

## **Chronic Sorrow**

It is a grief response to a non-death-related loss experience that permanently changes one's life. The term is often used to describe the persistent effect the birth of a special needs child brings

### **Acute grief – intense, limited in time**

### **Chronic grief – prolonged and recurrent**

Chronic grief follows the same stages as acute grief, but since a special needs child requires continual care, parents cannot complete the final stage of mourning.

The final stage for chronic grief is **Restitution** (acceptance) rather than **Resolution**.

### ***Stages of Chronic Sorrow***

- I. Denial and disbelief  
May not be able to totally deny something is wrong, but hope is a minor transient cause  
Will ask the same questions over and over as they absorb reality. Important to stress reality *gently*, they may be unable to cope with the situation just yet.
- II. Phase of developing awareness – characterized by overwhelming emotion  
Feelings of helplessness, hopelessness, anxiety, acute pain, sadness  
Frustrations at not being able to cure the problem along with feelings of inadequacy and failure  
Guilt abounds – “if only”  
Disorganization phase – does not reflect parents’ usual way of responding and interacting
- III. Acceptance  
Grief ebbs and flows, experience transient periods of intense sorrow as certain developmental landmarks occur. Universal fear for child’s future

**\*\*Chronic sorrow does not prevent parents from feeling joy, happiness, satisfaction, and accomplishment – they love the child, and marvel at every advance!**

### **Telling the parents**

- Evasive, nervous responses increase parental anxiety
- Never delay telling if the defect is apparent
- Allow them to see the defect – will have realistic input; prevents frightening fantasy
- Don’t rush the explanation! Use simple terms
- Never minimize the defect

### **Dealing with the emotional impact**

- Convey warmth and caring, sit nearby
- Do not react defensively if parents react with anger (is not reflected toward you, it reflects the parents’ bitter disappointment)
- Parents may initially express death wish – listen sympathetically. Don’t make them feel guilty; remarks are made out of concern for the newborn.
- Premature reassurances hinder opportunity to express feeling
- Respect initial need for withdrawal – parents need time for acceptance. Stay near, stop in and out of room frequently to convey warmth, acceptance of feelings, caring.
- “Leave me alone, but don’t leave me”
- Respect autonomy in decisions

### **Nursing interventions related to infant care**

- Watch facial expressions and comments, parents will be sensitive to treatment that differs from norm.
- Treat as normal labor & delivery, postpartum mom. Be an interested listener! Encourage her to review her experiences. Teach her self and baby care.
- Encourage interaction, have parents hold and care for baby. “Touching” defect is important!
- Give explanations at level of readiness when parents are ready for more info
- If using delay tactics, ‘paint a picture’ of the baby’s unique personality, i.e. feeding, crying, and sleeping patterns. This helps the mother to focus on the infants’ positive aspects
- Allow extended visitation with family and friends