Patients adopt a continuum of coping styles and all of these have been documented (Vos and de Haes, 2007).

At one end of the spectrum, patients are fully conscious of facts and of what they are doing; at the other end, they have no conscious control of their reactions at all, which is Freud’s classic definition of denial.

This is not a process that patients tend to move through, or have any conscious control of, but is a way of locating how someone might be managing unbearable thoughts and feelings. Fig 1 sets out our idea of what this spectrum might look like and Box 1 shows different coping styles.

One way of bringing these ideas closer to home is for nurses to try this test out on themselves.

Locate a part of your body which is showing signs of ageing, such as grey hair, freckles on your hands, lines on your face or slackness in your skin. Look at it and see how long it takes before you have to remove your gaze and stop yourself thinking about getting older and dying. Notice which of the defences you use yourself so as not to notice the everyday living and dying of your own body.

**NURSING A PATIENT IN DENIAL**

Denial in a palliative or critical setting is a complex process, which may involve an unsteady process in coming to terms with a frightening prognosis.

If we understand that these defences are normal for all of us, then perhaps the process of identifying them will enable us to be more understanding of our patients’ behaviour.

The relationship we have with patients needs to be based on trust and understanding. They need time to take on information or accept a poor prognosis or death. It is likely that the slow process will be punctuated by periods of investment in a parallel ‘well’ story that offers them temporary relief from feelings of distress and anxiety.

It is important that professionals do not push patients towards ‘acceptance’ or measure success by their immediate reaction. This involves taking cues from patients and listening to what they are saying, so that we understand what track they are on.

When patients are ready to talk about their diagnosis or death, nurses need to have the courage and the belief that they can manage the difficult thoughts and feelings that can arise in themselves as well as in patients.

The patient quoted at the beginning of this article also said: ‘When it comes to how you feel, how you deal with things on a day-to-day basis, it’s the nurses who matter.’

There are times when a persistent...