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Learned Hopelessness

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Learned Hopelessness

Suzanne Minor, MD

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The room is cold, though it is warmed immensely by Ms L's bright smile and hearty laugh. Ms L is 54 years old and trained as a health care aide. When she speaks, her Jamaican accent has a cadence that transforms every sentence into a lullaby or poetry reading. She is quick to smile, showing the gap in her front teeth easily, though this wasn't always the case. I've been working with Ms L for just over a year as her family physician, and we have finally addressed her critical issues, including her depression, which is now under control, her hypothyroidism, almost controlled, and her housing, which is no longer being foreclosed on thanks to the help of the university's student law clinic. At last, I can move into the realm of prevention, asking about mammograms and pap smears. Living in Opalocka, FL, with 43%–58% of breast cancers diagnosed at late stage,¹ mammograms are important.

"I don't want to know if I've got it" she told me, "when it's just going to kill me." Her response is not unusual. It took me years to understand that patients like Ms L believe breast cancer is not something that is treatable in any way and that it kills without discrimination. Why would a patient want to know if she were walking around with an irrevocable death sentence?

"What if we can find it and still try to cure it?" I ask. The idea had never occurred to her.

On we talk. Yes, it is possible to cure breast cancer when it is found early. No, breast cancer is not a death sentence, though that is her personal experience: we discuss her witnessing breast cancer diagnoses in neighbors and loved ones.

The nurses all leave the clinic, as no overtime is allowed, but this conversation is important to me, since I am providing Ms L with true informed consent so she can make her decision based on information rather than anecdote or conjecture. In essence, through our conversation, Ms L is becoming empowered to take responsibility for her well-being and her life.

A recent article in the *New York Times* stated, "Women are now well aware of breast cancer. So what's next?"² When I read this, I thought that the author had no idea or concept of Opalocka and the ravages of breast cancer in this community. How frustrating that the author has somehow concluded that all women are knowledgeable about breast cancer. Not in this community. Opalocka is a part of America, too; in fact it is a heterogeneous cross-section representing Americans of many colors and ethnicities. Perhaps, in certain areas of New York City, there is pervasive consciousness of breast cancer prevention but not in this underserved community in north Miami.

How do I help someone let go of her learned hopelessness? How can I facilitate belief change—that she would rather not know about breast cancer because nothing could be done for such a fatal diagnosis? The way I know to help us both is by having a dialogue, listening to Ms L's point of view and responding mindfully with truth and support. In doing so, I am inspired by this woman's realization that she has more authority than she thought possible.

I am slowly learning to let go of my own learned hopelessness as well—that I will never reach patients in this community, that I can't go up against such a deeply learned belief grown from years of personal experience. I learned hopelessness from attendings and from my own personal experience with patients. How often did I hear from my physician role models not to bother when a patient stated that she did not want to have a mammogram or breast exam for fear of finding cancer? Of course I

want to respect a patient's personal belief system. I also want to learn about the basis of that belief system so that I can help Ms L, and women like her, to claim confidence and trust in their own strength.

How do I change such a deeply ingrained fatalistic attitude? I start with one person, one conversation, addressing one fear, one myth at a time. And then I can finally let go of my own fatalism and her resignation. We are a partnership and in this dialogue together, walking along parallel journeys by taking the risk of trying new behaviors. I take the time to explain, encouraged by my own growing hopefulness. Ms L sits before me, considering, resplendent and powerful.

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