

## Reactions to diagnosis

The ways in which people react to a terminal diagnosis vary significantly. Many factors influence reaction including age, personality, temperament, life experience, values, emotion, physical pain, social network, family and other support, personal faith or religious belief, culture, physical strength, energy levels, mobility, quality of life etc. While these factors remind us of the uniqueness of each person and of each person's circumstances, there are nevertheless some identifiable common reactions.

In her 2006 book *How to Have a Good Death*, Esther Rantzen, one of the patrons of the North London Hospice, addressed a number of these common reactions. Expanding on the famous 1969 study by Dr Elizabeth Kubler-Ross, Rantzen identified nine common reactions:

- **Shock**
- **Anger**
- **Denial**
- **Fear**
- **Blame**
- **Guilt**
- **Depression**
- **Acceptance**
- **Relief**

The first commonly identifiable reaction is **shock**. Many people report a sense of numbness or unreality - feeling as though they are in a dream. For others the shock is so real that they find it difficult to say anything beyond the initial bad news. The details may be blurred. This is a very normal reaction. As Rantzen writes "This can be difficult if you need to tell other friends or family the news because you may feel you cannot remember all that was said". (P55). If attending a significant medical appointment it is worthwhile considering bringing a trusted friend or family member for support.

The next common reaction is **anger**. Having felt numb at the initial impact of the news, it is not unusual to feel a significant rush of emotion. There may be a sense of feeling betrayed by our bodies, our family, friends or medical staff. You may feel the need to focus your distress and 'offload' your feelings onto those around you.

"The doctor was useless! He should have realised what was happening months ago".

“Why didn't anyone tell me that there was a history in the family? I would have had myself checked out long ago”.

You may find yourself feeling more emotionally fragile than before. You may lash out at those around you, saying things that are out of character or you don't really mean. This may leave you feeling guilty about your anger or behaviour. Religious people may focus their anger on God. It is not unusual for religious people to experience a crisis of faith when faced with terminal illness or the loss of a loved one. This experience may find expression in a deep personal question such as “Why would a loving god allow this to happen to me?”

**Denial** is a common reaction which comes into play when reality seems overwhelming. It is a defence mechanism, helping us to numb-out the pain of the situation by blanking-out the facts and convincing ourselves that everything is / will be normal. This reaction is perfectly normal. The time will come however, when we have to deal with the facts. Where a serious life limiting illness is concerned, the facts cannot be blocked out indefinitely. Talking things through with someone you trust is an important task in slowly coming to terms with the facts. While facing reality may seem unpalatable or frightening, it is important to do this gradually, without feeling forced or coerced by others.

Many people naturally feel **fear** in the aftermath of a terminal diagnosis. This is a completely normal reaction. We may have many reasons to be fearful:

How will I cope?

Will I experience a lot of pain?

How will I tell my family?

How will they cope?

What am I going to do now?

As Rantzen says “We tend to fear the unknown because we cannot prepare for it or make plans to cope with it” (P57). While this rings true, it may also be our previous experiences or 'the known' which leaves us fearful. Memories of a loved one who died many years ago may come flooding back, recalling in detail the pain or struggles they went through. It is important to talk these things through with your G.P. or a trusted friend or family member. It is worthwhile remembering that enormous progress has been made in care of the dying in recent years.

Following the initial shock of a terminal diagnosis is the process of trying to make sense of what has happened. Part of this process may result in the surfacing of **blame** and **guilt**. We may blame ourselves for not noticing that something was wrong or not acting on what we saw. We may blame medical staff for not diagnosing our condition quickly enough. The reality is that some people are genetically predisposed to certain types of illness. For others, lifestyle choices such as diet or smoking may contribute to the onset of illness. The reasons for becoming ill are usually complex and the emotions accompanying diagnosis can be intense. In our desire to calm these emotions as well as our need to understand why something has happened, it is not unusual to focus on blame and guilt. Relationships may become strained. Recognising that this is happening is the first step to dealing with it. Talking things through with a trusted friend, family member or counsellor may help to process those feelings and gain a clearer overall picture.

Feeling low is a natural and appropriate response to sad news. This reaction shows that the person has at least begun to come to terms with the reality of their situation. A person may find it difficult to concentrate or lose interest in things they previously enjoyed. They may feel tired and unable to sleep properly. If these feelings persist or deepen there is a possibility that low mood has become depression. At this point it is important to make an appointment with your GP.

For Kubler-Ross (1969), the emotional journey that commonly follows a terminal diagnosis is crowned by eventual acceptance of what lies ahead. In her study of terminally ill patients, Kubler-Ross suggests at this stage, people arrive at a point where they say

“If I can't fight it, I may as well prepare for it”.

This acceptance is often accompanied by a sense of inner-calm. Acceptance does not mean they are happy with the news but simply that they have arrived at a point where they can understand, accept and process what is happening to them.

The final reaction Rantzen (2006) refers to is **relief**. This may be a difficult feeling to acknowledge, but it is nevertheless a common one. Watching a loved one struggle with a terminal illness can be emotionally draining. To this end, while not wishing to be separated, death may come to be viewed as a peaceful release. There may be a sense of relief when told that the end is near.