

Nurture: The Ring that Holds All the Keys – Part 1 (of 2)

“Where touching begins, there love and humanity also begin...”

Ashley Montagu

When I write posts about behavior, and ways to manage or entirely cease behaviors, I always work to write a portion of the post that provides some explanation for the behavior, and then I offer some solutions. I believe that understanding more about where a child’s particular behavior comes from helps parents live more peacefully with the child. As professionals, we need to understand the motives for behavior in order to select appropriate treatment approaches. Of course, we all need solutions!

This post follows this pattern. We’ll discuss a bit about the normal—secure—process of attachment. Then, we’ll look at the types of behavioral issues resultant from the insecure attachment styles that result when children experience abandonment, sexual or physical abuse, neglect and pre-natal drug/alcohol exposure prior to the adoption. Lastly, we’ll look at nurture as a means to heal trauma. In essence, nurture is the ring that holds all the keys because it is the most powerful parenting intervention.

Touch is critical to human development (Perry & Szalavitz, 2006). Loving touch leads to healthy attachment, and attachment is the context in which all development becomes possible. Attachment in family life is also the blueprint for all subsequent close relationships.

If you have parented an infant, stop for a moment and think about the hours you spent holding, stroking, touching, rocking, caressing, kissing and hugging your 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 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.

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 being beaten is the way touch is administered from a parent to a child.

Their style of attachment, their ability to navigate relationships, reflects their traumatic experiences and is *insecure*. There are several styles of insecure attachment.

Avoidant Attachment

This child's model of relationships is that parents or other adults are not all that useful in meeting needs. So, there is no point in seeking parental assistance. Connecting is limited; parents and adoptee remain isolated from engaging in meaningful interactions. There is little willingness to explore the environment or to play. Avoidantly attached children tend to display dissociative symptoms—flight—throughout their lives (Siegel, 1999). The desire—, early in life—, to have an emotional connection with the care giver was so frustrating that this child learned to tune out in order to survive the rejecting, neglecting relationship. Adoptive parents of children with avoidant attachment commonly report,

- “He never asks for any help.”
- “He takes what he wants without asking.”
- “He stares at me when he wants something. He won't ask.”
- “He never asks politely. It is always a demand. ‘I'm thirsty’”
- “He is always bored. He can never think of anything to do.”
- “She doesn't play.”
- “We came home from dinner and he didn't come to greet us. He didn't even act like he noticed we had been gone.”
- “She can be alone in her room so long that I forget she is there.”
- “As soon as I start talking, she glazes over.”
- “He's always where the family isn't. If we're watching a movie, he's in his room. If we're in the front yard cleaning up, he's behind the house.”
- “She wanders off when we are shopping or she walks way ahead of us.”

Ambivalent Attachment

This attachment styles has two subtypes. One is demonstrated by a child who is anxious or “clingy.” This child fears the parent may disappear at any moment. These children display considerable distress when separated from parents, although they often aren't comforted when the parent returns. In fact, the returning care giver may be met with anger and a rejection of their efforts to re-connect with the adoptee.

Adoptive parents of these ambivalently attached children may arrive at therapy saying,

- “I can barely go to the bathroom. She is at the door wondering if I am in there!”
- “We try to go out with friends and he acts so ‘bad’ the babysitter calls. We have to return home.”
- “She follows me throughout the house. If I turn around, I practically run into her.”
- “She can't sleep in her own bed at night. She has to get in bed with us or we find her on the floor next to our bed.”
- “He won't go to sleep until my husband, who works second shift, gets home from work. He has to know we are both in the house before he will go to bed.”
- “She can't go to a sleepover.”
- “She has to be with us at church. She won't stay in the Sunday school class.”

A second type of ambivalent attachment is seen in the child who appears to “push” and “pull”—“I want you.” “I don’t want you.” These children had birthparents or care givers who exhibited inconsistency in responding to the child’s needs; sometimes they were unavailable or unresponsive, and at other times they were intrusive. The care giver misread the child’s signals. Thus, internally, this child is uncertain as to his own needs and emotional state. This is a child who may not soothe easily, even when the parent is providing exactly what is necessary to aid in calming the son or daughter.

An adoptive parent of this type of ambivalently attached child may state,

- “She asks for help with her homework, and when I come to help her she tells me I am doing it wrong. ‘That isn’t what the teacher said.’”
- “When I have bananas, he doesn’t want one. If I don’t have a banana, look out, there will be a huge fit.”
- “Getting dressed for school is so difficult. We pick out an outfit and a few minutes later it isn’t right. He is screaming and shouting that he can’t possibly wear the red shirt!”
- “She asks for a hug and when I give it to her, she pinches me or hugs so tight I have to ask her to let go because she is hurting me.”
- “We have a great time making brownies, and then she won’t eat any.”

Disorganized Attachment

Disorganized attachment is a mix of the attachment styles discussed above. These children lacked the ability to be soothed by their birthparents because these early care givers were a source of fear—abuse. These children must cope with the loss of their birth parents on top of resolving the terrifying events that most likely led to the separation from the birthparents.

Their adoptive parents report many of the themes as pointed out in the ambivalent and avoidant attachment descriptions. Yet, these parents also report, “He can do something that makes me so angry. We have a big fight. Then, five minutes later he asks me what we are having for dinner. It’s like nothing happened!” Or, “When I am angry, he smiles. I almost lose control of myself!” Many abused children utilized smiling or hugging the past perpetrator as a defense against further abuse. When triggered, this coping mechanism appears again in the adoptive family.

In common among the insecure attachment styles, is that there was a lack of emotional connection to a parent or care giver in the first two years of life.

Nurture helps to create the closeness essential in repairing this damage.

In review,

- *Consistent, nurturing care* care-giving promotes attachment.
- Attachment, in turn, facilitates the manner, “blue print” in which humans interact with each other.
- Attachment contributes to healthy psychological and physiological development.

This is why nurture is the ring that holds all of the keys. Have you ever lost or misplaced your keys? If so, you know you that you can’t go anywhere until you locate them. Nurture is similar. *Providing consistent, nurturing caregiving—at any age—can correct many of the problems*

caused by the inadequate or abusive parenting the child experienced early in life. Once the child is nurtured to a more secure pattern of attachment, development moves forward and behaviors melt away! For example, the child no longer needs to steal to “fill himself up with things” as was described in parts 2 and 4 of, Anything We Can’t Find, He Stole.” The child becomes satisfied with relationships and via connections with others he is satiated with love and good feelings. Now, attached, cognitive, emotional and social development moves forward. He develops cause-and-effect thinking, morals, values, social skills and so on!

Of course, nurturing a traumatized child often is no small task. Adoptive parents are being asked to hug and caress children who are quite similar to porcupines! Their quills—behaviors—rise up, shoot out and penetrate —reject the parent—frequently!

Thursday’s blog—Part Two— will look at some ways we can help these fragile creatures quell their fears about intimate relationships. *We’ll also see that these ideas are very applicable to the resident children. They need nurture to maintain secure relationships with their parents throughout the struggles posed by their traumatized sibling.*