

Ep #169: “I am Moving Better and am Physically Stronger After Breast Cancer” with Helen Pomeroy



Full Episode Transcript

With Your Host

Susi Hatelty

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Male Announcer: You're listening to *From Pain to Possibility* with Susi Hately. You will hear Susi's best ideas on how to reduce or even eradicate your pain and learn how to listen to your body when it whispers so you don't have to hear it scream. And now here's your host, Susi Hately.

Susi: Welcome and welcome back. I'm clapping when I say that this time. I don't think I've ever clapped saying welcome and welcome back to the podcast, but I'm really, really excited today because I've got Helen Pomeroy here with me.

And Helen is a IAYT yoga therapy grad of my program, a really talented yoga therapist, and she sent me an email, gosh, how long ago was it, Helen? In the email it was, “Susi, I've been diagnosed with breast cancer and I want your help.” And I was like, even saying that my eyes well up, right? I'm just kind of like, oh, the F bomb and just being like, “Absolutely, I will help you.”

And so I've brought Helen on because our experience and the journey we've had together has been really, really remarkable. And there's some very, very usable information that Helen, as someone who's experienced this and what recovery and healing really is about, you can hear it in my voice. I'm super excited for you all to listen to this.

And also it builds upon the work I did way back in the early 2000s with the University of Calgary when I created a yoga for cancer recovery program for them, which was studied for eight years there. And so I've worked with people going through cancer and post cancer treatment for years.

And we're in the middle of offering a Power of Pure Movement: Breast Cancer Recovery program, which we're running in May. And so this is really an experience of what that program is going to be like, because this is not just about exercise, this is not just about movement. This really is about what exercise and movement and breath can do for you, but just in a bigger picture way.

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So, Helen, thank you. I'm so glad you're here.

Helen: Thank you, lovely to be here.

Susi: Really great. Okay, so we're going to get right into it. And before we started recording, I asked Helen what she would like people to know. And before I actually go there, Helen, you were diagnosed not even a year ago.

Helen: Yes, it was mid-April last year that I had a routine mammogram and some calcifications were discovered.

Susi: And so I want people to know that here we are, almost not even a year later and so I wanted to just specifically go right into it like what do you want people to know? What's probably the most important message that you have for people who have been diagnosed or a loved one has been diagnosed with breast cancer and all of the unknowns and uncertainties and decisions that have to be made? What's the bottom line message you have for people?

Helen: Bottom line message is it's very shocking at the time. There's a lot of overwhelm and many things to deal with. But you go through each stage, you're waiting for results often, you can't make decisions until you know what the results are. But it does get easier as you get through the process following the surgery.

Susi: And what do you think helped catalyze the getting better? And this is really what's going to segue into our conversation, because we had talked about as you got more connected, it got easier. Can you say more about that?

Helen: Yes, when I was diagnosed I had ductal carcinoma in situ, but it hadn't become invasive but I didn't know that at the time. And sort of in order to protect myself, I sort of emotionally cut off. And then once I started going through the treatment, in order to make progress I had to find a

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connection again because at the time you have to go through your appointments of whatever, biopsies, surgeries, radiotherapy that's required.

And then part of the recovery is connecting again emotionally. You can only make so much progress with a physical movement, you have to connect

Susi: Was it difficult for you to connect?

Helen: It was because I'd protected myself so I could get through the treatments and then I had to stop. There wasn't a stretch or a movement that could bring that back in, it was connecting through the whole body and processing what had happened.

Susi: So this is really great, and I went right into the meat of this right at the start of it because this really is the essence behind recovery and healing for me. As people know I'm a body girl, I enter into this healing conversation from the body working with what I call pure movement, the principles of movement, connecting with your breath.

But underneath it all, it's tuning into not only the how of your body moving and how you were doing the movements and the exercises, but that how is really the vehicle for connecting to what's really driving you, what's really pushing you. So when you first started, what had you reach out to me? Did you know that that was what was going to happen? You had obviously trained with me, you and I know each other quite well. But what actually led you to reaching out for the support that I offer?

Helen: I put myself into a client's position, what would I say to a client in this situation? And even though I've been trained and I work as a yoga therapist, it was something I couldn't do for myself. I needed some help. I wasn't quite sure what I needed, but I needed something that brought me some connection and support in a way that my body and my mind would understand and process.

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Susi: Yes, yes. Okay. And so then, what did you know about what I do, that you thought would bring about that connection and support?

Helen: It's the understanding, again, of working with the whole body. It's not just the breast. It's not just the area that I've had the surgery, it's the whole of me. I'm more than just that area and I have to bring it back together.

Susi: Yeah, yeah. And it's interesting because there are a lot of programs that are really amazing that help people improve range of motion and help people improve strength and help people improve stamina.

There's a lot of conversation about how, and we'll talk about the scar in a few moments, but how you manage the scar. And how when the scar is not kind of behaving, if I could put it that way, the way someone would want it to, it's not uncommon to have referral pain elsewhere. This is all really, really well known.

But sometimes the conversation can really just be left at the physical level. And for someone like me, we've been trained very clearly that there is this line that you really ought not to cross. I am not a counselor, I'm not a mental health professional. So to go there is not appropriate or really even in some cases allowed depending on where one lives. And yet there is this relationship between them, right?

So then as you're talking about this connecting piece, and I'm trying to find words to really share so that people really get it, we know the experience that when we move, we can feel better. We know the experience of when we move, and I mean like exercise and all those types of things, yoga, whether it's Pilates, Qigong, any of those things, we can feel better. But we've also done those things and not felt better.

So how was it for your experience? How did connection feel to you? Like when someone says what do you mean that the exercise helped you better connect? What did that mean?

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Helen: It meant that I could feel through my whole body. And it wasn't just my body, it was my breath, it was the way I relaxed. Everything was connected, rather than just one part. It wasn't that. I had to integrate it to be back working as a whole again.

Susi: Yeah. And it's interesting because, and I still remember the session. Do you remember the session of when we were talking about your scar and you had been working with your scar and you were going a bit hard with it? And it was getting sore, but you're like, “No, I've got to do it this way. I've got to work the scar.”

But there's also some tension in and around the breast area and in kind of the ribcage and sort of in behind the rib cage, just in and around that armpit, all that area. And you had said to me, “You know, I think this might be it.” Do you remember that?

Helen: Yes, I do.

Susi: And I think this just might be kind of what I have to deal with because this is what's happened and there was radiation to my tissue and I have the scar, I had the surgery. And I was like, “I don't know. Yeah, maybe.” I mean, I've seen people who've had changes, I've seen people who haven't had changes, I've seen all sorts of different scenarios. And I just said, “Well, yeah, maybe. Well, let's just see. Let's just see. Let's start moving.”

And then movement after movement, the words I remember you using, you used vital, you used energy, you used coming alive. And that area started to change for you.

Helen: Yes, dramatic, the tissue changed. It softened and then I could massage the scar, not as vigorously as I was. My consultant had told me to massage it twice a day for 15 minutes, and that was just way too much. But then the tissue had softened. Once we got that sensation back, the tissue softened and then could massage the area and then I had a lot of progress.

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Susi: What I want people to really hear in this is, and I'll go more in depth with that particular session, is that we started with her pelvis. We started moving her pelvis and then moving her leg bones in her pelvis into some hip mobility type of work.

And then we started to do some work between her pelvis and her ribs. It wasn't core work, it was just recognizing that her pelvis and her ribcage just weren't really working well together. We started working there to free some things up there.

And each time we started to move, we were very far away from that quadrant of her body up in the shoulder, chest, breast, armpit area. And yet the work at her pelvis, the work between her pelvis and her ribcage changed what was happening up in her armpit and the scar area, to the point that she could feel the scar itself changing.

And I really, really, really want people to see the power of this. We kind of know it intellectually, like we all have had the experience of if you use a ball for example, or a roller, and you rolled out your feet with a ball or something and then you feel better in the hips. We intellectually get that. But sometimes, and I remember the two of us being so excited like, wow, this is really, really cool.

Because one of the reasons I was working at the hip is one of Helen's preexisting conditions or scenarios prior to diagnosis was some hip issues. And so she had already been working quite a bit up in the shoulder and the breast and the scar area, that it struck me as just being, let's actually give that pause and let's work somewhere else. Because she's working in an area, and the results aren't coming.

So if we continue to work in that area the way that the work is being done, we might get the same results, which is more tension and a bit more strain. And so here we were down in the hips, and very, very quickly, like very quickly, like one exercise quickly, we're talking three minutes maybe, if that,

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of work. And then something opened up. Something kind of changed. Something became more alive.

And then it was like, huh, okay, well, that had an impact. Well then, what next? And I can't outline exactly what I was thinking in that session at this very moment because it was a while back, but I do remember very clearly seeing this connection between, wow, okay, then, let's now connect to the ribcage because the ribcage is part of the issue that she's having with the scar because that's a lot of where that tissue resides. And that connects to the pelvis. So let's keep helping create a better foundation and better structural integrity between her parts.

Now, I want you to really get that what I'm not saying is better alignment. I'm not trying to create better alignment, because better alignment doesn't necessarily lead to softening of tissue. We can put parts in a line and we can use a lot of tension to do that. So it's not the active using better alignment, but it's helping parts of the body move better. And this is why I talked about peer movement.

Helping to improve the movement, reduce the compensation. And all of us, and especially post cancer treatment, there's compensation patterns. And Helen had brought some in previous to her diagnosis, so those are part of the scenario. So we get to work with them as well as working with the scenario at play, which is the scarring and the irradiated tissue.

And even the irradiated tissue, like even the tissue that you had, the radiation – So in North America we call it radiation. You over in the UK call it radiotherapy. Even with that, you felt that tissue change even.

Helen: Yes, it changed. Everything became softer. The area around the ribcage, the shoulder, everything. It just suddenly went that one day when we were working with the pelvis. And you said, “Now, how does that feel?” Actually, it's gone. I couldn't feel anything. I couldn't notice anything, any of the tension that was there.

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Susi: So there's two things that are really powerful here. The first is chemo, radiation, surgery, all impact tissue. Absolutely. There's been a stimulus, there's been trauma, there's a result in the tissue as a result of those stimuli, or those interventions I should call them. And tissue can still change. The experience can still change.

So just because these things have occurred does not mean that you have to live with the limitation. There's been impact, and that impact can shift if we work with it in a way that honors the tissue and honors you as the individual.

The second is, is the possibility that arose for you, Helen. And I think that's really where the door opened wide for you, because at the beginning of that session you were like, “Well, you know what?” And you're a pretty optimistic person generally, right? I remember our first session, you were like, “Wow, you know what? I need to change my lifestyle. There's things that need to change here.”

And so you were already kind of going down that path. But this one when you realized that that tissue could come alive again and become more vital, there was a 90 degree turn, or enough of a degree turn that I was like, “Wow, like this can really be different.”

Helen: Yeah, definitely, it just showed that, as you say, that it changes. It's very hard to change your mindset around. I had a great range of movement. I was feeling strong and feeling good. And I thought, “Well, I'm just going to be left with this surgery in a very sensitive area. Perhaps this is just something I have to deal with.” But it stopped, it changed.

Susi: Now, let's also remind, too, that it changed and then there was ebbs and flows, right? So you can feel now when tension starts to kind of come back. You can feel that the scar is going to get a little – Does it get ropey or does it get tight at times?

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Helen: It gets tight. When the tension is coming back, it gets tight. And that's a signal to do some of the very small movements because they're the powerful movements, not the deeper movements. Which are lovely movements to do as well. But it's the very small movements. I go back to those, the tissue softens, and then that opens the way for me to do more movement if I feel it's appropriate at that time.

Susi: Yeah. And so what's important is that I think the message we have for people is that change can happen. And there's, like anything in our life, there's ebbs and flows, right? And so there's times, for example, if I sit too long, then I can feel the result of sitting too long.

And so because there has been an impact or a trauma to the area for Helen, that one of the areas because, not so much it's a weak link, but we can sometimes use that language, where that is where sort of tension can start to grow. But you can catch the whispers sooner. You're continually shifting up that neuromuscular habitual dynamic to the point now where you are getting back on the tennis court.

And really think about this, listeners, it's like serving, where does the arm go? Backhand, where does the arm go? Forward hand, where does the arm go? Volleying and the speed at which you need to move and where you need to move your arm and how much movement you need in terms of functional movement, not just range but functional movement of the blade, of the ribcage, the ability to twist, the stability through the pelvis. And there's a lot of kinetic chain motion from top to bottom, right?

And so you're now at a place where you're starting to train that. You can load your tissue up now, right?

Helen: Yeah, it's very comfortable to do that. And my movement is better than it was before.

Susi: Your movement was better before diagnosis?

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Helen: It's better now than it was before diagnosis because we've worked on everything and cleaned it up.

Susi: Oh my God, I love it.

Helen: Yeah. So I just need to translate that into actual skill when I hit the ball.

Susi: Basically you're going to come back and say, “Susi, I'm a better tennis player than before the diagnosis,” right?

Helen: Yeah, that's what I'm hoping. I've got the movement.

Susi: Now that's what's so crazy about this. I know that sounds a little over the top, but the reality is it is possible, right? So because of what we were doing, you're stronger and there's better movement than before diagnosis.

So there's a possibility now of something that wasn't even on your radar, now can actually be on your radar. That's where we can look at something like a cancer diagnosis, and really any diagnosis, as being a catalyst for better movement, as opposed to what's another way of it being a backward step.

All right, so now with all of that, how are you working with your scar now?

Helen: I know you talk about the traffic lights, and for me it is very much a warning now. So I know if I need to go back to doing the smaller movements, I do them and I can feel the tissue tightening up. And it's not just a physical thing. If I get stressed, I can feel.

So it's a barometer of how I'm feeling. So it's easy and I can work with it much more now. I can do a deeper massage actually around the scar rather than just the general area. But, for me, sends me signals when I need to change what I'm doing or take a few steps back.

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Susi: Awesome. And then how about when you're thinking about the steps you're taking to support yourself, how has tuning in and listening to your body, can you explain how you would describe that to somebody else? Like what listening to your body means. What listening to the whispers means. What are whispers, even?

I mean we've kind of spoken a little bit about it, but can you share more about the actual, like if you were to describe it to someone who's wondering what on earth you're talking about, how would you describe it?

Helen: It's little things that if we were in a rush or were busy we would ignore and completely disregard. But they're the signs that we need to listen to and acknowledge and pay attention to, because that's telling us that something else is brewing.

So the earlier you can get to those signals, it might be tightness around the scar. It might be the shoulder stiffening up a little bit. Then I get to those, and it prevents it from getting worse.

Susi: And so those would be the whispers. So now where Helen is at, she's able to pay attention to whispers and then she's able to pay attention to even the quieter whispers. So I call it like the whispers are the yellow lights that let her know that say, for example, the tension or the strain, which we would call the red lights, that let her know that those are coming. So she can start to work with those, which then actually opens her awareness to what's contributing to that.

So what was some of the implications or the impacts or what she was doing that was contributing to that and then shifting that up. That's how she has come to this place of being able to move better and move better, tuning into what her body needs.

I also want to highlight that, again, we're not even a year into the process. And it's not uncommon for a recovery process where there's surgery involved to take about a year. And so you're right on the money there here.

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And now she’s getting ready to move more fully into the tennis that she wants to do and to really train for that.

I also want you to know that you might be listening to this and are three years post treatment and you’re struggling. And you’re thinking that, well, Helen caught this earlier, so maybe I’m just doomed because it’s been this long. And the answer actually is you can actually make change at any stage in the game.

So I’ve worked with people who are many, many, many, many years post, and it still comes back to this idea that all of us compensate anyway. And when we’ve had surgery, when we’ve had trauma, when there’s been injury, that we compensate to protect, as Helen referred to at the beginning.

And when we can move in ways that provide support, then that protection can start to fall away quite naturally. But we have to build up that support. It’s not just stretching. It’s not just strengthening, but it’s improving the integral support, that infrastructure inside of how we move. And then when we’ve got that, then the protection can start to fall away.

So it doesn’t really matter how far out you are from the process because really what I’ve seen is over the years, in fact the older the person is the quicker they get better. So it’s all about the willingness to do the work and knowing kind of deep, deep down inside that it’s possible.

And if you know deep down and there’s this kind of hunger for it and there’s that deep intelligence or wisdom that’s saying to you there is something else, then there is something else. And that would be your first step. And maybe it’s what we’re offering here, or maybe it’s something else that’s out there.

But to follow that inner wisdom, because that is the step that will move you toward having that tissue shift and having you feel better and helping you get back to what it is that you want to be doing.

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Helen, is there anything else you would like to share with people?

Helen: I would definitely say to ask for help if you need it. I can be quite self-contained and I like to solve my problems myself. But there are times you really need help. And I would advise anybody to get some help that suits them and to build up the confidence again that they can improve their movement, improve how they feel.

Susi: Awesome. And if someone wants to reach out to you, whether to just connect with you or to work with you, what's the best way for them to reach you?

Helen: My website is helenpomeroyyoga.com.

Susi: Okay, and so we'll put that website into our show notes so people can find you. And then was there something else you wanted to add?

Helen: I'm on Instagram at [HelemPomYoga](https://www.instagram.com/HelemPomYoga).

Susi: Okay, great. So we'll put the links to her website and Instagram. Helen, thank you so much for being here. Thank you for being a client of mine. It's been a remarkable journey with you.

Helen: It's been a pleasure and thank you so much for your help.

If what Helen and I are speaking about really resonates and you would like my help to support you in your recovery process, then I recommend that you join the Power of Pure Movement: Breast Cancer Recovery program that I'm running in May. And you can read all about it at learn.functionalsynergy.com/recover. I would love, love, love, love to work with you. And Helen will be there as well, so you can address questions with her and really dig into how you can support yourself in moving from pain to possibility.