**Dr Philippa Kaye transcript**

**Thanks for tuning in. This episode focuses on what people dealing with a cancer diagnosis and treatment need from therapy. I'm talking to Dr Philippa Kaye who is a GP, broadcaster, and author of several books, including her latest, *Doctors Get Cancer Too*. Philippa was diagnosed with colon cancer at age 39. Welcome, Philippa.**

Hi, thank you for having me.

**It's great to have you, thank you for joining us today to share some of your experiences and reflections on therapy after a cancer diagnosis. So I'm struck by how shocking and traumatic your experience was. Your diagnosis coming out of the blue, and then finding yourself in hospital having major surgery within a week, after invasive scans and all the warnings of worst case scenarios that you then have to take in from the medical profession during that time. I was struck, having read your book, about the 'just in case' letters that you wrote to your loved ones before you went into surgery just in case you died. Can you remember, can you sum up your feelings of that first week after diagnosis and your reactions?**

Well, I can definitely remember, I think I remember too much, actually! What I actually remember very clearly was that my doctor wall came down. All healthcare professionals have that barrier, and it doesn't make us hard, it makes us exist, because we see hard things, and we do hard things, and you have to protect your inner being. When I was aware that it was cancer, I felt it come down with a thud, like a garage door, clunk, here we go, and I went, okay, tell me what's next. I went very much into what's next, what's next, what's next, what are we going to do, what's the plan. I planned at home and I planned what to take and I planned all sorts of things. That planning, for me, was quite daunting, but also quite helpful.

Those 'just in case' letters, now, there are three of them, there's only one in the book but there were three of them written at that time, I wrote to my parents, I wrote to my husband, and I wrote to my children. The writing of those letters was the only moment in that lead up before the day of the surgery that I allowed myself to stop and truly think, because I couldn't stop to think, and if I stopped to think I'm still not sure if I would have got up again, so I just kept going.

I wanted to be prepared, even though at that moment I did not think that I was going to die, there were times when I thought that I would, but that wasn't completely one of them. I didn't tell anyone that I wrote them, apart from my sister, and I gave them to her, and I said, 'Put these in the glovebox of your car and give them back to me when I'm done, [?but just in case 00:03:29].'

**That's good advice.**

Then I wrote a second 'just in case' letter to my children before another major surgery where there was a very strong possibility that I would die, and I wanted to write it, and I also wrote it. In hysterics, but with that doctor wall still there, there were big chinks in it, but it was still there. Otherwise I'm not sure how I would have written it, because essentially how do you write a lifetime of love in a letter? For me, love and parental love is something that you show, it's not necessarily something that you say. As a parent, you show that in, I don't know, dentist appointments, and in listening to them reading, and in playing in the playground, in so many different ways, but not just, I love you before bed, or whatever. To try and get down a lifetime of love in a couple of pages, it's an impossible task, really!

**Yes, but one you felt you had to at least attempt. I'm struck, actually, by listening to what you say there about how you know there's a lot of therapeutic benefit to doing. It gets a bit of a bad rap, I think, there's a lot of emphasis now on being and feeling and not doing, but doing can get us by, can't it, in these really tricky circumstances.**

Right, and I think that defence mechanisms have a very negative connotation, but defence mechanisms are there for a reason; to defend you. What I needed was, in that week, I needed distraction and I needed activity, and that doesn't mean that I wasn't aware, it means that I was protecting myself. I wasn't doing it to the extreme that I therefore wasn't going to hospital, and that's what I needed to do, and so at that moment it was healthy. It wouldn't be healthy to not engage with the feelings forevermore, but at that moment, when you are about to enter survival, as opposed to living, you do what you've got to do.

**Absolutely, and I guess that survival is also connected to the reason why, despite describing yourself as an advocate for therapy in your role as a GP, you were reluctant to get therapy at first when you were first diagnosed.**

Yes.

**What was going on there?**

It's not just that I'm an advocate for therapy, I'd had therapy in the past, I'd had about six months of CBT when I was having recurrent miscarriages probably about a decade earlier, I found it really helpful. All I could think about was getting pregnant, staying pregnant, losing babies, having babies, and I needed someone to help me turn my head off and I found it extraordinarily helpful. I am a member of a Jewish community and there's a wonderful charity called [?Hive 00:06:44] who offers lots of services for cancer patients - and hive means life actually - and one of which is psychotherapy. So straightaway my family said, go to Hive website, they'll offer you loads of things, you can go get loads of things, you can go get therapy.

I opened the website the next day and I literally closed the laptop, like Joey in *Friends* when he puts *Little Women* in the freezer, you know, I can't engage with this, because I couldn't engage with the idea that I had cancer yet, wasn't there. I knew I had cancer, I didn't want to be a cancer patient. I spent the whole time not wanting to be a cancer patient, I still don't really want to be a cancer patient. I now accept that I am one, but I didn't want to be one, and so I couldn't do it, and I knew that I was about to start on this huge surgery, and again, essentially I didn't have the headspace to allow my head in, I had to deal with the body bit first.

When I came home, the way that I allowed myself in was - I needed a sort of a way in, and I was very aware at the time, even as I was doing it, that I sort of needed this way in. Was that it offered play therapy for children, and I wanted my children to be able to have access, and so I went and I had the assessment to say, could you help me with my children, how to support my children? They said, 'Would you like some support yourself?' I said, 'Yes.' But I needed somebody to ask me, that's what I needed.

**Yes, so essentially at first it was about caring for your children, and in your book you say that the self-help groups that were on offer to cancer patients as you progressed through your treatment wouldn't have worked for you because you'd instantly assume that role of that carer, obviously as a parent but also as a professional.**

Yes, so local support groups, which lots of people find hugely helpful, I struggle with. I struggle, even when I meet other cancer patients, to not slip into healthcare professional and to not try and fix, which is not the role and would not be my role. Also, when you are in healthcare professional mode you don't share of yourself, and so it was too jarring, it is too jarring for me. That's not to say I don't see the value of it, it's not the right kind of therapy for me. Different kinds of therapy are appropriate at different times for different people, and what I needed was an entirely safe space that was one-on-one.

**Even within that safe space, that one-on-one space, you have to be the patient, as it were, as opposed to being the one who's in the expert helper role, as you usually are. So how did you adapt to that?**

Probably not very well! I have always been very aware of my two hats; doctor and patient, how they interact, how they can be advantageous and disadvantageous. So for example, hospitals are safe places for me, they're not for many people, but for me they're really a safe place, they're a place where people come together to do everything that they can to make you better. That makes me feel good, and I know that because I was/am one of those people. I know that when you're under the surgeon's knife, you are his entire world, for however long it is, and I know that somewhere very deep inside of me, so I can submit to that in a way that is frightening and yet also feels safe.

So there are some advantages, there are definitely disadvantages, not being able to turn off the medical knowledge, which is always about what's next, what happens if this doesn't work, worst case scenario. When it comes to being a patient in therapy, what's actually been most useful is to be able to talk about both of those things and to be fortunate enough to have a therapist that can call me out and say, hang on, you're slipping into one mode more than the other. Where I am is in the middle, I am not a patient and I'm not a doctor, I am both.

**Absolutely. I'm also struck by something that you described in your piece for *Therapy Today* that I think a lot of other cancer patients may relate to; the struggle with other people's emotions throughout your treatment, which meant that you couldn't often really express your feelings. You described that conflict of wanting people to ring you to show their support, but also not wanting to rehash the details over and over, and not to do the be positive and be strong for other people. It all sounds utterly exhausting.**

Exhausting, yes. My head [laughs] was an exhausting place to be, which is why I wrote the diary, because I could dump it out of my head on to the computer screen that never talked back. Feelings are complicated, and they are conflicting, the fact that you can have two conflicting feelings doesn't make either of them invalid. So I wanted you to ask me how I was, and I wanted to not have to tell you if I didn't want to. So what I wanted is for you to show me, in some way, that you cared about me and to absorb that, and if I was able to give something back, then okay, but for you to accept it if I couldn't, not everyone can do that.

There are definitely some people who have a gall-like fascination, oh, we've got a gift for you, we'd like to bring it round at a time when you are awake so that you can tell us everything that's happened in the hospital. Okay, I'm not sure that I want to do that right now with you. Even for the people that you do want to do that with, your close friends, your family, I am always aware of the fact that they have an emotional response to what I am saying and that nuances what you say and that because people love you, they try and fix you. What I needed, and what so many of my cancer patients need, is not to be fixed, because you can't fix it, it's to be heard. That, I think, is what's changed me most as a doctor, and I can pinpoint it to one moment in the ICU and during my first surgery when my heart was doing funny things and various parts of me were not working. The ICU doctor came in in the middle of the night, and he sat on my bed, and he held my hand, and he went, 'It's a bit shit, isn't it?' and that was enough. He then went and got whatever drugs and asked them to do whatever they needed to do, but in that exact moment, he just sat with me in it.

To borrow from Glennon Doyle, 'We can do hard things.' Sure, we can do hard things, but they're far easier when we're not doing them on our own. So when I would speak to my friends and family, what essentially I was saying, what I am saying, is this is hard, hold my hand metaphorically. Don't try and fix me, just come and sit with me in it. It is almost impossible for people to do, and it's what I've tried so hard to do for my kids. So when they would say, 'Mummy I'm afraid, are you afraid?' I would say, 'Yes, and we can have a cry together, and that's okay.' One, had I said no, then potentially in some way that might make them feel that their feelings are less valid. Which is not true, and it would be a lie, and I don't lie to my kids, you can be age appropriate and not lie, and 2) I can't make your fear better, I can't make my fear better, but I can hold your hand whilst we're in it together.

That in itself is enough and if that's what people who are supporting people with cancer or any hard thing could do, I think it would just be so helpful, but I also appreciate how incredibly hard it is. That's what I try now to do as a doctor, when someone comes in and they have a long list of X, Y and Z, and I basically say, sounds like it sucks. You see their eyes come up, that just for a moment someone is with them in the suckiness.

**Okay, I think that's great advice for anyone who's tempted to do the be strong and be positive approach! Swap it for, it sounds like it sucks. Yes, simple, but effective. I'm guessing that therapy offered you something more than just that handholding and just that reflection that it sucks?**

Therapy, I mean, I think that everybody should have therapy at some point. I think that we should learn some skills in secondary school about how to be able to look after yourself. I think that cancer is a trauma, no matter how it happens, cancer is a trauma, and that when you go into that survival mode, be that in treatment, surgery, chemo, radio, immunotherapy, whatever you have, you're in survival mode and it's all about your body and that you need to have somewhere to heal your mind. Then when they tell you, if they tell you that you're free of cancer, for however long that may be, it feels a little bit like falling off a cliff. That you go from seeing healthcare professionals, sometimes every day, to three months, six months, yearly, and it doesn't feel safe any more because you don't feel seen any more and that you need to go somewhere to process all of that and to essentially work through that trauma.

For me, having had whopping surgery in the pandemic that involved a ten-day stay in ICU, a 15-day stay in hospital, entirely on my own, a space to be able to go, and that is traumatic. Without reliving it, and without being back there - because I can go back there in a way that is not healthy - but without reliving it, to be able to go and hold my own hand, and therapy gives me the space to do that.

**So you mentioned trauma, and what you went through, which is detailed in your book, certainly seems traumatic, it's a very frank account. As you mentioned previously, as a doctor, like a therapist, you're taught not to self-disclose, the focus is on the patient. So how does it feel for you for something so private to become public knowledge through your book?**

So I didn't plan to write a book about it, that wasn't ever the plan. I wrote a diary, because that's what I needed to do for myself, it was part of my therapy for myself. It took a long time for me to see that it might help other people, and one of the ways I saw that, actually, was I published a book about menopause during my cancer treatment called *The M Word* and how that online community of women helping each other and I saw how supportive it was and I saw how they benefited from hearing other people's stories. In time, it took a lot of time for me to think, maybe someone might feel less alone, because I felt terribly alone, and I still do, actually, feel quite alone about some of it, that maybe someone else will feel less alone if they read this. So I was terrified about it, and it got snapped up quickly, and then the juggernaut was on and I spent a lot of time in therapy talking about what was going to happen when the book came out and how I felt about that.

I was really nervous to go on *This Morning* and to say that I had cancer and that I was going in for major surgery, and I wanted to do that because I had then been on television enough that I thought that someone might recognise me and I wanted to be able to control that aspect of it before I went into major surgery. What came back from just that initial thing on *This Morning* of saying, 'Hi, I'm Philippa, I've got cancer' was so supportive and so wonderful that I began to feel a little reassured that the book would be all right. Essentially, what came back when the book came out has been utterly amazing, and I hope, helpful for people, but not just people with cancer, but people who know people with cancer, which is all of us, because one in two of us are going to have cancer at some point in our lives. It also helped me feel less alone, it's helped me feel understood. Apart from when friends and family say, I've got your book, I'm going to read it, and then I think, oh, don't do that!

**I wondered about that, yes!**

My husband, who doesn't read my books, he's an English teacher, and very occasionally I ask him about a sentence in an article I'm writing or whatever, and then we end up having a row about grammar. So he's not going to read my books because we're just going to have a row about grammar or he says the bloody editor should do X amount of copies to make the decision of you. Whatever, it's done! So we were on, I don't know, proof about, lots, and the proofreading of this was a real challenge, going back and having to read it. So I had to cut it down hugely and then somebody else took a red pen to your thoughts and that was really difficult. I was dealing with the kids one day and came down the stairs a couple of hours later and he went, 'I've read it.' I was like, 'Oh my God, you didn't even tell me you were going to do it.' It feels different, somehow.

**Yes, and on that note, feeling different, your treatment was successful, although you did have to have a second major surgery to remove a suspicious growth that turned out to be an abscess though and not cancer. You're now back at work, so business as usual, but actually, is it really?**

No.

**I was wondering, how do you go through such a traumatic experience and not be psychologically and emotionally changed as a person?**

I think that you would be naive to think that you could. The last big surgery I had, they were four growths, so they were seen on the scan, and they all thankfully turned out to be non-cancerous. They were treated as if they were because you couldn't tell, and the way that they were was in a position that you couldn't biopsy them and they were all around where my cancer was. I ended up having lots more of my bowel removed, and my small intestine removed, and something called the [?omentum - signal breaks up 00:22:42] removed and a huge chunk of my hip. They said it was life-changing surgery and it was the first time that I'd signed a consent form that had risk of death on the form, high up, and I had superheated chemotherapy put into my abdomen. We knew it was going to be huge, and surgery like that when they say is life-changing, it's life-saving but it's life-changing, you don't come out the other side of and expect to not have a changed life. What you have is a life, and that's the first.

So I got life, what I also got is chronic pain, an inability to eat, so a third of my diet still comes from supplements, and bowel issues, when you take out so much bowel, toileting issues, eating issues. Even if I didn't have any of those, there are still mental health issues that come from everything that [?has happened - signal breaks up 00:23:46]. So I still go to therapy, I see my oncologist, I see my surgeon, there are things that still have to be done, even though my last scans said, cancer free. You check that you remain cancer free, but even within that there are still - physical healing takes a long time and it takes months for your bowels to begin to say, this is what we're left with. Even then, there are still treatments available or options available for my other symptoms that are left. You have to work your way through those, and then you have to work your way through how to heal your mind.

I am not the same person, I cannot go back to being that person. So whilst I may not have wanted to have cancer, I accept that I have cancer, and that I had cancer, and that I'm different, not better, not worse, but different. That in itself is a huge piece of work, because I'm still pretty pissed off about the whole thing!

**Yes, with good reason. So it seems as though your therapy is going to be ongoing then for the foreseeable, shall we say?**

Yes, and I see that very clearly, actually, as part of my treatment and that's how I view it. If I view whatever the doctors say to me as I'm going to do that to the best of my ability, I'm going to engage with chemo, and I'm going to engage with physio, and I'm going to engage with exercise because you tell me it's going to help me. Actually, exercise decreases your risk of recurrence, but it's going to make me better, this is something else that is going to make me better. During lockdown I did my therapy at home in my bedroom, which is incredibly difficult when there's home-schooling, you open the door and your kids are already there. Whilst they might not be listening at the door, you don't have that journey to and from therapy, which is part of therapy, even though you're on your own, it's part of therapy, right?! So doing it during home-school and lockdown has been incredibly difficult, and yet my kids know, mummy gets up and she works out, that's her time to keep her healthy, and mummy goes to therapy, and during that time we watch TV, because that's what she does to keep her healthy.

**Wow. Okay, and presumably it's something you talk about to any of your patients that you see that might be facing a cancer diagnosis? Would you actively encourage them to have therapy?**

I'm very open about it, actually, for anybody who - there's still a huge stigma attached to mental health issues and to therapy and so you can see the defences are already up. Often just saying, I go to therapy, it's helpful, is helpful! So I tell people all the time that I have therapy.

**That's great.**

What's also important is actually that my kids see that I go to therapy.

**Yes, absolutely. Well, thank you so much for your time, Philippa, we've come to the end of our time, and for sharing your incredible story. For anyone that would like to read it in more detail, I would highly recommend Philippa's book, *Doctors Get Cancer Too*. Also, for anyone who is actually facing cancer diagnosis and going to surgery, I loved your really practical checklist before surgery and for home, so helpful. Also, so much helpful stuff in there also for families and for friends, about what to say and about how to support. Really, really useful.**

Thank you.

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