



Double trouble

When bi-lateral surgery is the only option

Losing one breast is traumatic enough, but what if you need to have bilateral surgery? We talk to women who have had both breasts removed about the decisions they faced and how their lives have changed as a result.

“I feel I look more like a shop window dummy than a woman” **Sue Foster**

Television presenter Sally Taylor’s mother died of breast cancer in her 30s. When Sally found a lump in her own breast, she elected for bilateral surgery on the advice of her surgeon. “I was faced with radical surgery and I did not want to have to go through that

twice,” she told Amoena Life in 2002. “I wanted to get the worst over with and get on with my life.”

Some women, like Sally, choose to have both breasts removed as a preventative measure, while for others there is no choice – either because cancer has occurred in their remaining breast following an earlier mastectomy, or because it is found in both breasts simultaneously. And although it only happens to a tiny percentage of women, bilateral surgery brings with it a unique range of issues, both practical and emotional.

But what exactly do we mean by the term ‘bilateral mastectomy’? You would be forgiven for thinking that it would involve identical types of operation on both sides, with neat, matching scars, leaving your chest looking rather like that of a pre-pubescent child. However, it’s not always that simple. Different types of surgery may be needed – for example, if there is cancer in one breast and not in the other, or if the breasts are removed at different times and by different surgeons.

Take two!

Women who choose to have both breasts removed do so for a variety of reasons. For many, it’s to reduce the risk of contracting breast cancer in the first place.

Research released in June 2005 by Cancer Research UK found that an astonishing one in five women would consider having a double mastectomy to prevent breast cancer if they were at high risk. But it’s important to establish what is meant by ‘high risk’ in this context. It doesn’t mean you’re at high risk simply because you’re a woman, or even if you’ve already had cancer in one breast. Prophylactic (preventative) mastectomy, is usually only offered to the small (under 10%) but significant group of women who are genetically more likely to develop breast cancer.

In February 2004, *The Times* reported the results of an extensive study which found

that women who carry the BRCA1 or BRCA2 gene, which greatly increases the risk of breast cancer, can cut their chance of developing the disease by approximately 90% by undergoing a preventative double mastectomy. With this kind of evidence we can expect to see more bilateral surgery recommended to women in that specific group.

But this is still not an easy decision to take, because in many instances these women have completely healthy breasts. It's bad enough to lose a breast when you know you've got cancer, but to lose them both when there is no trace of the disease – just the threat that they are carrying a potentially fatal gene – is particularly tough. This was the case for Daphne, 40, who had a family history of the disease and decided to have bilateral surgery in 2003. "I watched my mother die from breast cancer aged just 37, and my sister developed the disease at 32. I wanted to be around to see my children grow up, so I decided to have both my breasts removed – although I had no trace of breast cancer," she says. Daphne's chances of developing breast cancer are now the same as those of any other woman. "Despite the medical evidence in favour of prophylactic surgery, taking that decision was incredibly difficult, and it's still hard for me not to feel jealous when I see women with perfect breasts wearing bikinis or strappy tops. But then I look at my children and I know I did the right thing."

As most women who have surgery for genetic reasons are in the younger age-group, they are almost always offered reconstruction at the same time as surgery. We asked consultant plastic surgeon, Elaine Sassoon, whether it is easier to achieve a good cosmetic result if both breasts are being reconstructed rather than just one. "With implants, it is often difficult to get symmetry if you reconstruct on one side, because you are trying to balance something artificial with something natural. "Implants work better on smaller breasts – up to, say, a C or D cup. But you do get a younger, firmer look and this is not suitable for all women," says Elaine. Another downside with implants is the number of further procedures a woman will need in her lifetime, as implants only last between five and 15 years.

"For a more natural look, and for women with larger breasts, it is better to use their own tissue, although the operations that involve muscle as well as fat – for instance, the Lat Flap, where muscle is taken from the upper back – can result in a slight weakness. Probably the best result is with the perforator flap operations, where fat, not muscle, is taken from the tummy or the buttock crease to create the new breasts. The advantage is that it is your own fat and it will age with you. However, microsurgical skills are required, and there is the possibility of failure."

Elaine, who is chairman of the Breast Special Interest Group of BAPS (the British Association of Plastic Surgeons), believes it is important for women to have a choice. "There isn't one operation for everybody, and the advantage of being able to do all of them is that you can give the patient a choice, not just based on what you can or can't do, but on what is right for them. They can choose to go up or down in size, and we can achieve good symmetry with bilateral reconstruction. And, importantly, women can then start to take control of the process, and turn negatives into positives."

I did it my way

While the genetic link is the deciding factor for some women, others want to have

both breasts removed for alternative reasons. However, surgeons are often reluctant to offer this type of surgery to women who simply want to be more balanced, or who believe that by removing their remaining, healthy, breast following a diagnosis they will reduce their chances of another brush with the disease.

When Christine Hazell had to have a right mastectomy, aged 60, she requested bilateral surgery for two reasons: "I wanted to feel 'balanced' when bra-less (I am a 38C so it is noticeable when I don't wear a bra). Also it was always very important to me to feel free when not at work and I always pulled my bra off as soon as I got home." Christine's surgeon, however, likened her request to "asking to be mutilated" and said that his team did not undertake such surgery. Christine says she felt that his stance was non-negotiable and he was not open to further discussion.

With hindsight, she wishes she had raised bilateral surgery with other members of her medical team. "At the time I did not feel assertive enough." Now, she is adamant in her advice to other women: "Don't accept one opinion on an issue that you don't feel satisfied with – talk to others in the medical team," she says.

Hazel Elliott was a lot luckier. She insisted on bilateral surgery after a diagnosis of cancer in her right breast five years ago, when she had just retired and was loving her life of newly found freedom. Although she was offered chemotherapy to reduce the tumour, then a lumpectomy, Hazel refused because both her mother and grandmother had died of breast cancer. "I asked for a bilateral mastectomy," says Hazel. "My consultant was horrified and tried his best to dissuade me but finally agreed when he saw how adamant I was."

She had reconstruction in November 2001, with implants which were expanded gradually with saline injections. Although this was more painful than her original mastectomy, she is pleased with the results. "My breasts are not as perfect as I had hoped for, but I don't have to wear a bra and at the age of 65 that can't be bad," she says. "I have never regretted my decision and each year when I have my check-up my consultant and I have a good laugh with the nurses, when he recalls I was like a recalcitrant child saying 'it's all or nothing'."

Hazel says she felt more in control of her treatment because she made the decision to have a bilateral mastectomy herself. To women in similar circumstances, her advice is: "Go for it. It's the best thing you can do."

No way out

For some women, there is no choice. Cancer is found in both breasts and bilateral surgery is the only option. Very little is known about how or why breast cancer might occur in both breasts at the same time. One type that is sometimes found in both breasts is invasive lobular breast cancer, which affects about 10 to 15% of all women with the disease. It can occur at any age, but more commonly affects women in the 45-55 year age group. While it is generally no more serious than other types of breast cancer, there is also a slightly greater risk that if it occurs in one breast it may also occur in the opposite breast at a later date.

Valerie Irvin was diagnosed with lobular cancer in both breasts in 1998, aged 47. She had a bilateral mastectomy and reconstruction with implants, and was happy with the

results. However, three years later the cancer returned on both sides in the scar tissue. “I had to have the reconstruction removed, which meant coping with losing my breasts for the second time,” she says.

Valerie feels the most challenging thing for women who have bilateral surgery is the feeling of isolation. “Because my lymph nodes were removed on both sides, I do not have a ‘good’ side, and all advice is given as though you have a good arm to compensate for any difficulties with the operated side.”

Sue Foster also finds that there is very limited information for women who have bilateral surgery. “All the leaflets on lymphoedema, for instance, talk about using the ‘non-risk’ side of the body, which, of course, I don’t have.” Sue was diagnosed in February 2005 with tumours in both breasts and, aged 47, she had a double mastectomy in early March.

At the time of her diagnosis, Sue was distraught. “My medical team were surprised I had so many tumours at such a young age, and couldn’t offer any explanation as I had no family history of breast cancer. Diagnosis of breast cancer is devastating in any case, but you feel that it’s much more serious and you have a greater chance of dying when you have it in both breasts.”

Sue suffers from lymphoedema on her left side, and finds it difficult to do a lot of the things she once took for granted. Now, however, she has adjusted to her situation, and is even relieved that she had both breasts removed. “Having to have a bilateral mastectomy is a life-changing experience, especially at the age of 47. But I truly feel that if I’d had the choice I still would have had both breasts removed. That means there isn’t the fear of getting it in the other breast. I am more balanced. I can choose whether to wear my breast forms and I haven’t the constant reminder of ‘normal’ times. In fact, after only five months, I find it hard to remember what owning a pair of breasts was like!”

Despite her current struggle to cope with chemotherapy and come to terms with her new lack of breasts, Sue says she doesn’t think she’s worse off than women who have only had one breast removed. “Having been in hospital with women who had one breast removed I began to think that they were worse off than me. It must be awful to look down and see one normal breast, which is a constant reminder of how things used to be.”

Never say never

For every woman who has had breast cancer, the biggest fear must be that it will return, either recurring at the site of the mastectomy or a new primary cancer developing in the remaining breast. A further mastectomy may then be unavoidable.

This affects different women in different ways. “For me it wasn’t so bad the second time around. I felt better able to cope when cancer was diagnosed in my remaining breast because I knew what to expect,” says Emma Wilton. “Having beaten cancer once, I felt confident that I could do so again.” But not everyone feels so confident. “I found it much harder to cope with recurrence,” says Daisy Bloch. “I felt as though I could never beat the disease because it could strike again at any time. Just as I got used to the loss of one breast I learnt that I had to lose the other.” For these women it

can seem that the final outward symbol of their femininity is being taken away.

Following a left mastectomy aged just 35 in 1997, cancerous cells were found in Julie Facey's right breast in January 2000. She decided there and then to request a double reconstruction at the same time as her second mastectomy. "I knew I would be too afraid to have another operation later," she says. "It was fear that had always stopped me going ahead with reconstruction before."

After the operation, her consultant told her he had found cancer forming again on her left side. "To be honest I found that really difficult to deal with, as I thought once I had the mastectomy that would have stopped it. For a while I really felt that it had taken a hold and would not be stopped." She later found out that her cancer was hormone-related, and was advised to have her ovaries removed too.

Julie is pleased with her reconstruction. "Although I felt terrible on discovering that the cancer had also returned to the original site of surgery, eventually I felt it was almost a blessing in disguise, as I have ended up far happier with my shape!"

How do I look?

But surely in a breast-obsessed society, suddenly finding yourself flat-chested can be a huge emotional blow – not to mention the practical challenge? "I've obviously had to change the way I dress," says Sue Foster. "I had to throw away all my plunge bras. I have to be careful with necklines and make sure I have a secure bra on to keep my breast forms in place."

Although now she's recovering her positive attitude, Sue admits it's difficult to feel confident in her appearance: "It affected me tremendously," she says. "I have always had a bad body image and, coupled with the loss of hair from chemotherapy, I have very little confidence. I don't want to buy any new clothes as I fear the changing room mirrors."

But it wasn't only her wardrobe that suffered. "The saddest thing is that my man friend of three years could not cope with the scars and having to look at them, and left me for a woman who has breasts and hair! This has left me battered and bruised, with very low self-esteem. I feel I look more like a shop window dummy than a woman. However, I like to think that these things are temporary, and hopefully I will find a partner with a little more compassion and understanding."

Getting back to, and sometimes even improving on, the way you looked when clothed before your diagnosis is obviously a major step towards feeling good about yourself again. But are women who have had bilateral surgery faced with more challenges than those who have only had one breast removed? "I certainly have more problems keeping my breast forms in place now I have to wear two", says Daisy. "Sometimes my bra seems to sit too high on my chest, and I'm continually having to yank it down."

We asked Loretta Pitt, sales director at Amoena, for her advice on achieving a natural and balanced look. "The first and most important thing is to make absolutely sure you are wearing the right band size of bra," she says. "Following bilateral surgery, women often wear a bra band size that is far too small, thinking that having it very tight will help it stay in position once there is no breast tissue to anchor the bra in

place. But if the band size is too small, the shoulder straps will also be too small, so every time you raise your arms the band will be pulled upwards.

“Also, if the band of the bra is too small, the cups will be in the wrong position on the body, so the breasts will appear to be in the middle of your chest. For a realistic effect, you need good separation between the breasts.

“Once you have found the right bra, fitting your breast forms is much easier, and of course your breast care nurse will advise you on the breast forms that are right for you,” continues Loretta. “However, I would advise that a woman who has had bilateral surgery should be fitted with asymmetrical breast forms, because this will give a distinct left and right shape, which will help rebuild the part of the breast that is missing – particularly under the arm – and give good separation.”

Weight is often a consideration when you’ve had bilateral surgery – particularly for those with a larger bust. “I completely understand why women would think that a lightweight breast form would be better in these circumstances, but lightweight breast forms will often aggravate the problem of riding up,” says Loretta.

In these cases she believes that a self-supporting breast form, such as Amoena’s Contact, is the best option. “Designed with a tacky adhesive surface on the back that sticks directly to your skin, this type of breast form won’t slip or move, whatever you’re doing,” explains Loretta. “And, because weight is distributed evenly across your chest wall, as opposed to being held away from the body in the cup of the bra, they feel lighter which of course is an important consideration for women who have to wear two breast forms.”

Sue had always wanted to try a self-supporting breast form, but as she has very sensitive skin she had been wary of giving it a go. “Since my surgery I have been wearing standard forms by a different manufacturer, and they tend to get slimy and move about – particularly in hot weather,” she says. “When Amoena suggested I try Contacts for my make-over I was concerned about how my skin would react, but it hasn’t been a problem at all.” Sue has been wearing Contact breast forms for two months and is delighted with them: “The difference is fantastic. They don’t feel so heavy and I have a great shape. But best of all they really do stay put.”

And finally, a word of caution: size *does* matter! You could be forgiven for thinking that now would be the time to downsize if you were always rather big-busted and perhaps fancy a more streamlined look. Or perhaps you’ve always been jealous of Jordan! But Loretta thinks it’s best to stay close to your natural shape: “You should really stay within the limitations of your weight and body frame. You can look like a typical English pear shape if your breasts appear too small. Or you can find all your friends and family asking if you’ve gained weight if you go for the bigger-breasted look, which can be rather ‘mumsy’ on a smaller frame.”

Twice blessed?

Breast cancer is devastating and life-changing, whether you experience it in one breast or both. And as we’ve seen, some women who undergo bilateral mastectomy do so not because they have contracted the disease in both breasts, but for reasons of comfort and balance, or because they feel that their chances of survival will be

greater if they opt for prophylactic surgery.

But whatever the reasons for undergoing bilateral mastectomy, it does have implications and present challenges that are sometimes different from those experienced by women who have had one breast removed – whether it's the loss of the last bastion of your femininity or the challenge of keeping your breast forms in place.

But all of the women we spoke to when researching this article felt that in opting for a procedure that would reduce their chances of contracting breast cancer they had chosen wisely. "My breasts were beautiful and I was proud of them," said Emma Wilton. "But once I found out that I was likely to develop cancer in one or both, they came to represent a death sentence hanging over me. Since my surgery I have been able to put the threat of breast cancer out of my mind and get on with my life, and when I'm dressed no-one would know I've had bilateral mastectomy. In fact, people keep telling me how well I look!"

Bilateral bras for every occasion

Don't be limited in choice because you've had bilateral surgery

It used to be true that women who had undergone breast surgery were limited in their choice of lingerie, and the choice of bras with bilateral pockets was particularly narrow: "All the bilateral bras were very matronly," bewails Sue. However, things are improving, says Rhoda White. "Manufacturers are recognising the need to supply products that will be suitable for all breast operated women – whether they have had a single mastectomy, bilateral surgery or breast reconstruction. Amoena's new bras are now being offered with multi-option pockets. The pocket is made from a very fine fabric which is shaped to fit inside the cup of the bra like an additional lining. The great advantage of this is that pockets can be fitted in both sides, but the bra is suitable whether you are looking for a bra with one pocket, two pockets or no pockets at all."

Amoena's swimwear has always been available with this type of pocket. "And our great new strappy vest tops and dresses all have this option," says Rhoda.

This seems like such a simple solution, it's a wonder no-one has thought of it before. "We had to wait for technology to catch up with women's needs," Rhoda explains. "Now we have access to a fabric that combines breathe-ability with strength and a fine, lightweight weave." It's a development that will be welcomed by all women who've had bilateral surgery. "It's great to see Amoena introducing all its new styles with bilateral pockets," says Sue. "It can be so depressing to look through catalogues and find a style you like, only to see you can't wear it because it has a single pocket. You feel as if you are the odd one out."



my life. your life. their life.
taking on
the atlantic

Having a goal can help in the recovery process after breast cancer, often spurring you on to do things that you've planned but just not got round to achieving.

Here Christine Diment explains how her determination to sail across the Atlantic helped her to get breast cancer into perspective.

It was a year ago on a cold, bleak February day that I heard the words from the consultant breast surgeon at the hospital: "I'm afraid the biopsy shows that you have breast cancer and a mastectomy will be necessary."

I did not freeze or feel faint or want to burst into tears of despair, as I had often read about. Instead I just sat looking into my specialist's face. She was speaking quietly and gently. A pneumatic drill rattled and vibrated on the pavement outside as a team of men carried out road repairs. It all seemed so matter-of-fact – as if I was being told that I had flu.

Everyone has their own vivid memories of how they were first given the news that they had cancer; how they reacted, how they felt the world slipping from under their feet, or how they walked out onto the street in a daze. I was no different, but when I saw my breast care nurse a few days later to discuss the implications of a mastectomy and the choice of whether to have reconstruction or not, I found myself discussing the topic of sailing across the Atlantic. This had always been an ambition of mine, and when my breast care nurse said that I wouldn't be able to sail for at least eight months, I did feel that my future was slipping away from me.

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I had been told that a mastectomy and breast reconstruction was a major operation and that it would take several months to recover from it. This was indeed the case but as the weeks went by and Spring approached, the days lengthened, the sun began to shine in my world again and I realised how important it is to have a plan and some incentive. I still wanted the adventure and challenge of sailing across the Atlantic and there was no reason why I should not achieve it. Admittedly there were the low days, the bad days, the sickness, the hot flushes from the tamoxifen but there was the promise of being able to do something different and I didn't want to let my husband down. We decided to start planning for the Atlantic crossing and as the summer approached I would often wake up at night worrying about the prospect. I knew that it was going to take at least three weeks and I was worried that I might get half way across and not be able to cope with it. When mid-Atlantic in a small yacht, there is no chance to change one's mind. I had to commit myself to it.

It took us twenty three days to cross the Atlantic in our 27ft yacht, and when I woke up and went on deck after a fairly tortuous night watch on the 9th December, it was thrilling to see the island of Kingo on the distant horizon and to know that we had made it. I had the combined feelings of relief, achievement and pride. It had not been 'plain sailing'. There had been some very demanding days when the weather was particularly bad and I headed how one night we had been caught in the midst of a huge electric storm with thunder, lightning, powerful rain and strong wind that lasted for eight hours into a night that was black with an endless boiling sea. As we were topped up on our small boat as I ready a washing machine and I was thrown across the cockpit, I thought to myself, "Well, I am not going to die of cancer but will probably be struck by lightning and die at sea instead."

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But just six months after my surgery, I was on board our boat, setting sail across the English Channel for the coast of France. As I saw the outline of the Channel Islands disappearing from view and I stared across the expanse of calm, windless sea, I felt sick as a wave of heat flooded through my body. I tried to winch in the mainsail gently. There was hardly any wind and no effort was required but I found it painful. I was used to the sea and rarely suffered from sea-sickness but here I was, only a couple of hours on the boat and I was feeling queasy, lethargic and not up to it. I now wondered if this had been the right decision and if it was going to be too difficult to achieve.

It took us twenty three days to cross the Atlantic in our 37ft yacht, and when I woke up and went on deck after a fairly tortuous night-watch on the 9th December, it was thrilling see the island of Antigua on the distant horizon and to know that we had made it. I had the combined feelings of relief, achievement and pride. It had not all been “plain sailing”. There had been some very demanding days when the weather was particularly bad, and I recalled how one night we had been caught in the midst of a huge electric storm with thunder, lightning, torrential rain and strong wind that lasted for eight hours into a night that was black with an endless boiling sea. As we were tossed around in our small boat as if inside a washing machine and I was thrown across the cock-pit, I thought to myself, “Well, I am not going to die of cancer but will probably be struck by lightning and die at sea instead.” But, like all things, I got through it and the reward was to see Antigua rising out of a deep sapphire sea with warm sunshine and fluffy white clouds against a blue sky.

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My Hero

I suppose that some people might call me a “Carer”. I have a problem with that because it implies that the person who is suffering from cancer is not a “Carer”! My wife Anne is simply the most caring person I know. She is no doormat, but throughout our 30 years of married life, she has always considered my son and me before herself. We have moved frequently with my job, but at no time has she been anything other than totally supportive, even though it meant making new circles of friends over and over again. She is marvellous and it just seems so unfair that she should have cancer.

We first found out in May. We had just got back from a fabulous holiday in Slovenia. Anne had suffered an unexplained total paralysis almost two years before and as we arrived home from holiday she said that she felt at last back to normal after a long period of convalescence. Our elation didn't last long. Amongst all the waiting mail was a letter asking Anne for recall following a routine mammogram. I am an optimist and wasn't unduly concerned at that stage, as six years before Anne had a recall and it turned out to be a false alarm. I suppose that I thought this would turn out to be another false alarm.

The sister at the hospital was great – cuddly and understanding and we felt reassured. Anne lay on the couch whilst the doctor was fiddling about with a

Meccano kit of gear wheels and bits of mechanical engineering. It seemed to me that she assembled a horrific instrument of torture and used it to take a biopsy sample. She suggested that the ominously dark patch that we had seen on the ultrasound computer screen was a tumour and that we should arrange to see the surgeon as soon as the biopsy results were known.

The meeting with the surgeon two weeks later was not easy. A date was set for the surgery, which we were told was to be a wide local incision. Anne was very keen not to lose her breast (mainly for me) but I just wanted to be sure that she was going to live. This was one of the worst times for Anne and we had lots of tears and some anger. I felt at a loss to know how to reassure her. I was made redundant about two years ago, but every cloud has its silver lining and being a self employed consultant meant that I could choose to spend more time with Anne so at least I could do the practical things like looking after the home and meals. I really admire those people who have to be supportive and hold down a job at the same time without the flexibility that I had.

Anne lost a lot of weight at that time, not through the cancer, but through worry. It's a scary experience because although Anne was not physically very different, one day she was fine and the next day the only difference was that we knew she had cancer, and we were both far from "fine".

The day of surgery arrived. Anne had been doing the "mind over matter" thinking and was hoping that the tumour had shrunk – but it hadn't. Before the main surgery, Anne had to have a wire inserted into her chest to locate the tumour because it was not easy for the surgeon to find. She came back to the ward looking like Zebedee with wires bouncing around from her chest! Subsequently the operation went well and Anne was returned to the ward saying that she felt as though she had had a couple of glasses of sherry. It seemed to me that it was more like a couple of bottles!

About a week later we had to return to Kilmarnock for a consultation with the surgeon. It was the agony and the ecstasy. The operation had gone well. Anne had some lymph nodes removed during the operation and the great news was that the cancer had not spread to the lymph nodes. The surgeon told us that no one dies of breast cancer – the problem is if it gets out of the breast. The not-so-good news was that the lumps that had been removed still had malignant cells at the edge and so it was possible that not all the cancer had been removed. This meant returning for another operation called a "cavity scrape".

We both knew that if this was not successful, she would have to lose her breast. But now Anne was quite resigned to that if it meant the difference between life and death. Anne was in a great frame of mind for this second procedure. She was a seasoned campaigner now. By good luck she was allocated a single room and so I was able to be with her from breakfast time to supper. She said that if it hadn't been for the operation it was like being in a hotel!

Within ten days we knew that the second operation had been a success and had the good news that Anne would only require radiotherapy and not chemotherapy. Who would have thought six months before that Anne would be viewing the prospect of radiotherapy as good news?

The end of radiotherapy was a great milestone and despite a madly itching patch of radiation “sunburn”, Anne was in a terrific and positive frame of mind. She still has a mixture of “good days” and “not so good days”, but she had come through the worst experience of our lives still fighting.

In the book by Eleanor H Porter, the lead character Polyanna claimed that there is always something to be glad about. I’m not glad that Anne has had the cancer, but I certainly am glad that she’s alive – she is nothing less than my hero.

Simon P

In Contact

Do you have a story you'd like to share or some words of encouragement for other readers? Send your letters and photographs for inclusion in Amoena Life to: Rhoda White, Editor, Amoena (UK) Ltd, FREEPOST, Eastleigh, Hampshire, SO53 4BJ or e-mail agrhwh@amoena.com

More research needed for younger women

I am a 36-year-old doctor. I was diagnosed with a high grade stage 2 (lump 2.3cm) breast carcinoma after having a simple left mastectomy in September 2004. I had only the sentinel lymph node removed which was negative for cancer, but had FEC chemotherapy as a precaution as further node sampling was not done at that time. I have not had to have radiotherapy.

The diagnosis was a complete shock as I had no family history that I knew of, and no risk factors for breast cancer. Psychologically the diagnosis has been confusing. My coping mechanism has been to deal with my cancer with my “work head” and be quite objective and factual about it. Day to day I have tried to be as normal as possible and I am constantly pushing for each next step of my treatment so that if I remain clear I can get on with a “normal” life as quickly as possible. Physically I am more upset with the weight I have gained (nearly a stone since diagnosis) than the mastectomy. I have found that I have also lost muscle tone and am unable to exercise to the level I used to manage. Even now I am back at work I find I still gain weight more easily, possibly as a result of changing hormones after chemotherapy.

I recently requested your magazine while browsing on the internet for swimwear for my summer holiday. I have found it really enjoyable and comforting. I have been particularly lucky to stumble on your article aimed at pre-menopausal women. I agree with the comments of women in your magazine that it is frustrating that research is not so interested in younger women.

Like most, if not all cancer sufferers, I have looked at so many aspects of my lifestyle, looking for some reason why it may have happened to me. In my history, I have taken tetracycline and roaccutane for acne. Tetracycline has recently been used to switch the Myc gene on and off in rats in cancer research. I also had mastitis in my left breast in the upper outer quadrant where my cancer was found – currently not believed to be related although I have met two other young women with the same story. With the relatively small number of younger women affected by breast cancer, any information which may help find causes for their disease or at least identify women who may be at increased risk would be useful. None of my past medical history has been asked about or recorded anywhere other than my old GP notes. I realise that it is likely that neither of these two pieces of information is at all related, but without a proper database it is difficult to establish trends.

Thank you very much for your magazine. It is an informative and interesting publication which also manages to be easy to read. It is good to feel less alone: I also loved the real life models you used to advertise your products and have ordered the Dahlia swimsuit after seeing it on Pauline Polley.

Thank you again for a real lift to my day.

Emma C

Still loving life

Twelve months ago I was fund-raising for breast cancer; something other women had – not me. A routine scan in August followed by a mastectomy in November came as a great shock.

Anyway, thanks to your comprehensive supply of special clothing and most helpful staff on the telephone, I am getting on with life, back to work full time. I felt so relaxed in my swimsuit and swimform that I intend to try a Contact breast form soon.

I am 61 years young and love the strappy vest top. Please make it in pastel colours as it is a winner.

Mrs Suzette P

Tears of joy

Firstly, thank you for publishing my previous letter in your magazine. A few months later an old friend of mine dragged me along to Purley Way Cancer Centre. That first day, I cried all the time, but the people that came over to talk to me, or just hold me, had all had cancer. I had always been able to paint, so I went to the art table. Two other ladies were in the same boat as me and knew what I was talking about. So every week off I went to my art, until one Thursday I found myself really looking forward to going and now I am helping teach art to the rest of the group.

For my birthday my husband bought me some golf clubs so that we'd have something we can "do together". My only handicap is that I cannot hit that ball. And, wait for it, I've also started line dancing. But the best news is I am off my anti-depressants – they were my crutch, but it's me that makes me better.

If you hadn't printed my letter I would never have received all the cards and letters from ladies telling me they felt the same and I was not alone – the prayers and loving, caring words made me cry once again, but this time they were tears of joy. Thank you all for taking the time to write to me. And as for you Amoena, your magazine is a lifeline to ladies like me – so on behalf of us all a special thanks.

Janet R

Taking control makes me feel better

I have really benefited from reading your magazine. I was diagnosed with breast cancer in September 2004. I have a fast growing cancer and had a lumpectomy and 2 tumours were removed. The cancer had also spread to my lymph nodes and the affected nodes were removed too. I was asked to go on a clinical trial to improve my chances and was accepted on the full Tango trial. I had 12 chemotherapy sessions and after a 6 week gap started radiotherapy for 23 treatments.

I was shocked but not surprised by the diagnosis as I had felt unwell and 'out of step' for much of the previous year. I am a self-employed antique dealer and 52 years old. I have a wonderful life, I love my work, I have a super husband, my kids are grown up and doing well, I have good friends and love a laugh.

The enormity of the diagnosis made me want to learn how perhaps I could boost my

immune system to help fight my cancer. I never asked 'why me?'. I just got on with making a plan to get me through the surgery and the treatments over eight months. I read a book, 'Your life in your hands', by Professor Jane Plant which explores a link between dairy products and breast cancer. The book also made other suggestions, i.e. eating organic produce to eliminate pesticides in the body. I was determined to help my doctors help me and I discussed changes I wanted to make with my darling husband, who listened and then got on with taking over the shopping and cooking, buying organic fruit and vegetables.

I also felt very troubled and frightened at the beginning, and decided to try acupuncture to calm me. It has helped me stay calm and focused on getting well and has also helped me to sleep. It has also helped with the hot flushes I've been getting. I just felt that my poor body needed all the help it could get to fight the cancer. There are no guarantees in this life and I don't know if I'm helping myself, but I feel and look well. I haven't been able to work during the treatment as I needed all my strength to get through the chemo and now the radiotherapy but I'm never bored. I walk and read and go out into the countryside or walk by the sea. I just endeavour to stay upbeat and well for my husband to help him cope with what has happened to us. He is the most tremendous support and I love him to bits. Whether the changes I have made will help me fight cancer....well as I said there are no guarantees but I feel better just having some control over my life.

Sheila N

Contact is great!

I must congratulate you on the Contact breast form. I received mine two weeks ago and it has totally transformed my dress sense. For someone of my age (38) it is wonderful to be able to wear strappy tops and "standard" bras again. So many thanks. It's great to find a company that actually has something for the younger woman and your magazine has been a godsend.

Jayne S

has your life been turned upside down by breast cancer?

When breast cancer strikes, it's easy to feel as if you're on a high-speed ride and you can't get off. So much seems to be outside of your control, and your emotions are all over the place. While one minute you might feel overjoyed to have made it through surgery, the next you could find yourself feeling **angry**, **terrified** or **resentful**.



In this report, **Christina Relf** looks at some of the feelings you may encounter, and turns to the experts for their advice on regaining a sense of balance.

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Emotional Rollercoaster

Has breast cancer turned your life upside down?

When breast cancer strikes, it's easy to feel as if you're on a high-speed ride and you can't get off. So much seems to be outside of your control, and your emotions are all over the place. While one minute you might feel overjoyed to have made it through surgery, the next you could find yourself feeling angry, terrified or resentful. In this report, Christina Relf looks at some of the feelings you may encounter, and turns to the experts for their advice on regaining a sense of balance.

Emotionally as well as physically, breast cancer is a massive shock to the system. And that's why, whether it's at the time of

diagnosis, after surgery, or even when you've been given the all-clear, at some point you could find yourself having to deal with thoughts and feelings that are confusing and uncomfortable.

Often your feelings will surprise you – particularly if you usually keep your emotions under firm control. “I found myself wondering why on earth I was so angry,” said Amoena Life reader Brenda C. “Breast cancer runs in my family, so in many ways my diagnosis was expected. But I was unprepared for the strength of my reaction.”

Many women try to stifle these feelings and pretend that everything is OK. But very often they won't go away. It's important not to deny your feelings, no matter how confusing or out of character, says American psychotherapist and author, Ronnie Kaye. “Logic and feelings come from two different sides of the brain, and feelings have their own language,” says Ronnie. “There is *always* a reason for what you feel. The real problem is that you are unfamiliar with the feelings that are normal for people going through this kind of crisis.

“One of the least helpful things for a woman to hear when she is going through the emotional ups and downs of a breast cancer diagnosis is ‘you shouldn't feel that way’. People who criticise your feelings or try to get you to change them do it because they feel helpless or afraid,” continues Ronnie. “Not even someone who has had breast cancer can judge your feelings, because no two people will go through any experience in exactly the same way. Whether you are in the midst of crisis or not, you need people in your life who are willing to understand and help you to accept your feelings as normal. Reassure family and friends that they are not responsible for fixing your feelings. You just need them to listen and try to understand.”

Why me?

For most women, a diagnosis of cancer comes like a bolt from the blue. They simply can't believe it has happened to them, and they constantly ask themselves why. Ronnie Kaye says this is entirely understandable. "Human beings have a powerful urge to know why things happen, especially when they happen to us. First, if there is an understandable reason, we have an easier time accepting the challenge we are facing. Things make sense, order reigns, and life is fair. Second, we believe that knowing why something happened gives us some control. In the case of breast cancer, we tell ourselves that if we know why it happened in the first place, we can keep it from happening again. The truth is that we still don't really know what causes breast cancer and we don't yet know how to prevent it. This is not a situation we can control."

Ronnie suggests letting go of *Why me?* And asking other questions instead. "You might begin with *Why not me?* Even if you have done everything right, it's important to understand that the highest risk factor for breast cancer is simply being a woman. Even though you may not find this particularly reassuring, at least you can stop wondering whether God has singled you out because of something you did wrong. Remember, breast cancer is a diagnosis, not a punishment.

"The next question to ask yourself is *What can I learn?* The moment you begin to look at your breast cancer experience as an opportunity to learn and to grow, you stop being a helpless victim. You are back in control because you can choose to transform this unwanted and unexpected event into something that can in some way enrich your life.

"Here are just a few of the lessons women I have worked with have learned from breast cancer: appreciating every moment in life; knowing what is really important and rearranging priorities; no longer postponing the things they really want to do; saying *no* more often to things they really don't want to do; finding strengths they never knew they had and becoming more compassionate.

"This is important work, and many women benefit from support along the way. If you join a support group, you will find that other members of the group have been wrestling with the same issues. That can be very reassuring, and it's always good to know that you are not alone. It can also be valuable to get some individual counselling or therapy. Just make sure that the professional you choose is familiar with the emotional issues associated with a breast cancer experience."

How low can you go?

Depression, often linked to fear of recurrence, is another one that can sneak up on you. It usually hits women when they least expect it – frequently some time after their treatment has finished. Ronnie Kaye says it can surface as a kind of grief, as women lose the trust they had in the future, and just can't believe it's worth trying to regain the life they lived before breast cancer. Holidays, trips or just getting back into an exercise regime can seem completely pointless. "Cancer is often people's very first confrontation with their own mortality," says Ronnie. "The great challenge for them is how to live fully without guarantees. One thing you must understand is that you never had any guarantees. You only thought you did. Every human being is born mortal

and vulnerable. In fact, we are even vulnerable in the womb. Isn't it interesting how so many people in our culture go through life acting as though mortality is correct in theory but doesn't apply to them personally? I call this 'healthy denial', and it makes perfect sense to me. After all, it's easy to see how spending every single day being painfully aware that anything could happen at any time might have a very negative impact on a person's quality of life. Being diagnosed with a disease that is potentially life-threatening can really drag people out of that state of denial. The truth is that breast cancer did not make you mortal. It only made you *aware* of your mortality."

Ronnie advises that there are many things you can do to get back into life. First remind yourself that we are all in the same boat – even those people who have never been diagnosed with cancer. "We are all at risk just because we are alive. Next time you find yourself dragging your feet about planning a trip or exercising, ask yourself 'What if I live?' Wouldn't it be tragic to waste the next 40 years waiting to see if cancer comes back to spoil your plans?"

Even if you don't really feel like it right now, the next step is to start making some commitments. "Plan something not too far in the future – perhaps just a month or two from now," says Ronnie. "Then gradually make your plans further into the future. Consider making plans with assorted end-points – one at six months, one at a year, and one at five years. When it comes to exercise, buddy up with a friend until you have a routine going. The truth is that no matter how long you live, being in good shape will offer you a better quality of life."

Grrr!

When they are first diagnosed, many women react with anger. "I simply felt that this should not be happening to me," says Melanie G. "I was only 43, I kept myself healthy and active, I was not overweight, and I had breastfed both my children. In truth, I was livid and desperately wanted to find someone to blame."

Anger can have many causes. Ronnie Kaye says that if you are committed to resolving your anger, you should bear in mind that (1) feelings always make sense, (2) feelings can be changed, and (3) it's easier to change a feeling if you understand what has caused it.

"As a first step, ask yourself who you're angry at – God (or fate), yourself, or the system," says Ronnie. "Some people believe that all things in life should be fair and that God operates according to the human concept of justice. In other words, if people are good, only good things will happen to them. When something bad happens, it offends their sense of justice. They feel outraged that God would dare to behave in such a way. Often, resolving this kind of anger involves a willingness to explore the nature and meaning of crisis in human life. If you would rather not try this on your own, you might consider working with an experienced counsellor, therapist, or spiritual guide.

"Then there are people who believe that they are personally responsible for their breast cancer diagnosis. They may look back at the past and condemn themselves for any number of things, like not handling stress well, not eating properly, or not exercising. They are angry at themselves. If you have been faulting yourself for your diagnosis, here are two things you may need to be reminded of. First, people don't

purposely do things that will create breast cancer. They just do the best they can in life. Second, as of today, we still don't know what causes breast cancer, and we don't know how to prevent it. The most unproductive thing to do when you are diagnosed with breast cancer is to blame yourself. The best thing you can do is take advantage of any new insights that arise from this experience, and use them to make the changes that will make life better in the future.

“Finally, there are some people who believe that breast cancer should have been eradicated by now. They blame society for not caring enough about women's diseases. They wonder why exploring space is a priority, while saving lives and curing cancer seem less important. They resent the way the government allocates funds, and argue that there are too few pounds being spent on cancer research. They are frustrated at the red tape they encounter in their medical care. They are angry at the system. If this seems to account for your anger, here is something to think about. Anger is just energy. In its present state, yours has nowhere to go. It becomes 'helpless' rage, and produces only negative effects – on you and those around you. Imagine how powerful you could be if you were able to harness that energy in the service of change.”

Ronnie advocates becoming involved in trying to help other women with the disease and one of the best ways of doing this is to help raise money for breast cancer-related charities.

Finally, says Ronnie, “Anger can mask other feelings like grief, hurt, fear and depression. It can also be an indication that old, unresolved issues are surfacing. If you have tried everything I've suggested here and still can't get a handle on your anger, please consider some professional help. You don't have to do this alone.”

Leave me alone!

Often, women are the emotional centre of the family, the one to whom everyone turns when they need a shoulder to cry on, the one who organises everything and provides much-needed stability. If this sounds like you, don't be surprised if suddenly you no longer have the patience you used to have, and you're no longer interested in solving everyone else's problems! This isn't unusual when you find yourself having to refocus your attention onto your *own* problems – but it can be difficult to deal with the guilt that such an unexpected turnaround can provoke.

So what can you do if you suddenly resent being the strong one, the 'sane' one, or the one who always puts others first? Ronnie Kaye has some sound advice: “People who are suddenly confronted with a life-threatening illness often find that their thinking changes in many ways. First, they realise that because life is unpredictable and finite, it is also very precious. They are determined to use their time well, and resent wasting it on 'trivial' problems – their own or someone else's. Second, they often re-examine their priorities, shifting their focus away from the things that once seemed important, and moving into a new awareness of what really matters in life.

“If you're the sort of person whose family and friends have been relying on you until now, you're probably a pretty empathic person. The fact that you might now feel so impatient doesn't mean you have lost that empathy. It may mean, however, that right at this moment you find it difficult to relate to problems that aren't somehow

connected with survival. My guess is that if you got a call tomorrow from someone who was just diagnosed with a life-threatening illness, had a death in the family, or was dealing with a total financial collapse, you would have a great deal of patience. To you, these problems would probably seem real and important. On the other hand, you might resent focusing a lot of attention on someone who is complaining because the plumber didn't show up."

Although you might be ready to relinquish the role of CPSO (Chief Problem-Solving Officer), how do you deal with the problem without hurting people? "I almost always recommend telling the truth," says Ronnie. "In this case, the truth is *not* that you find their problems to be trivial. It is simply that you are still dealing with the 'fall-out' from your cancer experience and you are unable to be the kind of listener they need right now. Tell them you love them and add your vote of confidence in their ability to find their own solutions. If you are consistent, by the time they realise that you have stepped down as CPSO, they may already have found other ways to deal with the vicissitudes of life. Just make sure that any new relationships you form include a real feeling of mutuality. It's only okay for other people to lean on you occasionally if you are confident that, when it's necessary, you can also lean on them."

Feelings are not actions

But what about those other feelings – the guilty, resentful ones that surface once the euphoria of the post-mastectomy or all-clear phase passes? Many women find it difficult to even admit to these feelings: "It might seem OK to be angry or frightened," says Katie J. "But I was besieged with envy every time I saw a woman with a cleavage, or someone who seemed healthy and untroubled. I resented seeing other women enjoying time with their children while I was worrying about my next hospital appointment because I thought they were so much better off than I was."

Ronnie Kaye emphasises that bad thoughts or feelings don't make you a bad person. "Unfortunately, some women assume that if they can feel envy, resentment, impatience, or any other negative emotions, it means they are not good people. Feelings simply represent communications from within. They are pieces of information, but they do not determine action. You always have a choice about how you act. Remember, we are judged by our actions, not by our feelings."

Let's face it, we all feel more than a twinge of jealousy when we hear or read about people who've won millions on the Lottery. But we don't *really* hate them. It's only natural to want to be well, to want to be successful or beautiful. We are born to strive and survive – it's a basic instinct – and these feelings help to drive us forward in life. Don't blame yourself for negative thoughts. Try instead to accept them as a natural part of the process of emotional recovery.

The big anti-climax

The day when you can say you've conquered cancer should surely be one of the best in your life. But many women find that the end of their treatment leaves them feeling strangely adrift. "I had been counting the days to my last chemo session," says Sandra E. "Once I'd been told my treatment was complete, I thought I'd be over the moon. But actually I felt strangely empty. Somehow being 'signed off' by the hospital was the opposite of being set free. I felt alone – almost as if I'd been

abandoned.”

Ronnie Kaye believes it's wrong to expect that you'll automatically feel great once your treatment is over. “Emotional recovery from a breast cancer experience often extends beyond the end of treatment, and can sometimes take many months or even years,” she says. “If you think about it, this makes a lot of sense. Here's how it works.

“When a woman is diagnosed with breast cancer, there are all kinds of issues which can come up; for example, old hurts and unresolved issues from the past; fears about death and dying; concerns about body image and sexuality; or a lack of trust in the future. When treatment is difficult and demanding, all these issues are put on the back burner temporarily. We may not even realise that this is happening. It is almost as if we each have an inner guardian who decides just how much we can handle at any given time. Getting through treatment becomes the primary focus, just as it should be. The problem is that those issues don't disappear. They just wait for an opportune time, and then they surface again. Now that treatment is over, there are no more distractions.

“The first thing to do is to get clear about what your issues really are. You can do this by meditating, keeping a journal or speaking with a friend or a counsellor. Once you have identified the problems, you can take the appropriate actions. At the most obvious level, you may be feeling unprotected because you are no longer in active treatment. For many women, that is a big adjustment, and time tends to take care of that. You may need to grieve for old or current losses. You may need to repair a relationship or communicate your honest feelings to some of the people in your life. You may find that your spirituality is a bit shaky and needs some upgrading. No two people learn exactly the same lessons from their breast cancer experiences. However, everyone has the ability to turn this challenge into an opportunity to learn and to grow.

“The most important thing for you to remember is that there is no time-line for emotional recovery. It takes as long as it takes. As long as you are moving in the right direction, just be patient. If you find yourself stuck, find a good counsellor, therapist, spiritual advisor or support group to help you work through your issues. If you do the work, you will certainly reap the rewards.”

Sometimes, however, it isn't immediately after finishing treatment, but many years later that anxiety can strike. “You need to understand exactly what you are going through, and why you are going through it at this point in time,” says Ronnie. If you were very proactive during diagnosis and treatment, and particularly if you felt you recovered well emotionally, it won't make sense to you that feelings of vulnerability, fear and loss have surfaced again. However, this is actually a perfect example of how the mind works.

“The mind has a very interesting filing system, which we call *memory*,” explains Ronnie. “When we recall an event, we often think in terms of factual details – where we were, what we were doing, who was with us. But the mind also files the emotions that were wrapped around each event. Imagine that your mind, in response to your breast cancer experience, created a file drawer labelled ‘Life Threatening Events’ and placed a multitude of details inside – the names of your doctors, the treatments you had, and so forth. In addition, your mind stored feelings of fear and vulnerability,

hopelessness and helplessness, anger and sadness, and anything else you may have felt along the way, in the same drawer. As you worked your way through the experience, feelings of vulnerability and loss of control began to fade and you were able to face life with more confidence. Eventually, you were able to close the drawer.

“Now, several years later, you are experiencing what I call an ‘emotional re-run’. A set of familiar feelings are resurfacing. The mind, which is always looking for ways to explain what we feel, searches through the file cabinet, finds the drawer that holds your breast cancer experience, compares your current feelings to the ones in the drawer, and says, ‘Aha! The feelings are almost identical. Therefore, this must be about breast cancer!’ But that is not necessarily true. It is very important to ask what triggered the emotional reaction you are having. What is happening now to evoke feelings similar to the ones you had at the time of your treatment?”

“There are many possible triggers – the anniversary of your diagnosis, a programme you saw on TV, a newspaper article, the illness or death of someone you know, or just some casual remark you overheard that touches off a feeling of vulnerability.

“Once you have identified the trigger, there are three questions you might ask yourself. First, is there anything left over from your breast cancer experience that still must be completed? Sometimes, inner work gets done in stages, and this may be an opportunity to resolve an issue that was not addressed years ago. Second, what can you do about the current situation? Being proactive, being willing to take some action, is the natural and most sensible antidote to the feeling of helplessness. Third, could you use some support? If the feelings that have come up for you lately are interfering with your ability to live life fully, you might benefit from some counselling or therapy.”

The power within

If you're currently riding the emotional rollercoaster and have begun to feel rather queasy, you're probably desperate for a way to get back onto firm ground. Perhaps you're ready for an emotional health-check but, like many women, don't know who to turn to, or fear that you couldn't afford the luxury of a personal counsellor or psychotherapist.

This is why many hospitals and cancer professionals in the UK have welcomed the approach taken by clinical hypnotherapist Michael Mahoney. Using his many years' experience in helping women to deal with the psychological effects of breast cancer, he has produced a CD that helps women to understand why they feel the way they do, and how they can empower themselves to regain a sense of integration and control.

“Understandably, the medical profession's main focus is treatment of the disease of the body. But I have found increasing numbers of ladies coming to see me three months or longer after successful completion of their medical treatment, clearly defining the problem of emotional healing lagging well behind the physical,” says Michael.

In his experience, a woman's family can often adopt a ‘snap out of it’ attitude once she is physically recovered. “Though supportive during the ordeal of chemotherapy,

radiation, etc., they cannot come to grips with the emotional reactions of their wife or mother whom they now see as being perhaps excessive in dwelling on what was in the past.”

So what is the answer? “After working with breast cancer survivors for many years, I found that there were common threads to my patients’ healing needs,” says Michael. “Emotional feelings of powerlessness, unstable future expectations, lack of understanding from family members, general weepiness, coming to terms with what they have been through, relationships with their spouse, etc., remained long after they were physically ‘healed’.”

Michael set out to restore this balance of self through clinical hypnotherapy sessions. “These ladies were once ‘whole’ prior to the cancer diagnosis, and had a base feeling of what that was like,” he says. “The distinction between that previous feeling of well-being and the post-recovery feeling of ambiguity had to be addressed. By working with the subconscious mind, these women were able to restore feelings of optimism, restored balance of thought and total healing, and this gave them back the power of ‘self’.”

However, Michael found that women were often coming to him as a last resort. “Many women in this situation cannot bring themselves to seek out treatment – especially if they are working, and the emotional breakdown seems to come so much later that it almost seems removed from their illness. It takes much courage to attend support groups, and the very feeling of not being in control may keep them from getting the support they need, not to mention the cost. The beauty of the CD is that women can do the programme in the privacy of their own home, with no appointments to keep and without the worry of what others may say. It fills a very large need.”

A wake-up call?

Michael Mahoney’s exhortation to recognise that the moment we’re in is where life is certainly resonates for all of us – not just breast cancer survivors. We are so busy regretting or reliving the past, fearing or planning the future, that we forget to live in the ‘now’. Whoever it was that said “life is what happens while you’re busy making other plans” definitely had a point.

Often, though, we feel as though we need *practical* advice – things we can actually do, buy or apply – to help us change our lives. But with emotional problems the solution really does lie within. Try to remember that, like everything else, good and bad, this will pass. No feelings can last forever – certainly not at a high intensity.

Give yourself back some control. Feeling hopeless and helpless – as though you’ve lost control over your life – is natural, but no-one really takes away your power over yourself when they give you a diagnosis of cancer. It’s easy to feel like a child when you’re ill, expecting the doctors and experts to make everything right. But if you hand over all control then you risk remaining in a helpless, childlike state. You can choose to regain control by treating your medical team as experts who can give you information, although it’s up to you to decide what to do with it.

Face the fear and do it anyway. Often it’s fear itself that we’re afraid of. And sometimes it’s better to look fear in the face. Says Ronnie Kaye: “Vulnerability is

simply a fact of life for all human beings, not just for cancer survivors. No matter whether we live 90 more days or 90 more years, we cannot lose and cancer cannot win as long as we live our lives as fully as possible and refuse to give up our ability to love and our capacity for joy.”

You *can* choose how you feel, how you react and respond to situations. Perhaps you can start by simply being aware of that. It's a bit like reacting in a certain way every time you lose a parking space, or every time the children bring mud on their shoes from the garden and trample it all over your carpets. No-one expects you to be thrilled, but since you're going to have to find somewhere else to park/clean up the mess or get them to clean it up, you can at least choose whether to swear, shout and fume, or simply to let it pass.

None of this is easy to achieve. But it's almost certainly better to change your thoughts and reactions in a way that will help you cope with cancer, than hem yourself in with pain and fear. As one Amoena Life reader said: “Once you have come through breast cancer, you have a better appreciation of what life has to offer. I began to count my blessings, to live each moment at a time. I changed my diet and began an exercise programme. I took more time to be with my children. I now feel healthier and more fulfilled than I ever had before. I can honestly say I value life more, and I don't let little things get to me as I used to do. I have been blessed.”

Further information

Spinning Straw into Gold: Your Emotional Recovery from Breast Cancer

By Ronnie Kaye

Publisher: Simon & Schuster Books, ISBN: 0671701649, Price £7.99

Available from www.amazon.co.uk

Breast Cancer Inspiration CD – an aid to emotional recovery after Breast Cancer

Michael Mahoney, Guardian Medical Centre, Guardian Street, Warrington, Cheshire, WA5 1UD [See page 45 for further information]

Tel: 01925 629899

Email: info@breastcancercd.co.uk

Web: www.breastcancercd.co.uk

For further information on support groups and counselling contact

Breast Cancer Care

Kiln House, 210 New Kings Road, London, SW6 4NZ

Tel: 0808 800 6000

Web: www.breastcancercare.org.uk

real dilemma is that these change on a daily basis, so none of us knows exactly what path will lead us to good health or safer living conditions. All we really seem to know is that even the “experts” don’t have a clue.

I dreamed the other night that I was caught up in the latest headlines. I began my day with a shot of wheat grass, followed by a side of bacon. I tried to remember if anti-oxidants were a good or bad thing and opted for cutting all of my vitamins in half. I drank them with tap water I’d boiled because I wasn’t sure if bottled water really is safer. Then I worried a bit about whether I’d used an aluminium pan. I figured if the news were true, I’d forget to worry soon, because the aluminium would give me Alzheimer’s. Part way through my forty minute work-out, I remembered that there was some “new thinking” on just how much exercise we need, so I decided to pick up my tongue and head for home.

I spent time honouring my inner child, acknowledging my emerging woman, and trying to fit into an old pair of jeans. (I must say my inner child would have had a better chance.) At about the time I was pondering just how much sleep is good for us, I woke up. Not only was I exhausted, but I felt like my brain had been in a blender.

Here I was having a hard enough time just worrying about all of the conflicting news regarding breast cancer. What genius decided we need this vast array of mind-numbing information? I’m inclined to believe that the news we are being fed has much more to do with why we overeat than the foods we are consuming. I’d be willing to bet that if those skinny rats were given our steady diet of bad, scary, conflicting and confusing news... they’d be as portly as me in no time!