

believe that such acts are inflicted as deserved punishment. It is vital that parents and health care professionals reassure children that their illnesses are not their fault.

Other common and normal reactions to a diagnosis are bitterness and anger. Anger directed inward may be evident as self-reproaching or punitive behavior, such as neglecting one's health and verbally degrading oneself. Anger directed outward may be manifested in either open arguments or withdrawal from communication and may be evident in the person's relationship with any number of individuals, such as the spouse, the child, and siblings. Passive anger toward the ill child may be evident in decreased visiting, refusal to believe how sick the child is, or an inability to provide comfort. Health care providers are among the most common targets for parental anger. Parents may complain about the nursing care, the insufficient time physicians spend with them, or the lack of skill of those who draw blood or start intravenous infusions.

Children are apt to respond with anger as well, and this includes the affected child and the well siblings. Children are aware of the loss engendered by their illness or complex condition and may react angrily to the restrictions imposed or the feelings of being different. Siblings may also feel anger and resentment toward the ill child and parents for the loss of routine and parental attention. It is difficult for older children and almost impossible for younger children to comprehend the plight of the affected child. Their perception is of a brother or sister who has the undivided attention of their parents, is showered with cards and gifts, and is the focus of everyone's concern.

During the period of adjustment, four types of parental reactions to the child influence the child's eventual response to the disorder:

- **Overprotection:** The parents fear letting the child achieve any new skill, avoid all discipline, and cater to every desire to prevent frustration.
- **Rejection:** The parents detach themselves emotionally from the child but usually provide adequate physical care or constantly nag and scold the child.
- **Denial:** The parents act as if the disorder does not exist or attempt to have the child overcompensate for it.