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Reluctant Warrior

Book Club & Support Group Discussion Guide

A companion for support groups and anyone reading alongside someone else

Before you begin

I'm so glad you're reading this together.

This book asks a lot of its readers. Not because it's difficult to follow, but because it asks you to look at things most of us have been quietly avoiding — what cancer took, who you were before, what you're still carrying that nobody sees. Reading that alone can be hard. Reading it with people who understand can help you feel less alone — and that's exactly what I hope this guide will offer.

So, a few things before you start.

No one has to answer anything. Not a single question in this guide is required. If any question feels like too much, or touches something you'd rather not discuss, you can sit quietly. "I'd rather not" is a complete answer, and a group that honors it will go deeper than a group that doesn't.

Take what helps. Leave what doesn't. Some of these questions will be exactly right for your group. Others won't fit at all. Skip them without guilt.

Your group may hold very different stories. Someone may be newly diagnosed and still numb. Someone may be years out and quietly furious that they're still struggling. Someone may be living with metastatic disease, for whom "after treatment" isn't a phase but a permanent condition. Someone may be a spouse, a daughter, a friend — carrying it from the outside, which is its own kind of hard. These experiences don't compete. Try not to let the conversation assume everyone is in the same place.

Tears are welcome. So is laughing. So is anger. You're discussing a book about feeling your feelings; it would be strange if no one felt anything.

This is companionship, not treatment. Nothing here replaces a therapist, a physician, or a support group led by a professional. If something comes up that feels like more than the group can hold, that's okay. It may simply mean you need a little more support with it. Please reach out to a therapist, physician, or someone you trust who can help.

If you're reading alongside someone you love

You don't need to have had cancer to belong in this conversation. But remember that your experience isn't the same as theirs. Listen without trying to fix, compare, or find the bright side. Sometimes the greatest gift you can give is simply: "I believe you. I'm here. Tell me more."

A note for whoever is leading

You don't need to be an expert. You need to be a person who keeps the room safe.

Three things that help more than anything else:

Open with a question everyone can answer in one sentence. It gets voices in the room early, so the quiet people aren't crossing a bigger gap later.

Pay attention to the quieter people, too. Someone who has become very still or withdrawn may be feeling a lot. Don't put them on the spot, but consider checking in privately afterward.

Honor the ending time. Give the group a few minutes' warning as you approach the end so no one begins sharing something vulnerable without enough time to finish. People often feel safer opening up when they know the group has clear boundaries.

If the group goes off-book into their own stories, let it. That's the book working.

How you might pace it

Four sessions — the fastest route, two to four chapters per meeting.

Six sessions — two chapters per meeting. More room to breathe.

Twelve sessions — one chapter at a time. Best for ongoing support groups, where the book becomes a spine for a year of conversation rather than a project to finish.

One meeting — use the opening and closing questions and pick three chapters that matter most to your group.

The four-session route

1. What happened to us — Chapters 1–3
2. Who we became — Chapters 4–6
3. What didn't end — Chapters 7–9
4. What comes after — Chapters 10–12

Opening questions

Use these at your first meeting, before the chapter work.

1. What made you pick up this book? Was it for you, or for someone else?
2. Christina writes that surviving cancer and recovering from it are two very different things. Before reading, had you thought of them as separate? What changed?
3. Is there a line so far that you've thought about since you read it?
4. What are you hoping this book gives you? What are you afraid it might ask of you?

CHAPTER ONE

Say It with Me: This Is Trauma

1. Christina's breast surgeon told her, "We can cut out the cancer. But we can't cut out the trauma." What did you feel reading that? Had anyone ever named it as trauma for you?
2. She describes a diagnosis as hitting "like a portal" rather than a single blow. Does that match your experience, or would you describe it differently?
3. She writes about becoming a "reluctant warrior" — never wanting the role, never asking for it. How do you feel about warrior language? Does it fit you, or does it ask something of you that you'd rather not give?
4. "I am not broken, but wounded. I need not fixing, but healing." What's the difference between those two words for you? Which one have you been using about yourself?
5. She describes the survivorship class that wasn't really about survivorship. Where has the care you received stopped short of what you actually needed?
6. Say it with me: this is trauma. Is that easy or hard for you to say out loud? What makes it hard?

CHAPTER TWO

When Mortality Becomes Real

1. Christina describes the moment mortality stopped being an idea and became real. Have you had a moment like that? Where were you?
2. She writes about a room where no one would say the word “death.” Why do you think we do that? Has that silence protected you, or isolated you?
3. She found herself comforting other people about her own diagnosis. Have you done that? What did it cost you?
4. What do you wish people had said to you instead of what they actually said?
5. Some people in your group learned about death young; others met it for the first time through illness. How does the timing shape what you carry?
6. Is there something about mortality you think about often but rarely say out loud?

CHAPTER THREE

This Feels Like Grief

1. On the porch swing, in the in-between after diagnosis and before surgery, the words that arrived weren't fear or anger — they were this feels like grief. Have you named your experience as grief before? Did anyone else?
2. The book talks about anticipatory grief — grieving losses we fear or know may still be coming. What did you find yourself grieving before it had even happened?
3. Christina lists non-death losses — her body, her sense of being healthy, her assumption that she had time, the future she'd quietly planned. What would be on your list?
4. Nobody brings a casserole for these losses. What has it been like to grieve something the world doesn't recognize as a loss?
5. She writes about the body keeping score — a jaw clenched so hard it caused a toothache. Where does your grief show up physically?
6. Christina learned grief young, through her sister Miki's death. How did what you already knew about grief shape how you met this one?

CHAPTER FOUR

Who Am I Now?

1. “Overcome. Become. Flourish.” She had built a life around that idea, and then it stopped being true in the way it had been. What identity did you build before, and what happened to it?
2. She was named Arizona's Mother of the Year and described having her “healthiest year ever” just before diagnosis. What does that irony bring up for you?

3. Try the beginning of the “I Am ___” work quietly, on paper: I feel... / I’m struggling with... / I’m doing my best with... Share only what you want to.
4. Self-acceptance, she writes, “often happens in moments, not all at once.” When have you had one of those moments? What made it possible?
5. Who do other people still think you are? How far is that from who you actually are now?
6. What’s one thing about yourself that you’ve stopped fighting?

CHAPTER FIVE

It’s Not Over When They Say You’re Done

1. “You’re done.” Who said it to you, and what did it feel like to hear?
2. “Nobody told me that the finish line is just the starting line for a completely different race.” What did nobody tell you?
3. She writes about B.C. and A.D. — Before Cancer, After Diagnosis. Where’s the dividing line in your own story? What’s on each side of it?
4. When the appointments thinned out and the meal trains stopped, what did that quiet feel like?
5. She describes relearning her own body — numbness, scars, lymphedema, a body that no longer answers the way it used to. What have you had to relearn?
6. Is there someone in your life who still thinks this ended when treatment ended? What would you want them to understand?

CHAPTER SIX

Build Your Team and Trust Yourself

1. Christina writes that you are the only person on your medical team who is on it full time. Has that been true for you? When did you realize it?
2. When have you had to fight to be believed? What did that take out of you?
3. She made life-altering decisions in survival mode — genetic testing, surgery, reconstruction — while barely able to think. What decision did you make in that state? How do you feel about it now?
4. Her knowledge may have spared her sister an unnecessary surgery. Has what you learned changed anything for someone in your family?
5. Who is on your team — medical and otherwise? Is anyone missing?
6. What’s a question you wish you had asked, or asked sooner?

CHAPTER SEVEN**When Cancer Becomes Chronic**

1. Symptoms dismissed as “just chemo aftereffects.” Have your ongoing symptoms been taken seriously? What has that been like?
2. Christina names the grief of never getting “better” — a loss with no endpoint. How is that different from the grief of treatment itself?
3. It took her friend Theresa connecting the dots to get answers. Who has seen something in you that the system missed?
4. This chapter may not be everyone’s experience. If chronic illness isn’t part of your story, what did reading it help you understand about someone whose it is?
5. What do you wish people understood about invisible illness?
6. How do you decide what you can do on a given day? What does that cost you?

CHAPTER EIGHT**FEEL What You Feel**

1. Christina’s method: name the emotion out loud, let it fill your body, remind yourself it’s just an emotion, then lean back far enough to see it isn’t you. Have you tried anything like this? What happened?
2. The pink cape, the “I Got This” shirt, smiling in chemo photos. “I wore inspiration like armor... but it wasn’t the same as healing.” Where have you worn the mask? Who were you wearing it for?
3. The emotional roller coaster — and the question: why do we always insist on riding roller coasters in the singles line? Why do you think we push people away exactly when we need them?
4. Sometimes anger sits on top of another emotion — fear, grief, hurt, helplessness. Sometimes anger is simply anger. What does yours seem to be telling you?
5. On her six-year cancer anniversary, OJ climbed a mountain, and she stayed in bed. She was happy for him. And she was devastated. Where do you hold two things at once like that?
6. “Feeling is healing.” Do you believe that? What makes it hard to believe?

CHAPTER NINE**Breast Cancer Is Never an Individual Diagnosis**

1. Cancer ripples through everyone. Who in your family was changed by yours, in ways you’re only now seeing?

2. Christina's family kept silent during her mother's illness, and she chose to break it with her own children. What did your family do? What would you do differently?
3. Each of her children reacted differently. If you have children, how did each of them carry it? Did anyone surprise you?
4. For caregivers and family members in the room: what was the hardest about the role you played? What did nobody ask you about?
5. What did you decide to share publicly, and what did you keep private? How did you choose?
6. Is there a conversation with someone you love that you still haven't had?

CHAPTER TEN

Hormones Matter

1. Forced surgical menopause at forty-four, and a gynecologist who suggested turning on a fan. Where has your experience been minimized like that?
2. Christina argues that hormones affect mental and emotional health, and that this gets dismissed. Has anyone connected those dots for you?
3. She has a history of postpartum depression, PTSD, and PMDD, and reads her cancer experience through that. What earlier history shapes how you've experienced this?
4. What did you have to learn on your own because no one told you?
5. Where do you still need to advocate for yourself, and what's stopping you?
6. If you could say one thing to the provider who dismissed you, what would it be?

CHAPTER ELEVEN

Healing Is Possible

1. Two months of feeling okay. Scuba diving on her fiftieth birthday, the water easing her symptoms. When did you last feel like yourself, even briefly?
2. She writes about hope as something dangerous. Why is hope risky? What does it cost when it doesn't hold?
3. Healing is not the same as cure. What would healing look like for you, if it didn't require your body to cooperate?
4. Then the spiral back. How do you survive the returns — the flare, the scan, the bad stretch after a good one?
5. What small thing has genuinely helped that you didn't expect to?

6. Where are you finding meaning now — not the tidy kind, the real kind?

CHAPTER TWELVE

When Cancer Changes You, You Can't Go Back

1. Cancer as disruption, not interruption. An interruption pauses your life; a disruption ends one and starts another. Which was it for you?
2. Seven years on, she still isn't back to seeing clients. What have you not gotten back? Have you stopped waiting for it?
3. Try the integration prompt on paper: I am still _____. I am becoming _____. Share one, both, or neither.
4. "You are allowed to miss who you were. And you are allowed to welcome who you've become. Both can be true." Which half of that sentence is harder for you?
5. What would you tell yourself on the day you were diagnosed — knowing you can't spare her any of it?
6. Did cancer change or give you anything you value now, even though you never would have chosen how it came? It's also okay if your answer is no.

Closing questions

For your final meeting.

1. What's different about how you see your own story now, compared to the first meeting?
2. Was there a chapter you resisted? What do you think that was about?
3. Christina says she doesn't have all the answers — that she's still discovering many of them herself. Did that make the book easier or harder to trust?
4. Who in your life needs this book? What would you tell them about it?
5. What's one small thing you want to do differently, starting this week? Not a plan. One thing.

Two exercises you can do together

The Loss Timeline. Draw a line across a page. Mark diagnosis. Then mark every loss since — the obvious ones and the quiet ones. Body, work, friendships, plans, certainty, the version of yourself you'd been building. You don't have to share the page. Just make it. Most people are surprised by how long it gets, and there's relief in seeing it laid out instead of carrying it loose.

I am still ___ / I am becoming ___. Each person writes three of each. Go around the room and read one of each aloud, if you want to. This one works best at the last meeting, and it's a good note to end on.

Downloadable versions of both, and the other exercises from the book, are free at ReluctantWarrior.org/worksheets.

A Gentle Reminder

If you cried more than you talked, that's okay.

If you skipped questions, skipped chapters, or missed a meeting because you simply couldn't do it that day, that's okay, too.

There is no "right" way to do this.

And if you're still struggling long after everyone around you seems to think you should have moved on, you are not behind.

Healing isn't a finish line. It isn't the same as cure. And it doesn't require you to become who you were before.

Take what helps. Leave what doesn't. Feel what you feel. And please — don't ride this roller coaster in the singles line.

Reluctant Warrior: A Memoir & Breast Cancer Emotional Survival Guide by Dr. Christina Hibbert, PsyD — clinical psychologist, speaker, and mother of six.

Free downloadable exercises, reader resources, and more at ReluctantWarrior.org

This guide offers companionship and lived experience, not medical or psychological advice. If you're struggling, please reach out to a physician or therapist who knows your history.