

Holy Shit, You've Got Cancer



A Quick-Start Guide

By Elana Miller, MD

ZenPsychiatry.com

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This guide is meant to be used for educational purposes, and NOT a replacement for medical or psychiatric care. If you have cancer, make treatment decisions in collaboration with your oncologist and other doctors. If you feel you need psychological help (which many people with cancer do!), please seek out assistance from a mental health provider.



Dedications



Dedicated to my family. Dedicated to my dearest friends—you know who you are. At a time when I often don't feel like I'm living, your love shows me there's a reason I keep going back to chemo. Your love shows me I have a life worth coming back to.

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About this Guide

I wrote this guide (which has some material I've already published on my blog, [Zen Psychiatry](#), and some new material) as a “quick-start” guide for people who have been diagnosed with cancer or who have a friend or family member who has been.

I've included a few blog posts my readers have found particularly helpful—in part because these posts say things cancer patients often think but have difficulty saying.

Part I gives an introduction to me and my cancer story. Part II is the meat of the guide and includes 1) a list of important mindset shifts to make when you get a cancer diagnosis and 2) two particularly well-received posts from Zen Psychiatry about the realities of human nature (both the good and the bad) that cancer taught me and ways to help a cancer patient. Part III includes two bonus “tip sheets” to guide others to be the best friends and family members to a cancer patient they can be.

Feel free to share this guide, to repost all or part on your own website or blog, to mass email it to others when you're too tired to explain what's going on with you, or to print out the tip sheets and post them on your hospital door. Use it in whatever way is most helpful to you!

PART I
My Story



Introduction & About Me



Hello there.

My name is Elana Miller and I'm a physician, psychiatrist, and writer based out of Los Angeles, California.

For the last several years I've written at my blog, [Zen Psychiatry](#), about integrating Western medicine, Eastern philosophy, and holistic approaches to help people live happier and fuller lives. Here are a few of the things I believe in:

- Not settling for being “not sick,” but instead pursuing optimum mental wellness.
- Discovering joy and happiness in everyday life, even amidst chaos and stress.
- Synthesizing Eastern perspectives on mindfulness and spirituality into the Western view of the mind and brain.
- Integrating traditional psychiatrist treatments with complementary approaches.

Since starting my blog I've worked to promote a positive view of psychiatry where we can aim not just to medicate away mental illness, but to strive for happiness, joy, and fulfillment of our greatest human potential.

Then, on December 17th, 2013, while in my last year of psychiatry residency at UCLA, I was diagnosed with Stage IV Acute Lymphoblastic T-Cell Lymphoma. It was as much of a punch in the gut as you'd imagine it would be to get cancer when you're a young, healthy woman with no family history, who eats well, exercises, meditates, juices, and who like most of us, didn't really believe she was mortal and fragile.



Believe me, I was afraid—but more than I felt afraid, or sorry for myself that I was dealt a shitty hand, I was struck by how much kindness the world showed me at a moment I needed it most. I was struck by how much I wanted to live, because I felt I still had important work to do. The love others showed me started to heal me. The

meaning I get from my work, and my resolute determination to get well so I can continue doing what I love, started to heal me. Six weeks after my initial diagnosis I was in remission.

Remission, though, while hugely reassuring and encouraging, was only the beginning: the total chemo regimen for my rare tumor, which has a nasty tendency to relapse even after remission, is three years. Since my diagnosis I have continued to write about my experience and path to healing, as honestly when it is hopeful as when it is sad.

Living an authentic life requires both reflection and action. It necessitates both examination and experimentation. Thank you for joining me here, and I look forward to helping (or at least entertaining) you along your journey.



My Cancer Story

This photo of me was taken on December 15, 2013. When I look at it I see a happy young woman who felt she was coming into the best years of her life.

At 31, I was at the tail end of years of grueling training to become a physician. I had graduated from medical school at the top of my class and made it through three and a half years of psychiatry training at UCLA. I had grown from being frustrated with the limitations of the



Western medical system to discovering great joy and fulfillment in integrating Eastern philosophy and complementary approaches into my work. I was months away from graduating residency and starting my own practice.

The photo above was taken in a moment of spontaneous joy. I was with my friend and co-resident, Yvonne, and her boyfriend, Michael. I was jamming on the ukulele, and when I jam on the ukulele I can't help but smile. Yvonne is not in the frame, but I was looking at her and by the look on my face I

know she was doing something really hilarious, like telling me to “smile with my eyes” à la Tyra Banks.

I didn't have to try, though, because the skin around my eyes is crinkled, the way it does only when you are smiling sincerely, when it's not just your mouth that's smiling but your entire face, your entire body, your entire soul. I didn't even care about the camera.

Throughout the day we were busy having fun and snapping photos, but I had this dry cough. It had been lingering for weeks, and when I stretched my arms back, I felt tight pressure, as if my chest were in a vice.

Every once in a while I would put my hand over my sternum and say, “Something is wrong with my lungs. Something is wrong with my lungs...”

Two days later, on December 17, I went to the UCLA Emergency Room and they took a very different kind of photo. It was a chest X-ray, and it showed a suspicious shadow. Then there was the CT scan, which revealed a tumor the size of a liter of soda taking up almost my entire front chest cavity, compressing my lungs and major blood vessels, and encasing my heart.

I knew even before the CT scan I had lymphoma, because I learned in medical school that's what young, healthy women with chest masses have. But over the next few days they told me not only did I have lymphoma, I had a very rare kind, Acute Lymphoblastic T-Cell Lymphoma. They told me it had spread to lymph nodes in my neck, armpit, upper chest, and abdomen and to the lining of my lung. It was already Stage IV.

They told me I would need years of chemotherapy that would almost certainly make me menopausal and infertile, and it was my choice to wait for treatment and freeze eggs, but this thing could kill me in weeks and we should really start chemo right now. They asked me, “Do you have any full siblings? You might need a bone marrow transplant,” and I told them no, I’m adopted. They said, “Hmm...”



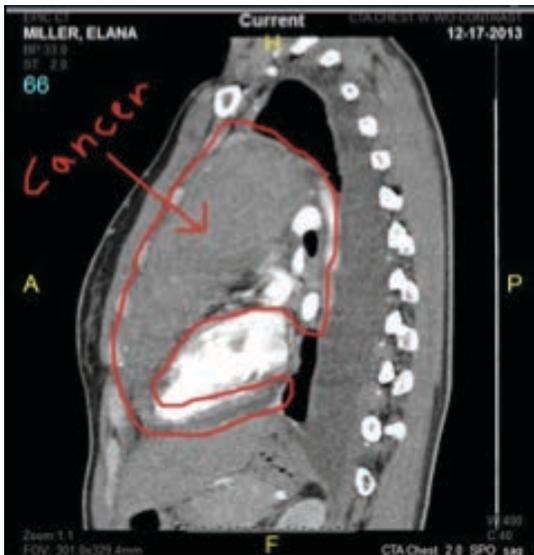
I was admitted to the hospital, and from my hospital bed, I wrote an article about my experience that, to my surprise and astonishment, went rapidly viral on Facebook and the [Huffington Post](#), bringing hundreds of thousands of people to my blog, more than a thousand of whom left supportive comments or emailed me kind messages. Here is the original post:

Love Is... (Holy Shit, I've Got Cancer)

December 26, 2013

Last week I wrote about how **our world is ruled by love**, and this week circumstances conspired to show me just how true that really is.

Love is when a week ago I go to the ER at UCLA, where I work, for a cough and a feeling that “something isn’t right,” and even though my complaints are mild, I’m brought right in and treated respectfully.



My CT scan with contrast (sagittal view – ‘A’ is front, ‘P’ is back, and the bright spot in the middle is my heart

Love is when the chest X-ray comes back with some abnormal findings, and the ER attending attentively points out the fuzzy mass in my chest and the collections of fluid around my lungs. “It could be nothing,” he says, “but we need to get a CT scan right now.”

Love is when the CT scan comes back, and the attending carefully, gently, sits down on the gurney next to me and asks if I would like to read it with him. He says he’s not a radiologist, but knows I would want the results as soon as possible.

He points out the fluid collections (called pleural effusions) and a few enlarged lymph nodes. Then he points out a large mass in my anterior chest, measuring 18x11x7 centimeters.

I ask him, “This is bad, right? It’s lymphoma, isn’t it?” He says he can’t tell me for sure—that I will need a biopsy ASAP. I start to cry. I tell him this was not what I expected when I came to the ER. He asks me if there’s anyone I need to call, and I tell him my cell phone doesn’t have reception. He gives me his phone to use.

Love is when my friend Marya comes to the ER to be with me and then shares some tea at Starbucks when I’m discharged, even though it’s midnight and she’s an anesthesiology resident who probably had to be up at 6 am the next day.

Love is when I go home and wake up in the middle of the night with blood-curdling, searing pain in my arm and, panicked the tumor is occluding a blood vessel or nerve, yell to my boyfriend to call 911. I hear him sobbing on the phone and tell him to stop because it’s too hard for me to see him so afraid. He yells out, “I can’t lose you!”

Love is when I go back to the ER and even though they can’t find out what caused the pain, they expedite my biopsy and have it done in the hospital.

Love is when I’m discharged again, but another UCLA resident, Becky, who specializes in hematology/oncology and whom I knew back in medical school, hears of my case. She has me call her that night and moves mountains to have me admitted to the hospital the following morning to the heme/onc service for expedited work-up and treatment.

She emails the medicine chiefs, the ER residents, and every single oncology specialist at UCLA to arrange my admission and testing. She ensures I get a PET scan the next day, and a bone marrow biopsy the day after, so I can start treatment right away; without immediate treatment, I could have died. Everyone I talk to tells me Becky asked them to take extra good care of me. I don't even know her that well, but she might have saved my life.

Love is when so many friends and colleagues visit me that I'm quickly dubbed "the most popular patient in the hospital."

Love is when my boyfriend, Peter, has not left my side for a single night and has been sleeping on a mini AeroBed, even though he's 6'3 and usually complains about sleeping on anything smaller than a California King.

Love is when my parents immediately fly to LA from the Bay Area to be with me in the hospital. My mom, a pathologist herself, even calls the lab to read the slides with the attending pathologist.

Love is when nearly every oncology attending who works at UCLA comes to check in with me, even though they're not officially on my case.

Love is when every single staff person in the hospital, from nursing to care management to the custodians, treats me kindly and compassionately.



My chemo setup

Love is when I get the news that the biopsy is not Hodgkins or B-Cell Lymphoma like I had hoped, but a rarer, more difficult type of cancer to treat called Acute Lymphoblastic T-Cell Lymphoma. It has spread to the lining of my lungs and several groups of lymph nodes, making it Stage IV. It will require six to eight months of intensive chemo in the hospital, and up to two and a half years of less intensive maintenance chemo after that.

Unlike the chemo regimens for Hodgkins or B-Cell, this one will make me infertile by ravaging my ovaries. The oncologist did have one patient who had twins after this chemo, but it was a rare exception. I could also be in the hospital for the next month if I become neutropenic (suffering from a suppressed immune system) from the treatment.

The oncologist spends almost an hour with me and my family going over the diagnosis and treatment plan, even though I ask him the same questions over and over because my mind is so overwhelmed.

Love is when I'm given the option to wait two weeks to start chemo to do egg retrieval to preserve my fertility. But—I am told the entire tumor likely grew in only six weeks, so this could be very dangerous. The cancer is already occluding my blood vessels and lungs, making it difficult for me to breathe. My boyfriend hugs me and asks me not to wait. He tells me, "It's like putting the oxygen mask on yourself first. I need you more than I need our future child."

Love is when the next day, while visiting with the heme/onc fellow, I start crying that I will never be able to have children. She sits down next to me on the hospital bed, holds my hand, and with tears in her own eyes, tells me, "Nothing is 100 percent."

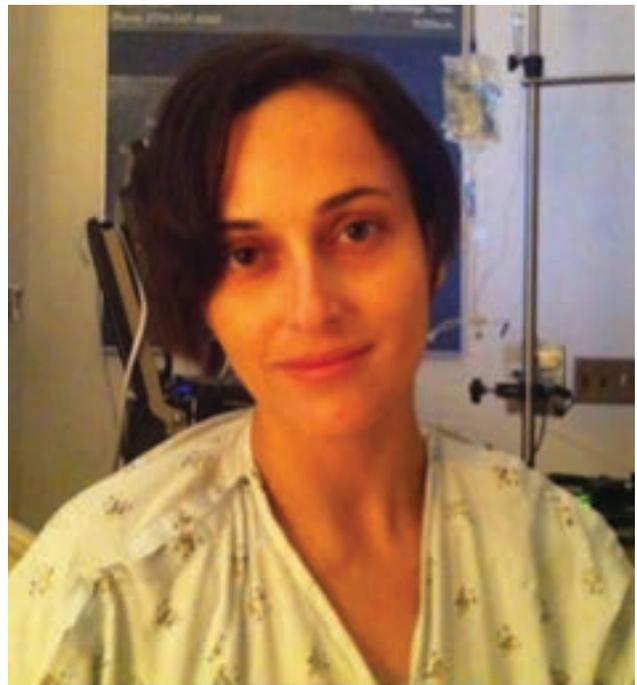
Love is when, that day, I decide I will choose the course of my illness.

I write on a piece of paper, *“I have Acute Lymphoblastic T-Cell Lymphoma. Here is what I know to be true.*

- 1. I will not get neutropenic and will be discharged from the hospital by the end of the week.*
- 2. My bone marrow biopsy will be negative.*
- 3. My cancer will respond so quickly to the chemo that I will only need the six to eight months of intensive chemo, and not the two and a half years of maintenance chemo.*
- 4. I will be that 1/1000 who is fertile after this chemo and will have a child.”*

Love is when, knowing my long hair will soon fall out, I decide to have a stylist come to the hospital to preemptively cut my hair so it can be used for a wig. He comes on Sunday evening, after a full day of work, the night before he’s supposed to leave town for the holiday break. He gives me an awesome haircut. He refuses to accept any payment.

Love is when my former roommate and best friend from medical school, Julie, offers to cut her long, brown hair in solidarity, and as a contribution to my wig.



My hip new haircut

Love is when the following day I get the results back saying my bone marrow biopsy is negative, and I do not have leukemia on top of lymphoma.

Love is when, the day after that, my blood counts are looking so good they tell me I could be out of here by Friday.

Love is when such a tragic event has shown me how many people out there care about me deeply and hold me in their hearts, showing their concern through visits, phone calls, texts, emails, messages through family, and heartfelt gifts. Ignorantly, I hadn't before realized this was true.



Me spending time with friends in my hospital room (not so bad, right?)

Love is when I feel an urgent desire to get well so I can continue doing the work I am meant to do, here on this blog and through my connections with patients, promoting a positive and integrative view of psychiatry, a field I care so much for. I will get well for me, but I will get well for you, too.

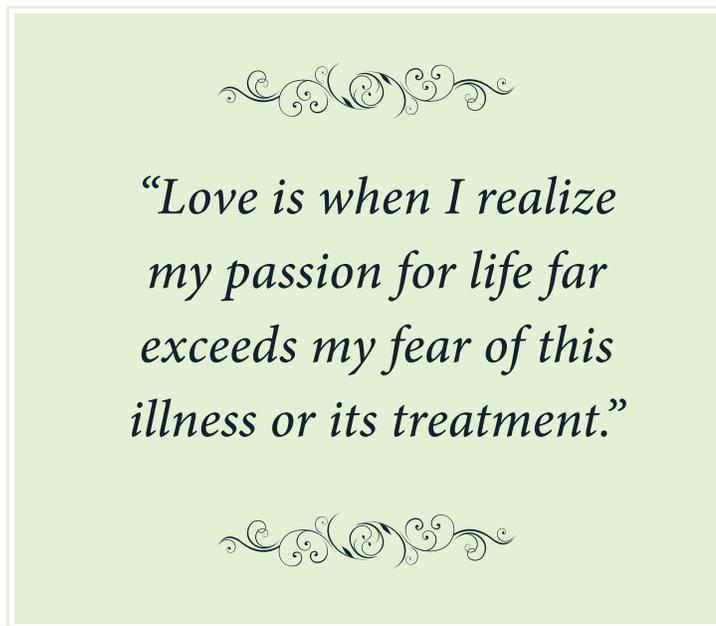
Love is when I realize my passion for life far exceeds my fear of this illness or its treatment.

Love is when I know this cancer will hurt, and will make me sick, but it will not kill me. Love is too strong not to live for.

I am here for love.



Want to read more of my story? [Visit my blog at Zen Psychiatry.](#)



PART II

*Okay, So You've Got Cancer.
Now What?*



The Cancer Mindset Shift

(Give Yourself Permission To...)



“From now on, you have permission to put your own needs above all others.”



Whatever coping skills you’ve developed and honed thus far in your life, chances are after getting a cancer diagnosis you will need some new tools in your tool belt.

Cancer—or any serious physical illness—is its own special kind of challenge. It

can be life-threatening. It can make you question the safety and fairness of the world. And while everyone’s path will be unique, certain aspects of the experience are universal, making it helpful to shift your mindset in certain ways.

You should give yourself permission to...

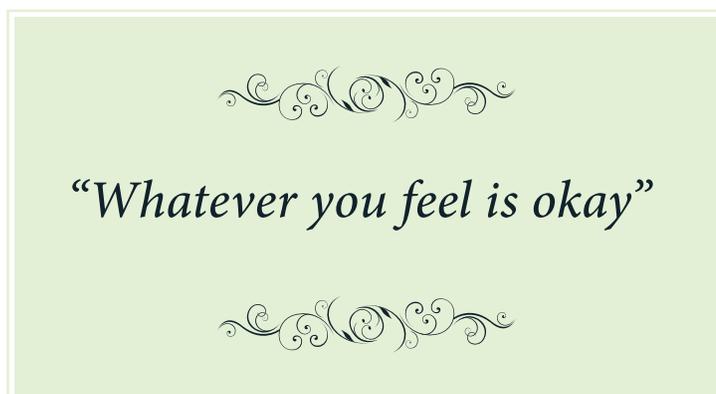
1. Be selfish. Put yourself first.

From now on, you have permission to put your own needs above all others. Not only is this change of focus allowed, it is **NEEDED** so you can put all your energy toward getting healthy, which will help you return to your loving, generous self when you’re through all this.

Let others worry about getting their own needs met. Almost all will be happy to oblige. There will be a few who persist in trying to get THEIR needs met by YOU—you can guiltlessly rebuff these efforts when you notice them (and don't waste TOO much energy being upset about it—they just don't know any better).

2. Feel what you feel.

While I love the positive “beat cancer” messages out there, sometimes the cancer-warrior thing can be a little... much. I wasn't Superwoman before I got cancer—why would having my health suddenly ripped away turn me into Superwoman?



Whatever you feel is okay. Angry, terrified, bitter, resentful, sad, traumatized... chances are you will feel all of these emotions at some point. Don't add more suffering to the pain by berating yourself for how you feel.

In the six months since my diagnosis I have gone through a whirlwind of mental frames, from at first resolute and determined—proudly announcing on my blog how much cancer ass I was going to kick—to sullen, depressed, and hopeless when the reality of a three-year chemo sentence started to sink in. Now, I'm cautiously optimistic, as I've recently had a notable turnaround in my physical health. There will be many more emotional phases, I'm sure.

One of the best things I've done is allow myself to shift fully through these experiences with authenticity. It was hard to admit on the blog how shitty and self-pitying I felt a month after expressing so much positivity, but it was honest. I didn't want to pretend. Telling the truth lifted a weight from my shoulders.



Not everyone will be happy with your honesty, and some, uneasy and discomforted by the implication that they, too, may be mortal, will forcibly try to lift you up (*"Be positive!"* they'll say. *"Negativity feeds cancer!"*).

Roll your eyes internally, and then move on. They don't know any better.

3. Accept help. You cannot do this alone. You cannot do this alone!

It was hard for me at first, as a proud, independent young woman, to let go of the idea I could deal with this cancer thing on my own... but I learned fast. Within a day or two I completely gave up the idea I could get through this with anything but the total love and logistical support of my friends and closest family.

It's socially common for people to offer help and for the potential recipient to graciously refuse; I surprised more than a few people by jumping on all offers of help I could. "You can bring me a meal delivery? When? Tonight?" or "You

can give me a ride to chemo tomorrow? What time will you pick me up?” or “You can research cancer diet guidelines and get back to me with a synopsis? I will await your Cliffs Notes.”



“Learn to be polite but blunt with what you need. This is not the time to beat around the bush.”



You need to focus on your health. Let others, to whatever degree they can, focus on your logistical concerns.

Can a friend organize and coordinate a meal delivery schedule? Can someone arrange to send a cleaner to your house? Can someone take care of your grocery and toiletry shopping for the time being?

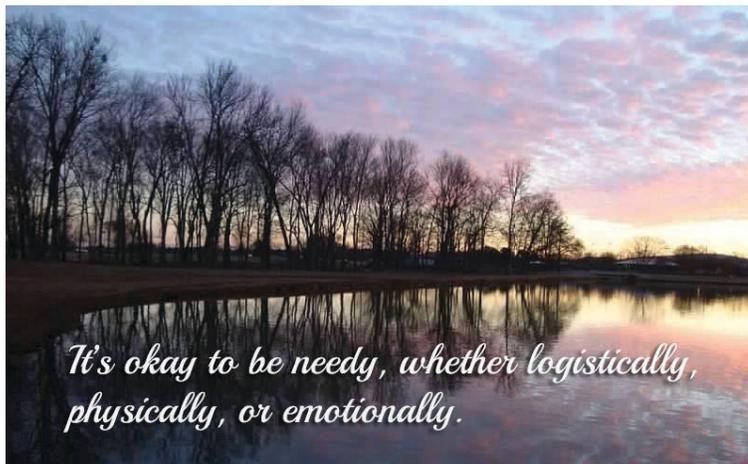
Do you need a close friend to be your bodyguard and deflect well-meaning visit attempts that you just don't have the energy for? Do you have a friend or family member who can communicate with the doctors and help make decisions when you need a break from information overload?

4. Ask for what you need.

Many will want to help, and while some will have the magical ability to read your mind and give you so kindly and graciously exactly what you need, everyone else will need some help to get it right.

Learn to be polite but blunt with what you need. This is not the time to beat around the bush. Normal social etiquette does not apply.

“I love you, but I’m too tired to have this conversation right now.”



“I need you to bring me meals Monday and Thursday this week.”

“I was upset when you said you’d visit me in the hospital last week and didn’t. What happened?”

Others will appreciate that you set boundaries when you’re uncomfortable. It will encourage them to reach out more without fear of coming on too strong.

5. Be needy.

Yes, I know you love being a strong, independent individual (I know I certainly did). It can be a huge adjustment to go from a busy, working professional or parent to suddenly needing help with the most basic things—driving, preparing food, eating... and maybe even things like dressing, showering, etc.

On top of that, you are now dealing emotionally with one of the scarier health diagnoses a person can get.

It's okay to be needy, whether logistically, physically, or emotionally. It's okay to ask others to do simple tasks for you (even when, if you really tried, you could do it yourself), to lean on your friends and family more than the other way around, to call on others for frequent emotional support.

Your relationships will naturally become asymmetric, with you leaning on others a great deal more than they lean on you. You may dominate phone conversations as you vent about your cancer woes. You may stop reaching out to your friends as much to help with problems they're going through. It's all okay, and it doesn't mean this is how you'll be forever.

6. Ignore advice freely and protect yourself from information overload.

Something about having cancer makes a whole lot of people—well-intentioned as they might be—suddenly feel compelled to tell you what to do.

This can be incredibly overwhelming, especially right after you're diagnosed, as you're probably worrying if you're getting the right treatment, if you should get a second opinion, what changes in diet or lifestyle you should make, etc.

A lot of the advice I got right after my diagnosis was probably good, but hearing it also set off the panic button in my brain of *"Am I missing something important??"* This feeling was especially pronounced because my tumor was so advanced I had to start treatment within days of it being discovered.

My saving grace? I ignored 90 percent of the information coming my way. This was both intentional and subconscious, as if my brain knew there was no way I could process the gravity of my situation all at once. My mom has recounted many conversations I supposedly had with my oncology team when I was first hospitalized that I have no memory of.

You may think as a doctor I would have wanted to know all the details of my prognosis and treatment, but the opposite was true—I practically closed my ears and let my parents take charge of many treatment decisions. I was just too overwhelmed to do it any other way.



If you can, designate a close family member or friend to be your point of contact with the doctors and to keep track of your conversations; if you get some advice you think is worthy of further investigation you can relay it to the same person to research for you.

On Human Nature: How Cancer Shows You the Good and the Bad

I think I've learned more about human nature in the last seven months since my cancer diagnosis than I did in all my years of training in psychology and psychiatry before that.

One of my posts that was particularly well-received, especially by my readers with cancer (who told me it said what they had been thinking but didn't know how to put into words), was an article I wrote shortly after my residency graduation ceremony about some of the strange ways people have reacted to me since my diagnosis.

Here is the original post ([you can also read it on my blog here](#)):

June 18, 2014

This past Friday, in front of my family, friends, colleagues, and teachers, I accepted my diploma during the graduation ceremony for the UCLA psychiatry residency program.

While it wasn't my real diploma—it's been months since I've been able to work, so when I'm better I need to go back and finish some requirements—my residency program coordinator put together an awesome fake diploma so I would have something to pick up when my name was called. It looks just like the real thing but reads, in small letters, "Elana Halks Miller has almost completed training in the UCLA Psychiatry Residency Program."

When I start my private practice it's getting framed and going straight up onto my wall. I wonder if some astute patient will notice the "almost" tucked away there and think to themselves, *Hey... wait a second.*

The evening—marking the end of a total of twelve years of training—encouraged me to reflect on the experience of having cancer from the perspective of a psychiatrist. Something about severe illness striking down a young, otherwise healthy woman seems to have turned me into a walking Rorschach test onto which people have projected, for better or worse, their ideas about how the world should be. I may have learned more about human nature in the last six months than I have in all my adult years prior.

(P.S.—If my program director is reading this, maybe we can talk about me getting some clinic credit for having cancer? Eh?)

Some people see me and seem obviously discomforted, as if I force them to confront a reality about life they don't want to confront. Perhaps there isn't a greater force in the universe ensuring that bad things only happen to people who deserve them. Perhaps life isn't fair. Perhaps if I am fragile, and mortal, then they are, too.



“Many people will say things that, on some superficial level, they must believe are for my benefit, but that deep down are meant to reassure themselves.”



Many people will say things that, on some superficial level, they must believe are for my benefit, but that deep down are meant to reassure themselves. They insist to me, “Everything’s going to be okay” (Oh really? Have you been talking to my oncologist? I’d love to hear the update), or say clichés like, “Everything happens for a reason,” or even worse, “God only gives us what we can carry” (as if some greater force purposefully gave me cancer). I have experienced a whole spectrum of generosity—from, on one end, generosity that is actually selfish, where people offer me support because they like how it sounds rolling off their tongue, but disappear when I actually need their help.

Others offer a transactional type of generosity: they give support, emails, cards, and gifts, but in return expect me to reflect back to them what good people they are (“Where is my thank-you card?” they ask, or “Why have you not responded to my emails wishing you well?”).

They think they’re being generous, but I come out of these experiences feeling uneasy and used, now obligated to return a favor I didn’t ask for and entered into an implicit contract I didn’t agree to (I wish I’d just be spared these “gifts” and the work that comes with them).

Their generosity is offered with the expectation I do something in return, which, when you are sick and can barely peel yourself off the couch to get to chemo, is not generosity at all. I want to tell these people I’d love to spend all the time in the world reassuring them of their goodness, but I’m kind of busy with other things, like, you know, dealing with cancer.

(By the way, if you really want to send a helpful message to someone dealing with illness, say, “I’m thinking of you. Let me know when you need anything. No need to respond.” Those last few words will be music to the person’s ears, I assure you, and will set you apart from the surprisingly high number of people who have a subtle expectation of having their ego stroked when they offer help).

The truest kind of generosity—which is offered with no concern for the ego of the person doing the offering, and total love for the person to whom they are offering something—is touching, and beautiful, and rare. I don’t know if I would have believed it existed if my closest friends and family hadn’t so clearly demonstrated it.

Some handle their discomfort with my illness in other ways. I’ve been cornered so people can force upon me vague “life advice,” telling me what attitude I should and shouldn’t have to deal with cancer, perhaps because they want to feel they’re smart and clever and have some important insight I need to hear.

I’ve had near-strangers divulge their personal problems to me at inopportune times. A few weeks ago a former coworker I hadn’t spoken to in years found me sitting by myself at lunch while I was waiting for a doctor’s appointment, sat down, and promptly unloaded onto me about her work, family, and interpersonal problems for the next twenty minutes.

I had just ordered a delicious sushi lunch, yet was now pressured to confront my own Sophie’s choice—eat two more pieces of sushi and be forced to hear more about the school administrator who didn’t appreciate her son’s contribution in the classroom, four more pieces of sushi and give her a chance to start about her husband flirting with her sister...

Some seem to see my vulnerability—which I have no choice but to wear openly given my physical appearance—as an invitation for them to share their own vulnerability, whether my relationship with them warrants it or not.

I've had people I don't know intrude on my personal space (yes, I know my fuzzy hair is awesome, but that does not mean I want strangers to randomly start rubbing my head). At a barbecue a while back I was enjoying some quiet in the garden, daydreaming and staring off into space, when a woman I had just met (but who knew I was sick), came up to me, started rubbing my back, and asked me, dramatically, "Are you okay?"

Caught off guard, I bristled back, leaned away, and promised I was fine—anything to get her to stop rubbing my back as soon as possible—but this just made her more insistent. "Are you sure??" she said, rubbing even harder.

These moments all share something in common: I am treated not as a person, but as an object. I am used, probably subconsciously, to serve another person's emotional need without consideration as to how I might feel about it.

Others will turn my illness into their illness, as if being around cancer is anything remotely close to having it. In a text the other day, a person I am no longer close with, while telling me how much harder my sickness has been on him than me, referred to my cancer as "cancer"—yes, with air quotes—as if I have the fake kind of cancer, and this is all one big spa vacation for me where I get to relax on the couch while models in Greek togas fan me and feed me grapes.

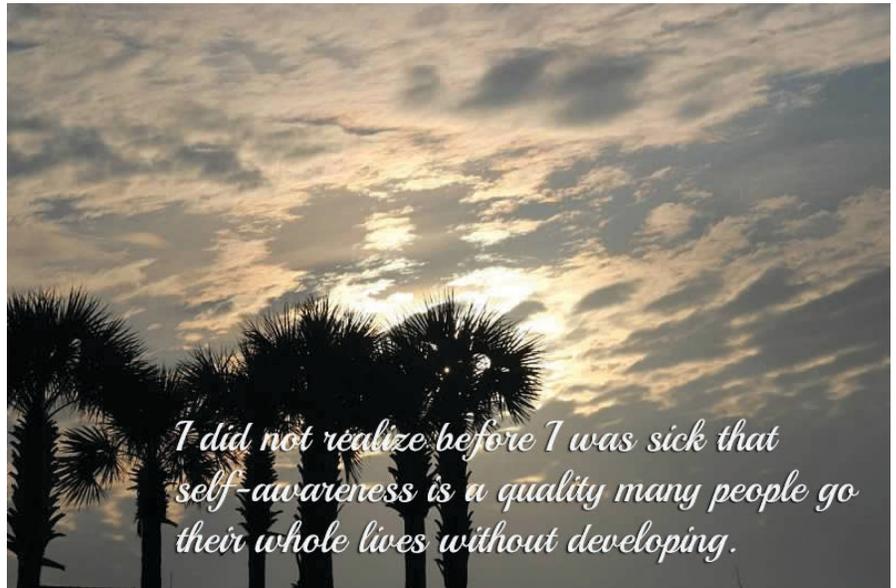
I did not realize before I was sick that self-awareness is a quality many people go their whole lives without developing; I did not realize age does not guarantee wisdom (nor does youth preclude it; in fact, almost all of the boundary violations and odd comments I have witnessed have been committed by people decades

older than I. My friends and peers have generally demonstrated a compassion for my situation that is impressive given their lack of experience with it). And the realization that naturally comes out of these points is that not everyone is equally deserving of my (currently limited) mental and emotional energy.

It is not a moral issue of some people being good and others being bad; rather, some people are highly evolved and others are less so.

Those who said cruel things to me when I first wrote about my cancer diagnosis, speaking from a place that I now realize was utterly self-involved (how else could a person justify saying such harsh things to a young woman when she had so much taken away from her days earlier?)—at the time, they devastated me. I felt their opinion mattered as much as those strangers who were so kind and supportive. But now I care much more about what I think about people at that stage of development than what they think about me.

On the other hand, there have been so many who have illustrated that true generosity and selfless love are possible. My friends and family who have visited or sent kind messages weekly, dropped off food for me, told me they will be there for me in any way I need (and when they say it I know they will);



teachers and employers who have given me the gift of focusing on my health and not worrying about work; my cousin who took me in when I became homeless and treated me like her own sister.

These people hold a space in my heart. Their opinions also hold a space in my mind.

The least self-aware people don't learn from their own experiences, repeating the same mistakes when they are older as when they were younger. Others, who are wiser, learn from their experiences and grow in self-awareness over the course of their lives. The wisest people learn not only



from their own experiences, but from the experiences of others—they learn from the experiences of history.

I look forward to the day when having cancer isn't the first thing I think of when I wake up, when it doesn't consume me throughout the day, when the most salient thing about me isn't the fact that I am sick. Until then—at least I'll learn a lot.

How to Help Someone With Cancer

As a follow up to my last post (which mostly focused on what not to do), I wrote the following, which is meant to give more specific advice for those wanting to be a better friend or family member to someone with cancer.

Here is the original post ([or read it on my blog here](#)):

June 19, 2014

Two posts in three days—I'm on a roll!

As many of you picked up from the tone of my last article, I am feeling much, much better. As more time has passed from the disasters of six weeks ago when I lost my relationship and home (making me feel more physically ill than I had felt this entire time), my body has finally had a chance to recover. I also have benefitted from a three-week break between chemo doses, although, sadly, yesterday marked the start of my next round, which will last eight weeks and include doses as frequent as five days a week.

Given everything that's happened, it was a natural decision for me to move from Los Angeles to my home in the Bay Area, where I can get my oncology care at Stanford while benefitting from the fully-stocked fridge and plentiful doting of my parents. I plan to stay up here at least for the next two months, and possibly longer, depending on how I'm feeling and for how long I need the help.

I have been wanting to write **Tuesday's article** for a while—having spent months digesting my observations on how others interact with me—and so it was as cathartic for me to post as it seems it was for many of you to read.

I want to add, too, that I am seriously impressed by the **comments and messages** many of you left in response, both from those of you sharing your own experiences (I don't think I've laughed out loud so many times reading your emails—one guy described an incident where a well-meaning coworker wordlessly put her hands on his head, as if in prayer, for several minutes before walking away and leaving him to wonder what the hell just happened), and from those of you considering if you see yourself in any of my stories, sincerely wanting to learn from them so you can become better friends and family members.

I feel honored to have such a high level of discourse on my blog and such extraordinary people reading my writing.

Since my last post described so many examples of what not to do, it felt like a natural follow up to give some guidelines to help you be a better supporter of someone dealing with cancer (and probably illness and major life catastrophes in general).

1. First and foremost: It's not about you anymore—it's about them.

Cancer is serious. It can be life-threatening. It messes with your mind by destroying your faith in fairness and safety in the world; it messes with your body by making you feel so sick that many days feel like cruel torture rather than life.

As bad as you think it is, it is worse. As much as it can be difficult to be around someone with cancer, it is not remotely close to how difficult it is having it.

On top of that, cancer seems to create a cruel irony where the person suffering with it no longer can spend as much time focusing on others' needs, and, simultaneously, others feel compelled to project their own needs and problems onto that person. To be of service to someone with cancer, you must have (or develop really fast) the self-awareness not to make their illness about you, in any way.



“To be of service to someone with cancer, you must have (or develop really fast) the self-awareness not to make their illness about you, in any way.”



Many people seem to understand this on a superficial level without *really* understanding it. Are you going to be okay with things like unreturned calls or emails? Are you going to be upset if you give a gift and don't get a thank-you card in return? Is your caring going to manifest as an attempt to control?

When I was first diagnosed, many people suddenly came out of the woodwork eager to help. Many of these people were genuine and respectful, sending kind messages and hopeful words without expecting anything in return. Others, though, tried to push contact on me even though our relationship prior wasn't that close.



“You can’t make it about you. It’s not about you.”



I remember feeling completely overwhelmed when people I didn’t know well kept calling or emailing, insisting they wanted to visit. A person’s cancer diagnosis may make you suddenly want to reach out to them—but that person may or may not be in the mood for making new friends.

It felt as if others heard my story and wanted to touch it, be close to it, bask in it in some strange way. I had several visitors who were obviously there just to check off the “visit cancer patient” box on their to-do list and then move on with their lives. If you can imagine yourself visiting your ill friend only once, consider if you fit in this category.

When approaching someone with cancer, you must consider, carefully, the true motivations behind why you say what you say and why you do what you do. We’d all like to think we’re altruistic and selfless, but as human beings, many of us are in the habit of using others to meet our needs rather than the other way around.

The problem is that now, subtly self-involved motivations can be damaging or distressing to the person you are trying to support. You can easily do more harm than good. The person already has the burden of their illness; imagine the additional burden of trying to fulfill the complicated needs of others who project their issues onto them when they’re sick. **You can’t make it about you. It’s not about you.**

Not making it about you means:

- ∞ Giving help without the expectation of getting anything in return.
- ∞ Not forcing your help onto someone who doesn't want it.
- ∞ Remembering their cancer is their burden and their story—not yours.
- ∞ Respecting the other person's belief systems and preferences about medical treatment.
- ∞ Respecting the other person's right to privacy.
- ∞ Staying away if you don't have the character to deal with it (and I mean no judgment by this—not everyone does).

2. Be honest and authentic.



“Say less, and listen more.”



Avoid clichés. When you don't know what to say, listen.

Meaningless platitudes tend to spill out of people's mouths when they feel uncomfortable and don't know what to say.

But—cancer does not suddenly

require you to solve someone else's problems with your words.

Are you sad, afraid, confused? Do you not know what to say? Just say that. Also, say less, and listen more. I never expect anyone to say the “perfect” words to me—I usually just want people to listen. And if we're friends, it's for a reason. Just be yourself.

Your words need not be sophisticated to be authentic:

“How are you?”

“That sucks, I’m sorry.”

“I’m thinking of you.”

“I hope things get better for you.”

“I love you.”

If you could imagine your words printed inside an inspirational book of quotes... don’t say them.

3. Offer advice carefully, if at all.

So much advice is offered to people dealing with cancer for the benefit of the ego of the person offering it rather than because it is actually useful. Before giving any advice, ask yourself, who is this for?

Almost all the helpful advice I have gotten has come exclusively from people who have had cancer or who have been close to someone with cancer, speaking from their own experiences, talking specifically. Things like: get a port instead of a PICC; use EMLA cream before your port is accessed; Claritin only prevents bone pain if you start it a few days before your Neupogen dose; try edibles for nausea.

If you’ve never dealt with what the other person is dealing with, consider whether your advice is so crucial. Remember that your friend likely has a thousand other people trying to tell them what to do.

Unless you're a healthcare practitioner, avoid giving medical advice. I had, disturbingly, dozens of people email me telling me chemotherapy was poison and I should avoid it at all costs (it is poison, but it's poison that will save my life).

4. If you don't know what to say, ask. If you don't know what to do, ask.

I write from my own experiences, but others will have different preferences. I, for example, love when friends visit; I know others who have preferred to battle their illness with family alone.

No one will expect you to automatically know what they want, so don't feel uncomfortable asking directly.

“Do you like it when I visit or do you prefer being alone?”

“Would it be helpful or annoying if I called regularly?”

“When I said xyz did it bother you?”

“Is it okay if I update other people on your situation?”

Illness steals your independence and autonomy. I struggle regularly with wanting help but feeling conflicted that I need it. Many people, without meaning to, infantilize me or push physical or emotional boundaries (asking intrusive personal questions, for example, or touching me when the situation or our relationship doesn't warrant it).

Different people will have different comfort levels with physical and emotional intimacy. I especially appreciate when people ask me about my boundaries. “Is it okay if I rub your head?” (when people ask, I usually don’t mind) or “Are you up for talking about this right now?”

Asking relieves you of the responsibility of having to come up with the “right” thing to say or do. Asking communicates respect. Asking gives control back to the other person—a gift when so much control has been stolen from them.

5. Reliable, consistent help is much more valuable than rare bursts of enthusiasm.

Cancer treatments usually last a long time. While people show the most enthusiasm for helping right after a diagnosis, your buddy with cancer will need support for a lot longer than that.

Before I moved in with my cousin (who, by the way, could write the book on how to support someone with serious illness) she regularly texted me to see if I needed anything.

I knew that, like clockwork, I would hear from her every Monday and Wednesday with an offer to drop off groceries, and that every Thursday she would come by for a visit. She told me later she had set a calendar alert on her phone to remind her to get in touch with me on a schedule. On top of that, knowing that I would need help for a long, long time, she offered to send a cleaning lady to my house for the entire year. (Yes, she is a saint, I know.)

One of my attendings lived near me and would call whenever she was driving by our neighborhood Whole Foods. When I saw her name on the caller ID I knew she was available to stop by and deliver food, but I didn't need to feel obligated to take the call if I was tired or just not up for it. She was also sensitive to the fact that sometimes I might just want the food and not the visit.

One friend, a co-resident, regularly left home-cooked meals in our library's mini-fridge for me to pick up when I was on campus for doctor's appointments. Another took me out for monthly pedicures. Many friends have visited me regularly in chemo.

Another friend, who doesn't have a lot of time but has a lot of money, generously paid for many of my Uber rides. I have a few "moms" (my mom, birth mom, and ex-boyfriend's mom) who visited for a week at a time or more, cooking all of my meals, driving me to my appointments, and keeping me company.

You don't need to do as much as these people to be of service. Rather, consider what you can realistically offer throughout a person's treatments (even if it's just a text checking in), and try to offer it regularly.

Apart from hearing "No need to respond" with offers of help, another phrase that's been music to my ears is, "Take me up on this offer whenever. It's an open invitation." I know that I can follow up with this person at any point—a month, three months, six months—and the offer will be just as sincere as it was when it was made.

6. Whatever you do, and it saddens me I even have to say this—*do not offer help you if you are not prepared to follow through with it.*

This was one of the cruelest things well-meaning people did to me. I remember getting several offers of visits that never happened. Others ignored my calls or texts when I needed them. One person said she was coming to visit me in the hospital and then never showed up—twice. I remember that, in my ill, lonely, and emotionally hypersensitive state, I cried when I realized she wasn't going to come.



“Just because you know someone with cancer does not mean you’re suddenly obligated to be their saviour.”



People offer help they're never going to give for many reasons (perhaps they want to believe they're a helpful type of person, or perhaps they just felt obligated in the moment), but ultimately, the reasons don't matter. This type of "generosity" is selfish, damaging, and cruel to the person onto whom you are inflicting it. It is much better not to offer help in the first place.

Just because you know someone with cancer does not mean you're suddenly obligated to be their savior. The one thing you ARE obligated to do is not make their life any more difficult than it already is. Sometimes the most compassionate thing to do is stay out of the person's life.

7. When in doubt, offer practical help. When you are ill, the daily grind becomes much more difficult.

I am usually so sick I'm not able to prepare my own food, let alone go shopping for groceries. I haven't driven in months. Simple errands turn into near-insurmountable hurdles. Lying on the couch all day becomes lonely and isolating.

The most helpful things people have done for me: delivered food, given rides, shown up at my house or at chemo and offered company. The words "let me know if you need anything" are often hollow, but when said by those few who mean them, are tremendously reassuring when unexpected problems are frequent and frustrating to deal with alone. I've called on friends to pick up prescriptions for me, bring me snacks when I'm stuck in chemo, help me move, etc.

Sometimes I want to know I'm in your thoughts and prayers, but sometimes I just want a sandwich.

8. Your love can save a person's life. Your love is important.

My closest friends and family—my biggest supporters—have not just helped me with a few meals or a few rides. They've shown me, at a time when I don't feel like I'm living, that there is a reason I keep going to chemo every day. They show me I at least have a life worth coming back to.

I think so often about wanting to share my appreciation with everyone who's helped me, and will put "call so-and-so" on my to do list, or keep emails for inordinately long periods of time hoping I will have the chance to respond to them.

Inevitably, I don't have the time or words to reach out to everyone I want to, and while I know those helping me aren't the type of people who need my appreciation, I hope they know I think about them often, that what they do for me goes far beyond the tangible support they give.



If you have a friend or family member going through a cancer diagnosis, you have an opportunity to show up and be the best kind of person who exists on this planet. You have the chance to give faith in life to a person who has probably lost it. If you can, step up and do it.

PART III
Bonus Tip Sheets

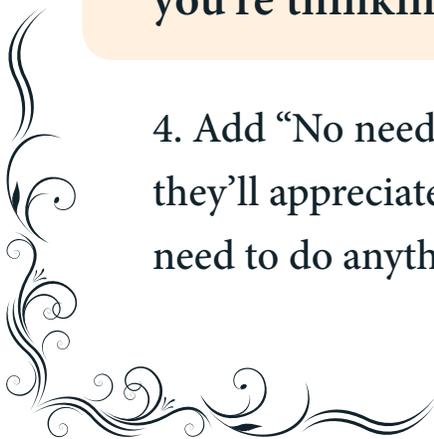


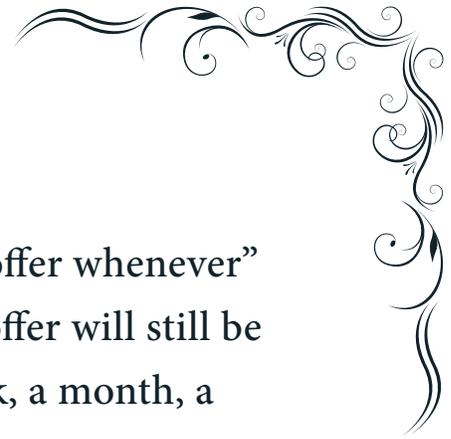


Tip Sheet #1: 44 Ways to Make the Day of a Cancer Patient



1. Deliver a meal. Make sure to ask in advance if they have any dietary restrictions or are following any guidelines. Stay for a visit, or just drop off the food if they're not up for it (a cooler left outside the front door is perfect for this).
2. Deliver a Tupperware of several pre-made meals your friend can heat up as needed. Use Tupperware you don't need returned.
3. Send a quick email, text, or message saying you're thinking of them.
4. Add "No need to respond" to the end of your message—they'll appreciate hearing from you without feeling the need to do anything in return.





5. Add “Feel free to take me up on this offer whenever” when you offer help—they’ll know the offer will still be sincere whenever they need it (in a week, a month, a year...).

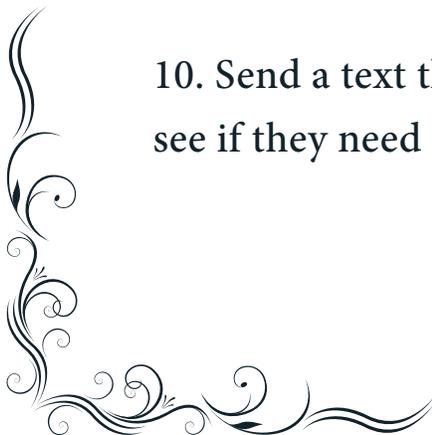
6. Set a calendar alert reminding you to check in with a quick hello or offer of help on a regular basis.

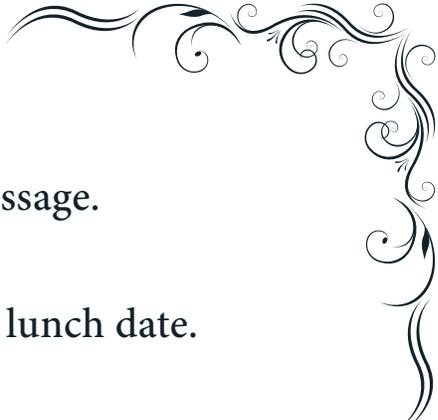
7. Send a text the next time you’re at the grocery store and ask if they’d like you to pick anything up.

8. Send a text the next time you’re at the drugstore to see if they need any toiletries.

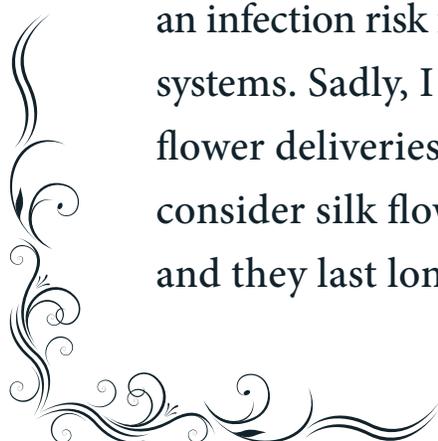
9. Send a housekeeper to clean up their place. Take care of the details so they just need to be there to open the door.

10. Send a text the next time you’re at the pharmacy to see if they need any prescriptions picked up.



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11. Send a mobile masseuse for a gift massage.
 12. Offer to take them out for a coffee or lunch date.
 13. Offer to visit. Check that they're feeling up for it.
 14. Offer to take them out to a movie. If they're too tired, come by with a rental.
 15. Offer a ride to chemo and keep them company during the treatment. Even better, commit to giving a ride on a regular basis throughout their treatments.

16. Let them know you're "on call" for emergencies. Mean it.



17. Send a flower delivery. However, make sure the person isn't on neutropenic precautions first; fresh flowers can be an infection risk for cancer patients with weakened immune systems. Sadly, I had to give away the many wonderful flower deliveries I got right after my diagnosis. Or, consider silk flowers (no worries about causing infection, and they last longer).



18. Order take-out and have it delivered. Ask if they have a favorite restaurant. If they seem too overwhelmed to make any decisions, just get a sense of their dietary preferences and pick out a nice meal to send.

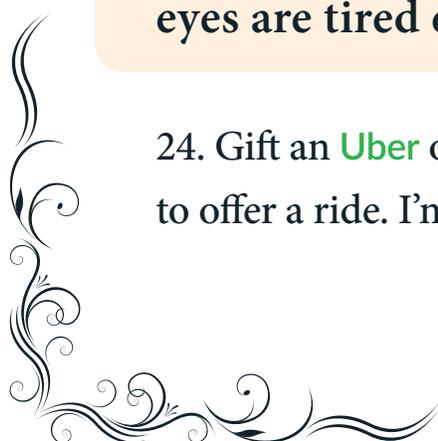
19. Gift a magazine or newspaper subscription.

20. Gift a good book.

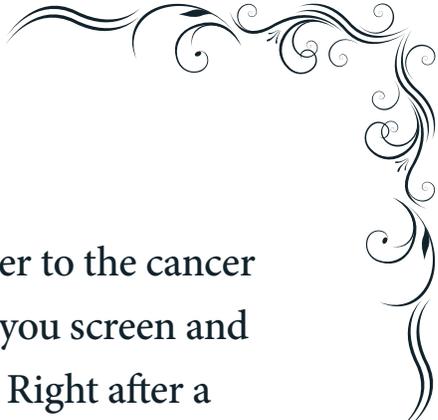
21. Tell them you love and care about them. Even if they don't have the energy to respond, your message means a lot.

22. For your lady cancer friend, take her out to a nice beauty treatment. Think: manicure/pedicure, facial, makeup application, etc. It may be the first time she's splurged on her appearance in a while.

23. Send a card. Make sure it's legible—cancer eyes are tired eyes :-)



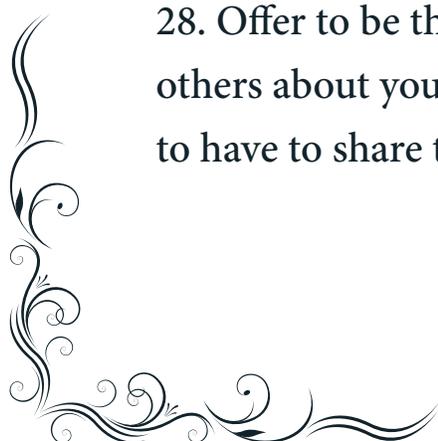
24. Gift an **Uber** or **Lyft** gift certificate if you're not available to offer a ride. I'm a huge fan of Uber.



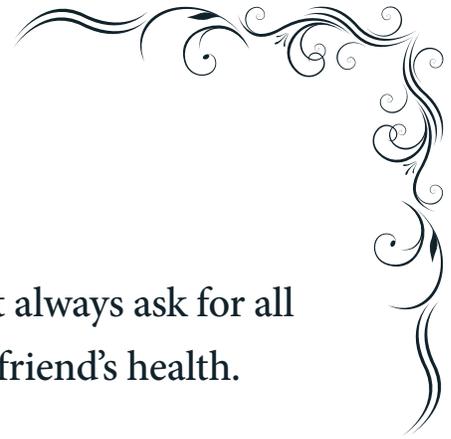
25. If you're a close friend or family member to the cancer patient, offer to be a "point person" where you screen and accept/decline others' visit and help offers. Right after a diagnosis there are many who want to help and visit and call, but the person with cancer is probably extremely overwhelmed at this time and may prefer some space.

26. Understand that a cancer patient is likely too overwhelmed to ask what they need; take the initiative by offering specifics, instead of saying, "Let me know if there's anything I can do for you."

27. Remember to still be there a few months after the diagnosis, when it's not so new anymore. The fanfare will have died down, but your friend will still be struggling and needing logistical and emotional help.



28. Offer to be the "communication person" that updates others about your friend's state of health; it can get difficult to have to share the details over and over.



29. On that note, when you check in, don't always ask for all the details about the current state of your friend's health.

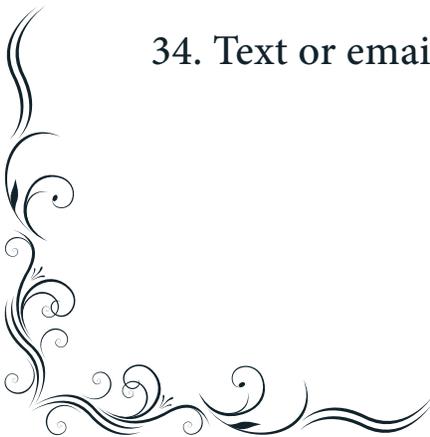
30. Does your friend have a dog? Offer to come by and take them for a walk or to the groomers.

31. Does your friend have kids? Offer to babysit, do a school pick-up, or have them over for a sleepover.

32. Say, "Give me a task"—maybe it will be laundry, or an errand, or picking up groceries. Be in and out; no socializing needed.

33. Does your friend have a garden? Offer to come by and do some watering and care. Even better, commit to taking over the watering regularly.

34. Text or email a silly joke or photo.





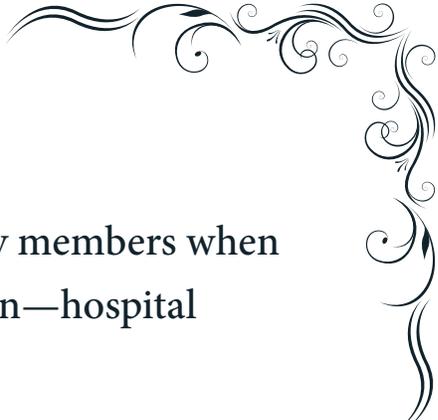
35. Offer to help your friend sift through and respond to emails; after a cancer diagnosis the number of emails can be overwhelming and important ones can get lost in the shuffle.

36. Offer to create and manage a schedule for the person: for meal deliveries, rides to chemo, visits from friends, etc. Websites like takethemameal.com and lotsahelpinghands.com can help.

37. If you can, and your friend feels comfortable accepting it, give some cash—between hospital bills and the loss of income if one can't work, cancer can be a huge financial hit.



38. Donate money to cover paid-time-off hours for the patient or close family members (some employers allow this).



39. Buy a monthly parking pass for family members when the patient has a prolonged hospitalization—hospital parking gets expensive!

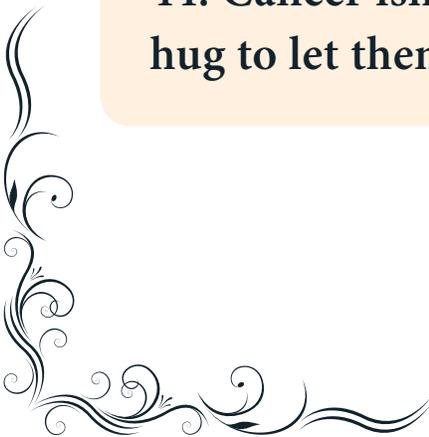
40. Gift a hat, wig, or scarf if your friend will lose her hair with treatment.

41. Gift a super comfy blanket. This was one of my favorite and most-used gifts (good for couch lounging or trips to chemo).

42. Just listen. Don't give advice, don't try to be cheery—just listen and let your buddy talk.

43. Ask what they need from you most right now... and then do it.

44. Cancer isn't contagious—give your friend a hug to let them know you're on their side.





Tip Sheet #2: 11 Ways NOT to Help a Cancer Patient

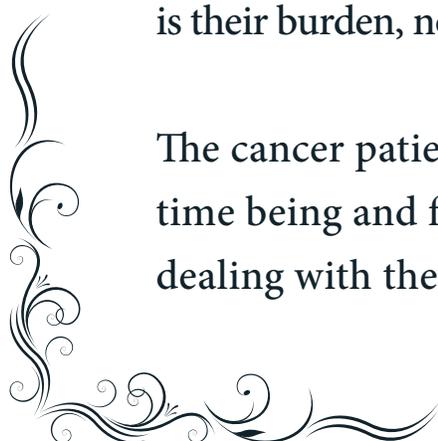


Even well-intentioned efforts can sometimes do more hard than good. Make sure you don't accidentally make the person's life you're trying to help more difficult by committing one of these no-nos.

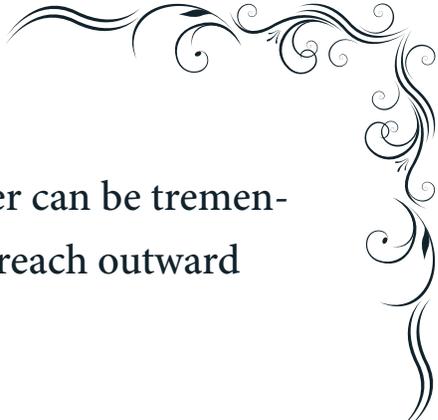
Whatever you do, DON'T...

1. Make their cancer about you.

Yes, the reverberations of a cancer diagnosis are felt outward, by friends, family, and even acquaintances — but their cancer is their burden, not yours.



The cancer patient gets permission to be selfish for the time being and focus on their needs; if you need help dealing with the stressors of their diagnosis (and, of

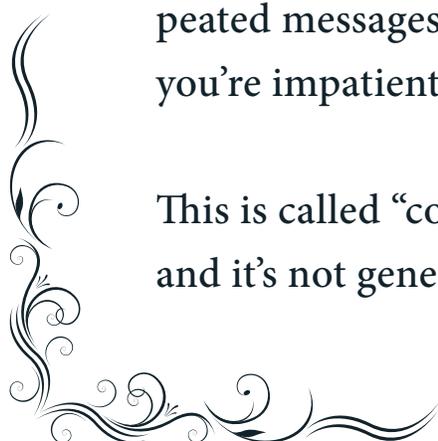


course, taking care of a person with cancer can be tremendously stressful), realize you will need to reach outward for that help.

As one excellent LA Times article put it, imagine the person with cancer in the center of a ring, with concentric rings circling outward containing the people who are, as you get farther out, less intimately affected by the diagnosis (the spouse would be in next ring, then the closest friends and family, then acquaintances, etc.). Comfort and love go in toward the center rings, dumping and complaining about the effect of the person's cancer on you go out.

Comfort in, dump out.

Avoid: Sending messages or leaving voicemails and then getting upset when they aren't returned (it's not about you!); expecting thank-you cards for gifts; sending repeated messages communicating your irritation that you're impatiently awaiting a response.



This is called “conditional” or “transactional” generosity, and it's not generous—it's a burden.

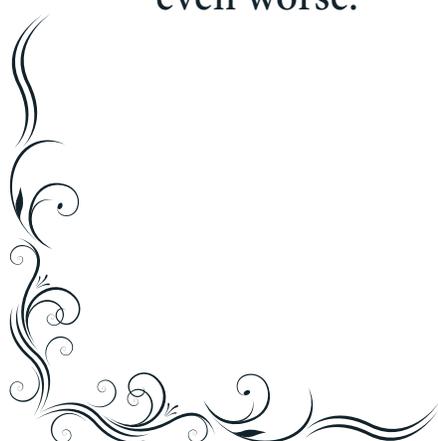


2. Offer help when you're not fully able and willing to follow through with it.

Be mindful when offering help. Is this something you can actually do? Are you 100 percent able to follow through when your friend needs you?

People sometimes offer favors or visits because they don't know what else to say, or because they feel obligated in the moment, or because they haven't thought it through and don't realize their life or schedule doesn't allow for whatever they offered. Do NOT be one of these people.

Offering something and then failing to follow through is far worse than never offering anything in the first place. The person already has cancer—don't make their life even worse.



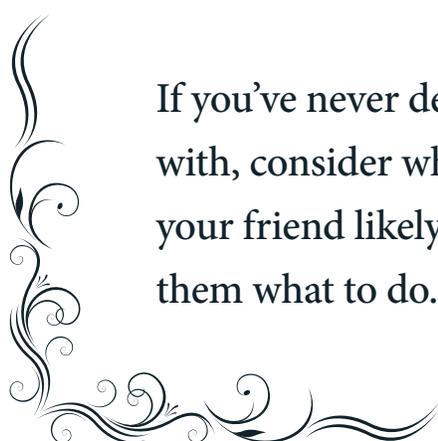


3. Give lots of advice.

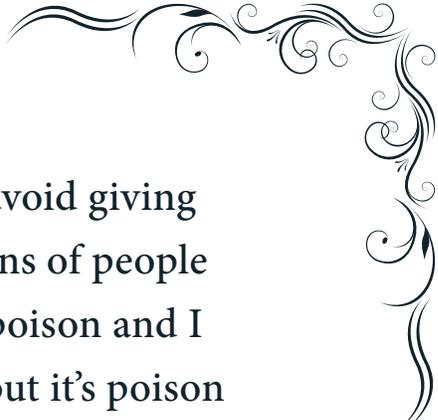
There's nothing inherently wrong with giving advice; it's just that something about having cancer makes the entire world want to tell you what to do, and it can get old.

Before giving advice, ask yourself, who is this for? Avoid saying things or giving advice meant to reassure yourself.

Almost all the helpful advice I have received has come exclusively from people who have had cancer or who have been close to someone with cancer, speaking from their own experiences, talking specifically. Things like: Get a port instead of a PICC; use EMLA cream before your port is accessed; Claritin only works for bone pain if you take it starting a few days before your Neupogen dose; try edibles for nausea.



If you've never dealt with what the other person is dealing with, consider whether your advice is so crucial. Remember your friend likely has a thousand other people trying to tell them what to do.



Unless you're a healthcare practitioner, avoid giving medical advice. I had, disturbingly, dozens of people email me telling me chemotherapy was poison and I should avoid it at all costs (it is poison, but it's poison that will save my life).

4. Speak in clichés.

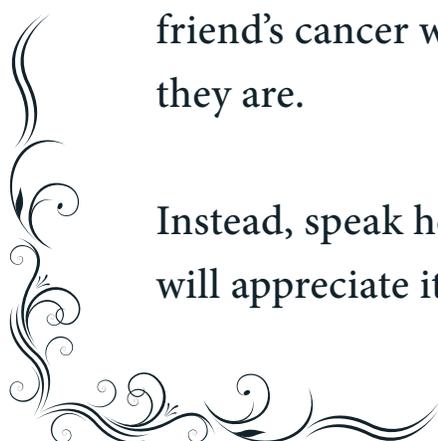
“Everything happens for a reason.”

“God only gives us what we can carry.”

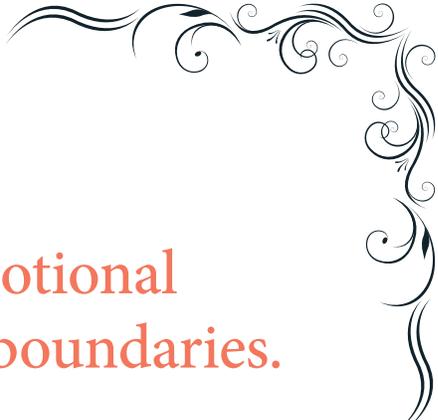
“Every cloud has a silver lining.”

What do these lines have in common? They're all clichés, and since getting cancer I've heard them all a thousand times.

It's easy to slip into speaking clichés when you don't know what to say, but remember, there is no need for you to say the “perfect” thing. You're not going to cure your friend's cancer with your words, no matter how brilliant they are.



Instead, speak honestly and authentically—your friend will appreciate it more than anything else.

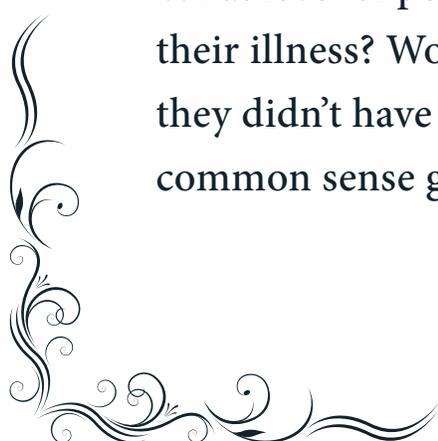


5. Intrude on physical or emotional space without asking about boundaries.

When a person has cancer they are often forced to wear their vulnerability openly. It's hard to pass for "A-OK" when you're bald, bony, disheveled, and have a giant port protruding from under your chest that looks like a mouse became trapped under your skin and died.

Just because a cancer patient's vulnerability is so obvious does not mean they always want to talk about their problems or hear about yours.

Instead, when approaching a person with cancer, consider, how close is your relationship?



What level of personal disclosure did you share before their illness? Would it be appropriate to touch them if they didn't have cancer? Could you ask first? A little common sense goes a long way.



6. Try to cheer the person up by pointing out you know someone who has it worse.

This comes across as particularly annoying coming from people who aren't sick—i.e., “My friend's cousin's neighbor had terminal cancer and died, so you should be happy your cancer is treatable.”

Cancer is not a competition; it's not about who has it better or worse, or who has the “bad” kind of cancer or who has the “good” kind.

Have you ever had the flu and complained about it? Thought so. Illness sucks, each of our experiences with it is unique, and we all equally have the right to be upset about it.



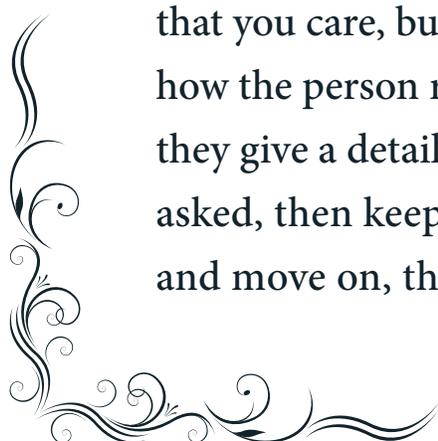


7. Tell your friend about someone you know who had the same kind of cancer they do... and died.

I'd hope this would be obvious (and, fortunately, no one has ever said this to me), but I had quite a few readers tell me they've had this experience. Just don't do it.

8. Ask every time you see the person how they're feeling, especially if you're not that close.

Some people will want to talk about their experience a lot, whereas others won't. For those who don't, it can be tiring to feel forced to continually repeat the same things over and over when people ask how you're feeling.



It's a balance because you probably ask to show the person that you care, but here's what you can do: pay attention to how the person responds when you ask how they feel. If they give a detailed response and seem appreciative you asked, then keep asking. If they give one-word answers and move on, then stop.

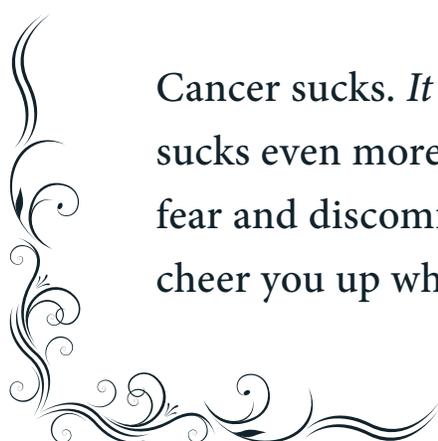


9. Disappear when the fanfare dies down.

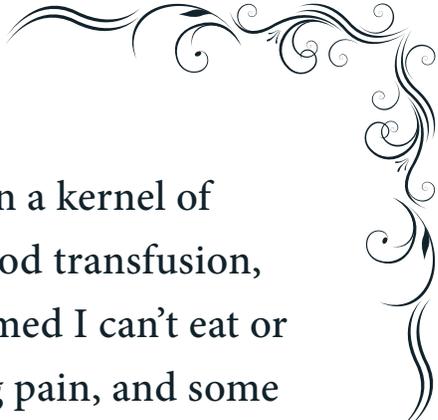
Right after a diagnosis is when everyone comes out of the woodwork wanting to help; the truest friends are distinguished as those who are still there months later.

The physical and psychological effects of cancer continue throughout treatment and even long after treatment is done. If you consider yourself a close friend of the person with cancer, don't think you've done your "duty" by sending one email or visiting one time; remember to check in on a regular basis.

10. Try to force the person to feel cheery when they're feeling down. Or tell that "Negativity feeds cancer!"



Cancer sucks. *It really sucks.* And you know what? It sucks even more when others, likely because of their own fear and discomfort with your situation, try to forcibly cheer you up when you want to vent.

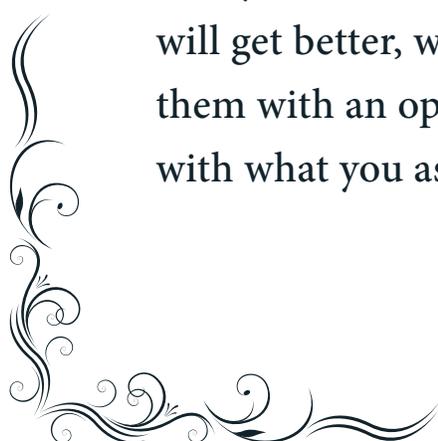


When I'm so nauseated I can't keep down a kernel of popcorn, and I'm so anemic I need a blood transfusion, and my mucous membranes are so inflamed I can't eat or go to the bathroom without excruciating pain, and some healthy person tells me, "*Stay positive! Negativity feeds cancer!*" I just about want to punch them in the face.

Feeling shitty and depressed every once in a while is a completely normal response to having cancer. Don't make it worse for your friend by pushing the burden on them of having to pretend everything's great whenever they're around you.

11. Assume that you know everything (or anything).

This applies to a lot of things—don't assume you know how your friend feels, what caused their illness, that they will get better, what will cure or help it, etc. Listen to them with an open heart and open mind, and be humble with what you assume.



Final Thoughts

I hope you've found this guide helpful, and I wish you the best in your journey.



I'd like to offer a deep, heartfelt thank you to my readers for their suggestions and contributions to this guide, and a special thanks to Victoria Yu and **Julie A. Berry** for volunteering their time to copyedit. Thank you to **Janet Brent** for donating her wonderful graphic design skills. Thank you to **Michael Bartosek** and **Shannon Cottrell** for their excellent photography, and **Kristin Clark** for her beautiful nature images.

If you'd like to read more, I'd love you to [join my weekly newsletter here](#).