

## *Helping with Denial*

Supporting someone who is going through denial is not easy. You are caught between two difficult choices. If the patient is ignoring obvious signs of the serious nature of the disease, and asks, for instance, "I'll be better in no time, won't I?" your options may seem limited. If you support a statement that isn't true, this will lead to trouble when the patient doesn't get better. If, on the other hand, you say, "No, you won't be getting better," you immediately cast yourself as the patient's adversary, a person who takes away hope. Furthermore, by attempting to answer the question, you're also (subliminally) allowing yourself to be set up as an authority figure, which will make life even more difficult for you later.

The first point to remember is that denial is powerful. You cannot simply override the patient's denial by force of facts. This does not mean that you have to accept openly his interpretation of the situation. There are ways of exploring the way someone is feeling without attacking him. For instance, you can try a "what if . . ." approach, thus allowing the patient to think about the *possibility* of not getting better, in the abstract. You can also ask about the medical facts. Your supportive conversation might proceed as follows:

The patient says something like:

*"I am going to get better, aren't I?"*

You have several choices:

You could say:

*"Of course you are."*

--a direct response that will reduce your credibility when things don't go well later.

or

*"No, you're not."*

--a direct response that makes you appear cruel and adversarial.

Or you could say:

*"What have the doctors told you?"*

or

*"I hope you will, but it might not happen."*

or

*"I'd like that, but perhaps we ought to see what happens."*

All of these leave open the possibility that things will get worse, and allow you to continue to be supportive.

They also allow you to raise the question later: *"Should we make some plans for what to do if you don't get better?"*