

Life after primary breast cancer: changes to self and implications for relationships

Cordelia Galgut

I was diagnosed with breast cancer in 2004 and am only now beginning to see clearly the enormous and long lasting effects on me and on my relationships.

I write this article from my perspective, as a psychotherapist/primary breast cancer sufferer, based on my own experience. I also use anonymous quotes from informal interviews I have done with six women with primary breast cancer and quote feedback I have received from other articles I have written about the psychological impact of breast cancer, including in *Self & Society* in 2007 (Vol 35.1).

I am aware that, in writing what follows, I will be broaching contentious, even shocking, little spoken-of areas. I will use my own experience and, in the process, disclose some intimate and sad facts about myself, despite the risks inherent in such disclosures, not least of all, others' pathologisation of me. The risk I am taking is informed by my strong commitment to raising awareness of issues that I know are common concerns amongst women with primary breast cancer, and impact on our lives, but feel unspeakable, dangerous areas to explore, both privately and publicly.

The effect of social context

No passion so effectually robs the mind of all its powers of acting and reasoning as fear. (Burke 1756)

It would seem unrealistic to talk about the effect of breast cancer

on women and their relationships without considering the effect of cultural expectations on the dynamics of all our relationships, breast cancer sufferers or not.

Within 21st century UK society (and many others), cancer continues to be considered very scary, and conjures up images of people at death's door and has, 'enormous resonance in our culture, as a metaphor for something inexorable, evil and insidious'. (Jeffries 2000) The legacy from times when it was more often a death sentence makes it hard for us to re-define how we think and feel about cancer generally, despite improvements in survival rates, and I am no exception. When growing up, in 1950's and 1960's England, cancer was the disease I learned to fear most, like others around me, and, as I got older, breast cancer was still top of my list of worst cancers to have. Mostly, I thought this because the few women I had known or heard of, who'd had breast cancer, had died. My fear of the disease was exacerbated by the fact that cancer was not spoken about openly - in hushed tones, if ever - especially not any cancer of the 'intimate parts' and breast cancer was in that category. 'The big C' was definitely what it was, that which was to be feared - almost as though if you talked about it you would bring it on.

Society and cancer

Sadly, forty-plus years on, I get the impression that people are still as frightened of cancer, even the young, though we talk about it more than we did, especially in the media. Since being diagnosed with breast cancer, and choosing to be open about it, I have often encountered a 'terrified look' response from people. I have also noticed that people frequently appear to see



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'cancer' first and foremost when they speak to me, even four years on, in much the way that I have experienced people reacting when I have been open about my bisexual sexuality over the years: 'Breast cancer sufferer' first, 'Cordelia second. These responses are coloured by people's understandable fears, insecurities and attitudes, and can make natural, less cluttered interactions very difficult. Some would say, 'Well, just don't be open, it's easier that way,' and in some instances, I think that is so. However, I prefer to be as open as it is reasonable to be, about things some might consider personal and private matters, because I believe that nothing will change for the better if we stay silent, since the unspeakability of these things will be reinforced if we do.

Though most of the women I have met with the disease have disclosed the fact that they have cancer, to people around them, this often seems to have been more privately than publicly, whenever possible. The fact that women with breast cancer feel it

necessary to consider whether to disclose or not speaks volumes in itself. The fear of being viewed differently is a big factor: being labelled 'that woman with breast cancer', and having to face the fear oneself, by acknowledging it openly. Also, this disclosure can be an exposing thing to do – to mention a part of your body that is often considered private, and connected in people's minds with sexual attraction and sexual activity, so that the very mention of it can feel like an uncomfortable, over-intimate disclosure. People's responses can be embarrassed ones and the whole dynamic can become awkward. This all adds to the stress and strain of coping with a diagnosis of breast cancer. As Suky says, 'It was an intimate subject – I didn't want it to be discussed at work, behind my back. I am a reserved and private person and being diagnosed with breast cancer threw me into a panic. I didn't want anyone to know!'

Extreme and enduring emotion within UK society

As a society we don't really seem to tolerate extreme emotion, certainly not the enduring sort. The dominant culture teaches us, as we grow up, to maintain that very British 'stiff upper lip' in the world, and often at home, to the extent that it can become hard to ever identify how we are truly feeling. In my job, I often see people who are struggling to accept their extreme and enduring emotions. Most of us, including me, have been conditioned to believe that these emotions are unacceptable, even though, as we know, they are actually a perfectly natural and

innate, human response to upset and trauma.

A woman with breast cancer, as one of many extreme life traumas, might well, as I often do, feel conflicted. On the one hand, the me who was taught to think it unacceptable to feel extreme emotion, especially not for too long, certainly not to express it, and who has internalised this belief, censors it. On the other hand, the me who has suffered all that I have is, naturally, feeling many very deep, extreme and enduring emotions that are actually hard to deny or control. I frequently notice this same conflict in other women with breast cancer, and it doesn't take long, when we start talking, to get to those often unexpressed emotions. On occasions when I have expressed the extremity of my feelings, through breast cancer, I have found that they have not been well received by others, so I tend to keep them to myself, when I can, especially if I am feeling particularly fragile. I can also identify an impulse not to even admit the feelings to myself. Being brought up in a society that has not encouraged this has resulted in me frequently feeling disproportionate amounts of fear of extreme emotion myself. I worry that I might not be able to pull myself out of a severe emotional state, despite the fact that I know, both from personal and professional experience, that the chances are that I will bounce back, sooner or later, from even the most desperate places to which I can plummet. Inevitably, I am frightened of dying, perhaps more so of the process of dying and the awareness that I'm going to, and of extreme pain.

However, a society such as ours, which seldom speaks openly of death, or its process, and when it does, often in euphemisms, does little to help either me or those around me.

Any person interacting with me is likely to have been subjected to fairly similar conditioning, and feel similar conflict, which will inevitably complicate matters. Their own internal critic might well tell them that it is not good for me to, for example, feel such extreme emotion and be continuing to for so long. I, and many others I have spoken to, have been on the receiving end of comments like, 'it's not good for you to be feeling like this, you must be more positive, or your cancer will come back'. Mary speaks of comments from medical staff, when she was having radiotherapy, who also encouraged her to be positive, 'when I actually wanted to run away from the whole thing!' However, there is actually no evidence that a positive attitude affects the outcome of cancer patients (Coyne et al 2007). Some might even have such trouble dealing with their multifarious thoughts and feelings about cancer that, as has been my experience, they completely ignore the fact that I have had breast cancer when they talk to me, confirmed by Lily, who said, 'My ex-husband simply refused to acknowledge it at all.'

What is the longer term impact of diagnosis and treatment on me?

It is the image in the mind that binds us to our lost treasures, but it is the loss that shapes the image. (Colette, 1903)

All that I have described so far informs and complicates how I think and feel about breast cancer and my particular experience of it.

Furthermore, my cancer diagnoses, and the treatments I have had, have affected me in so many ways and, as does all traumatic life experience, resulted in changed perceptions and understanding of things. There is something about being catapulted into an extreme, potentially life-threatening situation, as one is when diagnosed with, and treated for, breast cancer, that cannot but effect a changed view of things. As Judy says, 'Nothing prepares you for diagnosis and loss of peace of mind after treatment.' Through no fault of anyone's, current treatment being what it is, there is no choice but to cut, burn and chemically blast, in order to treat the disease. Jenni Murray, talking about her experience of chemotherapy, said, 'It is a truly horrible experience, and runs counter to any principle of self-preservation to allow someone to inject substances into your veins that won't just kill off any nasty cancer cells, but healthy ones as well.' (Murray, 2007) Much to the understandable horror of those planning, supervising and delivering those treatments, it is also easy to feel completely assaulted, and even violated, as evidenced by other women, including Rosie, who says of her experience of radiotherapy, 'You take it as an assault, as a sort of rape. It's violation, there's no choice. There's a loss of dignity because you're exposing your breasts to all and sundry. You feel

vulnerable and this has a huge impact.'

The impact of surgery and radiotherapy

Two lots of surgery, one to each breast, have left me with three big scars, which have had a much greater negative impact on my self confidence and self esteem than I could ever have predicted. Part of the explanation for this is that the damage to my breasts caused both by surgery and radiotherapy, despite all the best efforts of the people treating me at the time, means that they are visually different from the way they were before. They are discoloured and feel and look abnormal. The skin is damaged and my cleavage has the wrinkling of a woman much older than me, which makes me feel very self-conscious. I have also lost a large amount of the potential for pleasurable sensation I had in them, echoed by Suky, who says that, 'since radiotherapy, neither my breasts, nor my nipples respond to sensual stimulus.' However, my breasts continue to be sore to the touch, but with numb areas on them, too. Also, the texture of them is very changed. My nipples continue to crust over from the treatment, which is very unprepossessing and can be painful. The tissue around and over my scars is also painful, as well as being unsightly, and there is very little that seems normal, or attractive, about my breasts any more, and it is even more of an ordeal now, showing them to anyone else. However, it's hard for me to take the focus off them. Every time I undress, they're there to be seen. It's hard to avoid them, even if I don't look

in mirrors. As Suky says, 'women clothed can put on a great pretence at confidence – unclothed, all the props fall away.'

Furthermore, surgery to my breasts has left me with other constant reminders of what I've been through. My left armpit is completely numb, so when I shave, I can't feel what I'm doing. I have also developed lymphoedema in both arms, as a result of lymph nodes I have had removed. This can affect my movement and be very painful. I am at greater risk of infection, and/or worsened lymphoedema, if I cut myself, or have blood taken out of my arms or my blood pressure taken, and it is a constant battle getting most health professionals to consider and work around these issues. I am also advised to wear extremely uncomfortable and unsightly elasticated sleeves on my arms when I fly long-haul, to help lessen the chance of worsened lymphoedema. People say, 'put it all behind you, you're one of the lucky ones'. This is true, but it's hard when there are all these reminders, though I acknowledge that the treatments that have changed me have also saved my life!

The impact of adjuvant therapy

Furthermore, the impact on me of being catapulted into the menopause overnight cannot be over-estimated, either. One moment you're one way, then, almost overnight, your brain chemistry is changed. Even though I was peri-menopausal before breast cancer, this artificially induced menopause was a massive shock to my system. The only good bit has

been not having periods any more.

Fast oestrogen depletion, as a result of the drug I am on, whilst necessary because my tumours were hormone sensitive, has meant, amongst a number of other side effects, almost constant hot flushes that can often make me feel very unwell; low mood; loss of libido; worsened migraines and fibromyalgia; osteoporosis; dry and thinned skin, which causes me, for example, constant bladder infections and, as Suky says, 'another unmentionable', vaginal dryness. People have said to me, 'but you were at the age for the menopause anyway'. That was certainly true, though my ovaries were showing no signs of decline. For younger women, the assault of having their ovaries switched off is clearly very traumatic, both emotionally and physically. For me, it's been more of a physical trauma, in this respect, since I have not been concerned about losing the ability to conceive. However, it is, nonetheless, an artificial assault on a monthly basis, rather than a slow adjustment, as for the natural menopause, which I recognise is no barrel of laughs either! Also, I am now in the position, after three years on the drug, of having to decide if I'm going to carry on with it or have my ovaries surgically removed. I feel completely caught between the devil and the deep blue sea: neither prospect is appealing. More surgery, and its inevitable and irreversible side effects, including taking away my testosterone, and very likely, therefore, the tiny bit of libido I still do have, (Braunstein, et al,

2005) seems intolerable, as does staying on the drug, both because of its side effects and the unpleasant way in which it has to be administered every month. People say, 'Thank your lucky stars you haven't got secondary cancer,' and there is no doubt I don't want cancer spread and greatly fear it. However, the expectation that I can, therefore, pull myself together and count my blessings is not realistic, either, and to date, my attempts to interrupt my negative thinking patterns haven't had the desired effect! In reality, I cannot stand much more, physically or emotionally, and get very depressed about my predicament. This is particularly so since I am in pain, discomfort and feel unwell, to a greater or lesser degree, every day, seemingly with little hope of any future improvement, more likely the reverse.

Obviously, one state impacts on the others: if I feel unwell and disabled, I am unable to live normally, which feeds into feeling bad about what's happened to me, which, in turn, impacts on my relationships with people. It is often very hard to know what's what. For example, is it drug-induced, altered brain chemistry that is more responsible when I feel depressed and not myself, or the psychological fall-out of what I've been through and am trying to get used to, or the physical changes and restrictions I'm having to adjust to, or feeling miserable about trying to improve my situation and failing, or dealing with other people's reactions to me, or, more likely than not, all five!

Why it's hard for me to feel desirable any more

A combination of the scars and other damage to my breasts, and under my arms, and living with the side effects of having my ovaries switched off every month, means that the way I feel about myself, as a woman, has changed quite radically. Sue echoes my sentiments when she says, 'I take pills which dampen down my hormones, and there has been a loss of confidence in my sexuality'. The assault on my femininity is quite insidious, and often unconscious, and inevitably affects how I relate to other people, in a variety of ways. Naturally, the way a woman felt about herself, prior to breast cancer, will affect how well she copes with the changes it brings - I didn't have the most robust self-image, either generally or about the way I looked beforehand. However, a combination of the physical effects of surgery, radiotherapy and adjuvant therapy on my breasts and the rest of my body, plus being catapulted into the menopause, has certainly made things much worse. I know that this is also true for other women too, even if their self images were more positive than mine, prior to breast cancer.

Weight gain, a fast ageing process and loss of libido have served to make me feel older and less attractive. I feel I conform much more to the stereotype of the grey, middle-aged woman, who is no longer attractive, desirable, or feels desire, a wizened old prune! Whilst the feminist in me has railed for years against this view of women as they age, the me

who was used enough to being found attractive, desirable and young-looking, and semi-believed it prior to breast cancer, finds this altered perception of myself very hard. I find it even more difficult now to be able to assess how I look, adequately, and no matter what anyone says to me, I can be fairly inconsolable. I lap up any validating comment or reaction from others, and they temporarily help to improve my negative self image, but my internal, negative view of my physical self needs to shift in ways I cannot manage yet. I have been told, 'well, you're lucky anyone ever found you attractive in the first place,' or 'all women suffer this as they get older'. This is, of course, so. However, the juxtaposition of breast cancer and its fall-out with an over-night menopause, just as I was turning 50, three years ago, has often been too much for me to bear. It does not help that, within our society, the beauty of the middle-aged woman is not much valued; that we idealise under-weight, pre-pubescent looking young women, though I have no illusions that this will ever change, or at least, not in my life-time!

Loss of libido, as a result of the drug I am on, greatly affects the way I feel about myself, too. One moment, I was driven by a fairly strong libido. Almost the next day, practically none, and this loss has had a negative effect on my confidence in my physical self and generally. I often feel almost sexless, and really miss a life force which might help me through post-cancer. I still haven't adjusted to this changed version of me. It doesn't feel like

me at all. However, having lost confidence in myself to the degree that I have, strange though it is, it is in some sense easier not to have a libido. If I have none, then I can live without a sexual relationship, which, in turn, means I don't have to expose myself to possible rejection if people are put off by me, in some way, because I have had breast cancer, a common fear among women who have had it. On the other hand, I find I need external validation of the way I look much more than I used to, and to be found desirable, which can draw me into wanting sexual involvement with others, so I am again caught between the devil and the deep blue sea.

Interaction with others

No emotion falls into dislike so readily as sorrow. (Seneca)

The impact on me of all that I have so far described has inevitably meant that how I relate, to both myself and those around me, has changed. How I respond to others is, obviously, also influenced by how they respond to me.

In essence, I am the same. The core me remains fairly intact. However, in my public and private life, the reality is that, despite the impression I often give, I generally feel more circumspect, more insular, less sociable, less tactile, less willing to engage intimately with people and more wary of them. Overall, I withdraw into my shell much sooner than I used to and it's a bigger shell than it used to be. I seldom let others as close and, when at all possible, I don't get

as involved with people. Partly, I need the energy I have for me, to help me adapt to my new situation, and learn how to cope with the uncertainty of not knowing if my cancer will return, and my ongoing fear of that. Partly, fairly or unfairly, I feel let down and not well enough understood, by a significant number of people: a common theme amongst women post-breast cancer, evidenced by Rosie, who says, 'It's not just the fear of death, it's being let down by people you thought were friends, who don't even phone you,' and Lily, who says, 'There have been a few empty promises of help, which seemed to evaporate when I needed something.' My own reaction is to protect myself by creating distance between myself and those people, having tried saying how I feel, sometimes asking for help, trying to communicate with them and having limited success or energy to persevere.

If I feel fat, less attractive, libido-less and depressed, the last thing I want to do is interact. Being alone can be more comfortable and safer. If I do engage, at my lowest points, I still stay pretty much in my shell. I can almost see myself chatting, feigning a jolly-ish state, being flirtatious, when inside I am feeling the antithesis of this. Though I am often aware of the yawning divide between how I am and how I present, I haven't ceased to be able to function in these ways, but they often come at a price. I also suspect that pretty much every relationship I still have would be negatively affected if I didn't keep up that façade, at least sometimes. Indeed, there is research to indicate that

women with breast cancer who do not show their continued distress are better tolerated than those who do. (Bolger et al, 1996)

Additionally, I often feel that there is now an inequality between myself and others who have not had a life-threatening condition. People have fairly often reminded me that we could all die tomorrow, and, of course my rational brain tells me that this is so. However, comments such as these do not help, and serve to make me feel even more cut off, alone, lonely and isolated, when in fact surrounded by a sea of people. I can easily feel adrift, without an anchor, sometimes floating, sometimes sinking and, often enough, on the verge of drowning. Inevitably, the dynamics of all my relationships are affected, when I feel like this.

The reality is that I am now on a different side of the fence from those who have not had cancer, though I occasionally meet someone who can bridge that divide, usually a person with a lot of knowledge of breast cancer, and that can be very helpful. People say, 'go and be with other women with breast cancer', and it's true that it's comforting to be with such women sometimes, but I have learnt that these women are not the panacea, either. Each of us is coping as best we can, and it is not realistic to expect much of others who, in theory, are in the same boat as me, to a greater or lesser degree. Understandably, they are struggling too much, themselves.

However, there are some positives to the way I have changed, too. I less easily accept, of myself or others,

relationships in which I do all the emotional supporting. I care less about what most people think of me, and I prioritise what is important to me more easily than I used to. I am also better able to allow myself not to be sociable, if I don't feel like it, without being thwarted by a legacy from my childhood that I am a bad person, if I am not. These changes are quite liberating, though it's sad that it has taken the extremity of two cancer diagnoses to effect these. I also find, interestingly, that I can be more empathic than I used to be, as a result of what I have been through, both privately and in my face to face work with clients. Whilst I do not have the physical or emotional energy for the caseload I used to have, I find that I risk engaging more with the clients I do see, now. I also give more of myself, which I consider to be a real positive in my work.

The dynamics of my relationships

If I consider the effects of the way I have changed on the people around me, and also consider their reactions to me, it becomes easier for me to understand why a significant number of my relationships have run into problems, since breast cancer.

It seems to make sense to break down my problematic interactions as follows, the tenor of which is confirmed, every now and again, by someone who has been prepared to engage with me about our troubled communication.

The other person, with whom I'm trying to relate, is thinking,

consciously or not, something like:

- I'm frightened of cancer, and getting it myself, and dying.
- I'm frightened she is going to die, or her cancer will come back.
- I feel torn and I feel sorry for her, but I am frightened of extreme emotion, especially when it doesn't go away and seems to get worse.
- I want to help, but I don't know how to. When I try, it doesn't really seem to work. I can't deal with this and it makes me angry and upset.
- I don't really understand what she's going through.
- I want her to be o.k.
- I want everything to go back to normal, why can't she just get over it, and get back to how she was? She's o.k. now, her cancer has gone – she's being unreasonable, and making things worse for herself and me.

My own narrative, conscious or not, complicated by the trauma of breast cancer, is:

- I'm frightened I'm going to die.
- Things often feel out of my control.
- I'm frightened it's going to come back – it's hard to push that to one side, it's always there.

- I want this all to go away.

- I'm struggling, psychologically and physically, and I am often conflicted. I want to be okay, think I should be, but it's often impossible to achieve that. I don't really know how to get myself out of this, but I know I feel terrible too often for my liking.

- I know they're struggling too, but I can't deal with that right now

- They don't seem to have a clue what I'm going through, or why they're reacting as they are. There's no point even trying to interact with this person now.

- I feel lost and alone, angry and resentful.

When considered in this way, it is no wonder that those of us who have had breast cancer and those around us, often seem to struggle with our relationships as a result of it, and I am no exception. Breast cancer, as does any life trauma, just complicates the business of relationships, which many of us would assert are complicated enough, without trauma added into the equation.

My own situation with my partner, family and friends

In this world, we must either institute conventional forms of expression or else, pretend that we have nothing to express; the choice lies between the mask and the fig-leaf. (Santayana, 1922)

Inevitably, anyone who knew me before cancer now has to adjust

to a different me. Amongst the majority of my family and friends, I know it is considered that I have changed, and not for the better. I heard one member of my family comment to another one, recently, 'Oh, thank goodness she's back to normal', on an occasion on which I was pretending to be much more o.k. than I was, and conforming to type, because it was easier. This example serves to show how I need to be to keep my relationships with most of my family and friends ticking over happily. If I transgress, and say how I really feel, I am, generally, not well tolerated, and considered to be making an emotional meal of things. When I have been honest, I have sometimes been cut out for short periods, in other cases, completely cut out. Though I think I understand well enough what the family or friends in question might be feeling, and have varying degrees of compassion for them, at these points, this insight does not really help, and, of course, because, mostly, we do not have a dialogue, I cannot ever really know!

One of my friends, who is no longer so, asked me, just after I was first diagnosed, whether I thought our relationship would survive me having cancer. At the time, I was waiting for my first operation, and was too pre-occupied to really consider what she had said. A while afterwards, on the phone, she told me that she couldn't cope with the fact that things had changed between us. Before, I had been the mother and she the daughter. She had told me things and I had listened. Now she was expected to be the mother, and she

couldn't cope with it. I remember saying that I neither wanted, nor expected, her to be the mother, nor exclusive focus on me, that I just wanted a mutually supportive relationship. Sadly, that friendship ended at that point, not to be re-kindled. When I reflected on what had happened between us, and what I had contributed, I realised that, prior to cancer, I had colluded in a version of a relationship in which, indeed, in a sense, I had been the mother, she the child. I had not made many demands on my friend. This realisation was something of a turning point for me, one of many 'cancer lessons'. I started to be much more aware of ways in which I was contributing to situations between myself and others that were, in a sense, working against me. I started to ask for help a little more than I had before, rather than immediately falling into an old pattern of mine, of focusing on the other person, rather than me.

Since then, other people, particularly my friends and family, have found this different version of me hard to tolerate, and often reacted negatively, though I have tried to explain my altered perceptions and understandings. The relationships that have survived have been with those who have weathered the storm of these changes in me, and their own fears about cancer. Others have, inevitably, also changed themselves, in relation to me, for their own reasons. Again, the relationships that have survived have been those in which I too have been able to adapt to others' changes. As ever, it has been the people with whom I have been able to

keep a dialogue going of some sort, with whom I am still friendly.

In reality, this has meant that there is either greatly increased distance or no contact between me and a number of family members and friends. However, my father and I are even closer than we were before. Of course, life-threatening traumas, such as breast cancer, highlight and exacerbate dynamics that already existed, for better or for worse, and we have had a number of battles through my cancer, as we have had for years. However, the unconditional love between us, and mutual commitment to our relationship, have helped us through at those points. It has been very hard for me, at times, to watch my father suffering, as a result of my breast cancer diagnosis and treatment. At times, it has seemed even harder than coping with my own suffering, because of what his engenders in me.

For example, during my first radiotherapy, my father decided that he and my mother would go on holiday, and that this would coincide with my 49th birthday, a birthday which felt very significant to me at the time. I understood that he couldn't take any more, but his choice had also triggered old hurts in me, about having had to cope on my own as a child. The adult in me won out in the end, as I realised how much my father needed to get away, but it was very hard for me to be so adult at that point. In fact, my seven year old self has been very present, through breast cancer, and my difficulty asking for help has become even more apparent to me, as has my fear of showing my

vulnerabilities to people. However, there is no doubt that all I have wanted to do, at points since breast cancer struck, is sob, aged seven, rather than aged fifty-plus, on a caring shoulder. As yet, I have not really done that. Nevertheless, I still have fantasies about allowing myself what feels like a childish indulgence, though my rational brain tells me it is anything but that!

My relationship with my partner is 25 years old, and has weathered many storms during that quarter century: deaths; caring for a child; other relationships; illness, though not the life-threatening sort. Longer, well-established relationships seem to cope better with a cancer diagnosis, and my experience would bear that out. That is not to say that the shock and upheaval of breast cancer has not impacted massively on the dynamic of our relationship. However, the fact that it has lasted as long as it has, and changed over the years, so that effectively we are, first and foremost, extremely close and committed friends, has carried us through. Also, the fact that my partner is a woman has, I think, been helpful. The reaction of close men in my life, to my diagnosis, plus the stories of other women with breast cancer about their male partners, make me feel fortunate that I live with a woman, though I know there are men who are very supportive of their women partners.

However, there is one particular major problem between us that transcends gender, and is a common one. Before, we were on the same side of the fence. Neither of us had had cancer, or any other life-threatening

condition. That is no longer so. There have been many occasions on which I have protested that she hasn't a clue what it's like to be on my side of the fence. And, of course, she doesn't, though she has more idea than most by now. Sometimes, it is incredibly hard to bridge the gap between us, and more often than not, the best strategy for us both to employ is to just acknowledge that that is so, and not attempt to try and fix something that cannot change.

Also, my increased dependence on her has been a problem for both of us. We had been used to being fairly independent of one another, in a lot of ways. Due to all the physical problems I have, since breast cancer, that has changed somewhat. At times, we both resent this, me particularly. The fact that I am more dependent also causes a problem, in that it feeds into a pre-existing issue of mine, within our relationship. I have often felt over-protected by her and suffocated by this, and cancer has heightened these feelings. Conversely, however, there have been times, since cancer, when I have actually been grateful for her protection, in ways I would not have been, prior to cancer. Furthermore, my changed attitude to people has impacted on us, too. I was the more sociable of the two and organised the bits of our social lives we had shared, pre-cancer. Now neither of us initiates that very much, and this can be a problem. When I make efforts to do what I did before, I cannot sustain them, so it doesn't happen and we are thrown back on one another much more than we were, which can constitute a problem between us.

Overall, the fact that we can talk, are so familiar with one another and both have the skills to negotiate our way through troubled times, gets us through – also knowing when to give one another a very wide berth! She is also extremely tolerant, for which I am enduringly grateful, in a way that I am not sure that I would be if the boot were on the other foot!

CONCLUSION

To deny one's own experience is to put a lie into the lips of ones life. It is no less than a denial of the soul. (Wilde 1905)

To conclude, breast cancer, in all its glory, has had a massive and continuing impact on me and the implications for my relationships are many. Other women's voices, reflected in this article, often confirm my own experiences. The fact that our society, and many of us who live in it, have difficulty being open about the kinds of issues I have raised, militates against any woman with breast cancer being open herself or finding any peace of mind, either within herself or within her relationships. Therefore, Nietzsche speaks for me when he says, 'All truths that are kept silent become poisonous'. And, of course, I would not be alone in saying that, treatments being what they are, a woman with breast cancer has already endured enough toxic input, so she certainly does not need any more!

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