

## 英文摘要

Comparing anticipatory grief to the bereaved grief, the sad relatives should have more to compensate or have the opportunity to do something in time. It must be helpful to reduce the regret for the dead. By the previous adjustment of grief, they can soon improve the living quality right after the death of patients. The research is mainly to understand the state of families with their anticipatory grief in Hospice for caring the advanced cancer patients, and to be aware of the grief emotions oscillation which deeply affect the patients' families. Through the understanding of these influences, we professional can have the excellent services for the families of the advanced cancer patients. We can even do the good previous jobs comforting the families before bereavement. By doing this way, we can more or less relieve their grief.

The study is with the way of Qualitative Research. Focusing on the palliative care ward in The Taichung Veterans General Hospital, I have interviewed twenty families of advanced cancer patients, with the relationship of four as husband and wife, fifteen as children and parents, and one as brothers and sisters.

The research result is about the emotions of these families, with the regular state of the so-called "Dual Process Model". Sometimes they sink into the "loss-oriented" grief state, but occasionally they get back to the "restoration-oriented" confront situation. There are three main factors to influence the emotional transformation---personal factor, environmental factor, and the factor of meaningfulness.

### A. Personal factor:

Including the age, the social expectation about sex, the previous experience of great loss, the degree of emotion repression, and the attitude facing the pressured matters. Also to include the changing state of sickness, the expectation to the sickness, the physical and mental state of patients, and the degree of fear facing to the death.

### B. Environmental factor:

Including the durative time of the advanced cancer patients, the pressure influence in degree and range, how close between the patients and the

families, the degree of expressing true feelings between the patients and the families, and what a degree of paying the families do to the patients. Also to include the career of life, the social supported networks, religious support, the feeling to future life, the comforting of art medium, and the cognition of the equipments in Hospice.

C. The factor of meaningfulness:

It can be divided into two categories. One is loss-oriented—the explanation to loss in meaning. The other is restoration-oriented—the explanation to loss in meaning. From restoration to meaningfulness, transfer the suffer as the meaningful gift.

Finally, the research is mainly for the families of Hospice, the social workers, the medical teams. We provide the suggestions respectively. Moreover, we explain the limitation of the research and the possible future aspect of research.