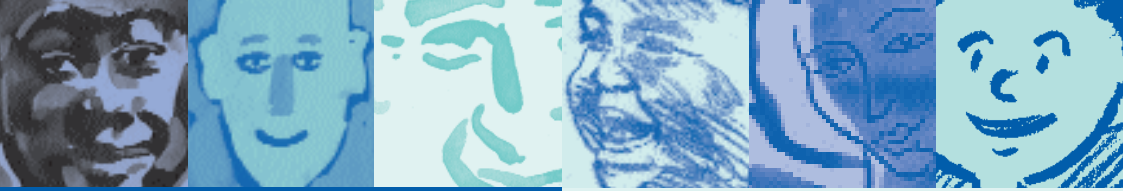


*facing the
future*



***When cancer
affects the way
you look***

*Managing the change in
your appearance*

facing the future

When cancer affects the way you look

*How to communicate
when you have an unusual face*

Changing Faces is a national charity committed to providing help and support for children, their families and adults who have disfigurements, as well as working for better health care and raising public awareness

Changing Faces
33-36 University Street
London WC1E 6JN

Telephone 0845 4500 256

Fax 0845 4500 276

Email: info@changingfaces.co.uk

Web: www.changingfaces.co.uk

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1 Introduction

There are many different kinds of cancers, affecting many different parts of the body, so it can seem particularly hard to develop a cancer that may result in a change in the way that you look. Worries about how treatment is going to alter your appearance can seem every bit as important as whether or not the cancer can be removed, and yet sometimes these can be difficult questions to ask when everyone else is concerned with controlling the disease.

When cancer is diagnosed

People are generally optimistic about their health. We often think it is more likely that unpleasant things will happen to other people, and not to us. So when we suddenly find out that we have cancer, it is a shock, and can make us feel very vulnerable about all aspects of our life.

So the diagnosis of cancer can be very frightening both for you and your family. This is partly because, in the past, cancer was very difficult or impossible to treat. Today however, especially if cancer is diagnosed early, treatment can be very effective. If you think about your friends and relations, you can probably think of several who have had cancer, and who have made good recoveries from their illness.

Why looks seem so important

Our culture puts great emphasis on our looks. We are all familiar with the idea of trying to make a good impression, for example at an interview, by dressing smartly and making the best of ourselves. We make judgements about each other on the basis of how we look. Our self-confidence is closely tied up with the way in which we see ourselves. A sudden change in our looks can have a powerful effect on how we see ourselves and on our self-esteem and self confidence.

Faces are also important in communication. We all look at people both when we are speaking to them and when we are listening. Most of our attention is directed at a central triangle made by the eyes, nose and mouth, as we gather information

about the other person. Whether or not they smile, whether they look at us directly, or glance away can tell us as much about what they are thinking as the actual words that they say.

When you experience a change in the way that you look, you may feel acutely aware of your face, and it may seem very difficult to look at people confidently. Communication can seem very uncomfortable to begin with, as if people are staring at you, and it can become all too easy and understandable to simply avoid other people and social situations.

About this booklet

This booklet is written for you if cancer has resulted or is likely to result in a change in your appearance. It is designed to help you to understand the process of getting used to looking different. It gives examples of the sorts of things that may be difficult, and some strategies for dealing with them.

There is a strong emphasis throughout on playing an active part in the management of your condition – by finding out as much as you can about the illness, how it is investigated and treated, and particularly how you can help yourself to resume your day to day life amongst your family and friends.

2 Preparing for treatment

Different sorts of cancer

There are many different sorts of cancer that affect the face. These vary in the rate at which they grow, the extent to which they can spread to other parts of the body, and the ways in which they are treated.

The cancers that may alter your facial appearance include skin cancers, cancers of the mouth and tongue, cancer involving the eye, the back of the nose, and some brain tumours. However none of these will inevitably cause a noticeable change in the way that you look – this will depend on where exactly the cancer is, how early it has been detected, and how it is treated.

You can find out more about specific conditions from your doctor, or by contacting organisations such as CancerBACUP,

who provide written information about specific types of cancers and their management.

Talking to your doctor and other professionals

Unless you are a doctor, or work within the medical field, you will come across lots of new ideas and concepts when you discuss your condition with your doctor. When you are anxious, it is much more difficult to concentrate on what is being said and to remember exactly what it is that you want to know. Therefore it is very useful to have a clear plan of questions that you want answered before you go along for any appointment.

Take the time to write down your questions. Put the most important ones at the top of your list so that you do not leave them out. Make sure that you include questions about your appearance. Take the list with you, and refer to it when you are talking to the doctor. There may be other things that he will raise and that you have not thought of, so take a pencil and write down anything that you think you might forget. Names of drugs, people and procedures are particularly hard to recall later.

It is also sensible to take a friend or partner with you. Two heads are better than one, and it is much easier to talk through your options later on with someone who was there and able to listen to the doctor themselves. They may have questions of their own to ask too.

Over the page are some of the questions people often have about cancer and its treatment. We have particularly included those issues that might concern the way you look. There may be many more things that you want to ask, or there may be some headings here that do not seem relevant. As soon as you begin to organise your questions, you can see how many there are, and how easy it is to leave them out if you don't take the time now to prepare yourself.

Your doctor should encourage you in this fact finding approach. It is becoming more widely understood that in trying to find out as much as possible about your illness, you are playing an active part in its management, and that this is an important factor in your making a good recovery.

Some useful questions

About the disease What is your condition called? What is the likely cause? How advanced is it? How soon can it be treated? What methods can be used to treat it? Is there a good chance that treatment will be effective?

About treatment Are there any choices to be made about treatment? If so, what are the advantages and disadvantages of each? Will you need an operation? If so:

- will surgery alter the way your body works? for a short period or permanently?
- will surgery alter the way your body looks? for a short period or permanently?
- will it be painful? If so, how will this be controlled?
- will you need more than one operation?
- how long will it take to recover/go back to work?

About rehabilitation What sort of rehabilitation (help with your recovery) will you need?

- physiotherapy? Physiotherapists provide exercise programmes to help you to get up and about quickly. For example, you may be offered help with breathing after an operation
- speech therapy? If surgery has involved the palate or larynx, you may need to learn some new skills for speech production which the speech therapist will teach you
- prosthesis? A prosthesis, or artificial part may need to be made for you, to replace the parts affected by disease (see chapter 3)
- dietary? Eating may be difficult, and a dietician can help you to plan ways of getting enough to eat in the simplest way.

Help and Support What sort of support is available for you and your family? Some hospitals employ counsellors or psychologists to provide emotional support, and there may be clinical nurse specialists, sometimes called 'head and neck' nurses. Voluntary organisations, such as those listed at the back of this booklet often have excellent information and support services.

Talking to other people

People often feel reluctant to talk about cancer, but this may be based on fear and/or ignorance. People may get ideas based on information or personal experience which is out of date or inaccurate. It is much more helpful if you can give them the right information so that they know how they can support you.

Choosing the right time to talk to people is important. You don't want to pick a time when you are likely to have constant interruptions. You need to be prepared and allow them the opportunity to ask questions. If they are upset or concerned about you, it is important to acknowledge this rather than to brush these feelings aside. You may find that their concern and empathy allow you the chance to express some of your own feelings about how vulnerable you feel. The care and support of those close to you is important in your recovery. People often describe this closeness as a positive benefit of their illness.

You may also be offered the chance to talk to a professional counsellor. Even if you have lots of support at home, it can still be useful to talk to someone who is completely independent, and has experience of talking to many people who have been in a similar situation. This booklet lists some useful addresses and contact numbers if you would like more information about how to find someone appropriate to talk to.

Finding further information

Reading about your illness will help you to become more familiar with it and that may reduce the fear associated with it. It will enable you to frame the questions you may want to ask the doctor, and to understand the individual treatment package that is planned for you.

There are a variety of booklets providing up to date information about investigations and treatment available from organisations such as CancerBACUP. Some people have found further information from libraries, magazines, newspaper articles and even the television.

3 After treatment: managing the immediate effects

Hopefully, you will have asked the surgeon about your treatment and will have been given lots of information about what to expect. Don't be put off asking questions about appearance, even if everyone else seems concerned with controlling the disease. If it is an important issue for you, then it is important that you ask about it, and that the people caring for you understand that you are concerned.

You may have questions about the immediate effects of treatment, especially surgery. Here are some of the most common concerns.

Will I be able to eat and drink?

Your mouth may well feel sore to begin with, whether you have had chemotherapy, radiotherapy or surgery. The nursing staff and dietician will help you to choose food that you can manage, or nourishing drinks if you cannot manage food at all. They will also help you to keep your mouth clean and moist. If it is very important that your mouth is kept clean whilst it heals, your surgeon may suggest that you have a feeding tube (sometimes called a P.E.G.) inserted through the skin on your abdominal wall, directly into your stomach; this is a way of bypassing your mouth whilst healing takes place.

You may not feel like talking initially, especially if your mouth is sore, so it may be worth preparing your visitors so that they do not take it personally! You will be able to communicate with them with a pen and paper as well as having the comfort of them being with you.

What about pain?

When you wake up after your operation, the first thing you will notice is that your face feels different. It may be numb or feel tight. You should not be in pain; the medical staff will give you painkilling injections, or show you how to use 'patient controlled analgesia', which is a slow release pump with pain killers in it that allows you to give yourself painkilling drugs as you need them.

What will I look like?

As soon as possible, you will probably want to see what you look like. There may not be much to see to start with because of your dressings, but you will be able to see once these come off. On the first occasion, you may find it helpful to have someone with you, one of the medical staff for example, who can answer your questions.

Be prepared for a shock. However well you feel you have prepared yourself, it is still a shock to see your new appearance, simply because it is different from the way you are used to seeing yourself. You need to give yourself permission to be shocked to start with, and to grieve for your old looks. Even a very simple procedure, like the removal of a small lump, will leave a small scar and the impact of a small change in appearance can often be underestimated. Surgery that alters the appearance of the body, and especially the face, takes time to come to terms with and you may feel rather disorientated as you get used to your new looks, even if no-one else can see the difference.

Don't avoid looking at yourself, because each time you look in the mirror, your appearance will be just that little bit more familiar. You will find that if you do avoid looking at yourself, this process will take longer, whereas if you try to involve yourself, for example with your dressings, your new appearance will become familiar more quickly. On the other hand avoid the temptation to look in the mirror every five minutes or so. Things don't change that quickly and it might make you more upset.

For more complicated conditions, it may be some time before you can begin to see what the final result will be. It may be that your surgeon is planning your treatment in stages. He may want to remove the disease first, and then consider issues like bone, skin, muscle and nerve grafts to restore function and appearance. Talk this through very carefully, so that you know what to expect at each stage. You need to be patient too. After surgery, there will be lots of swelling and bruising, and there may be a wait before you can see how things are really going to look long term.

What if I need a prosthesis?

Sometimes, after major surgery, you may need a prosthesis (artificial part). A prosthesis replaces a missing part of the body. In the case of head and neck cancer there are two common types of prosthesis. The first type, is a prosthesis to go into the mouth, called an 'obdurator'. These are used when someone has had surgery to remove part of their upper jaw, and may be used to recreate the palate, the top part of the mouth and upper jaw so that they can speak and eat properly.

The second kind of prosthesis is used to replace a part of the surface of the face and is called a 'facial prosthesis'. These are made for someone who has lost either an ear, nose or eye following cancer surgery. This is very uncommon, but when needed, these prostheses can be made of very realistic materials, such as silicon, and are very convincing.

If the plan for you is to use a prosthesis, remember that what you look like without it is not a good indicator of how you are going to look in a few months time when treatment is finished. If you are uncertain, ask to meet someone who already has one.

What about make up?

You may also be advised to use camouflage creams and make up. These are specially designed for both men and women, and can be useful to blend in scars and prostheses. You can get advice about these and their application through the British Red Cross (see the address list at the end of the booklet), or from the factsheet available from *Changing Faces*.

Other people's reactions

When you feel ready, you can think about letting other people see what you look like. It is helpful to remember that they will experience just the same sense of shock as you did when they see you for the first time. They may feel very uneasy and not know what to say. Like you though, they will find your appearance more and more familiar as the days go by and it becomes clear that you are still the same person underneath.

4 After treatment - managing socially

This is difficult for everybody. Lots of things may be going through your mind about how people will respond to you and your new appearance and it's easy to worry that people won't find you attractive any more.

What about close friends and relations?

You may even be feeling afraid that your partner won't find you physically or sexually attractive. The best way of managing these feelings is to talk about them, ideally to the people who are nearest to you. You may find that they have been worried that this is what you are thinking and will be very pleased to have the opportunity to reassure you. Society may overvalue appearance, but most real friendships and relationships are not superficial; they are based on personality, behaviour, shared interests and sense of humour. These will not have changed with your illness and do not depend on your looks.

What about people you know less well?

What are people going to think when you go out – back to work or down to the pub? What will you do if they stare at you or ask intrusive questions?

Most people will probably take no notice, but if you are feeling self-conscious, you may inadvertently draw attention to yourself by avoiding eye contact or letting your hair fall over your face. The key to coping with other people is to take the initiative. Be prepared for the odd insensitive question and work out exactly what you are going to say in advance. If you acknowledge or speak to people first, they will know something about you before they have a chance to jump to wrong conclusions. People are more influenced by the way you behave rather than the way you look, so using your communication skills effectively is the way to manage an unusual appearance.

'Reach Out'

Changing Faces has developed *Reach Out* to describe a 'tool box' of ideas that people with an unusual appearance have found helpful. You could try some of these things out for yourself; or you may find that you are doing some of them already.

R

REASSURANCE

involves getting in first, letting the other person know you are human with a brief remark, a nod or a wink.

E

ENERGY, EFFORT AND ENTHUSIASM

are needed to tell the other person, that you are worth spending time with.

A

ASSERTIVENESS

means being quite clear about what you want, and saying it effectively.

C

COURAGE

means tackling the future; taking one step at a time to face the situations you find difficult, and focusing on your positive achievements.

H

HUMOUR

is one of your most effective tools. Making a situation more light hearted helps other people to approach you.

O

OTHERNESS, OVER THERE

means changing the subject, and shifting the attention away from your appearance on to something that interests everybody.

U

UNDERSTANDING

other people find it difficult to deal with anything that is new to them. If people seem uncertain, don't assume that they are hostile. They may be wondering how to approach you.

T

TRY AGAIN

sometimes situations don't go well. Don't give up. Try to understand how you could have managed things differently, and have another go.

What if I have problems with my speech?

If your speech has been affected, you may find that people do not understand you as easily. It is very easy to develop the habit of avoiding groups of people especially if you do not know them well. But there are things that you can do to help you get your message across and manage situations rather than avoid them.

Remind yourself to speak as slowly and as clearly as you can and to look at people when you are talking. The other messages that you convey with the expression in your face and by eye contact become even more important if your speech is less clear or the intonation less marked. It is also far harder for people to understand you if you have your hand in front of your mouth or your head down. Choosing a quieter venue, or going along to the pub earlier before it gets too crowded, are two positive ways in which you might manage a situation rather than avoid it.

Eating and drinking

When people get together, they often do so over a drink or a meal. Yet eating and drinking are common difficulties when your face has been affected by treatment. Sometimes people develop the habit of avoiding even family mealtimes and eating by themselves because of embarrassment about what they look like.

How could you manage this situation? First of all, don't assume that other people are disturbed by your behaviour before you have asked them. They may be far more upset if they see you sitting by yourself. If you absolutely cannot face eating in front of others, then you could think about having your own food either before or after the family, but sitting with them while they eat. There is no need to add social isolation to your other difficulties! Similarly, you can continue to go out with other people even if you do not want to eat in front of them. Plenty of people who don't drink enjoy a night out at the pub with friends.

Thinking positive

It is very easy to concentrate on things that you can't do rather than things that you can do, or to feel that you can't

participate at all if you can't be involved completely. You can even talk yourself into thinking that you can't do any of the things that you used to enjoy.

If you find yourself getting too negative, try to concentrate on the things that you enjoy that have not been affected by your treatment and do more of them; or try to work out a way that you might manage rather than avoid a situation that has become difficult.

There is a section at the end of this booklet with some ideas that might help you do this. It is very simple, and well worth completing. You will be surprised by how many activities are unaffected by your surgery. It will also help you to concentrate on those areas that are more difficult now, and try to work out some strategies for coping with them that will work for you.

How other people have managed

Do any of the following experiences sound familiar? Could you use similar strategies to manage situations that you have found difficult?

- Janet has had both radiotherapy and surgery to her face. She now has difficulty in eating and her sense of taste has been altered. 'I used to enjoy going out with friends for a meal, but I don't go out now. They never ask me to. I can't do anything like that any more.'

This is a good example of confusing two activities. Janet may feel that she does not enjoy eating and drinking, but she can acknowledge that although this is a big loss she doesn't have to give up on her friends. She may need to take the initiative in suggesting other activities that they can do together. Her friends may not understand that it is the activity that is the problem and may think that she cannot face seeing them.

- Leroy has had surgery which has left his face misshapen with one eye swollen and closed. 'I was very nervous about mixing with people again, but I was determined not to let one or two intrusive people stop me doing the things I enjoy. Most people ignore my disfigurement if I make the first move.'

Leroy has worked out that it is his behaviour rather than his appearance that influences people. Phrases that have worked for him include:

‘Does my face bother you? It doesn’t bother me.’ – confident and assertive.

‘Evening everyone. Not looking my best tonight I’m afraid!’ – confident and humorous.

‘Hello, I’m Leroy. That’s a pretty impressive tan, have you been on holiday?’ – reassuring and shifting the attention away from him to the other person.

● Wayne had cancer as a child and lost an eye. ‘I felt very unattractive and could not imagine getting a girlfriend. I could never pluck up the courage to ask anyone out. I could not believe that anyone would want to have a relationship with me. It was always me walking home on my own after a night out with friends. Eventually, after I had talked to her a few times at work, I asked this girl if she wanted to come out to the cinema and she said – yes. I was really surprised!’

Wayne had been making assumptions about how other people feel without testing them out himself. He might not have been successful if he had asked the girl out without giving her a chance to get to know him first – instead he gave her the opportunity to base her decision on his character and personality, rather than simply on face values.

● Zara has been happily married for twenty years. Her illness was a tremendous shock but she coped well with everyday social situations, and seemed very confident except with her husband, Tom. She could not believe that he would still find her attractive and want to have a sexual relationship with her. ‘I was so relieved that she was okay and so proud of how she coped with everything. I just didn’t understand why she didn’t want me near her. I thought I had done something wrong. Eventually we sat and talked about it. I don’t care what she looks like; she’s Zara, and she’s exactly the same person she always been. I love her and I want to be close to her.’

Zara was making the same mistake as Wayne in assuming that she understood how Tom felt without asking him. In this case

Tom and Mary were able to solve their problem by talking about it. It helps enormously to be open and honest about sexual issues. Sometimes, if the sensation has been lost from part of the face, it can no longer feel as pleasurable to be touched or kissed there. Focusing on the unaffected side of the face or the body may feel more comfortable for both partners. It may be helpful to talk to a counsellor about your feelings too. You will not be the first person who has felt like this, and avoiding the problem very rarely solves it.

● Liang has had surgery to his face during which the facial nerve was removed on one side. His smile is therefore one sided. 'I could see this child staring at me on the bus, and I could tell that he was going to say something. In the end he came out with it. Why doesn't your face work? His mother tried to shut him up but he just got more determined. I decided to give him a straight answer. 'I've had an operation on it, and this side doesn't move anymore.' He was perfectly happy with that. I was dreading questions about my face especially in front of other people, but now I wonder why I thought it was such a big deal.'

As Liang found, children will rarely give up once something interests them. It is worth having a simple explanation prepared. You don't need many details for most of them. If they do persist, which is rare, you can be assertive. 'That's enough questions for now' or divert the attention back to them: 'Is that a Blue Peter badge you're wearing?'

With adults, you can indicate by the answers you give, how much you are prepared to talk about your illness:

'I had an operation on my face, but it was some time ago and I don't dwell on it now.'

'I have had facial cancer, but I am making excellent progress now.'

'I have had a lot of treatment for facial cancer. I have had radiotherapy and surgery in which they removed part of my jaw and put in a prosthesis. I am going in later this month etc. etc.'

The first answer gives minimal information and firmly closes the subject. The last answer invites the listener to ask questions and hear all about your treatment. You can decide exactly what kind of answer you want to give. It is worth spending a few moments writing down some alternatives, and then memorising the answer that most suits you.

● Pauline has found it very difficult to manage eating since her operation. Her mouth is very dry, but when she drinks she finds it hard not to dribble water on to her chin. 'I find it so humiliating, like a child. In the end I got so that I would cook a meal and then eat mine in the kitchen so that I didn't have to eat in front of everyone else.'

Pauline's family found it very difficult to reassure her. They wanted her to carry on eating with them as before but she felt strongly that she did not want to. In the end they compromised. She sits with them while they eat, and then eats hers afterwards while they wash up!

5 What about the future?

After your treatment has finished, you will be offered regular appointments to see your consultant as an out patient, so that he/she can keep an eye on your progress and discuss any problems that concern you.

Take things one day at a time

If you have been in hospital, it may seem tiring to be back at home, even though people are helping as much as they can. It can be difficult to get back into a familiar routine and to start to enjoy all the things that you used to. Don't expect to make progress every day. Often when you have had a good day and have felt quite energetic, it may seem as though you pay for it the next day. Try not to let this get you down. This 'two steps forward, one step back' feeling is a very common experience when you are recovering from an illness. If there is something that you are really looking forward to doing, try to plan a more restful day before and after it, so that you have the energy to enjoy yourself.

Get out of the house as soon as you are able

You may feel very sensitive about facing questions and curiosity, and if you feel that you are not looking your best, it can be very hard to go out. It is tempting to take the easy option, and just stay at home in front of the television.

Try to be honest with yourself. Do you really feel that tired? Every day? The longer you avoid situations, the harder it will

be when you do eventually have to go out. You can make it easier for yourself by making sure that you are with friends or family, and by going somewhere familiar for a short time. The next time it will be easier, and gradually you will pick up your old interests and activities again.

Focus on the positive things you can do to help yourself

It is important to eat a healthy diet and to have regular meals to help maintain the structure in your day. Try not to slide into a pattern of doing nothing at all. This will make you feel very negative about your progress.

It is good to take a rest when you need to, but having a simple, regular goal also helps to build up your confidence. For example walking along to the newsagents for the paper every morning, followed by half an hour in a chair reading it, might be a way of building up stamina, confidence and resting.

Acknowledge your success

Give yourself credit for the effort you are making, and give yourself the odd treat!

If all this seems very daunting and a long way off, don't worry. There may be someone you can talk to at the hospital, or your GP may have a counsellor who can help you. Or you can contact us at *Changing Faces*. We offer advice and information to anyone who has an unusual appearance, for whatever reason, and we can help you to build up your confidence to face the future more confidently.

6 Help yourself to manage the change in your appearance

We have already seen how the change in your appearance can have a powerful effect on your self esteem, and may seem overwhelming. It is easy to feel negative, and to let this negative view colour all aspects of your life so that nothing seems worthwhile any more.

There are certain kinds of thought patterns which contribute to this despondency. You can learn to spot these and work out an alternative, more positive, way of looking at things. Do you recognise any of these?

Exaggeration

'If I go out looking like this, everyone is going to stare at me and think how terrible I look.' Watch out for key words like 'everyone' when actually you might mean 'a few'. An alternative is: 'People tend to notice anything that is different. Most people will not stare, and those that do look at me are more likely to feel curious than negative.'

Personalising

Thinking everything is in some way related to your appearance. 'Everyone is talking about food because they have noticed that I am not eating.' An alternative might be: 'It is perfectly reasonable to talk about food when you are in a restaurant.'

'All-or-nothing' thinking

'Now that I have had this illness, I shall never be able to enjoy anything again.' Danger words here are 'never' or 'always'. An alternative might be:

'Some areas of my life are going to be restricted, but there are other things that will not be affected at all, and some things that, with a small change, I can still enjoy.'

Consider the most common activities and pastimes that you do in a week. Make a list below:

1

2

3

4

5

6

7

8

Many people find that this simple exercise is quite revealing. The first thing to notice is that your ability to do some of these activities is not going to be altered at all by your illness.

There may be far more things that are unaffected than there are affected, and you may not appreciate this until you see it written down. Look at Tom's list below which he has classified as follows:

N = problem; S = some social problems to do with worries about staring, curiosity, comments etc; P = problems of physical function, to do with eating, speaking etc.

1 Having a drink and a game of darts with friends in the pub	S P
2 Going to my team's home matches	N
3 Having friends round for a meal	S P
4 Doing the garden	N
5 Taking the dog out for a long run	N
6 Going to the cinema	N
7 An evening out dancing with my wife	S
8 Going to the supermarket	S
9 Taking my grand daughter to school	S
10 An early morning fishing trip	N

How many of these things are going to be more difficult?

Why are they going to be more difficult?

Spend some time classifying your list as Tom has done. Looking at your activities and interests in this way is intended to focus your attention on the positive things that you can do, and help you to work out what you can do about the things that are more difficult.

How many 'Ns' have you got? Remember, these are all things on which your illness has had little or no impact? Are there more than you had thought?

Managing social situations

How many 'Ss' have you got? Remember, these are situations that are socially more difficult. Try completing the example below. *Reach Out* can help you here. Look back through the booklet for ideas for how you might manage someone staring, making comments etc.

If I was in the pub with my friends, and a chap across the bar was staring at me, I could do the following:

and I could say:

and I would feel:

and I would congratulate myself for having managed the situation successfully.

If I was with a group of people that I had not met before, and someone asked me what had happened to my face, I could do the following:

and I could say:

and I would feel:

and I would congratulate myself for having managed the situation successfully.

Managing situations which are now, physically more difficult

Finally, look at your 'P' activities. These are the hardest group to manage, but there are ways in which you can alter the content, or the circumstances to make them easier for you. In these examples, try to think how you could join in the activity even if in a limited way. Look back through the booklet for examples.

Complete the example below:

If someone asked me if I wanted to come along for a drink after work, I could do the following:

and I could say:

and I would feel:

and I would congratulate myself for managing the situation successfully.

Use one of your own examples below:

If someone asked me if I would like to:

I could do the following:

and I could say:

and I would feel:

and I would congratulate myself for managing the situation successfully.

All these exercises are designed to show you that there is a way forward, and there are skills that you can use which will make things seem much easier for you in the future than they may appear just now.

Try reminding yourself of the following:

Focus on the positive. What I can do, not what I can't do.

My appearance is a much bigger issue for me than it is for other people. If I behave in a confident and positive way, then that is how people will respond to me.

Just because some tasks have become more difficult, that doesn't make my whole social life impossible.

Coping with a changed appearance is a question of learning the skills and practising them at every opportunity.

There is no such thing as failure. Each experience gives me information to help me manage the situation better next time.

Want to know more?

If you would like to know more about Reach Out, or feel that you would like help to strengthen or develop your skills for dealing with other people, *Changing Faces* can offer you written information, or a video on which these skills are demonstrated. You can also attend one of their training days or workshops where you will meet other people who have an unusual appearance and with whom you can work to find successful ways of managing difficult situations.

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Maggie Parsons, Cancer Information Officer, Guy's Hospital, London; Lindsay Waterfield, Maxillofacial prosthetist, The Queen Elizabeth Hospital, Birmingham.

Other organisations providing help and advice

CancerBACUP

3 Bath Place, Rivington Street, London EC2A 3JR

Help/info line: 0808 800 1234 (freephone) or 020 7613 2121

British Red Cross Camouflage Service

National Headquarters, 9 Grosvenor Crescent, London SW1X 7EJ

Tel: 0171 235 5454

Cancer Care Society

11 The Cornmarket, Romsey, Hampshire SO51 8GB

Tel: 01794 830300

Bristol Cancer Help Centre

Grove House, Cornwallis Grove, Clifton, Bristol BS8 4PG

Help/info line: 0117 980 9505

Administration: 0117 980 9500

Macmillan Cancer Relief

89 Albert Embankment, London SE1 7UQ

Tel: 020 7840 7840

Let's Face It

Christine Piff, 14 Fallowfield, Yately, Hampshire GU46 6LW

Tel: 01252 879630

London office: 020 8931 2829

The National Cancer Alliance

PO Box 579, Oxford OX4 1LP Tel: 01865 793566

Marie Curie Cancer Care

89 Albert Embankment, London SE1 7TP Tel: 020 7599 7777

www.mariecurie.org.uk

Please contact us if you would like further reading and a resource list concerning the material in this booklet, or if you would like help, advice or information about any aspect of facial disfigurement.

www.changingfaces.org.uk

When cancer affects the way you look

*Written by Alex Clarke,
Chartered Clinical Psychologist*

*Edited by Clare Cooper,
Chartered Clinical Psychologist*

Facing the Future is a Changing Faces initiative comprising a series of publications dealing with all aspects of facial disfigurement. A complete list of all titles, and further information about the charity, is available from the Changing Faces office.



This booklet is also available in plain text and audio versions

Please contact the office for further details

*Changing Faces
33-37 University Street
London WC1E 6JN*

*Telephone 0845 4500 275
Fax 0845 4500 276*

*E-mail info@changingfaces.org.uk
www.changingfaces.org.uk*

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