

## 'You seldom heal... you live with cancer'

Ian Florance meets **Cordelia Galgut** to discuss how diagnosis and treatment has affected her work as a counselling psychologist

In 2004 Cordelia Galgut was diagnosed with bilateral breast cancer. As a Chartered Psychologist and registered counselling psychologist and therapist who has been in private practice for the last 20 years, the old cliché 'Physician, heal thyself' loomed large. When I interviewed her, she had recently been in hospital with sepsis, a long-term effect of breast cancer treatment on her immune system.

Cordelia's experience has created an internal conflict between conventional scientific wisdom and her lived experience of breast cancer. She wanted, she said, to explain this to psychologists

dealing with any client or patient crisis, not just cancer, and to question accepted professional practice.

'I was born in Liverpool in 1955 and moved to London when I was 12,' Cordelia tells me. 'I was bright but was told, like a lot of bright girls at that time, that I should be a teacher or a nurse rather than a doctor or a scientist.' Cordelia went to a grammar school in Liverpool, but remembers her male teacher's first words at a physics lesson were, 'Of course physics isn't a girls' subject!'

On arrival in London, her mother, a committed socialist, wanted her to go to one of the new London comprehensives rather than take up her place at the local grammar school. Her mother and father hadn't discovered that it was a sink school: most of the bright children had taken up places in grammar schools. It wasn't until Cordelia changed school in the sixth form that learning became easier and more enjoyable. However, the idea that girls weren't really meant to be too well educated or to speak out was always in the back of her mind.

She got a place at university, studying English and French. The English was very unimaginatively taught so she changed to psychology: 'It was disappointing that I didn't get on with English, as I'd wanted to be a journalist, but I was interested in the workings of the mind, too. After my first degree, I ended up doing a PGCE in French, then taught French for 16 years, including running a French department... I'd just

drifted into the profession, really.' She smiles wryly. 'The main reason I did the PGCE at Sussex and in French was to please my boyfriend and also my mother, who was a French teacher!'

At the age of 27 Cordelia fell very ill in Greece with some sort of virus. 'I didn't know at the time that I had been born with a part of my immune system missing. I can't throw off infection well. This effect has been made much worse by cancer treatment.' However, Cordelia did recover enough to keep working and became an advisory teacher. A couple of years into the job, she contracted another virus ending up unable to work and lying flat on her back for around two years. Medical people dismissed her condition as psychologically induced: one GP told her she thought it was caused by Cordelia's depression at being a lesbian! 'I identify as bisexual though my partner of 33 years is a woman, so to that extent I am a lesbian. I didn't believe the GP's explanation at the time nor do I now.' But lying on her back gave her time to reflect, fuelling the crusading spirit evidenced in the rest of our interview.

After a couple of years, once her brain fog had cleared enough, she decided she had to do something, so signed up for a basic counselling course at City University having been retired from her advisory job. 'The City University approach was person-centred, a refreshing shift from the psychoanalytic, medical model of my original psychology training. I then got onto a competitive PGDip in Counselling at UEL in 1994 before going straight on to an MA. This started my academic career proper, which has had the effect of finally laying to rest ghosts from my childhood and schooldays. My research was on attitudes of counsellors and psychotherapists to lesbian and gay clients. The data from this study revealed significant pathologising of lesbian and bisexual clients by their therapists, so I decided to go on and do a DPhil to look at the issue the other way round: lesbian and bisexual clients' experience of counselling and psychological therapies.'



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At the time, there was a lot of resistance within the counselling and psychology world to this line of research and the journal *Counselling* turned down her article on the results of her MA research, saying they wouldn't publish that kind of thing!

By 2004 Cordelia had 10 years' plus experience in supporting people in crisis, including clients with breast cancer. 'And I thought I knew it all. But when I started going through breast cancer myself, I realised my clients had been very polite in not pointing out my lack of understanding. Patients fear censure and the power balance is in the favour of healthcare professionals. At the time, my approach didn't really encourage clients to tell me how they felt about my approach. It does now!'

In her excellent book *Emotional Support Through Breast Cancer: The Alternative Handbook* (Radcliffe Publishing, 2013), Cordelia addresses a number of myths about breast cancer. These include:

- ! 'It was a year ago. You should be moving on by now.'
- ! 'These days chemotherapy and radiotherapy are easy treatments to cope with.'
- ! 'Shock doesn't last long.'
- ! 'Relationships don't change as a result of breast cancer.'

The issue that kept coming up in my conversation with Cordelia about cancer was time. 'The effect of breast cancer and its treatment doesn't stop after a year. If you feel grief, fear of death or recurrence beyond that point and enduringly, you're deemed not to be reacting "normally". You can be subjected to the pathologising attitudes of doctors and psychologists. I certainly know of psychologists and doctors who have kept their cancer diagnosis and ongoing problems private, for fear of this kind of judgement. They even give up work, but don't feel able to explain why! I think that's an issue we need to confront within our profession!'

One of the myths Cordelia addresses in her writing is the idea that there are set stages of grief that all or most people pass through after a trauma. One version of these is shock, denial, anger, depression, acceptance. 'This doesn't help,' Cordelia says. 'I have never heard anyone say they go through these stages in sequence. They can go back and forth between them and experience them in parallel or not at all! However, people's stress levels can be increased massively by pressure to follow these stages, because to do so is deemed normal. Not responding as conventional wisdom says we should can make

extreme trauma even harder to bear. That was my experience and that of many others to whom I've talked and who have written to me over the years.'

We tend not to realise that cancer treatments can go on for years. Cordelia commented, 'My treatment went on for months, and then I had four years of hormone therapy involving injections in my stomach every month. The needle was as thick as a nappy pin and deposited a pellet in the subcutaneous fat of my abdomen; it has left scars that have affected the nerves in my legs as well as creating other nasty side-effects. But I kept getting told "You're over it, you're all right". In fact, you seldom heal. You live with cancer, not least fear of recurrence. This seems to get worse over time, not better. Treatment effects also appear to get worse over time – for example, radiotherapy damage which is wide-ranging. This is a largely unspoken problem, because those of us who survive are often told, "You're lucky," and we are. It's hard to speak out, even if the quality of our life is awful.' The medical profession is wary of discussing this issue openly, though it is acknowledged behind closed doors!

Cancer has questioned Cordelia's attitudes as a psychologist and therapist, and more generally. 'Psychologists and other support workers are people as well. Having a diagnosis of breast cancer – or experiencing any trauma – poses a number of questions. Do they continue working? Do they disclose what's happened to them? Does their own experience affect – even damage – patient/client relationships? A lot of received opinion would suggest the model is not to disclose, to keep a neutral stance, not to risk crossing boundaries and not to practise if you are not "recovered".'

Cordelia addresses these questions with characteristic forthrightness. 'When I was diagnosed, I asked clients if they wanted to know why I needed to take a break. Most did want to know and to continue with me. Of course there were gaps, but I was able to keep going for the most part, and I discovered that the experience was making me more open as I grappled with, for example, agonisingly itchy skin during radiotherapy. I obviously had to disclose why I needed to scratch my breast and the feedback I got was that my clients were sorry I was going through this, but that my obvious vulnerability and humanity helped them accept theirs. Reactions such as these were a big surprise to me and have contributed hugely to a shift in the way I work with my clients. I'm much more

real now, much more transparent, always, of course, with the proviso that I respect what is right for my client.'

Cordelia is all too aware of the dangers of talking about these things, in this way. 'I've written mixed-genre books. Some of what I say hasn't always gone down well with medics and psychologist colleagues and I've been told "you need to be either a psychologist or a patient to be taken seriously", as if we can't move between the two comfortably and ethically. When I went on *Woman's Hour* as the psychologist/author I worried about disclosing things about myself so publicly. Again, these are issues that should be talked about more within our profession.'

Are psychologists too bound by research data? 'Data can provide useful pointers and generate interesting topics for discussion, but can be red herrings. Evidence-based practice is necessary, but I wonder whether, for example, non-formal interview data and word-of-mouth testimonies can often give us more reliable insights into patient experience than formal research. It is assumed that, for example, a researcher who has had breast cancer has too much insider bias to generate accurate data when interviewing another person with breast cancer. However, we hear from women over and over again that they will hold back with an interviewer unless they know that person has had relevant experience; interviewing skills are of secondary importance. Furthermore, a researcher who approaches an interviewee in a medicalised, pathologising way (as seems to happen too often in, for example, the field of psycho-oncology) can easily miss what is under their nose, because their entrenched attitudes and unquestioning acceptance of the theoretical status quo get in the way.'

Cordelia is embarking on a new book whose theme is 'survived cancer but at what cost?'. At [www.emotionalsupportthroughbreastcancer.co.uk](http://www.emotionalsupportthroughbreastcancer.co.uk) she asks those who suffer ongoing effects from cancer, emotional or physical, to contribute to the book.

Let me close by thanking Cordelia for her honesty and insight, and quoting from one of her poems which is reprinted in her *Emotional Support* book:

Tell me instead that you have an open  
heart  
And an open mind,  
That you'll listen,  
That you'll try and understand,  
Even when what I'm saying sounds  
preposterous to you.  
It is my reality.

# A world of diminishing boundaries

**Caroline Limbert** (Cardiff Metropolitan University) on the first overseas Health Psychology MSc to be accredited by the British Psychological Society, and what the experience has done for her own career and that of the graduates

Internationalisation is an increasingly important feature of university education today, reflected in a wide variety of initiatives designed to increase graduates' abilities to operate in and add value to the global economy and a world with diminishing boundaries. The Higher Education Academy, which sets and maintains the standards for higher education, argues that internationalisation is important for universities as it can help to build their reputation across the world, enrich the programmes provided and also make them more sustainable, perhaps by accessing new markets for students and funding overseas (Higher Education Academy, 2014). In terms of career opportunities for students, graduates and members of university staff, engaging in the internationalisation agenda has a lot to offer.

Internationalisation in higher education has been defined as 'the integration of an international or intercultural dimension into the tripartite mission of teaching, research and service functions' (Foskett & Maringe, 2010, p.1). Some critics have argued that this process of integration can lead to an increasing uniformity in language and culture that could destroy the very basis on which some approaches to internationalisation rest, leaving just an economic, so arguably less admirable, aim in place (Lumby & Foskett, 2016). However, alternative approaches to internationalisation include the opportunity to value and emphasise cultural differences as a result of an exchange process (Teichler, 2009), and it is this attitude that was embraced by Cardiff Metropolitan University and the British Psychological Society (BPS) when considering the accreditation of the first

MSc Health Psychology programme outside of the UK.

The newly accredited MSc Health Psychology programme is based at City Unity College in Athens. The focus of health psychology on the application of psychological theory and evidence to health enhancement, coping with chronic conditions, improving health policy and healthcare provision and improving health-related attitudes and behaviour (see [www.bps.org.uk/dhp](http://www.bps.org.uk/dhp)) means that there are a number of areas included within the field that are very interesting to compare between the UK and Greece. A BPS-accredited qualification at postgraduate level is a fantastic vehicle for enhancing opportunities for students and staff alike to explore those differences and learn from the diverse approaches used in other cultures. The accreditation also means that graduates from the programme at City Unity College have the same skills and knowledge base as UK graduates, and so the foundation on which to build with Stage 2 health psychology training where required.

The MSc Health Psychology programme at City Unity College in Athens is currently in its third year since the first cohort walked through the doors. The programme includes identical modules to those at Cardiff Met, and all teaching materials and assessments are made available to staff in Athens. However, the different emphasis in each country means that changes are made to those materials by our Greek colleagues in order to make the materials more pertinent to their target audience. Also the specialist areas of staff members are given scope to be included in the teaching sessions so that the benefits of an expert, research-led approach to teaching this constantly evolving subject are maintained.

The quality assurance procedures at Cardiff Met are mirrored at City Unity College. When we go through a periodic review, they go through the same process;



the staff–student liaison processes and general regulations are on a par on both sites; and recruitment of staff and students and moderation of marking are all overseen by the moderator, who is currently the Programme Director of the Cardiff Met-based programme. The moderator visits the programme in Athens twice a year to monitor the way the programme is run, exchange information and provide training as required and generally develop the working relationship with the team based in Athens. There is also a separate external examiner who oversees the City Unity College programme and provides an additional check that the programme meets the standards we would expect to see in a course based in the UK. These roles can help to enhance the day-to-day existence of university staff, broadening experience and adding an additional, interesting challenge that can have benefits for career development.

## Advantages and disadvantages of the programme

The advantages to Cardiff Metropolitan University of having the MSc Health Psychology programme at City Unity College includes the inevitable financial considerations, but the benefits to Cardiff-based students include funded exchange visits; visiting lecturers from Athens; dissertation projects that straddle both sites by collecting data in both the UK and Greece and being supported by staff in both countries; and development of a better understanding of how health-related behaviours, policies and outcomes can be very different, despite the relative proximity of Athens and the fact that we are all, currently at least, part of the EU.





From the point of view of the Athens-based students, they also benefit from visiting students and staff from the UK contributing to their programme; the option to conduct cross-cultural studies for their dissertations and of course the development of a broader understanding of the context of health-related issues. But for the students in Athens, the BPS accreditation is key. It enables them to obtain recognition for their qualification by a professional body that is highly regarded in Greece and enables them to continue to develop their careers as health psychologists, should they choose to do so, in a way that does not exist in Greece.

The drawbacks of the programme in Athens to those of us at Cardiff Met were initially focused around the difficulties of working with people from a distance, people we didn't know and people who had a very different way of doing things to us. This 'problem' has greatly diminished over time as we have got to know our friends in Athens, become familiar with their ways of working, as they have with us, to the point that we have now reached a position of mutual respect. We don't expect everything to be the same, but value difference as long as the standards are maintained. Three years in we have learned a lot from each other.

The drawbacks that still remain include the time it takes to oversee the programme in Athens, to visit twice a year, to complete the paperwork and engage in training and other combined activities. But as long as workloads can be designed to reflect the time that needs to be devoted to collaborative provision programmes, this should not be a significant problem either.

So what of the cultural differences in health behaviour, some of which startled the students? They include the fact that Greek students seldom binge drink or drink to get drunk. However, they are much more likely to smoke than their British counterparts and the social aspects of enjoying an iced coffee and a cigarette together were cherished by the Athens-based students and staff. The fact that the Greek students address their lecturers using their title and family name rather than first names, as used by the British students, introduced some interesting discussions regarding whether the use of more formal titles reflects higher levels of respect for members of the health psychology team. Another interesting line of discussion was around the cost of medication in Greece, especially in the light of the recent austerity policies. A case study involving a Greek woman who spends much of her pension

supporting her unemployed grandson (something else that is possibly less likely to happen in the UK), and also a considerable amount on her prescription drugs, opened the students' eyes to the benefits of the NHS and the relative economic stability in the UK (despite the imperfections that we are all too keen to grumble about).

### The future for our links

The plans are to develop more staff and student exchanges between Athens and Cardiff; to conduct more research exploring the health-related differences between the two cultures and the impacts they have. We already have one graduate from the Athens-based MSc Health Psychology programme who is undertaking a PhD at Cardiff Met and also working on BPS Stage 2 health psychology training, something that would not be possible if her MSc had not been BPS accredited. The future prospects are potentially endless as we operate in a global economy where a better understanding of the way health behaviour, health policy and health outcomes compare between different cultures is valuable in order to optimise health education and health provision and to ensure smooth transition for people making the most of the diminishing boundaries throughout the world.

### Career development opportunities

The experience of spending some time overseas and/or obtaining an in-depth understanding of the differences between the cultures in terms of educational practice and health-related behaviour has been invaluable for both staff and students based at or visiting the MSc programme at City Unity College in Athens. Broadening the understanding of how the economy, culture and policy can impact on health-related behaviour at the individual level is so much more possible as a result of experiencing these issues firsthand and talking to people on the receiving end. Many graduates from the programmes, both in Cardiff and in Athens may well

find themselves working in other countries: in fact we have already had graduates working in Australia, Haiti, Mauritius and Spain to name just a few. The experience of conducting a cross-cultural dissertation or PhD, as has also

happened as a result of this relationship, prepares students for careers that are not bound by the familiar and limited experiences of their own country and culture. Linking the two programmes makes it possible to build a supply of health psychology graduates prepared to tackle global health issues in a way that is becoming increasingly necessary in the world without boundaries. For example, antimicrobial resistance, obesogenic environments, addictive behaviours and chronic conditions are all relevant issues for health psychologists that extend beyond the borders of the UK – exploring these issues from different cultural perspectives can help to provide solutions that would not otherwise be available or considered. The development of more overseas MSc Health Psychology programmes with BPS accreditation, and the development of international doctorates in health psychology, would be a beneficial development and help to facilitate this recognition that health cannot be contained within geographical or political borders.

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