Chapter 14
The Contagion of Trauma:
Exploring Attachment through the Book Love Lessons

James Dumesnil
Independent Researcher, USA

ABSTRACT

Research has been increasingly clear regarding the critical importance of the first years of life, especially the first three years, on personality development and the ability to adapt and adjust throughout life. Children with histories of traumas such as abuse, neglect, drug exposure, inconsistent caregiving, or violence during these critical early years can have profound disruptions in their development, including severe behavioral and emotional problems. The parents who adopt a child with a history of trauma are vulnerable to developing their own vicarious, or secondary trauma. This chapter explores this contagion of trauma within adoptive families, following the story of one such affected family. Treatment has focused on the needs of the traumatized child individually and through behaviorally-based parenting interventions. The individual clinical needs of the attachment figures, the parents, have not received the attention they deserve. These needs are as critical as addressing the child's trauma in order to allow for creation of a secure attachment with the child.

A family's journey.
A child's pain.
A mother's heart broken.
A child who thinks she is protecting herself.

In this chapter, we will explore one family's journey of understanding the effect of trauma on their adopted child[1]. Families who adopt children through domestic or foreign agencies may be ill prepared for the harm and the scars that earlier life trauma and deprivation have left on their child. They may even be more ill prepared for the scars that the child's earlier trauma and deprivation will leave on them, their family and their children. Families may not know or understand what trauma their child has already

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suffered, and how the effects of this trauma will continue to manifest in their lives and in their homes. Instead of being able to restore their child to safety, the adoptive family can end up suffering with Post Traumatic Stress Disorder similar or secondary to their child's complex PTSD diagnosis.

The consequences of institutionalized care and maternal deprivation early in life have been extensively documented (Bowlby, 1988, 1990; Fonagy et. al. 1991; Main & Hesse, 1990). Institutionalized children are behind on all physical as well as emotional indicators (Juffer et al., 2011; van der Dries et al., 2009; Merz & McCall, 2010; Zeanah & Gleason, 2014). They are below levels of non-institutionalized children in their physical growth, cognition, and general behavioral development (Zeanah et al., 2011). Their attachment and social-emotional development are mostly disorganized and delayed (Bakermans-Kranenburg et. al., 2012). Almost 3/4 of institutionalized children display insecure disorganized attachment behavior: (Main & Hesse, 1990). This is consistent with the neglectful environments and the lack of sensitive, responsive, consistent caregiving that most of these children experience (Bakermans-Kranenburg et al., 2012).

Palacios and Brodzinsky (2010) have documented a substantial and rapid "catch-up" in development for post-institutionalized children adopted by typically advantaged families. However, catch-up is not always complete. Social, cognitive and behavioral developments and especially attachment continue to lag behind (Van den Dries, Juffer, van IJzendoorn, & Bakermans-Kranenburg, 2009).

Even after spending years in an advantaged adoptive family, adopted children continue to have severe behavioral and emotional problems, especially with adjustment and attachment issues. Problems are much more severe for children adopted after the age of one year old (Bakermans-Kranenburg, 2009; Palacios & Brodzinsky, 2010). Certainly the outcomes for adopted children in typically advantaged families are better than for those, who remain in orphanages and in foster care. However, adopted children do not completely "catch up" with parent-reared peers. Some would have us believe that many of these issues will work themselves out, as the child becomes an adult. Unfortunately, studies indicate these problems do not simply represent an extremely troublesome adolescent period but persist in one form or another into adulthood (Van der Vegt et al., 2009; Bakermans-Kranenburg et. al., 2012). In adulthood, adoptees, especially males, were found to have more psychiatric disorders than nonadopted individuals. Furthermore, the experience of multiple early adversities significantly increased the chances of poorer adjustment outcomes and health outcomes (Palacios & Brodzinsky, 2010; Felitti et al., 1998).

A frequently cited study from the annual Untied States Department of Health and Human Services Adoption and Foster Care Analysis and Reporting System (AFCARS, 2006) reported that children in foster care and adoption have more PTSD and mood disorders than our soldiers returning from war. "A recent study by Harvard University and the Casey Family Programs reported that over half of the children in foster care leave with an anxiety disorder. They have twice the rate of traumatic stress (PTSD) as compared to Vietnam veterans*" (*AFCARS, 2006; Gray, 2007).

The preponderance of the research is clear. Children with early deprivation have profound attachment issues. While they may "catch up" with physical parameters (Palacios & Brodzinsky, 2010) neurological and cognitive issues and attachment issues can persist into adulthood (Zeanah et al., 2011). Adoptive families aspire to mediate and modify these effects of trauma. Unfortunately, the trauma may be too much for many parents. Purvis (2008) and Lieberman (2008) are two who speak to parents being "overmatched" by the child's history and pathology.

Families adopting "a child from a hard place" (Purvis et al., 2008), a child with Developmental Trauma Disorder due to repeated exposure to sanctuary trauma (van der Kolk & D'Andrea, 2010), a child with a history of repeated Adverse Childhood Experiences (Felitti et al., 1997; Szalavitz & Perry,