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The meaning and usage of hope in advanced cancer: a discourse analysis

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What is hope?

Hope is an everyday language word

The standard account of hope:

- Desire for an outcome
- Belief in the possibility of that outcome

Hope as a psychological construct:

- Snyder's Hope Theory: agency and pathways thinking

Hope in the context of advanced cancer

Hope is associated with improved quality of life for patients with advanced cancer¹

- Decreased depression and anxiety
- Overlap with models of positive coping
- Diagnosis of a life-threatening disease is not associated with low-levels of hope



Hope in the clinical encounter

- Tension between remaining truthful and maintaining hope^{1,2}
- Different ideas about hope may obstruct communication between patients and clinicians^{3,4,5}
- Fear of taking away hope can delay referrals to palliative care

Discourses of hope in the popular media

Discursive Meaning of Hope for Older Persons with Advanced Cancer and their Caregivers*

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Medicine

Oscar was a ticking time bomb. Now he has hope

Surgeons have performed the first human bladder transplant, introducing a new, potentially life-changing procedure for people with debilitating conditions.

May 19, 2025 | Emily Baumgaertner Nunn

How a pioneering clinical trial is giving Florida woman with rare cancer hope

The trial has implications far beyond her rare form of cancer.

New hope for patients with breast cancer gene

'Off the charts': the key breakthroughs giving new hope in treating cancer

World's largest cancer conference in Chicago shares 'impressive' findings in vaccines, drug trials and AI

Discourse analysis of medical literature

- There are multiple, conflicting perspectives on hope
- Lack of consensus on how hope should be conceptualised in the medical literature

Aim: to identify different formulations of hope, determine how they function, and how they contribute to the dominant hope discourses within the advanced cancer literature.

Discourse analysis of medical literature

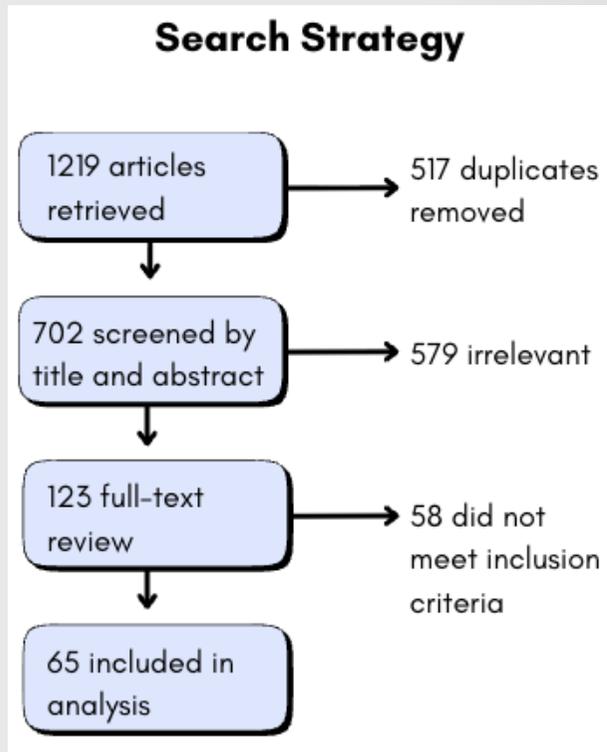
What is a discourse?

- A system of language, ideas and practices that shapes how we understand and talk about a particular topic or aspect of the world⁶
- Influences our understanding of reality: what we consider to be true or normal
- Can affect behaviours and social structures

What is discourse analysis?

- Descriptive and critical: a method of describing the content and function of discourses
- Two key approaches: Jürgen Habermas and Michel Foucault

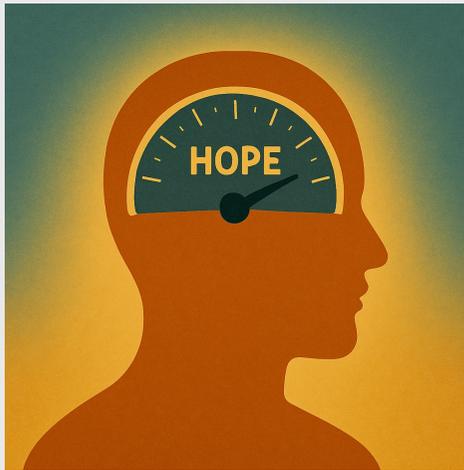
Methods



1. Full texts were read in detail, and all occasions relating to the meaning and usage of hope were identified for further analysis.⁷
2. All articles were additionally coded for standard properties including a) article type; b) methods; c) participants; d) country; e) overall subject matter and f) overview of hope concepts in the article.
3. Hope sections were re-read and subject to further in-depth analysis, to identify and characterise different discourses.^{7,8}

Discourse analysis of medical literature

Results – overview



Instrumentalised hope as an individual resource



Hope within the biomedical framework



Hope as an ethical activity

Discourse 1. Instrumentalised hope as an individual resource

- Hope is a source of inner strength
- Many articles instrumentalized hope via psychometric scales – capturing this inner source as a ‘level’ of hopefulness (state or trait)

“An inner strength and problem-solving approach to life, the attainment of important goals and wanting to enjoy the time that is left.”
Parker et al (2010)

Discourse 1. Instrumentalised hope as an individual resource

- Hope scales transform hope into a modifiable, testable entity

“It is this ambiguity and uncertainty which is itself part of the motivation for rendering hope amenable to scientific and objective capture.”

Brown (2015)

- Individual hope has therapeutic value

“It is not widely known among physicians that hope is measurable and can be enhanced via therapeutic intervention.”

Corn et al (2020)

Discourse 1. Instrumentalised hope as an individual resource

- The 'source' of hope is the individual person
- Shifting responsibility onto the patient
- Intersects with the consumption of medical technologies

“You can't win the lottery if you don't play.”

Mrig et al (2018)

Discourse 2. Hope within the biomedical framework

- Many hopes referred to medical technologies that could result in a cure or extension of life
- Future-oriented
- Hopes tied to factors beyond individual patient's control

“Patients still hoped to return to their past healthy lives, with one stating, ‘When somebody is sick, the best thing for [them] is to get better. There is nothing else in between. To get better. With health.’”

Eustache et al (2014)

Discourse 2. Hope within the biomedical framework

- Medical hopes are amplified by anecdotal and media narratives about survivorship, advancements in medical technologies and clinical trial participation
- Personal hope for cure, societal hope for cure

“The enduring sociocultural ‘hope’ that financial investment in technoscientific advancement will produce a ‘cure’ persuades patients to view their life as a valuable resource for the production of biotechnical innovation, which may save both their lives and the lives of others”

Mrig et al (2018)

Discourse 2. Hope within the biomedical framework

- Medical hopes that “misaligned” with medical reality were framed in tension with accurate prognostic awareness
- Referred to as excessive, unrealistic and false
- Associated with death denial and cognitive dissonance
- Vulnerability to overtreatment and potential regret

“...“false” hope may have detrimental effects. It has been suggested that this group of patients may exhibit maladaptive denial, including refusing to believe their prognosis and demanding aggressive treatments that may not be beneficial”

Mathews et al (2023)

Discourse 2. Hope within the biomedical framework

- Maintaining medical hopes: a communicative paradox?
- Clinician's responsibility

*“The tension between hope for a cure and the reality of being terminally ill constitutes a **communicative paradox** in palliative cancer care”*
Kellas et al. (2017)

*“Nurses have a **moral duty** to maintain and foster hope when caring for patients during that difficult stage.”*
Laranjeira, (2021)

*“Physicians are **ethically obligated** to inform patients about their prognosis, so that patients can make treatment decisions consistent with their life goals.”*
(Mathews et al 2023)

Discourse 3. Hope as an ethical opportunity

- Hope extended beyond the biomedical framework
- Focusing on the subjective, intersubjective and existential experiences of hoping

“Older persons with advanced cancer described multiple types of co-existing hope for themselves and for their families that did not reflect hope for a cure, but rather comfort and peace at the end of life and a positive future for their families.”
Duggleby et al (2010)

Discourse 3. Hope as an ethical opportunity

- Hope helps us to identify what we value
- Hope is connected to our personal philosophies and beliefs about life
- This could mean moments of daily joy, spiritual and religious beliefs, etc.

“For one participant, making her daughter’s sack lunch everyday was often her only activity, but it was a very important one for her to complete.”

Reynolds et al (2008)

Discourse 3. Hope as an ethical opportunity

- There is no such thing as an unrealistic or false hope

“No person here appears to deny Tina’s prognosis, and indeed the use of the word hope inherently carries with it the acknowledgement that the object of hope (to live that little longer) may not be realized. As we have previously argued, the primary function of this hope is to value those involved in it, with the reality of its attainment somewhat irrelevant.”

Elliot & Olver (2009)

“Mrs S was hoping for a cure or anything that would prolong her life. Engaging in activities with her husband and family gave her great joy, so using ‘denial’ to give her hope was not an act of denying death, but rather an act of affirming life and what was important to her. If this kind of hope is deemed unrealistic by clinicians or others, there is a risk of devaluing what the person holds dear.”

Borneman (2014)

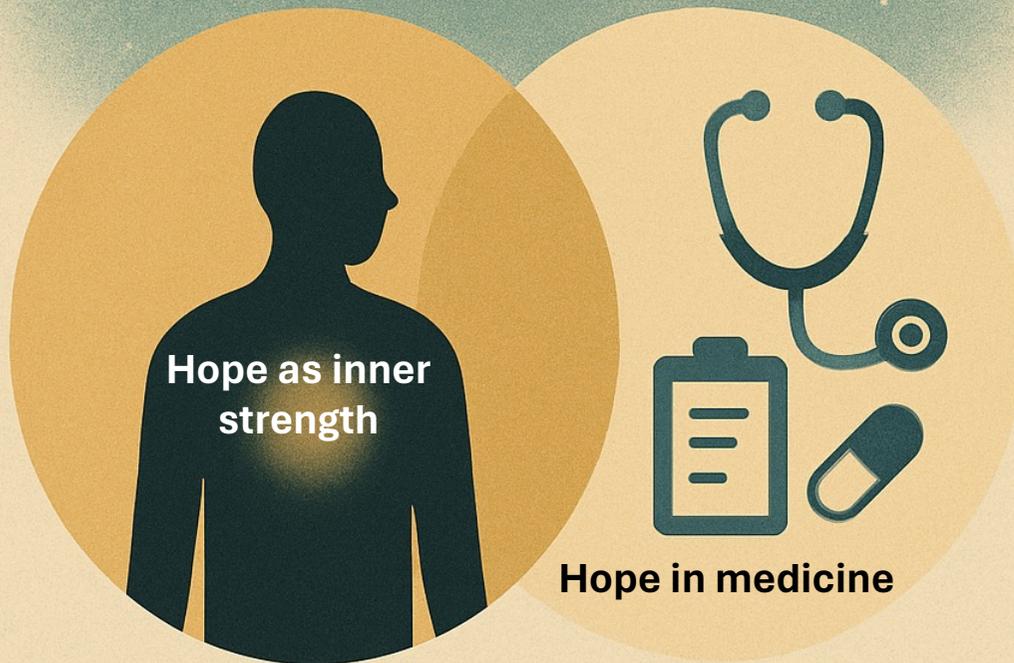
Discourse 3. Hope as an ethical opportunity

- Hope is a co-constructed, dynamic process

“Hope is sustained through having loving, personal relationships, honest relationships with healthcare providers and being a member of a support group.”

Parker (2010)

Hope as an ethical activity



- We don't operate exclusively within a single discourse
- Articles moved between all three
- Understanding what discourse someone is using can help us to understand what is important
- Understanding how discourses interact may help us to move between them more productively

Next Steps...

- Exploring the hope discourses in clinical encounters
- Qualitative interviews with 29 healthcare professionals and 25 people living with advanced cancer and their caregivers
- Analysis

Thank you

Any questions?

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'Morning Sun', Edward Hopper, 1952

Various possibilities of hope in communication



Hopelessness

Helpful

Over hoping

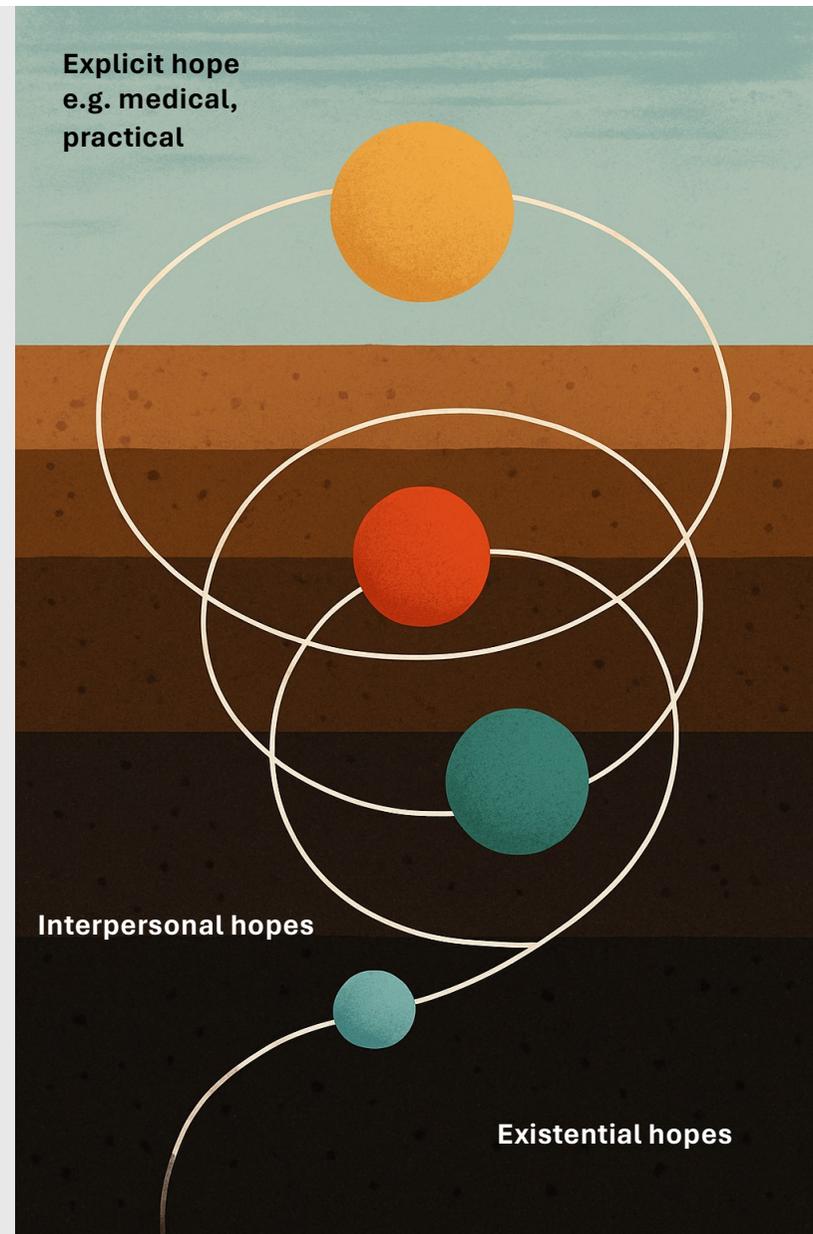
“I've certainly heard people say that - if it wasn't for the fact that I didn't believe this was going to work I'd have given up a long time ago - you know. And so, I think from the medical decision-making point of view., even if people's hopes are perhaps unrealistic, it can serve an incredibly powerful goal to help people just keep going.” STAFF08

“Her hope is to be cured. So that's an unrealistic hope. And so, it's about reframing that without taking away, without completely shooting down the positivity, I guess, that's embedded within hope. And so, It's often a gradual conversation that you have with patients. If an unrealistic cure is the hope when they first see me, then I know that I have a lot of groundwork to do.” STAFF05

Healthcare professionals move between different levels of hope

Healthcare professionals differ in the extent that they engage with hope:

- avoiding hope to engaging in direct conversations about hope
- from purely practical hopes to existential basis



We can find common ground at different levels

Different levels = different rules of engagement