Anticipatory Grief in Patients With Cancer

Dory Hottensen, LCSW

Patients and their loved ones often experience anticipatory grief when learning of a diagnosis of advanced or terminal cancer. Anticipatory grief can be a response to threats of loss of ability to function independently, loss of identity, and changes in role definition, which underlie fear of death. Dealing with multiple losses is a primary task that the dying patient must face. When an oncologist delivers bad news, the patient and family members often hear the same discussion through different filters, which can lead to conflict and dysfunction. By providing a supportive and safe environment, oncology nurses can help patients and their loved ones understand that their feelings are common and are experienced by others in similar situations and assist them with developing coping strategies and in redefining their roles within the family and in the outside world. In addition, an important goal at this time is to help the patients reframe “hope” realistically so they may have the opportunity for personal growth as well as reconciliation of primary relationships toward the end of life.

The terms grief, mourning, and bereavement often are used interchangeably when discussing loss experienced by family and friends when a loved one dies (Rando, 1984). However, grief, mourning, and bereavement also may be experienced when patients with cancer and their loved ones are anticipating functional losses and possible death. Anticipatory grief is described as a “range of intensified emotional responses that may include separation anxiety, existential aloneness, denial, sadness, disappointment, anger, resentment, guilt, exhaustion, and desperation” (Cincotta, 2004, p. 325). Dealing with multiple losses is the preeminent coping task faced by a dying patient (Block, 2001). Oncology nurses working with patients who have received a diagnosis of advanced or terminal cancer are in a position to help patients and families cope during this time.

Case Study

E.H. was a 59-year-old married woman who was diagnosed with locally advanced non-small cell lung cancer. She and her husband had two children, a married daughter who was expecting her first child, and a son who was in his junior year in college. After a long career as a reporter, E.H. had landed a dream job at a public radio station, working long hours but loving the challenge and stimulation. She had little energy available to spend on her husband or on social engagements. She had been anticipating the arrival of her first grandchild and was looking forward to the day when her son would graduate college, but now was consumed with feelings of nausea and exhaustion that limited all but the most basic of activities of daily life.

Experiencing Grief

What E.H. experienced was grief in response to multiple losses (see Figure 1). Her body had been betraying her and she felt exhausted, depressed, and immobilized. Her identity changed in several meaningful ways: as a professional who felt competent and appreciated at her workplace, as a woman who could share her suffering with her husband, as a mother who was looking forward to welcoming a new grandchild, and as a nurse who was caring for the dying. Although her distress was obvious, E.H. had not voiced her concerns to her husband. Her marriage had been a strong one, but, since her diagnosis, she had felt increasingly isolated and alone. She felt that her husband was not realistic about...