

## Becoming A Family

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### Anthony

*Ten-month-old Anthony\* startles from sleep, hearing loud voices and sounds. He hears the voice of the man who sometimes plays with him (he loves being tossed in the air, although it makes him a little scared too). For an instant, he feels excited, then he notices the loudness and his stomach starts to hurt. His head feels funny too. Suddenly he hears glass shatter and his mommy's screams. Anthony begins to whimper, the sounds of his cries blending in with hers. He curls in the sheets and wails, rocking back and forth, banging his head against the wall to stop the hurting.*

One month later, eleven-month-old Anthony sits in his crib, holding the slats and making it rock. With each rock, the comforting smells of his sheets waft up to him. Soon though, the rocking and the smells are not enough to stem the tide of pain in his tummy. He starts picking out strands of his hair and the pain subsides for awhile. Eventually though, the pathetic wails bubble from somewhere inside and, for once, draw the attention of a neighbor. Not knowing this family, who stay mostly to themselves, the neighbor is reluctant to intervene. Finally, the cries are too much to bear and she calls the police. Anthony hears banging and knocking, and ceases his wail in watchfulness. Suddenly two big people appear. Anthony is found in his filthy crib, with no adult in the apartment. The big people pick him up and handle him gingerly.

### Angela and Bill

*Across town, Angela, a young woman, wakes up from a sound sleep, her lower abdomen feeling tight and achy. She lies there, knowing what it means, not wanting to move, and not wanting to know. Pain of all sort surges through her body with awareness that "the procedure" didn't work... that there is no baby.*

Angela and her husband, Bill, have exhausted their financial resource with "procedures." Emotionally drained as well, they have spent the last few months, since that last failed attempt, not talking about what will come next. Angela, however, has been calling around to find out about adoption. She is discouraged to find that adopting a "healthy newborn infant" could take years. She also discovers that adopting a baby from another country (they called it international adoption on the telephone) would cost thousands of dollars...money they didn't have. In despair, Angela ponders not ever having a child, but finds the prolonged thought of that too painful to bear.

### Coming to Adoption

Anthony will be nearing two by the time he meets Angela and Bill. By that age, he will have lived with three different mommies. What will he be bringing to the adoption? What stories will he tell through his affect, behavior and ways of exploring his world? What will he already "know" about mommies and big men who toss you up in the air?

For Angela and Bill, what will they bring to this new relationship...a relationship that will be in its infancy, although the “baby” is a toddler? What hopes, dreams and longings will be wrapped up with the arrival of Anthony? What do they expect, based on their own memories of having once been toddlers? This is the story of how they come to be together and what may help them thrive together as an “adoptive” family.

### **Waiting**

Anthony sits in a playpen. He hears a voice but doesn't turn to look...it isn't the voice he wants to hear. When the lady picks him up, he arches his back to get down. She tells the other kids to leave him alone and so he sits alone, aimlessly throwing toys against the side of the pen. When he is out with the other kids, he cries, so he is left increasingly alone. It is the only time he seems content.

Angela and Bill have spent months now exploring adoption agencies and going through an adoption home study and preparation. Thankfully, no one has really explored with them their longing for a baby...their brief explanation of their infertility and subsequent “desire” to adopt has gone unquestioned. Both had worried that they would cry or be overly emotional if anyone had asked them too much about their journey to adoption. Angela and Bill worried that no agency would place a child with them...knowing that they were so emotional, seemingly fragile. They have decided to accept a toddler, thinking that he won't remember his birth parents and that they will have plenty of time to shape his personality. Angela doesn't speak of the grief she feels, knowing she will never hold her “own” newborn in arms. She is unaware that Bill feels the same grief, but is afraid to speak of it for fear of upsetting his wife.

### **A New Start**

The day has come for Angela and Bill to pick up Anthony. They were supposed to have a series of visits with him, but for one reason or another, they have visited him only twice. They weren't quite sure a toddler needed that much “transition” time anyway...after all, he is still so little. As they greet the foster mother (Anthony's second in a year...after seeming to be neglected in the first foster family), both feel a sense of excitement and apprehension. They are excited to have him see his new room and all his new toys. They have a wonderful new toddler bed and brightly colored new bedding for him. They have been told it might be helpful for him to have his sheets from this home, but they want him to begin to feel comfortable in their home, he is their son now.

### **Longings**

With this “new start” a brief synopsis of Anthony's life might read...*two-year-old with history of neglect, possible abuse. Abandoned by birth mother, two foster placements. Mother signed off rights after a year of missed visits. Child appears to be progressing well. Adopted by stable, loving parents. Will supervise for six months and then finalize the adoption.* In between the lines of the synopsis will lie the full story. It is the story of a baby who pulled out his hair as a way to manage the pain of hunger, loneliness and

boredom. It is the story of a young couple whose longing is somehow supposed to be diminished by holding a two-year-old. It is the story of a toddler who has never learned the contentment of being held, yet longs for someone to hold him now. (And who by the way, still remembers a feeling of listening for a voice that never came back).

### **Meeting Basic Needs for Comfort and Acceptance**

Angela and Bill have struggled to meet Anthony's needs for several weeks. Angela is feeling increasingly rejected by Anthony, who picks at his hair and rarely plays or cuddles. As hard as it is, they begin to look for help. But what will be truly *helpful*?

Angela and Bill need a trusted person to help them begin to meet Anthony's *developmental needs*, not his chronological needs. An Individualized Family Service Plan (IFSP) may be helpful in gathering information and exploring the hopes and dreams, and needs of this family. It may be helpful for Angela and Bill to imagine Anthony's development as a ladder with several of the bottom rungs missing. For example, before they can expect him to "use his words" or stop head banging or hair pulling in response to frustration or boredom (rung three or four), they need to help him gain a sense of safety and security that his basic needs will be met (rung one and two). This can help them think of all the ways in their daily routine they can convey a sense of safety, comfort and security. They will need to understand that discipline may need to occur in the context of "holding" and being with, not isolation and punishment. They may come to realize that he will need "time in" (lots of it), not time outs (even if he seems to reject being held for a "time in"). It may help them consider that he may still need to be held and given a bottle, and that toilet training should not be a focus just yet. It may help them respond to night terrors by keeping him in their room for several months, so he can hear and smell them and begin to absorb them. Having a trusted and knowledgeable person with whom they can explore their ideas will help them learn to parent Anthony as he needs, not as a typically developing toddler needs. It will help them gain confidence to dispute and /or ignore the unhelpful comments and judgments that will be held against their child.

A gentle and thoughtful interventionist will also listen for the unshed tears as Angela and Bill struggle to fall in love with *this* child who is so different from their longed-for child. They will learn from the practitioner that their thoughts and feelings will be accepted without judgment. As they grieve the loss of *that* child, room is made for Anthony. As they come to feel they *are* his parents (not just stand-ins until he turns 18), they will gain confidence in their ability to provide the *comfort and limits* he needs, without feeling personally rejected by his behaviors. Additionally, the therapist will normalize the feelings of being overwhelmed by the intense needs that Anthony presents. Ways to promote their own self-care, and exploration of their needs, will be explored and supported. Most importantly, Bill and Angela will be offered the opportunity to talk with other parents who have adopted under similar circumstances, thus getting vital support and information.

Finally, an effective therapist will help the family find resources to meet some of Anthony's many needs. He may need help in developing stronger communication skills.

His body chemistry, altered by trauma and stress, will benefit from a variety of ways to increase a sense of calm and decrease the feeling of anxiety and agitation. He may need help learning to attend to, or screen out, stimulation in the environment. An occupational or physical therapist skilled and knowledgeable about sensory processing could provide important ideas and interventions that can clear the way for Anthony to begin to feel good in his world. Knowledgeable medical doctors can also help assess if medical intervention is necessary to help Anthony grow and thrive. The therapist will be willing to consult with other therapists working with young children who have missed the early opportunity to fall in love deeply and be loved safely in return.

### **Seeking and Offering Support**

The therapist will help those who are involved in the life of the child more deeply understand the needs of Anthony and his family. They will help other disciplines understand that the primary relationship must first be between Anthony and his parents, so that speech therapy or occupational therapy is integrated into the life of the family and that treatment “sessions” use the parents as the primary interventionists, with the practitioner as consultant to the parents. They will help others understand that children such as Anthony can be precociously social, all the while having grave difficulty “giving back” in a more intimate relationship.

Finally, the wise therapist will seek sources of support, consultation and supervision while working with Anthony and his family. The pervasive feelings of inadequacy, shame, loneliness, despair and rage, etc. are common by the time a family seeks help. To be able to hear, hold and empathetically respond to the varied emotions, the therapist must have a safe place to sort out and decompress as well.

### **Contentment and Attunement**

If all goes well, and Anthony and his parents receive and *are able to use* the type of support and intervention they need, Anthony and his parents will begin to experience moments, then periods, of contentment and attunement. As those grow and expand, Anthony’s capacity to *experience* adults as a secure and stable base will be supported. Decreases in self-stimulating, self-abusive and/or out-of-control behaviors will be noted, except in times of stress or tiredness. An increase in play and shared moments of pleasure will increase. For Angela and Bill, the ability to grieve the loss of the imagined child, and the knowledge that those feelings may come at different times, is crucial to the development of the relationship with this child, Anthony.

*\*Although Anthony, Angela and Bill are fictional characters, they represent a common, although by no means universal, scenario.*

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