

The Professor Gets Cancer and Theory Becomes Practice

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Abstract

Based upon a personal history with an advanced cancer diagnosis, the author comments on how his previous work in theoretical connections between Judaism and psychological theory became practice. The role of the therapist and psychiatrist are described.

Keywords: *Cancer; Religion; Logotherapy; Cognitive Behavioral Therapy; Acceptance and Commitment Theory; Judaism*

I spent part of my career studying psychological theories as they relate to health-related behavior change, as well as connections between theory and religious doctrine, specifically Judaism. With this work, I was able to maintain a professional distance. That was until about two years ago when I was diagnosed with advanced cancer. At that point, the distance between theory and practice closed.

In this brief commentary, I would like to draw upon a particular work of mine which explored the relationship between Judaism and psychological theory [1]. My intent is to share my experience to demonstrate how psychologists and psychiatrists can assist a religious patient in dealing with a life-threatening illness, particularly with medical conditions such as mine which have a statistical “poor prognosis” [2].

At diagnosis, I thought I had an earlier stage cancer with a good prognosis. I was optimistic, so when the services of the psychologist and psychiatrist were offered, I scoffed. Based upon the literature, I had an 80% chance of cure with the appropriate treatment. Why would I need mental health services? After four rounds of dose dense chemotherapy and a radical cystectomy with the creation of a neobladder, my pathology report showed my cancer was more advanced than could be determined clinically, and according to the literature, I only had at best a 26% chance of survival [2]. I was now considered high risk for recurrence and would require CT scans every three months to monitor. There were no further approved treatment options for me to prevent recurrence. With this news, I recognized I needed psychological and psychiatric services and was referred to the psychologist and psychiatrist at the comprehensive cancer center where I received care.

My first meeting was with the psychiatrist. He and the psychologist work closely together and comanage many patients. Both share the same theoretical school, Logotherapy, based upon the work of Victor Frankl, a school of thought I have suggested is consistent with Jewish teachings and thought [1]. The psychiatrist assessed me on my first visit. I was indeed extremely anxious and devastated by the news from my pathology report. I was planning to leave work and prepare for death. Instead of putting me on medication, we spent time in my session on meaning and purpose consistent with the work of Victor Frankl. This may sound simple from a theoretical perspective, but when a patient is facing a high risk of death, the obscurity and fear of future outcomes can easily find the search for meaning and purpose darkened. If I had needed medication, as a psychiatrist he would have prescribed it, but that was not his first approach. Although I continued to see him monthly to monitor my progress, I also worked with his psychologist colleague who continued with me on meaning and purpose, allowing me, without disdain, to incorporate religious aspects to what I consider the essence of my meaning and purpose. I

dusted off my old Victor Frankl works and read them with intensity. I also revisited Chassidic teachings. What was once theoretical to me had become practical and applicable.

The psychologist next worked with me utilizing cognitive behavioral therapy (CBT). CBT was important as my anxiety was high and every little ache, pain, skin issue, change in blood counts, or sniffle was, in my thoughts, a sign of recurrence. As a cancer survivor once said, cancer patients “do not get headaches. We get brain tumors until the Tylenol kicks in.” The Damocles sword dangled precariously above me, and I was hyper-aware of its existence. Developing more positive ways of thinking was difficult, but my thoughts, not just my “prognosis”, were interfering with my ability to live, regardless of when my end of life may come. In my belief system, thoughts, speech, and action are considered the “garments” of my soul, and their refinement are thus critical [3]. CBT assisted me with the incorporation of appropriate exercises to repair to some extent those garments. Using some of my religious tools for coping was essential for my ability to function, and I was now able to look at the expiration date on a package of cheese without bursting into tears, thinking the cheese would last longer than me. Yes, it was that bad.

After a few months, and after I had a few “clean” scans behind me, we moved into Acceptance and Commitment Therapy (ACT). According to Dr. Russell Harris, ACT is “a mindfulness-based behavioral therapy that challenges the ground rules of most Western psychology” [4]. Mindfulness is a “technique for living fully in the present moment” [5]. A meaningful life requires mindfulness, and a meaningful life is an important value in Judaism, how much more so when one is facing danger, fear and suffering [6]. Along with guidance in the work required on my part, the psychologist discussed philosophically with me the theory and the practice which helped me meld this therapy with my own religious perspective, facing my fears in a religiously mindful way.

Lastly, affirmations and imaging became part of my daily routine. Instead of adopting imagery from other religions and cultures, my psychologist again encouraged me to use my own religious imagery and texts. Many of the imaging exercises highlighted the patriarchs (Abraham, Isaac and Jacob) as well as other references from Tehillim (King David’s Psalms), and other biblical references (e.g. the parting of the Red Sea, the binding of Isaac, and Jacob’s ladder). I integrated a phase approach to imagery that I practiced after my morning prayers with tallit (prayer shawl) and tefillin (phylacteries) [7]. In my sessions with the therapist, many through telemedicine due to the COVID pandemic, we discussed these exercises, and I received much encouragement to continue.

The Lubavitcher Rebbe was often asked about whether it is acceptable for a Jew to seek psychological or psychiatric care [1]. My favorite response of his to one of the many inquiries decries the class of therapists who do not honor the patient’s religious beliefs or may even consider them harmful.

“There is a specific class of therapists who commence their therapy by deriding G-d, spirituality, honoring one’s parents, and the like. If that is the type of therapist he (the patient) is seeing, then even if the therapist is distinguished in his field, much examination and clarification is required in order to ascertain whether the benefit he may receive from him outweighs the long-time harm that may result [from this form of therapy] with the passage of time” [1].

Conclusion

In my case, I was fortunate to have a therapist and psychiatrist who were not of that specific class. I am now miraculously 1 ½ years out from the end of chemotherapy and surgery and still no sign of disease. The benefits I have received from my mental health treatments harnessing my religious beliefs are beyond words.

Conflict of Interest

None.

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