

Stephen Calabria: [00:00:00] From the Mount Sinai Health System in New York City, this is Road to Resilience, a podcast about facing adversity. I'm your host, Stephen Calabria, Mount Sinai's, director of podcasting.

On this episode, we welcome Jonathan Gluck, a lifelong journalist who for over 30 years has battled multiple myeloma, a chronic and incurable blood cancer.

Mr. Gluck has just published a new memoir, titled A Lesson in Uncertainty, that details how he and his family navigated the rigors, trials, and lessons that come with a cancer diagnosis.

With June being National Cancer Survivors Month, Mr. Gluck's story is the perfect case study in resilience. We're honored to welcome Mr. Jonathan Gluck to the show.

Jonathan Gluck: My name is Jonathan Gluck, and I'm here because I've been a multiple myeloma patient for 20 plus years. And I've just written a book about my experience called an Exercise in Uncertainty.

Stephen Calabria: Now multiple myeloma, it is a cancer of the [00:01:00] blood, is that correct?

Jonathan Gluck: Yes. People sometimes refer to it as a bone marrow cancer, sometimes as a blood cancer, and either one is considered correct.

Stephen Calabria: How do you define resilience, both generally and in terms of surviving cancer?

Jonathan Gluck: Yeah, I would say in terms of surviving cancer resilience is a matter of just trying to take everything one step at a time, one day at a time. That's been my tactic anyway, and one that I have found has been reasonably useful.

That's not to say that I don't have days where I struggle to muster up the wherewithal to do that. A diagnosis like this is obviously very serious and can be difficult to deal with to say the least.

On any day where I'm not feeling resilient or any day where somebody else going through this isn't feeling resilient, I try to go easy on myself.

That said, one of the things I've tried to do as, I guess a coping mechanism, you could say, for lack of a better term, is just to [00:02:00] try and stay focused on

the present day, not think too far ahead, not to think too far behind ,and compartmentalize, if you like, my illness from the rest of my life.

And that isn't to say that I don't do what's necessary to do when it comes time to do it with my illness, whether that's scans or treatments. But when I'm not deeply involved in that, I try and go about the rest of my life.

Stephen Calabria: Now, I'm privileged to have read an advance copy of your book. For our listeners, please take us back to November, 2002 when you had a bit of a slip on the ice in New York City.

Jonathan Gluck: Yeah, I was leaving my office one night and there wasn't even much ice. There was just a tiny sheet of ice or patch of ice, and I stepped on it and twisted my hip. I didn't even fall. I just, twisted my hip. And the next day in the morning I woke up and it hurt quite a bit.

And I just thought, okay, I twisted my hip, no big deal. I was 37 years old at the time, and otherwise healthy. I had no reason to believe it was anything more serious than that. Couple weeks went [00:03:00] by, it didn't get better. I went and saw my doctor.

He took an x-ray, didn't see anything concerning, gave me a physical therapy prescription, told me to come back if it still hurt in a couple of months. I was busy with my life. I had a new job. I had, in the intervening time, a baby girl.

My first child. And then about a year after the slip first happened I realized it had been a year and my hip not only still hurt, but it was much worse. I was having trouble picking up my daughter.

I was having trouble going up and down stairs, getting in and out of cars, and I went back to my doctor. This time he ordered an MRI, and that's how we discovered that I had a tumor on my hip.

Stephen Calabria: And then you received a CT guided bone biopsy. What is a bone biopsy and what was the follow-up diagnosis?

Jonathan Gluck: Yeah, so, I had many tests, as is the [00:04:00] case. Often with cancer diagnosis, there's no one test that sort of tells you.

It's not like strep throat where, you get a swab and you either have it or you don't. The whole process of diagnosing me took months, literally, and one or

two false diagnoses or diagnoses that turned out to be incorrect, until I finally got the correct diagnosis.

And one of the key elements in determining that was this bone biopsy you referred to, where they use a CAT scanner to monitor exactly where the needle is going when they insert the needle into your, in my case hip.

And then they position it. Just on top of the lesion. And once they see that it's positioned properly, they use that needle to extract a little sample of the bone exactly where the tumor is so they can analyze the tumor in the lab, and help determine what type of cancer exactly the tumor reflects.

Stephen Calabria: Now you were [00:05:00] diagnosed at the time with multiple myeloma. What was the prognosis for multiple myeloma at the time?

Jonathan Gluck: Yeah, at the time I was told I might have as little as a year and a half to live and probably no more than three years. And that was needless to say, an extremely daunting thing to hear. And yet, here I am 20 years later and, we can talk about how I got here along the way here.

Stephen Calabria: Yeah, that was 23 years ago. Spoiler alert to the audience. He's a survivor. However, your book is called an Exercise in Uncertainty. Could you tell us what that means in the context of a chronic illness, specifically cancer?

Jonathan Gluck: Yeah. Fairly early on, one of my doctors said to me, we were talking about my prognosis and my first treatment round of treatment, which was gonna be a round of eight weeks of radiation therapy.

And I was asking my doctor what to expect about how the radiation therapy would go, what I [00:06:00] could expect during, afterward, did he think it would work, not work in my case. And his answers were all vague, basically.

He was answering me as well as he could, but there was no definitive answer, is my point, to any of my questions. And I realized at that point that the phrase went through my head that cancer is an exercise in uncertainty. That very little about many cancers is certain.

And I hadn't actually thought of that as the title for the book, but I related that anecdote in the book. And my editor, I think very wisely, because I love the title of the book, plucked out that phrase and said, when he read the first draft that I

submitted and said, I think this could be a great title. And that's how we got there.

Stephen Calabria: Outside of uncertainty, another persistent feeling you mentioned in the book is guilt. Where does that come from?

Jonathan Gluck: Yeah, it's a great question. As a dad and a husband and a brother and a son I just worried a lot, and still [00:07:00] do, about the impact of what my illness and potentially my not surviving would be on those people and other people I love and care about and.

I just, especially as the dad in the dad part of that equation, I think all of us who are parents have a very powerful instinct or sense of being a provider and being there to protect your kids and to hopefully help them grow up into independent adults happy and healthy themselves.

And when you feel like that might be taken away from you, wow, that's a powerful feeling and not a good one. And, I've worried a lot over the years of not being able to be there for my kids and the other people I love.

Stephen Calabria: And speaking of which, you were fortunate to have had a supportive and loving wife when you first found out you were sick. How did the diagnosis initially affect your relationship? And I assume the subsequent years made [00:08:00] for just as smooth sailing as could possibly be in a relationship.

Jonathan Gluck: Yeah, it's a nuclear bomb, a diagnosis like that. And it affects everything in your life.

Your physical health, obviously your mental health, your relationships, your career, your finances. And one of the ways it affected us was definitely causing difficulties in our marriage.

And I write, I try and write, I think, hope, very candidly about that because my wife and I have had many discussions about this, and we feel it's important that other people see that we are far from the Hollywood version of someone in a couple gets a diagnosis like this and the other person is nothing but loving and supportive and the person with a diagnosis is nothing but appreciative and kind and grateful and that's not the case, in our instance, at least.

Cancer is extremely stressful on both parties. The person going through it is often physically ill, not only from the disease itself, but from the treatments.

They're tired, [00:09:00] they're perhaps nauseous, they're perhaps short-tempered and depressed or anxious.

The person doing the caregiving is under a tremendous amount of stress themselves. That's the last thing you expect when you take your wedding vows and next thing you know, you're just 37, 38 years old by the time I was diagnosed.

And, as I say, a bomb gets thrown into your relationship like this. And in my wife's case, she was working full time and also caring for our daughter and then having this worry thrown, into the mix.

It made for some very tense times between us and it was only through a lot of fighting and bad behavior and fortunately, ultimately finding a very skilled and, lovely couples, therapists that we began to make our way through that.

And I came to understand, I think, my wife's point of view and how difficult it was for her to always be there and be supportive to the degree that I probably unrealistically wanted. And I think she came to see my point of [00:10:00] view that, when there's a sword hanging over your head all the time, it's hard to be your best self and I was looking for whatever comfort I could find, wherever I could find it.

So it was tough. But fortunately my wife at one point spoke up and said, we can't keep living like this. This is awful. That's when we wound up getting some counseling and that was actually extremely helpful.

Stephen Calabria: You talked also about in the book how your wife it was almost as if like it was never enough. She would show up every day and no matter what she contributed, she couldn't take it away.

She couldn't make you cancer free. And from her point of view, that must have been a terrible burden for her to carry.

Jonathan Gluck: Yeah, she said to me many times, she just wishes she could have a magic wand and make it go away. And that she knows that, anything short of that is, on some level in her mind, inadequate.

And I've tried to tell her, and I [00:11:00] understand where she is coming from in that regard a hundred percent. And I've tried to reassure her that, I don't expect that. It's obviously not possible.

And that all of her contributions are usually appreciated. And don't worry about not being able to come up with a miracle cure. That's what my doctors are for.

Stephen Calabria: In the summer of 1998, you and your wife journeyed to Jackson Hole, Wyoming, where you went fly fishing for the first time. You became subsequently an avid fly fisherman having now done it for over 30 years.

What was it about fly fishing you found so useful and even cathartic as you navigated cancer?

Jonathan Gluck: Yeah, so I had always been a very passionate fisherman before I got sick and after I got sick, fly fishing became not just a hobby, but almost an essential part of my life for coping with my illness.

And the biggest reason is, I did quite a bit of research into the subject of [00:12:00] uncertainty and how people cope with uncertainty and anxieties of different sorts, whether it's from a medical diagnosis or just the everyday anxieties we all experience.

And one of the things that turns out the people who have studied this, say is the most effective, in terms of combating your own anxieties and uncertainties, is getting into the zone or what some people call the a flow state ,where you're completely absorbed in whatever activity you're in, and that keeps your mind off of all your other problems.

Fishing is amazing that way. You know, it requires tons of different skills, tons of concentration. For me, a big part of it is fish tend to live in beautiful places, high in the mountains or in The Bahamas or other places I've been lucky enough to fish.

So just being in the natural world and in a beautiful environment like that can be very relaxing and help keep your mind off of your problems.

And then fly fishing in particular, among other things, you're looking at a [00:13:00] teeny, tiny fly, maybe a half of an inch across if not smaller, that's floating on the water, maybe 30 or 40 feet away from you. And just staring at that with all your might and hoping that a fish will come up and take it.

And then, setting the hook with exactly precise timing, that level of concentration, I can go for hours and hours doing that and it crowds out all the other thoughts in my mind.

Stephen Calabria: You took certain hedges against the future in terms of preparing in case you ever wanted to have another child, and in the event you needed a bone marrow transplant. Could you tell us about them?

Jonathan Gluck: Sure. Yeah. Fertility is an issue for many cancer patients, male and female. And because I was gonna be radiated in my hip, they took as many precautions as they could to protect my fertility, but they warned me ahead of time that there was a decent chance I would not come out on the other side, able to have kids.

And for that reason I [00:14:00] stored some of my sperm before I was radiated. And about four years or so after I was first radiated a little bit less. My wife and I were walking down the street out just on the way to go get groceries and our daughter was not with us.

She was at home with a babysitter. And I brought up the subject with my wife, which we had talked about once or twice before, and I said, so I just decided to go for it. And I said, so should we have another kid?

And in my mind, I had rehearsed all this stuff I was gonna say about, I really want you to be the primary driver of this decision. If, God forbid, the worst were to happen to me, you'd be the one, raising two children rather than one by yourself and yada, yada.

I had this whole spiel. And before I could get any of that out, she just said, yes, absolutely, let's do it.

So we went through the steps that one does in a situation like that and using both the artificial insemination methods we had put in place and [00:15:00] also good old fashioned methods and next thing you know, we were pregnant with my son.

Stephen Calabria: What were you doing for work at the time and how was the work uniquely suited to assisting you in your cancer journey?

Jonathan Gluck: Yeah, I am a journalist and I was working at New York Magazine as an editor at the time I was diagnosed and I worked there for a total of 10 years, and so that was the second year I was there.

So for nine-plus more years after I was diagnosed. And one of the things that I think kind of brings my profession and my diagnosis together is that as a journalist, I'm trained to be curious and to be a researcher and to ask questions.

And I think all those skills have benefited me as a patient in helping to find the right doctor and doctors plural because, I've had all kinds of different side effects that have required me to see different specialists, in helping to keep up on what the latest treatments are and making sure I'm [00:16:00] receiving those treatments.

So a lot of those old fashioned journalism skills have paid off for me. And then work also has been helpful to me in the same way strangely enough that, I was saying fly fishing has been helpful.

It can be a wonderful distraction. It's very challenging and absorbing work. I find it that way, anyway. And, people I sometimes have mentioned to people that I've barely missed a day of work in the 20 years I've been sick.

And they say to me, the standard line, oh, that's so amazing or courageous. And I say, believe me, that's not what explains it. What explains it is I'd rather go to work and think about work problems than stay home and worry about these much more serious and anxiety-inducing problems.

So it, in some ways work has just been a wonderful distraction.

Stephen Calabria: So when someone says, "Oh, you've never missed a day of work, you're so brave." You don't take that as the truth.

Jonathan Gluck: I know it's not true, but I know it's in my heart and I know what my motivation is, and I don't do it out of bravery. Like I [00:17:00] say, I do it to keep myself sane.

Stephen Calabria: You also began seeing a therapist to help manage the emotional fallout in tandem with the physical fallout. What revelations did it yield?

Jonathan Gluck: Yeah, interestingly enough, I had been seeing a therapist prior to my diagnosis for a number of years and the day I was diagnosed, she was one of the first people I went to talk to before I even told my wife.

I called my therapist, told her what was going on, asked her if I could come see her. And I think that was for a couple of reasons. One, she occupied this sort of sweet spot in my life of somebody who knew me well, but I didn't have a deep personal relationship with the way you do with a spouse or a family member or friend.

And she also was professionally trained to handle something like this. So I went and saw her and she was immediately helpful and helped me just get my feet on the ground and try and start taking things one step at a time and just put one foot [00:18:00] in front of the other until I could get myself more grounded and get some perspective.

And then over the years she was incredibly helpful with any number of different coping mechanisms. She helped when I was worried about having a scan or a test or if I had some pain that made me think, oh gosh, this feels just like the pain I had in my hip when I slipped.

She had some great ideas. Just schedule the scans as fast as you can. Don't sit here and worry about it for two weeks. Is it or isn't it? Just get your answer. Knock wood, it'll be good news, but even if it's not, you'll know and you'll be able to do something about it.

She also had more, less predictable, I guess you could say advice that was equally valuable. At one point I had mentioned, I. I use the term chemo, referring to chemotherapy. And she suggested very gently, of course, she was, had a great way about her that way.

She said, I wonder if you really want to use that term chemo. And I said what do you mean? And she said, it sounds so familiar, and [00:19:00] she said, if I were you, I wouldn't wanna make cancer feel, I wouldn't let it get too comfortable. I wouldn't be too familiar with it.

And she's not the kind of person who thinks that wishing cancer away is gonna work, or that superstitions are gonna work, or that language is gonna matter in curing me or not curing me.

But she's also, I think, super wise in knowing that there are ways in which you can allow a diagnosis or an illness to become a deeper part of you than maybe is ideal. And I think her advice there was basically a "keep cancer at bay" to whatever degree made sense.

Stephen Calabria: You said something that I think is important, especially in the context of resilience. You talk in the book about, especially from guidance from your therapist, this liminal state between knowing and not knowing.

There's the uncertainty, and uncertainty saddles us with a great deal of anxiety. And you [00:20:00] cited specific studies talking about, even if the news is bad, it's still better to know than not know. Could you talk about that a little bit?

Jonathan Gluck: Yeah I stumbled on some amazing research as I was writing the book. There's a woman named Kate Sweeney. She's a professor, a sociology professor in the University of California system who studied this very subject. She's made it really her subspecialty.

And she was telling me about a study where they had participants in the study were told that they were gonna have a small electrical shock, but they didn't know when, and they didn't know which of them was gonna get it and which of them wasn't.

And the anxiety of waiting was so tremendously uncomfortable that many of them said, just give me the shock. I just want to have it over with.

And it turns out that's how bad we are as humans at coping with uncertainty and not knowing. Another interesting thing Kate told me was people often say to her, because she's an expert in this subject, how do [00:21:00] you cope with uncertainty?

And she laughed and said, I always tell them, not very well, actually. And she said, she had methods and techniques that her research has shown can be somewhat effective. Things like distraction and flow state that we talked about earlier.

But she ultimately said. Nothing, 100% works. Nothing that she's come across. And I said gosh, that's tough for people to hear.

And she said, yeah, but the good news is it can also be good for people to hear because just knowing that you're not alone and struggling with something can be comforting in its own right.

And for people to know that if they're feeling anxious or scared about whatever uncertainty they're facing and they've tried X, Y, and Z, and maybe it's not making it go away. There's often a lot of comfort in knowing that they're not the only ones going through that exact experience.

Stephen Calabria: And it is something that's universal. Everyone lives with uncertainty. Some of us are just more certain about it than [00:22:00] others.

This being a resilience based show, we identify one of the pillars of resilience as being realistic, optimism seeing things as they are, not as we wish them to be and moving forward. Was that something that you, yourself developed in your cancer journey?

Jonathan Gluck: I think it has been. Yeah. I love that term, realistic optimism. Because I certainly don't believe in giving people false hope or being blindly optimistic. Particularly for people who have a terminal diagnosis.

That's just unthinkable. And I think about that a lot and I try and be very sensitive to the fact that I've been extremely fortunate to have lived as long as I've lived, thanks to truly revolutionary new treatments that have come along for my illness over the past 20 years.

Uncannily enough, and I didn't even realize this until I put together the timeline for the book, almost every single time I've gone come out of remission and needed a new treatment one of these new treatments [00:23:00] has just come online in the previous year or two, maybe.

So I've been incredibly lucky that way. But going back to the realistic optimism, I don't believe in blind optimism, so that's where the realistic part comes in. But I don't believe in cynicism either.

And again, I, it's not to put the burden on people that you have to be optimistic, because you hear people sometimes say, oh, just, think positive and that makes such a big difference. I don't really buy that.

I don't think positive and I don't believe in thinking positively because I feel like it's gonna particularly make a difference in my outcome. I think great science is what's gonna make a difference in my outcome.

But I do believe in optimism day to day because it makes my life better. Whatever your circumstances, and you alluded to this earlier, they are what they are and you can face them and be miserable about it or you can face them and try and be optimistic about it.

I think in my case anyway, I'd rather be optimistic.

Stephen Calabria: Another of those resilience pillars is social support. [00:24:00] We don't have time to cover all the ways your friends and family showed up for you, but could you touch on how important that was in your treatment and even just your survival?

Jonathan Gluck: It was tremendously important, whether that's been my wife or my kids or my brother and sisters or my parents or friends. It's self-evident why that's important, right? We all depend on others in our lives when we're going through tough times.

One of the things I'd say though that's maybe not as obvious is, I've found that almost everybody who hears you're sick this way has good intentions and is well-meaning and wants to say and do the right thing.

Above all else, what I've found, and it's the simplest thing, but somehow people. Often overlook it, is just a basic expression of sympathy is extremely powerful. Honestly, just saying the words, I'm sorry.

Or, I'm sorry to hear that, to me anyway, has been the most powerful thing [00:25:00] anybody can say. A colleague of mine very early on when I was first diagnosed, I remember him saying, you poor guy.

I'm sorry to hear that. Something about that was very powerful and wonderful and made me feel supported and feel good. On the other hand, there were people who tried to leap in with solutions. Some of them, maybe a little more out there than others.

And, again, I understand they were well intentioned and I'm not here to, call them out necessarily, but I didn't feel that was particularly helpful.

If somebody knows something, if somebody's extremely knowledgeable, in my case, let's say about multiple myeloma and knows something of real, genuine value and they share it, of course I'm interested in hearing that.

But, telling me to do reiki or something was maybe less helpful. And the other thing that nothing against reiki, it's just not gonna cure cancer. And another thing that was not helpful was people telling me, oh yeah, I know somebody who has multiple myeloma.

They died last year. Which has actually happened to me on more than [00:26:00] one occasion, or people who say things like, gosh, I know what you're going through. I had a skin cancer scare last year and it turned out to be nothing.

But boy was I upset for a couple of days. Also not the most helpful. And again, I understand everybody's well intentioned, but to me that basic expression of sincere sympathy is really all you need.

Stephen Calabria: You touched on in the book, there are two different kinds of support. There's problem focused and there's emotional, and there are some situations that call for one and not the other.

And to your point, if someone is an oncologist and they're talking to you, they might be able to chime in with problem focused support, but someone else, the best they can offer you is emotional support.

Jonathan Gluck: I think that's exactly right. And I guess the message I'm trying to convey here too is people I've, I know because they've told me often feel like, gosh that's not enough.

I wish I could do more. Believe me, it's enough. It's really powerful to hear somebody express their [00:27:00] sympathy for your situation. And it can often be more than enough.

Stephen Calabria: Because it's indicating to you that you are not alone, that someone is sharing with you, if not the diagnosis itself, then the feeling, because it shows they care.

Jonathan Gluck: That's absolutely right.

Stephen Calabria: Where does your treatment currently stand?

Jonathan Gluck: Almost two years ago in the summer of 2023, I've had any number of treatments, I've frankly lost count, exactly, of how many. Over the 20 years I've had radiation therapy, I've had chemotherapy, I've had multiple forms of immunotherapy.

And as I said earlier, gone in and out of remissions. In the summer of 2023, my disease was on the march again. And I was in relatively bad shape. And I received a very new form of immunotherapy called CAR-T Therapy at Mount Sinai.

That has proven to be extremely powerful and [00:28:00] effective in treating multiple myeloma. It's mind blowingly futuristic. In a nutshell, what it involves is they take your T cells and separate them from the rest of your blood in a process that's similar to a transfusion.

Your T cells, as you probably know, are an important building block of your immune system, and they send those T cells to a lab and they're engineered with a substance that, a molecule that when they put them back into you again through a transfusion type process those bioengineered T cells attach themselves to your cancer cells.

They can seek out and attach themselves to those, specifically to your cancer cells. And they're essentially turbocharged versions of your T cells, so they attack those cancer cells in a very effective way. It is actually a very difficult treatment to undergo.

You have to be hospitalized for several weeks. You need several rounds of [00:29:00] chemotherapy before you actually even get the CAR T therapy. It's very expensive. Fortunately I have good health insurance and there are some very serious risks involved.

Luckily in my case, with a capital L, I came through it very well. I did not have any of the serious, obviously not the fatal, potentially fatal side effects. I went into a full remission and I remain in a full remission today.

Stephen Calabria: You said in your book that cancer has very little to offer, end quote, but that it taught you how to live. What have been the most surprising lessons for you?

Jonathan Gluck: Yeah, some of them are not surprising in the sense that, you read about people saying, when you face a life-threatening illness or a situation, appreciate the people around you more. Take time to tell people you love 'em and you take.

You make the effort to spend time with them you realize that time is short. So if you want to do something, I'm very much of the mindset of, do it [00:30:00] now. I came across this term somewhere along the line of precrastination and it's the opposite of procrastination.

And I've become a precrastinator as in, if I think of something that I wanna do or need to do, I'm gonna do it right that second. And that's been a strange, as you said, quoting the book, I, I hesitate to give kudos or credit for doing anything good, but that has been a kind of good that's come out of it.

Another thing that's not uncommon, I suspect, is, it's given me perspective on what are big problems and what are little problems. So I'm fairly unflappable when it comes to, day-to-day work problems, or, problems in my family or getting stuck in traffic, or all the things that used to aggravate me more.

I have my moments, I don't always love traffic any more than the next person. But I do tend to be a little bit more balanced and be able to handle those sorts of things a little better.

And as far as unexpected lessons I'm not sure it's unexpected exactly, I'm not a religious person but one of the [00:31:00] things that's I've come to understand as the most helpful or powerful is, what people often call the serenity prayer.

Gimme the strength to control the things I can control the power to accept the things I can't, and the wisdom to know the difference between the two. I know I'm not quoting it exactly accurately, but that's the gist.

I think when I used to hear people say that, I thought it sounded sort of corny. That's what I mean by maybe slightly unexpected. Now I don't think it sounds corny at all. I don't know if that's exactly the secret to human happiness, but it's about as close as I've come to discovering one.

Stephen Calabria: June is National Cancer Survivors Month. For the millions living with or beyond cancer, what message do you hope your book sends?

Jonathan Gluck: Yeah, I mean first, and on a simple level, I hope that in reading my story, people recognize elements of their own story in it and are comforted just to know that they're not the only ones going through something like this.

And [00:32:00] that I've tried to be as candid as I possibly can about the difficulties I've faced and hopefully people will find comfort in that.

And second, and just as important, if not more importantly. I remember the day I was diagnosed, that night after I had gotten just at least an ounce of perspective and settled myself down a tiny bit. I remember I had a very vivid thought I'll never forget that, I don't even know what I meant by this exactly, but I remember thinking, I know that there's a death force out there, and that force is closer to me and more powerful than it's ever been.

That there is a, force in the universe that's gonna eventually take us all down, and it was very present in my life to say the least, at that moment. And then a moment later, I also remember thinking, there's also a life force.

There's a very powerful survival instinct that we all have as humans, and. I remember thinking to myself, I, right now, I just, I need to believe in that life force. And, again, I wanna be very careful to make a [00:33:00] distinction between people who are given a diagnosis that is terminal.

And, I don't believe, I wanna be very careful to be clear that's a different set of circumstances if you don't really have a good reason to be hopeful. But if you

do have any reason to be hopeful I'd say, believing in that life force that you can handle more than you think. Your outcome might actually be better than you think.

That's by no means guaranteed, but it is possible.

Stephen Calabria: Thanks again to Jonathan Gluck for sharing his story. His book, *A Lesson in Uncertainty*, is out now. If you enjoyed our show, please rate review and subscribe to our podcast on your favorite podcast platform.

Want to get in touch with the show or suggest an idea for a future episode? Email us at podcast@mountsinai.org. Road to Resilience is a production of the Mount Sinai Health System.

It's produced by me, Stephen Calabria, and our executive producer Lucia Lee. From all of us here at Mount Sinai, thanks for listening and we'll catch you next time.