

# Survived: but at what cost?

As mental health professionals, **Cordelia Galgut** wonders if we're sufficiently aware of the possible long-term effects of cancer treatment

I'm writing this article from my hospital bed, having been admitted with the second sepsis in a month. While here, I appear to have had another one. The only explanation the doctors can give for this turn of events is the long-term effects of cancer treatment, specifically radiotherapy, which appears to have adversely affected my immune function.

To say I'm at the end of my tether, both emotionally and physically, is a huge understatement. In fact, I feel desperate about both my immediate situation and the future, not helped by society's general lack of awareness and acceptance of these possible long-term effects. More understanding would help me in my situation, both emotionally and maybe even medically. Interestingly, when I asked the consultant, 'Do you think these sepses could suddenly kick in 12 years post breast cancer diagnosis and treatment?' he replied in the affirmative. 'I've seen this before,' he said. I've heard this before from other medical people as well. The more I coax information out of them, the more I hear confirmation that they have groups of patients whose clinical picture is similar to mine. As mental health professionals, I wonder if we're sufficiently aware of these possible long-term effects and their impact on those of us affected, both clients and colleagues. Perhaps not, since there's so little publicity about them.

## My current quality of life

I've written before in BACP journals and elsewhere about the effects of cancer treatment on me longer term, but this article is a step on from these – a more desperate me writing this time. I'm not sure that I've written in such an immediately raw way. Life is currently so bleak for me, dominated by sepses and other less extreme infections. In between, the quality of my life is not at all good. Symptoms range from 'liveable with' to 'impossible', depending on how generally unwell I am. Regular dizziness and musculoskeletal problems limit my activity. I'm basically an active person who loves life, when well, is interested in lots of things and likes to travel. For the last few years, if, in the average day I can get through it feeling relatively OK, that's a good day for me. I travel by watching relevant

programmes on the television and take pleasure in as much as I can: the robin on the window sill, the scent of lilac in the garden at dusk, the hue of the sky and trees in different lights.

And yet, there are more days than I care to admit to when I think life isn't worth living. I don't want to end my life; I just want it to be better. People say, 'You're lucky, you survived, such and such a person died.' And it's true. Victoria Wood's death from cancer was a big shock recently. I felt so sorry for her, her children, anyone who loved her. I've recently turned 61, so we were pretty much of an age. I know I'm lucky, I still have life and a degree of hope, but my life is in shambles, currently, and hope is waning fast. It's a very depressing situation and I get very low, coping with general lack of awareness about the long-term effects of cancer treatment.

It can result in me questioning whether I'm the exception rather than the rule. However, I hear over and over again of people whose quality of life has been hugely affected by the long-term effects of cancer. They can be fearful of speaking out, or genuinely unaware that they're suffering from the long-term effects of their treatment, until it's pointed out to them that such and such a symptom or condition is common in those who have survived cancer. People often enough then respond by confirming they have a myriad of problems they keep to themselves, and keep from themselves too, as much as they can, for understandable reasons. The charity Macmillan is the only organisation in the UK that I'm aware of that highlights the problems of people post cancer treatment. I never see articles on the subject, and if long-term effects are referred to, it's almost always in such an upbeat way that denies the reality for many of us.

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## Work and me

Last year, I reluctantly closed down my central London practice. It was a hard thing to do on all kinds of levels. I wasn't ready to let it go and was lucky to have plenty of work in that location. I tried to justify it to myself because I had reached 60. Surely I didn't want to work as much. However, I knew I was fooling myself, because I wasn't working so much that it was an onerous task doing it, and at 60, I still wanted to keep the practice I had built up over many years. I was also worried about money, as I still am. However, it didn't seem ethically right to keep going with it, given the long-term effects of breast cancer treatment that seemed to be building up over time, not diminishing, as I expected them to. I had and still have a small practice in South London, so wouldn't be giving up face-to-face work opportunities altogether.

When the first sepsis hit last September, I was managing a small caseload in a way I was comfortable with, and I was able to carry on in that vein, helped by the fact that I recovered fairly fast from it. I was being very circumspect about taking on new clients and had confined myself to the handful of established clients who knew my situation and were accepting of it, plus the odd sessions, from time to time, on Skype, with people wanting support related to breast cancer. I decided a while ago that, although I didn't want to work face to face or long-term with those going through breast cancer, but since I've written so much on the subject, I had an obligation and indeed a will, to offer some support to those who approached me having read my books and articles.

Last September, and fortunately recently as well, I've managed to keep things ticking over in the same way. It seems to work for my clients and me. I think this has to do with a resilience in me, born of all that I've endured over the last 12 years, plus my life experience prior to this, and a willingness to re-invent myself as a therapist in some key ways, each time adversity has struck. It wouldn't work for every therapist or, no doubt, every client, and I certainly don't think I should be taking on new clients at the moment. That's a given until I stabilise, which, hopefully, I will. I guess some of you might say, 'I'm sure you're doing everything you can to ensure you're working ethically, reflecting constantly on this and considering your clients at every turn, but what about you?' And this would be a valid question.

## So, what about me?

Well, I need to do some work and, quite frankly, I need to earn some money. It's good for me to keep working, otherwise the passion I've had since I started working as a therapist will have no outlet. My work identity is hugely important to me. It's a life force and it's good for my self-esteem. I can continue to write, thank goodness, but I enjoy my work with my clients and I'm not ready to give it up. I also believe I have much to give still. So where do I go from here? I don't know. It's a day at a time for me.

I obviously need both emotional and supervisory support, which I'm getting. I could do with support from friends and colleagues too, and while I do get some of that and am grateful for it, I could do with more. I do find that people are fine, up to a point, with illness, but when it's enduring, people's tolerance wanes, including our own

colleagues. That can leave me in a very lonely place, while surrounded by people. Sometimes I think people don't know what to say and do, so just avoid the subject of my health, which is the least helpful reaction anyone can have, in my opinion. I'm lucky to have a very supportive partner and a few understanding friends. Without them, I don't know what I'd do.

Overall, maybe I'm being too hard on myself, wanting still to be the 'perfect therapist', whatever that actually means, which I know I'm not and don't even want to be, in that I know my clients don't find that useful. I know this from the past, but my clients have driven it home yet again, in recent weeks. If I were being my own therapist, I'd encourage me to focus on what I'm still able to do, client wise and writing wise, and of course I do. I'd also encourage me to vent, rant and rave and off-load, away from work, of course. I don't really do enough of that, but that's the subject of yet another article, not this one. ●

## About the author



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