



## Case Report

### Breast cancer and Kubler-Ross grief Cycle

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#### Abstract

Grieving is a process that involves many different emotions, actions, and expressions as a means to make the person come to terms with a disease like cancer. Kubler-Ross grief cycle describes grief in phases as denial, anger, bargaining, depression, and acceptance. However, the process of grief differs from person to person. The intensity and length of grieving are influenced by emotional, psychological, and social structure of the family or place or community one lives in. Breast cancer is one such common disease that afflicts millions of people. The coping mechanism involved in facing grief is illustrated by two different cases. Case A, a breast cancer patient with healthy family backgrounds discovers a motive and desires to live as a mother to take care of her daughter with a positive influence to fight the disease. Case B, another breast cancer patient has a broken family background which forces her to develop a negative approach to fight the disease. These two cases are taken as examples to study the grief cycle.

**Key words:** Breast cancer, case A and B, grieving, Kubler-Ross grief cycle

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## Introduction

Breast cancer is one of the leading health concerns for most of the countries including India. It is also one of the major causes of death worldwide. The incidence and mortality due to breast cancer are highest in most developed countries and also in India. However, there is variability in the cause, incidence, expression, and the risk factors from individual patient to patient. In other words, every case is unique and of considerable value in understanding the science and therapy behind it.<sup>[1]</sup>

Several factors including age, early onset of menarche or having a late menopause, family history and genetic factors, previous case history, obesity, use of oral contraceptives

and hormonal replacement therapy, and possibly diabetes mellitus are associated with breast cancer risk.<sup>[1]</sup> Yet, breast cancer needs holistic approach to deal with the physical, biological, and psychosocial domains of each patient. The following two case histories show how each case is unique and needs careful scrutiny to understand the cycle of grief possibly in them.

## Case Report

### Case A

Patient A is a 50-year-old lady married and had one daughter. She belonged to a middle-class family. She wanted to have family planning, and therefore, she was on oral contraceptives. She was mildly obese. She felt a lump in her left breast and was advised to have mammography. She was referred to Cancer Hospital, Adayar, Chennai. She was diagnosed to have Stage II breast cancer. She underwent radical mastectomy and chemotherapy followed by radiotherapy. During the period of her treatment, she lost her husband in a motorcycle accident. She suddenly realized her moral responsibility to take care of the daughter who was doing her engineering. She realized that there was an urgent need and a purpose for her to live and fight the disease. She fought with a great mental resolve and lived for 2 years post-mastectomy.

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The patient reconciled to the fact she had breast cancer and reached the phase self-actualization of the grief cycle with a positive stimulus.<sup>[2]</sup>

In the process of going through different phases of grief cycle if one finds a motive or desire or purpose early may help to alter the path of the cycle. She saw to that her daughter completed her studies and got married. Once her mission of life is accomplished, she could not find a proper motive to live further and within a year she died.

## Inference

The positive emotion or attitude and the strong mental resolve did give her strength to fight her disease for she had a goal and responsibility to achieve. Once her purpose was resolved, she was left lonely and depressed. That will to fight is compromised and the disease took control of her pushing toward her demise. The saying that “mind can make a heaven or hell of out of one’s life” is so true in cases of such nature [Figures 1 and 2].

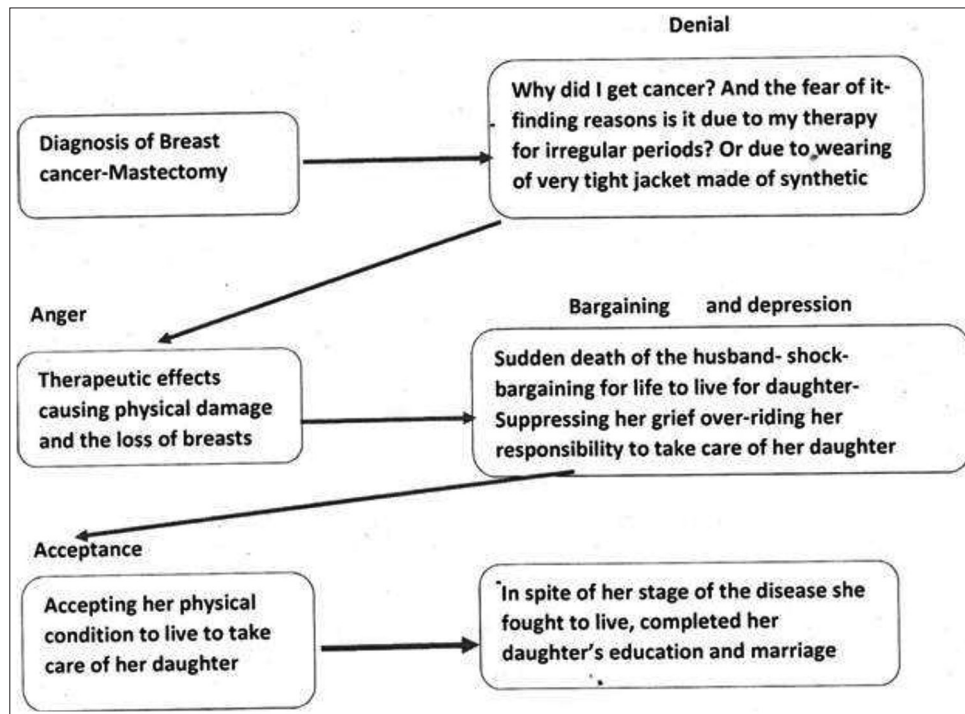


Figure 1: Possible interactions of grief in Case A

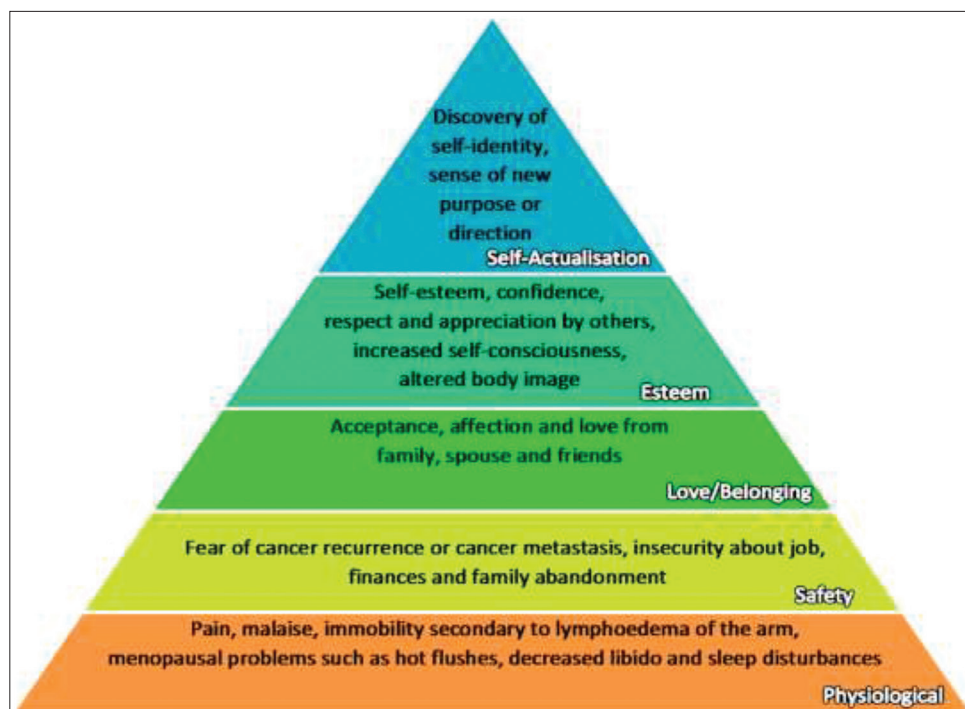


Figure 2: Maslow Hierarchy of Needs applied in the context of breast cancer<sup>[3,4]</sup>

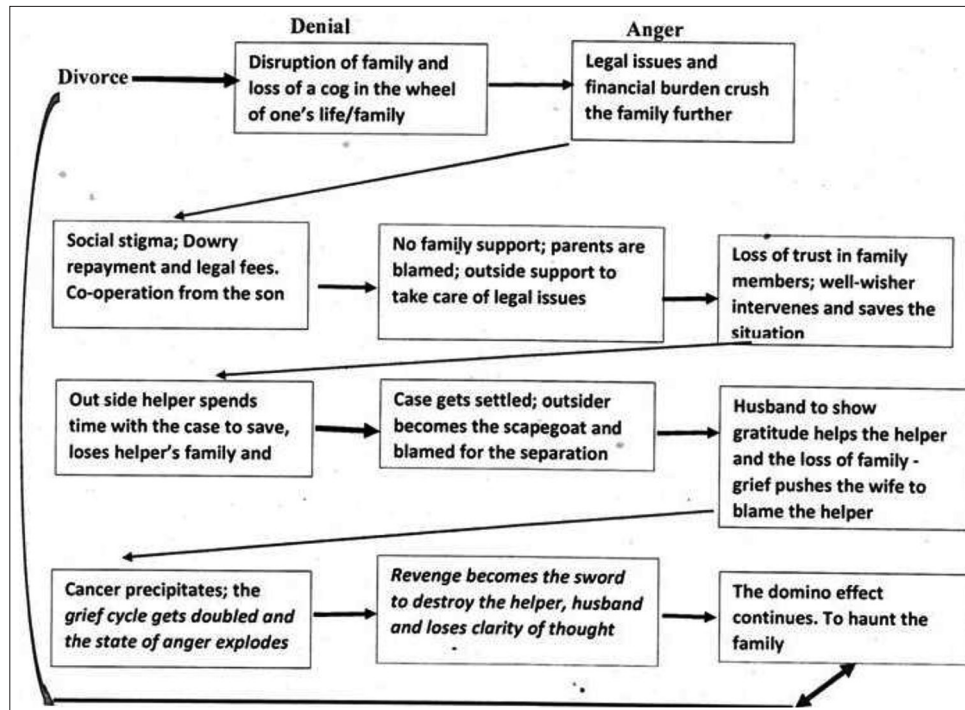


Figure 3: Possible interactions of Grief in Case B

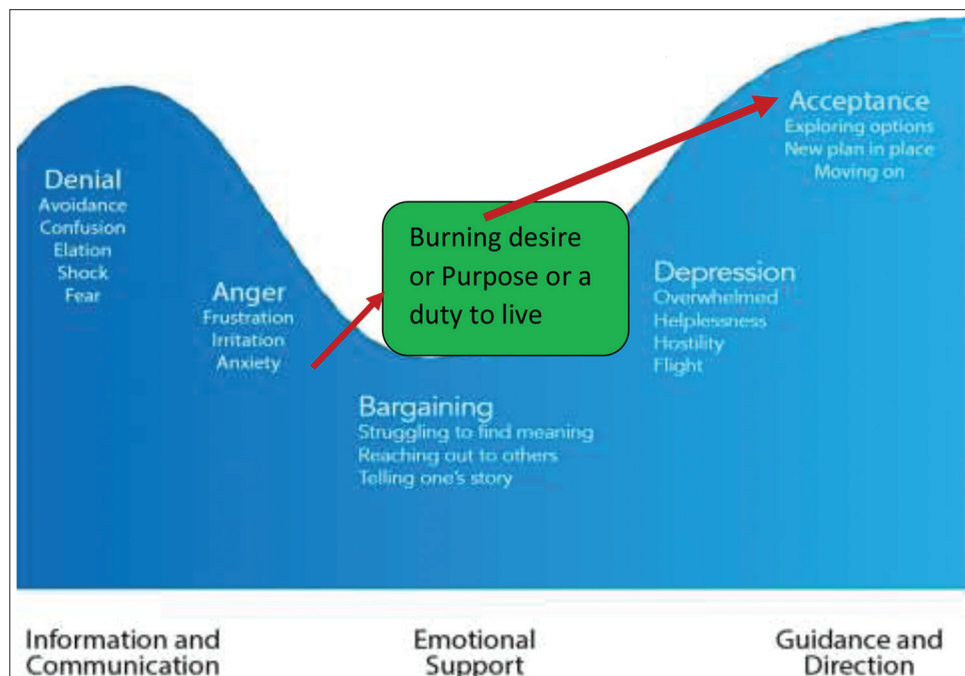


Figure 4: Kubler-Ross grief cycle<sup>[2]</sup> - an altered path to early self-actualization

This typically fits into the Maslow's hierarchy of needs of the breast cancer patient.<sup>[3,4]</sup>

### Case B

Case B, a 60-year-old lady was married to a teacher and had one son. She had a very poor gynecological history with molar and ectopic pregnancies. She had to undergo salpingo-oophorectomy following tubal abortion. Hysterectomy was also carried out due to multiple leiomyomas. The marriage of her son and the birth of a grandchild had a soothing effect on her. Suddenly, the son went for a divorce. Separation

from her granddaughter had a telling effect on her mind which influenced her grief cycle in a negative way.

Being already a hypertensive patient anger and frustration acted as an additional stimuli to cause an increase in her blood pressure [Figures 3 and 4].

### Inference

Her grief cycle gets fixed at one point "anger" and rage. She forgets her previous gynecological history and finds

scapegoats to blame. The feeling of frustration and irritation transforms into rage that seeks revenge as a means to salvage her self-esteem.

The purpose or responsibility or goal to live has taken the first case to early acceptance and adopting a lifestyle to achieve gives no time for bargaining or depressive phase of the cycle to dominate. Instead, it makes the patient come to term with the disease to accept and continue her life. She embraces death with dignity. The second case does not go beyond the stage of anger for she wants all that she lost. Life is a mysterious phenomenon. There are scientific reasons to validate cancer as a disease of grave public health concern. Yet, every individual case is unique and teaches the value of life. Individual emotions and emotional conflicts cloud our judgment for life is beyond our comprehension. Yet, we need to respect life as “reverence for life” like Dr. Albert Schweitzer<sup>[5]</sup> envisioned it.

## Conclusion

These two case histories show that the process and phases of grieving differ from person to person depending on the

emotional and psychological makeup of the individual. The post-cancer survivor care must help tune the patient reach self-actualization early so that the patient discovers a motive or purpose to live as shown in the case A. It also emphasizes the fact that post-cancer survival depends on how the patient is cared for by the doctor, family, and emotional setup of the patient in question.

## References

1. Malvia S, Bagadi SA, Dubey US, Saxena S. Epidemiology of breast cancer in Indian women. *Asia Pac J Clin Oncol* 2017;13:289-95.
2. Kubler-Ross E, Kessler D. On Grief and Grieving-Finding the Meaning of Grief and Grieving Through the Five Stages of Loss. Avenue of the Americas, New York: SCRIBNER, A Division of Simon and Schuster, Inc.; 2005.
3. Institute of Medicine. Implementing Cancer Survivorship Care Planning. Ch. 1. Washington, DC, USA: The National Academies Press; 2007.
4. Schmid-Büchi S, Halfens RJ, Dassen T, van den Borne B. A review of psychosocial needs of breast-cancer patients and their relatives. *J Clin Nurs* 2008;17:2895-909.
5. Sheriff DS. Medical ethics and reverence for life. *Eubios J Asian Int Bioeth* 2003;13:224-6.