

CHAPTER 2

Where Your Child Began

I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well.

— Psalm 139:14 (NIV)

For many families, the arrival of a child is met with eager anticipation. Welling with joy and excitement, these parents' lives and actions toward their child manifest a deep awareness that children truly are a gift from God (Psalm 127:3)! Cradled gently, touched adoringly and nurtured sacrificially, the child learns to see himself through the mirror of his parents' eyes. "I am precious," "I am safe," and "I am loved" become the song of his heart. Ultimately, his inheritance of faith will be in knowing that he is "fearfully and wonderfully made" (Psalms 139:14) and deeply loved by a compassionate and merciful Heavenly Father. As a strong and secure attachment is created with loving parents, this child will be well prepared to develop trust and create healthy relationships as he begins to explore the world, as well as to "attach" in faith to the loving God who created him in His image. His earliest moments of life become the foundation for what he will come to know and believe about himself, his parents, his world and his God!

Starting at the Beginning for Your Child

Researchers have documented the profound and lasting effects that early care or the lack thereof have on the development of trust ("I am safe"), self-worth ("I am precious") and self-efficacy ("I am heard"). In addition, developmental researchers widely acknowledge that the formative early days dramatically influence attachment relationships and also have dramatic and lasting effects on brain development and brain chemistry. Tragically, many of the children that we love and serve came into an unwelcoming world and started life amidst very difficult circumstances. Disease, abandonment, hunger, mental illness, stress, substance abuse and a host of other risk factors may have conspired to create an environment where these children's needs were unmet, contributing to the abuse, neglect and trauma that they experienced. These heartbreaking early harms and losses often hold our children back from developing in healthy or optimal ways and too often prevent them from developing trust and understanding just how precious they truly are.

For some of our children, their "histories" are known, at least in part. For many others, however, their "histories" are unknown, even though we know there is a high likelihood that their past involves some degree of harm, deprivation or loss. Whether it is abuse, neglect or some other known harm, or whether it is the likelihood of a difficult or stressful pregnancy, difficult labor or birth, early medical

trauma or a ruptured attachment to an early caregiver, the impacts for our children can be significant. You've heard it said, "What you don't know can't hurt you." Unfortunately, it is often what we don't know (and may never know) that is in fact hurting our children, and therefore hurting us as well. As a result, adoptive and foster parents must be particularly insightful about the reality of their child's history and the lingering effects it can have.

So what do we do in light of this? First and foremost we must be willing to approach our children with genuine compassion, both for their histories as well as the challenges they are still facing. As we lead our children along the journey toward healing, this compassion must always be our touchstone. That is not to say that our children do not need appropriate levels and expressions of structure and correction—they most certainly do. But we must never forget that our children need this structure and correction expressed compassionately, in ways they can understand and in ways that promote lasting healing and connection.

Seeing Our Children with Eyes of Compassion*

Question: We returned home with our child (adopted internationally) about three weeks ago. We are finding the adjustment much more difficult than we expected. For example, she is nearly 10 months old and is still not sleeping through the night. In addition, she cries all the time and is very irritable and unhappy in general. Frankly, it is making it very difficult for us to feel connected to her, and we are growing frustrated and tired. What are we doing wrong, and what should we consider in order to get things back to normal?

The Empowered To Connect Team Responds: The question about your daughter is a familiar one. I understand your frustration and can only imagine how tired—physically and emotionally—you must be, not only from the past three weeks, but also from your recent international travel and even from the adoption process that likely lasted many months.

In dealing with this, however, it is helpful for parents to think in terms of the loss and grief process that occurs for children when they leave all that is familiar and all that they know to come home to families in the U.S. That is most certainly what your daughter has experienced. Thinking in terms of her experience, there have been drastic changes in virtually everything that was comforting and familiar to her: language, voices, faces, foods, smells and sounds. In addition we know from research that it can be difficult on a child to move at any age, especially between eight and 12 months of age. This is the period of time when their first attachment is forming, and it is one of the most critical periods of time in all of child development. As a result, she will need lots of nurturing, loving care in order to bridge the shocking change that happened "overnight" for her (although you and your wife have been planning it for a long time).

In order to help children like your daughter successfully transition during this critical time, I encourage parents to stay at home with a new child as much as possible for a minimum of 30 to 40 days, and I prefer three months whenever possible. During this time, your daughter's needs should be the primary focus. In meeting those needs consistently and lovingly, you are helping her settle in for a lifetime and giving her a foundation and a practical understanding of what it means to be part of a loving, forever family!

So my encouragement to you is to hold her when she cries and take time with her in the night because these next three months offer the best opportunity for teaching her trust and helping her develop the foundation for a secure and healthy attachment. Developmentally, this is when she will learn trust (“My parents will meet my needs!”), self-worth (“My needs are met, so I must be precious!”) and self-efficacy (“My cries matter because someone comes when I cry!”). In that respect, these months are without a doubt the most important days you will ever spend with her. With that in mind, I hope that you are encouraged that the “return” on your investment is not all that far away, and you and your daughter will certainly be the better for you having made it.

* Adapted from a post on *Empowered To Connect* at www.empoweredtoconnect.org/resources.

Key Scripture Verses

In reply Jesus said: “A man was going down from Jerusalem to Jericho when he fell into the hands of robbers. They stripped him of his clothes, beat him and went away, leaving him half dead. A priest happened to be going down the same road, and when he saw the man, he passed by on the other side. So too, a Levite, when he came to the place and saw him, passed by on the other side. But a Samaritan, as he traveled, came where the man was; and when he saw him, he took pity on him. He went to him and bandaged his wounds, pouring on oil and wine. Then he put the man on his own donkey, took him to an inn and took care of him. The next day he took out two silver coins and gave them to the innkeeper. ‘Look after him,’ he said, ‘and when I return, I will reimburse you for any extra expense you may have.’” “Which of these three do you think was a neighbor to the man who fell into the hands of robbers?” The expert in the law replied, “The one who had mercy on him.” Jesus told him, “Go and do likewise.”

—Luke 10:30-37 (NIV)

More Than a Feeling

We see in Scripture that compassion and mercy for the wounded, oppressed and less fortunate are hallmarks of what God expects from His people. This is evident throughout Jesus’ ministry as he healed the sick and reached out to the outcast, and advocated that his followers do the same. This is probably best reflected in his answer to the question, “Who is my neighbor?” recorded in Luke 10. In response, Jesus tells the Parable of the Good Samaritan, and it is in this story that we clearly see some of the key elements that define this kind of tangible and restorative compassion.

In this story Jesus tells of a man that was robbed on the road from Jericho to Jerusalem. Beaten and left for dead, both a priest and a Levite (a religious man) encountered him but both passed him by. Finally, a Samaritan passed by and in this Samaritan’s response to the beaten man’s condition we see a model of true compassion.

First, we learn that compassion is rooted in genuine concern and understanding of another person’s hurt and need. In the story, upon seeing the injured man, the Samaritan “took pity on him” (verse

33). *The Message* says that the Samaritan’s “heart went out to him.”

Second, we discover that true compassion moves us to action. The Samaritan’s compassion did not stop at a mere feeling, no matter how genuine that feeling may have been. After all, for all we know the priest and the Levite before him might have felt pity for the injured man as well, but they were unwilling to allow their feelings to move them toward action—actions that reflect the kind of compassion that can bring healing, restoration and wholeness. Moved to action, however, the Samaritan stopped and went to the wounded man, bandaged his wounds and then carried him to an inn (verse 34). In this way, the Samaritan put his compassion into action.

Finally, we see that compassion calls for us to engage in an ongoing process that is focused on bringing about healing and restoration. It is important to see that the Samaritan was not content to merely have genuine feelings toward the beaten man, nor to merely “stop the bleeding” and get him to safety. Instead, Jesus goes out of his way to tell us that after they arrived at the inn the Samaritan “took care of him,” and the next morning he made arrangements for his ongoing care until his promised return (verse 35). It is in light of the Samaritan’s tangible and ongoing response of compassion that Jesus instructs those who were listening (and us) to “go and do likewise” (verse 37).

Questions to Consider and Discuss:

1. Why do you think the priest and the Levite did not stop?
2. What causes us as parents not to “stop” and remember that our children who come from “hard places” are very likely scared, hurting and in need of this kind of compassion?
3. Of the three aspects of compassion highlighted in the Parable of the Good Samaritan (i.e., having genuine concern, stopping and acting, and engaging in an ongoing process of healing and restoration), what is the most difficult one for you to consistently exhibit with your child? Why?
4. The Samaritan’s opportunity to show love and compassion for the injured man resulted from the harm and pain the man had suffered at the hands of the robbers. In some ways the same is true for adoptive and foster parents: our children’s painful histories have played a significant role in bringing our lives together. In light of this, consider the role compassion should play as you parent your child. How does this perspective change your view of their past? How does this perspective change your view of your role as their parent?

Returning to the Beginning

As we begin to understand the loss and pain of our precious ones who have come from “hard places,” we have the opportunity to put our compassion into action and help bring them much needed hope and healing. It is precisely this kind of tangible compassion that will help our children more fully realize their God-given worth and preciousness that was previously obscured by the legacy of pain, confusion and frustration from their difficult past.

For younger children, this calls for a great deal of extra and intentional affection (such as holding, rocking and feeding), kindness and patience from parents. At the same time, these children will need a healthy balance of appropriate rules, structure and boundaries, but always provided in a way that gives voice, builds trust and promotes connection. It is this balance of nurture and structure (which we will focus on in more detail in Chapter 6) that can best provide them what they need to develop trust, establish strong connections and heal.

For older children, parents need to understand that they may actually be required to “go backwards” in order to move forward. One mother who adopted an 11 year-old girl from Eastern Europe recalled how her daughter, having just arrived in the U.S. after living in an orphanage nearly all of her life, wanted to have hot tea together five to six times every day. At first the mom was dismayed and more than a little frustrated, but then she recalled how many hundreds of bottles and sippy cups she had prepared for her biological children over the years. For her new daughter, the repetitive hot tea ritual was not really about tea at all. It was about being nurtured, experiencing love and establishing a deeper connection. It was her daughter’s way of making up for much of what had been missed. In that context, six cups of hot tea every day for weeks, even months, was certainly worth the return on the investment.

As we look at our children holistically with eyes of compassion and as we live out that compassion in tangible and practical ways that our children can understand, we have the opportunity to bless our children in unimaginable ways. For many of our children, their past has profoundly and negatively affected on every aspect of their being. To help them move forward, we need to have “all of them” in mind as we patiently and compassionately love them.

Be Compassionate!*

We ask parents who have adopted children from “hard places” to be aware of the implications of non-optimal care on developing children. Before we can provide these children with a message of safety and love, we must first learn to “speak their language.” In order to do that, it is imperative that we have insight about neural and sensory development and possible alterations in belief systems, which may significantly affect behavior and attachment.

Neural sub-systems issues: An example of understanding neural development through the lens of compassion can be found in viewing children’s idiosyncratic behaviors and beliefs. Children adopted before the age of two rarely have retrievable memories of their experiences. However, if they experienced hunger, loneliness or fear during this time, they may exhibit a chronic and pervasive sense of hunger, loneliness or fear. Their brain development was not complete enough for them to form tangible memories the way four- or five-year-old children might. Yet in spite of now living in safe homes

with adoring parents, these children may be haunted by overwhelming feelings of being unloved. Paradoxical as it may seem, children with concrete memories of their hardships are often easier to guide. They can learn to “use their words” to talk about pre-adoptive memories (e.g., “I was hungry, and there wasn’t enough food,” or “I was lonely, and I wanted to be held and no one was there for me”).

Those children with tangible memories can learn to use their words to tell their stories and to be released from the power of early experiences. But for younger children who experience harm before brain maturation can facilitate tangible memories, the journey for healing can be frustrating for both parents and children. However, in time and with consistent, compassionate care, parents who understand their children’s neurological issues can guide little ones to the truth that they are safe, loved and deeply cared for!

We invite parents to ask two questions when they observe behaviors that seem unacceptable or idiosyncratic. The first question is, “What is your child really saying?” And the second is, “What does your child really need?”

Sensory sub-systems issues: Sensory processing deficits are another common outcome for children who fail to experience optimal care during the early months of life. Sensory processing deficits can cause children to misunderstand their environment in ways that result in them misinterpreting social cues, facial expressions and the meaning of touches and hugs (to name a few). In these things, parents must be informed about how sensory issues can be addressed and treated, and must also understand behavioral manifestations of sensory processing issues. We recommend the book *The Out of Sync Child* by Carol Kranowitz, which clearly describes each of the “internal senses,” how sensory defensiveness manifests and how we can effectively intervene at home and school.

We encourage parents to be compassionate toward the behavioral issues that might be associated with sensory-processing deficits. For example, a newly adopted child who is tactile-defensive may not want to be hugged or touched. Although this is a painful experience for parents (and is often mistaken for attachment problems), this deficit can be effectively treated. However, it will require compassionate patience on the part of the parent. A similar corollary to a child who does not want to be hugged due to tactile defensiveness is the child who has a proprioceptive deficit and yelps when his parents hug him, claiming that they are hurting him. This hypersensitivity to physical pressure can also be effectively addressed (for specific information, see *The Out of Sync Child*).

Belief sub-system issues: Adopted children very frequently develop belief systems associated with their experiences with early caregivers. Those belief systems may include beliefs like “I am not loveable,” “Adults can’t be trusted,” or “If I had value, I wouldn’t have been given away.” It is important for adoptive parents to be compassionate toward the children’s belief systems while gently leading them to know the truth—that they are beautiful, precious, valuable and loved!

We ask parents in their compassionate responses toward their child to honor the child’s history while giving the child a hope for the future. For example, if the child did not receive adequate nutrition during early development, they may “hear” a message of hunger that causes them to hoard or steal food. In this circumstance, a parent can say, “It is true that you were hungry many times before you came home, but my promise is that you will never be hungry in our home. But, you may not steal or hide food. Anytime that you are hungry, come to me and I will go to the kitchen with

you and you may sit and eat whatever you are hungry for. If you would like, I will even take you to the grocery store and let you choose your favorite snacks and nuts and fruit to put in a basket in your room.” In these ways we show compassion toward our children while bringing them out of their pre-adoptive history and into the complete safety of our home and our love. By being attentive to neurological and sensory issues and residual belief systems, compassionate parents can more easily navigate their children’s histories and understand their children’s language.

**Adapted from “Six Words for Adoptive Parents to Live By” by Dr. Karyn Purvis and Dr. David Cross.*

More Questions to Consider and Discuss:

- 1. Thinking in terms of the Parable of the Good Samaritan and taking into account your child’s history (both what you know and what you don’t), in what ways is your child “injured and bleeding” on the side of the road? In light of this, what does Jesus’ command to “go and do likewise” mean for you as the parent of this child?**
- 2. What are some of the things that can keep you from having this kind of compassion toward your child?**
- 3. What should you keep in mind as you seek to be truly compassionate toward your child?**
- 4. How can you best show compassion toward your child even when you don’t feel compassionate?**