

SURVIVING

ONE CONSEQUENCE OF IT BEING KNOWN IN the workplace that you are a long time in remission from cancer is that colleagues who are just confronting the reality of diagnosis—or more accurately the trauma of it—come to talk about what to expect.

I generally give two pieces of advice. First, the main rule for surviving is to stay alive! This isn't as banal as it sounds. When you tell friends and colleagues that you have cancer, many look at you as if you are already dead. You can see fear in their eyes. You have to ignore this and go on living. Also, people just diagnosed are often otherwise healthy and won't understand how vulnerable their bodies will become when they have chemo or radio therapies. I tell them to take precautions from the outset—to husband their strength while they have it—and to aim to endure rather than defeat this particular foe.

Second, I tell them to set aside the popular language about cancer sufferers—battles, fights and courage. This language is a trap. In the midst of brutal treatments or when one's white blood cell count is abnormally low, the most one can hope for is to endure, especially when one's morale is undermined by the treatment itself and despair comes to call.

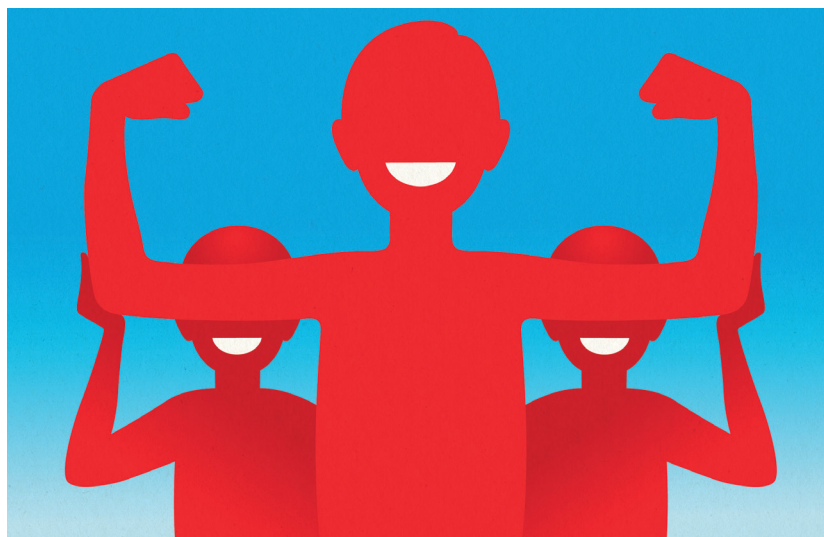
Those studying morbidity in cancer patients look at resilience as a factor in survival and a route to improvement in the patients' quality of life. There is a debate between three broad schools. The first thinks personal resilience comes from existing characteristics that enable an individual to thrive in the face of adversity. The second group sees positive adaptation in response to the stages of the illness and treatment that protects the individual from psychological distress. This may be generated by the individual themselves as they learn, but more often it's coping mechanisms offered by those around the patient with a dispassionate vantage point. Finally, some believe that it is the traumatic stress itself which causes the patient to become resilient (one set of researchers describe this as "Post Traumatic Growth"). Is that Nietzsche or what?

All agree that social support sustains the hope and optimism of patients. It also bolsters their confidence in being able to rationally process what is happening to them, with at least some discernible parameters

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for the outcome. Those with colleagues and friends who stick with them and engage with their progress through diagnosis, treatment, recovery and the long process of remission—or, for some, the acceptance of a curtailed life—endure better. The prospect of returning to normality also keeps people going. At their most ill, they talk of returning to work.

A perhaps less obvious aspect of this very human need for support is the effect of medical professionals. When one has cancer, one meets exceptional specialist doctors, nurses, psychologists and carers, all of whom are as focused as you are on seeing off this illness. They are profoundly on your side even though they say the most challenging things to you about the uncertainty of your continued existence and the difficulty of what you must do to survive. The oncologist's description of the course of the illness and the options for countering it are fascinating and engaging until you realize that the "morbidity" that they are talking about is your potential death.



When it is done, those medics stay with you most. They knew what was coming and took you through it, telling you how hard it would be so that you had the measure of it.

I hesitate to make some clumsy read across to business resilience or to Brunswick's crisis practice other than to say that real crisis, by its nature, overpowers. Most crisis management is about something less. Two things stand out for me about the Big C. First, I don't think not being killed by it makes you stronger. A real existential crisis makes you different—it transforms you, your family, your colleagues, your workplace. Second, we are lucky that, in our privileged cultures, there are heroes who come to your aid, determined that you should be robust when confronted by the realities of frailty and that you should recover. ♦

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