

Typical Children: Afloat on a Sea of Grief

By Arleta James, PCC

One aspect of adoption is that it means building relationships upon a foundation of loss. The losses of the adoptee, the birth family and the adoptive parents are the focus of much popular adoption literature. Yet, the typical brothers and sisters experience loss and grief—the emotional response to loss—as well, especially in families in which the adoptee arrives with mental health issues (i.e., Posttraumatic Stress Disorder, Attention-Deficit/Hyperactivity Disorder, Bi-Polar Disorder, etc.) In fact, in such families there is no difference between parents and appropriately-developing children in their level of grief (Miller, Dworkin, Ward and Barone, 1990).



Children who are not provided opportunities to grieve are at risk for:

- Decreased social, emotional and cognitive developmental growth
- Regression to earlier stages of development for an extended period of time
- Inability to concentrate—impaired academic progress
- Physical difficulties—fatigue, stomach aches, appetite changes, headaches, tightness in chest, shortness of breath, low energy, difficulty sleeping, etc.
- Depression
- Anxiety
- Risk-taking behaviors
- Withdrawal from friends or extracurricular activities.

The children already present in the family at the time of the adoption often harbor their thoughts and feelings about the changes that have occurred in the family since the arrival of their new brother or sister. Frequently, the typical siblings believe that a positive attitude is expected, or sensing that Mom and Dad are under much stress, the healthy children may feel that voicing their concerns will only serve to heighten their parents' distress. Other resident children are not certain how to discuss their emotions. In these latter cases, their feelings seep out in hurtful remarks—to parents, peers and the adoptee—, withdrawal from family life, developmental regression, etc.

Losses most commonly identified by typical children—living in families with an adoptee with mental health issues—include: time with their parents, privacy, space, friends, relatives, peace, quiet, happy parents, safety (in some instances), a standard of living (in some instances), etc. They miss their “old” family. They have become cheerless, fuming, frustrated, embarrassed, jealous, resentful, lonely, anxious, and guilty.

Children are more able to cope with grief when there is at least one available adult. So, this means that parents and professionals must work to facilitate the grief of brothers and sisters in adoption. Adults must recognize changes in the typical children and ask, “Honey, I notice you are making insensitive comments to your sister. You seem angry. Are you mad about the changes to our family since your sister joined us?” Or, “I notice you spend so much time in

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your room now that your brother is with us. Is there something going on? Are you sad?" Mothers, fathers and adoption workers may need to initiate such conversations several times before the resident children put forth their thoughts and feelings. This is referred to as the *ripple effect*—an idea is put forth as to what the problem may be—and eventually the child realizes the idea is a safe topic. Thus, conversation occurs.

Overall, the losses that occur when building a family via adoption are compounded when the adoptee has mental health issues. Mental health literature confirms that mental illness needs to be recognized as a major loss. Communicating and grieving ensures the well-being of each member of the adoptive family.