Anticipatory Grief



Grief is our response to a loss. Anticipatory grief is what we feel before an expected loss. This response is our body and brain's way of recognising and preparing for the inevitable. Anticipatory grief can be as intense as other forms of grief and can include emotional, physical and psychological symptoms. Anticipatory grief is often further complicated by the caregiver's stress and exhaustion.

If someone you love or care about has been diagnosed with a terminal illness, you may experience some form of anticipatory grief. This can be a time of anxiety and uncertainty. Grieving can start from the moment of diagnosis.

Also, it is common for people to experience anticipatory loss when someone they love or provide care for, has dementia. Dementia affects memory loss and can dramatically change an individual's personality. Anticipatory grief can encompass the loss of a loved one's abilities, independence, cognition, hope, identity and dreams for the future.

Does it help to grieve later on?

When a person experiences anticipatory grief, it doesn't mean they won't also experience grief after the person dies. Anticipatory grief isn't a substitute for grief or will necessarily shorten the grieving process after death occurs. Whilst anticipatory grief may give you time to say goodbye to someone who is dying, and the opportunity to spend meaningful time with them, nothing can prepare you for the actual death.

Anticipatory grief has some unique traits:

- » Imagining and visualising what the person's death will be like.
- » Preparing for what life will be like after the person has died.
- » It can feel like loss within three timeframes for the past, the present and the unknown future.

Symptoms of anticipatory grief can include:

- » Intense sadness and tears may be easily triggered, as though you are already mourning whilst the person is still alive.
- » Feeling fearful is common and can include not only the fear of death but fear about the changes that will occur after the death.
- You may find yourself visualising what it will be like after the person has died. Or if you are dying, visualising how your loved ones will carry on after your death. Many people feel guilty about these thoughts, but they are normal and are part of accepting the inevitability of death.

If you are caring for someone in the palliative phase, you may find yourself:

- » Feeling exhausted, emotionally, psychologically and physically.
- » Experiencing anxiety.
- » Feeling intense loneliness and solely responsible for the of the person who is dying.
- » Holding end-of-life conversations and making care plans to support a 'good death'.
- » Attending to unfinished business with the dying person.
- » Feeling irritable or anger at the unfairness of it all and possibly also coping with the dying person's anger.
- » Experiencing intense and increasing concern about the person dying, and this can revolve around emotional, physical, or spiritual issues.
- » Experience guilt and shame about wishing it could all be over.
- » Thinking "If only there was something, I could do to keep my loved one alive."



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Coping with Anticipatory Grief

While anticipatory grief is normal, it might interfere with your overall well-being. If you're having trouble understanding or coping with your feelings, here are some suggestions that may help you to take care of your emotional and physical health and reduce the anxiety and stress that comes with anticipatory grief.

- » Express your feelings, talk to someone if you feel overwhelmed. Seek out a family member or a supportive friend. Surrounding yourself with people whom you feel comfortable sharing your sadness and fears for the future can help you cope with both pre-and post-death grief.
- » Consider joining a support group. Sharing with, and listening to, others who are experiencing similar circumstances may help reduce your feelings of being alone.
- » Spend quality time with the person who is dying, in ways that are significant for you both, such as looking at old photographs, telling stories and reminiscing, playing favourite music, and asking questions that start meaningful conversations.
- » Eat nutritious foods and exercise regularly. Even a 10-minute walk can make a difference.
- » Practice routines that help you sleep each night, rest and relaxation are essential.
- » Practice yoga, meditation or mindfulness.
- » Go to a place of worship, pray, or read a spiritual book.
- » Read or listen to stories and podcasts on how others coped.
- » Channel your feelings by journaling, creating art or listening to music.
- » Know what to expect, ask the doctors for information about the dying process. Being aware may help you feel more in control.
- » Continue to live your life. Go to work if possible and spend time with friends and family. Spend time alone when you need it and try to make time to do things you enjoy.
- Accept that how you are feeling is normal and that you may feel sorrow and hope at the same time. Hope is a unique part of anticipatory grief; you may be hoping a new drug will be invented, or that your loved one will miraculously recover, hope can keep you going.

When to seek further help:

Anticipatory grief is a normal process in the continuum of grief, and most people find that with the support of family, friends and their own resources, they gradually are able to integrate the loss.

However, in some cases, anticipatory grief can be so intense that it may interfere with your ability to cope with everyday life, and you may need to seek additional support from a bereavement counsellor, psychologist, general practitioner or other health professional.

Download the Australian Centre for Grief and Bereavement's MyGrief app for immediate information about how to receive bereavement support or how to support someone who is grieving. The MyGrief app is available at http://bit.lv/mygrief for both Apple and Android smartphones.

Contact the Australian Centre for Grief and Bereavement on 1800 22 22 00 to arrange to speak with a specialist bereavement counsellor about telephone or online bereavement counselling.

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