow, that faith without works is useless? ²¹ Was not Abraham our father justified by works when he offered Isaac his son on the altar? ²² You see that his faith was working together with his works and his faith was perfected by works. ²³ And the scripture was fulfilled that says, “**Now Abraham believed God and it was counted to him for righteousness,**” and he was called God’s friend. ²⁴ You see that a person is justified by works and not by faith alone.*

²⁵ *And similarly, was not Rahab the prostitute also justified by works when she welcomed the messengers and sent them out by another way?* ²⁶ *For just as the body without the spirit is dead, so also faith without works is dead.]*

James 2:14-26 was the core of the manual that we started to write in order to approach religious family members who perceived therapy as demonic or as a service intended for those who are *fou*/ crazy or those with mental health problems. Because our focus was primarily verse 14, “*faith without work is dead,*” the goal was to invite family members to dance with us in our journey living with cancer. We wanted them to understand that sometimes faith has to move you to walk or dance toward healing instead of waiting, sleeping, and simply praying for healing to come. I dissected faith as an active word, meaning that we were going to do things differently so that we would get different results. When members in my family argued that psychology and psychotherapy/ therapy were not of God, my answer was that of Isaiah 55:9, “For My thoughts are not your thoughts, nor are your ways My ways,” declares the LORD. “For as the heavens are higher than the earth, so are My ways higher than your ways And My thoughts than your thoughts.” I used that scripture often as a reply without further explanation, because in order to present therapy to people in my culture, I must respectfully address them in a context that is comfortable for them to respond, so they can accept my invitation to dance with me by coming along side me to see that therapy is beneficial for everyone at some point of time in his or her life. My goal in bringing in scriptures is not to say that if another therapist does not know the bible or the word of God they cannot reach the Haitian clients. Not at all. My therapist would have been unsuccessful in assisting me. Talking to my family, who would point out scriptures to me, was helpful for me to reach them with scriptures, as well to point out how

therapeutic assistance could be helpful based upon activating their faith to work, instead of simply doing nothing, while waiting for a miracle.

I often told my cousin that the method of this manual would not be to tell people what to do and how to do what we think they should do. The purpose was similar to what my therapist did when I began therapy; that is, he invited me to either embrace or reject the idea such as dancing with cancer. However, this time, the goal of educating our family would be attempted by presenting them with information that they could embrace and could assist them to see how their reactions toward our illness impacted us and our healing process. At the same time we also desired to highlight the benefits of communicating positively and how it could assist in managing our illness. We described therapy has an experience that was healing and redeeming and that treatments are intended to heal and relieve a disorder. Psychotherapy, however, helps people recognize what makes them feel positive or anxious, and helps them accept their strong and weak points. Our reflection on that description is that we know that healing comes from God and God alone, and that our effort to address this manual in a Christ-like manner means that we are not only quoting the scriptures but present our understanding of the word to challenge people who have been thinking in one way to open their mind to think differently. We also sought to demonstrate to family members that when we are able to identify our feelings and ways of thinking, we become better at coping with difficult situations such as cancer or life-threatening illnesses. We also wanted to concentrate on teaching our families how to validate their hurt, sadness, and feelings of being overwhelmed when dealing with the cancer diagnosis of a loved one. At the same time our focus was to teach them how encouragement brings greater healing and consolation

to one experiencing cancer than their melancholic attitudes and belief that the individual living with the cancer will die. Philo and I used to talk for hours about this one subject. In fact we used to joke about what was expected of us to respond when we were asked “*Ki jan ou ye la,*” meaning, “How are you doing?” We used to laugh it off saying that “If I told you how I really feel, would you be able to handle it?”

Session: 5/21/2011

I left this session thinking about what I was learning and took away with me. Although I am writing my dissertation, there is a great urge for me to pursue writing a study about my experience in therapy to find a way to deal with cancer. I am journaling these ideas, hoping to email some of the closest people to me that I allowed to experience cancer with me. I have hardly heard any of their perspectives and, today, for some reason, I am interested to know what they think. As my therapist requested that I invite my family, I wondered what difference it would make if they were there. How different would I have responded to cancer knowing how they viewed me? So I composed this email wishing to send it one day.

EMAIL: I know this is asking for much, but I need your input in order to write a journal, for which I am interested in knowing your thoughts about five questions written below. I would like for you to answer as concisely, concretely, and simply as you can. If it is necessary to elaborate, please feel free to do so.

Why is it important for me to add your voice in my writing? For me, having, giving, and forming a voice is necessary. Since I am learning to develop my own voice for communicating with and about cancer, I also wanted to hear your voice. Believe it or not, your voice matters to me and it helps me to create a voice to deal with cancer. I,

Vardine Kéda Siméus, believe in "the power of either life or death, which exists in the tongue [*Proverbs 18:21*]." Thus, I concur that people can speak either life or death into life, and the transformation of healing can occur. You can speak life to my life by saying, for example: "You shall live and not die; you can do it! You have dealt with worse than that! You are a fighter not a quitter!" You can also speak of death to my symptoms, such as, "This cancer will cease to exist in your system; you have been redeemed by the Blood of Jesus and the cancer cells in your body are dead...."

Because I like to be authentic and creative, having your voice would simplify the uniqueness of who I am; thus, including your voice by writing your own words would clarify the qualitative aspect of writing this journal. In a way, I will know exactly how you perceive me as an individual and as a person who is living with cancer. I do not want to guess how it is that you perceive me as a young woman living with cancer, I want to know and read your thoughts. Although I am writing my experience with my own perspective, to maintain the perspective of others says that you play a greater role in my life than you may know.

Questions

1. How did you notice cancer impact Vardine's life? If you were not aware that she had cancer, or see any changes, just report what you noticed.
2. In what way did Vardine handle cancer? Did she impact cancer in any way? How did you witness that?
3. What are the hidden strengths you observe Vardine possesses in living with cancer?

4. Vardine believes that everyone makes a difference in her life, whether positive or negative. In what way has your voice and presence made a difference in Vardine's healing?
5. Last, but not least, what voice did Vardine give to cancer when she talked to you about it?

I do not know where these questions came from or why I wanted to ask them of my friends and family members closest to me. The truth is that I was interested to learn what their perceptions were of me. Also I was curious to observe how they validated the experience of witnessing me dealing with cancer.

When I took on my therapist's suggestion to write about my dance with cancer, I also challenged myself to speak with each member in my family and reflect upon my conversations with them. I spoke directly with my mother and father in Creole because I wanted them to understand me, and it was therapeutic for me to grasp how they viewed this cancer that had intruded in their daughter's life. I also maintained that same conversation with my siblings and some friends that knew that I had cancer. When I conducted this exercise, I did it as a vehicle to invite my family and friends into my therapeutic sessions in order to highlight their perceptions of my having cancer. As a result, I hoped to create a dance routine where I could involve everyone as dancers, and they could choose to enact the role, or multiple roles, of the torero, picador, banderillero, or bull.

While analyzing this journal I began to think about why I asked my family and friends those questions. Perhaps I was looking for their voices to be the dance, but it appeared to me that I was also searching for the meaning of my experience from someone

else other than me. While writing this journal, I never thought that it would become my research study and that I would have to analyze it as data; plus I did not intend this research to be about me and that as a researcher I would be the dancer that is dancing with cancer. I am introducing their voices not just to embellish my study in any way, but rather to show that they were part of the therapy and influenced my narrative of the journey. In fact, inviting my family members and my friends to my therapeutic sessions and asking them to answer these five questions helped answer all three of my research questions by explaining how I confronted cultural barriers in seeking therapy; the role psychotherapy/brief systemic therapy played in my dance with a life-threatening illness; and the impact individual therapy had on my choice to dance with cancer by seeking therapy.

Question 1 and Responses

How did you notice cancer impact Vardine's life? If you were not aware that she had cancer, or see any changes, just report what you noticed.

Question 1 sought to explore my family and friends' perceptions of how they witnessed cancer change my life in the journey.

Family Responses: Rodeline is the only one who commented on my style of dressing, that it became more conservative. She seems to be the fashionista in the family. She responded:

....She was very outgoing and very friendly. She began to have a lot of fear about letting people see her shoulder when she dresses up. Because of how she used to have a sense a style in fashion, she started to dress older than her age by always covering up to take attention away from her body. [Rodeline, 1]

I find it hilarious that she thought that my way of dressing was that of an older person rather than being conservative. She was indeed right about covering up because I had become conscious of my scar.

However to perceive cancer as an intruder and as a family experience, my sister Michaëlle referred to cancer as the uninvited guest and the unexpected guest. She responded:

Before cancer came into Vardine's life she was a strong, loving, giving, prideful, independent, outgoing and resilient young lady. All those qualities in her life lead others to believe that she is unbreakable; however, the unexpected guest came into her life and it was a devastating moment for her and for all those who loves her so dearly. Yet, through it all I watched Vardine coming from the strongest lady she was to the weakest victim of a disease that is known to be detrimental to all who experience it. This uninvited guest has transformed Vardine's life from the best that she was to the greatest that she is. As usual, her faith in God arises and she continuously loves and giving up of herself to those who are in need whether to take time to listen to others' challenges and offer advice or by simply making herself available to those who are in need. [Michaëlle, 1]

Both of my two little brothers reported witnessing changes in me in the form of pursuing my education, and although Steve reported that cancer changed my life he also reported that it was not possible for others to witness it because of my strong positive attitude about the cancer. My brothers responded:

Vardine's life changed by noticing she has cancer. But she still keeps her head high and pray even deeper to the lord. Being in Vardine's presence just to have a

normal conversation or just to view her image you wouldn't tell she had cancer at all what so ever; Vardine keeps a strong positive attitude and Vardine knows she will not be defeated. Her lack of fear about this illness is comforting to me to know that she is well and she is healthy. [Steve, 1]

...As her youngest brother, I watched cancer made Vardine more willing to receive her education and to pursue her goals beyond her abilities living with cancer. She is now working extremely hard to complete her Ph.D. I can't wait for her to finish her dissertation. I know it's going to be good stuff. [Claude Jr., 1]

To explain how cancer is a family experience and to confront how cancer was not something that was talked about in my Haitian family culture, I included a cousin's reply about question 1. I find it poignant that he underlined the fact that I was asking the family to share their views of how they witnessed changes in me. I wondered how many of my Haitian family members bottled up their emotions inside and never discussed their opinions of how they noticed cancer was impacting the life of a loved one. My cousin responded:

....It took me days to answer these questions because that is the first time that I will share my opinions of cancer with her, and this is the first time she is courageously asking the family how we noticed cancer changed her..... I am very emotional about her cancer that I cannot compose my thoughts to talk about it. Cancer brought many changes in Vardine's life. She was very outgoing, very involved with us (meaning cousins, her little brothers, and other kids at the Center she taught dance), and she became withdrawn especially when she is in serious pain. We just stop seeing her. Again it was hard for me to see her that way

because she is very funny and know how to make people laugh by making voices.

The one thing about Vardine is that she always has a smile on her face; and I always pray to see a smile on her face because that tells me that she is okay. I've noticed how she changed and continues to change through physical and emotional reactions. [Cousin, 1]

As I reflected upon my conversation with my mom and dad I found it rewarding. I had requested my sister Michaëlle to do it for me because I did not believe that I could have had a reflective conversation with both my mother and father regarding cancer. This was the first time that I had a discussion directly with both my mom and my dad about cancer since I started to receive therapy. I felt empowered to inquire about their views and I also prayed that it would be a therapeutic conversation for them to have with me. My father is different so I had to tell him that this conversation would make a difference in my research, and then he was thrilled to play a role in my accomplishment. He kept checking in with me about whether he did a great job answering each question to the best of his ability. He asked me to read back what I had written in English since I communicated with him and mama in their native language of French/Creole.

My mother's response to question 1 felt like I asked her to tell me the secret code of how to make a bomb. She replied:

Wow...! Wow...! Wow...! Wow!.....Cancer changed you greatly because you had many surgeries and I got to see that as strong as you are you are also weak after you came back from the hospital time after times. I remembered that you had a surgery scheduled in June 26, 2006 and the doctor had an emergency and you did not have the operation that day....since then I see a great change in your faith in

God and I understand that whatever you ask God He will give it to you. So, I think that your faith in God increases so much that I too learn to have faith like you my child.....but I feel like America is the land of cancer. Where I come from people did not have cancer, but life changes when my mother's sister had cancer and other family members begin to die living with cancer.....but little by little this thing is now in my family....[Mama, 1]

My father responded:

I don't want to say that you have cancer because that you caught it early. So I will say that you are well because I don't get to see you in pain too much. Maybe you hide it from me but I see that you always go to your doctors and because you are still here I don't know how I would see a difference cancer causes in you because the difference for me is that you are alive and that is my main focus. [Dad, 1]

Friends' Responses: Each one of my friends answered this question differently.

There was a common thread in how they witnessed cancer change me, that I stayed away from intimate relationships and I lost the ability to see the future in a positive light. Some reported that they saw how I challenged the cancer and looked to the future positively. Others reported their viewpoint of how I handled it socially, mentally, and physically. They also recounted the times when I lost my hair and wore a wig, and how I felt hurt because I could not pursue medical school as I intended.

I reflected upon my friend Lissa's perception of how she witnessed cancer change me and I began to be cognizant of how some of the fears that I had before starting therapy vanished after I learned to dance with cancer and recognize the role that both psychotherapy and dance played in my life. Lissa highlighted that:

I can recall meeting Vardine like it happened yesterday. Upon our first encounter I thought she was the nicest and friendliest person. We automatically bonded and have since formed a friendship. I was notified of her diagnosis of cancer about a couple of months into our friendship (6-9 months mark to be exact). Therefore, when I read these questions I began to reminisce on the times we spent together after I became aware of her cancer diagnosis. From the time our friendship developed and I began spending more time with her, I noticed several different ways cancer impacted her life. Cancer had both a negative and positive impact on her life. I noticed cancer created a shield for Vardine which prevented her from really enjoying life, although she may not admit it, the illness created a fear of dating and allowing others from getting close to her. It hindered her perception of what happiness and enjoyment truly is and caused her to always pretend to others that she was okay even when she was not. In addition, she never allowed friends or family to witness any emotions from her at any given time, she became emotionless. She formulated this belief that she had to be the strong person therefore never allowing others to know her true feelings. I've witnessed Vardine in pain but in front of others she masked her pain with happiness and joy. Cancer also created a fear in Vardine, not allowing her to date out of fear. Although, she spoke of her future and being married with children, the fear still lingered on such as "what if I die before my spouse, what if I die before my children and can my spouse handle my illness should it ever return?" Those were the questions cancer created in Vardine and affected her ability to develop an intimate relationship. However, on the positive side it created strength within her. Cancer allowed her to

open her heart to God and permit him to use her in a mighty way. It transformed her perception on the important things in life, created a drive to succeed and to trust that God will always provide for her and is her healer. I also noticed that cancer taught Vardine some important life lessons. She became more aware of who she was, who were her true friends and the importance of being surrounded by positive people. I observed Vardine during her interaction with others and witnessed how this illness changed her ability to communicate and to express herself. She became much more aware and always maintained an encouraging attitude with others despite of how she was feeling. [Lissa, 1]

Lissa's perceptive awareness about the negative changes she saw pointed out some of the same issues that I was still working on in therapy. My therapist had always questioned my reluctance to date. I ran away from intimate relationships. Nevertheless I am learning how to trust others around me. Trust is an ongoing issue, but I am proud to say that I am now aware of it and that I am also learning how to tackle it in a new way.

My friend Ife is an elderly African-American woman that I met at work and befriended. She is like a mother to me. She often called to check up on me and told me the different herbal medicines that I could try. Instead of witnessing how cancer changed me, she accentuated on the fact that I was able to overcome my losses, such as not attending medical school to pursue a medical degree in family therapy. Ife responded:

Since I no longer live in the same geographic area as Vardine I cannot see her with my physical eyes, however I can see her with my spiritual eye, I can listen to her with my heart and I can feel her with my spirit.....Vardine expressed to me that she always wanted to be a doctor but her plan was altered with the diagnosis

of cancer. She spoke of feeling devastated upon learning that her dream would never be realized. However armed with an extremely strong spirit and a courageous heart she set off to make another major accomplishment, working towards a doctoral degree in family therapy. [Ife, 1]

My friend Corrine is Caucasian and she is a caring emotional woman. Corrine was ahead of me in the Ph.D. program when we met at Nova Southeastern University. We became friends after two of my colleagues, who knew that I had to have surgery, told her that I my cancer had returned. She would meet me in Boca Raton for coffee at Starbucks and we would talk for hours. I did not believe that Corrine understood me because I handled pain by either connecting or separating myself from others. Often-times this was how I healed; however, the approach was offensive to most people, including my family. Their responses have made me become much more aware of how I choose to respond to them, instead of just distancing myself. Corrine shed some light on this issue:

..... I didn't know Vardine before she was diagnosed and met her many years later. So, it's impossible for me to assume the degree to which cancer influenced and changed her life. Likewise I can't assume that her personal challenges only reflect a consequence of having cancer. Like all of us, we each have our own 'hand of cards' to deal with before being diagnosed with any life changing illness. There are so many individual traits that influence any diagnosis, disease, mental, emotional and physical challenges. I took some liberty to shift the tenses of the questions. [Corrine, 1]

Physically: The cancer has caused tremendous pain in many parts of Vardine's body for a very long time. Anyone's quality of life suffers with the weight of chronic pain.....I witnessed Vardine striving to maintain a sense of feminine energy in response to the cancer dramatically affecting her breasts, leading to shyness about how her body would appear in an intimate relationship. A part of me wonders if Vardine was quite shy before the cancer interfered in her intimate relationships. Very vulnerable in response to how she perceives another person, a man, may react to the physical results of her many breast surgeries. [Corrine, 1]

Vardine suffered through many operations and surgeries without the use of traditional pain management due to her petite frame and a fear of not waking from surgery should she be 'put out'. Areas of her body were numbed and anesthetized but she remained awake while doctors operated on her. [Corrine, 1]

Mentally: Walked away from following her dream of being a medical doctor and going through med school.....

Emotionally: Vardine has shared that her boyfriend during the time of her cancer diagnosis abandoned her and the relationship.....I do know that he tremendously disappointed, betrayed, abandoned, and rejected Vardine. There is a distrust of other's intentions, affections and discomfort in possible male-female relationships.

Socially: Often preferred to keep people at an arm's length. Explained this as a reluctance to upset other people and deal with the guilt of their reactions to her cancer diagnosis. Most recently has been unable to attend events and have the

independence she desires. Vardine loves to dance and I know this has been affected as well by the cancer.

Family: Vardine has positioned herself in her family so that she decides when, where and how she reveals medical information. This may be a family tendency to keep intense emotional news ‘secret’ in a way of managing the anxiety in the system. Sibling relationships changed. Vardine has shared a story when her family was allowed to observe a surgery. She believes that her one sister’s observation of what she needed to go through changed their relationship in a way that, I think, Vardine wishes her sister had not been allowed to witness this procedure. She has talked about her belief that this sister now sees her very differently and that this affected their relationship.

A legacy of cancer in her family exists and many family members, particularly her aunt, and most recently a cousin with ovarian cancer.

Vardine speaks frequently about the cancer’s effect on her mom and dad. Her mom grows emotional and cries while her dad reassures her to rely on God...[Corrine, 1]

I met my friends Keila and Estelle at Nova when I started the Masters’ program in Marriage and Family therapy in 2004. We were part of a group of five that stuck together from the very first day that we started class. From that group Keila and Estelle were always checking in with me although I often kept them at an arms’ length. Denis is also an African-American woman that I met at work. She was the secretary who always wondered what smelled so delicious in my lunch. . I think she became aware of my challenges two years after I worked at the job. They responded:

I became aware of Vardine's second encounter with cancer in 2005 when we graduated from our Master's program. Vardine was always discrete. While, I was misdiagnosed with stomach cancer and was really scarred Vardine told our close group of friends that her cancer had returned and she would fight against it.

Vardine seemed graceful and determined to move on with her plans for her future which included her church activities and the upcoming registration to the MFT-PhD program. Vardine was never in denial of her challenges with cancer; she simply decided that cancer would not stop her from being herself and focus on her future positively. [Keila, 1]

I saw times Vardine was ill, weak, hospitalized but also times she was vivacious and enthusiastic. She wore a wig for quite a while until her hair came back. She was always attractively dressed whenever I saw her. [Estelle, 1]

My observation is that of the physical pain that she has endured, how it has limited her movement, her natural ability in the flow of her dancing. She has too many days of being limited by this disease. However, she is able by God's grace to breakthrough and involves herself into her cooking which acts as therapy for her. Also, this has given her a deeper appreciation for living, a greater understanding of who she truly is and a desire to become the person she was created to be. Her faith and trust in God has saved her. [Denis, 1]

Question # 2 and Responses

In what way did Vardine handle cancer? Did she impact cancer in any way?

How did you witness that?

This question is threefold: First, it sought to understand my family members and my friends' views of my ability to manage cancer. Second, it explored their ability to recognize how I maintained power over cancer. Third, this question required them to report examples of how they witnessed my capacity to overcome cancer. When I first asked them to answer this question, I did not realize how the responses could be helpful. However, after analyzing the journal as data, I found this question to be the most powerful for me because of how my culture interprets cancer.

As I pondered on how my late cousin Philo's mother overly expressed the fact that she knew that my cousin was going to die due to suffering with cancer, I began to look at this question with a new set of lens. It was amazing to me to witness the power of her mother's word manifesting as Philo indeed died. Thus, asking this question was a risk for me, both as someone who was living with the illness and as a therapist.

Family Responses: My sisters' responses to this question demonstrated their views of how they witnessed me managing the cancer. Since my family usually complained about my distancing myself from them, it was moving to see how my sister Michaëlle punctuated that embracing cancer had the greatest impact on me in managing the disease. My sister Rodeline could not pinpoint how I had power over cancer, but she continued to highlight how I was the strongest person she had ever met.

Vardine handled this condition as an unwanted, temporary moment on her life in which she learned so much from it and grow in every aspect of her life because of

the disease. The greatest impact that she made to the disease is the way that she indeed embrace it. I witness fear from her eyes in the midst of unbearable pain, but her faith in God and her strength continue to grow with the support of family and friends. [Michaëlle, 2]

My sister's Rodeline response:

Vardine is the strongest person I have ever known. She did not let the pain get in her way. First she works full-time, went to school full-time to get her master and doctorate while she was going through Chemo and other treatments. [Rodeline, 2]

My little brothers' responses to this question demonstrated their views of how they see me handling and impacting cancer. There is a 9 and 13 year age difference between my youngest brothers and me. I related to them as though we were of similar ages and they loved that. It appears that they thought I managed cancer well and provided examples of my impacting cancer by teaching dance to group of girls in an urban area. They recognized that I always used dance as a means to move forward. I was not aware of how dance is not simply a metaphor in this study, but it is also my way of life and what keeps me alive.

The way I witness Vardine handle cancer, is shocking. She volunteered teaching dance at a local center in the urban area (I was like my sister is doing that?). She made it clear that she cared about those girls for she would talk to them about self-esteem, sex, dating, the importance of getting a good education, respecting themselves, and taking them out to plays and performing at different community activities. She also become more involved with church as a member and

volunteers to help the church on her time.....She has a way about her that seems very easy to talk to anyone--- that is a skill I wish I had... [Claude Jr., 2]

Because of the conversations I used to have with Steve about focusing on my education, work, and volunteering instead of on the cancer, I thought that he would be the one to report how he recognized I maintained power over the cancer, but he underlined this thought:

Through church/family/friends/and cooking she dealt with cancer. Vardine loves to cook;Vardine always invites family and friends over for Sunday dinner to express her love in her dish and when she's in the kitchen conversation could be about variety of things such as cure for cancer or politic or arts—education--the youth---don't forget traveling and dancing. Vardine impacts everyone lives dearly and she leaves warmth of joy in everyone hearts. [Steve, 2]

She handles it very well.....First of all her relationship with God grew to a different level, which gave her a purpose to stay strong..... Second I must say she remains focus on anything that she is involved in. Third I can say she kept herself busy so she is not thinking about the cancer, it could be as simple as cooking a nice Sunday meal for friends and family. [Cousin, 2]

My mother and father's responses to this question demonstrated to me how they were unaware of the psychological impact cancer can have on an individual who is living with the illness. In fact, both mom and dad felt that I handled the cancer well because I attended all my doctors' appointments and they thought I was normal for not staying in bed. Confronting cultural barriers and perceptions at that moment was important because I realized as one who is a therapist and a client who is receiving therapy that education

about mental health and family therapy are in dire need for Haitian families with loved one experiencing cancer. My parents responded:

I did not see anything wrong. For me she was normal. She never stayed in bed. She was always on the go. Nothing was wrong; it is like she was normal even when she was in pain... she would not let me know how much pain she was experiencing. So I would worry and make her teas---any natural medicine I heard of, I would do it for her. She handles cancer aggressively because she would always go to her appointments alone and share only what she thinks we could handle as a family. I was very scared and still I am scared, but I trust her because I know that she is powerful and she has God with her. [Mom, 2]

You went to the doctors and followed your treatments that's how you handle the cancer. [Dad, 2]

Friends' Responses: Because some of my friends are in the field of Marriage Family therapy, I sought out their responses to this question. My friends responded:

There are many techniques I can recall that Vardine implemented to "handle cancer". To begin with, she avoided discussing it with others or acknowledging it unless it was someone whom she trusted. She never allowed others to be aware of her health status and never allowed other to witness her pain. Vardine masked her true feelings as well as her true health status to everyone, family and friends included. She took cancer as her own personal battle not wanting to worry others and taking on a "superwoman" mentally to ensure everyone around her was at ease. Vardine was more worried about how others were handling her illness more than she worried about herself. The fact that she knew other people was sad and

hurting over her diagnosis allowed her to always present herself as healthy. She painted a picture perfect image, always appearing happy and healthy while in pain and suffering at times.....There were many ways Vardine impacted cancer too. She never allowed her diagnosis to consume her and continued to triumph in all different aspects of her life. Despite her hair loss and multiple surgeries she continued facing life's challenges head on. She did not let cancer become who she was but became the person who faced cancer and won the battle through the grace of God. [Lissa, 2]

Vardine has very strong faith in God in whom she puts her trust. Her faith has brought her through many adversities.....through bouts of pain she has persevered. She will not allow cancer to have the victory over her....I think Vardine has met cancer toe to toe as an opponent and she has told cancer that you will not take me down, you will not have the victory for the victory is mine. [Ife, 2]

I'm not sure why the question is in the past tense. Vardine continues to handle cancer with some helpful actions as well as unhelpful actions. There are times she will prolong not getting treatment. I know that she often expresses the cancer is something separate from who she is, and a desire to not give it more power than it already has. She would tend to not tell people when she was having an operation, even when the situation was severe.....However, she was also able to meet each day with a positive attitude in spite of the cancer. She continues to have great faith in Jesus. She worked each day to reach her personal and spiritual goals. She

was/is often busier than people without cancer and going through treatment. She fights fatigue by always remaining busy. [Corrine, 2]

In therapy I had to learn to diffuse this sense of busyness because my therapist stressed how important it was for me to listen to the signals my mind was sending to my body. When I learned how the body and the mind are connected, my dance steps to dancing with cancer began to change. I had to learn that staying busy was being disrespectful to my body. I came to learn that when my mind is sending messages to my body I have to listen. Hence, as people would exploit my generosity of volunteering, I began to learn to say no and just disappear. I also learned to be unavailable to some friends who did not realize how treatments sometimes drained life out of me. It was hard to witness friends and family members whom I loved start to think worse of me when lack of energy made me stop my activities to recuperate. However, I had to learn to do what works for me. My friends responded:

Vardine handled her cancer gracefully as she relied on her faith and the love of family for support. She continued to work, attending to the demands of the PhD program. At times, I was not sure if cancer was still part of her life due to her constant energy and determination to meet the deadlines of work and school.

[Keila, 2]

Vardine handled cancer well as a matter of fact. She did not often speak about it but always responded to questions about her cancer when asked. She saw several doctors and had a number of procedures to defeat the cancer. [Estelle, 2]

I sense that she handled this in the way that was most comfortable for her. Though it may have isolated those that were concerned and love her, it was her way of

maintaining her control over herself dealing with this disease she had no control over. [Denis, 2]

Question 3 and Responses

What are the hidden strengths you observe Vardine possesses in living with cancer?

This question was asked to assess my family and friends' viewpoint of a person who is living with cancer. Family members and friends' attitudes about the illness could be both supportive and negative to the sufferer, based upon how they chose to respond to the person who was diagnosed. Thus, requesting each family members and friends to assess and evaluate my hidden strengths while living with cancer was meant to find what hidden strengths they thought I possessed.

Family Members' Responses:

Her continuous faith in God, her willingness to love, give and to help. For instance, there are days I looked at Vardine and knowing how energetic she always is, I can sense that she is not feeling well physically. Yet, she makes it a point to gather family and friends together every Sunday for dinner where she joyfully prepares the meal. [Michaëlle, 3]

She won't let people know that she is in pain no matter how hard she is suffering. [Rodeline, 3]

My sister is very strong minded. She never looked sad. I love her because she is very funny. She became very spiritual as a woman and her love for her Lord Jesus Christ grew even stronger. [Rodeline, 3]

Kéda has a great character. She is very enthusiastic. She has a great sense of humor, flexible personality, and she always manages to be positive. She thinks ahead, and I will like to stress it again she is very funny!!! Vardine has a great sense of humor. [Steve, 3]

Her Belief in God, caring and love for others and her spiritual strength are some of the most Hidden Strength. [Cousin, 3]

She responded to all her activities like nothing happened. But as your mother I know that once you go under the knife you will never be the same. Sometimes she has major pain under her armpit and she would change the subject. Yes Kéda you always changed the subject when I ask you how you are feeling. I don't think you are honest with me about how this thing affects you. [Mom, 3]

She changed completely. She talks differently to people in a way that a person could be a monster and you would still find a gentle way to approach that person.

You did not have patient with stupidity and I see that you have a lot of patient now. Even I, as your papa, can come to talk to you about anything and I would feel so proud that my own daughter can listen to me and give me good advice.

You help people to see the positive in life. You are not selfish at all. You change in all aspect. You always go to school, work and have time to attend church and help people. You also have more love for God. You became compassionate, helpful, and less prideful....there are more ways that you change----you know what you want and stay away from bad companies I like that about you---because you always go after what you want with determination and patience....now as

your dad, I always thought that you should be a lawyer because you still have a sense of justice in you to defend others, but what are you studying again? [Dad, 3]

Friends' Responses:

Vardine has much strength; however, upon her cancer diagnosis she became more aware of the strengths she had.....her strength became her faith which many people may not be aware of. She solely relied on the word of God to guide her through this illness. When not feeling well she prayed, when receiving news regarding her health she prayed. Prayer became this silent strength that provided hope, peace, joy and health at times when nothing else seems to matter and appeared to be detrimental. In addition to her faith, Vardine's ability to manage her pain and life's challenges were also strengths I noticed she possessed. While many may not be able to demonstrate such skill, she was able to do so. Vardine always stated "When I look my best it is when I am in most pain". In my eyes, that is a major strength because she has been able to function daily with or without pain and go unnoticed. She has mastered the skills of deceiving others to believe she is always well and avoid discussing her health status to anyone she feels is unable to handle her true feelings. Another strength Vardine possess is avoiding talking about herself. She has developed certain skills which she utilizes to avoid at all cost talking about herself. [Lissa, 3]

Not talking about myself has been a skill learned and practiced to become a better listener and therapist. I did not believe that I was being deceitful by not allowing people to know that I was in pain. In one session I wanted to tell my therapist about something personal and private that happened to me. Each time I opened my mouth, the tears came

and I could not say anything. The therapist asked, “Why are you being hesitant to speak to me? It’s like you’re keeping secrets and being deceitful.” Defensively I answered that I was not keeping secrets or being deceitful. Internally my mind was formulating another conversation such as, “How does he know me so well?” I told him that I am discrete because of how I learned that *“les linges salent se lavent en famille// dirty laundry are washed in the family.”* Having spoken those words to my therapist, I realized that indeed I was deceitful for not having been fully honest with him. It was also revealing to see how culture dictated how I was supposed to act and not act in the presence of someone who was not family. So I told my therapist, “I do not know how to compose my thoughts to tell you what I need to tell you.” He answered, “You don’t have to organize your thoughts to speak to me. Whatever it is, let’s process it figure it out together.”

Again his invitation always made it easy to confront whatever issues that I brought into the room. I always left the therapy room with “Hmm!!!” Of course my favorite saying to my therapist was, “I never thought of it that way. I see what you mean!” I would also share these truths with my cousin Philo each time she would contact me about her therapeutic session with her therapist. I would encourage her to keep an open mind because what we were taught to believe about therapy being for the crazy was not true, and since my therapist had called me out about being deceitful, I encouraged her to be honest with discussing her feelings with her therapist without hiding how she was truly feeling.

Other friends responded about my hidden strengths:

Although she is a little woman she has a powerful spirit. She is not a quitter, Vardine is determined to win. An undying obedience to God keeps her encouraged knowing that God is with her every step of the journey. [Ife, 3]

.....Graciousness, self-respect, dignity, motivation, desire to continue to grow and learn, recently- speaking authentically about what is happening in her life, building trust in relationships, humor, loyalty, and sincerity. [Corrine, 3]

Vardine's incredible faith, hard work, and generosity are among other strengths that have impacted those close to her. These strengths seem natural to Vardine, something that cancer could not take away from her. In dealing with cancer, Vardine's faith in God became her source of hope, empowerment, and guidance. [Keila, 3]

Vardine is positive in her battle against cancer and appears to believe she will defeat it. [Estelle, 3]

Vardine's strength comes from her undying faith in God through his son Christ Jesus. Through these challenges she is becoming more aware of the lack of control that she has in her life and this journey that's leading to the purpose of her life. She is learning to trust God more and more and, to know that he is in control and loves her so much! [Denis, 3]

As I reflected upon my friends' answers to question 3, I first had to realize that this was a conversation I had had with my family members and my friends approximately four years ago. Hence, I am looking at the "me" now in comparison to the "me" then, allowing me to merge what is thematic about their narratives of me after receiving therapy. Faith still is a theme that my family members and friends use to describe who I

am now. I believe that *nothing is impossible for God to do*. My faith in God also allowed me to pursue therapy I was taught that faith without works is dead (James 2:14-26 NKJV) thus taking action by seeking therapy and following through with my medical appointments were ways that I was putting my faith to work. Some Christians might say that a Christian must receive therapy from a Christian therapist. Having worked in the field for about 14 years, I would disagree simply because carrying a label does not demonstrate the heart of that therapist nor does it make a person skilled and passionate about what he or she is doing. In my case, when I had my first admission interview at Nova, I was informed by the chairman of the program about my therapist and how I should see him. It took me eight years to actually schedule an initial visit.

My metaphor of dance has helped me to identify two important themes mentioned by my family members and my friends: my positive outlook on life and my faith. My faith is the cornerstone of why I did not give up even when the feeling of giving up arose time and time again. My positive outlook on life permitted me to always listen and hear the music, which allowed me to dance the dance of life. The one thing I love about my culture is that despite the troubles that the country is facing politically, come February everyone is out celebrating Carnival/ Mardi-Gras with all musicians performing lively. Music for most Haitian people during Carnival/ Mardi-Gras is also a way to move forward where metaphorically the musicians sing hidden messages about the government or the countless distresses the people as a nation face.

Another theme that emerged was that of having a sense of humor or being funny. Most people who truly do not know me think that I am serious and of course, boring. I hate being described that way because I run away from people who take themselves too

seriously. In fact, if I am having a terrible day and I cannot dance my emotions out, I have a professor who is my friend, and I would simply call or text him to tell me a joke. Automatically we would both be laughing, despite any pain or bad news. The good thing is that this friend never asked any questions, which I liked. He would simply say something witty and twisting where I would be laughing my heart out. Laughter is healing, and naturally for me, if I cannot make myself laugh, rather than laughing at other people, I have friends that can make me laugh.

Question 4 and Responses

Vardine believes that everyone makes a difference in her life, whether positive or negative. In what way has your voice and presence made a difference in Vardine's healing?

This question is mainly asking my family and friends to explore how they experienced my illness, but also how they felt their voice and presence made a difference in my healing process.

Family Responses: It seemed like my siblings' voices were mostly silent:

Besides constantly praying for Vardine, I chose to always lend my ears to her without expressing my opinions of how I would do things, yet I provide my support to her whenever necessary whether with words or act of kindness.

[Michaëlle, 4]

As her sister, I try so hard not to get in her way or make her feel like she is sick. I would do her chores like laundry, going shopping, especially clothes shopping since she would not step her feet alone at the mall after her many surgeries. If you ask her if she needs help she would not respond and I think that made her feel

helpless since we (my mom and sister Michaëlle, have to bathe and prepare her meal for her). [Rodeline, 4]

In all honesty, I describe my voice to be forgetful due to the fact I speak to Vardine as if she has no cancer. I never acknowledged her as a person who has cancer. I never voice the word cancer to her. I guess that is because I would not want to treat her differently from anybody else in the family so therefore my voice is calm, respectful, and admirable. [Claude Jr., 4]

Being the little brother I strive high in my education and in life to show her that she is my model because she is very smart---she speaks French and Spanish fluently and on top of it she's capable to have conversations on any level with anyone; and with cancer she managed to have a 4.0 GPA for her master and still pursues her Ph.D. So I let her see that I am achieving high in my education to be successful so that I can talk like her---sometimes it's like she can predict what you're feeling without saying anything---and it's like she is inside your mind...I love my sister and I joke around with her a lot. As I am working on my masters I let her know that I greatly desire to start a cancer awareness project on her behalf. [Steve, 4]

.....She is very loved by the family and I hope she knows that I love her very much and I look up to her as my role model. I can always count on Vardine when I need anything; especially counsel.....As she watches me grow as a person and sees what I've become she feels very proud of me for my success and the paths I've chosen in life. She feels much rewarded because no matter what it is she is a part of my life and any decision I make in life. Every year when I donate to Breast

Cancer Awareness or any Cancer Awareness organization I think of Vardine and I donate in her name. [Cousin, 4]

Both my mother and father's voices were that of prayer and concern with having to bury me due to dying from cancer. As I went over this question and considered how they responded this question, I started thinking of what my cousin Philo used to describe to me about her mother and sisters. Like them, my parents voiced their fears and prayers for me and their unwillingness to bury a child.

Wow! Wow! I cried—I cried—I cried—and I cried. I cried a lot. Almost every day I cried. I begged God. I prayed—I pray and I pray like a mother who is desperate. I told God that I am not ready to bury a child. I told God to keep my daughter and I told Him how does He want me to burry a child so young....God heard my prayer and you are still here...I know that you are always tickling me and always teasing me and playing with me, mimicking me, your dad and everyone else—so my fears was who will replace you....so I cry whenever I would see you in pain and I never look at you because I did not want you to see me cry...but only a mother would understand my pain.... [Mom, 4]

I am always praying for you and I ask God to promise me that He will heal you. My concern was that people died with cancer no matter how old they are. I ask and ask and I pray and pray to God to keep me as a millionaire only by granting you life—abundant life to you and all my children because as a father it is my duty to give a good life to my children and to watch them grow and hope that they bury me. I told God that I will not bury you so He has one choice that is to keep

you and I alive so I can walk you down the aisle and give your hand in marriage....(laughter—) [Dad, 4]

Friend's Responses: In a conversation with my dissertation chair, he told me that I have touched many lives. I remembered telling him that I did not believe it because I did not know too many people. His replied that “you will be surprised to know that you do.” However, looking over my friends’ responses with a reflective lens, I see the varying voices that responded to this question.

In all honesty, I do not know how I made a difference in Vardine’s life. I do believe she has made more of a difference in my life then I have made in her life. As I pondered on the question, the realization occurred that I may have brought joy back into her life. As our friendship developed, we began interacting more socially. We would hang-out at the mall and laugh our hearts out, we would go to the movies and laugh, and we would walk down City Place and laugh. Laughter became our mascot and allowed her to not focus on being ill even when she was not feeling well. I became the friend who allowed her to enjoy life and the moment when we were together. I always wanted her to not focus on her and to just enjoy life and live life to the fullest, which she has yet to do. [Lissa, 4]

I am a mother figure for Vardine and she always tells me that she calls on me for words of wisdom. I try to always speak truth into her life. Due to her humble spirit it has always been easy for me to love her as a daughter. She is a very special young woman of many talents. She is successful at whatever she sets out to do. [Ife, 4]

I hope that I reassure Vardine that the adults in her life can be trusted to handle the weight of her diagnosis. That she doesn't have to choose to be alone or isolated because as soon as she asks someone will be there. I hope that she sees me as a loyal, dependable presence in her life. She still tends to not let me know when something serious has happened to her...i.e. grandma dying, car accident...she would be way too polite in trying not to 'bother' or inconvenience me...Even in the most dire circumstances she has yet to say "I really need to talk to you! Listen to what has happened..." I hope I am someone who she can trust. I will not abandon or walk away from our friendship. However, one of the things I like about Vardine is that she will not mince words when she feels strongly about something...the few times I saw her get upset were quite 'funny' because it was a different side of her...and she will find a way to directly tell some people what she thinks about them or their actions.

Vardine's friendship was crucial for me several years ago when I struggled with some very intense life experiences and I feel as though I am different today because of her unwavering support. I think what Vardine offered to me was an opportunity to be seen, to know someone was paying attention; observing, concerned...I wasn't an island off by myself. I think one of the most healing things can be someone saying, 'Hey, you don't seem like yourself...I want to check in with you because I know you well enough to notice something isn't right.' [Corrine, 4]

This response was something that, as a therapist who was receiving therapy, I can say is crucial for my clients that are in therapy with me. What brings people to therapy is

often not the issue that they are confronting. I am certain that what I wrote on my initial intake form with my therapist was just facts that lead us to greater discoveries during our therapeutic sessions.

My friend's responses continued:

My relationship with Vardine has been based on respect, sense of humor, and our faith to God. Throughout the difficult times, Vardine knew that I would always be available for her. In addition, I respected her desire to keep her privacy. Being from different countries also strengthened our bond, as we could share humble experiences and empower one another to overcome personal and professional challenges. [Keila, 4]

Vardine and I have discussed the choices she is making and how she is doing. I hope that my voice is a positive for her. *I applaud her for the effort she shows.* [Estelle, 4]

My presence is a mutual gift from God, a friendship deeply rooted in the love of God.....My words reinforce the words that she already knows.....through the peaks and the valleys we are there for one another. Vardine knows that I am always there to listen.

Question 5 and Responses

Last, but not least, what voice did Vardine give to cancer when she talked to you about it?

This question was meant to explore my family members and friends' viewpoint of the voice I gave to cancer. Question 5 is solely looking to discover how I was changing throughout the course of therapy, as witnessed by my friends and family members.

Family Members' Responses: It is very important to me to notice that a shift had occurred in my approach with my family members and friends, as well as with cancer. To dance or not to dance! Since psychotherapy played the role of showing me how to be open to new possibilities for accountability and change, my therapist remains influential by challenging my unhelpful narratives using the questions and narrative techniques. For my sister Michaëlle, the voice I gave cancer was that of temporary, unwanted condition, and a teacher.

Vardine treats the disease as a temporary, unwanted condition in her life in which she credited it for teaching her so many valuable lessons that she probably would of never learned from any other source in life. [Michaëlle, 5]:

The voice my sister Rodeline indicated that I give cancer is that of (trusting God). She went to the Highest of the Highest Jesus our Lord and gave Him her pains because in Him she finds the strength, peace, and joy to go through cancer without letting the world see her pains and day by day I watched Him makes her brand new. [Rodeline]

My baby brother Claude Jr. made a stunning report about the voice he noticed me giving to cancer; he called it a voice of honor because I disallowed it from stopping me to pursue my dreams. I had never thought of developing a voice of honor to speak to cancer. However, part of being a dancer and a choreographer was that not only you practice over and over, but you also come to learn new moves by watching other dancers' performance. Reflecting on his answer to this question helped me to construct a new identity in my journey.

When Vardine speak of cancer, her voice speaks of honor because she accepts the fact that although she has cancer it will not stop her from doing anything she pleases to do. [Claude Jr., 5]

My brother Steve actually introduced these voices (victory/undefeated, trust in God, knowing how to respond by recognizing that it is the beat that makes the sound) that have been helpful to how I approach cancer.

I think the voice she gives cancer is that it will not defeat her and that she will not give up. She always states that there's no reason to panic when things go bad, but to be calm and let GOD do His work is the best way to wisely do the necessary to resolve it. Her main thing is that “it’s the beat that makes the sound”—so it’s not what or why you respond to life that changes things it is HOW you respond to life that makes a difference. Vardine is very spiritual and will not let any type of illness to slow her down because she's rich in life and full of joy and blessings.

[Steve, 5]

She speaks through strength and faith that everything is going to be okay because she has God on her side. She always minimizes how she feels as though she is not in pain. She believes and always says how life is too short to let suffering consume her; and it is good not to stress about anything and that it is good to appreciate the little thing that makes life beautiful. Most importantly she always talks about love and the need to continue to love and to help others. She believes in loving people even when they hurt her. I don’t get it! But her voice is that of love. [Cousin, 5]

Neither of my parents talk about cancer. In fact they told me how they hated it or even dislike to listen to people talking about it. It is funny because I completed my journal in December 2011 and continue to add to it after my therapist had read it. I wondered how my parents would answer this question since I was faced with having surgery to remove a mass that was found in November 20, 2015, and my breast surgeon also suggested a double mastectomy. My dad's response was one of faith because he reported that, in the past, I had prayed and asked God to heal me. His encouragement sometimes conflicted with my decision-making because when I told him that I was faced with an ordeal, fear automatically set in and he would ask me to seek second opinions, disregarding the fact that I had been dealing with the issue for a while.

I don't like to hear about the word cancer. I hate to hear the word cancer therefore we don't talk about it because I can't stand to hear about it and to talk about it. I can't hear anyone talk about cancer. It robs me of my peace and the joy of seeing you happy. You are so playful and you can be a joker 90% of the times---I can't see you as a person to have cancer. I don't want to talk about cancer and I choose not to talk about it with you because it would mean that I will be losing you and I can't lose you so---I don't like for you to talk to me about it....[Mom, 5]

I pray to God for favor and we never talk about it with each other because if I give her cancer to God and ask Him to promise me to keep her alive there is no need to talk about it. [Dad, 5]

Friends' Responses: For my friends the voice I gave to cancer was that of an experience, victory, strong/strength, and acknowledging God's voice.

Vardine spoke about cancer in the third person. It was something she experienced and refuses to allow back in her life regardless of the prognosis. She never identified herself as a cancer survivor or discusses being diagnosed with cancer. It was as if cancer was something that merely passes through her life and left. She chose not to refer to cancer as who she was but as something she experienced and triumphed over through her faith in God. [Lissa, 5]

Vardine has expressed that she noticed changes within her body. She also feels tired sometimes, so we talked about vitamins and natural juices. In spite of those things she seems to be handling her life well. The cancer has not prevented her from visiting with family and cooking for family which is her joy, even though she is not able to eat much. A high quality of life is paramount in order to facilitate healing. [Ife, 5]

I have been thinking about this one a lot. For so long there was a lack of voice surrounding the cancer.....Receiving a cancer diagnosis is traumatic as well, and for a long time there was no story or voice about this. Vardine writes, cooks, prays and dances her feelings and emotions, but talk is much different and somehow makes things more real.....She knows I think she is terribly strong and determined and at the same time I validate her moments of weakness and distress as well without rushing to make her feel better because then it's comfortable for me. [Corrine, 5]

After each conversation with Vardine, I feel incredibly lucky to have her in my life. I can't help but become emotional when try to describe Vardine's challenges with cancer. Vardine's faith and wisdom did not allow her to hate cancer; instead

she welcomed her challenges as part of God's purpose in her life. Cancer never changed Vardine's love for life and determination to achieve her personal and professional goals. [Keila, 5]

It seems to me that Vardine feels that she will live a long and happy life. I hope this comes true!!! [Estelle, 5]

This disease affects her body, the greatest miracle in the world, in which her spirit lives. Vardine believes in the healing power of God, and that's the only voice she acknowledges. [Denis, 5]

Therapist's Ability to Understand Me: Through the therapeutic process of witnessing my therapist's ability to understand me while he and I were of different cultures, faith, and genders, I gained confidence in accepting that seeking therapy was a good thing rather than something that would make me feel bad about myself. His ability to understand me also permitted me to overcome my great fear, of approaching my mama about a subject we had never dared to talk about or even mention, had it not been for the role psychotherapy played in my life. This conversation was something I could have never have done, to confront both cancer and cultural barriers to move forward. These conversations with both my mother and father, as well as the conversations I had with my siblings and friends, became the highlight of seeking therapy and my being a marriage and family therapist. At this point being a therapist helped me to remain curious, to listen, to learn, to counsel with compassion, and to have an open mind while having a purposeful conversation to reach a therapeutic goal. Although I was not counseling them, each of my conversations was itself therapeutic and meaningful to me.

Appendix B

Conversation with Therapist

To conclude my last chapter of my dissertation, I am including a conversation with my therapist from March 21, 2016. I wanted to find out what he thought about my progress in therapy and I reflected upon his answers:

Vardine: Would it be possible for me to ask you for a quick reflection of how you think I am progressing in the course of my therapeutic journey with you?

Therapist: I have a basic question to ask you before I answer your question. If you had not come to therapy, where would you be right now?

Vardine: I knew that you would answer my question with a question.

Therapist: Then I have become too predictable... (laughter...)

Vardine: To answer your question....since I have been working with you for about five years now, I should be honest to say that I probably would not be here today.

Therapist: Well I guess that's the answer to your question. In coming here, you chose to make some very painful, difficult, excruciating choices. In your struggle to accept therapy, you make excellent uses of the sessions and you were able to find yourself...

This was the first time that I engaged my therapist in my dissertation by asking him to reflect upon his view of how I have progressed in the course of therapy with him. During our conversation, I probed him more.

Vardine: You know how you see me struggle in therapy about accepting therapy, confronting my culture's belief that one has to be crazy to receive therapy, and dealing with my faith... how would you advise a Marriage and Family Therapist to pay attention to culture...and how did culture play a role in therapy for me working with you?...

Therapist: Culture played a big part in how you approached therapy and cancer treatment. You approached cancer and treatment within your family culture...your belief system, Christianity...because you sought to remain loyal by checking in where you were in relation to them. Your decision-making involves how you will remain loyal to your family. Culture plays an important role in the complexity of how you approach everything to make the decision that you had to make throughout the course of therapy.

During this conversation, my therapist had a comment to make about why he thinks therapy was effective for me.

Therapist: For therapy to be effective...everything that constrained you to feeling stuck, being curious about the important aspect of who you are that is being drawn upon---anxiety, high emotions...there is a consideration interwoven with your history as a cancer survivor, history of being Haitian woman, daughter, traditional Christian woman, and your fears....there is also a sense of you being responsible, and strong and rational one.....where within all of

that...your identity as an artist/dancer is a hidden tool that also give you skills on how to approach cancer. That identity gives you a perspective for the situation you are in....having cancer gives you an opportunity to relate to cancer proactively by using your set of skills/tools to dance with cancer. Since you had a voice which was frozen, therapy made your voice come alive....you dance with something---since you say that therapy is the music and you're the dancer. The dance form pasodoble you chose puts you in opposition mode.....so I knew what I was doing when I asked you to dance with cancer. Because you were engaged, I knew that you would be engaged and you are engaged, and then you would respond to my invitation.....the stuff that continues to be explored is that culture constraint....you are an artist and you are able to bring some of your skills as a dancer in therapy which gives you flexibility.

I also pursued a similar conversation with my friend Lissa since she is both Haitian and a licensed clinical social worker who attended one of my therapeutic sessions with me and continued to be one of my cheerleaders encouraging me to pursue therapy, regardless of how I felt that other Haitians would judge me. My friend Lissa always encouraged me to “go see your therapist.” She knew that when I wanted to cancel an appointment with my therapist, it was because I had something serious going on that I would not share with anyone. She would text or call me during my hour and a half drive to make sure that I was okay. She would always say to me, “I think God is using this

therapist to help you and he connects well with you, and I see the changes in you and how you have been transformed since you began therapy with him.”

Vardine: Would it be possible for me to ask you for a simple, quick reflection of how you think therapy has been helpful in my journey with cancer? You saw how I handled it prior to coming to therapy.

Lissa: Therapy I believed had an enormous impact on your life. It provided a safe haven for you to communicate and express your feelings at a time when you felt alone, overwhelmed, ashamed, and depressed. I can recall always encouraging you to attend your therapy sessions and stating to you, “I see how it has been helpful to you,” despite your denial....

Vardine: Denial!!! Interesting...

Lissa: But I am not done reflecting..... In order for therapy to have had a life-changing effect for you, it required a therapist who would implement active listening and challenge your over-processed thoughts and the negativity you developed over several periods of your life. As you began to participate in therapy, the changes I began to witness in you included an increase in self-esteem and self-respect, confidence, and optimism. Vardine can be described as a reserved person who did not allow others to witness her weaknesses. Therapy allowed you to process your anger and feeling of discouragement and despair. Thus, in addressing some of your most inner feelings, my friend, you developed a different

perspective of yourself and changed your perception on life. This epiphany for Vardine was life-changing and lifesaving. At a time when you felt as if you bore the scarlet letter, therapy provided an alternative perception to your ideas and beliefs. Despite the barriers you encountered, you had the strength, support, and love to continue to prevail.