

FALSE HOPE: REAL OR IMAGINARY? [1]

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Abstract

In dealing with cancer, many people use the term 'false hope' when they criticize complementary therapies. The concerns about false hope are often exaggerated. Hope is real, Hope heals. Hope is always real, and there are always possibilities of healing. With every disease there are people who have somehow healed themselves.

False hope

In their quest for health, clients are willing to try anything, hoping for a miracle cure. They often reason that they might as well try it because "they have nothing to lose." Unfortunately, there *is* something to lose. Clients might gain a false sense of hope. They might lose interest in mainstream medicine or other complementary approaches. Finally, they might also be robbed of valuable time by pursuing an unsatisfactory therapy.

Complementary psychological therapy is often criticized on issues such as false hope. Some people are afraid that if cancer clients experience hope, they are fooling themselves, and will end up being disappointed. They think that as long as they are expecting the worst, they will not be disappointed. This is a form of false hopelessness. Such people like to call themselves realists, but are in fact pessimists.

Many people misinterpret the true value of an optimistic, pessimistic or realistic view of life. Pessimistic people view the world as a dark place, where there is only misery and everything is hopeless. They deny the positive side of things. Optimistic people view the world as one happy playground, where there is joy everywhere. They deny the negative side of life. Realistic people know that there are positive and negative aspects of everything in life. They fully accept both sides.

*"No one really knows enough to be a pessimist."
 - Norman Cousins*

Pessimist: "My glass is almost empty."

Optimist: "My glass is still full."

Realist: "I have half a glass."



When therapists work with the psychological issues associated with cancer and other illnesses, they are not providing false hope, but are assisting clients in being more realistic. Realistic hope is what is being communicated in this therapeutic approach.

Society and the medical team often issue a sort of death guarantee (although lesser every day) along with the diagnosis of cancer. Fortunately, this is not the case. There is no guarantee that one will die from cancer. On the other hand, there is also no guarantee that one will heal from cancer after a therapeutic intervention. The issue of false hope only exists when the practitioner (medical or psychological) issues a guarantee that the client is healed after the intervention. False hope is thus only present in a false guarantee.

The presence of hope within clients is often associated with better health, and hopelessness is often a precursor for poor outcomes. Presenting hope, however, is no guarantee, but it assists the healing process.

Example:

When people marry, there is no guarantee that they will be happy. They hope they will be. This could be interpreted by a pessimist as false hope.

However, expecting the marriage to end in a few years is almost a guarantee that it will. Hoping that one will be happy is no guarantee, but it surely helps.

Feelings of hope stimulate the self-healing of the placebo effect. The possible effects of a placebo cannot be denied, even in the context of cancer.

Everybody knows that one dies of cancer, but I was not sure whether to apply this to myself. I considered this (belief) as nonsense.

- Daan van Baalen (1987)

Quote from a spontaneous remission patient

Hope may be misleading or may be helpful

False hope does exist, and can be seen as focusing solely on unrealistic and unachievable results, while denying the current truth. Such unrealistic expectations lead to disappointment and feelings of guilt.

Hope of healing is a realistic hope. Realistic or mature hope is accepting the current feelings, thoughts, relationships, and possibilities of improvement. Focusing solely on hopelessness and self-pity is just as unrealistic as only seeing a positive and bright future.

False hope

“I only focus on the positive.”

“I can do whatever I want.”

“I can control everything.”

False hopelessness

“I am wallowing in despair.”

“I cannot control anything.”

“Everything scares me and the disease and emotions are controlling me.”

Realistic hope

“Sometimes I feel awful, and other times I feel more connected to life and others than ever before.”

“There are some things beyond my control. Yet, there are many things I can control.”

“I choose to live as fully as possible now. The quality of my life may be related to my physical health, but however long I may live, I plan to do it to the fullest of my ability.”

Hope triggers actions, and stimulates well-being. Without hope, people do not take action towards their well-being. Hope is a supporting emotion as well as a drive to trigger positive actions towards increased self-control.

Solano et al. (1993) studied the relationship between psychosocial situations and the probability of symptom development. They concluded that “The best attitude with regard to prognosis appears to be full recognition of one's situation and a decisive will to do something about it.” This conclusion is supported by many other authors. Hopelessness triggers inaction and letting things happen. Hope triggers the decisive will to take action.

“Trust in god and tie your camel to a tree.”

- Muhammad

In summary

One of the major discussions when talking about the healing power of complementary forms of therapy is that people (mostly medically oriented) are afraid of false hope. They want to avoid giving people hope where they believe no hope is possible. In actuality, hope is always real and an integral part of any (even medical) treatments. Hope is the placebo effect which aids the healing. Taking hope away is the opposite, a *nocebo*, which blocks healing.

Healing Psyche is about working with cancer patients and helping them to gain insights in reality and what is possible— restoring hope, restoring the placebo effect and assisting the healing.

Many psychological issues block the healing powers of the individual. *Healing Psyche* identifies many of the psychological patterns that influence the cancer process. This valuable new book is the culmination of the author's many years of extensive research, and his recognized expertise in Hypnotherapy, Neuro Linguistic Programming (NLP), and working with timelines

Healing Psyche describes in detail the evolution of his new and innovative concepts in psychological cancer treatment, how they differ from the more traditional psychological modalities, and how they have been carefully developed into a complete and complementary approach to treating cancer, using the power of the human mind.

Endnote

1. This is a slightly modified extract from "Healing Psyche – Patterns and Structure of Complementary Psychological Cancer Treatment (CPCT), Booksurge LLC (Amazon.com), 2006. See book review in this issue of IJHC.

References:

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Rob A.A. van Overbruggen PhD, uses his expert knowledge of Neurolinguistics and Hypnotherapy to help clients use their minds to influence the cancer process.

Rob's early education was in Software Engineering in The Netherlands, where he learned to identify patterns and distil commonalities from different viewpoints. To satisfy his desire to understand the mind, he began studying Neuro Linguistic Programming (NLP), working with timelines, and Hypnotherapy in 1993. After 12 years of study of the psychological influences on the cancer process, he finished his dissertation: *Healing Psyche - Patterns and Structure of Complementary Psychological Cancer Treatment (CPCT)*. His dissertation identifies overlapping patterns from various psychological approaches to cancer therapy and psychological patterns that influence the cancer process.

Rob holds a Doctorate in Clinical Hypnotherapy, and is an internationally licensed Hypnotherapist, NLP, and TLT Trainer. He is the founder and director of Mexion, a company specializing in therapy and training. He is the director of therapeutic research for Healing Psyche, and is responsible for maintaining the quality of licensed hypnotherapists in The Netherlands.

Rob A.A. van Overbruggen Ph.D, lives in Rotterdam , The Netherlands, where he runs a successful therapy practice and continues his research. His dissertation formed the foundation of his complementary psychological cancer treatment (CPCT) program. This program is designed for therapists to use it with their clients to aid in their healing processes. It includes guidelines for therapists, a self-help CD set for patients, a patient workbook, and the general public edition of his original dissertation. The Healing Psyche website supports this program by providing online tools for therapists to use in their psychological work with cancer patients.

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