

Adults and children differ more widely in their reactions to death than in their reactions to any other phenomenon. Children of all ages grieve the loss of a loved one, and their understanding and reactions to death depend on their age and developmental level. Children grieve for a longer duration, revisiting their grief as they grow and develop new understandings of death. However, they do not grieve 100% of the time. They grieve in spurts and can be emotional and sad in one instance and then, just as quickly, off and playing. Children express their grief through play and behavior. Children can be exquisitely attuned to their parents' grief and will try to protect them by not asking questions or by trying not to upset them. This can set the stage for the sibling to try to become the "perfect child." Children exhibit many of the grief reactions of adults, including physical sensations and illnesses, anger, guilt, sadness, loneliness, withdrawal, acting out, sleep disturbances, isolation, and search for meaning. Again, nurses should be attentive for signs that siblings are struggling with their grief and provide guidance to parents when possible.

At times, family members may need assistance in their grieving (see [Nursing Care Guidelines](#) box). Communication with the bereaved family is essential, but often nurses do not know what to say and feel helpless in offering words of comfort. The most supportive approach is to avoid judging the family's reactions or offering advice or rationalizations and to focus on feelings. Perhaps the most valuable supportive measure the nurse can perform for families is to listen. Families understand that no words will relieve their pain; all they want is acceptance, understanding, and respect for their grief.

Nursing Care Guidelines

Supporting Grieving Families*

General

Stay with the family; sit quietly if they prefer not to talk; cry with them if desired.

Accept the family's grief reactions; avoid judgmental statements