



Reconstruction - Do I, Don't I?

Would you choose reconstruction? In the first of a series of articles on the pros and cons, Christina Relf talks to some women who took the plunge – and some who didn't.

These days, many women who undergo a mastectomy are offered reconstruction. To the uninitiated, this may sound like a simple 'boob job' of

the type allegedly popular with models and actresses. Closer investigation reveals that reconstruction usually attempts to build a new breast using a woman's living body tissue, and is a lengthy and complicated procedure sometimes requiring several separate operations.

A matter of personal choice

For almost any woman the thought of losing a breast is disturbing, and it is not unreasonable to be concerned about the changes you will have to make to the way you dress and to your lifestyle, or to feel that the loss of a breast may be a threat to your femininity and body-image. A mastectomy scar may remind you of the cancer you once had, while reconstruction can help to make you feel whole again.

Reconstruction is not about vanity, it's about helping you to feel good about your body, and helping you to feel positive about life after mastectomy.

However, while the surgery involved in mastectomy is undertaken for medical and often life-saving reasons, the elective surgery involved in reconstruction is a strictly personal choice. And it's not a decision to be taken lightly or without being fully aware of the options and the possible complications. It is important to remember that a reconstructed breast can never be like your own natural breast, although it can restore a natural appearance in clothes, swimwear and even underwear.

According to CancerBACUP up to half of all women having a mastectomy, who are offered further surgery, choose to have breast reconstruction, either at the time or afterwards. So whether you decide to go for it or not, you won't be alone. Most women are eligible for reconstruction. Those who undergo a lumpectomy may still expect to lose quite a lot of tissue, and reconstruction is also available to them. And if you had your mastectomy many years ago, when reconstruction was not available, you can probably still opt to have it now.

There's no right or wrong decision

How important is your bust to you? Some women feel that they never placed much emphasis on their breasts anyway, and prefer to forgo the additional surgery. Other women want to feel that they have two breasts, even after mastectomy. Age is not necessarily an indicator of whether a woman will or won't opt for reconstruction.

There is simply no right or wrong decision – it's a very personal choice and the reasons behind it are yours and yours alone.

So how do you decide whether breast reconstruction is right for you? First, you will

need to talk to your breast care nurse or oncologist, or ask to be referred to a plastic surgeon with appropriate experience. They will explain the different types of surgery available, as well as advising you on what would be best in your particular case. Then you need to think about your expectations. What do you think you will achieve by opting for reconstruction?

Reconstruction: the benefits*

- your appearance will be similar to what it was before mastectomy
- without clothes, you may feel better with a permanent breast mound restoring your natural shape
- it can help restore your self-confidence and feelings of femininity, attractiveness and sexuality

Reconstruction: the limitations

- it will not restore precisely the breast appearance and shape you once had
- your new breast will lack the sensitivity of your natural breast
- symmetry cannot always be guaranteed and some women need 2 or 3 operations to get a good match.

* (adapted from the CancerBACUP booklet: Understanding Breast Reconstruction)

Do your homework

If you decide that you want to pursue the idea of reconstruction, ask your surgeon to show you photographs of reconstructions that he or she has carried out, so that you can adjust your expectations. It's also a good idea to try and talk to other women who have had reconstruction and who may be happy to show you what it really looks like. It's at this point that some women opt out: "I realised that reconstruction could never restore my pert, pretty breasts to what they used to be," says Amoena Life reader Julie Thatcher, "so I knew I would only be disappointed." However, some feel that the results achieved by other women are as close to perfect as they can reasonably expect, and are keen to proceed: "I just knew I couldn't face life with only one breast. Reconstruction was the only way for me," says Anna Beech.

When to have reconstruction is another consideration. Some doctors prefer to carry out reconstruction at the same time as breast cancer surgery. In this case, the plastic surgeon works alongside the cancer surgeon and performs the operation directly after your mastectomy. You wake up with a new breast, and you don't have to cope with the prospect of more surgery later.

On the other hand, some doctors prefer patients to wait a year or more after having a breast removed before undergoing reconstructive surgery. There are several reasons for this. Some patients may not be ready to make a decision about reconstruction while they are coping with the trauma of learning that they have breast cancer. And for women who have been advised to have chemotherapy and radiotherapy immediately after their initial surgery, a delay might be advisable. There may also be other health conditions that could complicate reconstruction, like obesity, high blood pressure or diabetes.

How is it done?

There are two main types of breast reconstruction: reconstruction using an implant of some kind, and 'tissue flap' reconstruction, in which muscle and skin from your back

or abdomen is transplanted to the chest to form the reconstructed breast. The first involves a less complicated surgical procedure, but is only really suitable for women with small breasts. The second involves major surgery and a longer recovery time. Both may require more than one operation.

Women are also encouraged to consider surgery on their remaining breast, where applicable, to ensure a more even match. This may mean surgery to enlarge, reduce or lift. For many it offers a 'new and even better pair of breasts' – although of course it means more hospitalisation, more surgery and more scars. In some cases it may be necessary to remove and reposition the nipple, which can lead to reduction or loss of sensation.

It is also possible to have a nipple reconstructed, and this is usually done some time after breast reconstruction has healed and settled into its final shape and position.

In our next article on reconstruction will be discussing the procedures available in much more detail, and talking to readers who have experienced them.

Still on the fence?

It's a lot to take in, and at a time when you may feel particularly vulnerable. If you're still unsure after all your research, listen to the experiences of some of our readers.

Bouncing back

Pauline Polley, 41 was in two minds about reconstruction. "It wasn't an option when I had my mastectomy in 2001 because I needed quite extensive radiotherapy," she explains. "I had more or less convinced myself that I didn't want the extra hassle, when I saw my friend's reconstruction. I think it makes such a difference to see it in the flesh – it's much better than looking at photographs. I thought hers was fantastic, so I decided to have mine done."

Pauline had a Lat flap reconstruction (where a flap of skin and muscle is transferred from the latissimus dorsi muscle on the upper back, to the chest), plus an implant. Subsequently she had her remaining breast reduced, and at the same time the surgeon created a new nipple using tissue from her existing nipple. Pauline is very pleased with the results. "It's nice to wake up in the morning and just put on your bra, or perhaps no bra at all. It makes me feel more whole, more feminine. Before my reconstruction I didn't like what I saw in the mirror. Now I have scars, but they will fade, and I look in the mirror and think 'that's better'."

Jayne Chappell knew she wanted reconstruction, but was advised by her surgeon to wait until her mastectomy had settled down. She had the operation two years later and is delighted with her Lat flap which, like Pauline's, included an implant and a reduction of her other breast. "Having quite a large bust, I found it a nuisance having to wear a prosthesis – it was quite heavy and it would have been very obvious if I'd gone without it. Reconstruction has made me feel like my old self again. When I was diagnosed I was very fit, and when I was trying to get back to my aerobics and swimming I did find the prosthesis a bit of a drawback. It's so much easier since my reconstruction. Also, using a prosthesis means you can never forget you've had cancer. Now I can forget about it – indeed I never even think about it."

Cath Bellerby, 43, hated the way she looked undressed after her mastectomy.

“Although I could accept it, I didn’t want to remain like that, and when offered reconstruction one year later I didn’t hesitate.” Her consultant advised her that the TRAM flap (where a flap of skin and muscle is transferred from the transverse rectus abdominis muscle in the abdomen, to the chest) would give her the best shape: “It didn’t involve an implant, which I didn’t want, and the bonus was the tummy tuck,” she says. Now Cath feels that she is back to the way she was before the cancer and she is not reminded of it each day. “I’m so used to the way I look now, I don’t even think about it. Also I’ve got a brilliant flat tummy, and I now have a small cleavage which helps me to feel feminine.”

Feeling feminine, feeling whole, and looking as good as possible were quite understandably key influencing factors for these women. Jane MacKenzie, 48, also hated not having a breast, and decided to have an Abdominal Free Flap reconstruction 20 months after her mastectomy. When asked how she feels about her body now, Jane is philosophical. Like other women who have undergone reconstruction, she now knows what a major undertaking it is. “If I’m perfectly honest I don’t think I realised what a huge operation this is and although I can say, hand on heart, that I don’t regret having it done, it hasn’t turned out quite as I had imagined from looking at photographs in the breast reconstruction booklets.

“I have pronounced scarring on my stomach and breast, and still feel a tightness and discomfort across my reconstructed side most of the time. My other breast was reduced and lifted at the same time, which I am very pleased with. My shape in clothes is excellent, which at the end of the day is partly why I had it done in the first place.”

Judith Baron, 49, opted for an immediate reconstruction. She thought she would regret it if she didn’t have it done, she couldn’t face the idea of having no boobs and, she says, “I was naïve enough to think I’d soon be back at work.”

Opting for a TRAM flap because it was the only one her surgeon specialised in, Judith sums up her post-reconstruction feeling as disappointment. “The boob is hard and often aches. The nipple reconstruction failed straight away and although he put a ‘tuck’ in the other breast to make the height the same, it wasn’t very successful. Apart from the discomfort, I think it’s the lack of symmetry I dislike most. Also my new navel is very high and off centre.”

Judith admits she feels uncomfortable about her body now. “My body shaped changed immediately after surgery – apart from the boob, I had a lump under my chest and a larger waist. There was a hard area over my abdomen and for two years I couldn’t easily wear trousers with a firm waistband because it would catch in my ‘new’ tummy button. Also the new breast isn’t a good shape and it’s hard. Overall, I no longer feel attractive and have totally lost my confidence.”

While they are relatively rare, stories like this only go to confirm the conviction of the women who decide that breast reconstruction is not for them.

Just say no!

As soon as Rosemary Oakley had been diagnosed with breast cancer, as far as she was concerned she had already lost her breast. “I used to place a flannel over it in the bath – it was already alien to me and I just knew I wanted it gone,” she explains.

So adamant was she that even though she only needed a lumpectomy, she requested a full mastectomy.

Rosemary decided at a very early stage that reconstruction was not for her. “I had cancer, and I got rid of it. I am content to be as I am. I’m grateful to be alive,” she says. “I accept the way I look, and so does my husband. We’ve been together 40 years, and after all that time you accept each other in sickness and in health. When I have my clothes on, I think I look as good as anyone who has had reconstruction. Also, I didn’t fancy the scarring, the long operations and the recuperation. Now all I want is to get on with my life. We’re not here for long – I just want to enjoy myself.”

When Lesley Russell was diagnosed with breast cancer in August 2001, reconstruction was pushed and pushed. “I had to be quite strong not to take it,” she says. “I asked them to show me some pictures of women who *hadn’t* opted for reconstruction, but they couldn’t! My consultant believed that I was going to change my mind, but I was adamant. I told her not to leave any extra skin – just make me neat and tidy.”

Lesley knew what she wanted but, she says, it is not easy for women to make crucial decisions at such an emotional time. “I come from a big family of girls and I reasoned that, if you consider the statistics, one of us was going to get breast cancer. So I kept myself well informed. If I was overwhelmed by my diagnosis and I went with lots of information, then I imagine a lot of women must be extremely confused. It’s not a good time to be making decisions.”

Lesley is clear about her reasons for refusing reconstruction. “I had two very equal breasts – they were symmetrical and quite pretty. The surgeon could not have offered me like for like. I would have been more upset from having a mismatch than by not having my boob at all. Also, I didn’t want any more scars on my body. And there is so much chance of infection or rejection. I wanted to get better quickly and back to my sport and lifestyle.” Lesley is delighted with her breast form and says she still wears close fitting tops, vests and t-shirts. “I have a very positive body image and am always delighted to tell any woman who will listen that I have a false breast.”

Caroline Broadbent’s original lumpectomy was in 1994, but she had a recurrence and underwent a mastectomy in 2000. “My surgeon at Guy’s was quite clear from the beginning that he didn’t recommend reconstruction at the same time.” Caroline decided to assess her feelings as time went on, and about a year ago she asked to be referred to a plastic surgeon to discuss reconstruction. “She explained that it would take two or three operations, plus probably a reduction on my remaining breast. But no surgery could take away the scar from my mastectomy, which is right on my cleavage. Although the surgeon said she would teach me how to use theatrical make-up on it, I reasoned that if I couldn’t achieve a natural-looking cleavage with reconstruction then it wasn’t worth it to me.”

Caroline is completely relaxed about wearing a breast form. “A lot of people said that a mastectomy would affect my femininity – but I say that’s rubbish,” she says. “It isn’t that good to look at, but I think it depends how vain you are. I make quite a lot of effort with my appearance, but I don’t look any different with clothes on and nobody knows if I haven’t told them.” Caroline runs a cancer charity called the Sharon Spratt Trust, named after a friend who died in 1987 with ovarian cancer. “The by-line for the

Trust is 'cancer can be OK', and I think that is what I feel – there is life after a mastectomy. It's not a bad thing – it's a very positive thing, because it can save your life." For more information about how the Sharon Spratt Trust helps cancer sufferers and their families, call Caroline on 020 7703 6619.

Claudia Downing was studying for her doctorate in psychology when she was diagnosed with breast cancer at the age of 51. Although she was offered a referral to the Royal Marsden for reconstruction, she decided that "It was enough going through the whole cancer diagnosis and mastectomy. Also I felt that I needed to know they had sorted out one problem before moving on." Because of complications with her surgery which ruled out certain types of reconstruction, Claudia was offered a TRAM flap – possibly the most complicated type of reconstruction. "I thought I would find out what it involved, so a year after the mastectomy I consulted a plastic surgeon," she says. "I was told that the operation would take at least 12 hours, with two plastic surgeons working on me, and that there would be a further three operations after that. I thought about it and decided that it wasn't going to return me to the way I was before. It would take a year out of my life at the very least, if there were no problems. I opted out."

What Claudia really wanted was to be able to wear a self-adhesive breast form to achieve a good outline in clothes. However, her breasts were large and had dropped quite a lot, so she decided to take up the offer of a reduction and uplift on her remaining breast, which would have been carried out anyway as part of the reconstruction procedure. She is very pleased with the results, and finds that the self-adhesive breast form feels more like part of herself. "You don't get the feeling that it is something alien. It is a bit like the difference between clip-on earrings and those you wear when you have pierced ears. I know I made the right choice in rejecting reconstruction," she concludes. "There are probably some people who have had a good experience with it, but I also know several people who have had instant reconstruction and have been very badly infected and had to have it removed."

The next best thing?

Like Claudia, many women feel that the extra surgery, extended recovery time, increased scarring and possibly a less than satisfactory result could be a high price to pay for a natural outline in clothes. Surely, they reason, an external breast form could produce a similar cosmetic effect?

Rhoda White, marketing manager at Amoena, explains: "A major concern for many women is that they will be limited in their choice of clothing when wearing a prosthesis, or they will be forced to wear a pocketed bra rather than the type of lingerie they've been used to. Although this can be the case with some breast forms, Amoena developed the idea of a self-supporting form to offer women a more realistic alternative to breast reconstruction."

Since introducing their first self-supporting breast form, Plus System, in 1993, Amoena have added the Contact and the newly launched Contact Light to their range. But what are the advantages?

"Self-supporting breast forms enable the prosthesis to be adhered directly to the body which automatically makes the form feel more natural," explains Rhoda. "For example, they stay in place during movement and don't fall forward when you bend

down or raise your arms in the air. They also give you more choice in the types of lingerie and clothes you can wear, which is great during the summer or party seasons, when you might want to wear strappy tops or dresses. And studies have shown that when a breast form is worn directly on the body, women do accept it more readily as part of themselves – as Claudia confirmed when she explained why she liked Contact so much.”

So far, so good. But surely not everyone can wear them? “As with surgical reconstruction, it’s important for a woman to think about her expectations because it does have its limitations. For example, Contact isn’t recommended for swimming, and may not be suitable for gym activities or in hot climates. The Plus System is great in these situations, although the stronger adhesive is not right for all women.”

But just how close can a self-supporting breast come to compensating for a natural breast? “For many women, Contact is the next best thing to reconstruction,” says Rhoda. “In some cases, for example if surgery has not been successful, it can be better than a reconstruction, because the breast form can be matched exactly to the shape and size of a woman’s remaining breast. Also, if a woman’s weight changes, a new breast form can be fitted. Another bonus is that you can keep your back or stomach muscles intact, you will have no additional scarring, and you won’t have to worry about possible health issues which have been associated with implants.

“A self-supporting breast form can also be repositioned according to the way a woman wants to wear it. It can be worn lower if she chooses to go bra-less, to match the natural droop of her remaining breast. This is an advantage over reconstruction, where breast symmetry is not always achieved.

“Although a self-supporting breast form will not give a woman her cleavage back, it does mean she can achieve just as natural an outline in close-fitting tops, swimsuits and underwear. And because they feel and respond just like a natural breast, they offer the same advantages as a reconstruction in terms of weight distribution and strain relief, which is a concern – particularly for larger-breasted women or for those suffering from lymphoedema.”

It’s up to you

For many women, there’s simply no choice – some would never consider reconstruction, while others couldn’t imagine not having it. But for most, it’s a matter of weighing up all the facts and making a tough decision at a time when emotions are high and a lot of information needs to be processed very quickly.

If you are in any doubt – take your time. Remember, reconstruction can always be considered once your mastectomy scar has healed, so you don’t have to have it done right away. And whatever you choose, make sure it’s *your* choice, not that of your consultant or partner, and not because of society’s pressures on women to look ‘perfect’. Do your homework, considering all your options and deciding what’s most important to you. And if this article has left you with lots more questions, look out for the next in the series, as we focus on specific types of reconstruction and talk to women about their different experiences – both good and bad.

Contacts

For further information on breast reconstruction, contact the organisations listed below:

Breast Cancer Care: Kiln House, 210 New Kings Road, London, SW6 4NZ Tel: 0808 800 6000 www.breastcancercare.org.uk

Life line

Sarah Fowler is a qualified life coach, NLP practitioner and hypnotherapist. She was diagnosed with breast cancer in 2002 at the age of 35, and took an active role in her recovery using a range of NLP and hypnotherapy techniques. Here she answers your questions on a range of lifestyle and emotional issues that can arise following a diagnosis of breast cancer.

If you would like to reply to Amanda's letter, or have a question you would like to ask our life coach, please write to us at: Life Line, Amoena (UK) Ltd, FREEPOST, Eastleigh, Hampshire, SO53 4BJ or e-mail: agrwhw@amoena.com. We regret that Sarah is unable to reply to your enquiries individually and is unable to answer medical or treatment queries. If you are interested in life coaching Sarah offers a thirty minute telephone session absolutely free of any cost or obligation. For further information contact Sarah on 020 8341 1155.

Breast Cancer is forcing us apart

I have had two different types of breast cancer, one in each breast. I always said I would not bother to get a reconstruction because I had seen what friends had gone through in my support group, and my doctor said it wasn't an option for me as I have a heart condition. I was quite happy at the time but when I had the operation I was unprepared for my reaction. I hate my body and I look like a man with a beer belly. It has almost wrecked my marriage of 43 years. My husband has never seen my scar and I am reluctant to let him even if he wanted to. We have grown apart and although we are still together we have lost our closeness.

My husband was a "boobs man" and I can feel him go to reach for my breasts without thinking and he doesn't know what to do; we never talk about it but it is on both our minds. I would risk my life for a reconstruction if I thought it would bring us close again. I wish my husband could be like some I have read about and accept me as I am and reassure me he still loves me, but he doesn't so we just go on in our own little worlds, both unhappy and doing nothing about it. I know my husband is concerned about the way we are because we do still love each other.

Perhaps others can share their experiences or offer me some advice.

GB

Dear GB

Undergoing a mastectomy can feel like an assault on one's femininity and result in a real sense of loss. You need time to heal emotionally and at the moment it sounds as though you feel very alone in this process. Whilst your husband's role in supporting you through the grief seems critical to you right now, trust that you have the inner resources you need to come to terms with what has happened. It sounds as though you are still reeling from the shock of the whole experience, not least seeing the results of surgery for the first time. Be gentle with yourself and accept that over time you will get used to your altered body and begin to like how you look once more.

Although it may seem to be trivialising the sense of despair that you are currently feeling, it can help to set aside thoughts about your partner's feelings at the moment and write down a goal for how *you* would like to feel about your changed body.

Imagine yourself achieving this goal and feeling sexy and attractive once again. Then brainstorm everything that will take you one step closer to this goal, for example buying pretty underwear, getting your hair cut, going to the gym or having a back massage. It might help to buy yourself some essential oils that contain properties to enhance your feelings of femininity, like jasmine, rose oil or neroli, and put a few drops into the bath. There are plenty of books about the effects of breast surgery on feelings about sexuality – Dr Susan Love addresses this subject in her book *Dr Susan Love's Breast Book*.

As for your husband, we have all read about perfect men who support their partners every step of the way but for every one of these men there are two who find it difficult to cope. Men are built differently to us and often withdraw when they find a situation hard to deal with. The chances are that he has all sorts of feelings such as fear about the future and helplessness that he does not want to burden you with. But whilst you and your husband are not talking about how the experience has affected both of you the way is laid open for misunderstandings. When you find yourself second guessing what he is thinking, use a distraction technique by pinching yourself or saying “no” very firmly. Then ask yourself some “how”, “what”, “when” questions about your husband and answer them honestly, e.g. what made your husband want to marry you, was it just your breasts? How would risking your life for a reconstruction affect both you and your husband? What things has your relationship with your husband been based upon?

Decide upon a good time to sit down and talk. Try to avoid launching the discussion with a description of how much he has upset you, as he will probably feel criticised and blamed and emotionally retreat even further away from you. Instead, focus on all of the good things about your husband and perhaps start off by saying that you appreciate how difficult the experience must have been for him (even if this is hard to do). You might want to suggest that he talks to other men about how they have come to terms with their partner's experiences – the Partner Volunteer Service at Breast Cancer Care (Tel: 0808 800 6000) offers this service. Explain to him that seeing your changed appearance will help you both to move on. It might be useful for him to see a picture of a woman who has had a mastectomy first of all, in order to reduce the fear – most men are surprised at how neat the effects of the surgery are. When you are ready to show him make sure that it's away from the bedroom, with the understanding that there's no lovemaking, so that neither of you feels pressurised to force intimacy.

And if, having taken the steps above, the gulf still feels too wide between you and your husband, consider getting some counselling for the pair of you. This isn't a sign of failure but of commitment to getting over this particular hurdle in your marriage. Trust that the love that you both have for each other still will enable you to get through this.

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

It's good to lose your inhibitions!

Two years ago, aged 40, I had a radical mastectomy, followed by chemotherapy and radiotherapy. My daughter was only seven at the time and I've been a single mum to her since she was one. I wasn't worried about my scarring, I just wanted to stay alive. I got through it with amazing support from everyone and still absolutely adore life.

I decided to be open about it so that my daughter could be free to chat when she needed to. I swim as often as possible and am discreet, but not embarrassed, about my scar in changing rooms. Two particular instances still bring a smile to my face regarding my daughter's openness and might prove supportive to others. The first was at the pool. One of her friends came with us. They scampered off to the only two available changing cubicles (you know how self conscious pre-teens can be!). When they emerged nicely changed having left me in the communal area, my daughter shouted across to me, "Mum, can Eloise see your scar, she wants to know what it looks like?"! So did many other people after that, and it became quite a talking point. One lady, who had hidden hers for 3 years, even asked to compare scars!

Secondly, during our summer holiday in Germany we decided to take a bike ride and we came through some trees straight onto a nudist swimming area. I thought my daughter would be reserved about it, but ooh no! "Come on Mum," she said. I explained that I felt a little dodgy about my one boob. Not put off she responded, "Oh come on Mum, no one's going to look!" Dilemma. She had obviously come to terms with my "one-boobedness". To support her I felt I had to go through with it! I took the plunge and it was wonderful and no-one seemed to be bothered! Believe me when you see normal people en masse in the raw, having one boob is probably the least of your worries! I'm not saying I'd make it a regular occurrence and I'm not sure how I'd have felt had any of my friends been there with their partners. But maybe we should open up more for the sake of our children, so that they can see that it's just not their mums it happens to?

I do still have one question though. Comfortable as I am in those situations, can anyone offer advice or support about when or how to tell a potential new partner about being one-boobied?! After 9 years I'm out of practice with dating, let alone anything else. Having recently met a very nice man, we're "just friends" at the moment. I've talked about having had "cancer" but not in detail, it's early days yet and I want to focus more on me as me rather than me as a cancer survivor if you know what I mean. What should I do? Telling him about my breast situation feels odd, almost too presumptuous!

Help! What would you do or have any of you done in this situation??! I'd really appreciate some feedback on this!

Dee Haddon

We are family

My sister is 15 years younger than me and was diagnosed with breast cancer aged 44 in June 2000, on the same day that we had organised a surprise birthday party for our 80-year-old mum. Her tumour was a grade 3 and she first underwent chemotherapy to reduce the size of the tumour; this was followed by a mastectomy and a course of radiotherapy.

I gave her my support through the difficult and painful times. She is now looking and feeling well and on a daily dose of tamoxifen.

In July 2002 my right breast felt a little harder than usual, but I pushed what suspicions I had to the back of my mind and went on holiday to Spain. On returning home from holiday I decided because of my sister's experience that I would look into it.

The biopsy result proved positive and I had a full mastectomy in October 2002, followed by chemotherapy and radiotherapy. Sixteen days after my operation my first grandchildren were born. Two beautiful twin girls. The children brought a lot of joy and helped me to cope with the trauma.

My husband, daughter, sons and daughters-in-law were very supportive, but it was my sister who I felt I could really turn to because we had both shared the same experience. We had some very sad days, but also some funny days.

Our mother is now 83 and it was not easy for her seeing both her daughters having breast cancer in less than 3 years. Her feelings were shown for us when on Mother's Day she sent us both beautiful bouquets of flowers. Our strength undoubtedly comes from her.

Life is good and we are both back working and enjoying ourselves. My advice would be take one step at a time, look to the future, keep busy and enjoy life.

Mrs Shirley Williams

Thanks to a much loved mum

I was very touched by a story featured in your In Contact page by a lady Rosalynd Grant. I have a similar situation.

In 1994 at the age of 31 I was diagnosed with breast cancer. I had a mastectomy followed by chemotherapy and radiotherapy. The chemotherapy made me feel very poorly, but I always had great support from my husband, sisters, dad and especially my mum. She helped me when I came home from hospital and through all of my treatment. My positive thoughts I drew from my mum and for seven years I was happy and healthy again.

But in November 2001 my mum was told she had lung cancer. We were all devastated. A few weeks later I found another lump in my remaining breast. I didn't want to give my family more added worry. But when my appointment to see the surgeon came a week later, I knew I had to tell them. My mum put her arms around me and even though she was very ill herself, she cuddled and comforted me as she always did. I had the lump and lymph nodes removed and was able to come home

from hospital on Christmas Eve and so we were able to have a family Christmas dinner which was so very special.

On the 31st January 2002 my mum died from a heart attack. The whole family was and is shattered. This same day my chemotherapy treatment was due to begin. I am devastated by my mum's death and I miss her more and more as each day passes. I cry for the gentle, kind, beautiful lady who will always be with me – "my mum".

Gill Knappy

Life's too short

My story began in June 2000 when I started getting a burning pain in my breast. Feeling where the pain was, I found a lump. At 34 I wasn't worried and I went to see my doctor. I had a referral to the hospital and went for a needle biopsy, ultra scan and local biopsy. It took several weeks to get the results, but I was told everything was OK.

Five weeks later I still had the same pains. I rang a different hospital but they wouldn't see me; I went to a mobile breast unit and a few other breast care departments but with no joy. It was now February and, following a visit to a different doctor, I was referred back to the hospital and had the same tests all over again. In April 2001 I was told I had an 18mm grade 3 tumour. I had surgery and reconstruction followed by 6 months' chemo and 25 sessions of radiotherapy.

Most people reading this will know how hard chemo is, but I managed to work on a part-time basis and still cycle as I do charity bike rides. My main problem was other people; some ignored me, which hurt. My partner found it difficult and admits he buried his head in the sand and this made us grow apart. I think this is more common than people like to admit, but we're working on it now.

People ask me if this has changed me. In some ways it hasn't, I'm still as mad as ever and I tried all the way through the treatment to be my normal self, but sometimes I felt a social outcast. You've got enough to deal with, without other people's guilt at not coping with your situation.

This experience has made me stronger, and more sensitive and caring for others. I feel at times that I found myself and I like what I see. Most days I forget that I ever had breast cancer but when I was having my treatment I couldn't even say the word cancer. Now I talk about it openly, I'm proud I survived and I can hold my head up high.

People ask me if I'm worried that my cancer will return. I was concerned, but now as the time goes on I don't worry about it. I've got too much living to do and too many places to visit. I also have a 15 year old son who means the world to me, so I'm not going anywhere. Life's too short, so I live each day as it comes and spend time with people who have stuck by me. My true friends and family were very supportive. They helped me get through this ordeal and made me feel special and loved.

W Smith

I'm fine most of the time

I am writing to thank you for the best cancer publication in existence. My mother died of breast cancer in 1994. My own DCIS was diagnosed 4 years later. I was 44 and

premenopausal. The internet sent me on a steep learning curve and I decided that my best chances of surviving to an old age would come from rejecting the lumpectomy that was on offer. I needed a mastectomy for peace of mind.

I have always been a comfortable size 14. I have a loving husband and daughter and 2 splendid step daughters. I have never been a particularly glamorous woman, so I thought that I could easily handle the left-sided mastectomy that I requested and was granted. But it was hard!

The post-operative wardrobe clearout was traumatic but vital. Out went the low necks, including my beautiful brand new red silk evening dress. It was pointless keeping anything that reminded me of former times. In came lots of new things. In too came the acceptance that one has to try on a much larger number of possible garments knowing that most will be rejects. The first bikinis and swimsuits were difficult until I discovered Amoena.

So where am I today? The answer is 90% happy. I am a special needs teacher in a large comprehensive school. Friends and work colleagues forget that I do not have the full quota of body parts. Hopefully new acquaintances haven't got a clue.

The 10% is made up partly of my crises of confidence. They still hit me sometimes and I have to count my blessings and remember my daughter's wise words, spoken when she was just 18: "You haven't lost a breast, Mum, you've lost a cancer".

Rosemary Croft

Comment

Readers share their points of view on articles featured in the last issue of Amoena Life.

Chemo's not so bad

I'm writing to thank you for your article on [chemotherapy](#). I picked up a copy of your magazine at my local hospital following my first session of chemotherapy (which I was really dreading), and it was a real comfort to read about the experiences of other women. I have now had a further two sessions and can honestly say that the side effects are nowhere near as bad as I had feared.

Thanks again for your timely article.

Joyce D

Cold cap worked for me

In March 2003, aged 56 years, I had a radical mastectomy and I am just completing 6 months' chemotherapy (epirubicin).

During the chemotherapy treatment I have used the cold cap which has been extremely successful for me. Although my hair is a little thinner and quite a bit greyer (non use of colours) I am pleased I was able to have the opportunity, thanks to the Weston Park Appeal Fund who I understand funded the purchase of the cold caps.

I am enclosing a photograph of me in the cold cap, in case other readers are not aware of what it is, or looks like (not high in the fashion stakes). As you can see it was necessary to have extra clothes and socks, even though it was summer!!

The treatment is quite uncomfortable, the cap is -32°F, and you wear the first cap for 15 minutes and the second and third caps for 45 minutes each. For about 5-10 minutes the cold is like eating an ice-cream when it hits the front of your forehead, but nothing a hot chocolate and good book won't cure, and the results are worth it.

I would like to say how your publication has helped me keep sane, reading other letters and drawing comfort from other women in the same situation.

Tricia Lawson

A change can do you good

I was diagnosed with breast cancer at the age of 48 in July 1991. I have just had my annual check up after being clear for ten years, and have been signed off by my oncologist – good news. But you never forget your past problems and I am thankful for each day. When I came off tamoxifen most of the side effects disappeared except, much to my dismay, the extra weight I had gained. Recently I have been on a diet and I am now back to my normal weight, which is a lovely feeling.

I enjoyed the article **Look at me now** on changing your image. Last year I went to a colour and style consultant because I felt I needed something to help me, but didn't know what (recent bereavement and made redundant). I had so much fun throwing out clothes I didn't wear and clothes I didn't like; starting a co-ordinated wardrobe; changing my make up, trying new colour lipsticks, etc., and colouring my hair. Spending time on myself is something I have never done before. I enjoyed it so much and have gained confidence in my appearance and in myself.

Many thanks for your wonderful magazine.

Margaret Darby

Look at me now!

I was treated to a colour consultation for my 70th birthday. My two daughters, daughter-in-law and I started out on a mystery tour – I knew not where! We met the charming lady who ran the course and we had our colours analysed individually. This was done with scarves and as she put them near our faces we could see which suited our different colourings – the result was obvious to us all.

We had advice on make-up and it has made a big difference to us all. I always carry the colour wallet she gave us in my handbag!

Elizabeth Wild

New Improved!

I have just received issue 17 of your magazine and really enjoyed reading the article **Look at me now**. Since my mastectomy in March 2002 I have been feeling really unattractive and sorry for myself. Reading your very practical advice and seeing how good your models looked has given me the incentive I need to start taking an interest in my appearance again. I am now working my way through a long list of "improvements and enhancements" and feel that a new, improved me is just around the corner. Thanks a million!

Chrissie

It's good to know I'm not alone

Feeling overwhelmed and confused, sitting in my hospital bed having just undergone

a mastectomy, I was handed two back issues of your Amoena magazine by a breast care nurse.

After a couple of days thumbing through the usual women's magazines, I decided to give your magazines a glance over. Wow, my fears, pains, thoughts and deepest emotions were spread all over these magazines by other women in the same situation. How many of you are there out there? What is this club I've unwittingly become a member of and how are you all surviving...even enjoying life, in the face of all this adversity?

I read on, not able to put the magazines down. Each article teaching me something different, whether good or bad. Although no-one has all the answers to breast cancer, a lot of questions could be discussed by reading replies to letters sent in.

When diagnosed with breast cancer, very little sinks in between diagnosis and operation. It is only afterwards you realise how unprepared you really were. Reading other women's experiences and thoughts helped me to prepare myself to handle whatever comes next.

I am now making lists of do's and don'ts. Foods to try, food to avoid, creams to help my scars, useful books to read, helpful articles to show members of the family who may feel as confused as I did. Lingerie shops to visit, new clothes to buy – my life will be so full, I'm not sure I will find time to be ill!

Janet Ashcroft



Mind over Mirror

Change the way you see yourself

After breast cancer, many women find that they lose self-esteem, believing themselves to be less loveable or somehow less important than they were before surgery. In the last article in our series on the emotional effects of the disease, we take a look at ways in which you can build up your self-confidence and start to believe in yourself again.

A woman's body image is often directly linked to the way she regards herself as a person, and many women suffer from negative self-esteem following breast cancer. Regaining self-esteem can be a

lengthy process, but a woman who has had breast cancer is still the same person she always was. She is no less loveable because she has suffered a traumatic experience or because her body has changed. It's important to re-connect with yourself – don't let the feelings of insecurity and self-doubt get the better of you. Here's how to get to grips with some of the worst offenders.

I feel a failure!

Following breast cancer, many women feel they have failed those around them in some way – whether as a mother, wife, lover, friend, daughter or worker. They feel that they won't be able to play the crucial roles they've played until now, at least not with the same energy and effectiveness, and that this will mean they'll be valued less by the people who mean the most to them.

Amoena Life reader Eraina Blackburn explains how breast cancer has affected her view of herself: "I often feel less able, less confident and sometimes a failure. I haven't got the energy I used to have and I wonder if I can ever be like I used to be – working, going to the gym, and just generally being a mum. I don't think I will ever be the same as I once was, but at the moment I'm me with cancer and I hope that soon I can just be me again."

For Caroline Owen, a loss of self-belief touched virtually every area of her life: "I have been very depressed following surgery. I don't feel attractive, physically or sexually. I have lost my self-confidence. At times I feel a failure as I had to give up a very well-paid job and only my husband works now."

Caroline is not alone in feeling less confident because her career has been affected. Sara Edgeworth was a successful businesswoman before her diagnosis, but has had to sell her company and take some time off to recover. "I felt devastated that the business I had built up over many years was going to be given over into someone else's hands. It was the loss of control that hit me first – but then I realised I was identifying myself too closely as a person with what I did for a living. I needed to realise that I am still 'me' outside of my work environment."

If you recognise any of your own reactions in what these women have told us, take heart – there are ways in which you can help yourself. To begin with, don't blame yourself for your diagnosis. Nobody knows why some people get cancer, so it isn't something you could have avoided. And remember that what you are going through is a temporary situation while your body copes with everything that has happened. During your treatment, lack of energy is your body's way of saying it needs time to recover. It's a natural way of slowing you down so that your energy is poured into the healing process. Try to focus your thoughts beyond this short-term recovery period and into the longer-term future when you will be well and your life will return to normal. In time you will regain your energy and your love of life.

Life coach Sarah Fowler, who was diagnosed with breast cancer two years ago aged 35, has this advice: "It's useful to remember that our psychological responses are not always rational. Don't allow yourself to make generalisations, be specific. If you have a negative thought, challenge it. For example, if you are thinking that you always feel stressed and that is how you brought breast cancer on, question that belief. Ask yourself when you feel most stressed, and why. If it's your work that makes you feel stressed, ask yourself whether you believe that all people with stressful work situations will get cancer. Your rational answer will probably be that they don't. So you can conclude that stress doesn't automatically lead to cancer. "

Meanwhile, don't be afraid to ask for help. In this post-feminist era, many women deeply fear losing their strength and independence. But this is a time when you need to reach out to others. Asking for help means you have recognised how important your recovery is, and that you have made it your top priority. Without the help of others, you may not be able to achieve this goal as well or as quickly as you would like.

I feel less desirable!

Feeling less desirable, and therefore less loveable, following mastectomy is not unusual. For Pam, this actually led to a relationship breakdown: "I feel very insecure and negative about myself and the way I look. I get easily upset about it and have no confidence. My relationship with my partner broke down as a direct result, and yet everything I read seems to be about women going through surgery with very supportive partners."

It is natural to worry about the impact that breast surgery will have on your sexuality and personal relationships. And it isn't simply a matter of 'will my partner still find me desirable?'. Just as often, women find themselves surprised and even angry that their partner feels the loss of their breast as keenly as they do. Bob Price is a registered nurse who, as Vice Principal for Cancer Nurse Education at the Royal Marsden Hospital, has developed education programmes in altered image body care. According to Bob, "Each of us values different body parts in different ways. And we 'share' parts of our body with our partners – even giving them nicknames! Issues of appearance are also shared. For example, a woman who cuts her long hair may receive a negative reaction from her husband – as if it was his hair, not hers.

"The principle here is that, in terms of sexuality, it is not just about how it will feel to be touched in the area where you've had surgery, or whether you will feel sexually aroused or attractive," continues Bob. "It's about getting used to the idea that

someone else has a vested interest in your breast. You may feel that you have enough work to do in coping with your own emotions, rather than trying to accommodate your partner's. Talking about your feelings is, as always, the best way to go forward, because by doing this you can re-write the rules of your physical relationship, and understand what that might mean for both partners."

Sarah Fowler warns that fear of rejection can become a self-fulfilling prophecy: "However you choose to see yourself, you will continually look for evidence around you to prove that what you think is right and will block out all awareness of evidence to the contrary. If you believe that you are unattractive and no-one will fancy you or that your relationship with your partner will be ruined because of breast cancer, then you will start to look for evidence to justify your beliefs, distorting what people say. What you can do is to recognise how you are doing that and tell yourself 'Now I am going to start looking for evidence to show that I am attractive/sexy/worthwhile.' Instead of thinking your partner is only saying you look nice in a new dress because he feels sorry for you, start to think that it is because you really *do* look good in it."

Ronnie Kaye, American psychotherapist and author of the book *Spinning Straw Into Gold: Your Emotional Recovery from Breast Cancer*, stresses that good relationships don't break up because of breast cancer. "In fact, they usually become stronger and more loving. On the other hand, *any* crisis can push a bad relationship over the edge. There is simply not enough shared commitment, love, respect, communication, and appreciation to warrant the mutual support that it takes for a couple to weather the storm."

And feeling unlovable can extend beyond your relationship with your partner. Gill Trendle explains: "I had no hair, my skin was sallow and I felt grumpy and tired. On top of that, my operation site was so sore that for a time I couldn't bear to be touched. I found it difficult to cuddle my young son or give him the attention he was used to, and was afraid that we'd lose the special bond we had." In fact, Gill's son was able to develop his relationship with his father, as they both provided the love and support that Gill so badly needed. Now, she says, "I'm back to being the mum I was before – and more!"

Other women – particularly those who are known for their bubbly personalities - fear that their friends will reject them because they feel miserable and self-absorbed. "I'd completely lost the plot," says Karen Naylor. "From being an attractive, bubbly, party girl, I became a crusty, crotchety, homebody. But my friends saw this change as a sign of how much I needed their support, and they gave it wholeheartedly."

Muriel Wade says that she, too, learnt at this time how important she was to those close to her: "Friends showered me with cards and flowers. My son said to me 'you haven't changed mum – you're still the lovely person you have always been'." Lesley Russell also found these affirmations extremely positive: "My husband and son were very supportive. Flowers were sent by all and sundry, together with loving messages from unexpected sources. An 'oddy' good time, all told!"

Now is probably the best time to discover that your loving relationships are far deeper than you ever realised – and unlike many people you have a unique opportunity to recognise this.

I feel different from other women!

It is true that feeling 'different' can increase your sense of isolation following breast cancer. This is where it is helpful to meet or find out about other women who have shared a similar experience. Whether you choose the face-to-face route, via support groups, or to be put in touch with someone who will talk to you on the phone, or perhaps reading about other women's experiences in magazines and books, it is important to realise that you are not alone. It helps to know that what you are going through – right down to some of the smallest details and incidents – is probably being experienced by someone else at this very moment.

Solid support and reassurance from those around you will help speed the recovery of your self-esteem. Partners, family members, friends and support group members can all be helpful in assisting you to live with the changed appearance of your body. It's vital that those closest to you confirm that you are still likeable, loveable and valued for simply being 'you'.

This kind of affirmation can be very powerful. For some it can be the first time they really knew that they were loved far more for who they are than for their looks. "I have always thought it is important for one's self-esteem to be well-groomed, and this hasn't changed. In fact I think it is even more important since having surgery," says Denise Harris. "But talking to others has made me realise that there are many women of all ages who have faced or are facing the same experiences. It has given me more confidence and made me realise that no matter how we are 'packaged' it is the whole of the person that is important – not just the wrapping."

Pam Parsons found that reaching out to others helped her feel less isolated: "I use an Internet support group via Breast Cancer Care, I am in contact with a lady I met on the ward, and I attend a hospital support group. It has helped me immensely to be able to share feelings and concerns, because I do keep a lot to myself. Women who have been through the same thing understand how it really is; sharing also helps you to realise what is normal and expected. We also share a great comradeship and humour."

I feel unattractive!

Losing a breast can make you feel less of a woman, because popular conceptions of women's sexuality are often focused on the breasts. These feelings can manifest themselves in spite of what husbands, partners or friends tell us: "I seem to have lost confidence and self-esteem since the surgery," says Theresa Bolton. "My husband has been brilliant and says that he still finds me very attractive, although I feel completely asexual at the moment. My family and friends say I look better than I have done for years."

It is vital to stop seeing yourself as simply defined by the way you look. As Ronnie Kaye points out: "You are not your body. You are a heart and soul. You are your ideas and your emotions, your accomplishments and your dreams. Whatever changes may have resulted from breast cancer treatment, you are much more than a body and you are whole. If some people don't see you that way, they have been blinded by society's standards. Throw out those standards because they are wrong! Trust that there are wonderful people in the world who are capable of seeing you as you really are."

Our scars are also evidence of our survival. You may look different from other women, but you can feel good about the way your body has withstood the experience and what you have accomplished. Elaine Johnson's husband, Martin, feels that instead of being ashamed of their scars, women should feel proud because they show they have survived a very traumatic experience. "Our bodies have a tale to tell about how we've lived and who we are", he says. "Elaine's scar represents everything I love about her – her courage, her love of life – and it reminds me how precious she is to me and how much more I could have lost."

Margaret Boyer wears her scar with pride. "My family, friends and colleagues have been very supportive and I found it encouraging when they asked if it was okay to have a look. It made me more confident. I now feel proud that I have got through this." Maureen Pike says her husband's attitude changed the way she saw herself following surgery: "I felt sad and repulsed, but my husband was sitting in the hospital room at the time and was looking as the dressings came off. His face said it all. There was no repulsion or pity, so it made me feel that what did it matter, I was still here and when it comes down to it, your body is only there to help you as a person. Regardless of what you lose, people will still see you as they always have."

And Lindsey Walters even says that she feels more feminine since her mastectomy. "Before my surgery, I never paid too much attention to the way I looked, I was too busy. Having breast cancer made me take stock of my life. I now focus much more time and energy on myself and have become far more aware of my body and the way I look. I enjoy choosing nice lingerie, clothes, jewellery and make-up – it makes me feel special."

Sarah Fowler says that goal-setting is a useful way to change your negative self-image. "On a scale of 1 to 10, where one is dreadful and 10 is fantastic, ask yourself how you feel at the moment. Right now, you might feel about a 2 – what would it take to get you to a 3? Set a goal for how you want to feel. Break it down into tiny actions and every step you take is a step towards that goal. For example, have a swim and a sauna once a week, choose a new item of clothing, have your hair restyled or a manicure. Brainstorm all your ideas, and don't worry if you haven't got the money for lots of new clothes or expensive treatments. Just pick out those ideas that are achievable. It can seem that the steps are insignificant, but if you keep working towards your goal then you will eventually get there."

And finally, you can ensure that your outward appearance is not altered by breast cancer. Whether you choose to have reconstruction or to wear a breast form, no-one except those who are closest to you needs to know you have had a mastectomy. When you are dressed you will look no different from the way you looked before your operation – even when you are swimming or exercising. And those who love you most will never love you or value you any less because you have lost a breast.

Think positive!

Self-encouragement is vital to help rebuild your self-confidence. What we tell ourselves, the information and thoughts that fill our minds, is extremely important. Research suggests that over 80% of the thoughts we have about ourselves are negative and undermining. If we are continually putting ourselves down, it's no wonder that we start to feel depressed about ourselves.

Your subconscious mind has been programmed by information and messages gathered from yourself, others around you and outside influences - for example, parents, friends, teachers and the media. Over a period of time these messages will have caused you to have certain beliefs. These beliefs are not necessarily true, they are simply what you believe to be true - for example, you may feel it is impossible to be feminine with only one breast.

The good news is that this process can be reversed. By replacing these negative thoughts with positive statements, you can begin to change the way you feel about yourself and your beliefs. One of the best ways is to tell yourself repeatedly that you're OK, through simple statements called affirmations. By reprogramming your mind in this way, you will begin to create new beliefs about yourself.

Affirmations should be single, short statements that state the positive, rather than deny the negative, and they should be set in the present tense, as if they are actually already the case. For example: "I accept myself as I am". The best time to practise affirmations is on waking in the morning or just before you go to sleep at night. However, you can also repeat them to yourself throughout the day. The more you repeat the statements, the more your subconscious mind will believe them to be true.

You might choose to write your affirmations down or pin notices around the house. Looking in the mirror as you repeat your chosen statements can also be helpful, or you may prefer to make a tape recording that you can play as you fall asleep. Whatever you decide, you should take a long-term approach. Choose three, and do them every day for a month. Soon your mind will begin to accept these beliefs as accurate and true.

Using positive thinking to build up your self-esteem is very rewarding. It can help you become the person you've always wanted to be. After all, the 'you' that people encounter is the 'you' that you have chosen to show them. As you become more confident your whole outlook on life will change - and that will be reflected in your demeanour and in every one of your encounters with others.

It's amazing how differently people respond to you when you learn to like yourself. Because you are more open to receiving praise and compliments - and more relaxed about giving them - people will react differently to you and your confidence will increase even further. And because we all still have bad days, and we can't always influence the behaviour of others towards us, it's also good to know that you will have the internal resources to deal with any negative comments or criticism - either from yourself or from the outside world. Try it and see!

Getting things into context

Bob Price admits that the process of psychological healing, and the subsequent recovery of self-image, can be a long one. Trying to get things into context is a good place to start. "When you can laugh about the ridiculous hype perpetrated by the marketers of so-called beauty products – the notion that we can literally never do enough to improve our physical appearance – you can begin to give your attention to other, much more important, aspects of yourself."

There are lots of valuable human attributes that are not damaged by surgery or illness, such as compassion, thoughtfulness, empathy, kindness and humour, and

many of them are accentuated by personal suffering. People have been likeable, worth knowing, loved, and hence loveable, for hundreds of years – before the invention of make-up and health farms. Think of your best friend, then imagine their appearance suddenly altered. Would you care for them any less as a result? “We need to remember we are coping with a crazy situation, with this distorted emphasis on physical appearance,” says Bob.

Sandra Rutter puts things into context when she explains how breast cancer has affected her: “My family and friends have been absolutely fantastic. I am closer to them all now, we’ve said things to each other that we just assumed we knew. I think other people respect the way I have dealt with such a difficult experience. At the moment people at work are more tolerant of me and I have so many lunch dates with colleagues that I have trouble fitting them all in!” Sandra admits that she has changed – for the better. “I think I am different since my breast surgery. I try to be calm in stressful situations and to do little things for others that might make their day a little nicer. I have lots to give and I think that prior to my illness I thought I had a lifetime in which to give it. I now know that I want to live my life today – I don’t want to wait until we have more money... the children are older... we retire, etc. etc.”

Take control

Then there’s the issue of control. “You can take control in the ways that are right for you,” says Sarah Fowler. “Whether you choose to change your diet, or back up your treatment with complementary medicines, or perhaps to go out and buy some stunning wigs right at the start of your chemotherapy. It’s important to realise that you can be active in your treatment and your recovery in lots of different ways.”

Sarah also recommends starting and ending the day on a positive note. “This is something I did throughout my treatment. You can think about what has gone well during the day and what you would like to do tomorrow. It is very easy to get caught up in feelings of guilt – for example, you might meet someone else who you think is handling it much better than you. Instead, find things that you have done well and congratulate yourself. It is about changing the way you think about yourself. Remember, too, that it’s OK to feel bad, and be aware that this is part of your healing process and that you will feel better tomorrow.”

Spotlight on YOU

Breast cancer can present you with an opportunity to reassess your life and what you want to achieve. “Quite often we only make changes when we reach rock bottom, but the advantage you have is that you can recognise the value of life and make changes for the better – today,” says Sarah.

This might mean you need to spend less time trying to please others while you shift the focus onto yourself, making time for healing and relaxation. Looking ahead to the longer term, you may decide to fulfil a long-held dream, such as enrolling on a course or planning a trip to somewhere you’ve always wanted to visit. It can also be a time to shed old habits or put relationships on a new footing. A time for recognising how good it is to be alive, and treasuring each day. “You may feel you can’t be bothered to write down your dreams and priorities,” continues Sarah, “but give it a go, and see what changes you notice. Take five or ten minutes a day to look at a card with a positive statement about yourself, or a list of your goals. Tell yourself you’ve got nothing to lose and a great amount to gain.”

Keeping a notebook or diary during this time will enable you to look back and see how many positive things came out of your breast cancer experience – friends who really supported you, how much you are loved and cherished, how strong and resilient you can be, how you turned your feelings of vulnerability into positive energy.

Diane Alvey found that focusing on herself was liberating: “I make a determined effort to be less of a ‘pleaser’ of others and evaluate my own life instead. It has given me licence to live my own life.” Sharon Hare agrees: “It has made me appreciate what’s important to me and made me more determined to succeed and make the best of what I have.”

Speaking about her own experience of breast cancer, Sarah Fowler says: “I choose to think of remission as exactly that, an opportunity to change your mission in life.” It can enable you to think ‘this is my life and it is up to me to do exactly what I want to do.’ In a way, it strips down the barriers. I really do have a precious understanding of what life is, and breast cancer has given me the confidence to think that I have got through this so I can get through anything now.”

Improve your self-esteem by:

- Reversing negative beliefs and replacing them with positive statements about yourself
- Treating and speaking to yourself as you would a good friend, with love, respect and support
- Forgiving yourself for your mistakes and consciously removing blame and guilt from your life
- Challenging negative comments about yourself, either from your own internal dialogue or outside influences
- Developing a list of your good qualities and reprogramming your mind with positive affirmations about yourself
- Presenting yourself to the world as a person who deserves respect
- Getting in touch with your body through physical activity – by taking a walk, swimming, dancing, yoga, aerobics, golf, etc.
- Nurturing your inner self by making quality time for yourself when you only do the things you enjoy – for example, reading, painting, soaking in the bath, listening to music, meditation, gardening, etc. Feeling good on the inside will help you to feel good on the outside.

Over the last three issues of Amoena Life, we have looked at coming to terms with losing a breast and the impact that this has on your conception of yourself as a woman. From confronting your scars to believing that you are still feminine and attractive after a mastectomy, women have shared their experiences and their advice. Our makeover article focused on boosting your image with clever use of colour and dressing to enhance your body shape, and we have ended the series with an in-depth look at rebuilding your self-esteem and learning to love yourself again.

All of the women we have spoken to have agreed that it is not an easy path to tread, but that by cultivating a positive attitude, being open to change and exploring the opportunities that life has to offer, it is possible to emerge from an experience of breast cancer with a deeper understanding of yourself, a renewed self-confidence

that is more than skin-deep, and a determination to make the most of every single day.

Further information

Be your own best friend: How to achieve greater self-esteem, health and happiness – by Louis Proto

Paperback 144 pages (25 July 2002) **Publisher:** Piatkus Books **ISBN:** 0749923423
Price: £6.99 **Available from:** www.piatkus.co.uk

Positive, easy to follow advice which shows you how to love yourself unconditionally, for who you are and how to accept yourself “warts and all”. Start to use affirmations, visualisations and meditation techniques to enrich your life.

Be your own life coach: How to take control of your life and achieve your wildest dreams – Fiona Harrold

Paperback 255 pages (6 December 2001) **Publisher:** Hodder & Stoughton **ISBN:** 0340770643 **Price:** £6.99
Available from: www.madaboutbooks.com

Fiona Harrold uses her experience as a life coach to show you that you can turn your life around. With encouragement, humour and an emphasis on the practical, Fiona sets out the 10 steps to taking control of your life. Fiona uses case studies, affirmations and motivational techniques, coaching her readers in the same way that she would her personal clients. Helping you in all areas - personal and professional - this book will be your most valuable guide to being the most that you can be.

Spinning straw into gold: Your emotional recovery from breast cancer – By Ronnie Kaye

Paperback 224 pages (February, 1991) **Publisher:** Fireside, Simon & Schuster
ISBN: 0-671-70164-9 **Price:** \$12.00 **Available from:** www.simonsays.com

In this compassionate guide, Ronnie Kaye shares her own expertise and the encouraging stories of her hundreds of clients, providing an uplifting program for transforming a devastating crisis into an opportunity for growth and victory.

Sarah Fowler is a qualified life coach, NLP practitioner and hypnotherapist. If you are interested in life coaching but not quite sure what it entails, Sarah offers a thirty minute telephone session absolutely free of any cost or obligation. For Amoena Life readers only, she is also offering six life coaching sessions at the reduced rate of £200 and up to three hypnotherapy sessions for £40 per session. For further information about these offers or other aspects of life coaching, NLP or hypnotherapy, please contact Sarah on 020 8341 1155 or email her at sarahfowler@rmplc.co.uk