

INSURANCE POLICIES FOR MIRACLE CURES: A STORY ILLUSTRATING NARRATIVE COUNSELING PRACTICE WITH SOMEONE APPROACHING DEATH

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In the following story, a young woman called Laura takes up a stance of hope when faced with a life-threatening illness. Instead of engaging with death, she focuses on carrying on and believes the cancer throughout her body will be cured by a miracle. As Laura grapples to make meaning of what is happening to her, she meets with a counselor. The story illustrates some of the narrative practices the counselor engages with in order to respect Laura's relationship with her mortality, while seeking to ensure there are no unintended effects on either Laura or her family.

COUNSELING PAINS

On my desk lay a referral from one of the hospice community nurses. I turned the information over in my mind as I read it again.

Please see Laura for counseling. She has metastatic breast cancer and pain caused by an old operation. Laura's medication is being managed by her specialist, however she takes it erratically at best. She has also been seen by a psychologist for the pain; however she refused to go back after one session. Laura is ambivalent about counseling but has agreed for you to ring her and arrange a meeting. Laura hasn't made a will or any provision for her young children, who have minimal contact with their father.

I picked up the phone thinking how hard it would be to parent young children while having cancer. It sounded from the referral as if Laura may have had a tough

For Shazzie, whose loving practices inspire me.

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time in the system, and I reminded myself I was just another health professional. I thought if Laura had endured previous unwanted experiences, it was likely she would be cautious about involving herself with anyone else.

Laura answered the phone.¹ Initially, her voice was flat with no modulation. I introduced myself and explained I was one of the counselors at hospice.

"Helen, the community nurse, said you might possibly be considering counseling," I told her carefully, not wanting to presume anything.

"No, we had our wires crossed. I don't want counseling," was Laura's terse reply. "I have had this pain for 2 years and nothing can be done about it. I got it from an operation. They disturbed the nerves. Nothing can fix it," she repeated brusquely.

"Two years is a long time to be living with pain," I responded, noticing she didn't refer to her breast cancer.

"Yes," she acknowledged, with a little softness creeping into her voice. "It's really hard some days, especially with the kids."

There seemed to be an invitation for me to continue, so I responded tentatively, "I bet it is. Parenting can be very demanding but to have pain too . . . Would it be OK to ask you how you live with it?"

Laura now seemed willing to talk and began to discuss what she did to manage the pain. "I do take some medication sometimes, but I don't want to become addicted. I already have a lot of side effects and anyway, I have to think about the kids." While I knew that addiction was rarely an issue in treating people with terminal illness, I put this aside. It was Laura's experience and values that I chose to focus on and having noticed her commitment to parenting her children I asked, "Some choices can be really tough when there is no easy answer. What are your priorities as you weigh up how much medication to take?" Laura considered my question before finally blurting out, "People are always giving me advice about how I should get rid of the pain. How ridiculous! As if some easy fix could take away the pain! They have no idea how bad it is."

Laura continued to expand on how severe the pain was in a way that suggested she didn't feel her experience had been respected. When she paused, I responded, "There aren't usually easy fixes for chronic pain. When you are living with severe chronic pain sometimes the ideas and advice people offer can feel disrespectful. Would you say you may have come to know more about the pain than anyone else does?"

"Yes. I know what works for me, and I know the pain isn't going to go away," Laura responded.

"When little can be done it can be unfamiliar to people," I added.

¹The conversations in this story were informed by narrative ideas. Narrative therapy was first described by Michael White and David Epston (Epston, 1989; White, 1989; White & Epston, 1990). This is not a true story. Rather, it is a weaving together of many therapeutic conversations and the author's imagination to create a story representing practice.

Laura began to exclaim in agreement, providing me with numerous examples of this. She then concluded, "I must have had high pain tolerance before. Now I can understand why people can't take it anymore . . . because of the pain. I feel for them," she then faltered.

"What do you understand about pain that allows you to feel compassion for someone who can't take it anymore?" I asked.

"It has changed me," she said. "I can now understand pain, emotional pain, not just physical pain; when people feel desperate and they are right at the end of what they can cope with."

My mind was full of questions as to how Laura's experience of suffering such pain had changed her. Instead, I chose to research her experience of the pain, as her comment about understanding people at the end of what they could cope with required further inquiry.

"Has the pain taken you to a point of desperation?" I asked steadfastly.

"Yes," she answered before elaborating. Laura concluded with, "I know some people get suicidal. I would never do anything like that."

"What keeps you going and not feeling suicidal, even though the pain gets so bad?" I inquired.

Laura replied without any hesitation, "The children. I guess I'm pretty strong. I don't believe in it. I'm a positive person" (see Willig, 2011).

As I listened, I reflected on some of the many unhelpful discourses about pain. People are so often regarded as being difficult or having psychological difficulties if they experience chronic pain. They can be expected to "get used to it" and not talk about it. So while I could have asked Laura about her values as a mother or what she meant by being a positive person, I decided again to give her space to talk about her experience of the pain. I was also mindful that at this stage it was the only subject Laura and I had agreed to talk about.

"Was it a shock to you that chronic pain could be so bad?" I asked.

"Yes, definitely!" Laura responded firmly. "I went to the pain clinic once and saw a psychologist. She gave me some exercises to do, but that wasn't going to fix it. I'm never going back there," she exclaimed.

I wondered out loud if the idea of fixing had gotten in the way of what the pain clinic might have been able to do to support Laura.

"What is it you know about your pain that told you it wouldn't work?" I asked her.

"It's not going to just go away," she responded, as if she has said this many times before. "Can I ask what you do so you can live with it?"

"I pace up and down, sometimes I watch TV, but often I can't concentrate because it's so bad."

I listened attentively before checking, "Are there any other things you do to manage it?" Laura began to add to the list of her responses to the pain, sounding almost surprised at all the things she did.

"What sort of effort does it take from you to do all this?" I wondered out loud

with some awe. “A lot,” she sighed before signaling that the children would be home soon.

“If you ever change your mind about counseling, I will give you my name,” I offered. “Remember, a woman always has the right to change her mind.”

We both laughed warmly. I was joking but behind the humor I wanted to create room for Laura to change her mind with her dignity intact.

“What could you possibly do?” Laura asked me with genuine interest.

“I know if you ever did decide to meet me, I wouldn’t be looking to give you advice or to fix the pain. You know more than I do about your pain. You have lived with it for years. Living with pain when you are a parent of young children can be very challenging. I would be alongside you asking you about your experience,” I replied.

Laura responded with an invitation. “I’ve always said anyone from the hospice is welcome to come around anytime. You are always welcome to drop in. It is hard having cancer and the kids,” she stated, making reference to cancer for the first time. “I would be happy to see you,” she told me with a smile of welcome in her voice. Smiling in return, though she couldn’t see it, I replied, “I am part of the community team and visit people in your area. I’ll be nearby on Wednesday. How would you feel about me coming to your home to see you then?”

“You are welcome. I would like to talk again,” she responded, sounding like she meant it.

“How about I call you before I leave the hospice and check if it is still convenient for you?” I suggested, once again leaving Laura plenty of room to change her mind if she had any second thoughts. I didn’t want to impose, and if she didn’t want to meet me, I wanted to respect that. Laura reassured me, “OK, but it will be, unless I have been admitted to the hospital in the meantime.”

I concluded the conversation warmly before reiterating I would telephone to check whether it was convenient before I visited her.

THE EXTRAORDINARY THAT IS ORDINARY

It was a warm autumn day as I made my way up the steps to Laura’s front door. I had called Laura to check whether she wanted to meet me and had received a welcoming response. I waited for her to answer my knock. Finally, a young woman opened the door. Her face was framed by a beanie that announced the effects of chemotherapy. A heavy winter jersey hung loosely around her thin body. Lines were etched in her face only lightened by youth and the smile that she now wore in greeting.

As we walked together into the living room, it was apparent in Laura’s quick breaths and slow movements that she was seriously ill. Her arms wrapped themselves around her thin body as if to hug herself. Catching my glance, she explained,

"I am always cold." There were photos of her children on every available surface. "My kids . . . James and Tom," she adoringly said, pointing them out to me.

"How old are they?" I asked her, as I examined them carefully.

"James is 6 years old and Tom is 8," she replied, sadness now leaking into her voice. "They've had a lot to put up with, what with me being sick."

Laura found a place for me to sit in the middle of all the laundry, apologizing for the lack of room on the sofa. I reassured her I could sit anywhere and sat down completely relaxed with the untidiness.

"There is such a lot to do parenting young children but doing it and managing unwellness! What do you do to manage?" I exclaimed.

"I save all the energy I can for the kids. I don't have much, as chemo makes me quite tired and nauseous," she replied, finding a place for herself to sit down. "If I'm too tired to play with them in here, we play games and do their homework on my bed. I don't feed them very well. It's all a bit instant. I'm not a very good mother," Laura ended apologetically.

I often marvel at the efforts of mothers to care for their children even when they are seriously ill. Laura playing with her children, while dealing with the effects of chemotherapy and cancer, seemed extraordinary to me.

"What part of mothering are you prioritizing when you save your energy to play with them after school?" I asked.

"Quality time, I guess," she replied. "I believe children need attention."

"What sort of mother would you call yourself when you prioritize attention to your children over time in the kitchen?" I continued. A small smile danced over the corners of Laura's mouth, "A mother who likes to play."

I grinned in return, "What do the kids think of that playfulness?" Laura laughed, "I am very lucky, they are so easy." She curled up comfortably in her chair, pulling her jersey up around her.

"When you knew I was coming around today, was there anything in particular you thought it might be useful for us to talk about?" I inquired, thinking of our conversation on the phone.

"Not really. I just thought it might be good to talk about what I've been going through. Chemo . . . whatever," Laura finished with a shrug.

"Would it be OK to ask you a bit about what you've been going through?" I asked tentatively. Laura nodded.

"How long have you been having chemo?" I inquired.

"This latest cycle has been going 6 months. They had to take a break recently because of my blood count, but I'm back on it now." Her voice petered out.

"When did you first know about the cancer?"

"Five years ago," Laura replied before outlining for me her account of the diagnosis and subsequent operations. "They thought they had got it all, but it came back. We've always been a good church-going family. I have tried to live a good life. I don't know . . ." Laura's voice trailed off.

“What is it you don’t know?” I inquired.

Laura picked up her sentence again, “How this could happen to someone like me?” She began to pick at her jersey with her long carefully manicured nails.

“When you refer to yourself as ‘someone like me,’ may I ask what you are referring to?”

“Being young, living a good life, I guess,” she replied slowly, her eyes downcast on the carpet. I leaned forward in my chair.

“In spite of the many injustices in this world, there are lots of messages around saying that good things happen to good people and bad things happen to bad people. Could it be possible to live a good life and still have something really rotten happen?” I responded gently.

Laura looked up at me curiously.

“I suppose so,” she dejectedly replied. “Look at me. I’m not saying I’m some kind of angel. I’m not, but I’ve done my best.” Despair seemed to wrap itself around her for a moment before giving way to something lighter.

“What have you done your best at?” I asked her. I carefully observed her response.

“Raising my kids. They don’t deserve me being sick,” she replied.

“Could it be that this is the worst kind of luck and none of you deserve your being sick?” I ventured.

“Yeah. Life can be unfair. I guess I already knew that when I stop and think,” she reflected, looking unblinking at the photos of her children around the room. “Really, I am very lucky; I just wish it could be easier for them.”

Laura unfolded her body and stood up slowly. She moved over to the kitchen bench in the open plan room and began to get some food out. “For the kids when they get home,” she explained, slowly scraping Marmite spread onto the bread in front of her. Stunned that this young woman could describe herself as lucky I asked her, “What allows you to see luck in your life when you have every reason to be overtaken by something quite different?”

Laura began to tell me about her partner Ben and how happy she was with him, before returning to her children and her joy in them again.

“What do you want for your children as you make your way through chemo and the sickness?” I inquired.

“I want them to have normal lives with a good future; to feel stable, and secure, and happy. I guess the things any mother wants,” she said with a smile before adding, “but I can’t take them places or do so much with them now. I’m just not well enough.”

“What do you do to ease the effects of sickness on your life and their lives?”

“My friend Steph, well she’s more like a sister, picks up James and Tom from school. It means I have more energy when they get home to play with them,” Laura replied as she started to make their afternoon tea.

“Do you accept offers of help so you can spend valuable time with the children?” I asked, thinking of the wisdom in this. Laura explained some of the practical support she was receiving and how she organized people so it worked for the family. She finished working at the bench and sat down again with a small sigh.

“How are we going with this conversation?” I checked. “How will your energy levels be later if we have been talking?”

“It’s good talking. It’s physical things that are the problem.” Laura let out another sigh.

“If you were to notice yourself using energy you want for something else, please don’t hesitate to let me know.” I made a note to myself to pay attention to time and to check regularly.

“Do you mind me asking; if you were to get sicker, what would be important for your children?”

“My partner Ben keeps saying I need a will. I don’t want to get one though,” she replied.

When Laura mentioned Ben, her voice grew soft and tender, suggesting to me that loving concern was behind his insistence.

“Is it OK to ask why Ben thinks it’s important to get a will?” I inquired, thinking how young they were to be forced to consider this.

“He thinks I should have a say.” Laura’s eyes scanned the photos in the room.

“What does Ben think you should have a say in?” I gently persisted.

“The kids, money too. He’s right of course. I know it’s more complicated because I’m separated from the children’s father,” she responded.

“What do you think?” I emphasized “you” slightly.

“I’m not so keen.”

“What makes you not so keen?”

Determination seemed to make its way into Laura’s voice, “If I have a will, it’s asking for trouble. That would be giving up and I’m not giving up.” Adding ease to my tone, I responded, “I find people mean lots of different things when they talk about ‘not giving up.’ Could you help me to understand what you mean by not giving up?”

I opened out my arms, resting one along the back of the chair. Laura held her jersey tightly around her and furrowed her eyebrows.

“I’m not giving up on my life. I have to keep going for the kids and for Ben.”

“How do you like to do this keeping going and not giving up on your life?” I asked noting she hadn’t used “fighting” language (see Harrington, 2012).

“Looking after them and being here for them. They need me.”

She was no doubt right about them needing her, I thought.

“Looking after the people you love seems very important to you. How do you go about that?” I asked her.

Laura began to pull at a loose thread hanging from her jersey. “I do like looking after people. Steph says a will is looking after your family . . .” She hesitated before continuing, “I know she has one, and she keeps telling me to get on to it. I guess people who are well can have wills . . .” Laura leaned forward in the chair and rested her head in her hands.

“Yeah they do, kind of like an insurance policy,” I acknowledged.

“An insurance policy . . . for the kids. I could do that.” Laura paused, looking thoughtful.

“Could you make a will to have a say, without giving up on your life?” I asked. I reflected I might need to explore what “giving up” would entail.

“I have to make sure,” she responded hesitantly.

“Who in your life has an interest in you, in your going on with life, and in you acting to have a say in your children’s lives?” I wondered, not knowing what those close to her thought.

“Lots of people . . . Ben, Steph, even David, my ex-husband, the children, my parents.”

“What might they be saying about this?”

“I think they would tell me I can do both. Ben and Steph will offer to come,” she replied, her voice firming.

“It’s only an insurance policy . . . How much does it cost?” Laura asked me, sounding as if she had come to a decision.

We talked through some ways of circumventing the obstacles of expense and fatigue, stopping when cheerful sounds outside indicated the children had arrived home from school.

“How have we gone with this conversation today? Did we talk about what you wanted to speak about or have I veered off course a bit?” I inquired.

“It’s been good. Everyone’s been on at me about a will. I just needed some space to think it through a bit more,” she offered, concluding the day’s conversation.

I left looking forward to our next meeting.

DADS

It was a few weeks later, and the air had a chill in it. Laura and I had met again since our first meeting, and I hurried up the now familiar front steps. As I entered the house, the chill seemed to deepen, and I realized by coming inside that I had stepped into an even cooler environment. Laura was curled up in a blanket on the couch, with a black beanie on her head. She cradled one of her arms, and I saw it was swollen with lymphodema. Her cautious body movements led me to wonder if she were in pain.

“Sorry it’s so cold in here,” she apologized. “We keep asking the landlord to do something about the insulation but he does nothing. I promised myself I wouldn’t spend another winter feeling cold and yet here I am.”

I reflected that Laura and Ben would struggle with the cost of running a heater during the day.

“I was hoping Ben would see you,” she added, “but he won’t take any leave from work. He’s saving it. I’m worried about him. He is so stressed and upset.”

“I’ve been in the hospital. I had some kind of seizure,” Laura explained, almost apologetically. “The doctors think the cancer has spread to my brain.”

Laura bowed her head. Her eyes gleamed with unshed tears. “I just don’t know how I’m going to go on.” We both sat a moment letting this thought settle.

“Is it hard to imagine going on when life is so tough already?” I asked her quietly.

“I am so tired,” she confessed. “I just couldn’t keep going on the weekend. My friend Steph came and got the kids and had them to stay over the weekend. Ben is supportive, but he’s been working and we need the money.”

“You are both doing all you can and yet because of the size of what you are dealing with it can be too much,” I murmured.

“Yeah,” she sighed, “Thank goodness for friends.”

“Look at this mess. You’d never believe I cleaned houses,” Laura exclaimed weakly. She moved as if to pick something up but changed her mind mid-movement.

“Would some practical help in the house ease in any way the thought of going on?” I inquired, mindful of the physical exhaustion she was managing. Together, we began exploring what might make a difference for her.

“What does the children’s dad make of what’s happening?” I asked. “Does he know you are living with cancer?”

Laura began to tell me about her relationship with David, the children’s father. The relationship had ended traumatically. “Things are much better between us now though. I think he is worried about me. He comes inside now, when he collects James and Tom, though that isn’t often. He lives too far away and they don’t really like going there.”

“What tells you that David is worried about you?” I asked, wondering how he had taken the news that Laura had cancer.

“He’s rung me a couple of times to see how I am. I think he might be upset. I’ve told him what’s going on.”

“What did it mean to you to notice David is worried and might be upset?” I asked her, thinking of the traumatic break-up they had been through.

“Actually, a lot. Finally it feels like we might be OK.” Laura shut her eyes. I stilled, joining her, while she seemed to savor the possibility that the relationship might have settled. When Laura opened her eyes again, I slowly resumed the conversation.

“If David knew how unwell you were feeling, would he want to help you out more with James and Tom?”

Laura deliberated, “Yeah, maybe.”

“What do you think is getting in the way of the children being comfortable at his house?” I wondered.

“David hasn’t had proper beds for them. And they don’t have their things there. They just seem to fight. David did phone me this week to tell me he’s bought beds for them though. I think he is trying,” Laura told me thoughtfully.

“How important would James and Tom’s relationship be with their dad if you were to get sicker?” I asked carefully.

“Umm.” Laura paused, as if thinking. “I thought Steph could have them more. I don’t want their schooling interrupted. All their friends are here and they know Ben.”

“How important is the well-being of James and Tom to David?” I ventured.

“Oh . . . very important. He was a good father when we were together,” volunteered Laura, leaning over and reaching for another jersey to put on. She shivered a little before curling up again.

“Have you and David been able to talk about the children and what you want, should you get sicker?” I continued.

“Not really. We’ve begun to say the odd thing,” Laura readily replied, giving me the impression that she was optimistic about their ability to talk in the future.

“What difference would it make to your children if they were to know their father better?”

“Well, if anything were to happen to me, they are meant to go to him. I know the law says, because I’ve checked about it. So . . . that’s been on my mind, as I want Steph to have them. All their life is over here. I don’t want the children’s schooling to be ruined, and it will be if they go to David,” Laura persuasively told me.

“How did schooling come to be an important priority for you as a parent?”

“It is a top priority. I was forced to leave school when I was 15 and I never got to learn. I want my children to have better than that,” she firmly pronounced.

“Do you have dreams for them that education could provide?” I asked.

“I want them to have good jobs. It will give them security in life and the stuff they need,” Laura said, reminding me of some of the struggles she was facing even as we sat in the cold living room.

“Would it be OK to ask how critical you think David’s support will be for your children in getting an education?”

“I can’t rely on him.” Laura seemed to reconsider. “Well, maybe that’s not fair. I haven’t relied on him before,” she stuttered. “Maybe, it might be good for them to have a bit of time with him. It won’t hurt,” and then more as an aside to herself she added, “Just in case . . .”

“How could you go about this?” I inquired, taking the idea a bit further.

Laura reflected, “Hmm, maybe with the school holidays coming up, he could have them. He has the beds now.”

We talked a little while longer before I took my leave. Laura stumbled to the bedroom for a nap just as I shut the front door.

MIRACLE CURES

Laura was telling me of her 30th birthday celebrations on a warm winter’s day. I had been asking her about some of her previous birthdays and traditions she had chosen to carry on. Unfinished knitting lay beside her on the sofa, and some magazines she had been reading were on the coffee table.

“People all over the world are praying for me to get well,” she announced quietly. Laura peered at me as if uncertain, before confiding, “You might not believe me, but God is going to cure me with a miracle.”

I looked back at her steadily, “How did you come to understand you would be cured by a miracle?”

“I had a dream. In it, well, I think it means I am going to be cured,” she explained.

I heard a noise at the door. As I turned, a young woman joined us in the room. She greeted Laura in an enthusiastic way and then hugged her gently before turning her attention to me. “This is Steph,” Laura said with a smile. “Don’t worry I tell her everything. She knows about the miracle.”

Steph launched in doubtfully, “You work for hospice. Have you ever seen anyone cured by a miracle?” Laura looked up at me hopefully but I couldn’t reassure her.

“I’m sorry I haven’t. Have either of you had any experience of miracles?” They both shook their heads.

“How do you think this miracle may happen?” I asked looking over at Laura.

“I don’t know exactly.” Laura paused, looking down at her swollen arm. “All the people at church are praying for it though.” The thought that other people were praying seemed to strengthen her and she looked up.

“Could this miracle occur in ways you can’t anticipate?” I wondered.

“Yes, that is possible. God does things in his own way,” Laura replied thoughtfully.

“If the miracle didn’t come about exactly as you wish it to, do you think you would lose your faith?” (see D. Epston, personal communication, March 2015)

I didn’t want Laura to come to the end of her life robbed of her faith by unmet hopes and expectations. She might need it for support, so I sought to loosen up the conditions of the miracle while respecting the hope and possibility it offered her. Loosening the conditions would avoid a binary (Bird, 2004) of the miracle being seen as true or not true.

“No, I won’t ever lose my faith. I’ve always had it,” Laura replied thoughtfully, easing her body carefully into a different position.

“She has,” nodded Steph supportively.

“What do you do to nurture your faith?” I inquired (see Carlson & Erickson, 2000; Griffith, 1995).

“I used to go to church with David when we were married. Now I don’t go so much as Ben doesn’t want to, but I pray and teach my children about God,” Laura confidently told me.

“If David were looking after the children, would he share any wishes you might have with respect to faith?”

“Yes. Hmm, that is something I’d like to think about. I rang him by the way. He does want to help with the kids and is going to have them for the holidays. He wants to talk with you. Do you think you could ring him?” Laura turned to Steph and in a mischievous tone said, “Sasha and I have been arranging insurance policies,” before grinning at me. Steph looked disgruntled. “Steph doesn’t like David. She won’t talk to him,” Laura explained.

I called David that afternoon. He had a broad Kiwi accent and warm manner. When I explained who I was, he let worry ease into his voice. Urgently, he asked

how Laura was. I gave him the information Laura and I had negotiated I could tell him. I inquired into David's experience, and before long he was voicing his bewilderment at the overwhelming loss he was feeling. Mindful of how disenfranchised his feelings were (Doka, 1989), we discussed how David could receive support. David was grateful that someone had thought of him and reiterated his thanks a number of times. The warm conversation would prove valuable later on at a critical moment.

LOVE

Ben sat sheltering Laura in his arms on the couch. Laura was so thin she was easily enveloped by his large athletic body. Her swollen ankles were visible under the blanket that Ben had wrapped around her, before adding his body for extra comfort. Ben moved carefully, adjusting himself so he didn't hurt Laura in any way, attentive to her every movement. He had taken a day off work exhausted by the week's demands, and we sat together talking in their home. Laura had lost her sight in one eye and now wore a patch. I was aware they had had very little time to talk in recent months. Every spare moment that Ben wasn't working had been full of appointments and health concerns. With this in my mind, I asked Laura what was important to her in her life right now.

"I want to be as loving and caring to the people I love as I can." Laura looked up at Ben who bowed his head to hide his face and the emotion that was expressed there.

"How do you go about expressing that loving and caring?" I asked, as my heart was warmed by the generosity of such a wish.

"I want to do everything I can for Ben and the kids. I used to make Ben's lunch and put a note in with his sandwiches each day. I haven't been able to lately," she sighed, fiddling with her eye patch. "I want Ben to know I love him and show it to him, fully, in every possible way I can."

Ben readjusted Laura's blanket, "She is always thinking of me. Sometimes I wish she'd think of herself more."

"You're so kind to me and it's been no fun for you. I know you're exhausted," Laura rejoined.

"Ben, what does Laura do that makes you feel loved?" I asked.

Ben glowed for a moment, with a smile that appeared on his face, as he looked down at Laura. "She holds my hand and she wants to be with me." Laura didn't return his smile.

"I can't touch him like I used too. We barely cuddle. It hurts too much. I want to show him I love him like we used to but I can't." I could see tears welling in her eye, and she lifted the patch that covered her other eye to wipe fresh tears that were spilling over.

"I can't be the partner I want to be," she choked out (see Cort, Monroe, & Oliviere, 2004).

Ben began to reassure Laura. We spoke a while of the losses that they had endured, with me a witness to what the cancer and treatment were stealing from their lives, bit by bit.

“We can’t make love anymore. My whole body is just too sore.” Laura paused, catching her breath before continuing, “I can’t even show Ben I love him. And now Ben is exhausted from working and caring for me, and I even wake him up at night. I try so hard to lie still but the pain is awful sometimes.”

Laura started to cry, holding her face in her hands, with stuttered sobbing sounds escaping every now and then. Ben wrapped his arms around Laura, nursing her against his chest. Neither of us sought to end her expression of grief. Gradually she quietened. We sat together companionably until eventually Ben gently broke our respectful silence.

“Laura woke at 4am this morning but didn’t take her medication as she didn’t want to move in case she woke me. Now she’s had a bad day.”

Quietly I acknowledged, “Often couples find that when one person is sick, many of the things they enjoyed together are taken away. However, there can be a huge amount of love present in the relationship. Would it be OK to ask you, Laura, this question: Laura, as you lie still even though you are in pain so Ben can sleep, what does it show about how strong your feelings are for him?”

“That I love him and I’m thinking about him,” she replied, tearful again.

“Yeah, I don’t want her in pain, but she’s always thought of me no matter how bad it’s got for her,” Ben added.

“Ben, how much love would you think goes into Laura keeping still as she puts her own comfort aside for your rest?”

“Heaps,” he paused; “it’s a bigger deal when it’s difficult, you know.” I nodded. Laura re-adjusted herself looking somewhat comforted.

“Would it be OK to ask you Ben, how do you know it’s Laura in bed beside you and not someone who doesn’t care?” Ben looked a bit puzzled but answered regardless.

“She reaches out and holds my hand in the night.”

“What does this reaching for your hand signify about the relationship that is meaningful?” I inquired further.

“Oh everything,” he exclaimed. “She wants me. She’s my best friend.” As I observed his delight in the relationship, my own mind moved to focus briefly on how much they had to lose.

“As Laura reaches for your hand, what do you know about your love together in that moment?” I continued.

“That we’re together and somehow we’re going to get through this,” he responded, looking at Laura again. Laura stretched her body and smiled at him tenderly.

“Laura, what are you telling Ben as you reach for him in the night?” Laura still looked at Ben. Full of emotion she whispered, “that I love him and I will always be with him, no matter what.”

MIRACLES COME IN DIFFERENT SHAPES AND SIZES

We met together each week over the following month. The children spent the holidays and the subsequent weekends with David. Laura continued to grow sicker. The weather got colder, and at times I wondered how she found the spirit from within herself to play with James and Tom in their freezing home. Laura told me she found hope in the miracle that was coming.

One day after a particularly sleepless night due to pain, she complained that God was taking His time, but mostly her demeanor was one of gratitude. It was a busy day when Claire, one of the community nurses, informed me that Laura had been rushed to the hospital. There were major concerns for Laura's sight. A few days later, Ben called to let me know Laura was being transferred to the hospice inpatient unit. The children were with David and everyone was worried.

The next day I knocked on the door of her room in the hospice inpatient unit. Laura was sitting in a large armchair by the window. Her thin skeletal face was at odds with her massively swollen legs and arm. She beckoned me in with her un-swollen arm and indicated I should sit down. As I came closer, I could see her hand had blistered with the swelling and, barely able to lift her arm, she now rested it on the side of the chair. The patch that covered one of her eyes had slipped and I could see her sightless eye staring off into some inner knowing. Wordlessly she looked at me, as her eyes began to fill with tears. I pulled a small chair around so I could sit close by, almost side by side. Laura reached for my hand, and I clasped it, trying to offer what steadiness and comfort I could. As I held her hand, I could feel fluid leaking from her skin into my hand, as if bonding us together.

"I guess I was wrong about that miracle," Laura choked out. The room seemed heavy with her resignation.

"Could this miracle work itself out differently from how you imagined it maybe?" I asked her quietly.

"What do you mean?" she ventured, a small note of hope in her voice.

"Could it be that the miracle is going to be different from what you hoped?" I repeated myself but a little differently this time.

Laura coughed, her breathing rapid, "Maybe I misunderstood the dream's meaning," she considered.

"Do you think the miracle could be happening or going to happen in other ways?" I continued tentatively.

I didn't know about miracles (Anderson, 2006; White, 2005).

"Do you mean it's going to work on someone else, for me?" Laura wondered. She coughed again. "Maybe it's going to work on the children." Her voice tapered off as the effort of breathing took center stage.

"Could God work his miracles in ways that you can't anticipate or even guess?" I continued, thinking of the way Laura's belief had sustained her through so much.

"Yes, I think so," she slowly responded. "He wouldn't leave me now. No He

wouldn't." Laura sat back a little in her chair and closed her eyes. "Maybe I've just got how He's going to do it wrong," she said with forbearance.

I could hear voices outside the door. Ben and Steph walked in carrying coffee. An hour later, I left them, having arranged to visit again the next day.

UNFORESEEN COMPROMISES

I arrived early the next day to see Laura. She was sitting in bed with her eyes closed, the eye patch discarded on the table. I stood at the door about to turn back when she opened her eyes, dimmed by illness, and indicated for me to come in. The swelling in her arm and legs had increased overnight, and her skin was tinged with yellow. It was clearly visible how hard her chest muscles were working to ensure every breath.

Laura began speaking slowly as if every word was an effort. She told me, "Steph is planning Ben's birthday." Tears welled and she choked. The tears were spilling over one by one, and she choked up again, unable to even cry aloud with the effort required for her to breathe. I sat holding her hand, breathing each breath in and out with her. Eventually, she tried to speak to me again, but emotion and breathing were too much.

"Steph was speaking about the party in a month's time," I said. "Are you thinking of what you might miss?"

Laura nodded with fresh tears flowing down the wet paths left on her face. "I won't be here," she croaked. "It's not just that." Laura fell silent, renewing her efforts to breathe. I gathered myself and leaned forward, listening intently,

"I can't take them all being bright and joking," she gasped out.

"When you are managing so much, what do you think the brightness does?" I asked her, trying to imagine carrying such a heavy burden of disease among the breezy voices.

"It's as if they can't see what this is like. I don't know how much more I can take," she told me heavily. I nodded, absorbing her answer, feeling it reverberate through my own body.

"I feel ready to die, Sasha. Somehow it seems like a naughty thought to have. It is almost as if I am not allowed to die," Laura confided in me.

"Sometimes people tell me they worry that those around them will think they are giving up if they feel ready to die. Is your feeling of not being allowed similar to that or something different?" I asked, trying to save her breath and energy, as I embedded an idea into my question.

"Yeah . . . like I need to fight for them . . . or I'm letting them down . . . but it's not what I want anymore. I think they need to get on with their lives . . . and I can't live like this anymore. I am ready . . . sad but OK too. The missing out is still so hard," she haltingly explained. Laura began to cry, her face going red with the effort, as she tried to breathe at the same time.

The distress mounted, and I asked her, "Are you grieving what you'll miss?" Unable to speak, she nodded.

We continued to sit there together saying little, as Laura's energy had been spent. Quietly, I offered my presence as Laura meditated on her dying. After sitting for half an hour, we heard the children's voices. David had arrived, bringing them in to see their mom. He entered the room alone, however, and I could hear one of the nurses leading James and Tom down the hallway, no doubt to the kitchen for some treat.

David approached the bed somewhat awkwardly. I stood up to leave, but he motioned me to sit down. "I'd like you to hear this too," he told me. David turned to Laura, "I've talked to Steph, Laura. We have arranged for her to have James and Tom for the next couple of months so they can finish the school year uninterrupted. I will have them on the weekends," David's voice cracked, "I know you wanted that."

Later, I asked David how it had come about that he and Steph had talked, knowing they were barely on speaking terms. He explained how our conversation had allowed him to feel OK about feeling sad. "It made me reflect on the years we enjoyed together. I found myself wanting to do something for her," he told me.

Laura seemed to hardly believe her ears. She smiled and choked out her thanks. Steph arrived soon after, and I left them all together for some precious moments.

Laura died two days later, peacefully in the end. She had settled with the future, though not without grief.

I met Steph a few weeks after Laura died. "I'm a stubborn woman, Sasha," she told me, a bit tongue in cheek. "It was always going to take something big to make me talk to David," she teased. "Actually, he's not so bad when you get to know him a bit. We'll look after the children, not just for them, but especially for her." She even managed a smile.

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