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Head and neck cancer forum

Saturday, July 21, 2018

Lucy Bailey – Psychosocial challenges and coping strategies

Thanks for this opportunity to come along to the forum today and to share with you about this topic, the psychosocial impact of cancer and coping strategies. My name is Lucy Bailey. I work with our cancer counselling service as a Nurse Counsellor and I also work on 13 11 20, so when you call that number I may be one of those people that you may speak to.

For today's session, we are going to talk about the impact for people has been, emotionally, or rather talking about their feelings; what has this been like for you. And we do find that sometimes in these sessions, for some people there can be a real sense of relief, as they are hearing what others have experienced; and they think, "Oh, that's normal, what I went through." For some people, it may bring up strong emotions as they are sitting in the room here as well. That is okay. I want to re-assure you if that is the case, not to hesitate to talk to one of our team before you head off today. I always pop a box of tissues at the back of the room here and there's quiet spaces out in the sun or foyer. I would like you to think for a moment: what do I need to do to look after myself, during this session today, and to take care of yourself?

The other thing that's really important about this session is sharing strategies and talking about "what actually helped cope with some of these challenging feelings?" So I really hope that we can spend a good chunk of this session talking about what people have found helpful and to share that. And maybe just to think "what is one coping strategy or one bit of information that I can walk out of the room today and maybe use/try, or even reflect on?"

So I thought we would go back to the definition of "psychosocial". That was the topic that we are going to be covering today. A helpful definition for me is provided by the national cancer institute. It talks about in medicine, having to do with the emotional, social and spiritual effects of a disease, such as cancer. Some of the psychosocial effects of cancer are changes in how a patient thinks, their feelings, moods, beliefs, ways of coping, and relationships with family, friends and work colleagues; the people around you, neighbours, anyone who is in your circle. And there are different types of psychosocial

support that can help people with cancer. These include counselling, education, group support and spiritual support.

Now, like with any definition, sometimes they are not all encompassing. Something for me that I want to add into there is the support people in the life of a person with cancer; that we are also talking about very importantly today, partners, carers, close friends, sons/daughters, and the list goes on. So the people who are important in your life.

So everything that we are talking about today applies to everyone impacted by a diagnosis; whether you be the person yourself with a diagnosis or you be in that circle of support around the person.

sort of no surprise for anyone sitting in this room today, that cancer is a significant life stress; and it's not a single stressful event. Hearing the sessions this morning about treatment side effects, we know that there's that time of diagnosis, then there's treatment, then there's completion of treatment, follow-up tests. So we know that this is actually not a single stress; but actually a series of challenges; and sometimes those challenges, as we have heard this morning with Rene, those challenges change over time.

Stress is normal. We know that it is a psychological reaction and we also know that it is physical. We are going to talk a little bit about that this morning. Stress is a way that we respond to any demand that we are faced with in life.

We find it helpful to talk about what stress is, to go almost back to some basics; because sometimes when people understand the nature of stress, and they understand what's happening for them, it actually can help to make that feel more normal. But importantly, it also helps people to identify "where are the areas or what are the points that I can maybe do something, take some action, reach out for some support?" So it helps to create some understanding.

So I am wondering: has anyone here heard of the "fight or flight" response? Maybe just pop your hands up. I see lots of head nods; so this might be familiar to some people and might be new to others. Probably when I describe it, it might resound with you, when you think about any stress that you have faced in life.

I guess with "fight or flight", you know that it is completely normal and it is a response to stress. And I like to think of it as the brain being hard-wired with an alarm system. So just think about it as an alarm, fire alarm, any type of alarm. This alarm is actually a protective thing. It is to help us take action and to get support when we need it. So what actually happens is: you register a

threat, which in this case is cancer - that's what we are talking about today - and the alarm in the brain switches on.


Just simply put, this alarm switching on triggers the body to release a burst of stress hormones. You might have heard of the hormone adrenalin, for example; sometimes people, when they are really stressed, say, "I am running on adrenalin and I am feeling just like this." And by doing so, these stress hormones are actually designed to help you respond quickly to the threat; to actually do something; to either stay and hang around and fight that threat, or to run away from it.

So we actually know that some stress can be helpful because it does motivate action. For example, in the case of the stress of cancer, it might motivate someone to reach out for help, to share with their doctor that they are finding their feelings are getting on top of them and they are feeling really down; or to call 13 11 20 or to pick up the phone and call a trusted friend. So it is designed to help you take action to look after yourself.

The challenge with cancer, or any illness that may have those changing challenges over time, is that it can sometimes interfere with our ability to do things normally or to function normally; because it's ongoing, it's over a long period of time. And that alarm system can remain switched on or maybe just turning down a little bit and then switching back up; and just remaining consistently switched on; always looking for threat, looking for "that test is coming up; here's another threat; what's going to happen; what if?" So people can become in a heightened state, of being hypervigilant, hyperanxious, perhaps.

So that is just the stress response put very simply. In the space of stress, what might be a small stress in life - you know, something that just happens to us every day; say, I am running late for an appointment - you get that bit of "oh, I feel stress." But what actually happens, that stress passes. You get to that appointment. You are only running two minutes late; you did find a park; and the body returns to a non-stress state. But as I mentioned, the situation with cancer, we know that the alarm can remain switched on; which means that people can remain in this continued stress state.

So I like this diagram that helps to explain the stress response in, I guess, the context of cancer. We know that stress responses are very individual. So what I am sharing today, varies from person to person. So there's no one-size-fits-all, but we do know that there are generally some stress responses that might be shared among people experiencing cancer. And we know that stress can range from feeling a little uneasy about something, to feeling tense and on edge; all the way to being very anxious and fearful.



So I guess there are different levels of stress. And we know that stress impacts four main areas; and we have listed them up on the screen. You can see there is life stressor/cancer, the cancer diagnosis; and this impacts often how people are thinking, how people are feeling, the behaviours or the actions, the things that they do as a result of that; and their physical reactions. And this can actually have quite a little bit of a feeding effect, that these four areas definitely do interact.

I will give you an example of a gentleman that I was speaking with. He was very worried about some scans that he was due to have; and he had a lot of questions going through his head, when we were chatting, "What if I need more treatment? What if?" On the day that we were chatting on the phone, he was feeling very anxious, "I am feeling really worried." As a behaviour, he had said, "Look, I called the kids and I asked them not to bother coming around with the grandkids this afternoon because I think we will have a rest. If I can just sort this out in my head, if I can just try and make myself feel better, uhm, that's probably the better thing than giving my attention to spending time with the kids this afternoon." So then what led him to give us a call, he had gone and had a nap and found that he felt really exhausted; he felt really tired; but he said, "I can't nod off to sleep. My muscles feel tense. I was tossing and turning." As a result, what we identified, that he had more time that afternoon for the thoughts; and the thoughts were kind of growing and escalating, in a sense, which was leading to him feeling worse, and so on. So that is just a basic example of how thoughts, feelings, behaviours or how we act or the reactions/actions all tie in together.

I just want you to very briefly think about how you have responded to the stress of a cancer diagnosis or it might be some other stress that you have experienced; whether it be yourself or someone close to you. And just to take a moment, whatever pops into mind, and we are going to talk a little bit - ask you maybe what you were thinking, feeling, what actions you did or didn't take; and what sort of physical sensations you noticed.

Now, I think it's really important for people to feel that they can share it, if they feel comfortable, but if you are not feeling so much that you want to really share this morning, that's absolutely fine, too. Take a moment to listen to others; or just to relax and enjoy having a moment of doing nothing, if that's what you prefer to do. So just taking a little bit of a moment; because it can be helpful to sometimes hear - there's always expertise in the room I find, and we can try and draw that out a little bit and share that this morning.

So sometimes we take a minute or two, but because we are running with time this morning, we might launch straight into it. So what sort of thoughts were going through your mind, when you were diagnosed? Does anyone feel they have anything - hi?

PARTICIPANT: I thought "shit". Go on, I dare you to write it!

LUCY BAILEY: Sometimes choice words come into mind. That to me, I hear "a sense of shock". Yes?

PARTICIPANT: Anger.

LUCY BAILEY: So feelings of anger. As we say, thoughts and feelings interact, so it can be angry thoughts. "Why?" Yes?

PARTICIPANT: I said: I couldn't believe it.

LUCY BAILEY: Disbelief.

PARTICIPANT: I had cancer when I was young and I thought I'd never get it again. So you don't know, do you?

LUCY BAILEY: So a sense of disbelief; having cancer again. Yes?

PARTICIPANT: I am a carer; and the diagnosis caused - the shock caused me to lose memory, a little bit of my memory. That was very strange.

LUCY BAILEY: Thank you, Ursula. So we know that forgetfulness, maybe in some cases even losing some memory; trying to remember things, perhaps, - and this is a good example of how it presents differently in different people. Stress can certainly impact people individually. Yes?

PARTICIPANT: "Why me?", hopelessness.

LUCY BAILEY: So hopeless type of thoughts.

PARTICIPANT: I actually took it in my stride. I just went with the flow. And it was many years later, because my daughter flew back from the UK; she was doing university over there and just got married; her husband stayed in the UK. It wasn't until five years later, that I realised what was going to happen to myself and my family. I completely took it in my stride. I just thought, "I can do this." And it took me a long time to come to terms with it, with my family, what they went through.

LUCY BAILEY: Sometimes it's some months or years down the track, when people are reflecting on what they have been through-----

PARTICIPANT: Yes.



LUCY BAILEY: -----or treatment has been completed, we hear sometimes; and what I am also hearing you say is about family; that family, what you have highlighted, everyone's dealing with cancer differently. So family members individually might be dealing with it quite differently to how the person who is diagnosed is dealing with it, processing what's happening, and adjusting. Thank you. Yes?

PARTICIPANT: Family opinions that counteract what you intuitively know is the most sensible step. So it is medical treatment, sometimes family members will think alternative theories; and it can cause a lot of stress.

LUCY BAILEY: We hear that quite commonly, that there can be opinions that people receive from sometimes well-meaning people around them; and sometimes people who are not so close within their circle as well, who have heard that the person has been diagnosed; and this can create stress.

PARTICIPANT: And confusion.

LUCY BAILEY: Yes, feeling confused. Any other thoughts or feelings that anyone wanted to share today?

PARTICIPANT: I had a sense of guilt, when I was diagnosed I was relatively young, and I felt guilty that I was letting my young family down, with the prospect of not being around in later years. So that was very large for me.

LUCY BAILEY: Thank you. Guilt. Yes?

PARTICIPANT: First thing I did was: I got my diagnosis and it came about in a strange way, where I was tonsilled and the head and neck specialist said - I said, "Do I need a tonsillectomy?" The good news is you don't need that, but the bad news is you have got cancer." Straight out like that. I went, "Oh." Do you want a few minutes. I went to the bathroom, washed my face and said, "Now you have done it." So it is not a logical response but it is a response you have and that is where my stresses came from. You don't respond logically. You kind of - you know, saying I have done something to cause cancer, obviously, it is not in that framework. So dealing with that, to me, is where my stress related to.

LUCY BAILEY: Okay, thank you for sharing that. Sometimes blame in the form of blaming self or blaming others comes up for people as well. And some of these thoughts and feelings really catch people by surprise. And that can be confronting. I thank you all for sharing and I was thinking-----

PARTICIPANT: I have one more, which is interesting. It was pointed out, we are at a symposium at the PA three months ago and the woman did a great

talk on sexuality and cancer; and she threw it out there and shame, especially for HPV, sexually-related disease. And I dig around in that minefield, and I found that I was ashamed as well.

LUCY BAILEY: So shame, feeling ashamed; and I think this is why it's so helpful that we can name these thoughts and feelings in a session like this; because as each person has shared, I have noticed other people nodding their heads. And I did put some responses, if we just focus on "thoughts and feelings" for a moment. The expertise is always here, sitting down in the room, as I said; and all the things that I come up with, that I thought about, "what people and families have told me over the years", they are all the things that you have mentioned. Questions about: "why is this happening?" Lots of "why". How is this going to impact work, returning to work, family, partner, kids. How will treatment with head and neck cancer affect ability to eat, drink, speak, breathe, all those functions that people automatically do, without even thinking about it on a day-to-day basis. What might I look like after treatment? So appearance. Thoughts around body image. So not knowing what to expect. How will this affect my relationships?"

And one of the commonly asked questions, or thoughts that go through people's minds when they have a diagnosis, regardless of type of cancer, is "am I going to die? What does this mean?"

Question about pain as well. That's one that I have heard from people; like, "Am I going to be in pain? What is this going to be like?" Is that something for people that might have come up, thoughts around pain? Okay.

The feelings, all the things that have come up in here today. So: angry, frightened, shocked, numb, anxious, scared, sad, blame, guilt. And different feelings at different times/day, depending on what's happening at that particular time. So it is not uncommon to see a whole range of feelings come up.

I have also added in there, I made a little note "not thinking as clearly". I think people were saying, there were a couple of people who mentioned not feeling coherent in their thoughts and forgetfulness.

Okay. We might just talk about some of the behaviours; these are the things that people did or didn't do. So, maybe the actions they took. For example, it might be that you felt withdrawn from the people around you. You felt quite alone and isolated, so you withdrew. And some behaviours are really helpful and some are not so helpful; and some that are helpful to some people are unhelpful to others because we are all different.

I just wondered if there were any behaviours/actions that you did or didn't take and what you felt helpful and not so helpful? Yes.

PARTICIPANT: Can I just say regarding withdrawal there, that is something that a lot of people experience; but one of the things that they don't relate to that, people withdraw from you because they don't know what to say to you-----

PARTICIPANT: Yes, good point.

PARTICIPANT: -----because you have got cancer. They do exactly the same to people who have psychiatric illness; they don't visit them in hospital because they don't know what to say; not that they don't care; and really they are doing more harm than good but they don't even realise that.

LUCY BAILEY: Yep. So not only are you dealing with the thoughts and feelings for you internally and the behaviours, but you are dealing with the thoughts, feelings and behaviours of other people who might be in your life and, as you mentioned, sometimes people may find that they do withdraw from the person with cancer. Yes, okay.

Anything else? Any others? Yes?

PARTICIPANT: I found actually talking to everybody feels good.

LUCY BAILEY: So opening up and having a chat about people. Is that ventilating and getting things off your chest?

PARTICIPANT: Probably just keeping it clear in my mind, helps relieve the stress; rather than keeping it all internalised, putting it out there; and, also, allowing people who had been withdrawn, to actually feel they were free to talk to you.

LUCY BAILEY: Okay, yep, thank you. As you mentioned, sometimes when you have a chance to talk things out with someone you trust, you clarify for yourself. It helps to clarify thoughts, but, also, to release emotions/feelings, rather than keep it all bottled up.

PARTICIPANT: The feedback I got from the people that I opened up to was that: they didn't know what questions to ask; and by me opening up, they had that understanding of what was going on; and were able then to gain from the experience.

LUCY BAILEY: Maybe where people are not so comfortable, once you opened up and you sort of gave them a little bit of direction about what you were needing, they started to interact more; is that right?

PARTICIPANT: Yep.

LUCY BAILEY: Okay, good, thank you. Because of time, I am just going to go through some of the things that people have shared with us. Recognising that some of these things are helpful, some are not so helpful: reaching out for support, problem-solving strategies, for example seeking information; drawing on past coping strategies, because sometimes people have had other major life challenges and think, "What helped me in the past? And what wasn't so helpful in the past?"; learning new strategies, prioritising, "What are the most important things I need to check-in with my treatment team today?"; withdrawing from people, we had a chat about that, and that is an example of one that can be helpful or not so helpful; because sometimes to have a bit of time-out from people who maybe you might be feeling a little bit stressed around, who might be giving some unsolicited advice and you think, "I need a bit of space today." So that's an example of one that can be helpful and not so helpful.

Sleeping more, difficulty sleeping; overeating; being unable to eat, crying and over reacting to small things. So they are examples.

Physical reaction. Might go through this. We may keep moving now because I know that time is flying. We were talking before about the alarm system turning on in the brain when stress/threat is registered. So we know that those stress hormones, it has a very physical response as well; and that little diagram just shows the different body systems that are impacted by stress. And this is why people who sometimes say they feel muscle tension, "I am stressed. I am carrying that tension in my muscles in my back or headaches or feeling really sore and tight," a whole range of things. Butterflies in the tummy, "Today, I am feeling that unease." Sweaty palms, shallow, fast breathing; these are all things that the body does to protect you but it can be quite uncomfortable. For example, carrying a lot of tension in the muscles, over a long period of time, can become quite uncomfortable.

So that's the physical reaction. And do people experiencing stress notice physical sensations that aren't so pleasant? Yes, okay.

So briefly, triggers for stress; and it can be helpful again to just bring out into the room today what the triggers are; what people have told us over time, what research shows us. Because when you know the potential times when stress might increase, it helps you then to prepare for it. What might be a trigger for one person, may not be a trigger for another person; once again, because everyone is different.

So sometimes it's helpful to just reflect on, "What are my stress triggers? What are the sometimes that I have found most challenging, when I find my

feelings thrown around, feeling wobbly?" And just get a sense of what your triggers might be.

For many people with cancer, we know that diagnosis, starting treatment, ending treatment, and - which we are going to talk about shortly - treatment effects, those routine follow-up appointments. There's a quote from a person, "I felt very sad, upset and scared when I was told I had cancer." So we know that those are key times as well as maybe being in the waiting room, media stories, opening the paper thinking you are going to sit and have a cuppa and read the morning paper and all of a sudden there is a headline about "cancer"; and that can be a trigger for people. News of friends or fellow survivors, people that you went through the support group with, or you met in the treatment centre; and sometimes neutral symptoms, coughs, aches, pains, lumps, what does this mean? So people can find they feel a sense of vigilance, "What am I going to do about this? What does this mean?"

Some common challenges after treatment. I have heard people say "the new normal". "I am creating a new normal here. This is 12 months ago; not what I thought life was going to be and I am in a very different place now. How am I going to create this life with the meaning; how am I going to align that with my own values, what's important to me?" So there can be a real process for some people of re-assessing life and making adjustments, as they set future plans and goals.

Now, I would like to move, in a moment, to talking about coping. There are a couple of things I thought might be helpful to highlight. After treatment, one of the challenges that can come up for people is a sense of loss or grief about some of the changes that may have come about. And we know that some losses may be short-term, some may be longer-term. For some people, it might have been a brief period of time off work but for others, it might be permanently finishing work.

It might be permanent loss of a body function, such as that ability to speak or not being able to chew/share a meal, the type of meal that you used to enjoy. All of these things can come up for people. But, also, how people might see their body; loss of a particular body part or their body image. And we know that grief is a normal response to loss. So it is not uncommon for some grief to come up for people.

And after treatment, it's often that time when people start to process what they have been through, as we just mentioned earlier. And sometimes what people's expectations are, it might be at odds with how they are feeling. Sometimes there might be expectations from other people as well, "Oh, you finished treatment? Now you are back home. You know, it's time to start, you know, doing life again and getting back into what we used to do, and routine."

But it is actually not an uncommon phone call for us to get from people, to say, "Well, treatment's finished and shouldn't I be happy now that treatment is over? And I actually don't feel so happy." So that can be really helpful to identify that because then there's some support that is available.

The other thing I have heard is people say, "I want to come back and see you tomorrow," to my treatment team, "Because you were the people that I spent the last couple of months with, you know, the last six weeks every day I have seen that same team." People often share some humour with their treatment team or they have particular people who feel a real connection with; and might even do their emotional stuff with. Radiation therapists, patients have told me, "Every day, I have a quick chat about how I was feeling as the radiation specialist was setting things up." And that was like medicine for their feelings and where they were at. So it can be a sense of, it is a bit like the safety blanket's come out and, "I want to see those people but now I won't see those people for three months or whatever the timeframe is." And I can see lots of people nodding about that.

Fear and uncertainty; very normal. Fear - all people with families and cancer get fear at some point and degree of uncertainty is normal. And I guess it is helpful to know this because then people don't feel so isolated. And we can also then think about coping strategies, "How can we help people when they are feeling this sense of uncertainty?"

Coping skills. Finding ways to manage the increased stress of cancer is a useful skill to help people to cope with diagnosis, treatment, recovery, through to the future - in fact, I have had people say this to me, "Not only have I used this in counselling, for my cancer experience; I'm now using it down the track in different life things that throw stress at me." No one size fits all. There's no-one right way. This morning is reflecting on, "What do you find helpful? What do you not find helpful? Is there something new that you want to try to help with coping? If that's the case, to do that, to follow-up with that; and to really come to yourself as an individual; because coping skills can be an individual thing."

But we do know that there are a general set of skills that have been shown to be beneficial when you are going through a major life stress, such as cancer.

Now, some coping is conscious; some is unconscious. Some things are just innate, intuitive; they might have been things that you have done in the past. You didn't have to problem-solve it or think it. You know, after that diagnosis, you thought of the person that you trusted most and without even thinking, you picked the phone up and contacted them. So some things just happen naturally.

Many coping skills are intentional, however. And we really need to think about "how am I going to do this? How am I going to approach this? What sort of strategies am I going to put in my "coping tool-box". We call it "tool-box" because it's got a lot of stuff in it. I know everyone has different types of tool-boxes in their sheds at home and it's no different with "coping" and some people have different things in their tool-box compared to their neighbour's tool-box. It is also different things for different situations, as well, for different circumstances.

Some ways of coping are about feelings; they are about protecting the self; they are about that stuff around talking, ventilating, getting feelings out to try and decrease the feelings of distress. And other things are about problem-solving; "I am going to sit down with a pen and paper and I am going to write down the list of questions that I am worried about, because I am seeing my doctor on Monday. And I am going to highlight and prioritise the most important questions." So some coping is about problem-solving.

With any of the strategies that we are going to chat about, some people find it helpful to have some guidance and coaching with a counsellor; and we do have a cancer counselling service at Cancer Council; and people can be put in touch with that service through calling the 131120 number that Anna was talking about. If you need any further information about that service, feel free to speak with one of the team at the end of today.

So I am just going to highlight some of the strategies that have a research base behind them; so we know there's good evidence, lots of research studies that have involved people with cancer and the people close to them, their partners, their family members, their circle of support; have validated that these strategies are beneficial. As I said, it's about identifying the ones that you think might be helpful for you.


So we were talking about some of the thoughts, some of the worrying thoughts. There are many different ways of thinking and one of the comments I have heard from people over the years is "my friend and family have told me that I need to think positive but I am finding it really hard. What's wrong with me?" I'm not sure if that's been your experience. But ways of thinking works differently for different people. Some people find thinking positive as helpful; other people find that the pressure to think positively is a little bit of a burden on their shoulder. Sometimes they find themselves striving and trying really hard to think in a positive way. So what it's about is maybe moving away from the quest to think a certain way or "I must think positive." There was an interesting article back in 2010, written by a lady who had cancer, called "the tyranny of positive thinking". She felt a real burden when others thought that she needed to be positive. So it's about releasing self from feeling guilty about not thinking positively. If you are thinking positively, great. If you find

that really helps, that's something in your tool-kit. But to know that there's nothing wrong at all to not be thinking positive; and that there are many different ways of thinking. Some examples are: realistic thinking, hopeful thinking, helpful thinking, and in counselling, when people are really struggling with their thoughts - when their thoughts are giving them a really hard time and they find their thinking is starting to consume them - what the therapist will do is they will actually use some very specific, tailored, helpful thinking strategies; that look at questioning unhelpful thoughts and looking at more helpful ways of seeing things. And that's just an example that I put up there, "is there a different way of looking at this situation right now?" So that is just a little bit of a taster.

Seeking support, which is what we are doing here today in this room; and we have put up there the value of support groups and peer support. So talking to someone else who has been through the experience; because as much as people who work here at Cancer Council or as your treating health professionals try to understand, we try as much to step into the shoes and try and see what's happening, no-one can truly have a shared understanding unless they have been through the experience. Ultimately, no-one has a complete understanding of you because we are all different; but we know with peer support, it can help people to feel less alone, to feel more supported, to meet others who are going through a similar experience, to share ideas, tips about what helped during treatment. You know, there's just so many benefits. And people can really vary. Some people love to come to a support group and meet lots of people. Other people might be a little bit more reluctant or shy. They may find they like to pick the phone up and have a chat with someone. I think everyone's different and there's no right/wrong. It's about finding what works for you. Some people like to be involved in a group, be phoning, be doing counselling. There's lots of different ways.

We mentioned about the cancer counselling service and very happy to talk about that with anyone who would like to, or if there are any questions at the end please feel free to talk.

So the value of sharing feelings and challenges can be helpful; and we know that - it's a little bit like the old pressure cookers. I didn't have the one but people tell me about the old pressure cookers. If you leave that lid on, eventually, if you walk away and you don't attend to it, it's going to explode. But the pressure cooker needs the lid to be lifted off intermittently for a little bit of steam to be let off. We know that some regular opportunity to share, to talk to someone who is trusted, who you can do that safely with, has been shown for many people to be helpful.



A little bit about group programs. In the cancer counselling service, we do run some mindfulness programs. What mindfulness is about: learning to be more present in life, moment by moment; and learning not to judge the experience.

For example, not actually judging the thoughts. You know, if you are trying to do something to relax yourself and you are finding it is not working and your thoughts are running away, rather than thinking, "I need to get rid of this thought," and struggle with it, actually noticing that the thought is there and acknowledging, "Oh, there's that annoying thought again. I wish it would go away," so making some acknowledgement; not beating yourself up, and having the stick out and, "I am thinking this way and it's wrong and I should be doing" - that is just very simply putting mindfulness and not doing justice to what the practice is, but what we know is, with practice people can learn to be more self-aware, clear/calm in all life experiences; even those that are more challenging. Mindfulness is not for everyone and that's okay. It is something that grows over time. It does usually take some coaching/support. Because of that, we do run some introduction to mindfulness groups and we do some eight-week workshops once a week for people who want to immerse in it and incorporate it as part of their life.

I like that little picture there, "mind full, which is part of what modern life is; there's lots to do, so busy. But "mindful", and there is the trees and the person actually enjoying walking outside, being with the dog.

Relaxation techniques. We know that this works to reduce that stress response. There are many different types of relaxation. Some relaxation is really informal. I know some people find things like yoga or listening to classical music, there is a whole range of different things; but there are actually some specific exercises. There's very good evidence that specific exercises do help people to feel less anxious when they are experiencing cancer. As I said, it may not be the thing that you are as interested in. But it might be.

And how does it work? On one side of that diagram, you can see what happens when we are stressed; different body systems are impacted and that breathing rate increases and you get that muscle tension. Relaxation is the opposite; and it's actually getting a nervous system to trigger and to release different stress hormones that can do things like slow breathing rate, ease muscle tension, support digestion, lower blood pressure, promote sleep, increase concentration and help with the fatigue. They are some of the benefits that can happen when people are engaged in relaxation.

I am just wondering if any of these techniques people have used? Relaxation or mindfulness? Okay, yep.

PARTICIPANT: I did meditation for the last nine years.

LUCY BAILEY: How do you find that helps?

PARTICIPANT: Well, I just don't get stressed out about anything these days.

LUCY BAILEY: Okay, yep. So it's had a really big impact for you, because you don't get stressed.


PARTICIPANT: I have got a really good meditation Reiki master.

LUCY BAILEY: Okay, yep. So different strategies for different people. And that's one of the key things to take from this.

Like any skill, we find that practice, whether it be mindfulness, relaxation or anything, is most effective in bringing about that relaxation response; getting the breathing to slow, getting the muscles to relax. And we have a booklet and a CD that is available at no cost; and it actually gives you a little bit of a starter in how to do relaxation exercises; and, also, then some specific exercises and there is some muscle relaxation and some guided visualisations and some breathing exercises. I always do mention, when people give those exercises a go, when they try, when they listen to them, know that if you don't like a particular exercise - for example, in the muscle relaxation, if you feel a little bit tense - just to stop the exercise or to release that muscle tension. Give it a try and see what works for you.

Now, we have got five minutes left. We are going to do a brief relaxation - I am going to invite you to do a brief relaxation exercise. Before we do that, have a think about what one thing that you can take from today's session beyond here. Please don't hesitate to have a chat with us on the way out. If there's anything that's come up for you before you leave today, importantly 131120; don't hesitate to be in touch with the team there. They know about our cancer counselling service. They make the referrals through to counselling. If you are thinking there's something here, some coaching/guidance, someone outside of your situation who you would like to talk to, then it may be that a referral to some counselling could be of benefit for you. So please, you are very welcome to be in touch. We are here to help.

Now, we are going to do a brief exercise which you can do sitting in your chair. I always like to give people the option to opt out to not do the exercise. Because no-one will know except for you. It is a non-compulsory exercise. If you are not doing it, you can have five minutes of doing nothing; which in this case day and age is very rare because there's usually something to do. So you can just enjoy for a moment just being, sitting and doing nothing.



So would you be willing to join me in this exercise?

This exercise involves tensing and then releasing one of the major muscle groups of your body.

If any muscles are sore and tensing hurts, another form of relaxation may be more suitable; and simply release the tension to the muscle. Make yourself comfortable. Sitting with your back well-supported. Some people like to slide their shoes off; and if that works for you, do that.

Generally close your eyes, if you feel comfortable to do that.

Take a long, slow breath in. And then let the air out slowly and gently. Feel your whole body relax. Continue to breathe slowly and evenly or breathing as you feel comfortable. Focus on your hands and lower arms. Imagine you have a whole lemon in each hand. Squeeze down hard. Notice the muscles tighten in the fists and forearm. Hold the tension, as you take two slow, steady breaths.

Now, as you breathe out, let go and feel the warmth returning to your hands, as they relax. Let this feeling spread up the arms, to the other areas of the body. Let your arms fall into a state of relaxation.

Now, stretch your fingers upward and outward. Hold the stretch, whilst you breathe slowly in and out. On your next breath out, let go and relax. Enjoy the pleasant sensation and feel how good it is to be relaxed. Your face and hands and arms are relaxed, free of tension. Enjoy, the warm relaxed feeling that you have created. Appreciate what it feels like to be relaxed and calm. When you are feeling ready, take your attention back to your breathing; it is slow and light. Begin to notice the sounds around you. Take a stretch and in your own time open your eyes and return to normal alertness.

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So relaxation exercises can be short and longer than that. But I thought a short one would be helpful because it's portable; you can take that anywhere with you-----

you can take that to your waiting room, workplace, anywhere - I will put a disclaimer here, anywhere where you are not operating machinery that, you don't need concentrated attention, this can be used any place/time. No one else will know that you are doing it and that is just one example. How did it feel? Any feedback or comments?

PARTICIPANT: Good, I yawned four times :-). Is that relaxed?

LUCY BAILEY: Oh, good. That's great. I am pleased to hear :-). As one last take-home that people find helpful: when you are lying in bed at night, just starting with your muscles in your feet and just moving up all the muscles in your body; so one group of muscles at a time, starting in your feet/ankles, just tensing, releasing and then just sequentially moving up towards the upper body. And just remembering if there's any pain or it is uncomfortable, to avoid that muscle group area; just to release. And that's one that many clients have shared with me, that they find helpful as well. So just another option. Thank you so much.

