Center for Adoption Support & Education welcomes you to

Strengthening Your Family
an empowering and inspiring webinar series

Desperately Seeking Attachment:
How Trauma & Neglect Disrupt Attachment (part 1)

Allison Davis Maxon, LMFT
Kinship Center
a Member of Seneca Family of Agencies

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Jockey Being Family generously funds our monthly Strengthening Your Family webinar series.

Who is Jockey Being Family?
Jockey International is a manufacturer, distributor and retailer of underwear and sleepwear for men, women, and children and is active in more than 120 countries. Jockey® created Jockey Being Family, a foundation that helps adoptive families remain strong and stay together-forever because Jockey believes that even one failed adoption is too many. To learn more about Jockey Being Family, please visit www.jockeybeingfamily.com

Jockey International’s C.E.O., Debra Waller, was adopted herself as an infant.

“Jockey Being Family is about bringing people together and it is exhilarating to have impacted the lives of so many families. We set out to strengthen adoptive families but we here at Jockey have also been equally touched by this program, the families, and their stories.”

-Debra S. Waller
Center for Adoption Support and Education, Inc.

a non-profit adoptive family support center, since 1998

With decades of experience, our mission is to strengthen the well-being of children and families of all adoptive experiences by providing them the adoption-centered services and resources they need, including:

- Pre- and post-adoption counseling, assessment and therapeutic services
- Individual and group therapy for kids, teens and adults
- Crisis intervention, support and assistance with school issues
- Training, education & interactive workshops – for families, educators and professionals
- Nationally recognized post-adoption models
- TAC: Training for Adoption Competency
- Our newest Game: 52 Ways to Talk about Adoption
- Award-winning print publications, articles, newsletters and online resources

For more information, visit www.adoptionsupport.org
Objectives:

- Identify Attachment Theory, types of attachment patterns and how a crisis in the attachment relationship is an opportunity for change and healing.
- Describe how attachment-deflecting behaviors serve as a protective mechanism for a child not rooted in permanency.
- Identify the key clinical constructs of permanency focused, attachment-based services across Systems of Care.
- Practice utilizing a developmental lens to focus treatment on needs, not pathology.
- Describe how family systems attachment therapy empowers the family system to become the healing mechanism for the child.
- Identify the 10 Things Your Child Needs Everyday to feel valued, connected and empowered.
Objectives:

- Learn and Identify the 7 Core Issues in Permanence/Adoption

- Describe how systemic trauma occurs and its impact on the developing child and the family system

- Describe 5 attachment deflecting behaviors and 5 attachment facilitating behaviors

- Describe Developmental Trauma Disorder as a way of understanding the complex challenges faced by both children and caregivers.

- Understand the difference between traditional parenting techniques which utilize loss, punishment and emotional distance in response to negative behaviors vs therapeutic and attachment-based parenting approaches based on principals of addition and teaching consequences.

- Understand the role of the professional as secure base to the family system with the ultimate goal of strengthening all aspects of the systems functioning.
Every interpersonal skill that is required in order for us to be successful in creating and sustaining relationships – must be LEARNED
Why is Attachment sooo important?

✓ We are social-emotional beings with an innate need to connect and form meaningful relationships

✓ Early attachment experiences have a profound impact on how we perceive ourselves, others and the world in which we live

✓ It’s the primary modality through which all areas of a child’s developmental potential is maximized - (or minimized!)
Seven Core Issues Wheel

- Rejection
- Mastery/Control
- Intimacy
- Identity
- Loss
- Shame/Guilt
- Grief
What is the purpose of Attachment?

In the animal kingdom, the primary purpose of attachment is to provide safety and protection for the vulnerable. The young animal that ‘seeks proximity’ to its caregiver – is more likely to survive.

Attachment – in humans has many secondary purposes

- the stimulation of the child’s intellectual potential
- the development of the child’s socialization skills
- the facilitation of Identity Formation
- the development of affect modulation skills
- the progressive development of a Conscience (which requires the internalization of the object (attachment figure))
- the ability to attend/focus and delay gratification of ID needs
The Art of Attachment

- John Bowlby – *The Father of Attachment Theory* – Tavistock Clinic

- The great integrator! Integrating the fields of ethology, behavioral psychology, psychoanalysis, cognitive psychology and child development – with a passion for the scientific method

- “Fourty-four Juvenile Thieves: Their Characters and Home-Life” Bowlby, 1944

‘the infant enters the world w/ an ‘attachment behavioral system’ that allows the biological system (the infant/child) to seek proximity to parent upon threat, and also allows for exploration behaviors upon activation of the secure base’
The Art of Attachment

- **Dr. Mary Ainsworth – The Strange Situation**
  - a laboratory-based observation of the infant/child’s responses to the ‘ruptures’ and ‘reparations’ in the parent/child attachment relationship

  - Attachment Patterns can be identified by the 12th month of life
  - Assessed in the strange situation through identifying the patterned responses between parent/child

- **Dr. Mary Main – The AAI (Adult Attachment Interview)**

  - Homosapien evolution – attachment served our survival needs. As nomadic ground living primates, we were faced with many dangers. Attachment to our caregiver enhanced the likelihood of survival. When faced with fear – we run to someone (towards our **secure base**)

  - The Adults Attachment Pattern dictates how the adult will establish the emotional connections (or dis-connections) w/ others (RH to RH)
Attachment, Development & the Brain

The parent/caregiver is the external psycho-biological regulator of the infant/child’s internal affective states.

The two primary tasks are:
The Science of Attachment

• “Forming an attachment bond of somatically expressed emotional communications, the mother is *synchronizing and resonating* with the rhythms of the infants dynamic internal states and then regulating the arousal level of these negative and positive states. Attachment is thus the dyadic (interactive) regulation of emotion (Sroufe 1996). The baby becomes attached to the psycho-biologically attuned regulating caregiver who not only minimizes negative affect but also maximizes opportunities for positive affect. Attachment is not just the re-establishment of security after a dysregulating experience and a stressful negative state, it is also the interactive amplification of positive affects, as in play states.”

• Dr. Allen Schore - 80 % of maltreated infants present with Disorganized Attachment Styles

• *Affect Regulation and the Origin of the Self* Allan Schore
• *Affect Dysregulation and Disorders of the Self* Allan Schore
• *Affect Regulation and the Repair of the Self* Allan Schore
Attachment and Brain Development

- Experience is the architect of the brain – experiences shape and reshape the neural circuitry of the brain.

- Experience-dependent neural sculpting is accomplished through attunement with the right hemisphere of the parent (Schore, 2000).

- Caretakers do more than regulate the present psychobiological state of an infant; they activate the growth of the brain through emotional availability and reciprocal interactions (Emde, 1988).
The Neurobiology of Attachment

“...It is now clear that what a child experiences in the first few years of life largely determines how his brain will develop and how he will interact with the world throughout his life” - Ounce of Prevention Fund, 1996

• Parents and professionals have long believed that since infants and small children could not cognitively remember chronic stress or trauma – they would not experience any long term impact from traumatic incidents that occurred before they had the ability to have cognitive memories (around age 4). Current research in brain development has disproved this original notion that the infant and young child was immune from the impact of early trauma. In fact, it is now clear that the infant and young child’s developing brain is in a right hemispheric growth spurt – and this ‘sensitive period’ of right hemispheric development will have an enormous impact on all areas of the child’s development
The brain on neglect . . .

The Child Trauma Academy, Dr. Bruce Perry
www.childtrauma.org
What’s the difference between reptiles and mammals???

Mammals Attach!!
Attachment and Brain Development

**Brain Stem** – (‘the primitive brain’) the inner core of the brain well functioning at birth, regulating temperature, heart rate, breathing, reflexes

**Limbic System** – (‘the emotional brain’) involved in learning, motivation, memory and emotion

- **the amygdala** – (implicit memory) encoding early memory, attachment, fear, emotional memories (-) & (+)
- **the hippocampus** – organizes explicit memory in collaboration with the cerebral cortex

**The Cortex** – (‘the executive brain’) primarily shaped through countless positive and negative interactions with our social/physical world

- the slow development of the human brain maximizes the impact of environmental influences (increasing chances of survival)
The Science of Attachment

The Brain

- brain stem
- limbic system (amygdala)
- prefrontal cortex

*A stressor or trigger elicits a primitive emotional impulse*
The Neurobiology of Trauma
The child’s brain...

- Adapts to a hostile environment
- Is stuck in survival mode
- Is over stimulated by sensory input
- Cannot cognitively organize
- Is easily triggered into Fight/Flight/Freeze
Attachment Patterns

- Attachment Patterns are identifiable by the 12 month of life
- Each pattern has a distinct behavioral repertoire
- Disorganized Attachment Pattern is most predictive of long term problems
- Attachment Patterns are malleable
Secure Attachment Pattern

- Parent meeting most needs

Insecure Attachment Patterns

- Anxious
  - Parent meeting some needs

- Avoidant
  - Parent meeting minimal to no needs

- Disorganized
  - Pathogenetic care
    - Traumatic
    - Reactive
By Age 5

Each Attachment Pattern reflects a behavioral repertoire

Secure A.P.  Anxious A.P.  Avoidant A.P.  Disorganized A.P.

Playful  Stressed  Defiant  Frozen

Social  Worried  Isolative  Bizarre

Resourceful  Demanding  Provocative

Enthusiastic  Blaming  Detached  Random

Clingy  Angry  Pathological
Internal Working Model

Internalized Core Belief System

Each Attachment Pattern has a different IWM

I am...

Caregivers are...

The world is...
Disruptions in Attachment

- Primary attachment relationships
- Secondary attachment relationships
- Friendly strangers

Listening and learning from our children . . .

. . . Steps to Stability (video)
What happens when Attachment is Disrupted?

- deep sense of loss and grief
- feelings of abandonment and rejection
- loss of trust in self and others
- behavioral regression
- chronic hyper arousal, anxiety and impulsivity
- Confusion and poor reality testing
- Attachment-deflecting behaviors
  - Oppositional/defiant behaviors
  - Isolation & avoidance
  - Anger & rage
  - Lying, stealing and manipulating

I am bad . . . therefore I act bad!!
Systemic Trauma

Help!! I'm stuck in a dys-integrated system!!

Outcomes for emancipated youth . . .

✓ over 50% will not finish high school
✓ over 25% will be homeless within 2 years
✓ 1 in 4 will be in jail within 2 years
...changing the system that raised them...

Matt Anderson at [www.porchproductions.net](http://www.porchproductions.net)
Systemic Trauma

✓ being moved from home to home with no preparation or explanation

✓ being forced to establish and then relinquish relationships

✓ being placed with relatives and/or caregivers who are not prepared to help me with my pain, fear and trauma reactions

✓ being promised by caregivers & professionals that I will be safe and well cared for . . . only to have those promises broken time and time again

✓ losing most of the relationships that were meaningful to me, sisters/brothers, aunts/uncles, grandparents, neighbors, friends

✓ being stuck in a system within systems . . . so often times NOTHING gets done . . . and my childhood is slipping away . . .
The Attachment Dilemma

Our children often end up in a constant power struggle with their primary caregivers because . . .

. . . the thing they *need* most
- is also the thing they *fear* the most.

Fear will keep me from getting close to you!
Suggested Readings:

*The Neuroscience of Psychotherapy* by Cozolino

*Parenting From the Inside Out* by Siegel and Hartzell

*The Neuroscience of Human Relationships: Attachment And the Developing Social Brain* by Cozolino

*Becoming Attached* by Robert Karen

*The Boy Who Was Raised As A Dog: What Traumatized Children Can Teach Us About Loss, Love & Healing* by Bruce Perry
For Parents/Caregivers:

Parenting From the Inside Out by Siegel and Hartzell
Ghosts from the Nursery: Tracing the Roots of Violence by Karr-Morse and Wiley
Emotional Intelligence by Goleman
I Love You Rituals by Bailey
Playful Parenting by Chen
How To Raise a Child With a High EQ by Shapiro
The Connected Child by Purvis, Cross and Sunshine

READ WITH YOUR CHILD

If I Were The Wind by Lezlie Evans
You Are My I Love You by Maryann Cusimano
The Invisible String by Patrice Karst
I Love You Stinky Face by Lisa McCourt
“Sometimes it is necessary to reteach a thing its loveliness... until it flowers again from within.”

- Galway Kinnell

Thank You

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www.senecafoa.org

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Certificates of Attendance

Email your request to
arroyo@adoptionsupport.org
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adoptionsupport.org/strengtheningyourfamily

Registration is FREE for first 300 registrants thanks to a generous grant from Jockey Being Family! The codes will be available on the last Tuesday of each month.

For a schedule of our pre-recorded webinars on our most requested topics, please visit adoptionsupport.org/indemand
The Dance of Permanence

by

Allison Davis Maxon, LMFT

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The Dance of Permanence

by Allison Davis Maxon, MS, LMFT

Have you ever tried parenting a child who puts his fist through a wall when you ask him to do his homework? How do you parent children who are in so much pain that they cut themselves, starve themselves, or won’t let you touch them because they have learned that touch brings more pain? Children who have suffered intense and chronic abuse, neglect and multiple placements are the most complex children on the planet. Imagine parenting a child who does not respond to typical parenting strategies. How long could you parent such a child, feeling as though everything you are doing is ineffective?

With overwhelming feelings of guilt and failure, too many adoptive and foster parents make the decision to disrupt by having the child removed. For foster youth ages 12 – 17, the disruption rate is 25%. Each subsequent move for the child furthers his belief that he is unlovable, and deepens the well of pain that he carries with him into his next placement. Too many parents do not get the ongoing specialized training and support necessary, not only to parent, but to heal a child of loss and trauma. For the courageous parents who are willing to open their hearts and homes to these children, the least we can do is equip them with the necessary knowledge, tools and resources they will need in order to be successful. We know that they will need specialized skills and training in order to successfully parent the child of complex trauma. They will also need a complete paradigm shift with regard to their parenting approach and style; a shift in the way they think about, understand and ultimately respond to a child’s behaviors and needs.

Traditional Parenting Strategies

Current parenting approaches and styles in our culture are predicated upon the child having a secure attachment relationship with their parents. When things go well, attachment precedes discipline. The first two years of a child’s life are meant to be filled with thousands of sensory-rich experiences of affective attunement between child and mother/caregiver. An infant who cries from the pains of hunger and is gently rocked, sung to and then fed is learning that her parent is responsive, dependable and nurturing. If this pattern of behavior continues, the child will seek proximity and engage in attachment facilitating behaviors, because a secure attachment pattern has been established. When children are deeply and meaningfully attached to their primary caregivers, the foundation for the child’s full development has been laid. Traditional parenting and discipline strategies utilize the principals of loss, punishment, and emotional distance to change a child’s negative behaviors. When children are securely attached to their parents, these approaches are typically effective. The loss of privileges is a commonly used technique when a child misbehaves. If a young boy hits his sister, he may lose his TV privileges for the day. Punishment is also frequently used in response to children’s negative behavior. In the latest Gallup poll, 65% of American
parents were in favor of spanking children. Parental anger and frustration at a misbehaving child is actually utilizing the *rupture* in the secure attachment relationship to motivate the child into behaving pro-socially. Children who are attached are motivated to *repair* the rupture in the parent-child attachment relationship because they are intimately connected to and impacted by what their caregivers feel. Little Johnny cannot *feel good* until his parents *feel good*, therefore, an ego-centric desire to feel better motivates the child to repair the attachment rupture. This strategy is particularly effective when children are young, as they are still very emotionally dependent on their primary attachment caregivers.

Another very commonly used parental strategy is *emotional distance* or isolation in response to misbehavior. If a child refuses to clean up his toys, he is sent to his room or into time-out. This emotional distance from the caregiver is often motivation for the child who *is* attached to correct his behavior. One of the strongest human needs is our need to connect, and for young children, their need is to seek proximity and closeness to those with whom they are meaningfully attached.³ The separation from their secure base/safe haven creates internal distress which motivates them to repair the rupture in the attachment relationship.

**The Dilemma**

What a traumatized child needs most in order to heal, a deep, meaningful, sustained primary attachment relationship, is the thing he/she fears the most. The majority of abuse, neglect and trauma are committed by parents or those in charge of caring for the child. For children who have been exposed to chronic maltreatment at the hands of their caregivers, a template of intimate relationships is built upon a foundation of fear, distress, pain and violence. As a means of coping, the child learns *attachment-deflecting* and/or *attachment-distressed* behaviors as a way to avoid or minimize the overwhelming feelings associated with interpersonal relationships. Added to this already formed pattern of distress related to primary attachment relationships is the repeated trauma they experience with multiple moves within the foster care system. The average number of moves for children in the foster care system is 3.2. But for some, the picture is much more bleak: 1 in 5 of all children currently in the foster care system started his/her stay over 5 years ago.⁴ Too many children experience *foster care drift*, with upwards of 10 - 15 placements, and eventually emancipate from the system without a permanent family or adult attachment. The future for these foster care “graduates” is typically grim: only 46% of foster youth who age out of the system finish high school, compared to 85% of all 18 to 24 year olds; 56% become unemployed; 36% become homeless; and 27% of male former foster youth become jailed.⁵ These outcomes for our nation’s most vulnerable children are not acceptable when we know what they need most in order to feel whole, valued and connected—a permanent family.

The inherent challenge for the parent who is parenting the child of loss, trauma and multiple placements is that their *traditional view* of parenting, which is primarily based on the way they were parented themselves in combination with what is considered to be culturally acceptable, will be highly ineffective. This is no surprise given the high rates of disruption for these complex children. Without an established *primary attachment relationship*, traditional parenting strategies and interventions are met with oppositional and defiant behaviors (attachment precedes discipline). Once the *negative interactional pattern* between parent and child is established, the parent quickly begins to feel ineffective and overwhelmed, and the child continues to feel isolated, rejected and unlovable. No amount of pre-child training can assist parents in avoiding this crisis stage of placement, when the trauma-reactive child moves in and their traditional world view is turned upside down. It is this very crisis that leads to the opportunity for parents to learn, unlearn, and re-learn what it takes to create and sustain a healing relationship with a complex, traumatized child.
Shifting the Paradigm

The traditional world view most of us have about children is that they are happy, playful and eager to learn. What if the child that just moved into your home and life is angry, hostile, and eager to be difficult? The truth is that we are social-emotional beings and we are deeply impacted by the emotions of those around us. Emotions are contagious. A child’s angry/hurtful behavior is often mirrored by a reactive parent. In fact, the use of parental frustration and anger in response to a child’s misbehavior has the effect of reinforcing the misbehavior. In order for the parent to begin to establish a meaningful, sustained, primary attachment relationship with a trauma-reactive child, a new template must be formed. The parent must learn to lead a dance with the child that creates the primary parent-child attachment relationship, from which the child’s development can be maximized.

As the leader of the dance, the parent must be able to set the affective tone in which a trusted, committed, permanent relationship can be established, and eventually, over time, create the context in which healing can occur. The leader of the dance allows for missteps by the apprentice who has never successfully danced in any “permanent” way. A child who has had too many changes of partners leading the primary dance of attachment is a child who will have developed many defensive strategies to avoid further psychic pain and trauma. They prefer the dance of isolation to the continued suffering that occurs with the repeated rejection and loss of rotating caregivers. Since most parents have never experienced this amount of core trauma themselves, as they begin to intimately dance with their trauma-reactive child, the experience often feels overwhelmingly painful and/or distressing. This crisis creates a critical opportunity for the parent to explore their own parenting history and style as they are now in the heat of the dance. They are not sitting in a class theorizing what it might be like or reading a book about getting prepared; they are on the dance floor with a real child with real pain. For most parents, a traditional template that has been deeply embedded within the core structures of the parenting dance is the automatic default in establishing the relationship. Shifting the paradigm will require the parent to learn a new dance, a new way of being in the parent-child attachment relationship. No easy task to learn the waltz if you have only danced the two-step!

Pathways to Permanence

The field of neuroscience has blossomed over the past ten years and has reinforced what we knew anecdotally and intuitively: the brain is built and shaped by early interpersonal experiences and it is an organ of great adaptation that changes in response to new experiences. The best time to learn a new dance is while one is actually on the dance floor. And, while it is good to learn as much as one can about the different kinds of dances, their histories, the basic steps, the various rhythms and music that go with each, how much does that really prepare one to actually dance the dance?

Pathways to Permanence 2: Parenting Children who have Experienced Trauma and Loss was created in response to the high rate of disruptions that occur during the crisis stage of placement, when the traditional parenting dance collides with the traumatized child’s dance. Empowering parents to take the lead in creating and maintaining a deep, meaningful interpersonal relationship with a traumatized child means that parents must have access to the right kind of learning environment, knowledge, skill building and peer support during their most critical times of need and/or crisis. Preparatory classes for parents and caregivers before a child comes into their home are essential, but it is not enough to simply provide those classes to parents and then wish them well when the child is placed. We know that the real challenges occur on the dance floor, as a new dance begins between a parent and their newly placed child. Utilizing a
developmental perspective to decode complex behaviors, practicing attachment-facilitating behaviors, and reflecting on shared experiences from their peers in the trenches are all a part of the richness embedded in the *Pathways to Permanence 2* curriculum. Since we know that experience is the architect of the brain, let’s make sure that we are equipping our parents with the experiences they need in order to successfully learn and teach *the dance of permanence*.

**Endnotes**


4 Public Policy Institute of California, *Foster Care in California: Achievements and Challenges 2010*, [www.ppic.org](http://www.ppic.org)


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**Allison Davis Maxon, LMFT**, is the Regional Executive Director for Adoption and Education for Kinship Center in Southern California. As a clinician, educator and advocate specializing in adoption/permanency, attachment and trauma, she is passionate about creating systems of care that are permanency competent and strength-based. Allison is co-author and expert trainer for *ACT: An Adoption and Permanency Curriculum for Child Welfare and Mental Health Professionals*, and *Pathways to Permanence 2: Parenting Children Who Have Experienced Trauma and Loss*. Allison is the creator and co-producer of “*10 Things: Your Child Needs Every Day*,” a video with tools that help parents and caregivers strengthen their attachment relationship with their child.
Attachment & Relational Self-Survey

By: Allison Davis Maxon

**Ranking: 1 being the lowest score and 5 being the highest.**

1) I can understand the emotions, needs and concerns of other people, and pick up on their emotional cues.

   1 2 3 4 5

2) I feel comfortable socially and recognize the power dynamics in a group or organization.

   1 2 3 4 5

3) I understand that meaningful attachment relationships are not interchangeable and the loss of these significant attachment relationships will be grieved throughout ones’ lifespan.

   1 2 3 4 5

4) I recognize the nonverbal cues of others and am aware of my own nonverbal messages.

   1 2 3 4 5

5) When relational conflict arises, I can easily identify constructive ways to manage stress and develop solutions that repair the rupture and rebuild trust.

   1 2 3 4 5

6) I believe that keeping connections for children to people, culture, language, race and important objects is meaningful and enhances a positive sense of identity. I prioritize this in my practice.

   1 2 3 4 5

7) I recognize my own emotional states and how they affect my thoughts, perceptions and behaviors. I know my strengths and challenges and can easily accept feedback.

   1 2 3 4 5

8) I am able to develop and maintain good relationships.

   1 2 3 4 5

9) I communicate clearly and am able to use communication to inspire and positively influence others.

   1 2 3 4 5

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10) I work well in a team and can manage interpersonal conflict.

1 2 3 4 5

11) I believe the work of permanency/adoption rests on the shoulders of adults. I encourage parents and professionals to adapt to the needs of children, not the reverse.

1 2 3 4 5

12) I believe adults should be aware of their own attachment styles/issues, whether they are the parent, support person or professional in the adoption/permanency process. I have been willing to do my own personal work in this area and encourage other adults to address these concerns before adopting or working in the field of adoption/permanency.

1 2 3 4 5

13) I believe that telling the truth is the basis on which healthy identity formation and healthy families are built. I advocate for truth telling even when the information is difficult to say or hear.

1 2 3 4 5

14) I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don't often worry about being abandoned or about someone getting too close to me.

1 2 3 4 5

15) When I have an open, trusting relationship with someone, I seek feedback that will help me become more self-aware. When self-awareness is increased, I'm more insightful in my practice.

1 2 3 4 5

16) I realize that caregiving experiences during the formative years create an attachment style and internal working model that operate outside of ones' awareness, yet influence all aspects of our interpersonal relationships.

1 2 3 4 5

17) I have the ability to modulate my own distress and can easily move back into homeostasis after a dysregulating event. My affect modulation skills allow me to accurately assess and think through the ongoing crisis and challenges that I'm presented with.

1 2 3 4 5

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• Every baby is born with about 100 billion neurons.

• By the end of the baby’s eight month, a baby can have as many as 1,000 trillion synapses but by age 10 years, a child has about ½ as many; 500 trillion synapses.

• A baby’s brain is experience dependent; not only does environment affect how large and how fast a baby’s brain grows, but it helps direct the actual wiring of the brain’s circuitry (the brain is mutable, such that its structural organization reflects the history of the organism, Luu and Tucker, 1996).

• The baby’s brain develops, in order, from least complex – the brain stem, which controls basic involuntary life functions, like heart rate and body temperature – to the most complex – the top layer of the brain, called the cortex, which controls reasoning and abstract thought processes.

• The primary caregiver acts as an external psychobiological regulator of the “experience-dependent” growth of the infant’s nervous system (Schore, 1994); the social environment can positively or negatively modulate the developing brain.

• Leaving the infant in chronic high-arousal states, with increased heart rate, increased respiratory rate, etc., negatively impacts the infants socio-emotional learning during critical periods of right brain development (Schore 1994).

• By age 3, about 90% of the child’s core brain structures have been formed.

• Infants who experience trauma, abuse or neglect have elevated levels of cortisol, a stress hormone, in the brain. When increased levels of cortisol wash over the brain, it can cause regions of the brain that regulate emotional response and attachment to be 20–30% smaller than normal (Perry, 1999).

• The infant’s immature brain is in a state of rapid development, and is therefore exquisitely vulnerable to early adverse experiences, including adverse social-emotional experiences.

• Maladaptive infant mental health is highly correlated with maladaptive adult mental health (attachment involves limbic imprinting); infant post traumatic stress disorder of hyper arousal and dissociation sets the template for future disturbances of autonomic arousal (Prins, Kaloupek, & Keane, 1995).

Allison Davis-Maxon, M.F.T., is the Regional Executive Director, Child Placement and Education Programs at Kinship Center in Santa Ana, California. She is an ACT facilitator.
## INTERNAL WORKING MODEL EXERCISE WORKSHEET

<table>
<thead>
<tr>
<th>Secure Attachment</th>
<th>Impaired Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am...</td>
<td>I am...</td>
</tr>
<tr>
<td>Caregivers are...</td>
<td>Caregivers are...</td>
</tr>
<tr>
<td>The world is...</td>
<td>The world is...</td>
</tr>
<tr>
<td>Traditional Parenting</td>
<td>Attachment Based Parenting</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Uses punishment to try and change the child's negative behavior</td>
<td>Prioritizes the parent/child relationship - (nothing is more important than the parent/child relationship)</td>
</tr>
<tr>
<td>Is based on principals of loss, meaning when the child makes a mistake, he/she will lose something such as a privilege or toy</td>
<td>Attachment <em>precedes</em> discipline - it is the attachment that motivates our children to want to please us, listen to us, and cooperate with us</td>
</tr>
<tr>
<td>Is focused on the child's weakness this is reactive, as opposed to a pro-active style</td>
<td>Based on principals of addition, meaning what <em>experience</em> is the parent actively adding or teaching</td>
</tr>
<tr>
<td>Uses emotional isolation to try and change the child’s negative behavior, such as time outs, room time, etc.</td>
<td>Focuses on the child’s strengths as the parent accentuates the positives</td>
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<tr>
<td>Anger and frustration are used to try and change the child’s negative behavior - parent yells, threatens, spanks, etc.</td>
<td>Emotional connectedness is used to assist children in learning from their mistakes</td>
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<tr>
<td>Teaches the child that mistakes are not acceptable; the child most typically begins to lie, sneak and manipulate to avoid a punitive parental response</td>
<td>Mistakes are encouraged and welcomed as opportunities to learn</td>
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<tr>
<td>Uses the rupture in the attachment relationship as a punishment for the child’s negative behavior</td>
<td>Teaching consequences are experiential, as children learn from practicing the desired, pro-social behavior</td>
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<tr>
<td>Reinforces a pattern of emotional intimacy that is connected to fear, distress and anger</td>
<td>Parent uses empathy instead of anger</td>
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<td></td>
<td>Structure in the home is maximized in order to allow the child to eventually relax into his/her parents loving, structured authority</td>
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SEVEN CORE ISSUES IN ADOPTION
Sharon Roszia, M.S., and Deborah N. Silverstein, L.C.S.W.

Sharon Roszia, M.S., and Deborah N. Silverstein, L.C.S.W. developed the Seven Core Issues in Adoption model. It is a way to assist individuals and families touched by adoption and professionals working with the constellation to communicate about and better understand the adoption experience. Adoption is a lifelong, intergenerational process that unites adopted persons, birth families, and adoptive families forever. Recognizing the core issues in adoption is one intervention that can assist adoption constellation members and adoption professionals to better understand each other and the effects of the adoption experience. The Seven Core Issues in Adoption model can be used in a clinical setting for both assessment and treatment. It also may be used by adoption professionals during the home study/family assessment process and in post-placement services.

Adoption triggers core issues regardless of the circumstances of the adoption or the characteristics of the individual. The core issues are:

- Loss
- Rejection
- Guilt and Shame
- Grief
- Identity
- Intimacy
- Mastery and Control

As we explore each issue, it would be helpful for you to think of the issue as an expected lifetime response to adoption that is magnified at different developmental transitions. A particular issue may also be triggered at times of loss and could be thought of as a healed wound that a person may protect, as a rheumatic toe that hurts when the weather changes or as a tender spot where a person is vulnerable.

LOSS

Adoption is created through loss; without loss there would be no adoption. All adopted persons, birthparents, and adoptive parents share in having experienced at least one major, life-altering loss before becoming involved in adoption. In adoption, in order to gain anything, one must first lose – a family, a child, a dream.

Denial of loss is at the root of many problems associated with adoption. If there is not a recognition of the loss, and an acceptance of the loss, a person may be vulnerable for magnified grief when issues arise. It may be helpful in understanding this vulnerability by thinking of suffering a severe fracture of the leg. Even though the leg may heal it may not function to the capacity it once did. Therefore, at times we will have to stop and think about a particular activity in which we may want to participate. If we do not take this precaution, recognizing our vulnerability, we might be setting ourselves up to re-injure the leg. It is the losses in adoption and the way they are accepted and, hopefully, addressed that set the tone for the lifelong process of adoption.

ADOPTED PERSON - Adopted persons suffer their first loss at the initial separation from the birth family. Awareness of their adopted status is inevitable. Even if the loss is beyond conscious awareness, recognition, or vocabulary, it affects the adopted person on a profound level. While society views adoption as a single event, it is not. Adoption is ongoing and must be addressed, for better or worse, at each developmental stage. Any subse-
quent loss, or the perceived threat of loss through separation, becomes more formidable for adopted persons than their non-adopted peers. Adopted persons face the loss of biological, genetic, medical, and cultural history. These losses are ongoing, even after a possible search and reunion.

**BIRTH PARENT** - Birth parents lose the child. They may ruminate about the “lost” child, and the initial loss may merge with other life events, leading to social isolation, changes in body and self-image, and may result in relationship losses. The loss for the birth parent is like a death but the birth parent knows that the child is alive and living elsewhere. Thus, the grief process is similar to that in death but also quite different.

**ADOPTIVE PARENT** - Adoptive parents, whether through infertility, failed pregnancy, stillbirth or the death of a child, have suffered one of life’s greatest blows prior to adoption. They have lost their dream child. For the adoptive parent, infertility may equate with loss of self and immortality. Issues of whether or not they are entitled to parent may lead to fear of loss of the adopted child and overprotection. Even if fertile adoptive parents choose to adopt, they are parenting someone else’s child and are doing so over birthing a child of their own. This also involves loss of their fantasy child.

**REJECTION**

Rejection is a natural offshoot of loss. Feelings of loss are exacerbated by keen feelings of rejection. Rejection is functional because it explains the painful loss and offers a sense of control. One way individuals may seek to cope with a loss is to personalize it. Constellation members attempt to decipher what they did or did not do that led to the loss. Blaming oneself means that we believe we caused the loss and, therefore, can avoid causing any losses again. This is not necessarily logical thinking, but it is an understandable psychological process. Individuals may become sensitive to the slightest hint of rejection, causing them either to avoid situations where they might be rejected or to provoke rejection in order to validate their earlier negative self-perceptions, in other words their feelings of or fears of rejection. The experience may result in a generalized feeling of rejection, a fear of rejection or an “either/or” belief. “I am either accepted or rejected and there is no in-between.” These are difficult positions for a person to maintain, especially over time.

**ADOPTED PERSON** – For adopted persons, rejection is, at the core, the greatest struggle and pain in coming to terms with their own adoption. The child may have difficulty understanding that adoption is an adult decision; a child is never responsible for this decision. The fact that the birth parent could not take care of any child at that time, not just this child, is rarely internalized. Adopted persons, even at young ages, may grasp the concept that to be “chosen,” a term still commonly used, means first that one was “un-chosen,” reinforcing adopted persons’ lowered self-concept.

Rejection is a huge potential roadblock to making good relationships. One may either become a “people pleaser” - “I will be whatever you want me to be” - or set up rejection and “push away” before being spurned by another. The adopted person may also simply avoid getting connected, for being close is “hard wired” to expecting loss.

A sense of rejection may lead to children who have a love/hate relationship with their adoptive parents. Affection is shared only on the children’s terms with excessive anger when limits are set. These children may feel easily rejected and betrayed. When craving love/affection, they regress or act immature and when close to parents, find ways to sabotage the closeness.
BIRTH PARENT – Birth parents often view themselves with lifetime self-condemnation as irresponsible, as do many in our culture. The neighbor, for example, who celebrates a best friend’s newly adopted baby, says, “I could never give up my own flesh and blood.”

Birth families may spend a lifetime anticipating or dreading reunion, and often are crippled by a fear that their children will hate them. Those who voluntarily relinquish may not speak of it to anyone, defending against the notion of “giving the child away,” where birth parents whose rights were terminated live with the ultimate sentence of “unfitness.” Many birth parents experience secondary infertility themselves; it is believed to be the result of the trauma of the unplanned pregnancy.

ADOPTIVE PARENT – If infertility is an issue, adoptive parents may feel rejected and betrayed by their bodies, by God, and by their families. Their dreams are dashed. They are automatically not a member of the “hang in the kitchen and share labor stories” club, and may feel trapped and angry by not being a part of the group.

Adoptive parents struggle with issues of entitlement, wondering if perhaps they were never meant to be parents. There may be a fear of the social services system or adoption process, wondering if they will be rejected by an agency or a professional whose job is to choose families for children – to reject the “bad ones” and only choose the “right ones.” There is a constant awareness of who holds the power over the adoptive parents’ destiny to have children.

Ultimately, adoptive parents may feel true terror of being rejected by their children, and subsequently, they may be hyper-vigilant to potential rejecting signs from the children, interpreting many benign childish actions as “rejection.” The fear can prevent the adoptive parent from moving ahead at an early age to begin the foundation of adoption talk with their children. To avoid the pain of ultimate rejection by children at an older age, some adoptive parents expel or bind adolescents prior to the accomplishment of appropriate emancipation tasks.

SHAME AND GUILT

The sense of “deserving” such rejection may lead to tremendous guilt and shame. Guilt is about an action and our feeling about what was done, or what we did. Shame is an internalized sense of lack of worth. It may come from our own actions or those of family, but it is not the same as guilt. Shame makes for a sense of deserving what happened to oneself, if bad, and not deserving good things. We are surrounded by people who have adoption in their history but, because of their shame, we do not know it. The idealized views of family life we see in the media do not help, often making what the person is really experiencing seem worse, exacerbating the shame.

Further, there are deeply felt sexual issues that affect how adoption is seen by the general public as well as those directly involved. Adoption is closely linked to sexuality, and we still surround sexuality with shame, especially if one does not “do the right thing” i.e. take the punishment (parenthood) for irresponsible sexual behavior. Even in these so-called “sexually liberated times,” we all carry internal standards of “right” or “wrong” about sexual behavior.

ADOPTED PERSON – Adopted persons may take on a feeling of being tainted because of the circumstances of their birth, particularly if it occurred outside the accepted parameters. Even persons born in a marriage who are relinquished become “smeared” by the strong societal belief that parents should raise their birth children. Children often cannot verbalize the feeling that they are a “mistake.” They may be asked by their peers, “What happened to your real mom?” or “Why didn’t she keep you?” Adopted persons may feel shame or fear in wanting to have a reunion. “How can you intrude in their lives...after all they made a decision years ago...just leave sleep-
ing dogs lie...if they wanted to see you they would have kept in touch...” Just getting in touch with an agency or a search consultant may leave the adopted person feeling embarrassed, hesitant, or guilty for wanting to “upset” the system.

BIRTH PARENT – Birth parents face the rest of their lives knowing of the existence of the child not with them, dodging questions about how many children they have, not talking with others about the adoption. They are put in a double bind of being told by some that they are doing something wonderful for adoptive parents by giving them a child while questioned by others regarding why they got pregnant in the first place. Birth parents may remain “anesthetized” by alcohol or drugs to ease the guilt and horrible self-loathing that can occur. The guilt and shame often impact the ability to have strong relationships in the future, influencing how much to tell about the past, and keep birth parents locked in a self-destructive pattern.

ADOPTIVE PARENT – The societal view that adoption is “second choice,” and, “not as good as,” parenting by birth can make adoptive parents feel ashamed. Infertility can also be shame-producing to adoptive parents, as their bodies did not work, that the very essence of what is considered “womanly” or “manly” was faulty. Guilt can be felt more by one spouse because of infertility blame. Some individuals personalize infertility as a divine punishment, perhaps for a past misdeed, known or unknown. There may be a sense of shameful invasion into the most intimate details of life: doctors, prodding, dictating sex on a time line, counting the number of viable sperm, etc. Infertile parents are not part of mainstream young couplehood.

Guilt sometimes arises from the belief that it may be the shortcomings in the adoptive parents that are causing the newly placed child’s problems. This may be made worse by a traditional therapist who does not recognize imported pathology and the unique issues of adoption, and who does in fact search for the source of the family’s difficulties in the parenting of the adoptive parents.

GRIEF

Grief is the gateway to the healing side of adoption. Every loss in adoption must be grieved. The losses in adoption, however, are difficult to mourn in a society in which adoption is seen as a problem-solving event filled with joy. There are no rituals to bury the unborn child, no rites to mark the loss of the role of care giving parent or ceremonies for lost dreams or unknown families. Grief washes over constellation members’ lives, particularly at times of subsequent loss or developmental transitions.

Constellation members can be assisted at any point in the adoption experience by learning about and discussing five common stages of grief: denial/isolation, anger, bargaining, depression, and acceptance (Kubler-Ross, 1969). Sometimes it is helpful for people to keep a journal, a log or a list, documenting and organizing in some fashion what their losses are and in what ways they feel or fear rejection, in what ways they have felt shame and for what they feel guilt. These issues need to be brought to consciousness before they can be grieved, as we cannot grieve until we know what we have lost. This applies to all sorts of life events, not just those about adoption. We often find layers of loss and grief that have been piled up and need to be sorted out. Adoption may be mixed in with, or connected to, other events involving loss, and it is often not the global events that may impact children and adults but the smaller ones such as the questions, “Is that really your mother?” “Is he really yours?” or “What is your real name?” Those questions bring up the secondary losses over and over again. So until those issues become concrete, it is more difficult to do the grief work.

Part of what adoption professionals may need to do with clients is tell them about what grief is. Clients need to know that grief is a natural, healing process. It cannot be rushed, and we all have different styles of coping.
Professionals need to do a lot of education about grief and understand that, at times, clients can get stuck in the different stages of grief. This is particularly important with adoptive families who are coming forward to parent children, since they will have difficulty helping their children grieve if they are unable to do so themselves. It is often helpful to inform adoptive parents that their children will only be able to go as far in resolving their adoption issues as the parents themselves have gone.

ADOPTED PERSON – Children grieve differently than adults. A child’s grief can manifest physiologically (colds and aches) or behaviorally (regression, explosive emotions, and acting out). Guilt and self-blame based on a child’s egocentric, magical thinking are also common. At times, denial of adoption issues, especially before age six or seven, is what shows up first. Adoptive families sometimes like to run with it and say, “He’s just so happy to be away from that horrible birth family, so we will just go on.” The child then isolates and withdraws. If the adoptive family is dealing with their own issues of rejection and have a child who is withdrawing, they may take the child’s behavior personally. Thus, adoptive families need to be educated regarding concrete ways to talk with children about grief. They need to learn to sit with children and be a container for their emotions and not cut them off. Grief must be dealt with openly. We all need to understand that a child grieves and re-grieves at each new developmental stage, as it becomes clearer to them on a different, deeper level what else they have lost. Grief is not a one-time event or process, and it is difficult for adoptive parents to endure and accept. In open adoptions, the child’s grief can also be difficult for birth families to witness.

For children who are angry and anxious, in the process of grieving, how open can they be to attachment? Children placed at an older age may have a combination of happy and sad feelings. They must be able to talk about their many feelings to get to a level of acceptance. Signs of acceptance include: renewed hope, new vigor, a sense of humor, and an ability to talk about the future. Children bargain quietly with thoughts of being able to do something good in order to obtain a wanted end result. Adopted persons in their youth find it difficult to grieve their losses, although they are in many instances aware of them, even as young children do. Youngsters separated from abusive families are expected to feel only relief and gratitude, not loss and grief. Adults often block children's expressions of pain or attempt to divert them. In addition, due to developmental unfolding of cognitive processes, adopted persons do not fully appreciate the total impact of their losses until they are into their adolescence, or for many, into adulthood. This delayed grief may lead to depression or acting out through substance abuse or aggressive behaviors when families least expect it.

BIRTH PARENT – Birth parents who have relinquished their children may undergo an initial, brief, intense period of grief at the time of the loss of their children, but may be encouraged by well-meaning friends and family to move on in their lives and to believe that their children are better off with adoptive parents. The grief, however does not vanish. In fact, it has been reported that birth mothers may deny the experience for up to ten years (Deykin, Campbell, & Patt, 1984). The grief may worsen over time, not improve.

Many birth parents who have had their children separated from them by the child welfare and judicial systems, have gone through years of being angry at the judge, the system, and case workers, and often they have not been able to move on to any healing in their lives. Sadly, some birth parents have gone on to have more children and display that anger with those children, blocking their attachment to the children they are parenting. Again, some birth parents may turn to self-medication, using alcohol or drugs as a way of dealing with anger and anxiety.

ADOPTIVE PARENT – Adoptive parents’ grief over the inability to bear children may also be blocked by family and friends who encourage the couple to adopt, as if children are interchangeable, replacement parts. The
grief of the adoptive parents continues as the children grow up since they can never fully meet the fantasies and expectations of the adoptive parents.

If stuck in the early denial stage, adoptive parents frequently may say they do not want to know too much about adoption or do too much studying; they just want a child. The less they know, the better. Those are indicators that they have not come to terms with the immensity of the adoption process. If individuals adopt during the anger/anxiety phase of grief work, often parental attachment difficulties are seen. The bargaining stage of grief finds adoptive families thinking that if they “do a little openness” they may get a child. Openness becomes a trade-off instead of a heart-felt understanding; it is a bargaining chip, not an authentic desire. The ultimate bargain for some infertile couples includes the belief that the adoption may lead to a pregnancy. Adoption professionals must be aware when bargains are being made. Sadness or depression may be a common way people come to adoption. For adoptive parents, their approach to adoption may be filled with happy and sad feelings.

There are societal, cultural, and gender prescriptions for how we are supposed to grieve. For example, men often grieve differently than women. For the most part, men are taught to be assertive and in control and to accomplish tasks and goals, concerning themselves with thinking more than feelings. Men may believe that it is O.K. to express anger, but not sadness. Pain is to be endured silently.

**IDENTITY**

Adoption may also threaten a sense of identity. Constellation members often express feelings related to confused identity and identity crises, particularly at times of unrelated loss. Identity is formed by who we are and who we are not. These identities need to be in balance. Identity is also formed by an interactional process with society. I am what and who society tells me I am. Am I a real mother? Father? Child? Grandchild? Identity issues also impact self-esteem. Realistic adoptive role models, not Moses and Superman, can be helpful. Group work is helpful when working with clients on identity. All constellation members need living role models.

**ADOPTED PERSON** – Adopted persons who lack medical, genetic, religious, and historical information are plagued by questions such as, “Who am I?” “Why was I born?” and, “Was I in fact merely a mistake, not meant to have been born, an accident?” Sometimes it takes adopted persons longer to form an identity because they have to put those pieces together. The lack of physical and genetic identity is unique in that children do not know whom they will look like. Children may have mixed feelings about their bodies, as there is no basis for comparison. The child cannot dream of “How tall will I be?” How do children figure out what they are supposed to look like? Little children think that they will look and be like their adoptive parents, and those in transracial or transcultural placements actually may expect their coloring to change. It can be shocking to them to find that this is not true. Not looking like one’s adoptive family can have a negative impact on identifying oneself as belonging.

Adoption threatens children's sense of fully knowing who they are, where they came from and where they are going. They “borrow” the identity of their adoptive family but may feel they are playing a role. Lack of information about the birth family may impede developing a sense of self and negative information may lead to a negative self-image. A lack of identity may lead adopted persons, particularly in their adolescent years, to seek out extreme ways to create a sense of belonging. Feedback from the residential treatment community as well as our experience with this population indicates that adolescent adopted persons are over represented among those who join a sub-culture, run away, become pregnant, or totally reject their families.

**BIRTH PARENT** – Birth parents may have a diminished sense of self and self-worth. They may be unclear as to whether or not they are parents, whether or not they can claim their children as part of their identity. The
shame surrounding their status as birth parents may keep them from feeling whole, their children are part of their identity, yet their children are not physically present in their lives. Their identity as caregiving parents to the child can never be reclaimed. As mentioned previously, birth parents frequently have difficulty knowing how to answer the question regarding how many children they have.

ADOPTIVE PARENT – The loss of procreation and generativity may diminish identity for adoptive parents because they do not have the sense of being tied to future generations. Are they considered “real parents” by society?

INTIMACY

The multiple, ongoing losses in adoption, coupled with feelings of rejection, shame, and grief, as well as an incomplete sense of self, may impede the development of intimacy for constellation members. By intimacy we also mean attachment and interpersonal relationships. In adoption, the true loss is of relationships/attachments – real or potential, past, present, and future. One maladaptive way to avoid possible reenactment of previous losses is to avoid closeness and commitment. One cannot achieve true intimacy if one does not have a fully developed sense of identity.

ADOPTED PERSON – Many adoptive parents report that their adopted children seem to hold back a part of themselves in the relationship. Adoptive mothers sometime indicate, for example, that even as an infant, the adopted child was not “cuddly.” Many teenage adopted persons state that they have never truly felt close to anyone. Some youngsters declare a lifetime emptiness related to a longing for the birth mother they may have never seen. Due to these multiple losses for both adopted persons and adoptive parents, there may also have been difficulties in early bonding and attachment.

Adopted persons often experience a lot of discomfort with their bodies and have many somatic complaints. When children come to a family at an older age, there may be a different level of intimacy in the relationship between child and adoptive parent. The adoptive parent may never have had the chance to see the child naked, as is natural with birth children. There is no diaper changing, bath times, sucking on baby toes, or kissing tummies. Older children do not quite know what to do with their hands in terms of affection. Where do they put their hands for a hug? Children who come home from different families and are put together in a new family at older ages also do not have the same type of incest taboo that exists in families not created through adoption. The children look at brothers and sisters differently because they have not been raised together in the family. Thus, there needs to be some in-depth discussion in families about boundaries, and the fact that children can get crushes on each other and not know what to do about them. Being aware of this becomes another part of intimacy.

BIRTH PARENT – Birth parents who experience unplanned pregnancies often have a difficult time forever after in terms of close relationships, and they may brace themselves against being abandoned by not getting close. A crisis pregnancy, a man leaving, and the pain of an adoptive placement are often inhibitors to future positive relationships. Birth parents may come to equate sex, intimacy, and pregnancy with pain, loss and shame, leading them to avoid these threats by shunning intimate relationships. Some birth parents may engage in at-risk sexual activity as a response to the adoption. They may feel that they cannot go back and not be sexually active or start again with healthy decision-making. They need to be taught that they can.

Birth parents may develop multiple, surface relationships and may experience difficulty in attaining true reciprocity with subsequent children. The birthing process itself may trigger post-traumatic stress in the way the mother presents to her new child. Birth parents may question their ability to parent any children successfully.
ADOPTIVE PARENT – Adoptive parents may have considerable discomfort with their bodies related to adoption losses, infertility, intrusiveness of fertility procedures, or blaming issues and fights between spouses. Additionally, helping adults understand the steps that might have been missed in having real intimacy as children themselves may help them assess their high-risk areas for connecting to an adopted youngster. Adoptive parents with histories of maltreatment can find their own depression and anxiety re-kindled by children’s needs to push them away. Earlier or even current messages from the adoptive parents’ own parents about closeness may hold the keys as to how they make themselves emotionally available, and their understanding of unconditional love.

Adoptive parents who were not there for the tender, loving moments when the children were young, did not share bathing, or have the moments of snuggling in bed watching cartoons, or ever undressing in front of their children. The level of intimacy, closeness, and familiarity is clearly different. Awareness of body touching can be awkward and can set up a distance that needs to be addressed.

MASTERY AND CONTROL

Adoption alters the course of one’s life. This shift presents constellation members with additional hurdles in their development, and may hinder growth, self-actualization, and the evolution of self-control. The lack of ability to change an outcome or re-do a beginning is often a crucial focus for all members of the constellation. In each instance, what brings individuals to adoption may have been well out of their control. The need to regain that balance may be a driving force in their lives.

ADOPTED PERSON – For adopted children, all decisions were made outside their control. They had no choice. Adopted persons tend to either spend much time trying to be perfect, to regain control and be “keepable,” or to see the world as a series of wins and losses, seeking out control battles over any issues where they may feel powerless. Adopted persons often have a hard time allowing others to take charge, particularly in adolescence. The normal issues of teenagers are made larger.

Adopted children may feel at the ripe old age of 12 – 24 months that life is an extremely haphazard adventure where events are chaotic with no routine or reason, where things can change without warning at any time. To protect themselves from potentially harmful events, children may struggle against attachment, believing that they must control everything that happens to them. One of the most common behaviors for children desperate for control is lying.

Many adult adopted persons spend early adult years attempting to re-play their lives in an effort to gain control. Only when they have “outdone” their birth parents as parents themselves may they begin to feel mastery over their future.

BIRTH PARENT – Relinquishing birth parents may feel pressure from others to make the decision to relinquish. Parental termination of rights, whether voluntary or court driven, is the ultimate circumstance of losing control. No matter how their own lives might change, what is done is done. Eating disorders, substance abuse and multiple, repeated romantic connections may be understood as efforts to find comfort and a desire to “push back the feeling” of being out of control, and an attempt to manage outcome when feeling despair.

ADOPTIVE PARENT – For adoptive parents, the intricacies of the adoption process lead to feelings of helplessness. The entire adoption intake and home study/assessment process is outside the adoptive parents’ “turf” and outside their comfort zone and control. Depending on temperament, this sense can lead to resentment from the beginning of the process. These feelings may also cause the adoptive parents to view themselves as power-
less, and perhaps, not entitled to be parents, leading to laxity in parenting. As an alternative response, some adoptive parents may seek to regain the lost control by becoming overprotective and controlling, leading to rigidity in parent/child relationships.

**SUMMARY**

The experience of adoption, then can be one of loss, rejection, shame/guilt, grief, diminished identity, thwarted intimacy, and threats to self-control and to the accomplishment of mastery. These seven core or lifelong issues permeate the lives of constellation members regardless of the circumstances of the adoption. Identifying these core issues can assist constellation members and professionals in establishing an open dialogue and alleviating some of the pain and isolation which so often characterize adoption. Constellation members may need professional assistance in recognizing that they may have become trapped in the negative feelings generated by the adoption experience. Armed with this new awareness, then can choose to catapult themselves into growth and strength.

Constellation members may repeatedly do and undo their adoption experiences in their minds and in their vacillating behaviors while striving toward mastery. They will benefit from identifying, exploring and ultimately accepting the role of the seven core issues in their lives.

**References**


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