

‘NORMAL’ RESPONSE TO TRAGIC NEWS

When a child has a tragic event, say, a terminal illness or a spinal injury, it is in some ways easier for us when the response is muted (ie, when there is enough sadness to reassure that the news has hit home, but not too much over display of angst or anger). We tend to admire overtly brave children. But there is a wide variety of cultural, social and family and individual factors that shape our response to tragic news.

It can be difficult to distinguish what is healthy from what is potentially harmful. Some reasons for consulting with DPM might include when -

1. Parents identify that the child’s reaction is out of keeping with what they expected to see;
2. Parents and other adults are so preoccupied with their own distress that they are relatively unavailable to support the child (and their siblings);

On the other hand, anger, tearful outbursts, anorexia, preoccupation with pain all are ordinary in this setting. If in doubt, we in DPM are always happy to offer support and advice to staff in their work with children. DPM staff may not necessarily need to see the child or family to be helpful to you. Remember the best people to provide support to the family, especially where grief is relatively uncomplicated, are the doctors, nurses and other health professionals working with the family on a day-to-day basis.

