

I Think! I Act! Transforming the Thoughts of the Traumatized Adoptee is Essential!

By Arleta James, PCC

"I am angry I got adopted."

"I don't want to look at my Mom. It just reminds me that I'm not with my birthmom."

"I should be with the mom that birthed me like the other kids in my family. It isn't fair."

"You took me from my orphanage. You ruined any chance of my birthmom coming back."

"I must have just been born bad or something."



These are just a few of the thoughts that adopted kids stated in therapy recently. With one exception, the adoptees expressing these thoughts joined their families at early ages—under one year of age. They are referred to as *irrational cognitions*. The way kids think about their traumatic experiences—abandonment, sexual abuse, physical abuse, neglect—is a big factor in how they behave.

For example, the youngster (now age 10) who is angry that he “got adopted,” spews his rage all over the adopted family. He shouts, argues, stomps, slams doors and throws things when asked to do anything. Really, getting adopted isn’t the problem. This is the issue onto which the feelings get displaced. Until this tween is able to be mad that he “was abandoned”, he cannot stop being angry. He is “stuck.” So, is his adoptive family.

The child who wants to be with the “mom that birthed me” cannot be left alone with his younger brother. In short order, he becomes aggressive toward his sibling. He needs to learn that neither he, nor his sibling had any say in who is

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raising them. Again, his feelings need to be re-directed to his abandonment. Then, he can develop close ties to his parents and brother.

The now adolescent who stated, "I don't want to look at my mom" does fine at school and in extra curricula activities. Outside the home, no one would even know he has any issues! Once he enters his own front door, he erupts with fury. Home is the trigger for his ongoing abandonment issues. This child truly has a broken heart! Avoiding his adoptive mother isn't the solution! He must grieve the loss of his birthmother, and the fact that he will never live with her.

My purpose in writing this post is to convey some "food for thought" to parents and professionals about recognizing and dealing with the irrational cognitions that stem from childhood trauma. Often, adoptive families arrive at the door of ABC of Ohio after seeing multiple professionals— over a long period of time! Throughout all of that therapy, the child's trauma has been dealt with little—if at all! So much time has been lost helping the child heal! Every family member has suffered needlessly!

We need to quit thinking that children are resilient. We simply believe that they will move into an adoptive family—and adjust. Love will be enough! For many adoptees, this is simply a fallacy! A portion of adopted children will struggle life-long to comprehend their pre-adoptive trauma—especially their abandonment.

We need to view traumatized adoptees as having "pieces" in need of treatment. That is, we are too quick to offer one label—Fetal Alcohol Spectrum Disorder, Attention-Deficit/Hyperactivity Disorder, Bi-Polar Disorder, etc. We send parents off on a course of medication and behavior management. Adoptees with a history of trauma may indeed have mental health issues. Medication may be helpful. Certainly, they may have pre-natal drug and/or alcohol exposure. Current research in neuroscience is quite clear that the impact of trauma on the infant's developing brain can lead to lifelong reactivity to stress. Yet, adopted kids also need to understand how they came to live with their adoptive family. We can't assume they know why they were adopted. We also can't presume that because he or she "never talks about it" that he or she isn't thinking about his or her past experiences. In essence, adopted sons and daughters have "matters of the heart." Their faulty thinking prevents grieving. Their behaviors are often the manifestation of their grief. Thus, changing the thoughts, releases the feelings—behavior improves! The result is a calmer, happier family member! The child is free to attach to the family. Connected children act more like their parents. Their behavior mirrors their adoptive mom and dad!

Therapeutic goals like "anger management" or "enhanced self-esteem" are not quite on track. The goal needs to be "anger resolution." We want to help the adoptee resolve the grief associated with the trauma—rather than manage it! We must also understand that adoptees are not necessarily angry. Many are profoundly sad or scared. Immature in their emotional development, all feelings are often expressed in an angry manner. Enhanced self-esteem may really be "developing a sense of self." Children, who displace the abandonment on themselves—"I must have just been born bad or something"—have no self-concept to improve, increase or enhance! In such a case, we are building a totally new image of self! We must say, "Your birthmom did not leave you because you were bad. She didn't want to be a mom. This was about her. This was not about you."



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Adoptees won't "just get it." It can often take an adopted child several years to comprehend why the person who "birthed" him or her is not raising him or her. Even then, with each new developmental stage, the abuse, abandonment, institutionalization, etc. may need to be re-worked. Achieving the highest level of healing possible will require repetition! Adoptees and their family may be in and out of therapy—over very long periods of time. What a child thought about sexual abuse is different at age 9, than when 14. The 14-year-old is now concerned with dating and eventually entering into sexual relationships. The teen reviews the sexual abuse through the eyes of,

- "I am damaged goods." Who will want to date me as a result of what happened to me? "Who could possibly love me after what happened to me?"
- "Am I homosexual or heterosexual?" Same sex sexual abuse sometimes causes sexual confusion—"Am I homosexual?" as the child has experienced sex with a person of the same sex.

Frequently, it is during the tween and teen years that the adoptee becomes more aware that there was a birthfather. Questions arise with regards to this person. "Where is he?" "Why didn't he raise me?" "Do we know his name?" "Why didn't he marry my birthmother?" "Was my birth the result of a 'one night stand'?"

Unresolved grief lends to,

- Decreased social, emotional and cognitive developmental growth
- Regression to earlier stages of development for an extended periods of time
- Inability to concentrate—impaired academic progress
- Physical difficulties—fatigue, stomach aches, appetite changes, headaches, tightness in chest, shortness of breath, low energy, difficulty sleeping, etc.
- Depression
- Anxiety
- Risk-taking behaviors
- Withdrawal from friends or extra curricula activities.

Facilitating cognitive restructuring—replacing faulty thinking with the correct thoughts— is essential. Grief impedes developmental growth and diminishes the quality of mental health. Grief—resultant from irrational cognitions—perpetuates negative behaviors.

In conclusion,

- If you are an adoptive parent, make efforts to locate a therapist who will offer your child a "narrative." *This is a cohesive, chronological, truthful "story" about the pre-adoptive trauma.* Visit the ATTACH website for a listing of therapists who conduct narrative work as part of their treatment approach.
- If you are a professional, learn how to utilize narrative work to heal adopted children. The ATTACH and NACAC conferences offer great starting places to begin your journey into working with adoptive families. Otherwise, refer these cases to professionals who are "adoption-competent."
- We hear much about the life book in adoption. The life book is critical. Yet, too many life books portray the "story" in what I call "soft" terms. The pages are beautifully decorated. The narrative is missing or made more palatable. Abandonment isn't pretty! Neither is abuse! Children, old enough, can draw their own life book pages. You get a much different picture when you see their trauma through their eyes!
- Allow adopted children their grief. As adults, we are quick to say, "You have us now. So, you can be happy!" Instead state, "Yes, it is sad that your birthmom decided not to be your mom." Resist shutting grief off. Let it flow! Think about this. Would you say to an adult at a funeral, "Oh, we'll get you a new Mom and you'll be happy again"? Likely not!

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- Review and revise your expectations. Too frequently, we simply expect that the adoptee will be grateful that he or she was “rescued” from a poor situation. Thus, we become angry that the child isn’t blending into the family. Or, I have worked many cases in which the parents state, “He hates us.” “He just wants to make life miserable.” “He ruins the whole family.” In essence, the parents are developing their own irrational thinking in response to the adoptee! Instead, step back. Realize that your child is likely “stuck” in a thought process that prohibits developing close connections to you and your typical children. There is help and hope!