

responses that allow individuals to distance themselves from the tremendous emotional impact and to collect and mobilize their energies toward goal-directed, problem-solving behaviors.

In children, the importance of denial has repeatedly been demonstrated as a factor in their positive coping with the diagnosis. Denial allows the child to maintain hope in the face of overwhelming odds and to function adaptively and productively. Similar to hope, denial may be an adaptive mechanism for dealing with loss that persists until a family or patient is ready or needs other responses.

Denial is probably the least understood and most poorly dealt-with reaction. If denial is labeled as maladaptive, it can lead to inappropriate attempts to strip away the reaction by repeated and sometimes blunt explanations of the prognosis. However, denial becomes maladaptive only when it prevents recognition of treatment or rehabilitative goals necessary for the child's optimal survival or development.

Adjustment

For most families, adjustment gradually follows shock and is usually characterized by an open admission that the condition exists. This stage may be accompanied by several responses, which are normal parts of the adaptation process. Probably the most universal of these feelings are **guilt** and **self-accusation**. Guilt is often greatest when the cause of the disorder is directly traceable to the parent, as in genetic diseases or accidental injury. However, it can occur even without any scientific or realistic basis for parental responsibility. Frequently, the guilt stems from a false assumption that the child's condition is a result of personal failure or wrongdoing, such as not doing something correctly during pregnancy or the birth. Guilt may also be associated with cultural or religious beliefs. Some parents are convinced that they are being punished for some previous misdeed. Others may see the illness as a trial sent by God to test their religious strength and faith. With correct information, support, and time, most parents master guilt and self-accusation.

Children, too, may interpret their serious illness as retribution for past misbehavior. The nurse should be particularly sensitive to the child who passively accepts all painful procedures. This child may