

A Series on Adoption and Foster Care Issues

Grief and Loss

OBJECTIVES:

- Identify possible sources of loss for adopted/foster children.
- Describe the grief process.
- Identify children's behaviors and feelings related to grief and loss.
- Help parents effectively assist their children through the grief process.

OVERVIEW:

Loss can be defined as the effectual state that an individual experiences when something or someone of significance is withdrawn.

Adopted and foster children experience loss in dozens of ways. The death of a parent or siblings, termination of parental rights shortly after birth or later, multiple placements in foster homes or switching from foster to adoptive homes and separation from siblings or other loved ones are all losses these children cope with.

Lois R. Melina, author of "The Adopted Child" newsletter, says, "Loss is a feeling that runs through the lives of children who have been adopted." She says the full impact of this loss is initially felt when children are between the ages of 7 and 12. The grief process continues at intervals throughout the life of an adoptee. It is important that parents or caretakers recognize and validate children's feelings of loss so that these children can take positive steps toward self-reliance and building positive self-esteem.

THE NATURE OF GRIEF

Grief can be described as the process of experiencing the emotional, psychological, social, physical and spiritual reactions in order to recover from a loss. Bereavement is the state of having suffered a loss, and mourning is the outward expression of grief and bereavement. Mourning is sometimes described as "grief gone public."

Grief expresses itself in four major ways: through feelings, physical sensations, behaviors and cognition. The following are examples of each.

Feelings:

- Sadness.
- Anxiety.
- Shock and numbness.
- Yearning for the one who died or was lost.
- Helplessness.
- Irritability and frustration.
- Anger, even rage.



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Feelings continued:

- Guilt.
- Shame.
- Fatigue, even exhaustion.
- Victimization.
- Loss of self-esteem.
- Love.
- Joy.
- Gratitude.

Physical Sensations:

- Hollowness in the stomach.
- Tightness in the throat, difficulty swallowing.
- Tightness in the chest, difficulty breathing.
- Pain in the heart area.
- Over-sensitivity to noise.
- Sense of de-personalization.
- Muscle weakness.
- Dry mouth.
- Heart palpitations.
- Nausea.
- Dizziness.
- Trembling.
- Damp hands.
- Startle complex.
- Sensation of weight.
- Empty hums.

Behaviors:

- Crying.
- Inability to sleep.
- Loss of appetite.
- Eating too much.
- Eating inappropriately.
- Absent-mindedness.
- Social withdrawal.
- Unusual dreams, nightmares.
- Searching behavior, calling out.
- Restless overactivity.
- Linking behaviors.
- Unusual need to talk.
- Unusual silence.

Cognitions:

Responses in children may include:

- Magical thinking to explain reason for loss (often ego-centric or self-blaming).
- Confusion.
- A developed world view that incorporates experience of loss.
- Lack of trust.
- Loss of control.

Responses in adolescents and adults may include:

- Confusion.
- Preoccupation (with the one lost, with oneself, with anything).
- Sense of presence.
- Auditory “hallucinations”.
- Visual “hallucinations”.
- Embracing or rejecting religious traditions or practices.
- Searching for meaning.

THE PHASES OF GRIEF

Claudia Jewett in Helping Children Cope with Separation and Loss (1982). describes several phases of grief that children may experience. Each child's experience with grief will be unique, but will include the three basic phases: Early, Acute and Subsiding Grief. These phases may follow one another, overlap or shift backwards and forwards.

In **Phase One, or Early Grief**, there are a number of defensive styles. This phase can include denial, dissociation, disbelief, hyperactivity, alarm, irritability, protest and distress. The common thread in this phase is the presence of intense physical and emotional distress. Early grief can also produce a numbing effect or shock, during which the loss can temporarily be forgotten. In addition, 1 out of 5 children will suffer separation anxiety during this time. Separation anxiety can be displayed through night terrors, inability to sleep, excessive clinging, not wanting to go to school or daycare or not wanting to go outside and play with other kids.

Phase Two or Acute Grief, includes a yearning and pining, searching and strong feelings of sadness, anger, anxiety, guilt, shame, disorganization, despair or reorganization. All of these feelings help a child to recover from loss and move towards healing. Older children may need more time than younger children. Adolescents are especially vulnerable.

Finally, **Phase Three, or Integration of Loss and Grief**, is marked by a noticeable return to “old self” and healthier ways of coping. There may be some setbacks to acute grief, but overall things are moving forward positively. There is a new life outlook that takes the loss into account, but is not preoccupied by it. There may also be a noticeable physical, emotional and social growth during this phase. This is also a time when mementos can either be put away or looked at again.

MAKING SENSE OF LOSS

Parents may need to take the initiative in getting their children to express their feelings of loss, pain and anger. It may help for parents to assure their children that they recognize the difference between feelings of loss over families that couldn't be and their own adoptive families. Parents may need to acknowledge their own pain over losses and then remind their children, “Despite our losses, I still love you and I'm glad you're my child.”

As children mature, their understanding of their losses changes, and they may need to revisit grief in order to come to terms with their new understandings.

For foster families, the issues may be more complicated. If their children move to another foster home, are reunified with their birth families or move into an adoptive or kinship placement, the foster family must help the children make sense of their losses to that point and facilitate the transition. They must also recognize the losses for the children and for

GRIEF THROUGH DEVELOPMENTAL STAGES

Age	Developmental Task	Emotional	Physical	Behavioral	Cognitive
0-9 mos.	Attachment, trust vs. mistrust.	Interruption in trust stage, attachment cycle, anxiety/depression.	Failure to thrive.	Regression to earlier stage, fixation on current stage.	Loss of trust, belief "world is a dangerous place."
9-24 mos.	Autonomy vs. shame and doubt.	Irritability, anxiety/depression, interruption in trust/attachment.	Eating problems, failure to thrive.	Frequent crying, temper tantrums, regression/fixation in developmental stage.	Loss of trust, "I can't trust you so I have to watch you constantly" or "I can't trust you so I'll do everything myself".
2-7 years	Initiative vs. guilt.	Anxiety, depression, anger.	Nightmares, sleep disturbances, hyperactivity, temper tantrums.	Clinginess, regression, over-independent, separation anxiety, control issues, oppositional defiant, learning problems.	Magical thinking, fantasy, self-blame – personalize loss, excessive fears and phobias, school phobia.
7-12 years	Industry vs. inferiority.	Anxiety, depression, anger.	Hyperactivity, sleep disturbances.	Control issues, oppositional defiant, learning problems, regression.	Concrete thinking, think in absolutes, self-blame, cognitively understand losses, "why".
12-18 years	Identity vs. role confusion, independence.	Anger, depression, sadness, suicide ideation.	Eating disorders, fatigue.	Isolation from family, drug/alcohol abuse, self-medication, poor peer choices, risk-taking behaviors, promiscuity.	Abstract thinking, preoccupation with loss.
Adult Issues	Intimacy vs. isolation, generativity vs. stagnation, ego-integrity vs. despair.	Depression, intimacy problems.		Adoptee search for birth parents, search for information vs. search for relationship.	Abstract thinking, loss issues reappear through major life events: graduation, marriage, birth of child, illness, death of adoptive parents, midlife acceptance of adoption, disclosing adoption to one's children, last chance to get questions answered.

Children process grief differently than adults; phase in and out of grief. Children can grieve only up to their developmental level.

POSSIBLE GRIEF COMPONENTS FOR FOSTER CHILDREN

	Evident in Birth Home	Evident in Foster / Adoptive Home	Evident in School
Social	Withdrawn, aggressive, unnatural bonding with siblings, sneak and stash food, no thinking, parentified child, throwing things, tantrums.	Withdrawn, lonely, hostile, anti-social, worry about how to fit in, lack of trust, outcasts, lack appropriate social skills, no trusting and no bonding, poor anger management/aggression, unmet needs, empty feelings, hoarding/stealing food, overeating/undereating, lie, go with anyone or withdraw/shy, seeking attention in inappropriate ways, gang-related activities, don't like new school, irritable/agitated, aggressive, isolates self, lack of bonding, everyone is "stupid" or "ugly," easily jealous, difficulty sharing.	Withdrawn, hostile, can't make friends, unnatural bonding with siblings, gang-related activities, allegations of neglect/abuse against parents or teachers (say they haven't eaten), fights, inappropriate dress, aggressive, disrupt other children in class, throw items, tantrums.
Emotional	Withdrawn, isolated from home, may seek attention in negative manner, boundary issues, idon't trust, apathetic, crying, clings, lack of bonding or trauma bond, anti-social, attachment disorder.	Whining, clinging, needy, boundary issues, lack of bonding, anti-social, attachment disorder, fear, barriers, withdrawn, crying, depression/grief, don't trust, unnatural bonding, lie to look good, "crazy" lying, anger, hate, uncooperative, argumentative.	Anti-social, testy, cries, whines/complains, lies to look good, embellish, nobody fair, withdrawn, acting out, fear of intimacy, lack of trust, depression/grief, clingy, needy, seeks attention, may seek inappropriately.
Physical	Eat well with Mom if there's food, hunger, failure to thrive, prone to illness, health problems/allergy, no routine/no protection, aggressive.	Lack of appetite, not sleeping/oversleeping, tantrums, throwing things around the room, urinating/defecating, poor hygiene, illness, stomachaches/headaches, eating disorder, AODA, FAS/FAE/cocaine effects, lack of awareness of physical needs, dress inappropriately for weather, abused kids have more allergies, lack of shots, etc., failure to thrive, physical problems, accident prone.	Failure to thrive, physical problems, more sickness, lethargic, eat/not eat.
Intellectual	Not seen as smart, ADHD, developmental disabilities, can't concentrate, child taking control of parent.	Afraid to read, reactions of others, afraid to show ability, refusal, limited-post-traumatic stress, not good choices, not age-appropriate, functioning below age level, LD, missed fundamental concepts, short attention span, discipline, lethargic, passive, apathetic, no enthusiasm for learning, misinterpret social situations, don't accept responsibility for own actions, don't understand cause & effect, external loss of control.	Trouble staying on task, can't understand material, failing, short attention span, no self-discipline, lethargic-apathetic, passive, ADHD, LD-seen as but may not be-misdiagnosed.
Spiritual	Seek acceptance, unsure of life, hopelessness, use of God with too much fear, not taught values/boundaries.	Lack of trust, avoid/resist change, no values, void, spirit is dead, don't believe in God, trouble, hopelessness, boundaries, angry, loss of faith.	Void, hopelessness, low values.

their own family when the children must move, while creating opportunities for children to feel a sense of continuity – through Lifebooks, continued contact, etc.

When children experience anger, they should be encouraged to talk about it rather than turn it inward. When children are taught to hide anger they may conclude that it's bad. Once children have cooled down from angry outbursts, parents will benefit from taking the time to help him or her realize that it is perfectly acceptable to be angry at something that has happened to you, rather than at someone. Often "I" messages help in dealing with anger issues. Teach children that rather than acting out with behavior or lashing out with "You don't understand..." messages, they can clarify why they're angry by saying, "I feel..." and "I want..." As children mature, their understanding of their losses changes, and they may need to revisit grief in order to come to terms with their new understandings.

GAINING CONTROL MEANS ACCEPTANCE AND SELF-ESTEEM

Because children who are placed in foster families and adoptive families have had to give up control, they often feel insecure and need to regain a sense of control over their lives in order to gain acceptance of their new environment and lifestyle. It is paramount that these children learn that it is acceptable to be happy and that loss can lead to growth. In other words, children who have experienced loss need to be encouraged to grieve and to recognize that, as they move past the sadness of loss, they will gain control over their own happiness.

TIP-OFFS THAT CHILDREN NEED PROFESSIONAL INTERVENTION WITH GRIEVING

- When children fear intimacy. They may struggle to avoid getting close to those who can help them the most.
- When children behave in extreme ways to belong. Some may become "people pleasers," while others will join fringe groups or even cults.
- When children become isolated or shut down about how they are feeling.
- When parents are uncomfortable talking about loss and pain.

ASSISTING GROWTH

The following is a list of ideas for assisting growth for your foster or adopted children in your home, in their schools, with their biological parents.

- Let them talk when ready; allow silence.
- Allow expression of feelings/emotions and validate without condemnation.
- Relate to child with consistency and honesty.
- Find out what their interests are and build on them.
- Attend school activities.
- Be repetitive, consistent, stable and provide security.

- Encourage kids to share school projects/achievements with biological parents.
- Give responsibilities and rewards.
- Encourage outside involvement; not so self-centered.
- Hug, hold, play with and read to young children.
- Nurture, touch (safe touch) teens.
- Demonstrate responsible behavior.
- Praise at any level so they can take/accept consequences for negative behavior.
- Be accepting of current emotional state.
- Work on self-esteem, give opportunities to succeed and stay in contact with support systems.
- Teach them to take care of themselves – coping mechanisms, resources, how to be safe.
- Teach independence, self-esteem and honesty.
- Model respect and love by praise and encouragement.
- Use word exchanges – model – hold them.
- Role play.
- Teach communication skills.
- Be willing to wait until the child is ready to share.
- Play, work and laugh together.
- Incorporate family customs into foster home from biological home and into adoptive home from foster home.
- Set limits without crisis – create boundaries and rules.
- Use a visual chart for decision making to teach acceptance/consequences for behaviors.
- Trust unconditionally.
- Be socially involved to be part of society and learn appropriateness.
- Create and maintain Lifebooks and memories.
- Use positive reinforcement, verbalize strengths and build on those strengths.

Parent Tip: It may be necessary for parents of adolescents to introduce the subject of death and loss to their children, rather than waiting for them to ask or discuss it. This will help them grieve the loss.

Parent Tip: Birth parents' own feelings of loss over genetic links to children may be triggered when they see their children's pain. They need to deal with their own feelings of loss in order to avoid making their children unwitting repositories for their own feelings of pain.



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RESOURCES:

Suggested Resources Available to Increase Your Knowledge and Understanding of This Topic

RECOMMENDED READING:

- **Homeworks #1: Helping Children and Youth Manage Separation and Loss.** Child Welfare League of America.
- **Bereavement: Counseling Grieving through the Life Cycle.** Crenshaw, David A.
- **Helping Children Cope with Separation and Loss.** Jewett, Claudia L.
- **A Child's Journey through Placement.** Fahlberg, Vera.
- **Death and Dying: The Stages of Grief and Loss.** Kubler Ross, Elisabeth.
- **The Dance of Anger.** Lerner, Harriet Goldhor.

AUDIOVISUAL MATERIALS:

- **Dealing with Your Adopted Child's Past.** (audiocassette) Donley, Kay.
- **Echoes of the Past.** (audiocassette) Anderson, Sherry.
- **Loss & Grief in Adoption: A Triad Perspective.** (audiocassette) Kaplan, Sharon.
- **The Seven Core Issues of Adoption.** (audiocassette) Kaplan, Sharon.

SUPPORT GROUPS & WEBSITES:

- **Adoption Resources of Wisconsin ...** www.wiadopt.org
- **Adoption Resources...** www.adopting.org
- **National Child Care Information Center...** <http://www.nccic.org>
- **GriefNet Support Group (on-line support and discussion group for birth mothers)...** <http://griefnet.org>

Services of Adoption Resources of Wisconsin Include:

- Resource for Adoption Information
- Pre-Adoption Information & Referral
- Training for Foster & Adoptive Families
- Advocacy for Children & Families
- Family Resource Center
- Post Adoption Services

ACTION PLAN

Grief Questions

Take quiet time to ask yourself and your children what losses have occurred in your lives, what and who you are afraid of losing and talk about how these fears and losses affect your own sense of well-being and theirs.

Life Books

Include early chapters in your children's life books that contain pictures of early caretakers, early life stories and memories. When infant adoptions have occurred or when no birth parent photos are available, it helps to include agency information about birth, nutrition and feeding plans here.

Anniversary Acknowledgments

When the anniversaries of children's losses near, many become moody and feel disconnected even if they've forgotten that an anniversary is approaching. It may help to light a candle or look through scrapbooks in memory of life-changing events. Parents can also help their children to remember these anniversaries by creating a short memorial meditation or prayer.

Timeline

Create a timeline for each of your children so that they can see how losses have affected their growth and development and to help them sort out their personal histories.

What If?

Wishes. Help children clarify unfulfilled wishes by acknowledging "What if (your birth mother had kept you, or you had been adopted by your foster mother)..." and conclude with "Instead (I was so lucky to find you, or you were placed with us and have two brothers)..."

Lifting Curses

Use play situations of enacted conversations to help children see that they were not responsible for a parent's death or inability to take care of them, even if they once wished it so or were accused of making it so. For example, a child hears a caretaker say over and over, "You'll be the death of me," and the caretaker dies. Set up a play situation with younger children, or an imagined conversation with older children, to allow the child to question the caretaker. You respond as the caretaker and assure the child he or she was not at fault, perhaps saying something like, "Even though I said those things, you had nothing to do with my death. My heart stopped because it was old and tired." Or in the case of birth parents making an adoption plan, you might say, "I couldn't take care of you because I was struggling just to take care of myself."



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