

Introduction

A diagnosis of breast cancer can cause a lifechanging ripple effect of impact, affecting those we love the most and those upon whom we lean, for comfort and strength in the most challenging of times. My name is Aisling Hurley and I'm the CEO of Breast Cancer Ireland and you're listening to More Than A Lump, a podcast that talks openly and honestly to a selection of guests about their very personal connections to breast cancer – be it through their career choice, their own first-hand experience of the disease, or through sharing the experience of close family members. My conversations will centre on how breast cancer has informed their perspective on life, love, family, health, their goals, and aspirations. Although each story is utterly unique, the one common thread that runs through each one, is that breast cancer is more than a lump.

This episode of More Than A Lump is proudly supported by Goodbody, a leading financial services firm that has been serving and growing client relationships for nearly 150 years. Breast Cancer Ireland is one of the strategic, charity partners that Goodbody works with, in an effort to provide educational resources and financial support.

When Madeline McCoolle first discovered a lump on her right breast in the shower, she didn't think much of it, but when after a few weeks later, she ended up in her doctors with her son, for another reason, she decided to mention it. Three weeks later, she was diagnosed with a grade three tumor, like many breast cancer survivors, the mother of two from Co Cork has been inspired to share her story in today's podcast in the hope of raising awareness and ensuring more people get a good prognosis as she did.

[\(01:42\)](#):

Madeline joins me for this episode of the podcast with Amanda LeQuesne a counsellor with purple house, a community-based cancer support center in Bray, Co Wicklow. Ladies, you're both very welcome here today. And thank you for agreeing to be part of more than a lump podcast. We are well into our second season now and delighted to see that so many people impacted by breast cancer are availing of this resource for a variety of reasons. I'll start with you. Madeline, could I ask you to take us back to the beginning of your story and that day in the shower, when you found your lump, were you breast aware at the time?

Speaker 2 [\(02:12\)](#):

To be honest? No, I wasn't. Um, it was actually random in the shower. Just felt something and kind of had to feel around a bit more and, oh, what was that? Something, what was it and really had to feel around again to find it again. Um, so I wasn't actually, um, rest aware at the time. Um, but when in the space of a few weeks, the lump had actually become a lot more obvious. I didn't have to feel around for it anymore. Um, so even in a very short time it had become a lot more obvious. Wow. Um, and it was there. So literally, as I said, when I was at the doctor, my son, my son was sick and I mentioned it to her. Um, so she checked me and she referred me to Vincent's and I had appointment two weeks later, went in, they did, um, um, um, mammogram, they did an ultrasound, an biopsy.

[\(02:58\)](#):

Um, and I met the consultants then, and I remember the kind of words that just stuck in my head along. She said, we obviously have to wait for the results, but I am concerned. And that just set off alarm bounds with me. I knew I was like, this is a consultant, she's an expert. She knows she's talking about, she's not gonna say she's concerned unless, you know, there's something. So when I walked out of instance that evening I can picture it. Um, I, it was a lovely sunny day and I was on my way to college. I was doing coaching qualification at the time and I put on the red, hot jelly peppers, um, song the other

side, and I had a few little tears. Um, but I think that helped me actually accept it. So when I got my diagnosis, the following week, I was totally prepared for it.

(03:37):

Um, so I actually didn't, I didn't cry or wasn't upset when I actually got my diagnosis. Um, and I think it was just that I was prepared and I went in saying, okay, once I know it's treatable, I'll be fine. Okay. Um, and because I had caught it early, I was really lucky. My prognosis was, it was, um, really treatable. It was about, I think 97% survival rate. I knew it was gonna be a tough few months. I, I still had to wait for my full kind of treatment plan mm-hmm <affirmative>. Um, but I knew, I, I suppose I didn't get any stage feel that I was fighting for my life, that my life was in danger. I knew that I would have to go through treatment, but that I would be fine at the other end. And that's kind of how I felt. So, um, catching it early, definitely made all the difference for me. Yeah.

Speaker 1 (04:19):

Yeah. And the prognosis was that it was a, a grade three.

Speaker 2 (04:23):

Yeah. So I had, so on that day, um, they told me that I had cancer, so I still needed to wait for some results, um, to see whether I would, um, have surgery first or potentially, um, chemotherapy. Um, so then it came back, um, they rang me then to say that I was a surgery. So that was, I was diagnosed at the end of April and I had a lumpectomy on the right the 10th of May, I think. Um, and so basically removed the lump, um, lumpectomy, and then they did a Sentinel load biopsy as well. So just removing some of the, um, lymph nodes from under my arm to see if it had spread. Um, so when I got the results of that, it thankfully hadn't spread, but they did say that it was a nasty grade three. Um, um, so nasty was the consultant's word.

(05:07):

Yeah. Um, tumor. So she said like, it, it may not even have been there a few months earlier that it was quite quick growing mm-hmm <affirmative> um, I still had to wait, um, for further tests then to, it was stage one then. So, because I had got it so early. Okay. Um, I, it was wasn't until the end of June that I actually got my treatment plan because I had the Oncotype test. Oh yeah. Um, so the test is basically kind of a genetic test or a, a gene kind of test to see the likelihood of the cancer returning. Yeah. Um, and that has to go to the us and it takes a couple of weeks. Um, and I came back so that would determine whether or not I needed chemotherapy. So at this stage, I still didn't know whether I would need chemo.

(05:46):

Um, but it came back, um, I was quite high on it's a scale of low, medium high. And I came back high on that, which means there was a very high chance of my cancer returning. Okay. Um, and this is where I, I, I suppose, talk to people about, um, where money that's raised goes to, for me, it changed my treatment plan from a few years, previously, a few years beforehand. I probably, I was told I would've had, um, my surgery and I would've had radiotherapy and wouldn't have had chemotherapy. Yeah. And I suppose everyone would love to hear like, oh, great. I don't need chemotherapy. Yeah. But there's a very high chance then that my cancer would've returned. Yeah. So because of the research that's gone into that. And it, I think there was even more research out at the, just at the time of my diagnosis, um, to show the benefits that chemotherapy has in preventing the return of it. Mm-hmm <affirmative> um, and especially

Speaker 1 (06:33):

If you score highly yes. On the genetic testing and that's the key. Yes. Because lots of people that I talk to who have a similar diagnosis there it's a similar subtype of breast cancer diagnosis. They would often say, oh, well, I had to have 12 weeks chemo. You only had to have four. Mine must have been so much worse. It's got nothing to do with that. It has got to do with that genetic, that very specialized test that's done, which can, uh, which weights whether or not you need chemo and also the possibility of recurrence. Yeah. Yeah. You know, and what we're seeing now is that 50% less people are requiring

chemo because of this particular test. Yeah. Which is also good. Yeah. You know, I mean, I suppose 10 years ago you gave, we would've given chemotherapy to a hundred women. Would've given them the chemotherapy, but only work on 10%. Yeah. The other 90 go through all of the toxic side effects the chemotherapy can bring. So, you know, in that sense, that test is just phenomenal.

Speaker 2 (07:19):

It's brilliant. And I mean, it was brilliant for me because hopefully it prevents the, or at least lessens the chance of the return. But like you said, then there's women who would've received chemo when it wasn't going to be beneficial to them and now they don't have to receive it. So exactly. Yeah. So it's fantastic.

Speaker 1 (07:33):

We Def we have made huge strides, which is fantastic. Exactly. Um, and that's, I think where, where, where the advances are being made and where, as you say, research is so powerful. Yeah. Yeah. You know, exactly. Um, and I suppose turning to Amanda, um, at what stage of a cancer journey, uh, or breast cancer journey, I suppose, do you, as a counselor in purple house, um, meet people, do they talk to you at the start or is it as they're going through treatment?

Speaker 3 (07:55):

It's very different for each person really. Um, I see, I've seen some who are just a few weeks past their diagnosis, um, and they might, they might still be in shock. And I think there's, there seems to be, um, there's often a bit of a lull between diagnosis and treatment starting. Yeah. And it's, it can be incredibly difficult for them to sit waiting. Mm-hmm <affirmative>, mm-hmm <affirmative> um, because I think you just wanna get on with it and get started. And so, so I would see some then if they know of the service, they might pop in and have a couple of counseling sessions. Um, generally when treatment starts and there's surgery, let's say there's a lull then in, in appointments because they're, they're busy and they're on the treadmill of treatment. And sometimes they're not feeling well, but then purple house would step in and do, you know, phone call support and do practical support, like, um, bringing them to, and from their treatment and things like transport services. So we'd always keep in touch with them during that time. Um, and then I would see a lot of breast cancer patients after the treatment. So quite a few would've had the all clear and just been told, you're fine. Now off you go. Yeah. And that's when it's like, well, what, what do I do now? How do I get back to normality, whatever that is and how do I cope with the ongoing anxiety about whether it's going to come back mm-hmm <affirmative> um,

Speaker 1 (09:22):

And they're, you're, they're removed from the comfort of their, you know, weekly checkups or monthly checkups in the hospital. I talked to so many who suddenly, you know, they power through their treatment. Yeah. And then all of a sudden they're, they're told, okay, your cancer has gone. Yeah. We will see maybe in six months time. And it's that choke hold of? Oh, no, I need to come back next week and you need to reassure me I'm okay. Yeah. You know, and that's, what's very hard.

Speaker 3 (09:44):

It's really hard. And it's, it's really distressing as well because, you know, it's it's, could I not just have one more round mm-hmm <affirmative> to just make sure yeah. That it's gone or, you know, could I, could we not try something else? Should I not be, you know, there's treatment in Germany that does this and just, you know, there's so much information available to us. I think, um, just being told that's it now see in six months is just, you know, how can that be mm-hmm <affirmative> um, so I, I would do a lot of work with women who are in that position. Mm-hmm <affirmative> and they're just dealing with that uncertainty mm-hmm <affirmative> and, um, often, you know, often there's, some of them are, are thinking, you know, I thought it would be different. I thought it would be, I thought it would feel better to have reached the end of the treatment, but actually I feel low. I feel depressed. I feel anxious. Um, and I, you know, sometimes there's a pressure to change your life, you know, to see it as this

opportunity to make changes in your life. And when you can't do that, mm-hmm, <affirmative>, it's really hard. So there's loads of different bits of work that go on mm-hmm <affirmative> um,

Speaker 1 ([10:50](#)):

And I've often, uh, listened to women. Who've said, you know, um, okay, so I'm finished my treatment now and you know, whether I've lost my hair, it's growing back, or I still have my hair, uh, my friends would look at me and say, oh, you're a grand now. That's great. Yeah. Yeah. And it's like, move on next, next job. Yeah. And they find that that's very hard to deal with. Yeah. Yeah. Because they're only now starting to process just exactly what they've been through.

Speaker 3 ([11:13](#)):

That's it. And, you know, we say that each, each person coming through the door is an individual and their story is completely different. But I think the, the general, you know, generally everybody who comes through the door has been, has had an experience that's been traumatic. Yeah. And I think as a culture in Ireland where very much fix it, you know? Yeah. Your grand, now you need to get on with it. You need to get back and do this and do that. And, you know, look at doing a course or just fix it, fix it, fix it. Yeah. Whereas actually, when there's been a trauma that lives on in the body and having a safe space to explore that is just really important and a place to kind of express your deepest fears and not be judged and not be told, you know, don't think about it that way. Or don't look at it that way. Do this, do that. I think that's just a really, really good starting point mm-hmm <affirmative>.

Speaker 1 ([12:08](#)):

And what I love about, um, the organization you work with purple house over the years, and I have to say, I had a great experience. I didn't know about you. Yeah. To be honest. Yeah. Up until a few years ago, when Philip Hannigan (the late Emma Hannigan's father) who lives right next door, your building in Bray, we were chatting over coffee and he said, oh my God, this great organization has moved in next door. Yeah. And I was a very good friend of, um, his late daughter Emma. But interestingly, when he told me about Purple House, I had had a call from somebody from a husband who was very distressed, whose wife had a, a stage four metastatic diagnosis and wasn't coping and had rang around to various other centers. And I said, oh my God, I know exactly where I'll. Yeah. I'll ring them right now for you. Yeah. And I rang, spoke to an amazing lady. Yeah. Who immediately said, tell her to ring me straight now. Yeah. I'll talk to her straight away and I'll have her seen today. Yeah. And I just thought, oh wow. That was phenomenal.

Speaker 3 ([12:56](#)):

It's amazing. The work that they do in purple house. And it's a beautiful building. It there's so much there. And like you say, people, lots of people don't know about it. Mm. Um, so I think we're still getting the word out there. And, you know, as a counselor and psychotherapist, I feel so privileged to work there because you walk through the door and it's like walking into your family home. It's just, everybody is so lovely. And the people who, you know, I've referred clients there as well. And they've said that their experience is that it's not just them walking through the door, it's their whole family walking through the door and everybody's looked after. And you know, one of the great things about the service is that it's everything under one roof. And we're not referring people out because it takes a huge amount of courage to, to bring the door or pick up the phone. Yeah. Or send an email. So, you know, having somebody, you know, open the door, bring you in and just say, you know, we've got acupuncture, we've got reflexology, we've got relaxation classes. We've does your husband want to come in? Does, does your child want to come and have art therapy with our therapist? Mm-hmm <affirmative> um, and

Speaker 1 ([14:05](#)):

That's what I love about it is that while it's predominantly to help the person who has the cancer, mm-hmm, <affirmative>, it's also a great resource for the family. Yeah. For whether it's your partner, your husband, your children, you know, in coping about how you tell them yes. Or in them understanding what you're going through and how to relate to you. Yeah. You know, cause oftentimes you talk to some

partners and husbands and they say, oh, just I wanted to wrap her up and cotton wool. And get her through that 12 months. But then they themselves fell apart. Exactly. Yeah. You know, so it's great to have that sort of family resource. It's

Speaker 3 ([14:35](#)):

Brilliant as such. Yeah. It's really great. And, and I, I said to you earlier, you know, there's a gym as well, and there's a lovely physio there. So the physio program is done really safely. Um, so anyone recovering from surgery, once they get the, go ahead from the doctor can use that gym, they can have physio, they can have a whole program of holistic therapy, you know, tailored for them because it's not just about taking the cancer out. Yeah. It's about the rest of the body as well. Mm absolutely. And the brain and the mind and just treating the whole person. Yeah. And their family, like you say. Yeah, yeah,

Speaker 1 ([15:10](#)):

Yeah. And Madeline for you, what techniques did you use to help you through your treatment and beyond?

Speaker 2 ([15:18](#)):

Yeah, I suppose, um, for me, my mom and my dad had both had cancer diagnosis before me, so I suppose, um, and had survived at that stage. Um, so for me, I suppose, um, that, and the fact that I had caught my cancer quite early, it was, it was easier for me to have a positive outlook on it because I knew it was treatable. Um, so the things then that helped me. So like Amanda said, like for me, some of the more difficult were that, that mindset kind of piece and, and the worry about each stage at each stage of treatment, or what effect is this gonna have and the waiting around. So the waiting between my diagnosis and my surgery and my waiting to see if I need chemotherapy or not, and then the chemotherapy and what are the side effects gonna be like, how that was gonna be, or, um, hormone treatment, then what effect is that gonna have on me?

([16:08](#)):

And, and what I was most afraid of was the effects that were gonna change my mood. Okay. Um, so, you know, the physical ones are easier to deal with. I think it was more, um, what effect I was gonna have my mood, but, but I found with each stage, the worrying was nearly worse than when it, when I, it actually happened and I, it was fine generally. Yeah. Um, so the things that definitely helped me, um, were I had a great support network around. So, um, obviously my immediate family, um, Adrian, my husband was brilliant and he would've taken the kids, um, up to his, um, family for kind of weekends. And my mom would've come and stayed with me on kind of my slow weekend. Yeah. So kind of got to know my kind of passion of when I was kind of going to be kind of slowest and, and sluggish after chemo.

([16:50](#)):

Um, so that was brilliant, amazing friends and family. So I felt connection, um, definitely helped and, and connecting. So I, I started a blog. Um, so, um, beauty and the cancer, beast dot I, and it was to kind of share my story and it was really trying to, it was the hopes of trying to help somebody else in some way. So trying to give bits of information, any hints and tips that I learned along the way, just as I was modeling through it. Yeah. Um, things like I had the option of, I was given the option of the cold cap to try and which was to try and keep your hair. And I didn't, I couldn't find much about it in Ireland. A lot that I was reading about it was in the us and it's very different over there. So I kind of shared my treatment with, or my, my journey, but by doing that, then women contacted me and that helped me as much as them.

([17:34](#)):

And I suppose it motivated me then to get up and about on the days that I could as well. Um, so that kind of connection with people going through something similar and talking, definitely talking, um, a big thing for me was, um, getting up and out when I could at nature. Yeah. And do you know, I didn't, I had, um, before my diagnosis I was running. Um, but I, and I, and I know some people do keep running during treatment. I didn't. Um, but I did walk as much as I could. Yeah. So at the time I was living in Chan hill

and Dubin, and I used to go up around Kline hill and on my kind of good days, I go up and do the Hills and the steps, but on my slower days, it was just to get out and just a slow walk.

[\(18:15\)](#):

Yeah. And it was just be out in fresh air mm-hmm <affirmative>, um, for me as well, it's not comparing. Um, so it's to look to other people, if they're going to motivate you and help you, but not to compare and think I should be doing this, or I should be doing that. It's it's to know yourself and be gentle on yourself and know when you need rest, um, and give yourself that rest and be easy on yourself. But at the same time, our minds like to keep us in our comfort zone mm-hmm <affirmative> and our mind will always choose sitting on the couch nice and cozy rather than making the effort to get up and out. So it was known that difference and kind of pushing myself to get up and get out when I could as well. Um, and just meeting friends and, and trying to continue life as, as much as I could on a daily basis.

[\(19:00\)](#):

And my boys definitely helped with that because they were only four and the younger one turned, turned three, um, during my treatments. Um, so, so I kind of had to get up now without them. I probably would've been inclined to just, you know, lie about more, but I wanted to keep things as normal as possible. My young son started, um, started school when I was going through treatment. Um, you know, so trying to keep things as normal as possible for them helped me, gave me that little push to kind of get up and eggs and stuff. Yeah. Um, so that helped me as well. And I,

Speaker 1 ([19:31](#)):

I know you took part in the hundred K

Speaker 2 ([19:33](#)):

I during my treatment <laugh> that was afterwards well done. I did, I've done that the last three years. Super. Um, so yeah, that was B and I loved that because that definitely my, when I say I run now, I did couch to 5k, um, before I was diagnosed and I was kind of just at the, at that kind of struggling through my 5k and what I loved about the hundred K um, in 30 days was that I had it in my head that you had to have rest days in between you run. So if I ran one day, um, I, I wouldn't run for another few days cause my body needed to rest kind of thing. Yeah. Or if it was raining or windy, I wouldn't run. And whereas to do the a hundred K and 30 days, you kind of had to run more regularly.

[\(20:13\)](#):

Yeah. Um, and even if it was rain and everything, and I realized, oh, I can do it or I can. Yeah. And I find that, and, and even through diagnosis and treatment, that's one thing I learned is that we're capable of so much more than we give ourselves credit for when we're in a situation that we just have to be, I suppose. Um, so I think so many people realize that they're stronger than they would've given themselves credit for, you know, they can, um, deal with challenges when, when you kind of have when it's face. Yeah, exactly, exactly.

Speaker 1 ([20:41](#)):

I've spoken to so many people and, you know, they do say that they're, you have a strength, but you then really have that inner strength that you don't necessarily think you have. And that really is, it comes to the four at a time like this. Do you find that Amanda?

Speaker 3 ([20:54](#)):

Yeah, definitely. And I think, you know, like Madeline was saying there about, you know, just going with where you're at as well. I think when, when you can let yourself just be how you are, I think then the strength comes to the four, you know, I think when you're putting pressure on your, on yourself to be a certain way and to, to, to do things when your body doesn't feel like doing it, you know, you're, you're just fighting all the time. Yeah. Whereas if you can just like, self-compassion is the biggest thing that I talk about really in the room with, with my clients, because you know that you're going through something incredibly difficult and it's okay to have these days. Mm-hmm, <affirmative> where you

Speaker 1 ([21:32](#)):

Can't to not feel okay to

Speaker 3 ([21:34](#)):

Not feel okay. And, you know, don't beat yourself up over it because this is part of the journey, unfortunately. And I think going with that gives you a bit of space to just tap into that inner strength. You know, mm-hmm, <affirmative> rather than always pushing to do more and to be more and to, to do all the things that you think you should be doing, or people say you should be doing, it's just being gentle on yourself and, and running with it really mm-hmm <affirmative>.

Speaker 1 ([22:00](#)):

And do you find there are certain techniques that you suggest to people regardless of what type of cancer they have and how they, I suppose, use as coping mechanisms.

Speaker 3 ([22:11](#)):

So I look at thoughts a lot, you know, the impact of our thoughts is just so huge. And I think, you know, when you really start to examine that you, you begin to understand how much our thoughts can play tricks on us. You know, when you're, when we talk about anxiety and things like that, um, when we let our thoughts spiral down a route of a, you know, a catastrophe or something awful happening, or a cancer returning, you know, we're living through that because we're imagining it in our heads. And if you let that thought, just go on and on and on suddenly you're living through it and your body is responding to it as though it's happening. Mm. So I think really trying to master the thoughts is really, really important. It's really useful technique to have in life mm-hmm <affirmative>, you know, and I teach it to my teenagers as well, to just really, really be aware of where the thoughts are going and how much air time you're giving the negative thoughts, because it's not going to change anything.

[\(23:12\)](#):

It's, you know, it's not going to predict your future. Yeah. So that would be one thing I would say. And the other thing is just finding something that switches the mind off and it's different for every person and it doesn't have to be meditation. Mm-hmm <affirmative>, there is always something and, you know, a lot of my clients would do coloring or painting by numbers or sea swimming is a big one at the moment. Yeah. Where you just switch off. And I think that's just so beneficial where you have that little, however short it is, but it's a period of time in your day where you're not thinking about cancer

Speaker 2 ([23:44](#)):

Or being sick or

Speaker 1 ([23:46](#)):

Whatever you, and that's like you Madeline, you were able to get out and do the walk, get your, get your a hundred K done in 30 days. Yeah. It's like, you know, I talk to people like with, we have now got the great pink run, which is about to kick off again, a hybrid physical event, which is super, and it's so exciting to bring everybody back together again, um, in October. So, I mean, that'll be a challenge, but I always say to people it's about, it's not just necessarily for the person themselves that's diagnosed. This is the support mechanism for everybody. It's the husbands and partners. It's the children, it's the grannies and grandads. It's everybody coming together to show support because you know, it can be, it's a lonely journey for the person themselves that's affected. And this is kind of give back and get out and do the great big, I mean, we laugh about it calling it a great pink run 12 years ago because it's a run jog, walk wheel, you know, wrap your granny, ring the dog, it's everything and anything for whatever you want it to be.

[\(24:32\)](#):

Yeah. And this year is gonna be very much a family festival fun day in Dublin is on the 9th of October. And then Kenny's on the 16th. And in between it's open to everybody and anybody, wherever you are in

the country to do it virtually, which I think is great. We did a bit of research last year and it was amazing people who were said, you know, oh, I loved the virtual nature because I love to be able to get up and do it whenever I wanted to do it. Yeah. I didn't have to be at a specific area or location on a certain day. So we are giving that to anybody to, to, to, to just, just get involved this year. And it's amazing the amount of people that I've spoken to who found going out and just getting air, whether it's a walk or a run or get on a bike, it just, as you say, it switches off, switches them off from the thoughts of their, what they've just been through or going through. Yeah. And that has really helped them. Yeah. Yeah. You know, and I think that's, that's key. And I mean, even for you yourself, like you have found, you know, the, even with your family, your whole family diagnosis and that, that the, you know, exercise and just having time to switch off yeah.

Speaker 2 (25:28):

Is key. It's definitely like, so the, the running has definitely helped me, but I started see swimming as well. Did you with sea dipping? <laugh> yeah. Yeah. Um, now I, I only started out since I moved down to co, um, which was two years ago, um, two and a half years ago. I, um, but I go out kind of most weekends for a bit of dip, um, all year round. Um, I started having cold showers as well. No, except when I'm washing my hair. Not yet when I'm washing my hair Georgie, but Georgie will be delighted to hear <laugh>. Um, I've been having cold showers for no, I've been doing a cold data at the end of my shower for years just, but because somebody told me years ago would make my hair shinier <laugh> you're. But then I started reading more about the benefits over there.

(26:05):

So now I actually get into a culture only since last October. Um, but definitely like the kind of it's the B nature I find as well, like you were talking about, you know, meditation, I will kind of try mindfulness now and again, but I'm kind of not disciplined enough with it, but what I do do every morning. So if I come back from my run or just morning anyway, because it's so quick and easy to do is I go out, um, into the garden in my bare feet. Um, and I do the mindfulness exercise 5, 4, 3, 2, 1. So it's five things. I can see four things. I can hear three things I can, what was it? Five I can smell. It's a smell, smell or taste. Is it? No. So it's five things. I can see four things. I can hear three things I can feel, okay.

(26:48):

Then two I can smell and one I can taste, you can taste. Wow. Um, and it's just, you can do it anywhere. So even if you're on a commute, you can still do it. Um, and like that it's really just shutting down the, that chatter. It's just being present for the moment. Yeah. And, and I definitely agree with mind on, on that whole, the thoughts. Um, and because like you said, like our subconscious doesn't know the difference between if we're catastrophizing over, is it gonna come back or, or what's gonna happen? And I know for me, it was the worry at each stage of, like I said, the side effects and what way they're gonna affect me if we're constantly thinking like that our subconscious doesn't can't tell the difference between reality. And so it's going to be, our body is gonna react as if we're, we're experiencing that.

(27:33):

And, um, and so I, I think it's so important to just have little coping mechanisms and they can be, and I, but again, it's not some big things that you need to do. Yeah. It's, it's, it's little things that fit with your life and what suits you, and that it's not gonna be an extra thing to do. It's gonna be something that's gonna benefit you. Um, so for me, it is trying to do the runs. It's doing the little bit of mindfulness. It's doing the grounding out of the, because again, that's the connection with nature and that has loads of physical, um, facts as well as the, or benefits as well as the, the, um, the mental ones for mm-hmm <affirmative>, um, thoughts. So it's, it's just all those little bits kind of combined, I suppose, that, um, that I definitely find help because I find as well, you were talking about, um, going towards the end of the treatment.

(28:16):

That's definitely what I found mentally most difficult as well. Yeah. And I think is as well, what people forget is you're finished, they see it as your finished treatment. And a lot of people are going back to work or whatever, but I don't think people realize the ongoing treatment, um, that a lot of people have as well. So for me, it was Hemo hormone therapy. Okay. Um, so kind of on a daily tablet, but now I'm

on, um, XOX, um, injection. So every month I go and have an injection, um, and that basically puts me into menopause and because my cancer was driven by estrogen. Okay. Um, so it had to eliminate my estrogen. So, um, and the it's the physical effects from some of that ongoing treatment as well when people think it's all behind you. Absolutely. Um, so a lot of people are still going through an awful lot. Mm-hmm <affirmative> um, but mentally and physically, I suppose, mm-hmm, <affirmative> after the, the main part of the hospital treatment, I suppose. Absolutely. And that's what a lot of people aren't aware of.

Speaker 1 ([29:07](#)):

Yeah. And also I find in talking to so many people that, that early onset menopause hugely affects them

Speaker 3 ([29:14](#)):

And huge levels of anxiety with it. Yes. Actually, it really seems to have an impact on anxiety levels. Um, so yeah, that's, that's a big thing. And actually in purple house, they're doing a, they're starting a new cancer support group in September, which will hopefully the people who come to that, you know, they'll be talking about things like that, the menopause and all the challenges of Tamoxifen and which what's the one you're on Zoladex

Speaker 2 ([29:41](#)):

X Sozo injection. Yeah. Lovely big needle. <laugh> yeah. It's the one time I'm glad of the extra bit around the belly. Cause it goes into the stomach <laugh> like, but, um, and I always hated needles. Um, but, um, yeah, it's, it's, it's basically, there's, there's a lot of, and, and I was very lucky, I suppose, that we had had our two boys, I was 42 when I was diagnosed, you know, our, our family was, was kind of complete anyway, I suppose, but many women are, are in a situation where they haven't started or have started, but haven't finished with their family. And, um, that's a very big psychological piece for them, um, to deal with them. Mm-hmm <affirmative> um, as well. And

Speaker 3 ([30:19](#)):

I think even if, even if you are done with your family, you know, it's still, it's still a huge psychological piece to, to go through an enforced menopause, you know, medical menopause, and

Speaker 1 ([30:29](#)):

Especially when you're young and it's not of the time to be, it's not menopausal, you know, it's been brought on early for you. Yeah, yeah, yeah. That is emotionally that's, that's a bit traumatic. Yeah.

Speaker 3 ([30:37](#)):

Yeah. And it just doesn't seem to be something again, as, as I dunno whether it's every culture, but it's not something we really talk about when people say to you, how are you? Yeah, yeah. You know, you, you probably tell them that you're finished treatment and you're all good now. Yeah. Yeah. You don't go, oh, well I have to deal with menopause. And because, you know, they'd be like, oh my God. They'd wanna mile. Yeah. So, you know, getting support for that is really important. And I think, you know, it serves those medicines serve a really important function mm-hmm and there's really no choice mm-hmm. So that part of it is just, you know, you're kind of told, suck it up and get on with,

Speaker 1 ([31:13](#)):

But you've already had the trauma of a cancer diagnosis. Yeah. And now you're being plunged into another, uh, sort of thing that you hadn't banked on for maybe another 15 or 20 years. Exactly. And you have to deal with that on top. Yeah. Which is, that is it's hugely traumatic. Yeah.

Speaker 3 ([31:27](#)):

Yeah.

Speaker 2 ([31:27](#)):

And as well, I suppose it's, it's kind of, I suppose, you know, the side effects of that and, and, you know, the, you know, things, the age you, the Eastern is gone that keeps you kind of younger and you're kind of, you know, and, and, um, all like, but, but you feel that, well, this is keeping me alive and I'm very lucky to be in this situation, I suppose. So I shouldn't really be complaining about it, but at the same time, it's a bit crap. So yeah, absolutely. Absolutely.

Speaker 1 ([31:52](#)):

I mean, I am of an older age and then I would often have to say at home, in my house of grown up children, you know, is it very warm today? And they'd be going, oh yeah, it's roasting I'm oh, thank God.

Speaker 2 ([32:02](#)):

But I was always a very cool creature. So I suppose maybe in a way it's kind of just balanced me outta it. I know.

Speaker 1 ([32:06](#)):

I know. Well, listen, thank you so much to both of you today because I do think it's a really amazing resource, what you have in purple house and Madeline, what you've been through and how you have had, how you use certain coping mechanisms. And I think everybody loves this as a resource because they oftentimes, they're sort of going down a black hole of not knowing what to do. And there is people, there are people out there, there are support groups. There are, are people like yourselves out there to help Amanda and Madeline. Thank you for your time today, Madeline, you came to Dublin to record this from cork. So we really do appreciate you making that journey, um, to our listeners. We hope you find this podcast of benefit to find out more about our pioneering research, as well as our education and outreach programs, please visit our website at breastcancerireland.com. And to learn more about the work of purple house, please go to their website purplehouse@purplehouse.ie. This podcast is brought to you in partnership with good body. Ireland's longest established stockbroking firm, supporting initiatives that have a lasting impact. The information in this podcast is based on the personal stories of those. We have chatted to. If you are concerned in any way, please contact your GP immediately, or you can contact us at breastcancerireland.com.