

CREATING THE BOND:

ATTACHMENT STYLES AND ADAPTIVE STRATEGIES IN ADOPTED CHILDREN

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ATENE

17.6.2011

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Παρουσίαση από το Σεμινάριο της ΕΕΣΣΚΕΨΟ. Αθήνα 17 Ιουνίου 2001

OUTLINE OF THE PRESENTATION

- ATTACHEMENT THEORY
- RESEARCH ON ATTACHMENT
- DISORGANIZED ATTACHMENT
- CHILDREN'S AND PARENTS' REPRESENTATIONS
- WHAT MAKES ADOPTION DIFFICULT
- CHILDREN'S STRATEGIES
- THERAPEUTIC MEANINGS OF ADOPTION
- PARENTS' RESPONSE

THE CHILDREN'S NEEDS

- Positive and reassuring experiences that repeatedly take place during childhood represent the child's resources.
- In life's circumstances when an adult feels sad and unhappy, he/she would need to sum up the reserves gathered during his/her childhood.
- It is therefore important that during childhood positive experiences outnumber negative ones.

HARLOW'S STUDIES

- Children have always been the object of attention, affection and dedication.

- These aspects have been recognised as essential for a healthy development only recently.
- Like the child's body, which cannot develop if not fed properly, similarly his/her mind and heart cannot develop if they do not receive enough love and attention.

ATTACHMENT THEORY BY J. BOWLBY

- Attachment is a human beings' innate inclination – but not exclusively human – to seek proximity to an adult figure of the same species that is perceived as stronger and wiser (attachment figure) and therefore able to give protection, especially in the event of danger, disease, pain and vulnerability.
- This inclination has important biological functions; in particular, it ensures the survival of the individual and of the species, easing the adaptation to the environment.
- Attachment develops between the ages of 8 and 12 months, normally towards the mother, and generally towards the person who looks after the child more.
- According to the kind of relationship between the child and the attachment figure there are four main types of attachment.

SECURE ATTACHMENT

If the attachment figure is sensitive and responsive, able to provide consolation and reassurance in a syntonetic way to the child's needs, the child will develop a secure attachment.

INSECURE-AMBIVALENT ATTACHMENT

If the attachment figure is sensitive and responsive in an intermittent and unpredictable way, the child may develop a tendency to amplify emotions, to exaggerate them, in order to make sure to have his/her needs satisfied.

INSECURE-AVOIDANT ATTACHMENT

If the attachment figure responds to the child's requests of care, consolation and support by taking distance, getting annoyed or encouraging premature autonomy, the child learns to suppress, hide or fake his/her emotions and needs.

DISORGANIZED ATTACHMENT

If the attachment figure is frightened – because overwhelmed by unsolved traumas – or actively threatening, abusing or frightening, the child develops contradictory behaviours that can take place in a rapidly-changing sequence: staying isolated or surrounded by people, arrogant or seductive, excessively autonomous or excessively dependant...

CHILDREN WE COME ACROSS IN OUR ADOPTIVE PLACEMENTS.

- Children who were not given the opportunity to develop a secure attachment relationship.
- Children who did not receive supportive care from their parents.
- Children who are strongly conditioned by the idea of not being worth of love.

- They have internalized distorted behavioural attitudes, the result of the parenting care received or traumas experienced.
- They are likely to develop attachment disorders.

RESEARCH ON ATTACHMENT

- In Canada Marcovic et al (1996) compared adopted children with non-adopted children finding out that adopted children developed insecure attachments more frequently than non-adopted ones.
- O'Connor, Bredenkamp and Rutter (England 1999, 2000) analysed a group of Romanian children aged from 4 to 6 years, interviewing their adopted parents and discovered a correlation between attachment disorders and traumatic experiences or major deprivation before the adoption.
- Cederblad et al (Sweden 1999) analysed a sample of 181 adolescents and found a correlation between the amount of time spent in the orphanage and the attachment disorders.
- Thanks to the "Strange Situation" procedure, Juffer and Roseboom (1997) have observed that 74% of children adopted before the sixth month of age show secure attachments between 12 and 18 months.
- Children showing insecure attachment amounted for a similar percentage to the ones in control group in biological families; this means that in short periods of time adoption does not represent a risk factor.
- However, a follow-up study carried out when the children are seven shows that adoptive mothers defined those children as problematic (Child Behavior Checklist).
- The positive influence played by the sensitivity and responsiveness of the parents declines in the transition from first to second childhood.

THE EVIDENCE OF ATTACHMENT

- Some studies classify the attachment of children put up for adoption.
- They suggest that:
 - Adopted children are less secure compared with their non-adopted peers;
 - There are substantial differences in the way adopted children restore secure attachments
 - children adopted at an early age succeed in a nearly complete recovery compared with their non-adopted peers in terms of secure attachment; whereas children adopted later show retardation compared with their peers.

METANALYSIS

- **Journal of Child Psychology and Psychiatry 47:12 (2006) pp. 1228-1245**

- **Marinus H. van IJzendoorn and Femmine Juffer**

- **Center for Family Studies, Leiden University, The Netherlands**

THE ANALYSIS OF THE DEVELOPMENT AREAS ACCORDING TO RECOVERY (Physical growth; The increase of basic trust; Cognitive development and school achievements).

- The effectiveness of adoption as social intervention becomes clear when comparing adopted children with their peers who stayed in communities in terms of growth potential, attachment and cognitive development.
- The recovery of adopted children is more evident compared with their peers staying in communities.
- They show less disorganised attachment compared with their peers in orphanages and twice as many possibilities of developing classified secure attachments compared to their peers in communities.

ADOPTION AS A RISK FACTOR AND A PROTECTION FACTOR

- Adoption proves to be an effective treatment and a factor of protection when comparing adopted children with their peers who stayed in orphanages or in their biological families.
- On the other hand, if we compare adopted children with their peers who stayed with their biological 'normal' families, adoption could be considered as a risk factor.

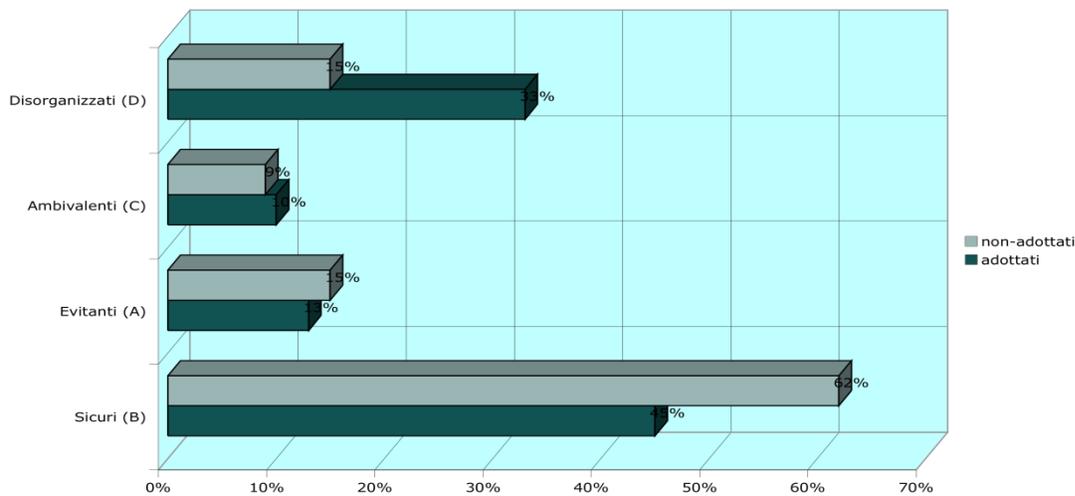
A COMPARISON BETWEEN ADOPTED CHILDREN AND CHILDREN GROWN UP IN ORPHANAGES

- The recovery is substantial, particularly in terms of physical growth;
- Moreover, adopted children show even more secure levels of attachment and considerably less disorganized attachment if compared with their peers in communities;
- Even their IQ is significantly higher than their non-adopted peers'.

SECURE ATTACHMENT

- Nevertheless, adopted children still show retardation compared to their peers of the same age and their recovery remains incomplete in certain areas;
- In particular, the study of the area of attachment highlights that:
 - 45% of adopted children develop secure attachment (62% of samples from non-adopted children)
 - 55% of them develop insecure attachment (38% of samples from non-adopted children)

A COMPARISON BETWEEN ADOPTED AND NON-ADOPTED CHILDREN ACCORDING TO THEIR ATTACHMENT PATTERNS



INSECURE ATTACHMENT

- The results of this research reveal a higher percentage of secure attachment in non-adopted children;
- In ambivalent and avoidant insecure attachment, differences are not significant;
- Nonetheless, adopted and fostered children develop disorganised attachment more frequently than their non-adopted peers.
- It is of striking importance that adopted and fostered children develop disorganised attachment more than twice as much as their non-adopted peers.

DISORGANISED ATTACHMENT

- Among adopted children showing insecure attachment, the percentage of children with disorganized attachment proves to be higher:
 - 12% of adopted children with avoidant insecure attachment(A)
 - 10% of children with ambivalent attachment(C)
 - 33% of children with disorganised attachment (D)
 - The distribution of the classification of attachment in non-adopted children is:
 - 15% of children with avoidant insecure attachment(A)
 - 9% of children with ambivalent insecure attachment (C)
 - 14% of children with disorganised attachment(D)

ATTACHMENT DISORDERS

- The child who is being put up for adoption has internalized distorted behavioural attitudes as a consequence of the parenting care received or traumatic experiences he/she had.
- The child can develop attachment disorders.
- Attachment disorders are caused by early relational traumas experienced within an attachment relationship.
- Disturbed behaviours which affect many of these children seriously challenge adoptive parents' parenting abilities.
- In particular, it is more likely that children who have been placed at an older age show bigger behavioural problems and psychological needs compared to their peers placed at a younger age.

TRAUMATIC EXPERIENCE

- The type of care received before the adoptive placement is normally characterised by factors like serious negligence, physical abuse, sexual abuse, rejection, psychological violence or some combinations of them.
- According to some studies there is a direct link between the amount of time the deprivation experienced by the child lasted and the entity of the attachment disorder he/she suffers from.

DIFFICULT ADOPTION PLACEMENTS

- Let us assume that adoption answers to the compelling and growing needs felt by a subgroup of children placed at an older age that experienced serious deprivation, danger, abuse and negligence before being removed from their biological families.
- In fact growing clinical and anecdotal evidence shows that a considerable number of parents who adopted an older child address bigger relationship and behavioural issues, especially from the second half to the late childhood and during adolescence.

DISORGANIZED ATTACHMENT

Attachment disorders are the result of early relationship traumas experienced within an attachment relationship.

- Disturbed behaviours displayed by many of these children challenge those who are replacing the biological parents (community educators, fostering family, adoptive family)
- The type of care received before the adoptive placement is usually characterized by negligence, physical or psychological maltreatment, sexual abuse, rejection or combinations of these.

DISORGANIZED / DISORIENTED PATTERN

- This pattern develops when the child has been frightened by the parent instead of an external situation.

- The parent is perceived as:
 - ◆ Frightening: dangerous, violent and hostile parenting behaviour.
 - ◆ Frightened: psychologically frightening / powerless parenting behaviour.

DISORGANIZED ATTACHMENT

- **Simultaneous activation of two incompatible behavioural responses:**

FEAR *and* ATTACHMENT

(taking distance) and (getting closer)

CAREGIVING'S CHARACTERISTICS

- Emotional, physical or sexual abuse, including rejection;
- Serious negligence and deprivation;
- Alcohol and drug abuse;
- Serious emotional disorders (e.g. depression);
- Unsolved losses/ childhood traumas;
- Domestic violence;
- Multiple placements.

CHILDREN CHARACTERISTICS

Behavioural profile

- Lacking control of impulses;
- Self-destructive behaviour;
- Destruction of valuable objects and objects that have a sentimental value to them or to other people;
- Verbal and physical abuse towards other people, especially family members ("Everybody hates me and I hate everybody and I'm gonna kick you in the bum!");
- Thefts (for example from their mother's handbag) and lies;
- Inappropriate sexual behaviour and tendencies;
- Animal cruelty;
- Fixation and interest in fire, blood, devil, knives, especially related to violent games and drawings;
- Sleep disorders;
- Enuresis and encopresis;
- Reluctant behaviour;
- Hyperactivity, inability to relax, constant need of stimuli and activities that often lead to anti-social behaviour;

- Children that behave as if their caregivers were responsible for their past abuse and their painful past experiences;
- Constant moaning about other people;
- Self-damaging behaviour.

Emotional profile

- Intense outbreaks of rage, anger and violence against their caregivers, particularly against their mother;
- Occasional inconsolable sadness, need for help and depression;
- Inappropriate emotional responses (for example laughing at other people's misfortune in public);
- Severe changes in mood;
- Inappropriate or insisting requests;
- Resentment.

Cognitive functioning

- Difficulty in evaluating links between causes and effects (they do not feel responsible for their choices and actions, with the tendence to blame other people);
- Self-perception as incapable, evil, often in need of help and sometimes endowed with supernatural and potentially dangerous powers;
- Perception of caregivers as not supportive, hostile and unaffectionate.

Social functioning

- Superficial and excessively trying to please strangers;
- Unable to maintain eye contact;
- Poor social skills towards peers;
- Showing tendency to struggle over the control of everything (fights for control);
- Leader behaviours;
- Relate to others in a manipulative, controlling and exaggerated way (for example by losing, selling or keeping a borrowed object);
- Not sorry or considerate of the pain they caused to other people.

Physical and development features

- Poor personal hygiene and self-negligence;
- Confusion about their own physiological states (for example, not knowing whether they are hungry or full, cold or warm, wet or dry);

- Abnormal eating habits (eating too much, stealing food, vomiting, refusing to eat – particularly in front of other family members);
- Difficulty relaxing;
- Behaviour exposing them to accidents;
- Pain tolerance excessively high or low;
- Feeling uncomfortable if touched (“Don’t touch me!”).

Self-perception of the child

- In games or drawings children with attachment disorders typically represent themselves as incapable and evil;
- Sometimes as powerful and potentially dangerous;
- Or even needy, frightened and confused;
- Having survived abuse and extreme negligence, some children see themselves as invulnerable and immune to dangers.
- They experienced starvation and physical assaults and they survived.
- It is hardly possible that the world can challenge them with anything worse than what they have already gone through.

WHAT MAKES ADOPTION DIFFICULT

THE IMPORTANCE OF EARLY EXPERIENCES

- The child’s early experiences taken place in his/her close relationships influence his/her expectations of himself/herself and of others and cause the activation of strategies that allows him/her to maintain contact with the attachment figure.

THE REPETITION OF THEIR PAST EXPERIENCES

- Recent studies on the psychological development of children in hostile contexts show that when the children are moved to a secure family environment, they continue using the strategies they developed in their previous situation of abuse and negligence in the new caregiving environment;
- The relationship with the new parents feels the effects of the adopted child’s past, past mental states, past behaviour and associated relationship behaviour, developed in the previous caregiving environment.
- Many of these mental states and adaptive strategies have been created in conditions of abuse, negligence or rejection.

INABILITY TO RECIPROCATE PARENTAL CARE

- Stovall and Dozier (1998) formed the hypothesis that even though these strategies helped these children to survive in very hostile environments, they also prevent them from benefiting from the genuine, loving and responsive care of their new parents.

- In particular, many of them seem to be unable to elicit or return the loving and protective parental care.

A TRANSACTIONAL MODEL

- A transactional model helps to explain the different behavioural and development patterns that the children developed after a traumatic experience;
- In a transactional model, both the child and the environment determine the development of the child;
- Children are changed by their environment, but social environment is changed by children and by their needs and behaviour.

Example

- An abused and rejected child may have survived without attaching the right importance to the negative influence his/her attachment figure had, assuming that protective parenting care cannot be available when it is needed;
- The child develops high levels of auto-resistance and self-containment (an avoidant attachment pattern);
- In the new placement, this child might carry on behaving in an emotionally self-contained way, taking that caregivers cannot be of any help when they are in need or distressed.
- With a child like this, an adoptive mother may feel useless or not wanted.
- She may take distance, stop her caring attitudes or start ignoring the child.
- The dynamics triggered by this interaction has the effect of replicating some of the previous caregiver's characteristics in the new caregiver – although in a less pronounced form.
- Based on the past experience of rejection, the child develops a mental representation of how the relationship works that can build a network of powerful transactional forces in which the new parents can easily be trapped.
- **THE IMPORTANCE OF ANSWERS**
- Each development pattern depends on the type of abuse, negligence and refusal experienced by the child and on the related behavioural consequences;
- When a child finds himself in a new adoptive environment, his/her development depends also on the caregivers' personal response.

THE PARENTS' INFLUENCE

- The dynamics activated by this interaction results in the reproduction, in a less pronounced form, of the characteristics of the previous caregiver in the new caregiver;

- This reproduction is not unavoidable, but the child's mental representation of the functioning of the relationship, based on the refusal experienced, can trigger strong transactional dynamics that can significantly influence the new parents' perception, thoughts, emotions, and behaviour.

THE IMPACT WITH THE ADOPTIVE FAMILY

- Even though these strategies helped the child to survive extremely difficult situations, they also prevent him/her from benefiting from good, loving and responsive parenting care.
- In particular, many children seem unable to elicit or respond to protective parenting care.
- This child seriously challenges the new caregivers that can experience considerable difficulty.

THE ACTIVATION OF THE ATTACHMENT SYSTEM

Children affected by attachment disorders experienced caregiving by clashing, terrifying and dangerous adults in the past;

They do not feel comfortable with close and intimate caregiving environments, they feel they cannot trust caring attention and they try to avoid it;

Adoptive parents' attempt to look after them and provide them with protection result in children's activation states characterized by feelings of fear, hostility, neediness, confusion and helplessness.

THE CHILD'S STRATEGIES

ADAPTIVE STRATEGIES

- Many abused, rejected and neglected children developed adaptive strategies based on control, an avoidant behaviour, and the suppression of feelings.
- Control strategies make the child stronger, allowing him to deny his/her self-representations as vulnerable and helpless, reaching a certain degree of mental and behavioral consistency.

CONTROLLING CHILDREN

- When the child is involved in the relationship with the new caregivers, investing emotionally in it, the attachment system is activated.
- When the attachment system of the child is strongly activated – hyperactivation – his/her consistency is quickly compromised.
- He/she produces irrational, catastrophic, auto-destructive idealisations, panics and develops a blocked attack-escape behaviour.

ADAPTIVE STRATEGIES THAT THE CHILD RECREATES IN THE NEW PLACEMENT

When the child moves to a secure family environment, he/she continues using the strategies he/she developed to face hostile situations in the new caregiving environment;

- Many children find it difficult to stimulate responsive and sensitive protection and care.
- Based on the differences between the various patterns of insecure attachment and the associated response of the adoptive parents, there are three main groups of strategies that children recreate in their new placements.

THERAPEUTIC FUNCTIONS OF ADOPTION

THE PARENTS'S RESPONSE

- According to the already mentioned transactional model by Stovall and Dozier (1998), adoptive parents' response allows the evolution of the child's representations;
- As we already know, the outlining of self is based on an interpersonal process in which the self-representation and the representation of the other person develop interdependently.

THE PROCESS THAT MAKES ADOPTION POTENTIALLY THERAPEUTIC

- The establishment of the attachment relationship between adoptive parents and adoptive children can be explained as a mutual exercise of influence on the way they conceive representations;
- For this reason, adoptive parents' Internal Working Models play a key role in this process, as an information filter in the analysis and interpretation of the child's behaviour, and also as a means of explaining the child's mental models of attachment.
- Adopting a traumatised child entails the parents' ability to lead this process and gradually govern the consequential change;
- In other words the adoptive parents' response can confirm the child's representations or make them evolve.
- An adopted child's excessively accommodating attitude can be deceiving as parents may think that their children act spontaneously while not realising that it is just an involuntary misleading behaviour. In fact, children tend to reproduce the same strategies developed within the relationship with previous caregivers, who used to neglect and abuse them.

THE CHANGE PROCESS

- One of the possible models to analyse and explain the interaction of attachment bonds with different figures is the integration model;

- According to this model, to the children there is no difference in terms of importance or relevance among caregivers; it is the strength of the attachment bonds of the networks they belong to that determines their development.
- Therefore, if a child has established a secure attachment with different caregivers, he/she can reach a more advanced social-emotional development compared to a child who has built an attachment relationship with just one attachment figure (Gossens, Van Ijzendoorn, 1990);
- On the other hand, it is possible to suppose that when a child establishes an insecure attachment with different caregivers, his/her development will be more problematic.
- This model, if used to analyse adoptive settings, allows to predict that the effects of insecure attachment with biological parents or *caregivers* before the adoption, can be compensated by the positive effects of a secure attachment relationship with the current adoptive parents;
- A meaningful relationship can change their general model of attachment and its relevant representations.

HOW THE REPRESENTATIONS OF THE DIFFERENT ATTACHMENT PATTERNS ORGANIZE THEMSELVES

- The *scripts* are the result of the elaboration of autobiographic memories and are followed when processing in-coming information;
- Bretherton theorized a hierarchy of interconnected scripts, some referring to abstract dimensions while others having more to do with personal experience, which in turn is not static but is continuously updated by new inputs.
- Every time an unexpected event takes place, this occurrence is classified as exceptional;
- Nevertheless, if this event takes place many times, mental structures change and constitute a new script;
- For this reason, the therapeutic value of adoption consists of making the child experience a new caring environment resulting in a significant change of the experience he/she had in the past.
- If these occurrences take place repetitively and urgently, the child writes new scripts, linking them to the existing ones;
- Adoption can be a new experience, triggering changes in the mental organisation of the child;
- From the daily experience of a new caring environment, the change gradually reaches the general representations of attachment.
- In order to allow a complete restructuring of internal models, the change needs to reach higher levels of generalisation and abstraction through the interaction of scripts;
- Consequently the child can develop a consistent and integrated self-representation, which includes the specific influence of the different attachment relationships

experienced in the past. He/she can elaborate his/her defences (negation, idealisation...) that distort the perception of pain caused by previous traumatic experiences.

- On the other hand, when the child finds himself/herself in an adoptive care environment characterized by the same insecure models and with the reproduction of the same personal experiences as in the past, he/she makes use of the same scripts; this also means that his/her general representation of attachment is not going to change, but the only result will be a minor change in terms of hierarchical levels, that is to say that the change will take place only on the experience level.

LOVE IS NOT ENOUGH

- The problematic children we deal with have developed defense mechanisms as a form of adaptation to the traumas they have experienced.
- Many abused and neglected children struggle to mentalize, in particular when it comes to interpersonal and close relationships, because mentalization of interactions is one of the most difficult tasks.

TRAUMA AND MENTALIZATION

Traumatic experiences are characterized by the effect of disrupting the normal ability to reason: the traumatic event cannot be elaborated as the person cannot make sense out of it, cannot integrate it into his/her experience.

The contemporary literature on childhood traumas focuses on identifying the mentalization of the trauma and the action of putting it into words as the premises for the treatment. The treatment consists of a long elaboration process that gradually leads the child to face his/her experiences of powerlessness and stigmatization, overcome the overwhelming feeling of guilt, abandon the dysfunctional relational dynamics he/she developed as a defense from the suffering.

PROMOTING SECURE ATTACHMENTS

- Generally the adoption process should be organised to make the child experience a therapeutic attachment relationship.
- It is necessary that adoptive parents, with the appropriate support, are in charge of conducting the child's recovery and elaborative process.

ADOPTION AS TREATMENT OF THE CHILD'S TRAUMAS

- For abused and traumatised children, adoption needs to contribute to the treatment of the traumas.
- Adoption has historically played the role of restoring order to the external world of the child, providing him with temporary substitute parents.
- It is essential that order is restored also in his/her internal world.

