Hope Versus Denial

Have you ever noticed that when you hold a piece of bubble wrap, you can’t help but start popping each cell? There is something gratifying about squeezing the plastic casing until it yields and pops. I have come to think of denial as the bubble wrap patients use to protect something fragile. This imagery comes, in part, from my repeated observation that as nurses, we can’t help but pop the bubbles of denial that patients embrace.

Indeed, there is some research to suggest that patients who maintain unrealistic expectations for cures or recovery fare more poorly than patients who find acceptance with their condition (Zimmermann, 2007). Over time, however, I have come to understand denial to be a form of hope. The concept of hope gained prominent attention in the 2008 presidential election and has become increasingly important to me and my nursing care.

I had the good fortune of learning about hope from one of my patients at the nursing home. Celeste (pseudonym) was an extraordinary woman who taught me many things. She was admitted to the nursing home with advanced, metastatic cancer. Her prognosis was bleak, to say the least. She came to us in a pain crisis and with severe nausea and vomiting. She had been an herbal healer and resisted the many drugs that Western medicine had to offer, as she viewed them as toxins that would further deplete her body’s resources. However, her symptoms were unrelenting. When she finally agreed to try some antiemetic agents and narcotic analgesics, she got some relief from the devastating symptoms that her disease had wrought.

As she started feeling better, she began to tell the staff of her hopes and dreams for the future. She had a steady stream of complementary healers who would visit and give her a stunning array of treatments, and she would talk of “beating” this cancer by activating her body’s own healing energy. She talked about wanting to take a train ride across the United States to see the many places she had planned to visit in her lifetime. She talked about finding ways to blend Eastern and Western medical traditions to mutual benefit. We all recognized that these dreams would likely go unfulfilled as the odds for a cure or even remission were very poor.
Each day when I would come into work, the nursing staff would approach me and ask me to do something about Celeste and her denial. The nursing staff was concerned that because Celeste did not seem to fully understand the seriousness of her diagnosis, her denial was preventing her from putting her life in order so she could die peacefully. One time, when Celeste and I were talking about her illness and her future plans, I shared with her that the nurses were concerned that she did not fully appreciate how sick she was. She said to me, “I know that I cannot live without hope in my life, and I don’t think I can die without it either.”

Suddenly I understood that what we mistook for denial was actually hope looking for a proper vessel to contain it. It was as though Celeste needed to try on different versions of hope until she could find one that reconciled her need to maintain a belief in a positive outcome with the reality of her situation. Understandably, her first hope was for a cure; next, she hoped she would have enough time to get to some of the important things on her life list. Finally, she hoped for reconciliation with her aged and estranged mother—something that was eventually made possible by her sisters. As I watched this process unfold, I was struck by the temptation to hurry it along so that Celeste did not run out of time. And yet, it seemed that her need to move through this journey at her own pace was as important—if not more so—than the final destination.

It is important to point out that I am not advocating that we let patients live their lives smothered in the bubble wrap of denial. Instead, I am suggesting we acknowledge the protective nature of denial during times of difficult transition and refrain from prematurely dashing the hopes that are vital for patient well-being.

**REFERENCE**

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