

Speaker 1 ([00:12](#)):

A diagnosis of breast cancer can cause a life changing ripple effect of impact affecting those. We love the most and those upon whom we lean for comfort and strength and 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 firsthand experience of the disease, or through sharing the experience of close family members. My conversations will center on how breast cancer has informed their perspective on life, love, family health, their goals, and indeed their 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 good body, a leading financial services firm that has been serving and growing client relationships for nearly 150 years.

Breast Cancer Ireland is one of these strategic charity partners that Goodbody works with in an effort to provide educational resources and financial support.

I'm joined today by Steven Kelly and Jamie Crawford. They are married to Tanya and Georgie. Both of whom were diagnosed with breast cancer and both have traveled with their wives along their paths to recovery. I've asked Steven and Jamie to share their perspective because I believe their insights and experiences will give some support and comfort to other partners during this challenging time. One in nine women diagnosed in their lifetime, but in reality, there is very little information available for partners. Steven and Jamie are both very welcome to more than a lump. And thank you for agreeing to come in today and chat to me and to our listeners. Thanks

Speaker 2 ([01:46](#)):

For having us. Thanks for having

Speaker 1 ([01:46](#)):

Us, Jamie, starting with you. We all know and love Georgie, and we're also proud of all that she's achieved with the support and help of course, through her good glow podcast. And we're so appreciative of everything she has done for us as an ambassador for breast cancer Ireland, but take us back to those early days. And what was going through your mind that night that Georgie showed showed you the lump?

Speaker 2 ([02:06](#)):

Yeah. Well, first of all, uh, thanks for giving us this space to talk from a partner's point of view. I remember, you know, as we were going through it with Georgie, it was probably three or four months in before anyone actually turned around to me and said, how are you doing? Yeah. And when they actually did that's when I sort of broke down a little bit mm-hmm <affirmative> because that was my first opportunity to really express myself and to tell people how I was feeling because I had to be strong for Georgie. So, you know, I think this is really important to, first of all, thank you so much for that. Mm-hmm <affirmative> going back to your question on the night in that that Georgie found the lump, my initial, um, reaction was go to the logical space, which is GE was quite young. She's only 32 at the time and it's, she'd just finished breast, uh, feeding.

Speaker 2 ([02:53](#)):

She'd done it for six months. This was month seven. She, you know, it was probably something to do with the change between stopping breastfeeding and, and going, uh, back to kind of bottle fat bottle feeding P the whole time. So I initially didn't really panic, obviously when I felt lump, it felt very hard. It felt quite alien. And I did get a fright, but my initial thoughts were no, this your too young, this isn't generally what happens. And I know it is, you know, uh, uh, the perception out there is that it doesn't happen to young people, but it does. Yeah. But I didn't know that at the time. So, um, you know, I initially I'm, I'm quite, um, risk adverse. So my first thing was like, get into the doctor tomorrow morning, straight away, we'll get it checked. You'll be fine. You'll be out, you'll be grounded by next week.

Speaker 2 ([03:42](#)):

They'll they'll, they'll rule everything out mm-hmm and that would be it mm-hmm. And that was kind of my reaction. And I kind of stayed quite practical and pragmatic. We, Georgie was panicking. Um, and I kind of said, look, if I get panicked as well, that's not gonna help anyone here. So we, uh, got an appointment, um, luckily with the GP that morning, and then the next morning, she still wasn't happy with what the GP had said. And the GP had kind of said to us, look, maybe go and go to breast clinic and, and get a check. So we, we rang around at the time, got a clinic, uh, appointments in the clinic in Beaumont, went straight out there the Friday morning. And, um, that's when the whole process started to get more serious. Mm-hmm

Speaker 1 ([04:21](#)):

<affirmative> mm-hmm <affirmative>. And how did you feel like, I know you tried to, you know, you get into, you know, it's fight or flight. Yeah. So you get into fight mode and you try to be there and be the rock. And, but what was going through your head

Speaker 2 ([04:34](#)):

As that as the Friday progressed, then I started to get quite worried. Cause I could see, uh, the medical process evolving, getting a little bit more serious as we were going. Uh, and the lowest point in the whole process for me was the Saturday night. So Georgie found the lump on the, on the Wednesday evening, the Thursday we were in the GP, the Friday we were in Beaumont, we, and she had a biopsy that day. Uh, and she thought she had a different type of biopsy than she did. So she was going to Dr. Google, which we all know is not a good place to go. No. She started reading, started to panic. She started to, um, she fainted at one point, she just got in such a bad way. And then that's when that kind of got in on me. And I started to feel like really scared, worried, panicked for the future.

Speaker 2 ([05:25](#)):

Like we just had a, our first baby, you know, anyone that has had their first child, it's like an amazing experience. Mm-hmm <affirmative>, it's just like, you've never felt love like that in your life before mm-hmm <affirmative> and I'd been, we'd both in an incredibly happy, beautiful place. We'd just bought our ideal house. Life was just amazing. And then buying the sledgehammer came. So I remember going out into the backyard and ringing my sister. Who's kind of like my go to in a time of need and like breaking down completely. I remember kneeling down on the grass and just falling into tears. And I said, I need you to come up to me. Like, I, I need you now. Like, and my sister came up and Georgie's mom came up and the two of them between the two of them, they settled the two of us. And if I'm honest with you, whatever happened that night, I, I wasn't ever that bad against since, you know.

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Speaker 1 ([06:14](#)):

Yeah. You just had to, yeah.

Speaker 2 ([06:16](#)):

I had to go to that moment to come back to

Speaker 1 ([06:19](#)):

Come back again. You know what I mean? And feel a bit stronger. Yeah. Yeah. I mean, Dr. Google, I suppose, is horrendous because unfortunately you don't know what you're dealing with. You're going and saying, you know, I found a lump, what could it be? And it gives you a myriad of explanation. Some of them are harrowing when an actual fact, I suppose, and, and we have learned with all the research that has gone on. And even in the last 10 years that now patients that are diagnosed, it's a very personal treatment plan. No two people have the same treatment plan. So I've often talked to a group of women and maybe they are triple negative breast cancer patients. And one will say, you know, well, my chemo was 12 weeks. My chemo was six weeks. Oh, mine must have been so much worse than yours.

Speaker 1 ([06:55](#)):

It doesn't matter. It's based on your own genetic profiling. Yeah. Which is super that we have that personalized, um, ability to be able to say that. But, and it does in time, it does relieve people a little bit, but Dr. Google is horrendous. You know, I often say to people, if you're gonna go anywhere, you know, go to the likes of the Mayo clinic or go to the likes of breast cancer now really, you know, uh, established organizations that don't put the fear of God in you, but they tell you in very plain English, what it can be. They also aren't, um, scare mongering cuz that's, you'll be up and down the walls, you know, wondering what if and how come and you have to wait a certain period of time for biopsies to come back. But in that same time, your head is in, in a spin dryer. Absolutely. You know? And so Steve, you too also, um, tell me about Tanya's and how, how you felt initially.

Speaker 3 ([07:39](#)):

Well, I think similarly challenging and again, thanks for giving us a chance just to, to share what it's like. I mean, the burden is definitely on the person that's diagnosed, but there's, there's, um, there's another view and another challenge when you're trying to support that person. So, uh, so really appreciate it. Um, so yeah, we found out, uh, a year and a half ago. Um, so it was not even a year and a half ago, just over a year ago. Mm-hmm <affirmative>, uh, we, uh, it's funny. The contrast we had been through a slightly different time. Um, my, uh, my younger sister had passed away not long before. Uh, I'd been through a really, really challenging time in, in business. Uh, had to close down a company and we were kind of getting through that and, um, tiny had a slightly different situation. She was in her late, well, not quite mid, mid to late forties, 47.

Speaker 3 ([08:29](#)):

Um, but uh, never had an illness. Wasn't the kind of person that would be in hospital or no underlying conditions. She wasn't a smoker, a heavy drinker, nothing unusual that would give you. And, um, she would've had a history, I suppose, of just being a bit cystic. Okay. So some kinds of lumps from time to time wouldn't have been unusual. So we didn't probably have the same shock that, oh, it's a lump and God knows what it is. And also one thing I learned is, uh, it's really funny. You said more than just a lump

is the title of the podcast. Tanya's lump, wasn't like a lump. I think we have a perception that it's a little golf ball and hers was lobular and it was described as like a little string of beads. Wow. So it's not always what you expect to find. So I didn't have the same experience of her saying feel this unique, you know, identifiable thing.

Speaker 3 ([09:15](#)):

Um, but she was suspicious. So when she just had kind of a dimpling effect as well, so went to the doctor, went for a scan. And again, that's when they start to kind of give you that little bit of extra care and you worry that something's wrong and they say, can you come in again? And we want to do a biopsy. And so I think once they've taken the biopsy, you start to, you start to worry. And I think that first kind of week or 10 days where they're doing the biopsy, you're waiting for the results, then they do the results. And I think what people don't realize is you get the, the bad news, but then they do more scans. So they scan for any other type of cancer. So they'll, they'll do scans of, you know, your full abdominal scan. They'll do bloods and they'll look for it, uh, anywhere else that it might have, you know, traveled might have traveled mm-hmm <affirmative> so, so you've got more and more phases of worry.

Speaker 3 ([10:06](#)):

And I think that first phase is definitely the most difficult, you know, um, definitely like for us, once you've got through that phase, which is horrendous, we didn't know how to deal with it. We didn't expect it. We had enough to deal with already. So you sit at home thinking like how many more things can happen. Uh, our kids were, uh, older, so, um, they're now kind of nine, uh, 12 and 14. So a year ago, uh, just, just a little bit younger, but, but still old enough to achieve, to worry about them, take care of them, get them to school. Mm-hmm, <affirmative>, it's a busy house, busy lifestyle. Um, so we sat there, just scratching our heads, wondering what to do and, and you kind of wonder how it happened. It's something you expect doesn't, isn't gonna happen to you if

Speaker 1 ([10:47](#)):

And no family history?

Speaker 3 ([10:49](#)):

Uh, well actually that's not entirely true. Tanya's father had cancer, but kind of lung cancer and probably smoking related mm-hmm <affirmative> um, and, um, there was cancer in my family, but different sides of the family. So in her family, um, there were some, but not a kind of history of predictable breast cancer in any kind of way, but, but some cancers. Yeah. Mm-hmm

Speaker 1 ([11:10](#)):

<affirmative> I mean, and, and statistically only 5% of the population have a hereditary breast cancer, but oftentimes, you know, it is out of the blue or there can be some instances where an aunt or an aunt on a father's side, et cetera. And in hindsight, people say, oh, okay. And I mean, there's a fantastic, uh, family history clinic that I know is in Beaumont. Um, where oftentimes, if I talk to, um, younger women, especially is, you know, if you have any other siblings that have had, or, you know, anybody related to you, you should at least contact this center because they do analyze the questionnaire. They fill all of those, um, blanks in and they, they weigh you on, um, say medium risk, high risk, low risk, you know, as to whether or not you should be concerned. And, and even that is a high risk is obviously looked after and, and mammogram at least are, you know, looked, um, have a, has a mammogram every six, every six

months. Um, how did you tell your children? Because they were of an age to understand, I mean, PO for Jamie was very, very young at seven months, but how did you tell the kids?

Speaker 3 ([12:07](#)):

Yeah, it's a different type of worry, cuz I can understand, you know, I've been through that new parent thing, you worry in a different way because the child doesn't understand and you don't know how you're gonna deal with it. We had to do the opposite and tell the children and we decided to tell the children. So, um, very, uh, unfortunately we, we had a couple of friends had been through the same thing. So we had, we had a couple of reference points and one close friend was exactly one year ahead of Tanya in a very, very similar kind of diagnosis. Um, and they had chosen not to tell the kids directly at the time, um, and you know, let it come out by osmosis. And I think you have to do what you're comfortable with yourself because you might not be comfortable having the conversation and the kids will, you know, feel insecure from that conversation.

Speaker 3 ([12:51](#)):

Um, we decided to tell them for a couple of reasons, we, we figured they'd, they'd hear her, they'd find out and then it might upset them more. Um, and I did say to the kids, you know, mom, isn't isn't well, but you're constructive, you know, their, this treatment and she's gonna be fine. I think by the time we told them we knew it was operable and the prognosis was good. Um, so we were lucky in a way that it, it looked like we were gonna get through this albeit a Rocky road mm-hmm <affirmative>. So we told the kids, um, and we told 'em it was cancer mm-hmm <affirmative> just in case we said, you know, our elder, uh, eldest kids, my, our daughter, Amy, um, you know, she could quite easily find out later and say, well, you never said it was cancer. So we decided it was good just to kind of come clean, but simple and age appropriate and kind of constructive are almost positive.

Speaker 3 ([13:38](#)):

Mm-hmm <affirmative>, you know, we'll get through this mm-hmm <affirmative> um, the other thing we said was a bit like their own friends, different people will react differently. And I think what's funny is some of the most, um, you know, balanced, um, calm people, you know, will arrive at the door and burst into tears, you know? So we had this experience of not knowing how people would react. And I had a conversation with Tanya, which is, we're now, you know, gonna brave up and deal with this and we'll have to, and we will, and it'll be fine and it'll be hard, but we'll get there. Um, but what will upset you is people will come to the door and totally break down. You'll be supporting them, you know? Yeah. Yeah. So we said that to the kids, we said like, like your own friends, some of them have different ways of doing things in the playground or on the football pitch.

Speaker 3 ([14:22](#)):

Some of them get very angry. Mm-hmm <affirmative> some of them get very upset if they lose. Um, and sure enough, my, my, my middle fellow Harvey came into me one day and he said, um, he said, well, you were right dad. And I said, what happened? And he said, well is just two of them crying in the kitchen, you know, <laugh> so, so somebody had arrived all happy, trying to be positive, bunch of flowers, coffee let's have a chat. And within five minutes it was all. Yeah. And that happens and it's fine, you know, it's fine. Absolutely. But I wanted them to know that that hasn't changed what we said to you. Yes. That's going to happen. Yes,

Speaker 1 ([14:53](#)):

Exactly. And it's strange, you know, I often talk to some girls and they say, you know, you get the tilted. Oh yeah. And you know, and I'm thinking, well, people are upset for you, but it's strange how people react, you know? And you suddenly realize when you're going through it and friends, they find it difficult. They don't know what to say. They don't, they wanna be there for you. They wanna support you, but they don't know really what to do and what to say. And what's the right thing to say or the wrong thing to say it is, it's a tough one. It's

Speaker 3 ([15:19](#)):

A tough one. Yeah. PE people empathize with you and they'll say, oh, I went through something similar. And it was a broken toe, you know, like, okay, it's not quite the same, you know, why was in Vincent's? And I had this doctor and he did a great job. So you have to kind of, I guess you have to be nonjudgmental because that's just human nature. People are just trying to, you know, bond with you, help you tell you what's gonna be okay. You know,

Speaker 1 ([15:39](#)):

Mm-hmm <affirmative>. And I suppose then when Tanya was diagnosed, it was through COVID. Yeah. Pandemic times when things were a lot more restrictive and locked down, how did you deal with that?

Speaker 3 ([15:49](#)):

Um, God, I think my first worry was quite transactional, which is, will I be allowed to get involved in this process at all? Will I be in the hospital? Will I be, um, able to meet the consultant or, you know, an oncologist? What will I, you know, how can I help, will I just be sitting outside in the car, hoping I can, you know, understand what went on mm-hmm <affirmative>. But I was lucky, um, by the time we went in, we were able to go in together. I'm not sure if that was, you know, by the rule book or not, but we were, we were, we were masked and, and, you know, yeah. All, all very carefully controlled six feet apart mm-hmm <affirmative>. Um, but I was able to go there and, and I guess the one thing for me, um, was it was important to be there now.

Speaker 3 ([16:31](#)):

I, I would've FOMO, so I would want to be there. Mm-hmm <affirmative> so, um, and I like to know what's going on and Tanya's a nurse, so she's very comfortable with the terminology. So she'll, she'll go off in a tangent until they'll be talking about blood types and different procedures and it'll all be in Latin, you know? Um, but for me, if there's a question that she wants to ask, when you're under pressure, you nearly always forget. And the number of times you probably have the same thing, but the number of times, um, you know, Tanya would say, make sure I ask them about that other procedure. They mentioned, cuz we never went there and we'd get through the whole consultation and it would never come up. And I would just gently chime in and say, you wanted to ask one extra thing, you know? Yeah. You don't want to interfere, but, but, but sometimes it's

Speaker 1 ([17:14](#)):

Good to, that is very true because in talking to people, the first thing they hear is cancer and for the patient that is like, oh my God. And they have to process that. Yeah. And therefore everything else is like just white noise. Yeah. They don't really understand what's going on. Yeah. So it is really important to

have that other sounding board, that's there to kind of say, or listen to what, what, what the consultant is saying, you know, listen to the, the sort of the treatment plan and everything, because I think I've had one or two ladies who've said to me, you know, I, I didn't hear anything after they said cancer and my husband got such a fight he didn't hear, or my partner didn't hear, whereas it is important if you're going, you know, to have somebody with you that is there, you know, literally, you know, pad and pencil, just write it down so that you get everything that's being said and then come away and can have that informed conversation.

Speaker 1 ([18:01](#)):

You know? Um, and I suppose the, the telling the children part is something that I always find with various different people. And as you say, it's has to be age appropriate and it has to be according to how you live your life and your own family circumstances, et cetera. Cuz there has been times when, you know, um, especially teenage kids, you know, trying to tell teenage kids and immediately then they're going back into school and they're talking and you know, kids and kids, they don't understand the full remit of everything. And they go away saying, well, my auntie had it and she did this or my auntie did this and my, and then my auntie died and all of a sudden kids are, could my mom die or could this person die? So there is that fine line, as you say of how to handle it carefully.

Speaker 3 ([18:40](#)):

Yeah. I think you you're right. You kind of have to prep them for that. You know, and again, it's back to how people react. People will say the wrong or different thing. The other thing we've said to him is, you know, cancers are quite different. There's a myriad of different types of cancers from skin cancer to lung cancer, to breast cancer. And this particular type is treatable. You know, we knew someone who had died of breast cancer. So we had, again that example where we could say it it's different to what Liz had, you know, mm-hmm <affirmative> so this close friend died of breast cancer. So we'd kind of been through, um, as a friend we'd been through some of the journey before and we were able to say to the, to the kids, it's, it's different. Cuz our youngest, Zach, would've been very young at that stage. He mightn't remember, but he'd hear it from the others. So we wanted to just to set the level playing field, you know, mm-hmm <affirmative>

Speaker 1 ([19:24](#)):

And do, do you feel that there was a good support for you both? Do you think there should be something else that's done for as we call partners in cancer? Uh, which is a very loose term, but do you think there should be some kind of support there to help those who are partners and the families cope with somebody that's close to them having, having a cancer diagnosis?

Speaker 2 ([19:47](#)):

Uh, for, for my perspective, I, yeah, I definitely think that there should be, uh, a little bit more focus or a different focus if you put it that way. Mm-hmm <affirmative> uh, on the partners and what they're going through and how they're dealing with it because you know, every scenario was different of yours was obviously different to mine. I, we had a seven month old. I was like, okay, I need to do all the night feeds. I need to be awake all the time. And not that I would've changed how I managed any of that, but uh, the over time it chipped away at me and I started to, you know, my own health suffered a little bit mm-hmm <affirmative> and you, you end up, you know, my own mental health suffered a little bit towards the end of everything. Um, and you end up sort of not putting any focus on yourself, but if you have a support

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network or you have a particular, um, service that can come and support you, that just reminds you to navigate and manage the situation. Um, for, for you both oppos as oppos to just having the focus on one person, not that

Speaker 3 ([20:46](#)):

You would do it

Speaker 1 ([20:47](#)):

Differently, but you know, mm-hmm <affirmative> because it does. I mean, while it impacts the patient physically, then the ripple effect, we call this the ripple effect, the ripple effect is, are right across through the, you know, the partners, the families, the community, the friends, you know, everybody has that knock on effect of being impacted by this person that they love who has breast cancer. And it is important. I think that there is a support for people there, whether it is a group that get together and just say, you know what, it's okay to feel a little bit, you know, angry. It's okay to feel upset. It's okay to, you know, question, you know, what's going to happen next, you know, and we're here for each other. Yeah. You know, I think that is important. And you know, I know why I remember, um, early, oh, a couple of two or three years ago, I had a lady who contact or actually her husband contacted me.

Speaker 1 ([21:33](#)):

And uh, he said, you know, he said, Ash, what am I going to do? He said, I have to call you separately and privately to, um, her knowing, because he said, she'll go bananas. But he said, uh, she's really not coping well and I'm not coping well. And I remember Mohan and Florida mercy honor her dad saying to me that, uh, he lives in bra and he said, right next door was a crowd called purple house. And he said, they're amazing counseling and support services for families of people who've affected by cancer, whether it's grief counseling or, you know, just counseling in general of how to talk to kids, et cetera. And I thought, there we go, I'm gonna call them. So I rang them and I have to say, they were amazing. And I told them situation of this other lady. No, she has a stage four diagnosis. Um, and they immediately said, she'd been trying to get onto another group that we look after counseling, but they immediately said, just telephone us. We'll look after us straight away. And we look after the family, that's so important to have that kind of resource there to help people.

Speaker 3 ([22:27](#)):

Yeah. I think it's, it's kind of mentally and physically tiring for me a bit like yourself. I just threw myself into keeping the family going. You know, I had a bit of time off, so that was kind of fortuitous, but I was 24 hours a day on with the three kids. And like, I wouldn't change that, you know? And, and I wouldn't, um, but it was definitely busy when I look back now, you know, I, I was, you know, trying to do everything and you have to be positive all the time. There's, there's no other alternative. You're negative. You might as well just roll over. And mm-hmm <affirmative> so we, we actually decided to try and, you know, a number of people said to us, you're doing too much. Um, but we didn't really have another option because we decided we wanted the kids to go to school and do their football and swimming or whatever else they're doing and not have the diagnosis, um, interfere with them or for them to to think, oh, this is, this is the problem.

Speaker 3 ([23:16](#)):

We, you know, we, we can't function so rightly or wrongly and everyone does it differently. I mean, you have your own situation and your own support network, but we decided we would try and keep everything going. So it just became inordinately busy for like nine months. I would say it's calmed down a lot now. Yeah. And there's times when Tanya wasn't able to, um, to function properly or to drive or to do anything, uh, or she might, but I couldn't rely on her having a good day and that's notice back to her. She might have a good, good day mm-hmm <affirmative> so she says, don't worry, I'll go. And you take a break that day mm-hmm <affirmative>. So I just tried to do everything, not trying to be a hero, but I just, my default was to cover, cover the bases. So it's, um, it's tiring and, and, and stressful. And, and you are within that. You're trying to be positive all the time. You know, I found when people ask, how are you doing? I'm fine. How's Tanya doing? She's doing great. Yeah. She's doing great. Cause you almost don't want to doubt yourself, you know?

Speaker 2 ([24:10](#)):

Yeah. I think for me, one, the big thing that I noticed was actually when it was all over, that's when I started to go down a little bit from a mental point of view, cuz you're in the, you're in the cycle, you're in the process, you've got appointment, you've gotta get the kids to football. Yeah, yeah. You know, I gotta, you know, get PE into a crash, gotta do the nappies, do all this sort of stuff. So you're just going, going and go and going and, and within that you might have your bad day and then you put yourself back up because life gets busy again, or you've got another appointment or whatever. It's when all the appointment for me was when all the appointments stopped and everything went kind of quiet and it was like, okay, you know, Georgie's, uh, treatment was over kind of, you know, she was given the, the green light.

Speaker 2 ([24:51](#)):

That life is good again. And, and kind of actually that's when the, the sledge hammer came and hit me a bit. Yeah. I was just like, what just happened over the last year or so that's when I kind of went down a little bit from a mental point of view and just kind of was I suppose, reliving the situation to, just to sort of clarify it all in my mind and be like, why did this happen, us? How did this happen, us? You know, mm-hmm, <affirmative> whatever mm-hmm <affirmative>. So, um, I think, uh, if I could give any, um, one advice coming out, the, uh, the treatment process and all that sort of stuff is that, you know, that's when you need to be very aware of yourself, your feelings, the way you're feeling, why you're feeling like that, and sort of do a bit of work on that side of things. Mm-hmm

Speaker 1 ([25:37](#)):

<affirmative>. And did either of you ever sort of do anything to relieve that, you know, when you, you, you get, so I, I know for instance, in my own world that when I get really stressed, you know, my voice goes, it goes all really creaky. I have to get out and get air. I have to go for a run or go for a walk or do something. Otherwise I'll just, you know, internally combust. Is there anything that you did find that you could relieve yourself away from that situation to give you space?

Speaker 3 ([26:05](#)):

Um, I don't think so. And that's probably a, maybe a, maybe a flaw. You know, my experience was I probably didn't and um, people come to you very kindly and they say, you know, after the first few months, like you said, like, you know, people say, well, how are you doing, you know, takes a while. And I wasn't looking for anything, but it was kind of people to say, how are you doing? I didn't really know how

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to react and say, no, I doing fine. You know, I won't be beaten either. I'll be fine, you know, but you're, you're, you're tired and you're being brave and positive. I don't think I did anything to relieve that stress. And, and with hindsight, maybe, maybe you should. I think one of the problems is you don't know what you don't know. So you, you gradually, you know, you're land in this situation, you gradually get busier.

Speaker 3 ([26:46](#)):

It becomes more immersive when the treatment comes along and that's when you're needed most cuz you've to manage the house and try and make sure that mom is okay in and out of the hospital, whatever the treatment is. And that happens and is, is, is, is upon you before you realize it and you don't plan for it. So you don't plan for breaks or relief or time out and yeah. May, maybe you should, you know, I mean, I probably enjoyed being busy. It was, it was a healthy distraction. Mm-hmm <affirmative> but it also can, can, can be damaging, can be difficult for you. Mm-hmm

Speaker 2 ([27:14](#)):

<affirmative> mm-hmm <affirmative> yeah. The biggest mistake I made was not doing anything for, not for myself, but like taking that moment where I might go for a role and just to get air, like you said, get outside, get outdoors, just get away from everything for a little bit. Yeah. I just was like, no, I'm fine. I'll just keep going. Just keep plowing on. Like you did just get stuck in, just go, you know, do the things, change the nappies, make sure he has are dinner, you know, all that sort of stuff. Yeah. And

Speaker 1 ([27:40](#)):

Just on this roller coaster.

Speaker 2 ([27:42](#)):

Yeah. And you know, that is definitely not the right thing to do. And if you, if you do have a good support network around you, which we did and still do amazing support network, but I never really asked them for help because it didn't want to be seen to be asking for help or kind of felt a bit like, no, no. Like I wanted them to sh to feel like I was strong enough for Georgie's that they weren't worried about her and me being strong enough, you know, that kind of way. Yeah. Yeah. So

Speaker 3 ([28:07](#)):

That's a really good point. I think that's subconsciously what you're doing is yeah. You are displaying the fact that you're taking care. Yeah. And nobody needs to worry. Yeah. Don't worry. I have it all in hand, you know?

Speaker 2 ([28:17](#)):

Yeah. So, you know, it's the old problem with men. They, you know, particularly they won't ever ask for help, but the biggest mistake I made was not going, you know, on a Tuesday night, would it be okay if, if you came down to the house for two hours and I'd go for a run or discover a coffee or go whatever for a pin with, with the lads or whatever, just to have some sense of normality to, to, to rebalance the situation. Mm-hmm <affirmative>

Speaker 1 ([28:39](#)):

Mm-hmm <affirmative> and I suppose, well, I know with George's treatment, I know she had nearly like a party to do her, the whole shaved the head, you know, with the chemotherapy. Yeah. How was tan? Did Tanya go through chemo?

Speaker 3 ([28:50](#)):

Uh, she did. And they were very clear that, uh, I wish I could remember the names now, but there was two drugs and the combination that she had was binary, it would be hair off within two weeks. Okay. Uh, and that was a bit shocking. Tanya would be known for like long blonde flowing locks. Love it. It's part of her look, she's very distinctive. Um, so for her not to have that wood, but I, I guess like anybody, you know, it's not, it's not great. Um, so, um, we were warned that it'll start to fall out. And, um, and I think the, one of the reasons we're warned is you can, you can kind of prolong us, but on a daily basis, it becomes psychologically very hard to see these literally chunks of hair coming out. Mm-hmm <affirmative> uh, and, um, the doctor who is a, a male oncologist.

Speaker 3 ([29:35](#)):

So you wonder if he really understands, but I guess he, he was right. He'd seen it so many times. He'd like, there's a point where I'd recommend you, you just take it off. Um, and because of tiny hair, loads of people kind of sympathetic said, oh no, no, don't do that. But I kind of gave her a wink in the nudge. And I said, I think there might be a hint of wisdom in this, you know? So eventually we sat down one day and I, um, and now I would be, um, I would be a failed artist in many ways, but hair dressing is definitely a failure of mine for me or anyone else or one of the children. So I, uh, told Tanya, don't worry, I'll cut your hair into a Bob. Um, it was a disaster and within 24

Speaker 1 ([30:11](#)):

Hours say it can be rest

Speaker 3 ([30:12](#)):

Assured. Absolutely. My TV will not cross that door. And, uh, within 24 hours, Tanya said to me, uh, I think I need you to shave it off. So, so it went and interestingly, she looked fine. Like, I think the shock of losing the hair is, is, is terrible. And when it comes out in chunks, it look worse when, when we shaved it off, you get over it. The first time you look in the mirror and then her head looked good. She looked quite good. We got a really good wig and it solved the problem temporarily. And she's now in limbo with the hair growing. So the other thing we were told was it's binary. The type of treatment you'll have, will be hair gone quickly, but hair will go back quickly. Okay. So it's grown back quick and strong. Great. So she's got great. Now it's short and it's awkward cuz it's, it's pushing the wig outta position. Okay. <laugh> and so she's now at the point of, well at what, when do I go brave and just go with the short curly hair, but um, yeah, it's, it's uh, it's one of those things you just have to deal with when it comes along. It's not great. Mm-hmm <affirmative> but my humble opinion would be just, yeah, there's a point where it's better just to go. Yeah.

Speaker 1 ([31:17](#)):

Mm-hmm <affirmative> and Jo was the same. I mean she beautiful long brown hair, like stunning. Um, yeah. And I, you know, I remember seeing the party going well, that's one way to do it. <laugh> yeah.

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

<laugh> well, it is funny when you, when you said about, yeah, your wife's hair being a, a, a particular feature, Georgie was always big hair to the point that like kind of Marge Simpson stuff at some stage, like big hair all the time, everyone used to be like, how do you get the volume in her hair? So her hair was a, you know, big feature for her. Yeah. Um, and so I remember her calling me, I, I was in work one day and, and she called me, said it, it started to come out and I, I went home and had a look and it started to come out at the, at the front and gone very thin. And, and she just was like, right. I want to gone. So like, that's, you know, Georgie's strength. She's like kind of straight in there being like, okay, we gotta, it's gotta go.

Speaker 2 ([32:08](#)):

Mm-hmm <affirmative>. So I think we arranged for, um, the hairdresser who did her hair at our wedding to come and shave it and sort of make a bit of a thing about it. Yeah. Yeah. And to make it a positive experience, cuz she was really, really, really anxious about it. Mm-hmm <affirmative> but she wanted her, you know, strength around her sport network, around people. She cared about the most to be there and like to pull her through it. And yeah, we had a bit of a, we had a bit of a party we put on music and yeah. She just, Danielle heard her said, you know, is it time to go to do it now? And she's like, yeah, just do it. Did it shake it off? And everyone, the automatic reaction was, oh my God. You're like, you look stunning. Yes. And then everyone started going, maybe you should just keep your hair like that. Cause she still had enough hair that you would see the, the kind of stub and stuff that was there. Hadn't hadn't fully, uh, fallen out at that point. So she looked amazing for the first while and that kind of everyone, you know, positivity was really, really good and that really helped. Um, and yeah, that's the, you know, from then on it's, she's, she's, she's never gone beyond the Bob's coming back. Yeah. She's, it's been relatively,

Speaker 1 ([33:16](#)):

It looks great. And I suppose, you know, it is life changing. The diagnosis is certainly life changing and I suppose, you know, you are, you know, five, six years out and you're just only coming through it. Um, Steve, so I suppose, what have you learned about yourselves in that period? Yours is quite short time, but for you, Jamie, what have you learned about yourself that you'd like to share with people?

Speaker 2 ([33:39](#)):

Um, you, well, you mentioned something earlier about, you know, staying away from, we talked about staying away from Dr. Google and stuff like that. Any advice I could give to people is do that. One thing that sort of, that I did. And I spoke about before in a couple of podcasts was I spent a bit of time doing what you actually advise, which is look at the Mayo clinic and, and sites that are reputable. And I went a little bit of a step further of like actually trying to read some medical papers about it, cuz Georgie would be very, um, she would easily go into a dark place very quickly. And if she's not given solutions and answers and they don't sound logical, then she it's hard to get her back out at that point. So, um, yeah, I read a few medical papers and like long published articles by doctors and stuff about it, you know, spent a lot of time Googling what the words meant in it, but it all made started to make a lot of sense for me.

Speaker 2 ([34:35](#)):

So when she went to that dark moment, I had an answer for pretty much every thing that she kind of brought to me, every problem that she brought to me, I had the right stats. I had the right information. I was able to sort of take her down off the edge quite quickly. Gotcha. Um, that was one of the, one of the

things that, you know, if, if, if I, you know, if you're, I would just stay away from the internet if I was anyone in this situation, but if you feel like you have to go there, go to the right places, that's it? Yeah. Um, yeah, that was a big one for me. Mm-hmm <affirmative> um, and any other learnings about myself was would've been, uh, I think we, we said earlier, like it's okay to ask for help. Mm-hmm <affirmative>, you know, you're not, and

Speaker 1 ([35:14](#)):

You are really resilient,

Speaker 2 ([35:15](#)):

Less of a man mm-hmm <affirmative> to ask for help or like, you know, you, you're not less of a partner to, to, to put up your hand and say, can I get a bit of help here with something? Yeah. Um, and all that does is actually help the whole situation. Cuz if you're in a good space, then you're gonna gonna be in a good space for your partner mm-hmm <affirmative> and if you're, you're kind of hiding it all and kind of putting on this faux positivity or foe, whatever look ultimately, I believe people see right through that anyway, over a period of time. Mm-hmm <affirmative> so unless you're doing the stuff in the background to, to help yourself to stay positive and stay in good mindset in order to help your partner. Yeah. Then, then um, yeah. You're you're not coming anywhere. Yeah. What about you, Steve?

Speaker 3 ([35:58](#)):

Well, just picking up on the last point about learnings, about other people and not just myself. I mean, I think when people offer the help do do accept the help and, and we did on some occasions and I probably didn't really mention that, but we were very lucky that, um, and, and maybe it's the age of the family and the kids and some of the people they network with. So friends from school and from sports clubs and, um, just our own, um, kind of friends from, from, from years ago and family would've dropped in food, you know, mm-hmm, <affirmative>, they'd offer you a lift to the pool and every now and then you would take it and it would take a bit of the pressure off. So I think, um, don't, don't be afraid to take that help. And when people comes to the door with the Las, it's a blessing and it's great and it's great for them.

Speaker 3 ([36:40](#)):

They want to help, but it's really great for you because the one thing that did give me a bit of relief was those few days where it was really, really busy and I could be in and outta school, um, you know, runs and in and outta football pitches, et cetera, and I'd get home. But I knew there was like a lasagna. I could put the oven. Yeah. Or it was just coming outta the oven. Yeah. So that was great because I don't mind cooking. I quite enjoy it, but not having time mm-hmm <affirmative> is, is a head rack, but mm-hmm <affirmative> I think for me, um, I think probably you learn how, how resilient you are and maybe where your boundaries are maybe where you're not resilient. But I think just to give people confidence, you know, humans are, are probably quite resilient and, and you'll be okay, so that initial shock is terrible and it is, it's like a bereavement.

Speaker 3 ([37:23](#)):

And I do think the initial stages is, is the hardest, you know, the first diagnosis, but you're resilient and you'll get on through it, so have confidence in yourself. Um, but, but except the help, um, I, I think, um, I think for, for men, um, you know, I'm probably been a bit sexist here, but you know, I am built that way

that I want to fix things. I wanna find a solution. So when you hear something is wrong, you're like, okay, Dr. Google, or wherever you get it from, how do I fix this? What is it, how do I fix it? Um, and that that's probably not really gonna help in this situation. You have to do one of those things that you learn over time as an adult, but is to listen, you know, listen to consultants, listen to your, your wife or your partner.

Speaker 3 ([38:05](#)):

Um, and maybe, yeah, just, just sit and listen, mm-hmm <affirmative>, don't speak, don't try and give a solution. And not speaking for me is really difficult <laugh> and possibly meet your sister <laugh> <laugh> so, uh, so yeah, there's times when, and it could be tears and there's nothing you can say, you know, the tears are genuine, it's just upset. It's just fear. Um, so I think, you know, those are main things. I think the last thing for me is there are times when, um, you can have a sense of humor. It's not all doom and gloom because it's horrifically difficult, but life is life and funny things happen and the kids ask ridiculous questions and people say stupid things and, you know, strange things go on and, and, and it makes you laugh, you know? And we were in just after the diagnosis at that very difficult time.

Speaker 3 ([38:51](#)):

Uh, we met a, um, surgeon very early on. Brilliant, really nice, really calm guy. Who's treading very carefully on the whole subject of mastectomy. And Tony had told me beforehand, I know where this is going. It's a mastectomy. And I prefer that. I, I, I'm not in for, you know, reducing the operation. I fully understand that if it's a certain size has to be mastectomy. So it was only a question of whether it was one side or two, so it was just one side. Um, so he went through all the options. He went through the fact that he'll, you know, he'll make it all look right and balanced and he can do the reconstruction. It was gonna be a natural reconstruction. And I didn't realize that they can do the removal, the natural reconstruction, which is basically a Tommy took mm-hmm <affirmative> DEP DEP. Yeah.

Speaker 3 ([39:36](#)):

Um, and he described all of that and he said, look, we do the lymph nodes at the same time. So it's got four procedures, it's 10 hours in the operating theater, but it's amazing what they can do. And he said, then we'll do the reconstruction. So when you come out, it'll all be back where it is. That's a choice, you know, to do something as major as exactly Tanya chose to do it. Um, and there was silence in the room. So she said to him, so does that mean I get the boob job? And the tummy took that Steve was never gonna pay for it. <laugh> so, uh, I, I think it's okay. You know, that's the, that's the dark sense humor, but it's a bit of fun. So, uh, yeah. Yeah, absolutely. So we went with that. So she went with the tummy tuck and the boob job. <laugh>

Speaker 1 ([40:10](#)):

Brilliant. Brilliant. Well, Steve and Jamie, thank you so much for joining today. I think you will allay a lot of, uh, fears of partners who are going through this with, with, with their loved ones. So thank you very much for joining us today. Thanks

Speaker 3 ([40:22](#)):

For having us. Thanks for having us here.

Speaker 1 ([40:24](#)):

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