

LOST FOR WORDS

An Ignatian Encounter with Divine Love in Aggressive Brain Cancer

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TO BEGIN BEFORE THE BEGINNING: the turn of the year 2016 was a season of extraordinarily joyful blessings in our family. Having recently celebrated the graduations of our three sons, and delighting in early successes in their careers, we now gathered to celebrate the first marriage in the next generation of my extended family. My sense of joy was heightened by the sale of a company I had co-founded nearly two decades earlier, simultaneously lifting a great burden from my shoulders and settling all of the family's debts.

Yet despite all of these reasons for cheerfulness, something was puzzling me: a heavy emphasis on suffering and death in my daily *lectio divina*. Continuing a habit I had developed while making the Spiritual Exercises in daily life over eight months (completed in May 2015), my daily *lectio* takes the Roman Catholic missal readings, augmented by whatever commentaries or other books seem most appropriate in the light of my emotional and intellectual response to the scriptures. And just as our family reached peaks of happiness and fulfilment, the entries in my spiritual journal recorded relentless grappling with life's darkest challenges.

By the morning of the wedding, I had begun to tire of this. I closed my journal entry for 30 January 2016 with this question: *What are you preparing me for, Lord?* No answer was immediately forthcoming, but the uninvited meditations on suffering and death persisted unabated. Then suddenly, six months later, I got an unequivocal answer.

Expressive Dysphasia

In late July 2016, my wife Louise and I were savouring yet more joy: summer holidays, visiting various friends in south-western England, Jersey and, finally, Brittany. Our hosts there were fellow parishioners from Glasgow, who had long been inviting us to join them in their restored

farmhouse near Redon. The welcome was as warm as the summer weather, and although I had finally given up alcohol at New Year 2016, I made an exception to sample the local wine, followed by a half-dram of whisky as a nightcap. The following morning we slept late, and woke in good spirits, with no hint of any health problems. Louise and I chatted as usual, then went to join our friends for breakfast outdoors.

It was when I tried to ask where I might find the breakfast cereals that I discovered the sounds coming out of my mouth bore no relation to my intended meaning. Indeed, they did not correspond to *any* language. With rising alarm, I tried again. Still in vain. I stepped to the door and silently beckoned Louise—not an accustomed means of communication between us. With considerable effort I managed slowly to stutter out *What ... I ... am ... thinking ... is ... not ... what ... I ... am ... saying ...* We concurred in mute surmise: I was having a stroke.

With our friends at the wheel, we were soon in Redon Hospital. After a couple of tests, I was despatched on a 50-minute emergency ambulance transfer to a larger hospital in Rennes. The enforced rest gave me the opportunity to assume my habitual prayer: continually breathing the name *Yeshua*.¹ I continued this prayer as I lay prone in the dark tunnels of large scanners, and then in a curtained cubicle while the medics deliberated.



An MRI scan of the brain

¹ *Yeshua* is the Aramaic form of Jesus' name.

This solitude was a welcome respite from speaking, as my articulation remained laboured, with occasional stammering and malapropisms.

After a couple of hours, the neurologist gave her verdict. The content reminded me of an old joke, in poor taste—‘There’s good news, and there’s bad news’. It was not a stroke; it was a brain tumour. I was told that, although the tumour was not *within* an operational area, it was immediately adjoining ‘Wernicke’s Area’—the part of the brain that governs speech. The expressive dysphasia I had experienced that morning was due to pressure from the tumour.

The precise timing of the dysphasia could not be explained definitively, but the medics regarded it as plausible that my sudden consumption of alcohol after seven months of abstinence could have triggered irritation of the tumour, thus betraying its presence. Had my body remained used to alcohol, then the tumour might not have been so ready to reveal itself. Apparently many people die from undetected tumours of this type, their only symptom being the one major fit that kills them. If my interpretation is correct then, given that my teetotalism had resulted from a formal discernment arising from the Spiritual Exercises, that divine activity had now spared myself and my family from such an ‘unprovided death’.

My initial response to learning about the presence of the tumour was simply surprise. As I assimilated the news, I became conscious of an unanticipated sensation: deep calm. A few hours later I was prescribed counter-convulsive drugs, as a precaution against fits, which sometimes accompany expressive dysphasia. I was sent back to the hospital in Redon so that my initial response to these powerful drugs could be monitored overnight. As the summer twilight faded to dark, the feeling of calm persisted, occasionally punctuated by quiet chuckles as I recognised some of the ironies of my situation, and recalled old comic quips about the brain. I continued breathing the name of *Yeshua* throughout my body, until I fell deeply asleep.

In the morning, I was discharged under strict orders to return home immediately and report to hospital. Louise managed to arrange flights for the following day. Her support for me became rather literal on the voyage, as the counter-convulsives took full effect, so that it was a profoundly somnambulant husband she needed to guide home. The NHS staff in Glasgow lost no time inducting me into the system. While they conducted six hours of thorough medical examinations, family began to arrive to support us.

A Rough Retreat

The ensuing turbulent month unfolded as an impromptu ‘retreat’, as many of the lessons I had learnt in theory during the Spiritual Exercises now became incarnate. This ‘retreat’ assembled itself around medical imperatives, which oscillated between brief periods of intense activity (sophisticated brain scans, surgery, crucial clinical appointments) and lengthy intervals of greater passivity (awaiting important phone calls and appointments, coming to terms with sudden changes in lifestyle and coping with anguish). Throughout, I underwent the most profound and sustained series of spiritual experiences I had ever encountered.

Like any ordinary retreat, this period demanded temporary isolation from most of my social circle, not least my parish. But the retreat was decidedly ‘rough’, both in the rude manner in which it suddenly began, and in its invitation to meet the Lord, not in the genteel ‘still, small voice of calm’, through which I had previously encountered him in individually guided silent retreats, but in a maelstrom of ‘earthquake, wind and fire’.² In the place of a single retreat director, the Lord convened a great cohort of relatives, friends and professionals to help me through the process.

We were now aware that the tumour might not prove fully operable, and that surgery might result in permanent damage to my speech or the use of my limbs. However, as the tumour had been discovered at the height of the holiday period, we would have to wait a while to get a definitive opinion from an expert neurosurgeon. As the clock ticked, my initial calm began to crumble, to be replaced by nebulous fear. As the Feast of St Ignatius of Loyola falls on 31 July, it was one of the mass readings for that day that then caught my eye:

There is only Christ: He is everything and He is in everything³

This is indeed foundational in Ignatius’ Spiritual Exercises. When reflecting on it in good times, it seemed self-evidently true. But what about now? When I responded to that text my prayer became: ‘Lord reveal yourself to me in my anguish and fear. Where are you in my tumour?’ As I grappled with this, my principal prayer became Psalm 68 (69), begging

² From John Greenleaf Whittier’s hymn ‘Dear Lord and Father of Mankind’. This hymn is part of his poem ‘The Brewing of Soma’, in which the ‘still, small voice of calm’ alludes to the experience of Elijah on Mount Horeb, as recounted in 1 Kings 19: 11–13. See *The Complete Poetical Works of John Greenleaf Whittier* (Boston: James R. Osgood, 1873), 374.

³ Colossians 3: 11. All scriptural quotations are from *The Jerusalem Bible*, as used in the ICEL missal.

the Lord to ‘rescue me from sinking in the mud [and] save me from the waters of the deep, lest the waves overwhelm me’⁴ As I prayed this psalm daily, I sometimes felt disingenuous when I reached the point where I promised to ‘sing the praise of God’s name’ and ‘glorify God with thanksgiving’. I felt little genuine inclination to praise just then. I also felt a degree of shame: why am I succumbing to fear, given the innumerable luminous blessings the Lord has shone into my life over five decades? Why did I remain so resistant to the Lord’s promptings, whether through happiness or sorrow?⁵ Then I remembered the Lord’s own anguish in Gethsemane and felt less ashamed.⁶ Further consolation came swiftly from the words I read in an autobiography of the Nicaraguan Jesuit Fernando Cardenal: ‘everyone is the owner of their own fear’⁷

**Why am I
succumbing
to fear ... ?**

I considered what ‘owning my fear’ might mean, and for now it meant simply asking the Lord for the grace of courage to confront it. I did not attempt to deny the reality of my fear or put a ‘brave face’ on it, but faced it squarely, acknowledging my need for the Lord to give me the strength to vanquish it. The following morning I received powerful confirmation of this intention, when that day’s gospel recounted Peter appealing to Jesus for help, in the very same terms as Psalm 68 (69), receiving the immediate response: ‘Courage! It is I! Do not be afraid.’ (Luke 22:42–46)

I had a fortnight to pray for courage before I finally spoke to the neurosurgeon best placed to address my tumour. To my relief, he expressed confidence that they could operate. However, to minimise the risk of permanent brain damage, he asked me to consider consenting to a ‘waking craniotomy’, in which the patient is awake and engaged in continuous dialogue with a speech therapist throughout the removal of the tumour. I immediately agreed. The neurosurgeon was a little taken aback, as it normally proves time-consuming to persuade patients to accept this procedure.

⁴ Psalm translations from *The Grail*, as in the ICEL edition of the Roman Catholic Divine Office.

⁵ Compare Matthew 11:16–17.

⁶ Luke 22:42–46.

⁷ Pedro Joaquín Chamorro Cardenal (1924–1978), quoted in Fernando Cardenal, *Faith and Joy: Memoirs of a Revolutionary Priest* (Maryknoll: Orbis, 2015), 121. Pedro Chamorro was an outstandingly brave journalist who edited *La Prensa*, the only substantial Nicaraguan newspaper to endure decades of repression and boldly to document the atrocities of the Somoza dictatorship. Pedro endured exile, torture and death threats, yet refused to be silenced. His assassination in January 1978 provoked public rage against the dictatorship, which accelerated the victory of the Sandinista revolution the following year.

My prayer for courage was buttressed by my scientific training, as I was aware that there are no pain-receptor nerves in the brain, so once the scalp is anaesthetized, the excision of the tumour cannot possibly hurt. Nevertheless, even when people appreciate this, they often panic when they wake in the operating theatre. They then have to be put back under, and the increased risk of brain damage forces the neurosurgeon to be over-cautious, risking leaving some of the tumour in place. I felt confident that I would remain calm, and so the operation was scheduled accordingly.

I had a weekend to prepare, and I received a powerful blessing to deepen my courage and calm. Although I had prepared for the sacrament of reconciliation a fortnight earlier, a mix-up over diaries with my confessor had frustrated the plan. The very day before I was to report to the hospital I was unexpectedly visited by a friend of a friend: Fr Fernando, a young Dominican priest working in Nicaragua. We spent forty minutes celebrating the sacrament. This sent me a powerful message: to recognise that living with uncertainty is an important form of spiritual poverty, and that the fear and anguish prompted by uncertainty will be vanquished by the grace of trust. So I must persevere in praying for trust, which is akin to courage and patience. To nurture trust in the Lord, Fr Fernando suggested that I imagine myself as a baby in my mother's arms: vulnerable, but thoroughly loved and never afraid of abandonment. That image remained with me throughout the weeks ahead.

At the same time, I was borne upon a flood of prayer, love and concern. Most moving was the response from the parish in which I first began to grow as a confirmed Christian, where I lived in my junior school



years. That parish community organized a day-long prayer vigil when they heard news of my tumour—and then did it all again five days later when they were told that that would be the day of my operation. Over the period I must have received more mass dedications than the Pope's intentions. Astonishing 'God-incidences' multiplied: I received prayers from all around the world, as word spread from person to person, often among those who knew me but previously did not know each other. A former colleague who had been longing all his life to undertake the Hajj to Mecca heard of my condition, and wrote to tell me he was dedicating his pilgrimage to my healing.

Meanwhile, my spiritual reading yielded a rich harvest of timely advice, as previously unknown books reached my hands. The writings of an eighteenth-century Jesuit spiritual director, Jean-Pierre de Caussade, spoke to me urgently and cogently:

The divine will involves the soul in troubles of every kind, from which conventional human wisdom perceives no escape. It then feels all its weakness and, exposed to its limitations, it is frustrated. It is *precisely then* that the divine will asserts itself in all its power to those who submit to it without any holding back. Divine will then guides the soul through deadly perils ... it raises the soul to the heights of heaven⁸

Here I began to approach the crux of my 'rough retreat': learning humility from the sudden deprivation of my illusory feeling of control over my life, and from the confounding of my arrogance, born of a sense of entitlement to the gratuitous blessings I had always received. In my weakness and finiteness I could clearly see that the only way through mortal peril is trust in the Lord, and I let myself fall backwards into the maternal embrace of God. I had nothing left to do but let go.

With all of this love, prayer and wisdom supporting me I approached the operation with the same feeling of calm I had first experienced shortly after the tumour was discovered. As I woke early on the morning of the operation, these words of St Paul awaited me in that day's readings:

We feel we must be continually thanking God for you ... because your faith is growing so wonderfully and the love that you have for

⁸ Jean-Pierre de Caussade, *Abandonment to Divine Providence: With Letters of Father de Caussade on the Practice of Self-Abandonment*, translated by E. J. Strickland (San Francisco: Ignatius, 2011 [1921]). The original French text was posthumously published in 1861 (de Caussade died in 1751).

one and another never stops increasing; and ... we can take special pride in you for your constancy and faith under all the ... troubles you have to bear the purpose of it is that you may be found worthy of the kingdom of God; it is for the sake of this that you are suffering now the name of Jesus Christ will be glorified in you and you in Him, by the grace of our God and the Lord Jesus Christ⁹

Albeit starting from a low base, I could indeed feel growth in faith and love, as I received the graces of courage, calm and trust for which I prayed.

In the event, the operation was highly successful. At only one point did my speech begin to deteriorate, but that was just after the extraction had already cleared the affected area. After local anaesthesia of the clipped neurons (not for pain—there was none—but just to prevent them causing confusion) my speech recovered fully and the hours of dialogue continued without further incident. I remained in good spirits, and finally rejoiced to hear that all identifiable tumour material had been excised. I remained awake all the way back to the ward, and through a joyful reunion with my family.

Though the neurosurgeon was very pleased with the operation, he cautioned me to expect follow-up radiotherapy and/or chemotherapy, as surgery cannot remove every last cancer cell. The speech therapist told me not to be alarmed if my speech deteriorated before improving again. Indeed, for several days I was unable to read or write. At first, my speech was restricted to words of one or two syllables; it took me months to approach mastery over polysyllabic words. Hilarious malapropisms remained rife for weeks. Yet, curiously, the two languages I learnt as an adult were unaffected. Overall, recovery was swift, and we enjoyed a joyful period, with much laughter, optimism and heartfelt prayers of gratitude.

GBM: God Be Merciful

Ten days after the operation we had to return to the hospital to receive the formal 'diagnosis', from laboratory characterization of the removed tumour cells. The type of cancer they found (glioblastoma multiforme, GBM) is of 'Grade 4'—the most aggressive category—and would therefore be expected to recur. GBM is regarded as incurable and terminal. All of this life-changing news was delivered swiftly and impassively by a young doctor who seemed to have missed class the day when sympathetic communication of bad news was covered.

⁹ 2 Thessalonians 1:3–5, 12.

When I asked the doctor to expand on what my prospects might be, he made the classic mistake of equating my life expectancy with the median of the lumped frequency distribution of recorded mortalities from the time of diagnosis—which for this condition is just fifteen months. As a scientist, I could quickly spot the shortcomings of this crude approach.¹⁰ For instance, as the frequency distribution includes *everyone* who ever died with a GBM tumour, it lumps together those who had inoperable tumours, those whose operations had not been fully successful and those who were too old or ill to receive radiotherapy and chemotherapy. So although the median of the distribution is indeed dauntingly brief, the tail of the graph—though thin—is very long. Already there were plenty of grounds to hope that my longevity would be counted in years rather than months. For Louise, though, with no scientific training, it was simply devastating to receive these cold statistics at face value.

As our sons anxiously awaited the outcome of the meeting, we now had the deeply painful duty of breaking the news to each of them individually. After telling them what the doctor had said, I immediately added that I am not a statistic. Statistics simply describe the past; they do not determine fates. In contrast, I am a human being, loved by God and surrounded on all sides by love and prayer. The outcome is ultimately in God's hands.

Hope, Patience, Perseverance, Trust

I was prescribed a course of treatment, commencing with a six-week period of concurrent radiotherapy and chemotherapy—not seeking a cure, but to enhance longevity and quality of life. As I embarked on this programme, I perceived a dilemma in my prayer: how should I pray as I ought (Romans 8:26)? Having revelled in a blessed marriage and prioritised supporting my loving family, it felt perverse to learn that I might soon have to abandon that vocation. So praying for healing felt right. But given that GBM is 'incurable', is it reasonable to pray for healing? Well, there *are* cases of indefinite remission with GBM tumours after surgery and treatment, usually ascribed to a re-awakening of the compromised immune system that allowed the tumour to grow in the first place. So to pray for healing was not unreasonable. Moreover, in no instance in the Gospels

¹⁰ See Steven Jay Gould, 'The Median Isn't the Message', in *Bully for Brontosaurus: Reflections in Natural History* (New York: Vintage, 2001), 473–478; also available at http://cancerguide.org/median_not_msg.html.

does Jesus refuse healing and simply recommend that sufferers cultivate pious resignation. Jesus expects us to desire healing, and he wants to heal us.

It was about halfway through the six-week period of intense radio- and chemotherapy that I experienced in prayer the resolution of the perceived dilemma. While it is true that I cannot dictate what blessings God chooses to grant me, it is not only legitimate, but indeed incumbent upon me, to ask to remain able to pursue my vocation for my family, community and society. Yet I must accept that I cannot choose my own path.¹¹

Apart from the diagnosis of a GBM tumour in the first place, every other aspect of my treatment has gone very well. Within days of my diagnosis, I was introduced to an inspiring man whose GBM tumour had been more than twice the size of mine at surgery, yet who continues to thrive fourteen years later. He gave me invaluable advice on the active steps I can take to cooperate with medical healing, such as adopting a low-sugar, largely vegetarian diet, and a daily routine combining plenty of exercise, rest and meditative prayer.

Meanwhile, my body proved robust under the highest doses of radiation and chemotherapy, which is known to correlate with improved longevity. It was very tempting to over-extrapolate from this. Did it mean that the Lord had definitely answered my prayer for healing? But maybe God only asks of me the testimony of these days: living in the present moment, counting only on God's love, ministered to me by those around me. God never promised anyone a charmed life, free of hardship. But God has promised that, ultimately, we will not be overcome.¹² In the meantime, I received my current maxim in prayer: 'Rejoice in hope; be patient in suffering; persevere in prayer' (Romans 12:12).

Even though my speech has largely recovered, I remain 'lost for words' in another sense:¹³

The realisation of many great things, of many genuine miracles, depends only upon our trust in God's great generosity. He will not always do a show-stopping miracle, although the show of power will sometimes be there. But He can and *will*, with divine sovereignty, so

¹¹ See John 21:18.

¹² See *The Showings of Julian of Norwich*, translated by Mirabai Starr (Norwich: Canterbury, 2014), 3.68.

¹³ Compare Luke 1:20. A longer account of these experiences ('Unanticipated Growth') is available by emailing paul.l.younger@gmail.com.

dispose the thousand small things of inner-world causality and logic, that in the end His will is accomplished. Anyone possessed of this confidence would be certain of the results: he would leave the means up to the Lord God. And anyone whose own self-reliance is overcome by the Lord in this way is left standing speechless and astonished ...¹⁴

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¹⁴ Words written with manacled hands by the Jesuit Alfred Delp, only weeks before his execution by the Nazis: Alfred Delp, *Advent of the Heart: Seasonal Sermons and Prison Writings, 1941–1944*, edited by Roman Bleinstein and translated by the nuns of Abtei St Walburg (San Francisco: Ignatius, 2006), 147.