

# THErapy WITH ADOpTEES IN PUBERTY

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## INTRODUCTION

The background of these reflections is a number of therapies with a quite uniform content matter: the adopted child enters puberty, and the family experiences a number of serious conflicts to the surprise of those involved. These conflicts often contain the element of intense anger towards the adoptive parents, some times even violence. I have tried to convey some reflections on useful ways of understanding this chain of events, hoping that they can be useful for therapists when planning the therapeutic sessions. Three questions are considered:

1. What is special about the bonding process between adoptive parents and the adoptee?
2. What problems may be generated by these circumstances?
3. How can you work with them?

In the initial mapping process of these therapy sessions it is often seen that a number of circumstances in life have created an unholy alliance that “explodes” in puberty. These circumstances may be of interest in preventing puberty problems, and they illustrate some basic tasks for the professional therapist as well as the challenges to the adoptive family members.

I should say that the problems described by no means represent the average adoption family in general. It is difficult to be adopted and be in puberty, but usually this is no cause for serious problems other than those met by other families with teenagers. However, those adopted late in childhood (at 2 -7 years) have a somewhat higher frequency of these problems, according to Hoksbergen 8 % compared to 4 % in the average population.

## TO CREATE AN IDENTITY FROM A COMPLEX BACKGROUND: THE PUZZLE AND THE PAINTING

The more different roots of origin a child has, the more difficult they can be to assemble into a picture of a uniform identity, especially for a child. And as soon as emotional pressure rises, the fight/ flight position is taken by the child and those around it when interpreting identity: is this person a Dane (or other adoptive country), a Chinese, is this a multicultural family, a biological family, an adoptive family, etc.? Besides, becoming a family member is not a spontaneous event for the adopted as when you are born into a family. One may argue that this is not even the case any longer in the average family, where a pregnancy is often planned and scheduled. In the case of

adoption, the meeting has been very much planned on behalf of the adoptive parents, and a set of expectations have been created.

Adoption can be more convincingly compared to a difficult puzzle than to a spontaneous holistic painting – the point being, that the adopted child should be able to create this painting during puberty. It takes a higher degree of reflection and emotional restructuring for all members to create the state called “flow”: a flexible concept of the self and the group, generating internal stability from an unburdened adjustment to events and relations in life. This is the very core of identity, a deep sense of being the same caused by a perpetual adjustment to change.

What are the problems facing the adoptive family members in the mutual assembling process of the puzzle, and what qualities are required to increase the probability of success?

## **THE WORKING HYPOTHESES ABOUT THE LIFE PROJECT**

A major determinant in adoption is the set of ideas produced by the parents and the adopted child. These “work hypotheses about the puzzle” stem from deep emotions, and once formed they also determine new emotional structures in their own right. They determine what you do or don’t do in the relation, and what emotional air it is done with.

For example adoption was earlier embedded in ideas about guilt and shame, containing words like “bastard”, “rejected” and “illegitimate”. In itself, this context had the power to destroy lives, and most important, it caused silence instead of the dialogue necessary for the child to create relevant concepts about itself. This is sometimes still the context in a few adoption families. Denial of the obvious difference and a lack of openness about the process due to feelings of guilt is sometimes seen.

In the “average” family you usually find the idea of “uniform identity”, based on conceptions of common traits, be they biological (“we have long noses, and we are slim, etc.”) or based on social, religious and cultural traits. These ideas vary a lot from culture to culture. In Denmark, some immigrating Somalian families have been accused of faking kinship – overlooking the fact, that in this culture you belong to a family *if you live in the same house* – regardless of genetic origin, which is impossible to detect in this culture, and consequently plays no role at all.

The idea of uniform family identity can be an illusion in real life (today, a lot of families consist of members divorced from other families. Or, some population studies have been stopped, because they revealed that 15 % of the “fathers” were not biological fathers). But it is very effective as long as it operates, creating a group platform that cannot be questioned. Once it is broken – as in divorce – many problems are generated that are comparable to those of the adoptive family, facing such identity problems from day one. The task of the adoptive family so to speak starts with the break, and out the mending a social identity is intended to develop. As expressed so wonderfully in a Marx Brothers movie:

- “Find a shovel! There’s a treasure under the house next door!”
- “But there is no house next door?”
- “Well, then we will just have to build one, won’t we?”

And that's what you do in the adoptive family; you build a house together in order to find the treasure: mutual bonding.

It is probably an important determinant for the success of the adoptive family whether and how it transforms the idea of "uniform identity", including the versions running in the daily environment of the family.

Some adoptive families have great success in including the child without reflecting much at all. This is sometimes the case when the child was very young when adopted (0-3 months), and the larger family and environment include the child as a natural event.

Other adoptive families must revise their self-concept and find an identity as "an adoptive family", facing events that slowly exclude them from their habitual way of feeling connected with friends and family. For these families, other adoptive families are a more relevant source of identification, a forum where "being an ordinary family and yet a special family" can be understood and discussed. It can be difficult to celebrate a birthday where caucasian patriotic songs are sung, when one of the participants is obviously black as ivory...

And there are families where the idea of uniform identity is impossible to uphold from the start. Mostly because the mutual bonding doesn't proceed the way it was supposed to do. At times this is evident from the moment the child is received; at times things may go so-and-so until puberty where the inherent problems accelerate rapidly. This is often the case in families where the child was adopted late (pre-school child), or more consciously has been able to experience the original separation process as a traumatic loss.

Considering the very different starting positions for adoptee and adopters, it is in fact amazing that adoption is so often a success. These positions are considered here for the families experiencing considerable puberty problems.

## **THE STARTING POSITIONS FOR THE ATTACHMENT PROCESS IN THE ADOPTIVE FAMILY**

The starting position of the two parties involved in the adoption can be quite different.

The adopted child:

- has experienced a number of strains during pregnancy and birth, and has been exposed to a lack of parenting in the first years.
- is a survivor. In Hoksbergen's study of Roumanian adoptees, no introvert children were found. They had died before adoption. Only the extrovert had ensured sufficient adult contact.
- has negative experiences of attachment (as a predecessor of loss).
- has a pre - and a post - adoptive personality.
- starts the meeting with adoptive parents with a severe loss from mother and perhaps other caregivers as a background. It has already been *ab*-opted and almost at the same time *ad*-opted (excluded from and included in a group). A paradoxical background for attachment.

The adoptive parents:

- have a great wish for a child.
- have often lost the possibility of having their own child.
- are survivors: they have stayed together facing infertility.
- don't know the past of their new child.
- want the child to attach and to feel as "their child".
- want the child to develop quickly and "normally"
- are resourceful, involved and used to handle problems without external advice

These two backgrounds are of course very different and only have one thing in common: both parties have survived a loss, and try to find ways of coping actively with it. There are much fewer points of identity than in families in general.

From these facts it can be relevant - for therapeutic purposes - to define the adoptive family from its basic conditions for the attachment process:

*"An adoptive family is a group where all members have suffered a loss or experienced traumatic separations, and they all try to find relevant ways of coping with these experiences. The strategies for coping can be more or less convergent. The adoptive family is also special in the sense that the child is at the same time a guest and a full family member. The consequent role of the parents is to be both good hosts (for someone excluded from another group) and good parents. The consequent pre-determined role of the adoptee is to be a guest and also a son/ daughter".*

The role of the therapist is to introduce this starting position, and encourage study and clarification of the dualistic identity. Note, that these two angles of identity by no means exclude the other (parent/ host, guest/ son or daughter). Can you be two persons at the same time? No. Can you possess two equally important qualities at the same time? Yes. Many members of adoptive families have trouble because they confuse personal and social identity.

An example of identity problems leading to puberty problems:

*A boy is adopted at age two from an orphanage where care has been sparse. He was found aged approximately 12 months in the driveway of the orphanage. After adoption he is rejecting towards his adoptive mother and only accepts contact with his adoptive father. This pattern stresses the adoptive mother a great deal but seems to decrease after a year or so. However it has made the adoptive mother very insecure concerning her ability for parenting and the nature of the child's feelings towards her. The boy is under stimulated regarding speech but seems to catch up quickly, and he starts at age 3 in a kindergarten. He has many contacts but only develops a deeper friendship with a boy whose parents move to another town after a year. The father cares much for the boy and tries to share the same interests he had himself as a child. When the boy starts in kindergarten the pressures of work and economy cause the father to be more away from home, and the mother who works less takes care of him most of the day. After two years the family adopts a girl, and this is very difficult for the boy, who has temper tantrums and is very jealous of her. From 7 to 13 he seems to thrive in spite of some learning problems, and then he begins to feel excluded by his peers and loses interest in school. Also he has an increasing anger towards his parents. He finds new (rather dubious) friends and blames his parents for never wanting him and hating him. He seeks a lot of contact with them, but any demand elicits a fit of rage where he either has a*

*threatening attitude or practices violence towards them. Outside home he is well spoken and very charming. He has many unrealistic projects and ideas about his future that change from day to day. After one particularly violent episode in the home including a police report he is placed at in institution. After some time the parents enter therapy because they at least want to be able to meet with him in more constructive ways.*

## **BASIC PATTERNS OF ATTACHMENT AND COPING STRATEGIES TOWARDS SEPARATION**

The first element in therapy (after introducing the concept of dual identity) is to support an active mapping performed by the family members, concerning their coping strategies towards loss and experiences of separations.

At this point I must divert from the practice of therapy to introduce some theoretical background understanding. Here it is relevant for the therapist's understanding to use Ainsworth's tradition and studies of reactions to separation. These reaction patterns are so well established at age one that they can be recognized in adulthood concerning 70% of the children studied. As a consequence they can predict parental behaviour and the reaction pattern of the coming child even before birth or parenthood to a very high degree. The following text is only a very brief summary ( for the interested reader, studies concerning attachment are described in Cassidy & Shaver 1999, and particularly the Adult Attachment Interview is described in chapter 19).

Attachment between mother and child in the first years is an emotional and behavioural system designed to ensure proximity (physical closeness) between child and caregiver. It is therefore always activated by physical separations.

In The Strange Situation Test, Ainsworth (1978) detected three characteristic reaction patterns (or coping strategies) when the mother left the room, and later a fourth pattern was detected. During the test, the mother and the 1-year old child are introduced to a room with interesting objects, the mother leaves the room for two times three minutes, and the child's reaction at separation and re-union is observed. The four patterns are:

### **Secure/ autonomous.**

The child reacts when the mother leaves, but explores the room after a while, seeks contact with the mother again and is soothed, and quickly starts exploring the room again. There is closeness and mutual joy in contact between mother and baby.

### **Avoidant.**

The child apparently does not react to the absence of the mother and is consumed with handling the objects in the room. The mother when returning also directs her interests towards objects rather than the child. Studies demonstrate that the child is in fact very stressed by the absence and that this stress persists longer than in the secure child. The child seems to know that showing the appropriate feelings of separation may lead to rejection, and therefore controls the expression of these feelings.

### **Ambivalent.**

The child clings to the mother and can at the same time show anger or controlling behaviour even before the mother leaves the room. The child does not explore the room much, and not at all after the return of the mother. It seems to try to reassure itself of a proximity of which it is insecure.

### **Disorganized/ disoriented.**

The child's behaviour contains elements from one of the previous patterns, but the child doesn't respond to separation and reunion in a coherent pattern. It may "freeze" in a stiffened position, throw itself on the floor, cling to the mother and at the same time turn the face away from her. This pattern has been found to be related with later personality disturbances and other problems

## **THE ATTACHMENT PATTERN OF THE CAREGIVER**

In the Adult Attachment Interview (designed to determine the adult attachment pattern) the interviewed person is asked a number of questions regarding significant attachment persons during the childhood and lifespan of the person. The patterns in the way of structuring the answers and having contact with the interviewer have been found to reveal the attachment pattern of the person. It is not the content of the answers (such as the number of traumatic events) but the way of *structuring the answers* that is important. Certain deviations from a coherent description are characteristic of one of the four patterns.

The *secure/ autonomous* adult searches for meaning in early experiences and generally finds attachment to be an important issue in people's lives. When structuring, the person can switch between detail and whole in appropriate ways, provide evidence and relevant examples for the qualities of the important attachment persons in his or her life, and tries to understand the behaviour of attachment persons by reflecting about their possible motives. One variant of the secure/ autonomous pattern is the "earned secure" person, who may have had traumatic attachment experiences and losses, but has worked with them and thereby has managed to re-obtain basic trust.

The *rejecting* adult gives short answers, does not see much importance in attachment or even severe early loss, and idealizes early attachment figures – whereas the practical examples do not prove an ideal figure or are downright contradictory to the supposed qualities described.

The *pre-occupied* adult (i.e. the once ambivalent child) is very concerned with past relations more than the present, and still harbours considerable anger and seems to expect future rejection. Answers about early attachment figures are vague, generalizing and sometimes lengthy. The person seems to focus on the feelings of others, rather than on his or her own.

The *unresolved/ disorganized* adult seems to re-enact and re-experience the unresolved traumatic experiences in the present, and be overwhelmed by the feelings once attached in the present. The structure in the story is lost, the person is dissociated and proportions disappear. The time dimension seems to vanish (for example a long dead person is described in the present tense as if the person was still alive).

## **ATTACHMENT IN THE ADOPTIVE FAMILY CONTEXT**

This framework of understanding can be useful when working with the adoptive family: in the family with the late adopted child, the attachment pattern and strategy towards loss has already taken form prior to adoption. This pattern from another context is introduced to the respective attachment patterns of the adoptive parents when adoption takes place. Therefore there is no automatic compliance between the patterns of child and caregiver and their individual ways of handling attachment and separation. The effects of this “incongruent meeting” have not been studied, but a parallel situation – placement in foster care – was studied by Dozier (Dozier 2004). A main outcome of these studies is that in foster families where the foster mother has a secure/autonomous attachment pattern, the child evolves an identical pattern. In foster families where the foster mother has any of the other three patterns, the majority of children developed a disorganized/disoriented pattern.

I shall now return to the therapeutic setting.

## **THE “VIRTUAL ATTACHMENT UNIVERSE” IN THE ADOPTIVE FAMILY**

In therapy the members of the family are encouraged to investigate the separation events in their lives, and comment on and support the work of the other members. In a workshop, the early “pieces of the puzzle” are studied: who contributed to the person you are now, what happened between you, and how did you react to that? The participants use large paper “puzzle pieces” where they can make a drawing of a person who contributed to their life and personality (i.e.: the unknown biological parent, the staff member at the orphanage, the adoptive mother, the friend in school, the teddy bear, etc.). This almost automatically makes the incongruence between different caregivers obvious: their style, contact patterns, emotions, etc. Also, unknown persons in the puzzle can be shaped by fantasy (since we know today, that “memory” is a constant reconstruction rather than a fixed fact).

Focus is constantly interchanged between the person and actual reaction patterns, and the puzzle pieces (“who do you think gave you “anger”? What did she look like? Where does anger give you power today?), and back again (How did you feel when she said she loved you and wanted to care for you? How did experiences with other persons influence your reaction towards her? Is your reaction towards her really towards her or towards the woman at the orphanage who scolded you all the time?).

In the process of building a “virtual attachment” universe it becomes evident to all participants how difficult it is to unite all these very different pieces or contributions into a coherent concept about “who I am”. Sometimes a pair of scissors is used to shape one piece to make it fit into another, while the verbal process is concerned with modifying the experience of persons and differentiate between them. How does “survival above all spurred by anger” at the orphanage fit into another piece wanting you to be “a nice adopted boy in school”? In the actual case, the young man put these two pieces on top of each other, curled them up and said: “They just can’t fit!” and I said: “You are so right about that” and then the mother started crying. We had a long conversation where the mother realized that she had imposed her need for love on him without seeing him, and the adoptive father realized that he had tried to make him “the son he never had”. After that, the young man

made new pieces representing the staff member in the orphanage and his adoptive mother. In other words, differentiation and consequent integration is the method in this therapy.

When any family member's reaction pattern (however dysfunctional) has been recognized and re-interpreted as a legal effort to create closeness and protect individuality, the next step is turned towards the present.

## **MAPPING ATTACHMENT PATTERNS IN DAILY LIFE SITUATIONS**

The members of the family now describe problems in daily contact, and the ones that are not too controversial and emotionally loaded are chosen for starters. The goal is that each member produces a clear idea about their own reaction patterns and how they influence the situation, and those of the other members. The drawing method can be used again if necessary, but this time the daily conflict situation is the theme of the drawing.

From my professional point of view I observe *how* the members communicate about the everyday situations. I consider which of the four attachment patterns this might reflect, and bring these observations into the dialogue as a supplement to the reflections of the participants, if it seems to serve a purpose. With this approach we can create knowledge and respect concerning the way members communicate and show the relevance of the attachment pattern in question (serving the purpose of protecting the individual against loss or insecurity, while at the same time ensuring closeness to others).

With the young adoptee I can openly define his or her behaviour traits as a healthy and natural reaction to unbearable separations early in life. And, when this trauma happened early in life, the tendency to respond in the original way without maturing the reaction pattern (still scream, feel totally abandoned or have a temper tantrum when you feel that your needs are not met).

## **PARENTAL BEHAVIOR IN DAILY SITUATIONS**

With the parents I then work with the emotional system and in particular how it is expressed in everyday situations, where a demand from parents or separation is involved. Here the dimensions of secure/ autonomous behaviour, *coherence and reflection on the motives of others* are translated into communication patterns.

Messages from parents to adoptee must be clear and recognizable, providing details about the exact behaviour wanted, rather than long explanations and efforts to motivate the young person. And they must be presented in a calm and kind way. The reflections on motivation are also part of the message. If the ambivalent youth wants to be close, the parent may answer "You want to get close to me now. How close should that be? You know if you get very close, you often get angry because it's too close. Just sit here next to me, look me in the eyes and tell me what you want/ feel". Or if the young person wants to run away: "Now you want to get away from me – I think you just liked me and that was a little scary. So it is wise to go a little away from me. Don't go too far away - then you feel lonely, you know". The parent constantly interprets the supposed emotional motives of the youth in the open and is able to appreciate and contain emotional contradictions ("You like me and at the same time you move away, that's OK with me"), in this case ambivalence towards closeness.

The instructions are given so that they can be incorporated in the general communication pattern in that family.

The parents learn to *reflect internally* about how they express feelings before they do so in behaviour, such as: “I feel the urge to take him to my bosom and tell him I love him – how would he probably react to that? Is that what he needs right now? How can I show it in a way he can handle, if I choose to show it at all?”). It is a goal that the emotional state of the parents becomes as independent as possible of the emotional state of the youth (autonomy). Here it may be proper to work with “still living reactions” in the life of the parent, such as grief of earlier losses or rejections.

In general, it is necessary to work with the parent’s basic assumptions about how a child should develop, and especially how quickly so. Usually, you see a catch-up during the first year of adoption, but the real development often emerges 5-6 years after adoption. Even so, parents have often underestimated the need for letting the child adjust itself to the new circumstances before any developmental demand is put on the child.

It is often necessary to work with the life course expectations and the confusing distance between emotional and intellectual development in the juvenile. At puberty, the young person will often have an idea about autonomy, moving away from home soon, getting a job and a girl/ boy friend, while it is very clear to others that this is not possible, given the developmental delay. These items may be confronted in therapy with all members of the family, stating that the youth has suffered the consequences of early neglect and therefore can’t live without adult caretakers in spite of his or her age, be they the parents or professionals.

Also it is a help for the parents to know that early coping strategies have a renaissance in puberty in the relation to the parents: projection, splitting, denial, etc. Many adoptive parents have recognized these defences during earlier years but have avoided the necessary confrontations. As a result the youth can have considerable control over the parents.

Finally the general time perspective is lined up: that it may take two to three generations to mend the broken bonds caused by neglect and a traumatic adoption, so that only the second generation may find the solution and be fully integrated in the new society.

## **RESULTS**

This course of therapy does not change the basic difficulties described, but sometimes reduces them to a level where living together or separating in a sensible way is possible, so that contact can give meaning in the future life of the family. Depending on the severity of the attachment problems of the youth, a basic understanding, better insight and clarification can sometimes take place. Only in teenagers who were originally not very traumatized you can sometimes see a radical change as they succeed in integrating the different aspects of early life into a meaningful whole and a much clearer sense of personal identity. In general, the almost certain outcome is more relevant coping strategies and understanding in the adoptive parents, who are almost always resourceful and very engaged parents, albeit sometimes very traumatized at the start of therapy.

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