

No Cure for Being Human

What's in it for me? Gain inspiration from one woman's battle with cancer and the spiritual lessons she learned along the way.

Kate Bowler knew better than most that there's no quick fix to the pain and messiness that comes from the simple fact of being human. As a professor, she'd written books critiquing self-help gurus and evangelicals who insisted you could pray your way to your "best life." In fact, she was absolutely certain the contemporary concept of "living your best life" was toxic and shallow. Ironically enough, at the age of thirty-five Kate really was living her best life. She was happily married to her childhood sweetheart, mother to a much-loved toddler, Zach, and enjoying professional success in a competitive field. And then Kate was diagnosed with stage four colon cancer. Best case scenario? Two years. Kate always knew her time on earth was finite. But she'd never imagined it might feel so finite, so soon. Critical as she was of the concept of "best life," Kate was now faced with an urgent question: How could she best spend the life she had left? In these blinks, you'll learn

what the prosperity gospel and Peloton have in common; the reason you should consider not making a bucket list; and why pain doesn't need to be framed as a learning experience.

A meltdown in the hospital gift shop.

As a rule, hospital gift shops are stocked with scrupulously inoffensive wares. Think tasteful potted plants, greeting cards with euphemistic messages about "recovery," and books of the uplifting, spiritual variety. So why is Kate Bowler standing in the gift shop of a North Carolina hospital, wearing a baggy cotton hospital gown and trailing her IV drip behind her, surrounded by a pile of books she has plucked from the shop's shelves? And why is she, in no uncertain terms, telling the nonplussed teenage shop assistant that these books are inappropriate – no, outright offensive – reading material for a hospital gift shop? The reason Kate is in the hospital is written clearly on her chart. After suffering through months of unexplained abdominal pain, nausea, and dramatic weight loss, Kate has at long last been diagnosed – with cancer. And it's a particularly horrible form of cancer: Kate has stage four colon cancer. Her colon is riddled with tumors that have spread to her liver. The survival rate for this scenario is hardly promising, at 14 percent. And even that word, survival, is a bit of a misnomer; of the fourteen percent who do "survive," most only live another two years. Despite her young age and her – until now – good health, Kate is living on borrowed time. The reason she's causing a scene in the hospital gift shop isn't so immediately apparent. But if we take a look at the books she's pulled from the shelves, it all starts to come into focus. They're all Christian best-sellers, and they're mostly written by those who preach the prosperity gospel. The prosperity gospel teaches that if you serve God faithfully, you'll reap the rewards: health, wealth, and happiness. This sounds simple enough, but scratch the surface of this superficially uplifting ideology and you'll find a more sinister subtext. If God rewards those who have faith in Him, then those who suffer must have brought it upon themselves. If you're poor, or sad, or sick, the thinking goes, your faith must be

lacking. If you have stage four colon cancer, the thinking goes, then it's your fault. Kate's a Christian herself, but she's always found the teachings of the prosperity gospel antithetical to her own open-hearted, empathic, and accepting form of Christianity. And as a professor of the history of Christianity in North America, she's spent a lot of time critiquing not just the prosperity gospel, but the broader industries of wellness and self-help that peddle the same essential idea: that, through a series of choices and behaviors, you can not only control your life, you can perfect it. You can avoid pain and suffering and misfortune altogether. Living your "best life" is within your grasp. Now, of course, her issue with the idea of the best life isn't purely academic. It's personal.

What's wrong with "living your best life," anyway?

Let's leave Kate in that hospital gift shop for a moment. Her story will pick up again in the next blink, where she grapples with her diagnosis. But to understand her story, it's also important to understand exactly what the concept of "best life" is, and why Kate has pushed against it her whole career. "I'm living my best life." All of a sudden, it's a phrase that's all but ubiquitous. Wellness gurus, hip hop artists, and Peloton instructors alike exhort us to live our best lives. We're targeted with ads for products from cleansing juices to productivity apps, each of them claiming to be the one thing we need to attain our best lives. Skimming the self-help section of any bookshop reveals all kinds of methods for achieving the elusive best life, from winning friends and influencing people to condensing our professional lives into a four-hour work week. And of course, once "best life" - or at least the appearance of it - is attained, it has to be scrupulously documented on social media. #blessed, as they say. But where did this concept of "best life" originate? How did so many of us come to subscribe to the idea that life will be perfectible if we simply apply the right product, strategy, or mindset to it? The idea that through force of will we can transcend life's messiness and misfortune is hardly new, but its current iteration has roots in the New Age movement of the '70s. To the generation obsessed with freeing your mind, it didn't seem crazy that the mind could rise above mediocrity and negativity to access a better version of life. In the '80s, this idea became enshrined in the self-help movement, which quickly found a foothold in the zeitgeist. In fact, in 1984 the New York Times had to start a best-seller list just for self-help literature, so that other genres could get a spot in the paper's regular bestseller list. At their core, these books shared a message: You might want to achieve professional success, find romance, lose weight, or gain wealth; whether or not you can boils down to you and your mindset. There are no circumstances that, with sufficient will and discipline, you cannot rise above. In other words, if you're single or fat or stagnating in your career, the problem is you - and only you can fix yourself.

In 2004, the evangelist and proponent of the prosperity gospel Joel Osteen coined the term "best life." Osteen's phrase has since been picked up by Instagram influencers, reality TV contestants, wellness gurus, personal trainers, and even Oprah. Why the traction? It's perhaps the most succinct distillation of the belief underpinning contemporary narratives of self-help, wellness, and evangelism: that we are in control of our lives, and, with sufficient control, we can perfect them. Kate knows the truth. Life isn't really something you can control. Being human means being messy, making mistakes, suffering misfortunes. Since her cancer diagnosis, that's a truth she's been living every day. But as she contemplates how to spend what time she has left, she's been shocked to discover the many ways she's tried to perfect and control her own life.

Spending time when there's hardly any time to spend.

Before cancer, Kate's life was a series of carefully cultivated choices, all designed to add value to her existence. A lot of them were good, even great, choices. She'd chosen to marry her childhood sweetheart, Toban, who also happened to be the love of her life. Together, they'd chosen to start a family, and the result was their wonderful son, Zach. Of course, each of these choices was once just a wish or a yearning. It was Kate's hard work and relentlessly positive outlook that allowed her to bring them to fruition. Or so she always thought. Now, with the foundations of her life crumbling beneath her, Kate saw that each carefully crafted choice was also underpinned by sheer luck and random chance. Yet in the face of her diagnosis, society still acts as though her choices carry weight. Acquaintances send cards that frame cancer as a battle that can be won, leaving Kate to wonder whether those who lost the battle simply didn't fight hard enough. Cheery memes exhort her to "kick cancer's butt!" As if that were something she could choose to do. Kate knows she didn't have a choice. Cancer did. Cancer chose her. Frustrated as she is by the idea that she has a choice in how her deadly illness might play out, Kate still finds herself trying to control her existence, using just the same tools she always did in the past. She works hard. As an academic, she treats cancer like yet another subject she can master, as if the cancer rapidly metastasizing through her were sixteenth-century Italian politics or conversational French. Pre-cancer, she strove for professional excellence – juggling work and childcare, striving toward inbox zero, netting glowing teaching evaluations. Now, she keeps striving, reading medical papers and learning jargon. And she thinks positively. She is determined not to let any happy moment, any meaningful interaction pass her by. She writes gratitude lists to pin down every meaningful moment in the day, to wring out joy without missing anything. But the more she tries to capture these ephemeral things, the less she enjoys them. She doesn't have much time left. And it slowly dawns on her that she is treating this time the way she did pre-cancer – as if every hour presented an opportunity for productivity. As if piling productive hour on productive hour were a pathway to her own best life. What does it really mean, to make the most of the time she has left? How can she disentangle her relationship to time in a society that seems to value time only insofar as it offers the opportunity to be productive and profitable? Kate can't master time, she realizes, any more than she can master her life. All she can do is surrender to its flow.

A life quantified in ten key experiences? The case against bucket lists.

Kate is sitting across from a mental health counselor called Caitlin, who is gently asking her if there are any experiences she's always dreamed of having or skills she's always wanted to acquire. Maybe she wants to take up oil painting or look down on Paris from the top of the Eiffel Tower or finally dance the tango before . . . well, this last part is unspoken, but it hangs in the air between them. Before time runs out. Then, Kate is offered a tiny glimmer of hope. She's been invited to take part in an immunotherapy trial. She's part of a small percentage of patients with colon cancer who might –

potentially, just maybe, no promises – respond to a cutting-edge drug-treatment plan. For Kate, this means flying every week from North Carolina to Atlanta, to spend the day receiving a combination of chemotherapy and drug treatment while a team of doctors gathers data, asking her how much pain she's in on a scale of one to ten. As part of the trial, Kate's been offered some mental health support. As part of this support, Caitlin, the counselor, is prodding her to consider making a bucket list. Rather than making a list, Kate begins to wonder where the term bucket list comes from. These days, a bucket list is framed as a fun checklist: learn this, see that, go there. Tick as many boxes as you can! The phrase has its origins, though, in "kick the bucket," a rather horrible euphemism for "die," as people committing suicide sometimes kick the bucket out from under their feet before hanging themselves. Here is the dark underside to this cheery concept: you need to tick all the boxes before you die. After all, if you haven't visited the Grand Canyon or made your own cheese, have you really lived? This tendency is not new. In fact, it's about as old as the eternal anxiety that we're squandering our precious time on earth. So we make lists. Once they're completed, we can die sated. The ancient Greeks came up with Seven Wonders. Medieval pilgrimages were basically checklists of "bucket list" churches and saints' relics. There's a trend in publishing for books with titles like 1001 Cities to Visit Before You Die. Or 1001 Movies to See or Sandwiches to Eat, and so on, ad infinitum. Kate is reminded of Henry David Thoreau, who wrote that he wanted to "suck out all the marrow of life." She can't help but feel that, when it comes to sucking life's marrow, determinedly working through a list might be missing the point. Aren't bucket lists just a way of imposing order on something that is an inherently disorderly experience – being alive? In the airport lounge on yet another trip to Atlanta, Kate is reading a book about the French Revolution, where she learns that the revolutionaries made it their project to bring order to the newly born nation. Previously, France comprised 26 provinces of various shapes and sizes. The zealous revolutionaries redrew the map. Voilà! France now comprised 89 orderly, equal-sized "departments." But in their drive to impose order, they had overlooked culture, dialects, natural borders, communities – the stuff of life itself. Then and there, Kate resolves not to quantify away the stuff of her life. Instead, she settles for the less quantifiable but more meaningful business of simply living.

Is working hard hardly working?

Math isn't Kate's strong suit. She's a humanities scholar, specializing in the history of Christianity in North America. She can tell you all about the rise of the megachurch or the place of women in contemporary evangelism. But all of a sudden, her life is all about calculations. Impossible calculations in which, no matter how she tries to balance them, she can't come up with a satisfactory answer. She's responded well to the immunotherapy trial. The tumors that once crowded her colon and liver have shrunk. But they haven't disappeared. They are still a feature of every scan and every x-ray. In particular, there's a nasty-looking tumor in Kate's liver, nestled right next to a vital cord that transmits blood to her lower body. That's where the math comes in. What percentage of Kate's tumor can a surgeon excise without cutting into the nearby cord, leaving Kate to bleed out on the operating table? What percentage of Kate's liver can be removed before she suffers complete organ failure? How much of her tumor can Kate live with? How much of her liver can she live without? Time and time again, Kate and her medical team try to solve for x. But the solution remains elusive. But Kate's performing other kinds of calculations, too. To achieve tenure, she needs to tick through an academic bucket list of sorts, writing two scholarly books and eight papers, all in the space of seven years. Up until her diagnosis, her time as a professor was crowded with

achievements. Now, they're on the back burner. But the clock is still ticking, and time is running out on her tenure dream. But is tenure really still her dream? Back from medical leave, she looks around her office. She's achieved so much, but she's paid a price. She has a beautiful son, Zach, but like most of her female colleagues, she hasn't had more. She has only 24 hours in a day, and parenting even one child while working toward tenure . . . well, it just doesn't add up. There's that math again. Looking at the papers she's authored and books she's read, she is perplexed by her past self, who thought she had so much time to spend. If she had known her time would be so limited, would she have spent quite so much of it in this academic niche? Would she have spent so much time on her work, full stop? And yet, there is the itch to work, and finish the book she is writing. A wise friend tells her that she can spend all the time she has left with Zach and Toban, if she wants. But writing her book won't be fruitless, either. If she loves her work, this friend tells her, her husband and son will find her in there, too. This is how Kate reconciles herself to her past and present professional choices. She accepts that blind careerism is pointless. But having a calling gives life meaning. Our calling can be where we find ourselves and where others find us, too. If only it weren't sometimes so difficult to sort the one from the other. Kate writes scholarly books, not novels. But what happens next in her cancer diagnosis can only be described as a plot twist.

On the pointlessness of pain, or why not everything needs to have a meaning.

First, there's the good news: Kate opts for a liver resection, meaning a large, tumor-riddled chunk of her liver will be removed. The biggest tumor is deemed inoperable, but there's hope it might respond to radiation. Next, there's the great news: at a follow-up meeting with her oncologist, the big, malignant, inoperable tumor has shrunk. It's shrunk so much it's barely discernible. At the next follow-up, it has vanished completely. Then the terrible news: Kate meets again with her liver surgeon, expecting to talk about her scar and how well it's healing. Instead, he hands her a scan of her liver. She knows what the ominous black blob on the scan is even before the surgeon can tell her. Another tumor. A big one. Things do not look good. Finally, the wouldn't-believe-it-if-you-read-about-it news: After Kate has accepted the new, bleak prognosis, told her family and friends, and started preparing for death, she gets an update on the tumor. It isn't actually a tumor! The black blob was caused by a signal dropout during the scan. Kate is tumor-free. So that's it. She's cured, which is to say in remission, which is to say as cured as someone who's had stage four colon cancer can ever be. Her family are overjoyed. Her friends are thrilled. And she is . . . well, it's complicated. Of course, she's grateful to be well again. But she senses pressure from her friends and family - not to mention society at large - to perform a positivity that she doesn't feel. Why, she wonders, do people want her to pretend she is just as good as, if not better than, she was pre-diagnosis? But she knows why. It's all part of the best-life mentality. The lie the best-life concept sells is that it's possible to optimize your existence to the point where you bypass pain and suffering. But how does this school of thought deal with suffering when it inevitably arises? Easy. They reframe it. Pain is a challenge to be overcome, an opportunity to be exploited. If you don't learn and grow from your pain, you're simply not doing it right. People who subscribe to this mentality often say how grateful they are for painful episodes in their lives. From celebrities discussing messy divorces on talk shows to scandal-mired politicians, the refrain is so often the same: I'm grateful for the pain, they say. It's made me who I am today. Well, Kate's pain has made her who she is today, too: a person who is traumatized and depleted after multiple invasive

treatments. A mother who dreamed of a sibling for her son whose cancer treatment has now left her infertile. A woman who has lost touch with her younger, more fearless, more carefree self. Regrets? Kate has more than a few. Society wants her to be an inspirational figure. Inspirations are, after all, a lot easier to deal with than people who are still suffering and irrevocably changed by their pain. Then again, perhaps Kate's pain has made her stronger. Because despite society's expectations, she's strong enough to admit she hasn't mastered her pain or made the most of her suffering. And she certainly won't succumb to the pressure to be an inspiration.

Superficial concerns and why they matter.

Kate's cancer diagnosis brought her to the brink of death, and at the last minute, she was granted a miraculous reprieve. Does that mean she experiences life with a new clarity, focusing only on things that are truly meaningful and authentic? Yes . . . and no. Yes, the sweet moments she spends eating pancakes with her son or hiking with friends in the forests of North Carolina seem all the sweeter. Yes, she's realized that trying to optimize her productivity or control her life through a series of carefully curated decisions is, in the end, all a bit futile. But she's also spending a lot of time worrying about one of the most "superficial" things someone - particularly a woman of a certain age - can worry about: the way she looks in the mirror. Cancer has changed Kate's relationship with her physical form. Her body, from her clavicle to her abdomen, bears multiple scars, a flesh-and-blood testament to her multiple surgeries. Every time she looks at her body in the mirror, she remembers how badly it failed her, how close it brought her to death. Kate finds herself feeling disconnected from her body. She used to have the feeling that her body was her home. Now nothing, not meditation or breathing or affirmations, can restore the sense of wholeness she once felt in her body. To complicate things further, she's of a gender and at an age where society sees her body as a problem in need of a fix. Kate spent years fighting for the privilege of getting older, measuring her time in increments of months, weeks, days. Now she's targeted with products designed to make her look like she isn't the age she fought so hard to be. Things that firm and plump and erase. She finds it galling - but then again, perhaps it would be nice to look in the mirror and feel compelled to swipe on some lipstick or gently apply wrinkle cream around her eyes. It would be nice to care enough about her body to tend to it like this. Kate has known for a long time that it could be worse. Being alive, if scarred, is the best-case scenario. But now she finds the humility to admit it could be better, too: she could be unscarred, healthier, younger-looking. She could feel at home in herself. It's a friend living with chronic pain who eventually reminds Kate that her body isn't just a sack of meat. It isn't shallow to try to feel good in your body. Kate's body turned against her, and then rescued her. It is marked. It is - miraculously! - aging. But she makes her peace with it: This is the same body that goes on hikes and makes pancakes with her son. And she's allowed to care for it. Even if that includes caring about the way it looks in the mirror.

A collective lesson: pain and suffering in the age of COVID.

At the start of her cancer treatment, Kate signs herself up for a clinical trial. She, and

others with her diagnosis, are offered an unproven, untested course of immunotherapy. The study might offer its participants a better chance of survival, but this comes at a cost. They may be denied other courses of treatment or be subjected to unnecessary risks. Some participants will form a control group of people who are not given the therapy at all. Now, nearly five years after she began her participation in the trial, its results have been published. They are sent to Kate in the mail. The envelope feels heavy in her hands before she opens it. How many of her fellow participants have survived? Not many. Some, like Kate, responded to the new treatment. Most are now dead. Time and again throughout her treatment, Kate has seen that there is no formula for avoiding pain and mortality, much as we might like to think otherwise. But she's never seen it so clearly as she does now. Looking back on her time in the trial, Kate remembers how she drew comfort from its formulaic structure. There were schedules to adhere to, instructions to follow, drugs to be administered and ingested. This formula gave her a sense of control where there was none. No choices she made explained her luck. Life is messy. Life is random. No matter how many lunchtime yoga classes we take, no matter how promptly we respond to our emails, life can be thrown off course by all kinds of events: cancer, a bear attack – or, as it happens, a global pandemic. Just as Kate's life finally looks like it might return to normal, everything changes. COVID-19 goes from a concerning news story to a full-fledged pandemic. Once again, Kate's life is filled with uncertainty and anxiety about the future. Only this time, she's not alone. Kate watches as people around the world find their carefully curated and controlled lives upended by circumstances beyond their control. She sees how, for many, a latent pressure to live their best lives now bubbles to the surface. The threat of imminent death, in the shape of an airborne virus, sharply reminds us that our days on this earth are finite. Is that why so many of us look for a formula, resolving to write novels and bake sourdough and plant gardens while our lives are placed on indefinite pause? But Instagram stories of sourdough starters aren't much ballast against the waves of tragedy the pandemic brings: untimely deaths, lives placed on hold, businesses shuttered, best-laid plans left in tatters. Perhaps, Kate thinks, as she notices the desire to “make the most of” the pandemic wear off and be replaced with sorrow and fatigue, we are all coming to a shared epiphany. We can't avoid minor misfortunes, personal tragedies, or global catastrophes. They are, simply, part of life. It might not be your “best life.” Then again, it's the best life that we have.

Final summary

The key message in these blinks is that: We're bombarded by the idea that our perfect lives are within reach, if we would only try this productivity hack or embark on that juice cleanse. Most of us know, of course, that our lives aren't one Instagram-influencer-backed exercise or cleanse away from perfection, yet we unconsciously subscribe to the idea that we can control our lives. We can't. Not completely, anyway. It's time to stop striving for a best life that doesn't exist and time to simply start living. And here's some more actionable advice: Give up on gratitude No, not like that – gratitude is one of the most joyous and humbling emotions you can experience, and you certainly shouldn't edit it out of your life. But why not give up on the contemporary approach to gratitude that asks you to compile everything you have to be grateful for in life in gratitude lists and gratitude journals? Trying to quantify all the blessings you experience won't multiply them. And feeling pressured to write them down will almost certainly diminish them. Our joys and blessings are complex. Why not appreciate them in their full, nuanced, fleeting glory instead of trying to distill them into a bullet point on a list?

