

# Six Words for Adoptive Parents to Live By\*

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During the course of the last six years we have been involved in an exciting project with adoptive parents and their children. Our journey with these families has been filled with joy and delight. The mission statement of our project cites a passage from the book of Isaiah, which says simply "and a child shall lead them" (Isaiah 11:6). The greatest and most significant research findings garnered in our work are the simple truths that the children themselves have taught us. Among the greatest lessons of truth that we have learned from the children are those insights about how to guide parents and children to connect in new ways. Thus our project is aptly named, *The Hope Connection*.

For many children who have experienced neglect or maltreatment prior to their adoption, the path between them and their adoptive parents is unclear. It is providing guidance toward deeper connections that has become our favorite focus when we speak to parent groups; our most common topic is *Lessons of Hope from the Hope Connection*.

In the process of walking with adoptive families through the years, we have come to realize that there are six words which identify some of the most effective mechanisms for building strong relationships between parents and children. Our six important words for adoptive parents to live by are: **BE COMPASSIONATE!** **BE FIRM!** **BE PROACTIVE!**

## **BE COMPASSIONATE!**

We ask parents who have adopted children from the "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 behavioral 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, or loneliness, or fear during this time, they may exhibit a chronic and pervasive sense of hunger, loneliness or fear. Their brain development was not

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complete enough for them to have tangible memories such as those of four or five year old children. 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. "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 touchable 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 myelination of the brain was complete and before brain maturation gave rise to tangible memories, the journey--for healing can be at times 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, and loved and deeply cared for!

Most adults can remember a time in their own childhood when they experienced food poisoning; many have not eaten the "poisonous" food since that childhood experience. In evolutionary terms, we recognize this to be a function of the "primitive" brain structures that are responsible for survival. Humans are considered "opportunistic feeders" which means that we eat whatever is available to us in the environment. Therefore, evolutionary brain structures developed which were designed to protect us from death. Our avoidance of a childhood "offender-food" which appears idiosyncratic, is actually an evolutionary skill designed to ensure our survival.

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 my child really need?" 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.

***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 cause them to misinterpret, for example, social cues, facial expressions, and the meaning of touches and hugs. 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 by Carol Kranowitz, *The Out of Sync Child*, which clearly describes each of the "internal senses," how sensory defensiveness manifests, and how we can effectively intervene in the home and school environments.

We encourage parents to be compassionate towards 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," "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, and precious and valuable and loved!

We ask parents in their compassionate responses towards their children to honor the child's history while giving them a hope for the future that they can live by. For example, if the child has not received 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 food, 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 favorite snacks and nuts and fruit to put in a basket in your room." In these ways we show compassion towards our children while bringing them out of then- pre-adoptive history and into the complete safety of our home and our love.

## **BE FIRM!**

While compassion is a profoundly important component for parenting a child from the hard places, compassionate firmness is equally important. Children, who have not had healthy boundaries before they came home to you, will need clear, enforceable boundaries. They need to be encouraged to "use words and not behaviors" to tell you their needs. They need to be encouraged that "all feelings are okay," but need to be guided into appropriate ways to express those feelings.

Because sensory deprivation in the early months of development, and/or chronic ear infections, can disrupt auditory processing, we encourage parents to use few words! Children who have auditory processing deficits can easily become lost in an "onslaught" of words. Unfortunately, these children may be labeled as "disobedient" or "willful," when in truth they did not fully understand the meaning of their parents "word clutter." These children need to be given short auditory scripts that they can easily encode and learn to follow.

Important concepts to teach younger children are "Be gentle and kind," "Listen and obey," "Practice showing respect," "With permission and supervision," "Making compromises," and "Accepting no." **Accepting no** is an important principle, because many children from hard places find it difficult to relinquish control to their adoptive parents out of fear. This is because in the child's past, those who were in control were not trustworthy and his or her life

felt out of control. It is important to gently wrest control from the child because a child who is "boss of the world" doesn't need a mommy or daddy.

## **BE PROACTIVE!**

In a home where there is a balance of compassion and firmness, nurture and structure, it is also important to be purposefully proactive. By analyzing our children's behaviors, we can make realistic plans for how to address their needs. We encourage parents in our program to make careful journal notes about when and where their child has behavioral difficulties. Do they become tearful when they go into a new environment? Does going into a crowded room cause them to become withdrawn, afraid or agitated? When they are hungry do they have behavioral meltdowns? By keeping thorough journal notes for a few weeks, most of our families can identify events, places and times which present particular challenges for their children. Parental responses can be guided by compassionate understanding of the neurological, sensory and belief-system issues, which are fueling their children's behaviors.

For example, we recommend feeding children a nourishing snack every two to three hours. Many parents have reported that simply providing stability to their child's blood sugar significantly reduces behavioral challenges during the day. Other parents have discovered through assessing their journal that their child needs appropriate sensory input before activities that require them to sit still for a long period of time. Those parents may opt for a half-hour at the park or McDonald's playground prior to sitting in the doctor or dentist's office for an hour or prior to going to the grocery store.

The goal of our work at TCU's Institute of Child Development is helping parents and children make deeper connections. We believe that these six words, **BE COMPASSIONATE!** **BE FIRM!** **BE PROACTIVE!** are among the most powerful tools we have observed for not only bringing our children into the safety of our homes, but for bringing them into the safety of our hearts!