

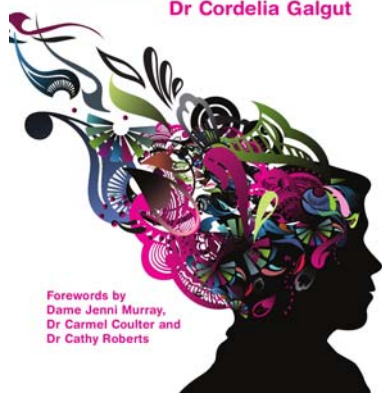
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# **Book and DVD reviews**

**Macmillan Cancer Support,  
89 Albert Embankment,  
London SE1 7UQ**

**The Psychological Impact  
of Breast Cancer**  
a psychologist's insights as a patient

Dr Cordelia Galgut



**The psychological impact of  
breast cancer: a psychologist's  
insights as a patient (2010)**

Galgut C. Oxford: Radcliffe Publishing, 2010.  
xvi, 187pp. ISBN 978-184619-303-3.

£14.99

[www.radcliffe-oxford.com](http://www.radcliffe-oxford.com)

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This is a profoundly honest and moving account of Dr Galgut's experience, which I could relate to as it was similar to mine. She clearly describes the realities of living with breast cancer and its psychological effects, from diagnosis to treatment and prognosis. I am sure other patients could relate to it as well.

It is very easy to understand. Technical terms are explained in the glossary and the language is appropriate for patients and health professionals. I would disagree with only one statement in this book, that "there is absolutely no evidence that a positive attitude affects the outcome for cancer patients". I have known patients who would not be alive today if they had not had a positive attitude, though I do appreciate that some patients are not so fortunate.

Dr Galgut has had the courage to write about her experience from a patient's point of view and has been very honest and genuine about her professional role. She highlights the need for professionals to be more sensitive to how cancer patients feel – "it would have helped so much if someone with friendly eyes and a warm heart had just come over and held my hand, or even just smiled" – sad, but very true.

I hope many health professionals will read this book and learn from it. It may help them to understand the feelings of patients and review the way they handle situations.

**Breast cancer patient (56-65) (May 2011)**

Not many books have something to say to anyone with an interest in breast cancer, but this one has. Cordelia Calgut gives a very personal account and then sets it in the wider world of breast cancer. It comprehensively covers all aspects of breast cancer – physical, psychological and social.

The vocabulary is easy to understand and there is a glossary. The subtitles help locate relevant sections. The photographs are few in number but powerful. I like the summaries at the end of each chapter – what helped and what didn't.

The thing I like most about this book is the honesty of the author, how she reflects on her own experience and then sets it in the wider context of breast cancer. I particularly appreciated how she shared some of the more challenging aspects of a breast cancer diagnosis and treatment. This makes the book both informative and insightful.

There are only two minor aspects that I didn't like. I'm not sure how helpful it is to have the additional chapter at the end by a different author. It is well written, but covering chemotherapy and reconstruction in one chapter is impossible – especially as the rest of the book covers other aspects of cancer diagnosis and treatment in such detail and so well. I am also not sure how helpful it is for people to read such statements as the author being 'lucky' to have private treatment or radiologists organising their own screening. This gives the reader the impression that a two-tier system is alive and well – not something that all patients will find reassuring.

I found this book very insightful. The author is not self indulgent in her account of her experience. She has a refreshing take on it, marrying her own experience with her curiosity about the evidence.

### **Breast cancer patient (36-45) (April 2011)**

I found this book very touching and so true to how patients feel. It should make everyone realise how hurtful comments can be – professionals often have not done a counselling course and you find out who your friends are!

The author raises many issues: professionals not knowing your particular diagnosis and prognosis; the difference between NHS and private treatment; the feelings when treatment is over – it's like being left out in the cold; coping with other people's feelings.

I particularly like the chapters on the diagnosis and causes of breast cancer, and the summaries at the end of each chapter. I am using the poem in training sessions for new volunteers and have added a verse of my own.

It might be a bit too much for a new patient, but would be OK during treatment.

### **Breast cancer patient (66-75) (June 2011)**

This is a very useful resource. It is hard to explain the emotional effects of breast cancer and this book lays it out in a very detailed and easy-to-understand way. It highlights what I believe most breast cancer patients go through, from diagnosis to living day to day.

### **Breast cancer patient (36-45) (March 2011)**

I like everything about this book, particularly the way the author deals with relationships and work. It is informative and enlightening and will be useful for dealing with all aspects of breast cancer and its treatment. I will definitely recommend it.

### **Living with breast cancer (46-55) (March 2011)**

This book would primarily be of interest to those who have had breast cancer and especially to professionals directly caring for women dealing with the emotional effects of breast cancer, but importantly also surgeons, radiologists, nurses and oncologists and others who need to be aware of and sensitive to the patient experience. This is not an information book, but a very personal account expressing the writer's own reflections as well as those of other women who have had breast cancer, and is therefore qualitative rather than factual.

It is about the psychological side of breast cancer, from diagnosis through treatment and the aftermath, with reflections on the historical and social factors contributing to the meaning of breast cancer for the person diagnosed. It is not a self-help manual, though it will be of great support to other women who may be helped to articulate their own meanings through comparing and contrasting their own experience with the author's and that of other women cited in the book. There is also a lot of common ground for those with other cancers or other life-threatening or life-changing diseases for whom repeated contact with the health services and ongoing uncertainty can become a way of life, if only for a time. The book describes the many ways in which life changes for a person from diagnosis onwards, how difficult and painful the experience can be, how every aspect of life can be affected, sometimes only later, and reflects on how the experience is affected by practice and practitioners. As a professional herself, the author is sensitive to the point of view of professionals and aware of their difficulties. Therefore her suggestions for improvement should be of real interest to those of them who are genuinely prepared to acknowledge that the patient experience, while it is never going to be pleasant, is often made as much worse than it needs to be by poor communication as it is much better by good communication. She is far from alone in intimating that all it would take to prevent so much heartache would be for practitioners to show awareness of and sensitivity to the human side of what has become, with the best of intentions, a high-tech meat-processing exercise.

The book is logically divided into chapters following the sequence of events through the cancer experience, starting with the history of attitudes to breast cancer, chapters on the developing experience in stages from diagnosis through the various treatments, moving on to life afterwards, with later chapters on changes to the self, relationships after breast cancer, and on continuing to work throughout it all.

Even though the author is a professional psychologist who became a cancer patient, she writes in straightforward language, and in a very personal, accessible way. Indeed, it is essential to the nature of this book that it is a deeply personal account of an emotional journey (unfinished) and in no way a technical or professional textbook. Since the book also addresses women who have had breast cancer, there is no jargon. There is a glossary at the end of mostly medical terms, with which most women who have had breast cancer will have become all too familiar.

The print is clear and of a reasonable size. The front cover design is immediately recognizable as in tune with the subject matter. Through the book, there are a number of black and white illustrations including photographs of the author as a child, artworks and artefacts illustrating points of discussion, and one diagram. The layout is clear and subheadings steer readers through different aspects of the topic. The language is easy to follow. The tone is both deeply personal and intimate, yet calm and reasoned – deliberately so, to reach not only readers who are fellow patients, who will recognize many of the feelings expressed and feel comforted by a sense of shared experience with the author, but also fellow professionals, for whom there are far too few such books looking at the far-reaching personal consequences of cancer and its treatments.

I admire the author's enormous candour and courage in revealing her most private thoughts and feelings, knowing that few people are willing to talk about such deeply personal pain with the professionals who treat them, partly because they feel indebted and partly because they sense the professionals' reluctance to address these acutely sensitive issues. Many readers will recognize the conflict expressed between both the need, and the felt requirement, to show gratitude, on the one hand, and the resentment at being treated as a problem to be fixed and not a person with a problem, on the other. She has taken the risk, all the greater for her as one who works in the field herself, knowing that for these very reasons the experiences of those with breast cancer are still not understood as well as they should be and that the nettle must be grasped. In my view, the questions raised by this book are the most pressing for professionals to address at this moment, and the only barrier to change is mental.

Just one slight criticism: I disagree with the discussion in Chapter 1 of the meaning of breast cancer in relation to sex. It presents that relation as almost entirely cultural - as though, had we been born elsewhere, at another time, we might not feel distressed about breast cancer at all, or not in the way that we do. In particular, we might not feel it and its treatment an assault on our sexuality, that is, not just on our "femininity", our sense of what it is to be a woman, our feeling of sexual attractiveness, but more importantly, on our capacity to enjoy sex. For a book that purports to be frank about breast cancer, the one nettle I feel it did not properly grasp is the fact that women find their own breasts erotic, because women enjoy having sex, and having sex involves arousal as well as consummation. The literature on the subject simply and rather blatantly chooses to ignore this, preferring to present sex as a strictly genital biological function and not a human interaction of profound emotional importance, with stages of arousal that involve other parts of the body. In fact it hardly matters whether that fact is culturally caused or a natural fact, since this is the culture we live in and the one that matters to us: it is not as though having breast cancer could liberate us from our "merely" cultural attitudes into some attitude-

free state of mind in which we come to understand that our breasts are not "really" important to us and that "really" the only important thing is staying alive (and to what extent is that attitude culturally conditioned too?), the cost for which then appears rather slight, a change of attitude about our bodies, in contrast with the way many women feel it to be and can't be talked out of, namely, the irrevocable loss of a fundamental human capacity. I strongly suspect that our feelings about our bodies and their sexuality is basic to human nature, common to all humans everywhere since time immemorial, and that culture is involved rather in affecting the ways in which our eroticism is seen as legitimately expressed, than in creating its existence. Demonstrated by this treatment of the subject, is the fact that our culture places strong taboos on the ways in which we may talk about sex, and it is certainly very difficult to say that breast cancer treatment is abhorrent to many women because it causes irreparable damage to the visual and tactile functions of what for many of them, as well as their partners, are important parts of the anatomy for their erotic experience, which is a deeply important part of their lives. However, it is good that there is this discussion of the meaning of breasts and cancer, as so much of the literature treats breast cancer as if it were not much different from tonsillitis.

This book is absolutely first priority reading for professionals in the field of breast cancer. Reading this book is necessary: to change minds, to change attitudes, to prompt professionals to re-evaluate the way they do things, indeed, in order that they address the issues raised and develop simple ways of expressing common humanity with patients without risking their own emotional health, rather than keeping a professional distance on the pretext of self-protection but often simply out of lack of awareness and preoccupation with the technical or practical matters of treating breast cancer. It will also be very helpful to women who have or have had breast cancer, whether recently or not, who may still feel distress, perhaps in some cases half-buried and unresolved, related to different aspects of that experience: the book may not resolve it, but it may help and will undoubtedly comfort. It may also encourage women to voice their needs and stand up for their rights.

### **Diagnosed with breast cancer following screening (56-65) (July 2011)**

This is the first book I have read that deals particularly with the psychological impact of breast cancer. It gives an insight into how many breast cancer patients feel, although they may not express these feelings.

It will be useful for those women who have been psychologically affected as they will realise that they are not alone in having emotional as well as physical issues, e.g. extreme fear of recurrence, negative self-image, loss of confidence, and fear of the side-effects of the treatments. It describes the often unspoken emotional impact of breast cancer and may empower patients to speak out more about their feelings and ask for psychological help, as well as raising the awareness of health professionals who do not always seem to be aware of the psychological effects of treatments and their enduring side-effects and the need to be sensitive in their dealings with patients.

I like the look of the book and I found it easy to read, although perhaps not everyone would. The tone is fine, although, given the topic, it is not upbeat – but its message needs to be stated. Some people may not want to know the reality of breast cancer

treatments and their aftermath – although it is my own belief that forewarned is forearmed.

I like the fact that it deals with the unspoken questions, the anxieties, and the terror associated with breast cancer where fear of recurrence, rather than abating as time passes, actually increases. It puts into words how on receiving a diagnosis of breast cancer the person is the same person, the world around them is the same, but in fact everything has changed permanently. I also found the forewords by a clinical oncologist, a gynaecologist/breast cancer patient and a breast cancer patient helpful and the summaries after each chapter are very useful.

This book echoes so much of my own experience with breast cancer that I felt I was reading my own story. Like the author, I had surgery, radiotherapy and hormone treatment – nine weeks after I had initially been told that my lump was benign and 16 weeks after I had first approached my GP with my symptoms. My experience of the professionals is similar. My surgeon, obviously professionally competent, seemed cold and abrupt, on one occasion even talking to me while I lay on the couch as he sat with his back to me.

Although after my first surgery I was extremely pleased with the result (little difference in the breast and a very small scar), he decided I needed more tissue removed (unnecessarily, as it turned out) and instead of carrying out the procedure himself left it to his registrar (something I found out only after seeing my notes months later). The result was horrendous. Fortunately, months later I went to see a cancer counsellor who advised me that I could see a plastic surgeon, and although the result is not ideal it is easier for me to accept than the way it was.

Like the author, I had a caring oncologist but I am sure he was losing patience when I was so extremely anxious about the side effects of radiotherapy, even wishing I had the courage not to have it, while aware that that was not an option. Previous to my diagnosis I had had very few X-rays, ate well and exercised in order to keep healthy and then to my horror was subjected to anaesthetics, CT scans, X-rays, 6 weeks of radiotherapy and powerful drugs. I worried that the treatment could kill me just as easily as the cancer. Because the treatment was necessary for the life-threatening illness and I did want to live, when I did articulate some of the anger and resentment that I felt about what was happening to my body I felt that I was being extremely ungrateful. On the radiotherapy couch I too felt like a piece of meat and thought I was alone in thinking this until I read this book and realised that it is a common feeling.

The normal ageing process had never bothered me, but I found it very hard to come to terms with the accelerated ageing caused by radiotherapy and tamoxifen, the thinning/wrinkling of the chest/throat area, generalised dry skin, thinning hair, weight gain especially around the stomach (in fact not recognising the person I was seeing in the mirror) – added to all of which was the inability to carry out DIY tasks and gardening because of lymphoedema. I was fortunate that I was able to visit a counsellor, which helped greatly in that I made the most of what I was able to do and became stronger. Now six years later, although things will never be as they were, they have improved.

Because of the above, this book resonates very much with me. No doubt there are those who have had good experiences through diagnosis, treatment and afterwards who will dislike this book, but if its publication results in women who have suffered psychologically feeling less alone and seeking help, and giving doctors, nurses and other health professionals an insight into how breast cancer can impact on women, so leading to a change in their attitudes, it will have achieved what the author intended – an insight into the reality of living with, and a better understanding of, breast cancer.

### **Breast cancer patient (66-75 (February 2012)**



This book will be useful reading for anyone who is finding it difficult to cope with a diagnosis of breast cancer and who is not getting support. It would also be useful for some oncologists and surgeons. It shows that most health care professionals do not understand the psychological impact of breast cancer and that it is normal for this to have an impact on the patient's life, friendships, and work.

It made me feel more normal; my oncologist and I do not always agree and she appears very unaware of the psychological aspects of breast cancer, especially when you have incurable metastatic disease and there is no empathy. However, the author is a psychologist and more likely to dwell on the psychological impact. Most women tend not to dwell on this in depth, unless they are clinically depressed, as normality and positivity return following treatment.

It is good for someone who has experience of breast cancer to write about the psychological impact; maybe healthcare professionals who do not believe that it occurs will read this book.

### **Breast cancer patient and health care professional (56-65) (February 2011)**

This book is a useful insight into the treatment and diagnosis of breast cancer and should be read by health professionals, nurses and doctors, or anyone treating people with breast cancer.

I particularly like how Dr Galgut goes into the history of attitudes to breast cancer in chapter one. The details of her treatment from the beginning of diagnosis are very well written. Any technical words are explained in a glossary at the end of the book and there are many references. I also like the summaries at the end of each chapter and the 'it would have helped if' sections.

I am not a health professional but I found the point of view of someone in this field very beneficial. However, this book will probably not appeal to everyone.

### **Breast cancer survivor (36-45) (October 2011)**



The back cover describes this book as being for health professionals working with breast cancer patients and for those affected by the condition. Many breast cancer patients and their families/friends will find this an immensely helpful book, but I am less convinced of its value to cancer specialists. Cordelia Galgut clearly wants her experiences to be used to improve attitudes and communication skills amongst health professionals but it is likely to fall on deaf ears, especially where those most in need of such help are concerned. The critical tone of the sections describing much of her contact with the clinical world is likely to create barriers amongst all but those already convinced of the importance of empathy and good communication.

I read this book at absolutely the perfect time. I finished primary treatment (surgery, chemotherapy and radiotherapy) just over a year ago and have been struggling to recover both emotionally and physically; the nightmare side effects of hormone treatment have definitely not helped. Cordelia's account of her own experiences was, therefore, very reassuring – it stopped me from feeling so alone and made me realise that I don't have to feel guilty about not being superwoman. There always seem to be stories in the media about women who are up and about running marathons within a few weeks of chemotherapy and it's hard not to feel that you're just not measuring up. In being so honest about her thoughts and feelings, Cordelia has helped me to accept where I currently am and as a result, I feel so much better. Having said that, I probably wouldn't recommend this book to someone who has just been diagnosed as it does have a tendency to be a bit 'warts and all' and they may find it distressing.

The book begins with a history of breast cancer and how it has been enculturated. Although this is the logical place to start, it is actually the least successful of the chapters, being more academic in style and less autobiographical than the rest. It then moves through the various stages of diagnosis, treatment, recuperation and recovery before finishing with chapters on changes to the self, relationships and work. The only section which doesn't follow this logical sequence is the chapter on mastectomy and chemotherapy which was written by another breast cancer patient (Cordelia did not go through these treatments herself) and is included as an appendix

I found the book very engaging, enjoyable and easy to read. As a personal account of a breast cancer diagnosis and treatment, it assumes a fair bit of prior knowledge and experience and doesn't really attempt to explain technical terms. Moreover, it does occasionally lapse into a more academic style, particularly in the first chapter and, as a result, perhaps becomes less easy to absorb. I didn't notice any factual inaccuracies but this is a highly personal account. Not everyone will have the same experiences, nor will they come to the same, often harsh conclusions.

Although largely text (broken up with a few pictures and diagrams), it is generally well presented and the use of subsections in each chapter helps to prevent it becoming too dense and unreadable. The summary sections at the end of each chapter are also useful in helping to highlight the author's main thoughts, feelings and conclusions. Cordelia adopts a mixture of styles, sometimes more scholarly and sometimes more autobiographical; for me, this latter style was more successful and almost gave the book a feeling of being like a support group, although on occasions it did turn into a bit of a rant about emotionally-unconnected health professionals.

I particularly like the autobiographical elements. It is rare to get an opportunity to talk about everything you've been through. In the initial days and months, you are too shocked by the diagnosis and too busy getting through the treatment to spend much time thinking about what's happening; by the time treatment is over everyone else is completely fed up with the topic. Reading Cordelia's detailed account of her breast cancer experience was almost like talking about my own – very cathartic!

I was less convinced about the more polemical parts of the book where she rails against the medical profession. I have experienced some truly awful examples of poor communication skills myself (on our first meeting, my consultant sat facing the wall with his back to me whilst talking!) but I'm not convinced that Cordelia's somewhat aggressive stance will prove helpful.

If, like me, you are a year or so past treatment but still struggling to recover emotionally and physically then you will probably find this book immensely comforting and helpful. If, on the other hand, you have just been diagnosed with breast cancer then I would leave the book for a while; it goes into detail about the horrible things that happened to the author and, while we all have our up and downs during treatment, we don't all experience the same things as Cordelia (in many ways, my own experience was quite different to hers). Although not a health practitioner, I have worked in the NHS for many years in a research role, and I strongly suspect that this book would appeal only to those practitioners with an existing interest in providing emotional support; those with more limited communication skills would probably need a different approach entirely.

I would definitely recommend this book to breast cancer patients who have completed treatment (and their families) but not to newly diagnosed patients.

### **Breast cancer patient, (36-45) (March 2011)**

The book opens with an account of the attitudes to breast cancer in the history of the West. It then discusses diagnosis and various treatments, moving on to how the treatment changes the survivor as a person and how breast cancer affects 'the dynamics' of the survivor's relationships. Apart from Dr Cordelia Galgut's own account of breast cancer treatment and her insights as a psychologist-patient, the book also benefits from a chapter on 'Mastectomy, reconstruction and chemotherapy' by Sarah Burnett, a consultant radiologist and breast cancer survivor.

I like its honesty. Dr Galgut writes that before her own cancer diagnosis she had been 'working as a psychotherapist and supporting women living through it', yet had not understood that breast cancer is a 'chronic ... disease, even with a good prognosis.'. Becoming a patient made her realise 'the lamentable lack of recognition by health professionals and the public of how treatments for breast cancer actually affect women and of the psychological impact of this disease.'.

This is a difficult book for anyone, but especially so for a woman with breast cancer – partly because of the language, but much more so because of the nature of the revelations about the author's feelings at various times: fear, insecurity, rage and humiliation. The feelings that she describes brought back terrible memories of some

of the traumatic 'treatment' I too had received. This was unpleasant for me at a time when I needed to feel reassured, comforted, uplifted and inspired. I feel that this book requires me to be stronger in facing up to how breast cancer and its treatment impacts on us as women and on society's and our own perceptions of beauty, gender identity, ageism and mortality.

This book would not help a breast cancer patient to cope. In fact, they might find it very disturbing. However, it is a necessary book for health professionals, who need to know just how a patient feels. It is especially useful for any psychologist or psychotherapist supporting breast cancer patients and survivors. It could help to make some health professionals more sensitive and caring, although I imagine that many insensitive health professionals would not even see the need to read it.

### **Inflammatory breast cancer survivor and carer (56-65) (July 2011)**

This is very open and honest – a combination of personal and professional experience. It will be useful for women coping with the on-going nature of the emotional impact, and dealing with health professionals. It will provide insight for professionals. Some newly diagnosed people may find the frankness of the writing hard to read.

### **Former cancer patient (56-65) (January 2011)**

I have very mixed feelings about this book. The author gives a broad, albeit emotional, insight into her reactions to a diagnosis of breast cancer. I like her honesty, although I felt she had a tendency to 'wallow in her own misery'. As a professional psychologist, I was rather surprised at this aspect of her writing. She is very open and upfront about parts of her personal life and relationships which, whilst throwing some light on her thought processes, are unnecessary and somewhat out of place. I hope I do not sound priggish, but I do wonder how some readers might react.

The author refers repeatedly to consultants ringing her at home before appointments and/or surgery to give her information and to check that all was well – she was a private patient and this does NOT happen on the NHS! Although, in all fairness, she does mention that she was treated privately, it is very misleading to include this – it could raise unrealistic expectations. In addition, I did wonder if she received extra care and attention, even as a private patient, because she is a medical worker.

She mentions her dislike of the phrase 'cancer journey' as this implies that there is an end, whilst its physical and emotional effects continue (page 153, para 3). There is an obvious end (i.e. death), which she glosses over. I am aware of a number of people who also dislike the terminology 'cancer journey', me included!

It is best suited to health professionals and is not suitable for all patients with breast cancer – a breast care nurse or medical team would do well to screen the recipient before recommending it.

### **Breast cancer patient (66-75) (March 2011)**

Dr Galgut's descriptions of her breast cancer journey are at times harrowing. Only those patients comfortable reading about 'worst-case' scenarios should read this book. Those at an early stage of their diagnosis and treatment may be distressed by her accounts of discomfort and distress – the journey is not as arduous for all patients. Some degree of preparation for the worst that might happen must be tempered with a realistic account of the likelihood of complications. However, it should be compulsory reading for health professionals, particularly those dealing with breast cancer patients, and for those struggling to understand what someone they know is going through following a diagnosis of breast cancer.

The book's most useful role would be to encourage some health professionals to adopt a more sensitive and sympathetic manner to their patients. For health professionals responsible for the information given to breast cancer patients, there are some valuable insights into the information that a patient should receive – and which may help to prepare patients better for their journey. I particularly like the "It really helped" and the "It didn't help" sections at regular intervals, summarising issues and suggesting methods of improving the patient experience.

I like the honesty with which Dr Galgut describes how her psychological training had not prepared her for the issues raised by the treatment she received, and the ways in which it was delivered. She very clearly shows how treatment could be a much better experience with some simple no-cost changes. Whilst not all cancer patients will have a journey similar to the author's, many will be able to relate to her experiences, and many of the improvements she suggests would be applicable for patients with other types of cancer – or indeed any other chronic illness.

Dr Galgut challenges the widely held belief that patients experience a linear path from shock and disbelief through anger and depression to final acceptance. Even diagnosis, which is generally understood to take place at a single point in time, is frequently revised, often with a changing prognosis. The psychological issues become a rollercoaster of conflicting thoughts and reactions. Although many of the health professionals I met were supportive and sympathetic they see cancer patients regularly and must, to a greater or lesser degree, harden their attitude as a means of protecting themselves. This is not comfortable or supportive for the new patient.

As a man I find it hard to understand the additional distress that a woman diagnosed with breast cancer must feel, the perceived loss of attractiveness and the horror of having these most private parts of the body being seen and treated by a multitude of people make for a very unpleasant experience. Dr Galgut describes her responses to all that she went through with skill and sensitivity.

I recommend it to only the very strongest patients but to any health professional working with breast cancer patients. I would also go further and say that not only breast cancer patients experience these issues. Any cancer patient is likely to experience similar feelings – although the assault on a woman's femininity by breast cancer treatment is an additional burden. For me its usefulness is in the expression of suffering that Dr Galgut felt, and the ways in which a greater degree of sensitivity from some of the people with whom she had contact could have reduced this.

**(Male) cancer patient (66-75) (March 2011)**



This is a very strange book. It is a bit of a hotchpotch and I am not sure who the audience is. It is one person's feelings and while some were similar to mine at times, it is very self-indulgent. It is generally interesting to read, although I found it a bit of chore in places and lost interest. The author goes backwards and forward about treatment and times and I sometimes got lost. In addition, the chapter at the end is based on someone else's experience of chemotherapy, which I don't think fits into the book.

The book has some very good points; the summaries at the end of each chapter are excellent, especially "it helped that..." and the "it would have been better if..." It also opened up some feelings that I have been burying – maybe that is why I found it a bit hard to read. It is a strange book; I loved bits of it, and hated others (hence the length of time it took me to read it). It does sum up the isolation you feel when people expect you to be over it but you are living with the fear of recurrence.

### **Breast cancer patient (36-45) (February 2011)**

This book raises some very pertinent issues. The first couple of chapters resonated, but then the detail and the author's personal experiences and expectations did not relate to mine. Our treatment depends on us, our cancer and our support network, including our health professional's attitude, health service resources and our expectations. The one-to-one attention of her oncologist is rare and unpractical in most instances. Being a health professional herself, her expectations and support are to a degree unique.

It starts very well with information that I feel most breast cancer patients, carers and health professionals could relate to. I understood her experience clearly and the foreword adds insight. There is a degree of over analysis. As a psychologist, I did anticipate this; however, I feel the author is a little overindulgent.

It looks like a professional reference book although its tone is personal, which will aid understanding of the patient's emotional and practical concerns. The forewords and the reference chapter written by Dr Sarah Burnett add weight and perspective to the book. It would be insightful for health professionals to get a holistic understanding of the patient experience both practically and emotionally.

I did find the book insightful and I learned from its content in terms of not only patient expectation, but also how the degree of support and choice in treatment varies. I feel the author struggled to be objective as she was most of the time writing from a personal viewpoint; however, the fact that she is a professional led to over analysis and heightened expectations as a patient.

I would anticipate that her target audience is health professionals; if so, she has succeeded in providing insight.

### **Breast cancer survivor and advocate (46-55) (May 2011)**

I was a little disappointed with this book. I read it initially as a source of information on the psychological impact of cancer, as it is with this that I am struggling. However, it is very much one person's experience of dealing with a breast cancer diagnosis and treatment and it was not comparable with mine. It particularly deals with the psychological impact, but of that on the author rather than on women generally.

Once I realised that the book was not a general overview, I did enjoy reading her story. Some elements are useful and gave me a little insight. However, I found it a little depressing and I don't think I would have chosen to read it if I had realised it was more of a story than a source of information.

Health professionals should read it; they seem to have let the author down throughout her diagnosis and treatment.

### **Former breast cancer patient (46-55) (May 2011)**



I found this book unremittingly grim and hard to read all the way through. I am not a fan of books that approach the subject with relentless positivity, but this book goes too far the other way.

The chapter on the history of attitudes towards the breast and breast cancer is interesting and I like the summaries at the end of each chapter of what the author found helpful and unhelpful about the behaviour of health care professionals. The recurring idea that breast cancer by its nature is worse than any other cancer for attacking the sense of self annoyed me. I have had a bilateral mastectomy, with reconstructive surgery, my mother had a colostomy bag in the two years leading up to her death from bowel cancer, so in comparison, yes I do feel fortunate.

I am not sure it would be helpful to anyone living with or coping breast cancer, although it could validate some of the thoughts and feelings that some patients experience. It may make health care professional more aware of the issues faced by some patients and highlight how helpful behaviours and attitudes can improve the experience of breast cancer for the patient.

### **Breast cancer patient (36-45) (May 2011)**



I recognise that this book is one person's view, but it could prove difficult reading for a breast cancer patient about to start treatment. It will be of most benefit to patients who feel as the author does. It might also be of benefit to anyone who has the same degree of trauma as the author.

It may be beneficial to those who believe their treatment has not been good and who feel strongly about this. Perhaps also for those who are having tremendous difficulty in dealing with breast cancer. I believe everyone is traumatised by it – it is the depth of trauma and how a person deals with it that are important. The author's anger/angst comes across very clearly and this may be useful for some – it could be a vent for their feelings. Radiologists and health care professionals might also find it useful.

I was extremely interested in the subject matter and came away feeling even more profoundly grateful for the treatment I received/continue to receive and the health care professionals that I have encountered.

### **Breast cancer survivor (46-55) (February 2011)**

I really struggled with this book. I was immediately put off by Jenni Murray's blurb on the back: "Cordelia's book will ring true to every woman who has experienced breast cancer". This is quite assumptive. It might be useful for someone who has had real psychological difficulties and who wants to feel that they are not the only one. It might be useful for medical professionals wanting to understand how SOME people react to treatment. I did not identify with anything that the author describes.

If it had a different title, e.g. "My story – one woman's psychological experience of breast cancer", I would have found it an interesting recounting of someone's experience. However, it purports to describe the psychological experiences of all women with breast cancer. I have not experienced ANY of these psychological reactions. It is frustrating that the author is setting the book up as a resource for medical professionals to deal with all women.

The book works through the author's experiences in a logical manner and concludes with the experiences of someone who has been through chemotherapy, mastectomy and reconstruction. The language is jargon free and easy to understand. I like the chapter summaries of key issues and what medical professionals could have done to make the experience easier.

It is a lost opportunity; it provides no strategies for coping and is very passive, the author describes "surrendering" to treatment. There is no ownership of her condition or treatment, and the author had a victim mentality that I did not identify with. She writes about what medical professionals, friends and family could have done better, but doesn't address what she could have done; e.g. she did not eat before her first radiotherapy planning session and had a severe psychological reaction, she then did not eat before a further planning session and again had a bad reaction. In places it could harm more than it helps. It could put people off treatment; e.g. on page 66 she describes radiotherapy as "... an assault, as a sort of rape. It's a violation".

### **Breast cancer patient (36-45) (March 2011)**

## Unrated

I have mixed feelings about this book. The author has a harrowing story to tell and tells it very powerfully. That's a plus, but also, potentially, a minus for some readers. As Dr Carmel Coulter, clinical oncologist and the book's cancer advisor says, this is not any easy book to read.

Jenny Murray's introduction says she hopes the book will offer insight for doctors and nurses who encounter patients, and who need, for the patients' sakes, to have a better understanding than many of them do. I found myself agreeing with this – and this may be the book's prime audience. Will they read it? Clinicians in a hurry could read just the chapter summaries, particularly "It would have helped if..." "It really helped that..." which spell out succinctly the lessons for those involved in our cancer care. However, they would miss the powerful underlying experiences and feelings.

Be aware, this particular author starts anxious: she brings a lifelong fear of breast cancer, has a particularly tough experience, especially, but not only, of radiotherapy: it's not like that for everyone. Saying that is not to underplay or disrespect her distress, but this could be very frightening to a reader about to undergo treatment. Readers will respond to her bravery in writing this book and to the clarity about how things could be made better. Those lessons go beyond breast cancer.

One foreword is by a doctor who was involved with the book since its inception and herself diagnosed with breast cancer while reading. The book has, she says, "turned me into a better doctor" as well as helping her as a cancer survivor. Cordelia Galgut's own introduction signals a lot of honesty, and that she is going to cover "contentious, even shocking, subjects that are not often talked about". The subtitle "A psychologist's insights as a patient" is a signal that the book is not going to tell me how to cope, but how the author did and how others can help.

A lack of shared decision making during treatment, the emotional gulf that can open up after treatment ends; living with uncertainty and the fear of recurrence are highlighted, as are the emotional needs of those dealing with her, and whether they are identified and attended to. Cordelia Galgut also highlights particular issues about radiotherapy and recommends patients are forewarned they may feel vulnerable. She writes convincingly about the need for research into the distress levels experienced by patients in radiotherapy treatment and better ways of identifying and supporting patients with particular needs at this stage.

Cordelia Galgut's story shows us how early experiences and perceptions are influential in how we respond in later life to diagnoses and treatments – and to the people we meet along our treatment paths. Her story is full of lessons for clinicians and those who commission our cancer services. She writes directly and personally. No psychological jargon, no psychobabble. She's good at pointing out how disclosure of personal needs can make you feel even more exposed and vulnerable. Her account makes a strong argument for the need for a holistic approach to cancer patients and really scores in being specific about what was missing in the bad times and what worked well for her. So if you are a cancer professional reading this you can see what to do differently or what is helpful about what you already do. That is to



say, she goes beyond "X was insensitive" to "X did not do/say this (look me in the eye/ask about...). In addition, she identifies clearly what was supportive in her care. The detail is important because that's how people learn. As I write this, I'm asking myself: how do we get the messages here to the people who need to hear them? Put this on the preparatory materials for those taking the Cancer Communications Skills Courses?

Its limitations are a mirror of its power. Cordelia Galgut does have a particularly tough time and encounters some dreadfully insensitive people. There is a risk that the author's experiences and responses are seen as the norm, which I hope and believe they are not. This is not to dismiss them, but it does mean I have some reservations about potential readers – especially patients or carers – at the beginning of their cancer journey. People affected by cancer need to know that this does not necessarily happen: Cordelia Galgut's journey may not be yours.

**Breast cancer patient (66-75) (May 2011)**

## Further information

Macmillan Cancer Support publishes an annual **Directory of information materials for people affected by cancer**, which has details of over 1,000 booklets and leaflets produced for people affected by cancer.

The web version of the directory ([www.macmillan.org.uk/cancerpublications](http://www.macmillan.org.uk/cancerpublications)) also includes details of books and audiovisual materials that, for reasons of space, we cannot include in the printed version. It also includes the reviews of books and audiovisual materials written for Macmillan Cancer Support by people affected by cancer and health professionals.

The comments of people affected by cancer about books and audiovisual resources are used to help staff in public libraries and cancer information centres select the most useful and appropriate materials. They also help others affected by cancer to make a more informed decision about whether to borrow or buy a particular resource.

If you would like to review books and audiovisual resources for Macmillan Cancer Support and have not already registered as a Cancer Voice, you can do so at [http://opportunities.macmillan.org.uk/p\\_homepage.aspx](http://opportunities.macmillan.org.uk/p_homepage.aspx). You can opt to receive details of books and audiovisual resources available for review as they are added, or you can view them at <http://opportunities.macmillan.org.uk/Opportunities.aspx?iid=11>

## Information and support for people affected by cancer

If you are looking for support to help you live with cancer, you may wish to contact one of Macmillan's cancer information and support services listed at [www.macmillan.org.uk/informationcentres](http://www.macmillan.org.uk/informationcentres). Or you can call the Macmillan Support Line free on **0808 808 00 00** (Mon-Fri 9am–8pm). We have an interpreting service in over 200 languages. Just state, in English, the language you wish to use. If you are deaf or hard of hearing you can use textphone no 0808 808 0121 or Text Relay.

You can also email us using the website enquiry form at [www.macmillan.org.uk/HowWeCanHelp/TalkToUs/AskMacmillanForm.aspx](http://www.macmillan.org.uk/HowWeCanHelp/TalkToUs/AskMacmillanForm.aspx)

Alternatively, visit [www.macmillan.org.uk](http://www.macmillan.org.uk)

## Feedback

If you have any comments, please email Sue Hawkins, Information Materials Researcher, Macmillan Cancer Support [shawkins@macmillan.org.uk](mailto:shawkins@macmillan.org.uk)

**Cancer is the toughest fight most of us will ever face, but you don't have to face it alone. The Macmillan team is here with you every step of the way.**

**We are the nurses helping you through treatment. The experts on the end of the phone. The advisers telling you which benefits you're entitled to. The volunteers giving you a hand with the everyday things. The campaigners pushing for better cancer care. The fundraisers who make it all possible.**

**We are Macmillan Cancer Support.**

Questions about living with cancer? Call the Macmillan Support Line on 0808 808 00 00 (Monday-Friday 9am-5pm). Alternatively, visit [www.macmillan.org.uk](http://www.macmillan.org.uk)

Hard of hearing? Use textphone 0808 808 0121, or Text Relay.

Non-English speaker? Interpreters available.

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