

The Four Stages of Hope

“USING THE POWER OF HOPE TO COPE WITH DYING”

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Personal Journey's", Maggie Callanan pg. 28

A word about denial:

I will make this point several times in this book because it is so important: denial is a powerful mechanism that should not be yanked away unless you have something more powerful and supportive to put in its place. Let it be unless it causes behavior that is dangerous to the patient or to someone else. Denial will be given up if and when the patient (or family member) is able to deal with the truth. On rare occasions it is never given up. If that happens so be it. Chapter 4 in her book is titled; "We're not giving up we have hope."

Never try to talk someone out of their denial, reality will do it soon enough- and if not, that is still better. Bill V. Cox

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What is Hope?

American Heritage College Dictionary defines “hope” “to wish for something with expectation of fulfillment, to expect and desire with confidence.

Hope is the essence of the person, an integral part of each individual's life matrix...our primary motivator, that fundamental life force that moves and directs us throughout our journey called life.

More than a wish, of deeper origin than a goal, that thing called hope is actually driving the process of change (whatever that change might be.) Hope is the feeling that makes it possible to imagine something good might come of death, the most dramatic change of all. (This hope system can help you...to accompany the dying in a real and connected way. *Using the Power of Hope to Live with Dying* Pg. xvi

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What is Hope?

Hope is the feeling that you have that the feeling that you have isn't permanent." Jean Kerr

By recognizing each person's hope system, I could connect with the dying where they really live.
Using the Power of Hope to Cope with Dying Pg. viii

Hope is the foundation of the dying person's world. By systematically learning how to recognize and honor a dying person's hopes, anyone can support him or her from first diagnosis to last breath. A way that is healing for all.
Using the Power of Hope to Cope with Dying Pg. xv

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What is Hope?

Dr. Groopman M.D. from his book, "The Anatomy of Hope" we read, "Researchers are learning that a change in mind-set has the power to alter neurochemistry. Belief and expectations—the key elements of hope – can block pain by releasing the brain's endorphins and enkephalins, mimicking the effects of morphine. In some cases, hope can also have important effects on fundamental biological processes like respiration, circulation and motor function." *Using the Power of Hope to Cope with Dying* Pg. 17

all have three basic needs: 1-**knowledge we won't be abandoned** 2-**need for self expression** 3-**a need for hope.** *Using the Power of Hope to Cope with Dying* Pg. 18

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Grounded Hope

“A Guide to Grounded Hope” by **Lee Daniel Kravetz**

Grounded = a realistic understanding of our lives and ourselves...bravely looking at reality he

Hope = building confidence in our ability to shape what happens to us next

because **“adversity”** will force us to “recover, rebuild and rebound.”

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Principle 1 – Let your world view shatter. Psychologist Ronnie Janoff-Bulman references our “assumptive world view” 1-world is safe 2-Good things happen to good people and 3- I am a good person. A better world view is 1-the world is safe but also unsafe 2- good things happen to good people-but bad things do too. 3-I am a good person-but that does not protect me from trauma.

Principle 2- Find someone you can count on. Psychologists Krzysztof Kaniasty and Fran Noris teach that “perception” of being supported is the most important aspect of your support system. No matter how many people surround you, believing that at least one person will always be there for you is one of the great building blocks of resilience.

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Principle 3 - Realize you don't have all the time in the world – so don't waste it. Ask yourself “What am I passionate about?” and “What am I going to do about it?” (I have sought to direct individuals to sort out what they have control over and what they don't have control over. Focus on what you have control over and can do something about.)

Principle 4 - Focus on planning, not positivity. We can believe “positive thinking will lead to positive outcomes and results” vs Realistic thinking which is thinking that we can create a sense of security by asking the question “What is the worst that can happen?” then develop a plan to deal with it.

Principle 5 – Practice future-focused forgiveness. When we harbor grudges we increase health problems. Forgiveness allows us to move from anger, resentment and pain toward creating a better future. (Holding a grudge or resentment is like drinking poison and hoping the other person dies.)

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Heleen Fanslow-Brunjes work is connected with Elizabeth Kubler-Ross and her 5 stages of grief: **Denial, Anger, Bargaining, Depression, and Acceptance**. Her work identified behaviors and changed the way we look at death.

Now there was something different than just this set of psychodynamics, something else going on at a deeper level than the psychological, something even more dynamic and more powerful than psychological theories could explain. "I gave it a name: "Hope." *Using the Power of Hope to Cope with Dying* Pg xii

Kubler-Ross attempted to give patients some kind of control over their fate by understanding the psychodynamic shifts they were going through. *Using the Power of Hope to Cope with Dying* Pg

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Taking up where Kubler- Ross left off, and with her blessing to take the next step beyond her approach, I developed a unique framework for understanding the dying person and responding to them as they are experiencing internally as a whole person.

The Hope System

hope for a cure

hope for a treatment

hope for a prolongation of life

hope for a peaceful death

The giver and family need to understand that the dying person's hopes are central to his/her wholeness and must be respected fully. *Using the Power of Hope to Cope with Dying* Pg. 22-23

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“What are you hoping for?”

The sixty-four thousand dollar question for the patient and the family.

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hleen has an interesting discussion about the verbal and nonverbal communication where patients communicate to loved ones about the end being near. I have been most fascinated

hleen was the DON at Calvary Hospital caring for patients with advanced cancer. The norm was 200 cancer patients so she did her own informal study. She “compared patients with the same diagnosis, similar blood work over a 6-month period of time. I learned...that entering a comatose state did not appear to be determined by changes in patient blood, organ function, or disease process, but rather in the realization of the patient that their loved ones needed more time to prepare for the reality of death. It became clear that coma is often used by the dying when symbolic verbal and nonverbal language has failed, and their family can't let them go. Coma is a subconscious rehearsal for their death.

Coma is utilized by the dying to gently prepare families and give them the time they need... *Use the Power of Hope to Cope with Dying Pg 63*

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Dying Well Peace and Possibilities at End of Life” **Ira Byock M.D.**

Byock does not like the term, “good death” instead he prefers “dying well.” When he sought what was different when someone “died well,” his conclusion was based on the quality of relationships and this was his conclusion:

five things of relationship completion” saying : *I forgive you, (Please)Forgive me, Thank you, I love you and saying good bye.*

These five things provide a script that can be helpful in “dying well.” pg. 157

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have the great opportunity to be invited into sacred space as our patients and their families come us into their residence. A nurse colleague of mine needed to give her young daughter to tell her peers what her mother did. Her words were, "Tell them your mother works in heaven's waiting room." We as providers of end of life care have a great opportunity to walk with families and individuals as they are waiting for their name to be called to see the physician. Every situation has its own challenges and chances to add quality to the quantity of time. Understanding an individual/family's hope system is our invitation to support them in their journey. We don't always have all the perfect answers for complex challenges, but we can be there to listen without judgment as they discover a "hope" for "dying well" with the people they love.