

# To attach or not? ...the burning question

Cas O'Neill

*This article explores the difficulties and joys of older child adoption. While many children and their families grow towards a secure attachment over months or years, this will probably never be of the same intensity as that between parents and their biological children. For some families, the role of loving caretakers may be the best possible outcome for a child with attachment difficulties.*

These thoughts were first presented at the Fourth Australian Conference on Adoption, Canberra, October 1990.

When parents give birth to a wanted child, the process of bonding may have begun even before conception, but certainly through the pregnancy, parents are usually engaging actively with their child, imagining how s/he will look and what it will be like as parents, even down to future details such as the first day at school. These fantasies, along with a strong desire to hold the real child, culminate in birth, when the child begins to contribute strongly to the bond between parents and child, which is now expressed in looking, hearing and touching; and in the arousal-relaxation cycle, where the child learns to trust that her needs will be met [Fahlberg, 1988].

Elements which contribute to difficult initial bonding after birth, relate to physical separation between parent and child; or psychological separation, such as unresolved grief in the parent, especially for a lost real or fantasised child [Bowlby, 1966; Klaus & Kennell, 1976].

The bonds between adoptive parents and their adopted babies appear to develop in very much the same way, despite the lack of the birth experience [Singer et al, 1985; Smith & Sherwen, 1983]. Fantasy prior to the child's arrival is an important element in this process, as are reactions of family and friends and general social validation of the new parents' role.

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While Bowlby was pessimistic about the reversibility of early deprivation and lack of attachment for a child, many other researchers and parents of children adopted at an older age would beg to differ [Churchill et al, 1979; Fahlberg, 1988; Gill, 1978; Kadushin, 1970; Smith & Sherwen, 1983; Thoburn et al, 1986; Ward, 1981]. However, it does seem as if there may be a stage in a child's life where the accumulation of deprivation and multiple moves makes it increasingly less likely that the early lack of meaningful bonds will be reversed [Reid et al, 1987; Thoburn et al, 1986].

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Attachment has been defined as 'an affectionate bond between two individuals that endures through space and time and serves to join them emotionally' [Kennell et al, 1976, quoted in Fahlberg, 1988]. It is obviously affected by what both parent and child brings to the relationship and within a family is multi-faceted, involving many different bonds of varying closeness between family members.

Children who are permanently placed, at an older age, with a family other than their birth family, have experienced disruption in terms of previous relationships, to a greater or lesser extent. This will of course have a marked influence on the child's future and on the new family.

Those of us who have adopted, fostered or been family group home parents to such children are usually able to identify with Linda Katz's comment about 'the profound, wrenching and long-lasting changes', which take place in our families when a disturbed child comes to join us [Katz, 1986]. She goes on to discuss the incongruence of being instant parents to someone else's child, who isn't likeable, let alone lovable; and to the way this can undermine the emotional temperature of the family and the meaning that the parents have attached to being parents.

The imagery of the family seen as a widely swinging mobile [Gill, 1978] or discordant music system [Cline, 1979] is highly relevant, as parents and other children feel confused, guilty and separated. The ability of children in pain to bring to the surface long-forgotten painful episodes from their parents' earlier lives is not to be underestimated. To illustrate this point, I quote from an adoptive mother: 'this adoption has been the most personally painful experience of my whole life so far. I have learnt things about myself that I would rather not know - I have felt deep disappointment that I do not love this child as I do the others - yet I fought so hard to get her here and had such expectations'. Adoptive parents, therefore, need very much

to be able to tolerate, not only the child's pain, but their own ambivalence, or even rage at times, towards the child. This is easier said than done [Gill, 1978; Katz, 1986]. So, why do we do it, is it worthwhile and how does bonding happen with an older child? Well, I believe that most parents seeking to add a disrupted child to their families have little idea of what the reality might be, despite strong personal and humanitarian motivation and good preparation. This is probably reasonable, given that people might not choose this path if they knew the consequences fully. For most families, adoption of an older child does turn out to be worthwhile, both for themselves and the child. While the bonds created by pregnancy, birth and early childhood can never be recreated, other bonds of everyday caring and family activities bring a sense of security and belonging to children. However, it must be said, that it is sometimes very painful for parents to realise that:

- they can't make up for the previous rejections experienced by the child;
- they are often unable to love the child in the same way as a birth child.

### So to attachment...

Parents who have adopted know well the fantasy child and relationship they dream about before the real child is introduced to them. Fantasy seems to be a necessary part of preparation in adoption, just as it is in pregnancy [Katz, 1986; Smith & Sherwen, 1983; Ward, 1981]. However, the fantasy needs to be put aside to make room for the real child, who is unlikely to be able to compete in looks or sweetness with the dream. In adoptive parent preparation groups, we therefore ask prospective parents to look clearly at the dream, because a fantasy is difficult to put aside until it is recognised as such.

An important part of bonding seems to be the 'chemistry' between individuals, which is probably a mixture of physical and behavioural characteristics [Thoburn et al, 1986]; and the 'match' or goodness-of-fit between the needs and characteristics of the child and the motivation of the parents to adopt [Thoburn et al, 1986; Ward, 1981]. Linda Katz talks about parenting a child, who 'looks, sounds, and even smells like a

stranger' [Katz, 1986, p. 572]. I well remember a friend of mine, who was a very caring foster parent at the time, saying that she did not want to touch one boy who was in her care and could not bring herself to sip from the same cup as him.

Adoptive parents need to have a sense of entitlement to their child, in order for them to fully feel that they can act as parents [Ward, 1981]. In adoption, as in other forms of alternative care, this can be difficult, due to:

- the age at which the child enters the family's care;
- the intense, and I believe necessary, screening process, which tends to disempower prospective parents;
- societal messages that adoptive parents are not the 'real parents';
- the fact that many children, while needing permanent family placement, are not legally free for adoption;
- the child's references to previous parents.

Nevertheless, adoptive parents can be empowered by social workers during the placement process and there is some evidence to show that bonding is helped by parents being able to choose their child [Thoburn et al, 1986]. Parents also need to feel some personal control of:

- the situation in which they first meet their child [Smith & Sherwen, 1983]. This is obviously difficult, for example, in airport meetings for intercountry children;
- the subsequent supervisory period. Having been both parent and worker in this situation, I know how difficult this can be to achieve. It is up to social workers to empower parents by being sensitive to family needs in terms of timing of visits and to use language which validates the parent-child relationship.

Margaret Gill has talked of the early process of a placement, in terms of:

- the 'honeymoon period',
- the testing phase, followed by
- incorporation into the family, mixed with patches of regression [Gill, 1978].

While the testing phase may often represent a crisis for the family as a whole, causing a re-examination of

the parents' and siblings' motivation to adopt, initial bonding and commitment may be deepened during this troubling time of volatile emotions [Thoburn et al, 1986; Thoburn, 1990; Ward, 1981].

Bonding is immeasurably enhanced by support, from extended families; from the adoption agency and other professionals; from friends and neighbours; and, very importantly, from support groups of other parents in a similar situation.

It is rare for an older child to be welcomed by the community in the same way as a baby is and this can be distressing for families. There are no flowers, presents or cooked meals. Instead, there is misplaced admiration for the parents in 'taking on somebody else's unwanted child', curiosity about the child's background and some expressed fears about how the new child will affect the family. Later on, when the parents are having a torrid time, but the child is presenting a sweet face to the world, there may be condemnation when the parents want to pour out their distress. A common comment is 'but you knew what you were getting into'.

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The children themselves will determine in part how much support is offered. A child who makes friends easily will be invited to play more frequently than one who alienates other children or adults.

Children who exhaust the family support systems at an early stage are obviously at greater risk of the placement breaking down. Some writers have suggested that agencies should offer respite care to adoptive families in this situation, as is offered to foster parents and family group home parents on occasion [Katz, 1986; Reid et al, 1987]. I strongly believe that families should be able to avail themselves of this kind of support, at times of high

stress, without this being viewed as failure.

Biological children in the family often help to build bonds with the new child, as it may be easier for a disrupted child to relate to other children than to new parents. However, biological children may also serve to heighten negative comparisons with the adopted child and this can be difficult [Katz, 1986; Thoburn et al, 1986]. Existing children may also grow to resent the enormous emotional effort put in to the adopted sister or brother by the parents, which inevitably lessens the time which was hitherto available for themselves.

Bonding depends very much on shared activities, social and physical. When families have fun together or carry out routine activities as a group, the feelings of attachment can almost visibly grow [Fahlberg, 1988; Smith & Sherwen, 1983; Thoburn et al, 1986; Ward, 1981]. While some lucky families bond immediately to their new child, others say that the relationship grows more slowly or that the relationship will always be different to that with their biological children [Thoburn et al, 1986].

Some families may never feel particularly bonded to their child, feeling more like caretakers [Reid et al, 1987; Thoburn et al, 1986]. Nevertheless, they may continue to give the security and continuity of a family to their children and this is worthwhile and valuable in itself. The initially high expectations of pre-adoptive parents set the scene for a great deal of striving, perhaps more so than for foster parents and family group home parents. This in turn may lead to considerable sadness when love just doesn't happen. However, whether the bond turns out to be a deep and loving attachment or involving a role as loving caretaker, most families who adopt, or permanently care for, older age children, find the experience a profound one, which leads to growth in all sorts of unexpected ways. ♦

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*Dr Paul Gibney is an extremely inspiring, entertaining speaker who combines a thorough grasp of theory and an irreverent independence of thought to develop ingenious, humane therapy. His creativity, warmth, and informality go hand in hand with careful preparation and a sensitive commitment to the therapeutic craft. A Social Worker and Family Therapist in Private Practice in Brisbane, Paul has written widely and taught nationally and internationally on these issues. He is well known for his ability to weave integral theoretical issues in psychotherapy with poignant clinical material. His recent Melbourne workshops have been heavily attended and widely acclaimed by participants.*

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