

Anticipatory grief and affective abandonment in the elderly stomas: psychosocial implications for stoma care**

Elson Rodrigues Junior^{1*} 

ABSTRACT

Objective: To reflect on how anticipatory grief and affective abandonment influence the process of adaptation to an elimination stoma among older adults, discussing the implications for stoma care. **Method:** A theoretical-reflective study based on national and international scientific literature and reflections arising from specialized clinical practice. **Results:** The analysis shows that early recognition of emotional distress, social support, and sensitive care provided by stoma therapy nurses are key determinants of the comprehensive rehabilitation of older adults with stomas. **Conclusion:** Stoma care should incorporate the psychosocial dimension as a core component of clinical practice, going beyond the technical management of the stoma to strengthen affective bonds and resilience among older adults.

DESCRIPTORS: Estomy. Aged. Grief. Adaptation, psychological. Stomatherapy.

Luto antecipatório e abandono afetivo no idoso com estomia: implicações psicossociais para o cuidado em estomaterapia

RESUMO

Objetivo: Refletir sobre como o luto antecipatório e o abandono afetivo influenciam o processo de adaptação do idoso à estomia de eliminação, discutindo implicações para o cuidado em estomaterapia. **Método:** Estudo teórico-reflexivo fundamentado em literatura científica nacional e internacional e em reflexões oriundas da prática clínica especializada. **Resultados:** A análise evidencia que o reconhecimento precoce do sofrimento emocional, o suporte social e a atuação sensível da enfermagem estomaterapeuta são determinantes para a reabilitação integral do idoso com estomia. **Conclusão:** O cuidado em estomaterapia deve incorporar a dimensão psicossocial como eixo estruturante da prática clínica, transcendendo o manejo técnico do estoma para fortalecer os vínculos afetivos e a resiliência do idoso.

DESCRIPTORES: Estomia. Idoso. Luto. Adaptação psicológica. Estomaterapia.

¹Universidade do Estado do Rio de Janeiro  – Rio de Janeiro (RJ), Brasil.

* Corresponding author: elsonrodriguesjunior@hotmail.com

Section Editor: Paula Cristina Nogueira 

Received: March 10, 2026 | Accepted: July 21, 2026.

How to cite: Rodrigues Junior Anticipatory grief and affective abandonment in the elderly stomas: psychosocial implications for stoma care. ESTIMA, Braz J Enterostomal Ther. 2026;24:e1928. https://doi.org/10.30886/estima.v24.1928_IN

** Article origin: Article derived from the final paper of the Specialization Course in Stoma Therapy Nursing at the State University of Rio de Janeiro (UERJ), in 2026.

Duelo anticipado y abandono afectivo en el anciano ostomizado: implicaciones psicosociales para el cuidado en estomaterapia

RESUMEN

Objetivo: Reflexionar sobre cómo el duelo anticipado y el abandono afectivo influyen en el proceso de adaptación del adulto mayor a la ostomía de eliminación, analizando sus implicaciones para el cuidado en estomaterapia.

Método: Estudio teórico-reflexivo fundamentado en literatura científica nacional e internacional y en reflexiones derivadas de la práctica clínica especializada. **Resultados:** El análisis evidencia que el reconocimiento precoz del sufrimiento emocional, el apoyo social y la actuación sensible de la enfermería estomaterapeuta son determinantes para la rehabilitación integral del adulto mayor ostomizado. **Conclusión:** El cuidado en estomaterapia debe incorporar la dimensión psicosocial como eje estructurante de la práctica clínica, trascendiendo el manejo técnico del estoma para fortalecer los vínculos afectivos y la resiliencia del adulto mayor.

DESCRIPTORES: Estomía. Anciano. Pesar. Adaptación psicológica. Estomaterapia.

INTRODUCTION

The creation of an elimination stoma is a surgical procedure frequently indicated for serious conditions such as colorectal neoplasms, inflammatory bowel diseases, and abdominal trauma^{1,2}. Although it represents a life-saving intervention, its creation entails profound changes in an individual's life, particularly among older adults. In this population, the stoma is created in a context of greater physical, functional, and emotional vulnerability, requiring a complex and continuous adaptation process.^{3,4}

Living with a stoma extends beyond the technical aspects of managing the collecting device, affecting body image, sexuality, social interaction, and sense of identity⁵. Loss of sphincter control and the permanent presence of a stoma on the body may be perceived as a symbolic disruption of bodily integrity, fostering feelings of shame, stigma, and social withdrawal^{1,5}. Among older adults, these changes tend to be intensified by comorbidities, functional frailty, and dependence on others.

In this context, anticipatory grief stands out as a phenomenon understood as an emotional response to the symbolic loss of a previous way of life. Older adults with stomas may experience grief over the loss of their former body, autonomy, social identity, and previously established life plans^{2,6}. When this process occurs without recognition or adequate support, the risk of emotional distress, depression, anxiety, and impaired self-care increases.

A factor that significantly aggravates this suffering is affective abandonment, particularly abandonment by a spouse or partner, which may occur after stoma creation. Difficulty on the part of the partner or family in accepting the new bodily condition weakens supportive bonds, intensifying anticipatory grief and increasing the psychosocial impact of the stoma. Lack of social support is associated with poor clinical outcomes, an increased incidence of peristomal complications, and reduced quality of life^{7,8}.

In this context, stoma therapy nurses play a central role in the care of older adults with stomas, being responsible not only for the technical management of the stoma but also for the early identification of emotional distress, the provision of supportive care, and the coordination of the support network. Understanding anticipatory grief and affective abandonment as determinants of health is essential to promoting comprehensive and humanized rehabilitation^{9,10}.

OBJECTIVES

To reflect on the psychosocial impacts of anticipatory grief and affective abandonment among older adults with stomas, discussing implications for stoma care.

METHODS

This is a descriptive theoretical-reflective study based on national and international scientific literature, as well as reflections arising from specialized clinical practice in stoma therapy. To develop this reflection, a narrative literature search was conducted to support the discussion on anticipatory grief and affective abandonment in aging¹¹. The search was conducted in the *SciELO*, *LILACS*, *PubMed*, *Google Scholar* databases and the Virtual Health Library (VHL). The search strategy consisted of combining controlled descriptors (DeCS/MeSH) and free-text terms using the Boolean operators AND and OR. The following combinations were used in Portuguese, English, and Spanish: (*Ostomy* OR *Ostomy*) AND (*Aged* OR *Aged*) AND (*Grief* OR *Grief* OR *Anticipatory Grief*); (*Ostomy*) AND (*Psychological Adaptation*) AND (*Social Support*). As selection criteria, priority was given to publications from the last 10 years, with no language restrictions, in addition to the inclusion of classic works on stigma and grief to provide theoretical depth to the reflection.

The analysis was structured around three main thematic axes, developed based on the synthesis of the retrieved literature:

1. The impact of the stoma on older adults' body image, based on Goffman's perspective on stigma and spoiled identity;
2. The manifestation of anticipatory grief in the face of loss of bodily integrity, grounded in the stages of symbolic loss; and
3. The repercussions of affective abandonment on rehabilitation, with a discussion of the weakening of affective bonds and social support.

The reflections presented here seek to integrate this classical theoretical framework with current guidelines for the health care of people with stomas in Brazil^{1,3}.

RESULTS

The literature analyzed shows that an elimination stoma in older adults triggers an adaptation process that extends beyond the physical domain, constituting a profoundly symbolic and psychosocial experience⁴. The abrupt alteration in body image, associated with loss of sphincter control, challenges self-perception and the identity constructed throughout life, fostering feelings of shame, stigmatization, and diminished self-worth¹¹.

Unlike grief associated with death, this process is often overlooked by health professionals. From a care perspective, this lack of recognition often stems from academic training based on the biomedical model, which prioritizes the technical management of the stoma and physical complications over subjective dimensions⁵. Because the loss experienced by older adults is symbolic in nature the loss of bodily integrity and physiological function rather than death itself many professionals do not recognize these feelings as legitimate grief, mistakenly labeling them merely as "lack of adherence" or "resistance to care." In addition, workload burden and the absence of emotional support protocols in routine stoma therapy practice hinder the provision of support for psychological distress, silencing manifestations of anticipatory grief^{6,8}.

Social support was found to be a determining factor in positive adaptation to the stoma. The presence of family members and intimate partners who accept the new bodily condition contributes to maintaining self-care, self-esteem, and autonomy. Conversely, the weakening of affective bonds, particularly abandonment by a spouse or partner, intensifies emotional distress, exacerbates anticipatory grief, and compromises the rehabilitation process⁷.

The literature also highlights that emotional distress directly affects adherence to stoma self-care. Older adults who experience affective abandonment are at high risk of neglecting stoma management, increased peristomal complications, recurrent hospitalizations, and functional decline. Thus, anticipatory grief and affective abandonment constitute psychosocial determinants of health, with a direct impact on clinical outcomes^{9,10}.

The synthesis of the literature reveals that stoma creation in older adults triggers immediate changes in the perception of the physical "self." Studies indicate that the presence of a stoma is interpreted as a disruption of bodily integrity¹⁰. Regarding body image, the findings highlight that older adults come to perceive their own bodies as "strange" or "defective," generating feelings of shame and stigmatization¹. With regard to anticipatory grief, the results demonstrate that it manifests through the loss of autonomy and physiological function. Finally, the literature identifies

affective abandonment as a factor that disrupts the support network, with the spouse being the primary agent in the weakening of these bonds⁷.

DISCUSSION

The analysis of the results suggests that the impact on body image is not merely aesthetic but also related to identity. From Goffman's perspective, the stoma becomes a "mark" that spoils the older adult's social identity, leading to preventive isolation due to fear of rejection. This process reinforces anticipatory grief; older adults grieve not only for their lost health but also for the social image they had before surgery¹.

The failure of professionals to recognize this grief occurs because the focus is placed on the technical management of the skin and the device, neglecting the symbolic pain of disfigurement¹⁰. In addition, affective abandonment acts as a critical aggravating factor: when a partner rejects the older adult's new body image, the latter's self-image is doubly undermined, which explains the direct correlation between loneliness and physical complications, such as neglect of self-care⁷. Thus, rehabilitation in stoma therapy must transcend the biological dimension to restore the dignity and sense of purpose of these individuals¹⁰.

Older adults' adaptation to a stoma is a multidimensional process involving both the technical management of the device and the redefinition of their own identity. The literature demonstrates that quality of life in this population is intrinsically linked to the perception of support and the ability to cope with social stigma^{1,4}. Stigma acts as a barrier that spoils identity, often leading older adults to isolation due to fear of rejection or odor, thereby exacerbating emotional distress^{1,8}.

In this context, anticipatory grief emerges as a response to the loss of autonomy and the "healthy body" that existed before surgery^{2,6}. When this grief is not validated by the health care team or family, older adults may develop severe depression and anxiety, directly compromising adherence to self-care and increasing the risk of clinical complications⁷. Validation of grief by the health care team occurs through active listening and acknowledgment of the older adult's feelings, recognizing the distress as an expected response to the loss of bodily integrity. Strategies such as empathic validation, attention to non-technical concerns, and support in redefining body image are essential tools for helping patients feel that their suffering is recognized⁹.

However, this validation often does not occur because of the predominance of the biomedical model in professional training, which prioritizes the clinical management of the stoma over psychosocial needs⁴. The excessive focus on technical aspects and the undervaluation of symbolic losses, which are often not interpreted as genuine grief because they do not involve death, result in the silencing of emotional distress¹⁰. Furthermore, the social stigma associated with aging and having a stoma contributes to the health care team underestimating older adults' adaptive capacity and neglecting the emotional support required for full rehabilitation^{3,5}.

Affective abandonment, particularly by a spouse, partner, or family member, aggravates this situation by depriving older adults of their primary support network at a time of heightened vulnerability⁷. The absence of emotional support hinders acceptance of the new body image and makes the rehabilitation process slower and more painful. Thus, the intervention of the stoma therapy nurse should not be limited to peristomal skin care; it should include psychosocial support and efforts to strengthen remaining affective bonds². In this regard, the involvement of a multidisciplinary team is essential, with the stoma therapy nurse serving as the link between the different specialties. The complexity of anticipatory grief and affective abandonment requires psychological support to manage depressive conditions and facilitate the redefinition of body image, as well as social work services to mediate family conflicts and strengthen community support networks. Fragmented care is insufficient for an older adult experiencing an identity crisis; only the integration of different areas of expertise allows for a care plan that encompasses physical rehabilitation, mental health, and social reintegration, ensuring an ethical and comprehensive response to the needs of these individuals^{5,10}.

Understanding these interfaces enables nurses to act as facilitators in the grieving process, helping older adults rebuild their life plans and regain their dignity in the face of their new condition^{9,10}. It is therefore understood that stoma care can no longer be dissociated from an ethical-political stance that calls attention to the invisibility of emotional suffering

in aging³. We must advocate for a clinical practice that moves beyond technical reductionism, recognizing that “failure” in rehabilitation often lies not with the older adult but with a health care system that neglects abandonment and grief as determinants of health². Reflecting on anticipatory grief means, above all, validating older adults’ right to their subjective integrity, requiring nursing to take a leading role in coordinating networks that restore to these individuals not only physical functioning but also their voice and capacity for desire within society^{6,10}.

Implications for specialized nursing practice in stomatherapy

Based on the theoretical synthesis and discussion presented, essential implications for the clinical practice of stoma therapy nurses are highlighted, with a view to providing comprehensive care for older adults:

- Adoption of screening tools: In addition to the physical assessment of the stoma, nurses should integrate psychosocial assessment instruments into consultations, such as the Anticipatory Grief Inventory or the Medical Outcomes Study (MOS) Social Support Survey, adapting the questions to the context of loss of sphincter function^{3,9}.
- Identification of warning signs (red flags): Professionals should be trained to identify risk indicators during history taking, such as verbal expressions of hopelessness about the future, persistent refusal to look at or touch the stoma (even after the initial adaptation period), and the systematic absence of companions or family members from follow-up consultations^{2,5}.
- Qualified listening and validation technique: Use the “empathic recapitulation” technique, in which the nurse names the older adult’s feelings (e.g., “I realize that the loss of control over your body is causing you a sense of grief”). This legitimizes symbolic pain and distinguishes emotional distress from simple clinical depression⁶.
- Mapping the support network: Develop a genogram and ecomap of the older adult to visually identify where disruptions in relationships (affective abandonment) occur and which family or community members can be mobilized to strengthen the rehabilitation process⁹.
- Inclusion of the support network: Educating family members and spouses about bodily and emotional changes is a strategic approach to reducing the risk of affective abandonment and strengthening the social support required for rehabilitation^{7,8}.
- Grief-centered health education: Include in the care plan guidance not only on changing the pouch but also on normalizing feelings of loss. Stoma therapy nurses should educate the family about how affective support directly contributes to preventing physical complications, such as dermatitis resulting from neglect of self-care³.
- Interdisciplinary approach: The identification of signs of severe psychological distress should prompt timely referral for psychological support and social work services, ensuring comprehensive care¹⁰.

Limitations of the study

The theoretical-reflective nature of the study was identified as a limitation, as it does not include the collection or analysis of primary empirical data, thus precluding statistical generalization of the findings. The proposed reflection is based on the available scientific literature and clinical experience in stoma therapy and is therefore subject to interpretive biases inherent to this type of approach.

In addition, there is a scarcity of specific studies that address anticipatory grief and affective abandonment in older adults with stomas in an integrated manner, which limits direct comparisons and highlights gaps in the current scientific literature. Despite these limitations, the study provides relevant insights for a broader understanding of stoma care, particularly regarding the psychosocial and subjective dimensions of aging with a stoma.

Recommendations

Through the reflections prompted by this study, the following actions are recommended to strengthen care and scientific production in the field:

- Development of empirical research: It is essential to conduct qualitative and quantitative studies that systematically investigate anticipatory grief and affective abandonment among older adults with stomas, with the aim of deepening the understanding of these phenomena and their impact on clinical outcomes¹¹.
- Systematization of nursing care (SAE): The incorporation of systematic psychosocial assessment into stoma therapy consultations is recommended, with a focus on the early identification of signs of emotional distress and the weakening of affective bonds⁹.
- Continuing education: Encourage ongoing education and training of health professionals in the management of anticipatory grief, enabling them to address the emotional repercussions of having a stoma in a sensitive and technically competent manner⁵.
- Health care management and policies: Strengthening interdisciplinary support networks that integrate nursing, psychology, and social work is recommended to ensure comprehensive, humanized, and older adult-centered care¹⁰.

CONCLUSION

An elimination stoma in older adults represents a biographical disruption marked by symbolic losses that trigger anticipatory grief and psychosocial vulnerability. When associated with affective abandonment, particularly by a spouse or partner, this condition significantly compromises adaptation to the new body, the ability to engage in self-care, and the individual's overall quality of life^{3,4}.

This study shows that anticipatory grief and affective abandonment should be understood as psychosocial determinants of health, requiring health professionals to adopt a broader and more sensitive clinical approach. Stoma therapy nurses play a central role in this process, acting as mediators between technical care and emotional support, while also fostering the therapeutic relationship and coordinating the interdisciplinary team^{5,10}.

It is concluded that investing in practices that integrate supportive care, qualified listening, and psychosocial support is essential for the comprehensive rehabilitation of older adults with stomas, helping to preserve their dignity, autonomy, and sense of purpose in life. Further empirical research is recommended to deepen the understanding of these phenomena, strengthening evidence-based clinical practices that are sensitive to the emotional dimensions of aging with a stoma^{6,8}.

Acknowledgments: Not applicable.

Author contributions: ERJ: Formal analysis, Conceptualization, Data curation, Writing – original draft, Writing – review and editing.

Research data availability: All data were generated or analyzed in the present study.

Funding: Not applicable.

Conflict of interest: None declared.

REFERENCES

1. Goffman E. Estigma: notas sobre a manipulação da identidade deteriorada. Rio de Janeiro: LTC; 1988.
2. Kübler-Ross E, Kessler D. On grief and grieving: finding the meaning of grief through the five stages of loss. New York: Scribner; 2005.
3. Brasil. Ministério da Saúde. Atenção à saúde da pessoa com estomia. Brasília: Ministério da Saúde; 2019.
4. Pereira VP, Vieira SMF, Oliveira GD, Alves CA, Araújo AM. Impacto psicossocial da ostomia no cotidiano do indivíduo ostomizado. Anais do Congresso Brasileiro de Estomaterapia; 2024.
5. Silva CRDT, Andrade EMLR, Luz MHBA, Andrade JX, Silva GRF. Qualidade de vida de pessoas com estomias intestinais de eliminação. Acta Paul Enferm. 2017;30(2):144-51. <https://doi.org/10.1590/1982-0194201700023>

6. Santos CMC, Pimenta CAM, Nobre MRC. A estratégia PICO para a construção da pergunta de pesquisa e busca de evidências. *Rev Latino-Am Enfermagem*. 2007;15(3):508-11. <https://doi.org/10.1590/S0104-11692007000300023>
7. Brasil. Ministério da Saúde. Secretaria de Atenção Especializada em Saúde. Departamento de Atenção Especializada e Temática. Guia de atenção à saúde da pessoa com estomia. Brasília: Ministério da Saúde; 2021.
8. Oliveira AC, Nogueira LT, Oliveira LKA, Ramos GF, Lira JAC, Vasconcelos CDA, et al. Fatores associados ao autocuidado praticado por pessoas com estomias de eliminação. *Rev Enferm UERJ*. 2023;31:e77154. <https://doi.org/10.12957/reuerj.2023.77154>
9. Ribeiro AMN, Costa NSAB, Silva AR, Lacerda JN, Melo GR, Santos CFO, et al. Estomias de eliminação: uma abordagem integral dos impactos psicossociais. *Braz J Surg Clin Res*. 2024;45(3):34-8.
10. Reisdorfer N, Locks MOH, Girondi JBR, Amante LN, Corrêa MS. Processo de transição para vivência com estomias intestinais de eliminação: repercussões na imagem corporal. *ESTIMA, Braz J Enterostomal Ther*. 2019;17:e1219. https://doi.org/10.30886/estima.v16.683_PT
11. Pereira VP, Vieira SMF, Oliveira GD, Alves CA, Araújo AM. Impacto psicossocial da ostomia no cotidiano do indivíduo ostomizado [Internet]. *Anais do Congresso Brasileiro de Estomaterapia (SOBEST)*; 2024 [citado 2026 Ago 27]. Available from: <https://anais.sobest.com.br/cbe/article/view/539>