

Editorial

How Children Elaborate the Loss

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Death is one of the most striking events in a child's life. Interrupting contact with our significant others, no matter the cause were, will no doubt infringe suffering and immense grief. It could be a trip, a separation, moving home or school, an illness or death indeed.

It might be difficult sometimes for emotions to be identified since children's manifestations become multiple and varied. Losing someone, in the real or figurative sense, is equivalent to lose part of oneself. Thereby, as we overcome our wounds, this process will demand a period of recovering or mourning and learning how to deal with a new scenario, as well.

Likely, it is due to the difficulty of assigning words to new experimented feelings that some adults come to believe children do not realize what is happening around. They may even think it is possible to hide or bring distraction in order to avoid such a difficult situation which is, in fact, unavoidable, ineluctable, and inescapable. How can we escape the absence of what is not anymore with us?

Quite often, the unexpected departure also takes us by surprise, which blocks the ability to elaborate our own sorrow and drive us to fall apart. Yet, children are still there, close to adults, hearing all what is said, feeling all what is felt, while their intuition makes the rest, surviving the silence among them while feeling alone.

Pediatricians gain trustfulness while children grow. Reciprocal loyalty is feed over the time, as banal processes or more serious illnesses are moved past and we build together solid feeding or sleeping practices for their children. This very privileged position converts us into the first door to knock at when a family is moved down by any loss or death.

Commonly, children do not come to the doctor because of the mourning, but because of a symptom which they may not link to: sleep disturbances, changes of appetite, humor or pain (headache, stomachache). It is also very frequent to be asked a lot of questions about the new habits the child should adopt or not. Answers should be given to adults first but to the child as well, in collaboration with other members of the family, whenever is possible.

Pain is inevitable but we should diagnose and ensure the child is capable of adapting to the new situation and accepting the loss. Lack of adequacy and fluidity in the management of the situation

will show those individuals and families needing extra support.

Adolescents tend to show, quite easily, anger, fear, sorrow or even blame. It is a critical period when risk behaviors are more often observed (sexual precocity, substance abuse, school absenteeism...). Sadness and tears as much as fear and anxiety predominate among scholars (6-11 years). They express some aches and their academic results might shake. They could even describe episodes of perception of the missed person.

Last but not least, it is astonishing how infants or preschoolers act naturally and repeat what they heard with apparently no hurt. They would then show no affection and no immediate response. Children very often keep on playing and laughing, otherwise they might reach instants of restlessness or even desperation. Slowly they become more and more pervious to environmental emotions, which are not completely understood. Infants experience great difficulty to comprehend the meaning of *irreversibility*, which is to say something is unreparable. They will go on asking for the day the lost one will come over, and outstanding it may seem, they will claim innocently for a substitute (another dog, brother, father or mother...). Regressive behavior, such as dropping acquisitions which were already well consolidated (sphincter control, pacifiers, etc.) are not uncommon. We will take into account only when they persist over the time or if the anxiety reappears once the new routine has been acquired.

There is no doubt: best thing children can ever get is stability and affectivity. Rituals and memories make it easier to reach a clear vision and allow the child to elaborate all the process. It is this

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way that the child can locate what has happened in time and space to make it possible to close it up, and accept new reality. On the contrary, should the child reject participating, we shall not force him.

Anyway, staying together, creating the opportunity for spontaneous dialogues, without missing established routines (meals, school, and hygiene) will make a lot of the work. Information should be given progressively and adjusting the register to the age and level of requirements. Obviously, lies are not a good choice. Denial and overprotection are current attitudes which act detrimentally on the process. It is important to show respect towards the way the child chooses to express him, without running away or magnifying.

Those cases showing prolonged symptoms of regression or apathy, difficulty to recover school routines, persistent failure of academic performance and results will obviously require a different approach with the intervention of multidisciplinary professionals. Insomnia, stable lack of appetite or satiety, or even growing fear to loneliness will need proper management.

Remarkably, it is not only what the child says but the intensity of symptoms and how long he extends with the maladjustment.