

# Bereaved children

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## ABSTRACT

**OBJECTIVE** To describe the unique aspects of childhood grief. To provide a framework for family physicians to use in assisting children to grieve.

**QUALITY OF EVIDENCE** A MEDLINE search from 1966 to 1999 using the key words children, childhood, grief, mourning, and bereavement revealed mainly expert opinion articles, some non-randomized observational studies, and retrospective case-control studies.

**MAIN MESSAGE** Although children are influenced by similar factors and need to work through the same tasks of grief as adults, their unique psychological defences and evolving cognitive and emotional development make their grieving different from adults'. Understanding these unique childhood features will allow family physicians to more effectively help children through the tasks of acknowledging a death, working through the pain of that death, and accommodating it.

**CONCLUSIONS** With a framework for grief counseling that incorporates unique features of children's mourning, family physicians will be in a better position to assist their young bereaved patients.

## RÉSUMÉ

**OBJECTIF** Décrire les aspects particuliers du deuil chez l'enfant. Procurer aux médecins de famille des paramètres à utiliser pour assister les enfants dans leur deuil.

**QUALITÉ DES DONNÉES** Une recension dans MEDLINE, couvrant de 1966 à 1999 et effectuée à l'aide des mots clés en anglais pour enfant, enfance, deuil, affliction et d'autres synonymes, a fait ressortir principalement des articles sur l'opinion d'experts, certaines études d'observation non aléatoires et des études rétrospectives avec cas témoins.

**PRINCIPAL MESSAGE** Si les enfants sont influencés par des facteurs semblables et doivent surmonter les mêmes étapes dans le deuil que les adultes, leurs mécanismes particuliers de défense psychologique, et leur développement cognitif et émotionnel en évolution les distinguent des adultes dans ce processus. La compréhension de ces caractéristiques uniques à l'enfance permet aux médecins de famille d'aider plus efficacement les enfants à passer à travers les étapes de la prise de conscience de la mort et de la souffrance qu'elle cause, et de s'y adapter.

**CONCLUSIONS** Grâce à des paramètres de counseling des personnes affligées qui tiennent compte des caractéristiques uniques chez l'enfant dans le deuil, les médecins de famille sont mieux placés pour aider leurs jeunes patients affligés.

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"Our job is not to protect children from feeling but to help them bear it."<sup>1</sup>

—M. Adams-Greenley and R. T. Moynihan Sr

**T**hree years ago a young woman in my practice died suddenly, leaving her husband and two children aged 7 and 4. The differences between how the father and children express their grief have been striking. Childhood bereavement is common. United States statistics reveal 5% of children will lose a parent by age 16 (no equivalent Canadian statistics are available).<sup>2</sup> Understanding childhood mourning is, therefore, relevant to family physicians to help not only bereaved children but also their concerned relatives.

This article provides information about childhood bereavement, particularly as it relates to the death of a parent. Tasks of grieving and factors influencing the expression of grief are outlined and principles of grief counseling examined. Ways to assist bereaved children through these tasks of grieving are offered.

A MEDLINE search from 1966 to 1999 using the key words children, childhood, grief, mourning, and bereavement shows much of grief literature to be expert opinion,<sup>1,3-12</sup> non-randomized observational studies,<sup>13-16</sup> or retrospective case-control studies.<sup>17,18</sup> Although evidence from such studies is not as scientifically rigorous as evidence from other areas of research, numerous experts appear to agree on the basic features of children's grief.

### Factors influencing expression of grief

Children need to work through the same tasks of grief as adults (Table 1).<sup>3,5</sup> Several factors (Figure 1)<sup>4,6,8,17,19</sup> influence expression of grief as children and adults alike work through these tasks. Unique features, including psychological defences and intellectual (cognitive) and emotional development, affect children's expression of grief. Their preferred psychological defence mechanisms, including regression, denial, fantasy, and self-limited exposure to overwhelming emotions, can make their grieving seem very different from adults'.<sup>5</sup> Their cognitive and emotional development, as outlined by Jean Piaget, also affects how they express grief (Table 2).<sup>1,17,20</sup> Understanding these defences and developmental steps will help physicians understand the fears of death children have and the behaviours they exhibit.

### Principles of grief counseling

Several general principles of grief counseling apply to both adults and children.<sup>4</sup> These include being aware of

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**Table 1. Tasks of grieving**

Acknowledging the death
Working through the pain
<ul style="list-style-type: none"> <li>• Emotions: sadness, anger, guilt, anxiety, helplessness, yearning, emancipation, numbness</li> <li>• Physical symptoms: chest tightness, stomach hollowness, heightened sensitivity to noise, shortness of breath, weakness, fatigue, dry mouth</li> <li>• Altered thought patterns: disbelief, confusion, forgetfulness, decreased concentration, hallucinations, preoccupation, depersonalization</li> <li>• Behavioural changes: sleep disturbances, appetite changes, withdrawal, searching, sighing, restlessness, crying</li> </ul>
Accommodating the death
<ul style="list-style-type: none"> <li>• Task reassignment, both day-to-day and emotional</li> <li>• Redefinition of self</li> <li>• Resumption of life cycle tasks</li> </ul>

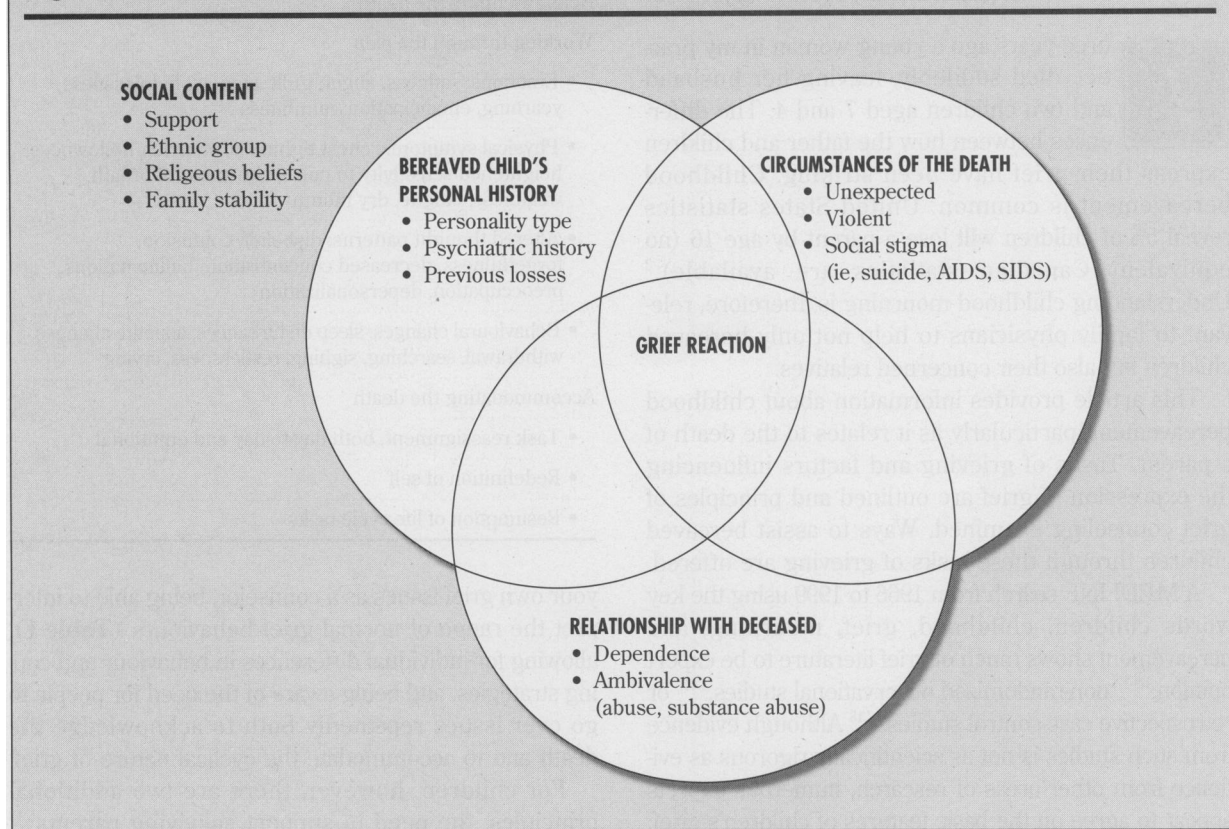
your own grief issues as a counselor, being able to interpret the range of normal grief behaviours (Table 1), allowing for individual differences in behaviour and coping strategies, and being aware of the need for people to go over issues repeatedly both to acknowledge the death and to accommodate the cyclical nature of grief.

For children, however, there are two additional principles: the need to support surviving parents<sup>5,13</sup> and the need to reinterpret the death as their cognitive understanding of death evolves.<sup>3,5,14</sup> Given the intermittent and hence prolonged nature of children's grief and the fact that each new developmental step requires children to reinterpret the death, it is ideal if parents can support their children's bereavement.

Supporting and educating grieving parents, therefore, provides care not only for the adults, but also indirectly for their children. Grieving parents worry about how their children will survive the death of someone close to them. Reassurance that it is probably not the loss per se that can lead to subsequent pathological reactions (ie, adult depression) but the disruption that follows such a loss<sup>13,18</sup> is helpful. This underscores the importance of helping surviving parents minimize disruption by providing an environment in which children's expression (whether in words or actions) of grief is accepted and by maintaining consistency and stability in routine and discipline.<sup>1</sup>

It is also important to promote stability in other areas of children's lives.<sup>10</sup> Although parents often have a strong desire to move and start afresh after a death, it is better, if at all possible, to stay put and maintain children's schools, club activities, and friends.

**Figure 1. Factors affecting expression of grief**



Given that grief is cyclical, families need ongoing opportunities to discuss their grief; parents should be encouraged to do this with their children. Much of grief work is repetition. Certain anniversaries are commonly associated with accentuation of grief: 1 month after the death when outside support for the family starts to wane, 3 months, the first anniversary of the death, holidays, birthdays, wedding anniversaries, and Mother's and Father's days. Family physicians should consider contacting families to see how they are coping at these times. These are also opportune moments for families to remember the deceased, by looking at photo albums, watching family videos, or going to the cemetery.<sup>4</sup> Making such memory sessions part of family rituals can ensure that the loss is not ignored in the day-to-day bustle of life. Memory sessions give children natural opportunities to reinterpret the loss in the light of new cognitive understandings as they age.

With these principles family physicians can help bereaved children through the tasks of acknowledging the death, working through the emotions, and accommodating the death.

### **Acknowledging death**

Encouraging acknowledgment of death involves talking about the circumstances around a death. For older children this could mean providing an opportunity to talk about death, the deceased, the funeral, and their relationship with the deceased.<sup>4</sup> During these sessions (and there could well be more than one), it is important to help the child paint a complete picture of the deceased: "what do you miss about \_\_\_\_; what don't you miss; what was good about your relationship with \_\_\_\_; what was difficult?" Without this complete picture, certain emotions, if present, become difficult to express (for example, idealizing the deceased can block anger; seeing only negative aspects of the deceased can block sadness).<sup>4</sup>

Younger children might need to understand death before they can acknowledge it. Young children ask common questions about death.<sup>10</sup> These include wanting to know what dead is, how the person died, what has happened to them, and about their own security—will they die and who is going to take care of them? They need concrete answers to these questions, such as "Dead means not being able to see or hear or feel."<sup>10,11</sup>

Ambiguous language used to gentle the blow confuses children (Table 3). It is best not to use euphemisms for death, such as "a long sleep" and "on a trip," which feed into their misconceptions about death.<sup>11,14</sup> Also helpful for children in acknowledging a death is being part of the funeral.<sup>12</sup> Funerals help to move the deceased to a position of memory and are a time when bereaved people are supported in their grief. Most children, after being told what to expect, will benefit from this experience. They should know they have the option to leave if a funeral becomes overwhelming for them.

### Emotional work

To work through the emotional pain of grief, children should be helped to identify and express their emotions. If these emotions are not discussed and validated, the misconception that they are too terrible to discuss could emerge. Younger children often express their feelings through art and play.<sup>14</sup> It is helpful to start attaching words to the emotions they display nonverbally so they will start to make the association themselves. Older children might have the words but not be able to say them. Some tools to assist verbalization are reading stories (Table 4), writing a letter to the deceased, role playing, using photos or keepsakes as a springboard, or talking directly to the deceased using visualized imagery.<sup>4</sup> For

younger children and those artistically inclined, creating pictures, memory books, or memory boxes<sup>15</sup> can help. Teenagers, for whom it is important not to feel different from their peers, can benefit from support groups.

The most troublesome emotions associated with grief are anger, guilt, anxiety, and helplessness.<sup>4</sup> Pointing out the normality of anger, confronting guilt, and stressing survivors' strengths and hopes can be helpful.<sup>4,21</sup> Anger can be displaced to surviving parents, family physicians, teachers, or friends. Anticipating this reaction prevents support from being withdrawn at a time when it is most needed. Acknowledging what is happening so the anger can be appropriately focused at the loss can help the bereaved. It is also important to address children's universal fear of further abandonment directly.<sup>1</sup> Children must know whether surviving parents are healthy. Backup plans of guardianship could also be discussed. If fears have not been expressed at each developmental stage (Table 2), it is important to explore if they are present.

Fantasies and faulty concrete connections need to be discussed. When dispelling fantasies it is very important to get to the underlying emotion.<sup>5,11</sup> ("I know you wish Mommy could come back, but because she's dead, she can't. How do you feel?") Making sure children have a correct interpretation of what caused the death is crucial:

**Table 2. Developmental and emotional characteristics of children that affect their expression of grief**

AGE	DEVELOPMENTAL AND EMOTIONAL CHARACTERISTICS	CONCEPTS ABOUT DEATH	POSSIBLE EMOTIONS CONCERNING DEATH
0-2	Sensory and motor skills developing	No concept about death per se	Separation anxiety. Reaction to remaining caregivers' grief
2-7	Egocentric; magical, animistic, and artificialistic thinking.* Moralistic (bad things happen to bad people)	Death is reversible (going to sleep, going on a trip)	Fear they caused the death. Might be angry with the deceased for not returning or, conversely, could fear going to sleep or leaving home. Worry the deceased is cold, hungry, afraid, etc, in the coffin. Feel death is bad, therefore I'm bad or the deceased was bad. Fear of further abandonment
7-12	Thinking more logical but concrete; increasing socialization	Death is irreversible, capricious, and unnatural	Personal safety feels threatened. Sense of mastery of the world diminished. Faulty connections (eg, hospitals cause death)
Adolescence	Able to generalize, reason deductively, and deal with abstract ideas. Emotionally a time for separating from the family. Similarity to peers very important. Often feel invincible	Death is irreversible; thoughts of death kept at a distance	Fear of personal mortality, further abandonment. Anger and subsequent guilt about being pulled back into the family and possible subsequent difficulty separating from family. Discomfort about being different from peers

Adapted from Adams-Greenly and Moynihan,<sup>1</sup> Cain and Fast,<sup>17</sup> and Stevens.<sup>20</sup>

\*Animistic—inanimate objects have living qualities, artificialistic—everything is manufactured to serve the child, magical—objects are not under the constraints of natural law and can be made to obey.

**Table 3. Children and grief**

MISCONCEPTIONS	FACTS
They do not understand what has happened; they are too young	Even the very young know when those around them are upset. Most understand more than adults realize
Going to the funeral would just upset them	Not being included in family rituals could be more upsetting. It helps to see how adults grieve
I must protect them from loss and pain	All children experience losses and need help in learning ways to deal with them
Children do not feel grief the same as adults	Everyone grieves in his or her own way, depending on circumstances, developmental level, and life experiences. This is usual and healthy
When they have grieved once, it should be over	As they develop, children must re-grieve losses in light of new understanding and abilities
I will not say or do the right thing; I must be in control to talk to them	There are no right answers, only honest ones. Saying "something" acknowledges their grief and dispels fears and misunderstandings
They will not want to talk about it	Let that be their choice, not yours. That is often all they do want to talk about
I might upset them	They are already upset; that is a natural part of grieving
They need to keep busy	Routine activities are important, but new activities can be confusing. Not thinking about it delays grief
Getting rid of reminders helps; encourage only good memories	This suggests it is wrong to think about the person who died or to have bad memories
I will not mention it unless they do	This suggests it is wrong to mention the person who died, that there is something bad about them or their death, that you do not care
Once they have been angry or guilty, that should be the end of it	Grief is a process, not steps, so the same feelings will surface repeatedly, as each aspect of the loss is realized
It is morbid to want to touch or talk about the body	This is normal for children. It is a good way to say goodbye and make the death real
Use terms like "passed away," "gone to heaven"	These are misleading, and will confuse and frighten children. "Dead" is better
If they are not expressing grief, children are not grieving	They might not know how to express feelings or know if they have permission to grieve. They might delay their grief to avoid upsetting others
I should tell them all the facts immediately	They might not be able to understand everything or be able to handle the intensity of the situation. They will set the pace if allowed to

*Information supplied by Deborah Darke.*

"Grandma died in her sleep, but going to sleep didn't kill her. Her heart stopped beating, which sometimes happens with older people. You will be fine going to sleep."

### Accommodation

In accommodating the loss, families should employ adaptive role reassignment,<sup>16</sup> for both the task roles and the emotional roles that the deceased carried out in the family. These reassignments need to be healthy and age-appropriate (ie, a little boy is not the man of the family when his father dies). In time it is important to encourage resumption of normal childhood development. School-aged children sometimes need to be encouraged to continue developing their physical mastery of their world. Teenagers should be allowed to resume their connections with their peers and ongoing separation from their families.

New relationships should, in time, be added to bereaved families' lives. If there is guilt about new relationships, reassurance that they do not replace the relationship with the deceased, although they may serve a similar emotional role, can be helpful. Adding new people to the family unit (eg, a stepparent) will almost certainly trigger a "grief attack."<sup>10,11</sup> Other losses not necessarily due to death and significant life events (ie, graduations, marriage) can do the same. If this is expected and seen for what it is—mourning the loss of a loved one—the emotions are easier to understand and accept.

### Personal experience

Where have the family I mentioned at the beginning of this article been and where do we plan to go from here with working through their grief?

My first task was to deal with my own feelings of loss due to my patient's death. In addition to being someone I had liked and respected, this woman was also a friend and neighbour whose children are similar in age to my own. I needed to go to the funeral and talk to friends and colleagues to grieve myself.

Initially the father, children, and I met regularly and frequently. Helping the father and the children with their grief has been integrally connected. The most helpful strategy of our work together has been creating memory books of their mother. This involved collecting photos, the funeral notice, pictures, and stories about their mother that the children had written at school and had created in the office.

The stories and pictures that they made in the office have served several purposes. While the children are drawing, the father and I have a chance to talk about his grief and his concerns about his children. Sometimes the children participate in these conversations,

sometimes not, but the atmosphere of open communication is apparent. Comments made by the children indicate they are listening to more than they appear to be. When they draw a picture or write a story of their mother, it provides an easy opening to discuss her as well as their ideas and their feelings about the death (Figure 2).

The pace of our grief work is set by the children. At times they choose to talk of other events in their lives and at times they do not come to the appointments. This variability in their needs gives the father and me time to focus more intensely on his grief issues. As the children age and reinterpret their mother's death, the memory books are one tool to assist them. The meetings have established an atmosphere of trust and interest. With this trust the children feel the office is a safe and familiar place where they can discuss their mother now and in the future.

Throughout this process I have been impressed by several things. The first is the need for repetition; the stories, concerns, and feelings have needed to be expressed again and again. The children's ideas about death have correlated with those in the literature, but I have been impressed with how much their apparent understanding fluctuates when they are ill, tired, or upset. The resurgence of grief at key times in this family's life has been intense. Anticipation of this resurgence has not diminished its intensity.

The need for close support has decreased with time. We plan to meet at the times grief is expected to recur: Mother's Day, the wedding anniversary, birthdays, and the anniversary of her death. We will leave the door open for the unexpected. As the children age and reinterpret the death, we will explore issues with their new level of understanding. It has been a privilege and a learning experience for me to be with this family during this difficult time in their lives.

### Conclusion

Children have a gradually evolving understanding of death, and the psychological defences they have at their disposal are different from adults'. Their mourning will appear different from adults'. Counseling children to assist them in their grief involves understanding these differences and providing an honest and accepting environment in which they can express their grief. Very importantly, it also means providing support and education for surviving parents.

This approach will assist most people to work through their grief, but when personal, circumstantial, or social factors inhibit grief, children will not be able to resume normal developmental growth. In these cases more in-depth grief therapy is needed. ♦

**Table 4. Books about death for children**

#### FOR YOUNGER CHILDREN

- Alexander S, Bloom L. *Nadia the willful*. New York, NY: Pantheon Books; 1983.
- Arnold C, Davie HK. *What we do when someone dies*. New York, NY: Franklin Watts; 1987.
- Brown MW, Charlip R. *The dead bird*. Redding, Mass: Addison-Wesley Publishing Company; 1965.
- Buscaglia L. *The fall of Freddie the Leaf: a story for all ages*. Thorofare, NJ: Slack Inc; 1982.
- Clifton L, Gritalconi A. *Everett Anderson's goodbye*. New York, NY: Holt Rinehart and Winston; 1983.
- Cohen M, Hoban L. *Jim's dog Muffin*. New York, NY: Greenwillow Books; 1984.
- Hickman M, Julien R. *Last week my brother Anthony died*. Nashville, Tenn: Abingdon Press; 1984.
- Simon N, Rogers J. *The saddest time*. Niles, Ill: Albert Whitman and Co; 1986.
- Tobias T, Shimin S. *Petey*. New York, NY: GP Putman's Sons; 1978.
- Varley S. *Badger's parting gifts*. New York, NY: Lothrop, Lee, and Shepard Books; 1984.
- Viorst J. *The 10th good thing about Barney*. Bleguad, NY: Atheneum; 1971.
- Zolotow C, Pene Du Bois W. *My grandson Lew*. New York, NY: Harper and Row; 1974.
- Collins H, Merrifield M. *Morning light*. Toronto, Ont: Stoddart; 1995.

#### FOR OLDER CHILDREN

- Babbitt N. *Tuck everlasting*. New York, NY: Farrar, Straus, Giroux; 1975.
- Blume J. *Tiger eyes: a novel*. Scarsdale, NY: Bradbury Press; 1981.
- Byars B. *A blossom promise*. New York, N: Delacorte Press; 1987.
- Collman H. *Suddenly*. New York, NY: William Morrow and Co, Inc; 1987.
- Paterson K. *Bridge to Terabithia*. New York, NY: Crowell; 1977.
- Donnelly E. *So long, Grandpa*. New York, NY: Crown Publishers; 1980.
- Graeber C, Diamond D. *Mustard*. New York, NY: MacMillan Publishing Co Ltd; 1982.
- Jordan MK, Whitman A. *Losing Uncle Tim*. Morton Grove, Ill: Albert Whitman and Co; 1989.
- Kremetz J. *How it feels when a parent dies*. New York, NY: Alfred Knopf; 1981.
- L'Engle M. *A ring of endless light*. New York, NY: Farrar, Straus, Giroux; 1980.
- Little J. *Mama's going to buy you a mocking bird*. Harmondsworth, Engl: Penguin Books; 1984.
- Mayled J. *Death customs*. Hove, Engl: Wayland Publishers; 1986.
- Voigt C. *Dacey's song*. New York, NY: Atheneum; 1983.
- White EB. *Charlotte's web*. New York, NY: Harper and Row; 1952.
- Yoder CP, editor. *Faces: remembering the dead*. Peterborough, Ont: Cobblestone Publishing; 1994.
- Zim HS, Bleeker S. *Life and death*. New York, NY: William Morrow and Co, Ltd; 1970.

#### FOR ADULTS

- Bonnett Stein S. *About dying—an open family book for parents and children together*. New York, NY: Walker; 1974.
- Mellonie B, Ingpen R. *Lifetimes. The beautiful way to explain death to children*. Toronto, Ont: Bantam Books; 1983.

**Figure 2. Children express grief differently from adults:**

- A) 7-year-old girl describes her memories,
- B) 4-year-old boy remembers his family at different ages,
- C) Drawings help children express feelings they cannot describe.

A

**OUR MOM!**

Our Mom was and still is nice and she will be always. I LOVE MY MOM!  
 Our Mom always liked to go to chez Piggy.  
 Our Mom like to help our daddy.

B

**My Family**

This is when I was a baby.

C

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**Key points**

- While children must work through the same tasks of grief as adults, their stage of emotional and intellectual development affects how they react.
- Counseling children in their grief involves acknowledging the death: talking about its circumstances, helping them to identify and express their emotions (anger, guilt, anxiety), and accommodating the loss by realigning family functioning.
- Use honest language, be prepared to revisit the grief repeatedly, and try to re-establish familiar routines.
- Supporting surviving parents in their own grief is an integral part of helping children.

**Points de repère**

- Si les enfants doivent passer par les mêmes étapes dans leur deuil que les adultes, leur stade de développement émotionnel et intellectuel influence leur façon de réagir.
- Le counseling auprès d'enfants dans le deuil comporte leur prise de conscience de la mort; un dialogue sur les circonstances pour les aider à identifier et à exprimer leurs émotions (la colère, la culpabilité, l'anxiété); et l'adaptation à la perte d'un être cher en réajustant la dynamique familiale.
- Il faut se servir d'un langage franc, être disposé à revenir sur le deuil de manière répétitive et essayer d'établir à nouveau des routines familiales.
- L'appui dispensé aux parents survivants dans leur propre deuil fait partie intégrante de l'aide apportée aux enfants.