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Getting Past Denial,
or How to Deal with
Something You
Really Don't Want
to Deal With

I had this blood blister on my arm for about two years. It was dark, so I've been wearing a Band-Aid on it because I didn't like the way it looks. But you know, Doctor, I think it's getting raised now.

—Madeleine, 54

Madeleine's growth was biopsied on the spot because of concern that it was melanoma. When the biopsy sample confirmed the diagnosis, the patient returned for complete removal of the cancer in the office. She has done well since but would probably have had a better prognosis if she had sought attention when she first noticed the dark spot. Believing the growth was a blood blister and covering it with a Band-Aid is a typical example of denial.

Denial takes many forms. President Clinton denies sex is sex. Politicians deny their views are partisan. Even children deny they have to go to the bathroom when they do. Nowhere is denial more of a real problem than when it comes to health. The crux of the issue is that to deny is human. To procrastinate is natural. To avoid the unpleasant is one way we get through the daily grind.

In many cases denial can be a helpful strategy. There

is only so much we can handle in our complex lives, and by sorting through what we can and cannot deal with at a certain point in time, we are sometimes better able to deal with problems we can actually solve. However, denial also has a bad side—it can prevent us from getting the medical help that can make the difference between living and dying. The trick is to find a way to get through that very clever roadblock that pops up in our minds when we see a growth on our skin that we know we should get checked out.

I devote these pages to the subject of denial because I have seen so many cases where people would be better off today were it not present. Denial plays a special role in dermatology because the evidence that something is wrong, that something really should be checked out, is as plain as the wart on your nose, so to speak. Unlike the vague symptoms related to diabetes, or fleeting chest pain that may or may not indicate a heart problem, there is a daily reminder in your mirror that something is awry. This presents special opportunities for directed medical care and a solution to a small problem before it becomes a bigger one. In short, if we could get

After the biopsy turned out positive, I didn't go back for my surgery. In fact, I walked out of the doctor's office. I tried treating my melanoma homeopathically. I'm in real trouble now.

—Patty, age 40, fighting advanced melanoma

everyone who is at risk for melanoma to recognize the growth in its earliest stages and promptly seek care, the death rate from melanoma would plummet. If we could get everyone who develops other forms of

skin cancer to get them diagnosed when they first appear, the incidence of bigger problems that can stem from them would drop as well.

In general, I find that men deny symptoms more than do women. I don't think this reflects a broader gender disposition (though my wife might disagree), instead, it's that women are more in touch with their bodies. This has been shown time and again in broad-based studies. Women go to the doctor more frequently. Women will get new symptoms checked out more often than men. In fact, women are more likely to take note of symptoms that might indicate a change in health. Often men cannot even give good histories about their medical problems. For example, here's a common exchange with men:

"When did you first notice the growth?" I ask.

"I don't know."

“Was it ever treated before?”

“I don’t remember.”

I think men really don’t know the answer to these questions. Men as a group simply are not focused inwardly on their bodies. As a result, I think denial is more common in men than in women. The tendency of men not to seek out medical care is also highlighted by one of the most common scenes I encounter in the examining room:

As the man is sitting on the examination table, I ask him how long the growth on his cheek has been present.

“About a month,” he says.

Sitting frustrated in the corner is his wife or significant other, her hands crossed in her lap, shaking her head in disagreement. I turn to her and say, “So how long *has* it been present?”

“At least a year,” comes back the more accurate answer. This is usually followed by a shaking finger and the words “I told him to go to the doctor when it first came up, but he just said it was nothing.”

After this requisite point-counterpoint, we are able to move on. This scene, which gets played out again and again, highlights not only gender differences in seeking health care but the fact that denial can often be overcome—or at least dealt with when there is a caring family member to help.

I think that anxiety is the underlying propellant of denial. The sad irony is that fear of the unknown, when it comes to melanoma, for example, will only make things more unpleasant if the cancer goes undiagnosed and is allowed to spread.

Soon after I started practice, I initiated the Yale Skin Cancer Detection Program with Dr. Jean Bolognia, Yale’s pigmented lesion and melanoma expert. This effort, modeled after the national skin cancer screenings promoted by the American Academy of Dermatology, was designed to identify skin cancer early and to educate the public about its risks and how to prevent it. In addition, we wanted to understand how best to get people to take advantage of early cancer diagnosis programs.

At screenings run by the program, full-body skin exams were conducted. Melanoma can occur anywhere—from the top of your scalp, hidden in the dense forest of your hair, to the bottom of your feet, and even under your nails. So to do a proper exam for melanoma, such a full-body exam is necessary: *anything less is inadequate*.

Each patient who attended the free screening was asked to fill out a lengthy questionnaire. This helped us establish all sorts of information about attitudes toward health, safety, and acceptance of medical risk. For

example, a question was included about the use of car seat belts because data about this already exists and gives an indication about what level of health risk a person is willing to take.

As part of the research we conducted, we tried to determine what the barriers were to a full-body skin exam. The group that was most resistant to a full-body skin exam was older women; we determined that concern or shame about body image was the inhibiting factor. Knowing this, we approached these patients differently, so we could better provide them the care they needed.

A man who came to one of our early public screenings provided a memorable example of fear and denial. The full-body skin exam revealed a textbook case of melanoma on his right shoulder. We explained to the gentleman the need for biopsy and treatment, and recommended he see a dermatologist immediately. He did not have one so we offered him a chance to come Monday to our office (the screening was done on a Saturday morning). He made the appointment but didn't show up for the biopsy. We called him several times and even followed up with a letter explaining the need for biopsy and treatment, but he never followed through with us.

What is both interesting and sad is that this man came to a skin cancer detection screening because of this growth. Once his suspicions were confirmed, he was able to choose how he wanted to handle it. It's regrettable, to say the least, that he didn't return for biopsy, but the incident illustrates how, ironically, knowledge can play an important role in denial. Many times people want to know what the problem is, then some deal with it by denying it. Of course, when it comes to melanoma there is really only one thing to do. It must be treated promptly. The challenge for the doctor is how to present the information to the patient in a way that does not cause unwarranted fear. A doctor who, through miscommunication, scares off a frightened patient and thereby precludes proper treatment, has not done the patient a favor.

If you fear that you have a potentially serious medical problem, take a deep breath and remind yourself that many others have gone through it before and done well. I actually think it is best to break down the problem into small, manageable pieces, the way you would if you heard an annoying noise in your car. You know that the noise means something is wrong and that it probably is something simple. You make time to take the car to the repair shop. So make time to get yourself to the repair shop. Similarly, if you are worried about something on your skin, get thee to a dermatolo-

gist. If the doctor is concerned it is a skin cancer, let him or her do the biopsy. It is quite a simple procedure that only takes a few minutes. Don't worry about it. Focus on getting this simple procedure done. If the results of the biopsy indicate melanoma or other skin cancer, you will have addressed it early; therefore the odds are excellent that it will be curable. That's all there is to it. So take a deep breath, make the appointment, and get it done.

▪ WORRY

People who are at special risk for skin cancer, or are especially worried about getting skin cancer, I follow very regularly, or whenever they have concern about a new lesion. This provides a measure of security that minimizes their worry and in many cases allows us to diagnose cancers and precancers early. It is interesting that in this group of patients, after their initial skin cancer, they rarely have to be treated for large or complicated tumors because they are diagnosed at such an early stage.

Worry, the opposite of denial in my universe, can sometimes be medically helpful. In my experience worriers rarely transform into avoiders, but avoiders can sometimes be converted to healthy worriers. For example, there is a common growth that we develop as we age called a seborrheic keratosis. This growth is usually tan or brown and slightly raised with a bit of a rough surface. It can occur anywhere. Often one keratosis can have a variety of colors, which make it resemble pictures of melanoma. People often worry about this growth, which I call a "barnacle of life," and come to see me concerned that it might be a melanoma. While I am usually able to reassure them that it is not malignant, not uncommonly a real skin cancer is diagnosed at the time of the visit. This second growth may not have concerned the patient, but because he or she came in for the other problem, I had the chance to diagnose, treat, and educate.

TIPS ON OVERCOMING YOUR OWN RESISTANCE

- If you're the shy or squeamish type, have a family member or friend give you a full-body skin examination and do the same for them. This is especially helpful in examining hard to see areas like the scalp and soles.

WATCHING THE CANCER GROW

Several years ago an accomplished artist came to see me about a growth on his trunk. I took one look at it and made a “doorway diagnosis.” This is what we call a lesion so obvious that you can tell what it is from the doorway. The patient proceeded to tell me that he had been watching this spot grow and had been carefully measuring it every few months. I convinced him to let me biopsy it. It was melanoma and we removed it easily in the office, addressing his fear of doctors and procedures. He would have been better off if he had watched it less and seen a doctor sooner. The only explanation I have for his behavior, which continues to bewilder me, is fear. Getting past that barrier is sometimes the biggest step in taking good care of yourself.

- If you are at any heightened risk for skin cancer or if you are more than forty years of age, find a dermatologist who comes highly recommended and whom you will trust and see him or her twice a year.
- You should consider yourself at increased risk for skin cancer if you:
 - are fair-skinned
 - have blue, green, or gray eyes
 - have blond or red hair
 - have a family history of melanoma
 - have a history of skin cancer
 - have many moles
 - had a lot of sun exposure throughout your life
 - had blistering sunburns in childhood
- If you think you’ve noticed something, but aren’t sure and are afraid to look, have a family member take a look. Have him or her help you make the doctor’s appointment and even go with you. This type of support is often very helpful.

THE EARLIER YOU TAKE CARE OF A PROBLEM, THE LESS OF A PROBLEM IT WILL BE

It’s important to remember that treatment for skin cancer is quite simple. The sooner a problem is identified, the easier it is to fix. The longer you wait, the more problematic it can become. Don’t let your imagination

run wild. Don't visualize yourself in a tragic story akin to those you may have heard about others who have had cancer.

No two people are the same. Even when you get information firsthand from skin cancer patients, it may not be medically accurate. It often simply serves to cause needless worry that leads to denial and avoidance. If you are the type of person who follows the Sergeant Schultz school of medical care (remember *Hogan's Heroes*?) and want to "see nothing, hear nothing, and know nothing," go to your doctor and let your doctor take care of things. If you are more comfortable knowing everything about what the growth is, how it should be treated, and what the prognosis is, make sure your doctor accommodates you as well. Regardless of your level of tolerance for medical information about yourself, make sure that that changing mole or that spot that bleeds on and off, gets checked out as soon as possible.

After you read the rest of this section, mark the page, turn this book over, and proceed to do a full-body self-exam or, if you do have a spot you are worried about, call your dermatologist and make an appointment. You'll be glad you did.