

Her experience as a patient undergoing treatment for primary breast cancer has led **Cordelia Galgut** to challenge many of the preconceived ideas she had as a therapist about the appropriate way to support clients in deep personal crisis

On being a patient





When I was first diagnosed with breast cancer in 2004, I knew I needed emotional support, but I was in too much shock to really think about what, in particular, I needed from my therapist other than a kind demeanour and listening ear. Over time, I have begun to reflect on and explore more deeply what I have needed as a client since diagnosis. This thinking has led me to question aspects of my own training and practice as a psychotherapist, as well as the kind of support I have been offered by other mental health professionals over the last seven years.

General versus cancer specialist therapists

Diagnosis and treatment for breast cancer amount to an excessively rough ride, both physically and emotionally, even if your prognosis is good. It takes a long time to adjust to the changes this disease brings with it. I have needed psychological support from day one and have, to date, seen five therapists during this period. Four of these therapists have been specialist cancer practitioners who offered short-term support. One therapist, whom I have seen regularly since my first diagnosis, and continue to see seven years on, is a general, non-cancer specialist psychotherapist.

Prior to breast cancer, I would not have been happy with the idea of clients of mine seeing another therapist, alongside me, or, as a client myself, seeing two therapists at the same time. I would have considered this likely to negatively impact on the therapeutic alliance, for example, by a client playing one therapist off against the other. This situation had arisen during my working life, but I did not think of the possibility that it could potentially have been beneficial to my client, or to me as a client. However, what I have found is that the specialist

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knowledge of the cancer therapists has been invaluable, for example their ability to identify common emotional responses to breast cancer and its treatment because of all the women they have supported in this predicament. In fact, it has been very beneficial to me, on occasion, to cover the same ground with both my long-term therapist and the cancer one, each of them bringing their particular insights and experience to the fore in support of me.

Perhaps because of the stressful nature of the work they do, perhaps because of the constraints of the institutions in which they work, concerning lengths of contracts etc, overall I've found a tendency in the majority of the cancer counsellors I've seen to avoid getting 'stuck into' the relationship with me. They have mostly kept an unhelpful distance, although maybe not consciously. The few occasions on which I remember them really engaging with me, offering up something of themselves, be it a self-disclosure or another genuine response, were the occasions on which I felt really metaphorically 'met' and 'held', rather than just another client on the breast cancer conveyor belt. Some might say, what did you expect since the contracts were relatively short? However, in six to 12 sessions, experience tells me it is possible to get 'stuck in' as a therapist; that it's an attitude of mind, a position of non-neutrality that is key, and I have needed my therapists to be willing to engage with me deeply more than ever as I have been going through breast cancer.

The need for a close therapeutic alliance

So what is it that I have found so useful about my long-term therapist who is not a breast cancer specialist? In a nutshell, I think it is that breast cancer has also challenged my preconceived ideas, as a therapist and as a client, about where my/our boundaries should lie, when supporting women with breast cancer, or anyone in deep personal crisis. As a client in this predicament, I have particularly appreciated and needed a version of a relationship with my therapist in which she has been willing to convey a special kind of empathic caring that has risked an emotional involvement and availability on her part. This has been invaluable to me because, just fleetingly at times, she has managed through her words and actions to cross over to my side of the fence, on occasions when I have felt completely rooted to the spot, like a rabbit caught in the headlights.

To elaborate, through breast cancer, I have often felt, and continue to feel, very shocked; also lonely and alone with breast cancer's fallout. I have also felt very much on the other side of the fence from those who have not had cancer, both physically and emotionally – a common theme amongst women with breast cancer.¹ The fact that my therapist has been persistent in finding ways to connect with me, spotting peep-holes in the fence, has been a great relief, and at those times I have felt less alone for a moment.

To give an example of this, I remember her leaving me a message on my answerphone, on one occasion, when I was really in the thick of treatment, and was feeling extremely emotionally and physically low, challenged and distant. She expressed concern and upset about my predicament, and sent me her love. I knew this was not a declaration of love in the romantic sense, which would clearly have been inappropriate and unethical, but an expression of concern, warmth and involvement with me, as my therapist, that resulted in me feeling very held and met at that time. Prior to breast cancer, I would have thought such a message always inappropriate

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and risky. However, it totally hit the spot, at this point, and this and other similar gestures on her part have carried me through ideological differences between us that have made me wonder if I should stay in the relationship. For example, a less self-disclosing stance, in some areas, than I have needed through cancer, or an unwillingness to recognise the impact of social context. Prior to breast cancer, these differences would have resulted in me leaving the relationship long ago. It has been really interesting to me that her commitment to me and her willingness to show it, have transcended these concerns throughout the last four years.

Perhaps having breast cancer has changed my priorities as a client somewhat. The fact that life has been so hard and that people around me have also struggled with me and my cancer diagnosis has meant that this safe, warm, supportive, open-ended, secure and predictable relationship has been especially useful, in spite of the strained dynamics between us, on a fair number of occasions.

What else have I needed?

The ideological differences between my long-term therapist and me, and on occasion with the cancer specialist therapists, have helped me crystallise what I want and need from therapy and my therapist. Clearly, no relationship with any therapist is going to be perfect, any more than any other relationship I have with anyone in the world outside the consulting room. However, on the basis of my experience, I think there are specific things any therapist working with a woman who has had a diagnosis of breast cancer might bear in mind, above and beyond that which I have already said. The following has certainly been confirmed by the many women with breast cancer I have spoken to, interviewed, or who have responded to other articles I have written on breast cancer.

The therapists I have found most supportive and useful through this period have been the ones who have been able to transcend the culture of fear that still predominates in 21st century UK concerning breast cancer.² If I go to see a therapist and the look on their face when I tell them about my breast cancer reveals a terror of this disease, or cancer in general, then they will be of little use to me. I encounter enough of that in the world at large.

I have, of course, not expected people to be totally worked out and relaxed about such a scary disease that has, historically, got such a bad press, not least of all because it causes such

physical and emotional pain, and kills! Indeed, I am aware that, much as I tried to hide it, as the therapist of clients with breast cancer, prior to having it myself, their situation terrified me and it would have been far better if I had been able to confront my fears head on and consider that I might not be the best person for the job, before agreeing to work with these clients.

However, having decided to take on such a client, I should have monitored my own process in relation to my client more than I did. For me, as a client now, the worst possible scenario would be working with a therapist who was sitting on his/her own fears, either not consciously aware of them or aware but not dealing with them, either in relation to themselves or me. Actually, I wouldn't mind a therapist admitting their discomfort and, depending on how it was delivered, might well find this disclosure very validating of what I have been and still go through. To date, I don't remember any of my therapists doing this, though I suppose such a disclosure would be considered a little controversial by a fair number of us!

I also think that if a therapist working with breast cancer can manage to suspend her/his own judgment about how they think a woman should be reacting to her diagnosis/treatment, that would be extremely helpful. Risking admitting to their client that they cannot really understand, unless they have been through this experience themselves, would also be helpful. Also, educating themselves about the reality of breast cancer's physical and psychological fallout, and understanding that progress is not linear, but, cliché or not, a real emotional rollercoaster of an experience, is vital.³ Breast cancer is not a 'journey', in the sense that there is no discernible end to the complications it brings. I am the same woman, with the same identity, but my life has been changed very radically, and forever, and adjusting to this is proving extremely hard.

Linked to this, understanding the very particular nature of breast cancer's fallout, both physically and emotionally, as opposed to other extreme life traumas and other cancers, seems imperative to me. Not that other traumas are any easier to live with and through: they are just different. As Joan Bakewell says, when speaking about the symbolism of the breast in relation to breast cancer, 'What is clear is that breasts matter to us more than, say, bunions or warts, or even hip joints and rheumatism. The other conditions may be painful, but they don't strike at the core of women in quite the same way!'⁴

It is this striking at the heart of who we are as women that has really affected me, much more so than I would ever have thought possible, especially as a woman who didn't like my breasts prior to breast cancer. It is, therefore, essential that my therapist does his or her best to understand how miserable having my breasts cut and burnt has made me feel, and how my changed body negatively affects my already fragile self-esteem, self-image and self-confidence.

To conclude, I hope it is clear from what I have written in this article, that even if a therapist has not had first-hand experience of breast cancer or years of experience working with women such as me, it is still possible to be very useful to women with breast cancer, with the proviso that the issues I have raised in

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this article are taken seriously. Whether another woman therapist who has had breast cancer, but is beyond the thick of its fallout, both emotionally and physically, would have been the ideal support for me, I cannot say, since I have not met such a therapist and maybe one does not exist, since the aftermath of breast cancer rumbles on and on!

Therefore, in many ways, the ideal therapist for me, at present, is someone willing to take on what I have written in this article; yes, preferably with lots of experience of working with women in my predicament, but more importantly, a willingness to suspend their judgment and an open, undefended heart. If that is you, you might well be just right for me and a number of other women like me, struggling through as best we can to a better day. ■

Cordelia Galgut is a BACP senior accredited counsellor/ psychotherapist and a BPS chartered psychologist. She works in private practice in London and is the author of *The Psychological Impact of Breast Cancer: A Psychologist's Insight as a Patient* published by Radcliffe Publishing (2010).

References

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2. Jeffries R. The disappearing counsellor. *Counselling*. 2000; 11(8):478-481.
3. Galgut C. *The psychological impact of breast cancer: a psychologist's insights as a patient*. London: Radcliffe Publishing; 2010.
4. Bakewell J. *The view from here: life at seventy*. London: Atlantic Books; 2006.

Find out more

For advice, information and support for women with breast cancer, see:

Breast Cancer Care

www.breastcancercare.org.uk

Macmillan Cancer Care

www.macmillan.org.uk

Against Breast Cancer

www.againstbreastcancer.org.uk

Breakthrough Breast Cancer

www.breakthrough.org.uk