

Control

Illusions, Myths and Healing

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When we speak about losing traction while driving on an icy road, the phrasing used is "I lost control of the car..." When we speak about rage, anger, or temper tantrums, the phrasing used at times is "I was out of control." A fire or a pet can get "out of control." Our health and wellness, though; was it ever really in our control?

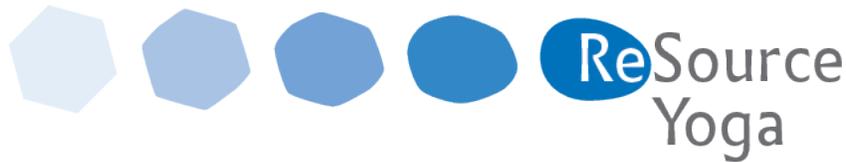
Definitions for the word control include: dominate, curb, check, regulate and restrain. Each of these implies an ability to command. Do we ever have that kind of dominance over our bodies, our health or our well-being?

One Sunday night this summer, I found myself clutching my abdomen in spasms of pain that made me moan and cry out. I couldn't walk or stand upright. I couldn't move except to lay there and writhe. My husband was in bed, fast asleep. He couldn't hear me. I focused on my breath, searched within to find an inner voice that was less panicked and more determined. And, eventually, I managed to crawl to the bedroom and was able to wake my husband. That small success gave me illusions. I asked him to help me to bed, determined that I would be okay with some medicine and sleep. Who was I kidding? I had thoughts about what might be happening, but I was wrong. In truth, I really didn't know -- I had no idea what lay ahead.

For an hour or so, I lay in bed, trying to be still, trying not to moan. But the reality, that I couldn't will myself out of this situation, became apparent. I needed help, and I needed it immediately. My husband called 911, and I asked him to gather my insurance card and prescription information. While he did that, I decided I needed to move myself downstairs. I felt there was no way that a stair chair or gurney would make it up the narrow stairs in our Clintonville home, so I crawled down the stairs to wait by the front door for the EMTs. Trying to manage the situation, I was attempting to maintain control. Off to the emergency room, in PJs and bare feet at 1:30 am.

It was a difficult trip. Every jostle and bump, every bounce and shift of the vehicle made me tense up and yelp, keening in pain. I was trying to keep quiet — it has to be such a difficult job, being an EMT, listening to people cry in pain and not being able to fix the problem. So I apologized, "I'm sorry, I'm trying to stop moaning. It has to be difficult for you to hear." Trying to manage things, focusing on taking care of other people, still attempting to maintain control. Who was I kidding?

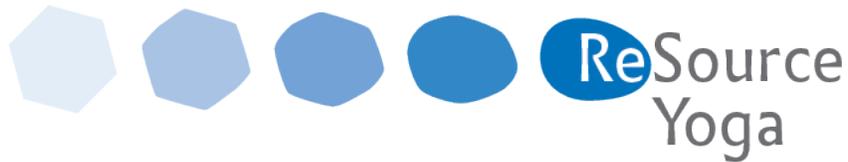
In emergency at hospital, the EMTs put me off at the end of the hall. The thought ran through my head, "You're making too much noise." They couldn't give me anything for the pain until they knew what was wrong. While the ER nurse admitted me, I apologized. "I'm sorry for the sounds I'm making. I'm trying to stop. It has to be difficult for you to hear." She chuckled and assured me that nurses were used to that kind of thing. You might be recognizing a pattern to my typical problem solving response — manage, control, fix things for others.



Blood tests, CT with and without contrast... I was given morphine for the pain. By about 6 AM, my husband and five year-old daughter were at the hospital and we were introduced to Dr. R, a gyn-oncology surgeon. My husband and I looked at each other — no one said the word cancer, but once the term oncology registered, it hung heavy in the air. Suspicions: hemorrhagic tumor, peritonitis, burst ovarian cyst, pooled blood in my abdomen. I needed surgery. All the possible outcomes were laid out. I would lose my remaining ovary (having had a hysterectomy two years ago.) I would possibly lose other things too. The tumor would go and possibly some of my small intestine or colon, a section of my omentum (an apron-like part of the peritoneum.) Outcomes: menopause, maybe a colostomy bag, follow up treatment (!?), they didn't know anything for sure yet. I spoke up, "So is it laparoscopic or will you use the incision site from my hysterectomy?" "No," said Dr. R, "we need to see everything, so we'll make an 8-9 inch vertical incision. We'll know more once we're inside." He planned on taking tissue samples for pathology. He asked if I wanted him to stop the surgery if certain outcomes were evident so that he could discuss them with me before the decisions were made...or would I trust him to make the medically necessary decisions during the surgery and get it all done with one instead of multiple surgeries. I had to face facts —I wasn't in control and I needed help. I had to allow myself to relax as much as I could into their care. Allow them to have control, or submit to their control? I gave Dr. R permission to make certain specific medical decisions for me during surgery without further discussion.

I vaguely remember waking up after surgery. After the six hour surgery, Dr. R called my husband. "It isn't often that I get to make these calls and offer good news," he said. No cancer. He told me as well, outlined what he'd found and what he had done. Apparently, blood is very caustic. There is no problem when it is in the right places: veins, arteries and capillaries. But when blood touches the outside of organs or the peritoneum, the lining of the abdomen, it causes a lot of damage and scarring. He commented on my high tolerance for pain, noting that there was no way to tell how long the tumor had leaked blood into my abdomen, and that there was a tremendous amount of scarring internally. He took biopsies of the omentum, tumor and ovary. He "ran the small intestine twice," then asked the chief of major surgery to come and do the same thing. He removed the scarring and congealed blood, then added forty-two staples along the 8.5" incision. And I had thought I could manage this on my own at home!

Upon waking up in my hospital room and trying to move, the realization dawned on me — I needed help for everything. Nurses visited to handle the piercing alarms that rang periodically on the IV and the other equipment to which I was hooked up. Did I want to use a bed pan or get up to use the restroom? Hah! Help to the restroom, please. I was hospitalized for nine days, and my room was on the oncology ward. The other patients on the hall were all so sick. I was the oddball -- things for me had been dire. I did not have cancer, and I had the promise of leaving the hospital to go home. My typical problem solving M.O. returned. One evening, I apologized to my nurse for the alarms, the noise they caused for the other patients and the attention I was taking up. As you can imagine, she said it was her job, she was happy to do it, that I was an easy patient. Realizing my pattern



ruefully, I mentally reminded myself that I had to allow myself to relax into their care. I needed to focus on healing, resting and what influence I did or did not have over that.

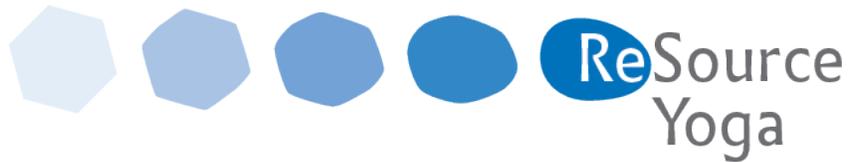
Each morning my husband, with laptop in hand, came to work from my hospital room. Each afternoon he brought my daughter after summer camp. With the IV managing my hydration and nutrition, I didn't drink much nor eat for eight days. I became adept at unplugging my own equipment without triggering alarms so that I could take frequent walks on the ward. I wouldn't be released until my intestines started functioning again and the walks were supposed to help re-initiate my digestion. A friend in Chicago texted me information about potentially helpful mudras. I practiced deep breathing and pranayama. I slept. I waited. I wasn't patient. I learned that you can't will your small intestine to function. I was SO "ready to go already," when I could finally report to the doctor that his digestive evidentiary requirements were met.

It felt surreal and joyful to go home. Grateful to be alive, relieved to be home, I slept and rested and flowed with my body's responses and my fatigue, reacting appropriately. The first week or so went smoothly: staples out, enjoying time with my husband and daughter, healing. And the gravity of everything slipped to the back of my mind. When I was allowed to drive, I discovered how exhausting a 20 minute car ride could be. Over the weeks, more of my typical duties returned, with certain restrictions. The doctor had mandated no lifting more than ten pounds, no yoga for six weeks. Of course, I translated this directive to "no active yoga asana." I did engage in restorative practices, pranayama yoga nidra and mantra.

Time and samskaras being what they are, as function returned, I fell into old habits, managing and care-taking. I was reminded by my body time and time again to rein in my ambition. At six weeks post-surgery I had a follow up with Dr. R, as I was champing at the bit to get back to teaching. He reminded me just how grave the situation and extensive the surgery had been. "Two more weeks off," he said. As much as I didn't want to hear that, I had tried downward facing dog earlier in the day and knew first hand the wisdom of his words. Scar tissue heals about 80% in one year and "normal" won't happen for two years. The return to teaching yoga has repeatedly been delayed as I acknowledge what I truly need. My work right now is recognizing my M.O. and seeing it for what it is. My work right now is in acknowledging my grief, my change in life stage, and the true length of convalescence. My work right now is in finding the "and."

2016 has been a year with waves of trials, frustrations, disappointments and difficulties, some tiny and some, like my unexpected surgery, tremendous. And, unfortunately, the storm surge has continued for my family and I as the year progresses. There are those who say you're never given more on your plate than you can handle. Forgive my language, but that's bullshit. That aphorism is offered when one doesn't know how to handle another's emotional state. Undesired events happen, and they don't come in threes. No one is counting and measuring out portions of pain or difficulty.

The path of healing from this surgery has come with the repeated notice that I am not in control. As much as I tend to manage and take care of people and things, I don't have control and I never did. So, without control, what is the path of healing? It is the same as the path of fully living. It is making choices — finding the "and." While I can't control the rate



and pace of healing, I can choose to rest, choose not to return to work too early, choose to do the things that facilitate healing, and choose to avoid those things that don't. For me, the "and" occurs in regards to emotions. If I choose to feel my emotional response (to my emergency surgery or other waves of life events), I can't be selective. I can't respond like Scarlet O'Hara: "Oh, I can't deal with that right now. If I try, I'll go crazy." Grief, anger, frustration... (Aren't the waves supposed to pace themselves, so that I can catch my breath between the breakers?) Sadness, fear... I tear up thinking about the fact that my wee kiddo was almost without her mom. She's not ready for that! Here is where the "and" begins. I feel the fear and I also feel gratitude for seeing my sweet one grow up. Grief tears at my heart and wells up within me and there is the joy of being alive.

I can choose to ignore difficult feelings, controlling them in the interest of getting through the to-do list of the day. Or feel those emotions in all their intensity. Healing and living as the act of making the choice to feel. To find the "and" may sound too simplistic, but it isn't easy or simple to do. It is uncomfortable, and at times, difficult and even scary. I'd rather not feel sadness. I'd like to swallow my grief. I have had a history of controlling myself out of my emotions -- it is easier to take care of others than feel the scary stuff myself. I teach my kiddo that it is okay to cry, to feel sad, but my husband wonders aloud why I typically don't cry. My recovery this summer and into autumn has given me the opportunity to be more reflective and to slowly work through the emotions in small bits, more so than I would normally, given my habit of managing and care-taking. Acknowledging the grief means feeling it. Finding the "and" while I'm brimming with tears lets me digest the grief, truly feel it, but not be so mired in it that I can't move. I find there is never just one thing; there is always "and" if you look for it. Tears and a smile. Grief and joy.

Health and wellness — are they in our control? No, "and" yes, in a manner of speaking, when we redefine control as influence. We have the ability to influence health and wellness through our choices to feel, to acknowledge, and be aware. Patient cooperation between body and mind. Noting when the brain slips into having delusions of grandeur and control, tracking the same samskaras. Remembering the whole self, body and mind. Influence not control. Awareness and feeling.

Managing, caretaking and trying to maintain control make me smaller, tighter, and restricted, bound. How do I feel about this summer? This year thus far? Grief, sadness, anger, joy, gratitude, peace. Expansiveness. Control makes me feel smaller in the end; influence and the "and" help me find expansion into the Whole Self.

PS: 1/14/17. Want to learn a little about Yoga Nidra, the meditation practice I used to heal last summer? I'm holding a workshop 2/25/17 at Balanced Yoga, Join me!!