

## Why Love Isn't Enough: Part Seven – Attachment

*This is another in a series of posts on related challenging topics. You may want to print this post or others in the series (Introduction, Part One, Part Two, Part Three, Part Four, Part Five, Part Six, Part Eight.) Study them, returning to them over time. Review the resources that are embedded within the articles. Keep them handy! They will make valuable references post-adoption. As you educate yourself, ask, “What does this information mean for me as the parent?” “What will this mean for the children I already parent?” “What does this mean for the child I am adopting?”*

*“Is there anyone for whom the past doesn’t shape the present?” (Siegel, 1999)*

Touch is critical to human development (Perry & Szalavitz, 2006). Loving touch sets in motion a healthy attachment. Attachment, in turn, is the context in which all development—cognitive, social, emotional, physical and neurological—becomes possible. In essence, our attachment to a nurturing caregiver sets in motion all facets of our human development.

Attachment, in family life, is also the blueprint for all subsequent close relationships. Attachment is a relationship (Gray, 2002.)

If you have parented (or cared for) an infant, stop for a moment and think about the hours you spent holding, stroking, touching, rocking, caressing, kissing and hugging the baby. As your child grew, touching and holding continued—hugs and kisses before getting on the school bus or while bandaging a boo-boo, snuggling while watching television or reading books, pats on the back for accomplishments, stroking hair as a gesture of affection, and lots of kisses and caresses just out of love!

As a result of consistent and predictable parental nurture—[the cycle of needs](#), and support, this child develops a *secure attachment*. The child trusts his parents to meet his needs, “My parents are always there for me.” He feels good about himself, “I am worthwhile.” He seeks out his parents when he needs help or comfort, “I can rely on my parents.” He has absorbed the skills to navigate life. He can develop solutions, handle stress, regulate emotions, follow directions, complete tasks, and the list goes on.

He demonstrates empathy and remorse, “I have hurt Mom’s feelings. I need to make this right.” He strives to have fun. He explores his environment. He seeks parental praise for a job well-done, “I want to please my parents.” He enjoys intimacy. He seeks out companionship, “I want to be around others.” He can do all of these things within relationships with parents, peers, teachers, coaches, neighbors, etc. His blue-print is “I am safe within relationships.” He applies his secure model of attachment to all human interactions.

In adulthood, this secure attachment will allow him to continue to have close interpersonal relationships. He will feel love and give love. He will understand his past—emotional baggage will not interfere with his capacity to interact in his marriage, with his children, in his career and so on.

As we have been learning in this series, many adoptees arrive in the family having been deprived of *enormous* amounts of emotional and physical nurturing in the months or years prior to the child's adoption. Or, their sense of touch, love and affection may have become skewed

because abuse has taught them that affection is sexual or that being beaten is the way touch is administered from a parent to a child. Their style of attachment and their ability to navigate relationships reflect their traumatic experiences and is [insecure](#). Of course, parents want their new son or daughter to be affectionate and to know that their parents are reliable. Yet, parents need to understand that there might not be “love (attachment) at first sight!” Attachment is a process that takes mother nature 18-36 months to complete! In that time period, the healthy parent works at forming that attachment—feedings at 3:00 A.M. are work—albeit pleasurable work! The child with a history of the traumas described in this series may not simply move into the home and form an attachment. Trauma has skewed the blueprint! In some instances, the relational template was fractured hours or days after the abandonment, or even pre-natally by drug and/or alcohol exposure. We aren’t just talking about the older arrivals! Even infants can enter a family with attachment interruptions! Therefore, forming an attachment to your adopted son or daughter may also take work—a lot of it!

Pre-adoption is a wonderful time for parents to begin facilitating an attachment to their eagerly awaited son or daughter. Work on the following tasks before your little one or adolescent moves in.

### *Learn All You Can about Attachment*

You are already off to a good start reading this post! Now, keep reading. Today’s “Readings and Resources” (at right) are packed with attachment-related books, websites and articles. If you don’t like to read—then listen! There is an audio library at [Journey to Me](#). CD’s of the [North American Council on Adoptable Children](#) conference workshops can be purchased via [Adoption CDs](#) and presentations of the ATTACH—The Association for the Treatment and Training in the Attachment of Children—conference are available using printable order forms on the [ATTACH website](#). Information presented by the experts in the fields of adoption and attachment is only a click away!

While educating yourself, pay specific attention to

- the signs and symptoms of attachment disturbance in children [under age 5](#) and [over age 5](#)
- the types of interventions that promote attachment immediately following placement. For example,

### [10 Tips for the First Year of Placement](#)

[Parenting Adopted Adolescents](#), Chapter 5, “Adopting an Adolescent: Why It’s A Viable Option”

[Brothers and Sisters in Adoption](#), Chapter 6, “Moving: Through the Eyes of the Child”

[“Sensitively Moving the Older International Adoptee”](#)

[“Bringing Your International Adoptee Home”](#)

[“Promoting Attachment through the Senses”](#)

Think carefully about the recommendations. Determine how you can carry them out post-placement.

### *Educate Your Extended Family and Support System as You Educate Yourself*

Many attachment-oriented recommendations advise limiting the child's contact to his or her parents upon arrival as can be discerned from the titles of the links above. This is difficult for eager aunts, grandparents, friends, neighbors and the children already in the family to understand. Yet focusing the child on his new parents can be a critical component of beginning the attachment process. As you learn about attachment, send those vital books, CDs and links on to your relatives and close friends. If possible, take them to your pre-placement adoption education classes. Attend an attachment-related workshop or [conference](#) as a family! Help your extended family and friends understand that their support is essential, but may take the form of making a casserole, providing a gift certificate for a cleaning service or offering to do your grocery shopping during the early days and months following the arrival of your new son or daughter!

### *Plan to Devote as Much Time as Possible to the Child*

Again, attachment takes time—no matter the age of the child! This statement can't be said often enough! Carefully look at your work responsibilities. What type of leave is available to you? How many commitments do you have beyond work? Can these be reduced post-placement for at least a year if need be? Will you have to use childcare, or can you provide a stay-at-home parent for at least a year? In a dual parent family, can the two parents take separate family and medical leave time to extend the amount of time that the child is at home with at least one parent? If a stay-at-home parent is absolutely not feasible during the first year, do you have one trusted friend or relative who can provide childcare, instead of using a day care facility? Keep in mind, your child will require appointments—visits to the adoption medical clinic/[adoption-informed pediatrician](#), physical, occupational or [speech](#) therapy, mental health counseling, school enrollment/special education services, and so on—more time! Of course, [if you already parent children, time is essential to maintaining their attachments](#) to you!

How will you make the time to ensure the attachment of your new arrival?

### *Prepare Yourself Mentally for Potential Attachment Difficulties*

There is so much negative information about children with interrupted attachment or full-blown [Reactive Attachment Disorder](#). So, post-placement, it can be frightening to think that the child's behavior may be attachment-related. Valuable time can be lost seeking services after the child has arrived. Pre-adoption is the time to let yourself explore how you may feel if the child doesn't reciprocate your love and attention in the manner you desire. Overall, the child's mental health must be viewed in the same manner as would be a serious medical condition. You wouldn't wait to obtain treatment for juvenile diabetes, once identified! You absolutely cannot wait to treat a disturbed attachment!

### *Locate an Attachment-Informed Professional*

Before placement, visit [ATTACH](#) and locate the attachment-informed professional nearest you. Please note, this may be a drive or a flight away! Know this beforehand. Few professionals specialize in enhancing the attachment of international and domestic adoptees. Yet, a trip to a

specialist will be worth it! The local therapist who lacks education about trauma, adoption and attachment—or all three—is not the best resource. Again, valuable time will be wasted, not to mention the financial loss of an ineffective service.

*Absolutely Don't Listen to "Myths" if You Suspect an Attachment-Disturbance*

Trust yourself as a parent—even if you are a first-time parent. You will know your child best! If you suspect something isn't quite right, don't be lulled by well-meaning statements like, "He will grow out of it" and "All kids do that." Go directly to the professional you located through ATTACH or give me a call at the [Attachment and Bonding Center of Ohio](#). Don't take the advice of your post-placement adoption social worker at face value either. Most adoption social workers are not trained to evaluate attachment or lack thereof.

*Know there is Hope*

A diagnosis of attachment difficulties or Reactive Attachment Disorder does not mean that the situation is hopeless. In fact, just the opposite is most often true! With appropriate services, these children can grow and thrive! I see this every day! This is not to say that the path to healing is easy. Yet, this is to say that this path can be traveled with success!