

Out of fear commitment.

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Mesotheliomas are malignant tumours found in the lungs, abdominal cavity, pericardium (the sack around the heart) and testicles. These tumours are caused when asbestos fibre coats these internal parts of the body after inhalation; the greater the length of exposure and quantity inhaled, the greater risk of incurring the disease.

Although there has been a reduction in the number of countries producing asbestos, global production still remains high. Throughout the last century, Canada and the Soviet Union (Russia) were leading producers. Now coupled with China, these countries currently produce 70% of the world's output. Surprisingly, in respect of the lesser producers, Greece, a European Union (EU) member, tops the list. Most EU members have, from 2005, refused to use asbestos.

Consumption does not correlate to production, for example Canada exports most of its production. Among the newly industrialised countries such as Thailand, there is concern over its high usage of asbestos. As yet there are no statistics for asbestos related illnesses from the developing world.

Asbestos not only causes mesotheliomas, but also increase the chances of contracting lung cancer in the form of asbestosis, pulmonary fibrosis and pleural plaques.

In Italy the most important asbestos mine was at Balangero in the province of Turin. Asbestos had been used for various industrial applications, especially in naval construction and repair. As a consequence, asbestos has not only polluted workers but their homes: contaminated overalls are taken home; homes are situated next to establishments using asbestos; buildings use asbestos as a fire retardant. The extraction and use of asbestos has been legally banned in Italy since 1992 and this was pre-empted in the 70's by a curtailment of its use in shipbuilding following a study of Monfalcone by the University of Trieste's Institute of Occupational Health. However, business and environmental risks remain as does the witnessing of any reduction of this disease because of its long period of dormancy. In addition to the ban, legislation was introduced to decontaminate areas and provide economic support for businesses and workers. In respect to the latter, enhanced social security benefits and pensions were provided based upon the length of exposure. In many cases, those exposed to asbestos have taken early retirement on augmented pensions to enhance the prospects of staying alive. .

In 2002, an Isontina Department of Occupational Health, in conjunction with Alpe-Adria Multidisciplinary Thoracic Oncology Group of Udine instigated a programme of early detection of lung and pleural cancers. Participation was free on condition that those presenting themselves were already retired and agreed to the following: a CAT scan; further tests that could necessitate immediate surgery if a tumour was found; and quarterly, half and yearly check-ups commensurate with the gravity of their situation.

Psychiatrists were also involved as out of the twenty six who had an initial unfavourable CAT scan, some were monitored quarterly with a view to surgery if things changed for the worse; otherwise the remainder returned each half year for check-ups.

Consequently from 2001, I have worked as a psychiatrist in a not for profit organisation in Monfalcone, providing support services for sufferers, their families and their own self support groups. I saw the shock and fear in some individuals as they foresaw a debilitating death as had befallen those before them. And with others the way they sought answers in order to cope with that fear.

One day a tall and robust sixty year old man (let's call him Mr James) came to me at Spyraglio, our association's offices. He was crying, desperately seeking advice as he was convinced he was about to die with lung cancer and was in need of surgery. I sat him down and rather confusingly told me about his life in the dockyards, then of his retirement and future hopes that had crashed as a result his CAT scan with Project Atom (the early detection project). Others, he said were in the same emotional state as him; many preferred to bury their heads in the sand; some were dying. I struggled to follow him as I had many unanswered questions and was confronted by a traumatised individual who could well evoke the same feelings in me.

After I heard his story, I reflected upon how I could help Mr James and others like him. I considered that because of our current culture of blanking out death from our lives, these individuals found it difficult to differentiate between the existence of a tumour or not and whether said tumour was operable or not.

Since my background is in group therapy, which starts from premise of the plurality of an individual, I could do nothing else but to gather together these suffering individuals with the idea to pursue something constructive. My objective along with that of the project leader, Fabrizio Bertini, was to change the group's mindset by building upon the positives within their lives. My Association president, a fellow psychotherapist and conversant with the group, accepted this proposal enthusiastically. Benchmarks were thus set so that we could evaluate the work done with this homogeneous and discrete group.

Our method was the sharing of common problems to create a sense of universality, a common cause that could ameliorate those hidden and imagined fears caused by a person's isolation. As writes the psychoanalyst, Silvia Corbella, responsible for Individual and Group Psychotherapy at the Graduate School of Psychotherapy in the Coirag Institute of Milan:

"Traumatic events have a disruptive effect not only upon a person's demeanour, but his self esteem and how he relates to other individuals and society in general. For this reason group solidarity constitutes a shield, a ring fence, to provide the antidote for all the individual group members' terror and despair."

It was in February 2003 that our Mr James was contacted again to be told of our Association's proposal. He was asked to sound out other potential sufferers to see if they also wanted to participate. Here we met Fiorenzo, Alvaro, Luigi, Mario, George and others.

Our first group meeting ascertained emerging traits to address with ad hoc ground rules. We aimed to foster mutual wellbeing by distancing ourselves from just fire fighting problems; to realising that if life itself was to be appreciated, frustration, a part of life, had to be coped with. In the first few sessions I acted as a facilitator, centred upon the emotional hiatus between the first and second X-rays.

Death permeated everything within the group: paralysing attempts to move on. In this uncertainty, the tendency was towards pessimism, everyone was stricken with the disease. To the possibility of having a life threatening disease, the response was denial: "Not me, it can't be right" instigating the seeking of second opinions that reconfirmed the first diagnose. As Elisabeth Kübler Ross, physician, psychiatrist and Professor of Behavioural Medicine Switzerland wrote: "when the hammer-blow occurs, the patient first suffers a temporary state of numbness, followed by a gradual recovery that responds with 'it can't be me' as recognition that one's own mortality is confronting our belief in immortality." Anger and resentment against ex-employers emerged, they being accused of covering up the dangers of working with asbestos. One member of the group encapsulated its rage by voicing the opinion that "we are sick because they made us so." Some others manifested other symptoms: breathing difficulties; aching joints; sleeping disorders. Finally there a divergence in handling the situation: sign up to the Atom project and "feel bad"; or bury your head in the sand. How to best manage informing relatives was another important issue: "if you don't tell them, I won't worry them" This was most frequent tearful question other than the fear of having to leave their families: "I can't bear to see my just born grandson." Another frequent lament that dreams of travelling when retired were now shattered indicating signs of collective depression. In other words, these individuals faced a major incomprehensible change in their lives that was out of their control. According to Luigi, "Gino", Pagliarini, Italian journalist, Psychologist and founder of Italian Psychoanalysis (centre upon conflict resolution in all human interaction): "from disorder we have to learn how to foster order."

Inevitably, death was the prevalent undertone, mimicking that of the hidden presence of asbestos, that gossamer dust. It struck me that I was not sufficiently qualified to assuage this fear, for although I could rationalise the psychological, I

could not deal with those medical aspects such as surgery. Consequently, I sought out experts in these fields to do the same as me. Thus from time to time diverse experts spoke, among others being the doctor and radiologist in the Atom Project and Dr Bianchi, a lead expert in lung diseases. During the first three months the group became more cohesive with a will to fight the future events together.

Recognising the importance of their work, the group threw open invitations to individuals in the same predicament as them. One day Luigi came with a fellow sufferer. This friend was above the group's average age, but had been successfully operated on for the very condition they now faced. This living testimony jolted the group into realising that there was life after "going under the knife." Starting from possible physical symptoms, the group was able to take a clinical approach to the concept of the finite – to dying. Not only seen in biological terms, but those dealing with feelings of inadequacy and emptiness, the group discovered, subject to human limitations, how to confront disease and possibly death, realising that the former is not a prerequisite for the latter. Attitudes started to change: in May 2004 many participants had to take a further CAT scan and although there was further anxiety there was also a waiting list.

A second tranche of results came through showing that all but two patients' tumours remained unchanged, generating an atmosphere of anticipation, participation and mutual support in the following weekly session. At last the essence of the group, to deal with life rather than death, was evident. For example someone decided to operate although a benign tumour on the basis that he would be "worse off" knowing something alien was inside him. In order to stand a better chance to become a grandfather, another individual took a wait and see stance on the next scan. His tumour had only grown slightly. As their scans showed no enlargement, James and Mario wasted no time in throwing themselves more into family life.

As a result, individuals started to control of their lives because the cohesion of the group provided care. However from the start of the experiment, there still remained the depressing and unsettling phenomena of hearing from outside the group, the distressing news of ex colleges dying from lung cancer. Bit by bit this too was faced. Indeed allowed to talk about things, the group started to face comments from outside. As I saw it, if group entity made members psychologically and, as we will see later, physically better, its existent needed to be admitted to entice others to join. Consequently, group members actively advertised the project through friends and where people socialised; the group entered into the social fabric and showed fellow sufferers that there was an alternative to the bottle.

Old members assumed the role of experts with these new arrivals. These experts explained the importance of adhering to the Atom programme to facilitate early diagnosis and subsequent monitoring. The group provided a constructive resource to manage the consequential emotional and existential problems. Recounting the group's history to new arrivals reinforced the old guard's cohesion. Writes Franco Fasola: "In a way this is community work"

But in terms of community involvement, the group's expectations remained unfulfilled. Although there were contacts and promises, interest was luke warm. Drawing upon the expert knowledge within the group, public meetings were promulgated. These would not only give the group a sense of achievement, but widen its scope of influence.

In the summer of 2004, Dr Bertini and I considered a proposal from the group to expand its operations into a community initiative so that it could receive funding from the Region. Leaving aside public meetings, the intention was the creation of a network of groups in the areas surrounding Monfalcone which would support fellow sufferers who were then suffering in silence. The Project's name was: "Asbestos exposees, from fear to commitment." In July, Dr Bertini and I,

whilst keeping the original collaborative template with Exposed Asbestos Association and Monfalcone Tumour League, redrafted our roles so that we became interlocutors between the Region and the original group. In December the Region made a grant seeing the project as being innovative.

To initiate cooperation between the Lower Isonzo Health and Welfare bodies and the group, preparatory meetings were held at the start of the year { quale - 2004 oppure 2005? }. Along with Dr Alessia Colarusso, the Social Worker for the area, public meetings to publicise asbestosis were held by us in the villages of Ronchi, San Pier d'Isonzo, Monfalcone and San Canzian d'Isonzo. To stimulate participation, their mayors were asked to assign a lead councillor on asbestos and provide assistance by signing and then circulating a mail shot inviting residents to attend. This was followed up by a telephone campaign.

Our first public meeting was held at Ronchi on the 14th April 2005. Along with council officials and an ex group member, also in attendance was a pulmonologist, a psycho pharmacologist and lecturer from Trieste University. Whereas before the subject of asbestos had fallen on stony ground, we were somewhat taken aback by the attendance and press coverage. The following three meetings achieved the same success with a new group being established at Ronchi.

One of the innovative and therapeutic aspects that emerged from such groups was the ability to recount one's own story of life in the dockyard and contact with asbestos. Consequently, in order not to lose this precious material and forget those lost to asbestosis, pen was put to paper. With the aid of our Region, ultimately a book was made.

In respect of the experience, you cannot help noticing how this group of ex- exposees had found their own salvation, but perhaps not recovery, by becoming agents of social change. Under the shadow of death, the group had perhaps taken control of their lives. As Pagliarani wrote: *"To confront death makes you appreciate the days you have left, you appreciate life and want to each day count, whether it be having children, writing or simply being busy."*