ATTACHMENT IN ADOPTIVE FAMILIES

ATTACHMENT:
Definitions of attachment: “an affectionate bond between two individuals that endures through space and time and serves to join them emotionally." (Kennell, 1976)

"a relationship that develops between two or more organisms as their behavioral and physiological systems become attuned to each other." (Field, 1985)

Adult-child attachments influence some aspects of physical development, impact on cognitive development and provide the foundation for virtually all of the child's psychological development. In the animal kingdom as a whole the primary purpose of attachment is providing safety and protection for the vulnerable. Gradually, in humans attachment has taken on other additional roles such as socialization, stimulation of intellectual development, and identity formation. These are the areas that will be most affected by attachment problems.

Key factors in developing attachment:
1. the carer's sensitivity to the child's signals
2. the caregiver's initiation of a variety of interactions

Relationships are cyclical, each individual influencing the other. (Field)
1. Each partner provides meaningful stimulation for the other
2. Each partner has a modulating effect on the other's arousal level
3. The relationship facilitates an optimal growth state
4. This optimal growth state is threatened by changes in the individuals or their relationship or by separation.
5. Attachment seems to be a regulator of body functions and, as such, in humans the early infant-caregiver relationships influence the development of rhythmicity.
6. Stein reports that 48% of maternal behaviors mirror infant's behaviors. He attributes this to a matching of inner states rather than to an imitation of external behaviors.

Margaret Ricks described three types of emotional corrective experiences:
1. Change through time in the same relationship
2. Repeated experience in other relationships that counteract earlier perceptions.
3. An especially strong emotional experience that counteracts earlier beliefs.
WAYS TO PROMOTE ATTACHMENT:

Arousal-Relaxation Cycle

- Need
- Trust
- Security
- Attachment
- Satisfy
- Need
- Relaxation
- High
- Arousal

Positive Interaction Cycle

- Adult Initiates
- Positive Interactions
- Self-Esteem
- Self-Worth
- Child Responds
- Positively

Claiming behaviors identify those who are members of a group. In families they are closely related to empowerment and entitlement issues. Identification of the child as a unique individual of particular value to the family enhances the claiming.

A variety of specific techniques for enhancing attachment have been described. All include:

1. Focused attention
2. Adults decoding children's behaviors
3. Physical touch

BARRIERS TO NEW ATTACHMENTS may be posed by the child; the family; "helpers"; or the environment.

1. Child-centered factors that influence attachment
   a. Organic factors such as those posed by FAS or FAE, in utero drug effects, sensory processing problems, etc. There is some evidence that traumas in infancy may lead to changes in the neurotransmitters.
   b. Psychological factors such as fear of pain, loyalty issues; survival behaviors; and unresolved grief.
2. Family-centered factors include dysfunctional family dynamics; parental echoes; parental survival skills; fantasies; rescuing/saving.
3. Barriers posed by "helpers" include: Lack of empowerment; confidentiality; rescue or protection from pain; helpers' echoes; and lack of flexibility
4. Environmental barriers include: Socio-economic factors; extended families; schools, neighbors; society as a whole and system-caused problems (both Social Services and Judicial systems).
TYPES OF ATTACHMENTS:

1. **Group B--secure**: Ainsworth described the securely attached child as one who seeks his primary caregiver when distressed; as easily comforted, absorbed in play, curious and responsive to environmental cues.

2. **Group A--insecure/avoidant**: Ainsworth described these children as avoiding mother after a brief absence; as being more friendly with strangers than with parents; and as paying more attention to the environment than to people. During the preschool years these children have been described as hostile and distant with peers and teachers alike; as socially isolated; less compliant with rules; and more expressive of negative emotions. As they grow older these children are frequently very independent; sullen and oppositional; not likely to seek help when injured or disappointed; angry and distant; lacking in empathy; omnipotent in approach to the world and rejecting of nurturing.

3. **Group C--insecure/anxious or ambivalent**: Ainsworth described these children as alternating between seeking proximity and resisting contact during interactions with parents; as having problems directing attention to the environment as they were overly oriented toward parents; and as behaving as though they experienced continual fear and distress. Follow-up during the preschool years revealed that the insecure/anxious children demonstrated chronic dependency upon teachers; were inept in social skills with peers and less confident and assertive than others their age. As they grow older they are likely to be clinging and shadowing with adults; whiny, dependent and demanding; eager to please; intrusive on adult space; pouty when limits are set; have excessive separation problems and to lack confidence.

Those who are ambivalently attached demonstrate a love-hate relationship with parents. Although they may demonstrate genuine affection it is only on their own terms. They exhibit excessive anger or rage when adults set limits on their behaviors. They easily feel rejected or betrayed and exhibit regressive or immature behaviors when craving love or affection. Although they are likely to sabotage the relationship when parents are feeling emotionally close, the child tries to engage the parent through manipulation when the latter is distant. Parents end up feeling like no matter what they do, they are wrong.

ASSESSING ATTACHMENT

1. Three key factors in assessing attachments are reciprocity of interactions; the child's abilities to explore his environment in a meaningful fashion and the reaction to separation (Regina Lawrence).

2. Parent behaviors to observe. Are parents responsive to the child's cuing? What types of interactions do parents initiate with their child? Do parents recognize the child as a separate individual with needs of his own or do they see the child only in terms of their own needs? Are expectation and disciplinary techniques appropriate for the child's stage of development? Is there positive claiming of the child? Do parental behaviors encourage continued interactions with the child or are they emotionally or physically distancing?
3. Child's behaviors and developmental functioning. Are these age appropriate? How does the child let others know his needs? Is he responsive to adult overtures? Who does he go to for affection? Who does he go to when he is tired or under stress? How does he respond to discipline? Do his behaviors encourage closeness or distancing? Is he relaxed or anxious and hypervigilant when with his caregivers? How does he respond to separation from caregivers? to seeing them after a separation? Does he demonstrate behaviors that indicate claiming?

4. Environment. Does the environment provide both adequate stimulation for growth and change along with age appropriate safety?

5. In assessing attachment it is useful to determine the frequency and type of interactions initiated by each parent and child. In some cases there are many interactions but the child is responsible for initiating all or most of them.

DEVELOPMENTAL INTERFACE

FIRST YEAR OF LIFE: The primary tasks to be accomplished.

1. The meeting of dependency needs.
2. Building up feelings of trust, security, and attachment.
3. The beginning sorting out of the significance of various external and internal stimuli.

Because of his dependency needs, in most parent-child dyads, attachment is relatively easy to establish with an infant. However, if the baby has problems with cueing or if the adult does not focus on decoding the child's cues and meeting his needs, then problems are likely to occur. Parents who have trouble meeting needs "on demand" are likely to be at risk in parenting an infant. If an infant's dependency needs are not met, he may grow up to be one who continues to think that life owes him and it is quite likely that he will have trouble ever meeting the dependency needs of others. Trust for others will be impaired. Although these problems may not become evident until ages 9-11, learning problems, secondary to problems with cause an effect may occur.

1. Safety and security, both physical and psychological, are the young child's greatest needs.
2. Infants placed at birth with caregivers other than birth parents are just as likely to form secure attachments with their primary caregivers as those who are raised by birth parents.
3. By nine months parent-child relationships are fairly well set. Relationships, even in the earliest days of life, are cyclical--adult and infant each influencing the actions of the other. A lack of reciprocity in relationships indicate problems.
4. Because of their influence on the developing nervous system, traumas in early life may have a life-long impact on the child.
TODDLER YEARS (1-3): Primary tasks:

1. Gaining autonomy--a sense of independence.
2. Identity formation--sex, position in the family, and first name are all important.
3. Continued growth in awareness of perceptions, both external and internal (i.e. toilet training).
4. Language becomes functional.
5. Developing social emotions (empathy, pride, shame, guilt, embarrassment).

Toddlers are creatures of routine. Continuity in relationships continues to be very important during this period of life. The drive for independence is necessary for the development of a strong sense of self. Parents need to avoid control battles, while maintaining expectations and consistency. These are frustrating years for the toddler who is exposed to more stimuli and emotions than he can comfortably manage; the frustration frequently leads to outbursts of aggression. Parents at risk include those with unresolved issues around aggression and/or control, as well as those who are rigid and inflexible or who are compulsive about cleanliness and neatness. Mothers who themselves suffer from unresolved separation anxiety may be threatened by the autonomy of the child.

PRESCHOOL YEARS (3-6): Primary tasks:

1. Continued individuation, independence, and proficiency in terms of self-care.
2. Two major internal psychological struggles are usually solved through the medium of play--these are the "big vs little" conflict and the "good vs bad."
3. An important time in terms of sexual identity. (Oedipal stage). They are becoming aware of sexual differences and frequently are involved in sexual exploration.
4. Preschooler’s thinking is characterized by being magical and egocentric.
   a. They believe wishes make things come true.
   b. They believe that all attitudes, behaviors and emotions of others are in response to themselves.
   c. Concrete thinking; literal; "parrot" what they are told without necessarily understanding the meaning of the words.

Because of the concrete thinking, adults must be careful of the actual words they use with children of this age. Due to the combination of magical thinking and the "good vs bad" struggle, the preschooler may perceive himself as so "bad" that he was responsible for whatever has happened in his life. Children of this age view whomever is providing their caregiving as their family--they are incapable of understanding a connection to a birth family with whom they do not live.

Parents with their own unresolved oedipal conflicts likely to strike out at their child of the same sex. Those with long-standing guilt over their own sexuality, or those who were exposed to
traumatic events during their own oedipal period may have problems parenting children of this age.

**THE GRADE SCHOOL YEARS: Primary tasks:**

1. Master problems encountered outside the family unit
   a. Academic learning
   b. Peer relationships
   c. Improvement in gross motor skills

2. Conscience development: This starts before this period and continues long afterwards but there is major growth in this area during the grade school years that the youngster moves from fear of consequences to internalized guilt and displeasure with self after doing something wrong.

3. Increase awareness of his own strengths and weaknesses in a variety of areas.

4. Up to age 7 or so children continue to identify family as those who live together
   a. Schools frequently have some aspect of curriculum which addresses family related topics
   b. Children of these ages learn to differentiate between adoption and birth as alternative ways of forming families.
   c. Like to be special or different so some will see adoption as being an advantage.
   d. Self-concept (how children see themselves as opposed to self-esteem which refers to how much they like what they see) is related to cognitive skills. During the early grades, the child defines himself/herself physically (gender, size, appearance, possessions etc.)

5. Around age 8 children come to recognize that families are usually defined in terms of blood relationships.
   a. At this time they become emotionally aware of having lost a set of parents prior to joining their current family.
   b. The process of "adaptive grieving" accompanies this sense of loss.
   c. Those who perceive themselves as abandoned or rejected are likely to be angry at their birth parents; those who think they were stolen or bought may be angry at current parents; those who think there is something wrong with themselves that made their parents not want them are likely to turn their anger inwards.
   d. Start to recognize the importance of their birth father and feel a sense of genetic connectedness to birth family members.
   e. Acknowledgment of, and support for, painful feelings associated with the "adaptive grieving" can result in strengthening of attachments.
   f. Now their self-concept becomes more reflective of their personality as they start to make distinctions between mind and body--between what they thought and what they did.
Parents who are very self-centered or controlling may view their child's relationships with peers and other adults as disloyalty. Those parents who had either academic or behavior problems during their own grade school years are at risk when parenting children with similar problems.

**ADOLESCENCE: Primary tasks**

1. Needs to answer questions of "Who am I?" "Where do I belong?" "What can I do (be)?" and "What do I believe in?"

2. Psychological separation (differentiation) from family important developmental task. The adopted individual must not only separate from his adoptive parents but, at some level, must also separate from birth parents (and any other meaningful parent figures from their past).

3. Control issues: During times of psychological separation, control issues tend to emerge. The adult's role is not to take control from the adolescent, but rather to create an environment in which the young person has to develop more self-control.

4. Sexual issues: Because of physical and hormonal changes, adolescents are highly sexualized (not to be confused with necessarily being sexually active) beings. They move from depending primarily on same sex relationships to also developing opposite sex relationships.
   a. Sexuality of adolescence interfaces with identity issues and may become focus of control issues between parents and young person.
   b. Infertile mom/adolescent adopted daughter

4. Identity issues prominent. Brodzinsky and Schecter have identified several different aspects of identity.
   a. Physical identity includes appearance, health, physical maturation all of which are more related to genetic family than socio-legal family
   b. Psychological self which includes personality, intelligence and talents also has strong connection to genetic family
   c. Social self which includes relationships with others more related to socio-legal family although temperament also plays a part.
   d. Achievements can relate to both as are a combination of talents and opportunities
   e. Values are usually related to early environment.

5. Adolescence is accompanied by rapid gains in abstract thinking
   a. Capable of hypothetical thinking.
   b. However, simultaneously egocentric and magical thinking tends to resurface.
   c. Only now may they understand the legal implications of adoption vs long-term fostering.

Both in adolescence and in adult life, attachment behaviors are aroused when individuals feel:

1. Anxious or upset
2. Is faced with difficult situations.

As the intensity of attachment behaviors increase, creative problem solving and exploration are
overridden.

According to Celia Downs, exploratory behaviors for the adolescent include:

1. Ordinary everyday problem solving
2. Making sense of one's situation

Adolescents, just like children of earlier years, need a family who will provide a secure base for their exploration. Downs goes on to point out that the main components of providing this secure base for adolescents are caretaking, feedback and alliance formation. Caretaking involves responding with an appropriate combination of physical proximity and empathy. However, the adolescent's cues are frequently distorted or communicated with anger. Attachment disordered adolescents are usually operating on an obsolete internal working model of relationships, therefore current feedback needs to be straight forward. Reframing negative behaviors in terms of positive strivings is frequently an important component of helpful feedback. It is only within the context of a reliable alliance that exploration and reintegration of earlier life events can take place.

Both parents who need kids to stay dependent upon them because of their own dependency and those who cannot relinquish control over their children are likely to have problems parenting an adolescent. It has been found that mothers who themselves were pregnant as adolescents are at risk for abusing their adolescent daughters who evoke their own repressed guilt.

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Vera I. Fahlberg, M.D.