CREATIVE ARTS THERAPIES APPROACHES IN ADOPTION AND FOSTER CARE

ABOUT THE EDITOR

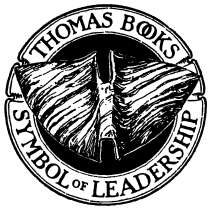
Donna J. Betts, M.A., ATR-BC, hails from Canada. She is a graduate of George Washington University and founded the art therapy program at the National Children's Center in Washington, D.C., in 1998. Ms. Betts is an active member of the American Art Therapy Association, and presently serves on AATA's Board of Directors (2002-2004). She also maintains involvement with the National Coalition of Creative Arts Therapies Associations (NCCATA), serving as Webmaster and Recorder. Herself an adoptee, Ms. Betts lectures on topics such as adoption, autism, and art therapy assessment techniques. Currently, she is working toward a Ph.D. in Art Therapy at Florida State University.

CREATIVE ARTS THERAPIES APPROACHES IN ADOPTION AND FOSTER CARE

Contemporary Strategies for Working With Individuals and Families

Edited by

DONNA J. BETTS, M.A., ATR-BC



CHARLES C THOMAS • PUBLISHER, LTD.
Springfield • Illinois • U.S.A.

Published and Distributed Throughout the World by

CHARLES C THOMAS • PUBLISHER, LTD.
2600 South First Street
Springfield, Illinois 62794-9265

ISBN 0-398-07387-2 (hard)
ISBN 0-398-07388-0 (paper)

Library of Congress Catalog Card Number: 2002044360

With THOMAS BOOKS *careful attention is given to all details of manufacturing and design. It is the Publisher's desire to present books that are satisfactory as to their physical qualities and artistic possibilities and appropriate for their particular use.* THOMAS BOOKS *will be true to those laws of quality that assure a good name and good will.*

Printed in the United States of America
MM-R-3

Library of Congress Cataloging in Publication Data

Creative arts therapies approaches in adoption and foster care : contemporary strategies for working with individuals and families / edited by Donna J. Betts.
p. cm.
Includes bibliographical references and index.
ISBN 0-398-07387-2 (hc.) – ISBN 0-398-07388-0 (pbk.)
1. Art therapy for children. 2. Art therapy for youth. 3. Adopted children–Mental health. 4. Foster children–Mental health. 5. Child psychotherapy. 6. Family psychotherapy. I. Betts, Donna J.

RJ505.A7 C74 2003
615.8'5156'083–dc21 2002044360

This book is dedicated to the children in foster care, to the adoptees, to the families, and to the creative arts therapists who guide them.

CONTRIBUTORS

Victoria Bryan
STOP-GAP Co-Founder.

Sherry Diamond, M.A., RDT
President-Elect of the Board of Directors for the National Association for Drama Therapy; Expansion Project Director/Program Director for Acacia Adult Day Services in Garden Grove, California; drama therapist for more than 15 years; and freelance writer.

Mimi Farrelly-Hansen, M.A., ATR, LPC
Founder, former director and current adjunct faculty of the graduate art therapy program at Naropa University in Boulder, Colorado; clinician for 20 years, work focused largely on abused children; more recent interests include couples, groups, feminine spirituality, ecopsychology, and transcultural/transracial adoption issues; editor of *Spirituality and Art Therapy: Living the Connection*, Jessica Kingsley Publishers, 2001.

Deborah Good, Ph.D., ATR-BD, LPAT, LPCC
Private practice, Albuquerque, New Mexico; AATA Past-President.

Steve Harvey, Ph.D., ADTR, RPT-S, RDT
U.S. Naval Hospital, Sigonella, Italy.

Lisa D. Hinz, Ph.D., ATR
Private practice, Pasadena, California; adjunct faculty member, Saint-Mary-of-the-Woods College, Master of Arts Therapy Program, Saint-Mary-of-the-Woods, Indiana.

Allison Hurwitz, M.A., ATR
New York University graduate; art therapist at Kennedy Child Study Center, Bronx, New York; private practice; facilitator of creative arts therapy workshops at various social service agencies in New York City; advisory board member of Fresh Art, a nonprofit organization dedicated to helping artists with special needs since 1998.

David L. Hussey, Ph.D.
Assistant Professor, Department of Justice Studies, Kent State University; Faculty Associate, Institute for the Study and Prevention of Violence, Kent State University; Director of Research and Evaluation, Beech Brook.

Donna Kaiser, M.S., LPC, LMFT, ATR-BC
Doctoral candidate in Counselor Education, William and Mary, completing dissertation research on the experiences of novice family counselors during internship training; art therapist and family therapist at William J. Farley Center, an international addictions treatment facility for impaired health professionals, Williamsburg, Virginia.

Fionnula Kenny, M.A.
STOP-GAP Artistic Director.

Don R. Laffoon, M.A., RDT/BCT
STOP-GAP Cofounder and Executive Director.

Melany Lawlor, M.A.
Artist and art therapist, works with transcultural/transracially adopted children; has worked with children in residential treatment and conducted home-based therapy with families in crisis; graduate of the Art Therapy program, Naropa University. Melany's *HeART Talks Manual* is available through Colorado Heritage Camps, 2052 Elm Street, Denver, CO 80207.

Deborah Layman, M.M., MT-BC
Beech Brook, Cleveland, Ohio.

Yun Jung Lee, M.A.
Member of AATA and Delaware Valley Art Therapy Association.

Wendy Miller, Ph.D., ATR, REAT, LPC
Member of AATA; member of International Expressive Arts Therapy Association (IEATA); cofounder and practicing clinician, Create Therapy Institute; founding member and Past Executive Cochair of International Expressive Arts Therapy Association (IEATA); associate of Sandplay Therapists of America (STA); licensed member of DC Mental Health Counselors Association (DCMHCA); member of Potomac Art Therapy Association; adjunct faculty at California Institute of Integral Studies.

Stacey Murray-Park, M.A.
Kansas State University, Theatre with specialization in Drama Therapy; National Association of Drama Therapy, student member.

Joan Phillips, M.A., M.S., LMFT, LPC, ATR-BC
University of Oklahoma; private practice.

Mary Reher, MTA, FAMI
Accredited member, Canadian Association for Music Therapy; fellow/member, Association for Music and Imagery; member, Music Therapy Association of British Columbia.

Shanee Stepakoff, Ph.D., RPT, LCP
A licensed clinical psychologist and registered poetry therapist. She is on the staff of the Center for Violence Prevention and Recovery at Beth Israel Deaconess Medical Center, and serves as Biblo/Poetry Therapy Consultant for the Boston Institute for Arts Therapy. She is an adjunct faculty member in the graduate program in expressive therapies at Lesley University, and maintains a private practice with children, adolescents, and adults in Cambridge, Massachusetts.

Elizabeth Warson, M.A., ATR-BC, LPC
Doctoral student at Colorado State University; private practice; contract with the Colorado Department of Youth Corrections; graduate of Vermont College; AATA Chair of the Committee on Professional Practice, 2002; president of ATAC; exhibiting artist.

FOREWORD

Generations of secrecy, shame, negative stereotypes, and noxious stigmas have inflicted considerable damage on adoption itself and, more important, on too many of the people whose lives are touched, altered, or shaped by this essential, wondrous institution. Our society created and still reinforces the undermining notion that adoption, because it most often is a second choice, must therefore be a lesser way of forming a family, even though we all know that second choice isn't necessarily second best in virtually any other aspect of life. We have frequently turned birth parents into lesser beings ("What kind of woman would give up her own flesh and blood?"); transformed adoptive parents into pitiable creatures ("I'm sorry you couldn't have any *real* children."); and, worst of all, branded innocent children as bastards and as illegitimate, while using the very words that describe them as an insult ("You're adopted!"). Add to this artificially unhealthy climate the very real issues of separation, loss, compromised identity formation, and other concerns that truly are parts of adoption, and it becomes easy to understand why members of the "triad"–particularly adopted people of all ages, but also adoptive and birth parents–seem to be overrepresented in clinical care.

Unfortunately, this same history of secrecy also has taken a heavy toll on the very community that is supposed to provide care. That is, too many mental health professionals dealing with adoption-related matters believe some or all of the faulty stereotypes; too many (unintentionally) pathologize adoption and those whose lives include it; and too many devise theories and therapies by extrapolating from singular, personal, or not-necessarily-representative experiences rather than drawing from any formal training–and treat their patients accordingly. Most pointedly for the purposes of this discussion, mainly because it's hard to learn much about secrets, too many mental-health professionals lack solid treatment models from which they can accumulate accurate information or on which they can base their own work.

Against this backdrop, *Creative Arts Therapies Approaches in Adoption and Foster Care* is important for two major reasons. First and foremost, it should be a very useful tool in a world where there simply aren't many. The examples within it are well chosen to help clinicians understand the most critical concerns in their field; they are thoughtfully presented so that readers will gain telling insights and context, not just limited information about individual cases; and, as the title accurately indicates, they offer new ways of think-

ing about and dealing with problems relating to or stemming from adoption and foster care. The second reason this book is so important is both simpler and more complicated: It exists. Adoption has been around for centuries and now touches roughly 80 million to 100 million Americans within their immediate families; yet–again, because of the fog of shame and secrecy that, thankfully, is finally lifting–relatively little solid research has been conducted on the subject and a paucity of informed books have been printed about it. So I raise a glass to Donna Betts for giving us "Creative Arts Therapies" because–in addition to its many substantive contributions–it simultaneously serves as an unambiguous marker of how far we have come and as a clear, early indicator that adoption and foster care are finally starting to receive the attention they have long deserved.

While I'm confident this book will do a lot of good, for both clinicians and for the people they help, I hope that readers (in or out of the therapy world) do not draw any flawed conclusions from the cases it highlights–or even from its title, which is not intended to send the message that *all* adoption and foster care requires therapy. It would undermine everyone concerned, for example, for anyone to infer that adoption, per se, may be inherently problematic or that specific negative behaviors by adoptees must be intrinsic. The case studies contained here do indeed teach vital lessons, but they are the result of a deliberate selection process and therefore do not illustrate universal truths any more than would a book full of stories solely about children who have been adopted from foster care and are thriving.

Members of nontraditional families almost by definition have to deal with more complexities in their lives, sometimes including or leading to problems that require professional assistance. It is true for those in families that include stepparents, divorced parents, single mothers, same-sex parents, grandparents who raise their grandchildren, parents who have different races or religions, and so on. The adults and children within such families also appear to be overrepresented in clinical care but, in imperfect shorthand, we have learned (and are still learning) that it is neither fair nor constructive to pathologize an entire institution and those within it simply because it has discrete issues or because it is defined by its own normative patterns and behaviors. It is no surprise that we have been slow to apply that knowledge to adoption, given its surreptitious past, but the resulting lack of perspective can yield imperfect therapeutic results and intellectual conclusions.

An easy example: The vast majority of mental health professionals I have interviewed during the last few years, including some who have very positive views about adoption and others who have personally treated very few members of the "triad," state as a given that adoptees are overrepresented in clinical care. And they cite that as prima facie evidence, if not proof, that something–not necessarily something huge, but something–probably is amiss

with adoption itself. Yet there are so many other explanations for this phenomenon, assuming (as I do) that the premise of over-representation is true despite the lack of hard data. Some parents and clinicians do not know that adoptees go through normative developmental stages that can differ markedly from those of children born into their families, for example, while others don't explore the possibility that the children involved were simply acting out because they were taunted by classmates about being adopted or because they were given an insensitive assignment by a teacher. It also stands to reason that some sizable percentage wind up in clinical care because their parents know so little about the children's genealogies, family medical histories, or biological parents' behavioral backgrounds that they seek help at times when other moms and dads might only have thought, "That's what I did when I was a kid; she'll outgrow it." Moreover, because of the considerable expenses involved, the men and women who adopt infants in this country or children from abroad tend to be more affluent and educated than the population as a whole–and, as a result, tend to be more amenable to seeking mental health services for themselves and for members of their families.

That means some people who are diagnosed as having adoption-related problems actually are acting "normally" under the particular circumstances or are suffering from an unrelated ailment, and vice versa. A father who comes in because he bickers constantly with his daughter may need to be treated for his unacknowledged resentment about the infertility that led him to adopt, for example, while a woman who wants help for the depression she's feeling because her "only" child just went off to college might instead require counseling for the grief she never permitted herself to experience after relinquishing her first baby decades ago–assuming the clinician knows the right questions to ask.

None of which is to suggest that the issues clinicians identify in the adoptees and other triad members who come to them are imaginary or necessarily less severe than they might seem. And, in the case of foster care, the more we know the better we understand that children involuntarily torn from their roots and transplanted from one temporary home to another cannot escape some degree of emotional, psychic and/or developmental harm. But individual problems, and the treatments for them, may indeed be different than they first appear to professionals making assessments through the prism of insufficient information or flawed stereotypes. To state the obvious, the treatment is most effective when the diagnosis is closest to the mark. Unfortunately, even during this period of unprecedented attention to and even affection for adoption, lingering myths prevent too many Americans whose job is to help people–from teachers to social workers to medical professionals–from clearly seeing their targets. "Creative Arts Therapies," and hopefully other books that follow, will help to change this reality by dealing

with adoption and foster care issues straightforwardly, honestly and, most remarkably, with new ideas. It was hard to develop new ideas, at least ones of any value, during the decades when people barely spoke about these issues above a whisper. This book's publication heralds a new era.

ADAM PERTMAN, EXECUTIVE DIRECTOR
Evan B. Donaldson Adoption Institute
Author: *Adoption Nation*

www.adoptionnation.com

PREFACE

The creative arts therapies, which include art, dance/movement, drama, music, poetry, and psychodrama as part of the healing process, are successful approaches in working with clients whose lives are touched by adoption and foster care. Creative arts therapy services are available to families and individuals in a variety of settings, including schools, hospitals, community mental health centers, treatment homes, and private clinics. Families or individuals may actively seek out these services, or they may be referred for treatment. For example, a family may find art therapy to be an appropriate modality in coming to terms with their adopted daughter's discovery that she was adopted. Or, a son who was adopted at the age of 7 and experiences grief over losing his birthparents would have an opportunity to work through his feelings in a drama therapy group. A foster child who acts out at school might find solace in individual music therapy sessions. Or, a grieving birthmother could benefit from a poetry therapy group to work through her profound feelings of loss after relinquishing her baby boy.

This volume presents perspectives of creative arts therapies approaches in adoption and foster care. Creative arts therapists will find this collection to be of particular relevance, but the intention is to also introduce this subject to a wide range of clinicians, including those in the associated professions of social work, counseling, psychology, psychiatry, nursing, teaching, and related fields. The chapters refer specifically to the development and contemporary application of creative arts therapies approaches in adoption and foster care.

The chapters reflect the ways in which creative arts therapies can be applied in different clinical settings and represent the spectrum of ideas in current practice. The first seven chapters focus on adoption and present theoretical perspectives on adoption adjustment that include: psychodynamic, attachment, social role, family systems, stress and coping, object relations, trauma, cognitive-behavioral, and biological perspectives. A variety of psychological constructs are explored, such as: trust, attachment, abandonment, rejection, self-esteem, identity integration, grief, and loss. These chapters also reflect types of work with specific adoption populations, including international and transracial. Individual, group, and family therapy formats are outlined. Approaches to treatment including art, drama, music, play, and sand tray therapy are presented predominantly in case study format. In some

cases, diagnosis and assessment are discussed.

In Part Two, the five chapters that focus on foster care explore: the creative art therapist's role in the social system; attachment and foster care research; issues such as self-esteem, boundaries, guilt, shame, loss, ambivalence, aggression, splitting, rejection, trauma; themes of abuse and neglect, resilience, and behavioral and emotional disturbances. The case material discussed in this section was accumulated in a variety of therapeutic and educational groups as well as in individual therapy sessions, including settings that used drama therapy methods, interactive theater, and a creative arts approach to treating foster families.

Five chapters exploring transcultural and transracial issues are the focus of Part Three. As adoption and foster care of children from different countries and backgrounds become increasingly popular, this topic holds particular significance in the work of many creative arts therapists.

Because of the lack of published work in this area, the authors of this book defined a need and came together to create a collection of work that many practitioners will find to be useful. Each of the authors involved in this project welcomes the growth of interest in the application of the creative arts therapies in working with adoptive and foster care populations. It is hoped that this book will help meet a demand for ideas and practical information about this topic on the part of an audience reaching beyond the creative arts therapies.

D.J.B.

INTRODUCTION

Adoption and foster care are social systems that differ in terms of placement permanency, but share similarities with respect to issues such as loss of parents and caregivers. According to the American Academy of Child and Adolescent Psychiatry (AACAP, 1999), approximately 120,000 children are adopted each year in the United States. Although the number of children available for adoption within the United States has dropped in recent decades, numerous children, here and abroad, still need a home.

Research has shown that adopted children are overrepresented in both outpatient and inpatient mental health settings (Wierzbicki, 1993, in Brodzinsky et al., 1998). However, to some extent this finding may be due to a referral and response bias on the part of the adoptive parents and professionals (Brodzinsky, et al., 1998). Furthermore, although some adopted children may develop behavioral or emotional difficulties, these may or may not result from issues linked to adoption (AACAP, 1999).

AACAP defines foster care as the care of a child on a full-time or temporary basis by persons other than his own parents. This form of alternative care is intended to offer a supportive family environment to children whose natural parents cannot care for them (AACAP, 1998).

Placements in foster care have dramatically increased over the past 10 years. Over 500,000 children in the United States reside in some form of foster care. Despite the increasing numbers, children in foster care and foster parents are mostly "invisible" in communities and often lack needed supports and resources (AACAP, 1998).

Being removed from one's home and then placed in foster care is a difficult and stressful experience. Many fostered children have suffered some form of serious abuse or neglect. In addition, approximately 30 percent of children in foster care have severe emotional, behavioral, or developmental problems. Physical health problems are also common (AACAP, 1998).

Although the number of relative caregivers ("kinship" foster care) has increased over the past decade, there has been a decrease in the number of available nonrelative foster parents, i.e., those not biologically related to the child (AACAP, 1998). This has resulted in larger numbers of children remaining in institutional settings.

When working with this vulnerable population, several factors are important to bear in mind. Brodzinsky (1998) asserted that adoption issues are sub-

tle and not readily expressed by children in therapy, regardless of the clinician's theoretical orientation. Therapists are urged to become more familiar with the unique clinical themes represented in the intrapsychic and interpersonal lives of adopted individuals and to expand their repertoire of assessment and treatment techniques, including strategies that target adoption-specific issues. Creative arts therapies assessments and treatment techniques represent a successful alternative to traditional approaches.

Some effective methods for the treatment of adopted children include the Lifebook, pictorial timelines, therapeutic rituals, journal writing, and written role-play exercises (Brodzinsky, 1998). These techniques can and have been incorporated into the work of creative arts therapists. For instance, Robertson (2001) adapted Brodzinsky's approach to the Lifebook technique with adoptees and designed an art-based strategy to address adoption issues. The Lifebook can be used to identify issues and assumptions gathered by the adoptee, giving structure and perspective over the long term. This is achieved by asking the adopted person to imagine scenarios and situations from her life and then to create images to tell her story. This process, in turn, can help the adopted client to become more accepting of her experiences. In addition to implementing the methods suggested by Brodzinsky, creative arts therapists have designed other strategies for working with this population. These innovative techniques are explored in this text.

Creative arts therapists have published very little on their work with this population. Some have presented their findings at conferences. In recent years, Klorer (2000) presented a paper entitled "An Insatiable Hunger: Attachment Dilemmas of Children in Foster Care"; Laing (2000) presented her work on "The Application of Music Therapy to Permanency Issues of Children with Special Needs"; Layman (2000) presented "Foster Care Trends in the United States: Ramifications for Music Therapists"; and Betts (1999) presented a poster session entitled "Adoption and Art Therapy: A Pilot Study Exploring Results of the MARI® Card Test©." These presentations represent just a sampling of the work accomplished by creative arts therapists who specialize in adoption and foster care. A list of published works on this topic is provided in the references to this section, as well as a few examples of unpublished works. Given the lack of published material on this topic and the evident need for information on creative arts therapies approaches in adoption and foster care, this volume is a timely and welcomed addition to the literature.

References

American Academy of Child and Adolescent Psychiatry. (1999). The adopted child [Fact Sheet]. Washington, DC: Author.

American Academy of Child and Adolescent Psychiatry. (1998). Foster care [Fact Sheet]. Washington, DC: Author.

Betts, D. J. (1999, November). *Adoption and art therapy: A pilot study exploring results of the MARI® Card Test©.* Poster session presented at the 30th annual conference of the American Art Therapy Association, Orlando, FL.

Brodzinsky, D. M., Smith, D. W., and Brodzinsky, A. B. (1998). *Children's adjustment to adoption: Developmental and clinical issues.* Thousand Oaks, CA: Sage Publications.

Klorer, G. (2000, November). *An insatiable hunger: Attachment dilemmas of children in foster care.* Paper presented at the 31st annual conference of the American Art Therapy Association, St. Louis, MO.

Laing, S. (2000, November). *The application of music therapy to permanency issues of children with special needs.* Paper presented at the conference of the American Music Therapy Association, St. Louis, MO.

Layman, D. (2000, November). *Foster care trends in the United States: Ramifications for music therapists.* Paper presented at the conference of the American Music Therapy Association, St. Louis, MO.

Robertson, B. (2001). Drawing a blank: Art therapy for adolescent adoptees. *The American Journal of Art Therapy 39*(3): 74–79.

Published Works: Creative Arts Therapies and Adoption/Foster Care

Black, C., and Kaczmarek, M. (1992). Projective drawings in the treatment and evaluation of a late-adopted child. *The American Journal of Art Therapy 31:* 10–16.

Coufal, R. (1983). Reunification with the adopted self: Art psychotherapy with adult adoptees. In *California Art Therapy Trends*, edited by E. Virshup, 103–116. Chicago, IL: Magnolia Street.

Fehlner, J. D. (1994). Art therapy with learning-blocked, depressed children. *The Canadian Art Therapy Association Journal 8*(2): 1–12.

Galbraith, N. (1978). A foster child's pictorial expression of ambivalence. *American Journal of Art Therapy 17:* 39–49.

Gonick, R., and Gold, M. (1992). Fragile attachments: Expressive arts therapy with children in foster care. *The Arts in Psychotherapy 18:* 433–440.

Harvey, S. (1990). Dynamic play therapy: An integrative expressive approach to the family therapy of young children. *The Arts in Psychotherapy 17*(3): 239–246.

Harvey, S. (1991). Creating a family: An integrated expressive approach to adoption. *The Arts in Psychotherapy 18:* 213–222.

Lyons, S. J. (1993). Art psychotherapy evaluations of children in custody disputes. *The Arts in Psychotherapy 20:* 153–159.

Pardeck, J. T. (1994). Using literature to help adolescents cope with problems. *Adolescence 29*(114): 421–427.

Peake, B. (1987). A child's odyssey toward wholeness through art therapy. Special Issue: Childhood sexual abuse. *Arts in Psychotherapy 14*(1): 41–58.

Robertson, B. (2001). Drawing a blank: Art therapy for adolescent adoptees. *The American Journal of Art Therapy 39*(3): 74–79.

Unpublished Works: Creative Arts Therapies and Adoption/Foster Care

Consoli-Barash, J. A. (1996). *I once was a lost foster child . . . Now I am found. How art therapy, a stable placement and group therapy resolved the trauma of abandonment in foster care.* Unpublished masters thesis. Rohnert Park, CA.

Flamer, B. (1978). *Seven adoptees: The changing and the chosen child.* Unpublished masters thesis. PI.

Gaskins, M. (1989). *An art therapy approach to adopted adolescent identity development: A single case study.* Unpublished masters thesis. UL.

Goodell, S. J. (1988). *Room for opposites: Use of expressive therapies to explore issues of abandonment and individuation with an adopted adolescent.* Unpublished thesis. UL.

Irving, M. C. (1995). Natalistic art in therapy theory: Working with birth and prenatal issues through art (Doctoral dissertation, Union Graduate School, 1995). *Disseration Abstracts International, 56/11,* 6394.

Jensen, S. (1975). *Attachment process: An art therapy approach–a comparative study of natural and adoptive mothers.* Unpublished masters thesis. LM.

Martin, G. W. (1982). A pictoral study of grief and loss in the life cycle (Doctoral disseration, The Union for Experimenting Colleges and Universities, 1981). *Disseration Abstracts International, 42/12,* 426.

Morris, M. (1981). *Art therapy with adoptive families: A literature review and grant proposal.* Unpublished masters thesis. LM.

ADOPTION AND FOSTER CARE RESOURCES

Art Therapy & Adoption Resources
www.art-therapy.us

National Adoption Information Clearing House
330 C Street, SW
Washington, DC 20447
Phone: (703) 352–3488 or (888) 251–0075
www.calib.com/naic/

CONTENTS

CREATIVE ARTS THERAPIES APPROACHES IN ADOPTION AND FOSTER CARE

Part One

ADOPTION

Chapter 1

THE USE OF ART THERAPY IN THE IDENTITY FORMATION OF A PREADOLESCENT ADOPTEE WITH MULTIPLE DISABILITIES

DONNA BETTS

Introduction

Identity is ". . . the quality or condition of being a specified person or thing" (Allen, 1990, p. 585). Identity formation begins very early in life: Natalistic-art-in-therapy theory proposes that prenatal and birth experiences can influence its development (Irving, 1995). Failure to achieve a strong sense of identity can lead to what Erikson labeled as identity confusion: doubt about who you are and what you want to be (in Lifton, 1994). As will be addressed in this chapter, the adopted person may be more at risk to experience identity confusion.

In this chapter a case study is presented to illustrate the use of art therapy in the identity formation of a preadolescent adoptee. In addition to being adopted, the client coped with identity issues related to her diagnoses of attention deficit hyperactivity disorder (ADHD), trichotillomania, and a seizure disorder. The benefit of art therapy in promoting the client's identity integration is explored.

Adoption: Identity Confusion Derived From Loss of Birth Heritage

Sants (1964, in Hoopes, 1990) identified genealogical bewilderment, or loss of birth heritage, as a psychological difficul in the identity formation of a preadolescent adoptee. It is important to have an unbroken historical and genetic attachment to the past, present, and future druing the process of identity consolidation (Erikson, 1968). Young adoptees may struggle during this important stage of identity development, due to their lack of genetic attachments. This struggle can result in a sense of a dual identity and may prompt adoptees to search out their past and pursue information about the unknown self. There are other challenges for adoptees. They may struggle with loyalty issues in order to ultimately understand and to more fully accept them-

selves as people with two different sets of parents (Rosenberg, 1992). In addition, relinquishment can contribute to a poor sense of self-acceptance, adversely affecting identity development, because "being unwanted implies that one is deserving of abandonment or death" (Martin, 1982, p. 57). Thus, coming to terms with genealogical bewilderment, relinquishment and related issues present ongoing challenges for adoptees, particularly during adolescent identity development.

Art Therapy with the Adopted Person

The adoptee's experience of grief and loss can extend into adulthood and include both a sense of loss of the birth parents as well as a loss of part of the self (Hoopes, 1990). Art therapy can help the adopted client work through his sense of loss and work toward a consolidated sense of identity.

In her chapter "Becoming Whole," Lifton (1994) explored the work of artist Gordon Matta-Clark. Matta-Clark had literally cut a house in half and then photographed it from different angles. The resulting image showed that the house had been abandoned. Lifton poignantly described her experience of Matta-Clark's piece:

> I tried to imagine photographs of the split psyche of the adoptee, with its sense of absence. The Artificial half, seemingly there because of its material furnishings, on one side; and the Forbidden ghost half, the absent part, populated by absent people, on the other. And in between, the negative space, which is the abyss. I saw how this negative space could have the same positive effect on the adoptee as it did on the house, lighting up dark corners of the psyche and revealing what was formerly unseen. The similarity ends there. Matta-Clark's goal was to illuminate the dark unconscious of a house but leave it split. The adoptee's goal is to illuminate the dark unconscious of the self and make it whole. (p. 258)

In making the "dark unconscious of the self" whole, the adoptee's sense of identity might become more integrated. Creating a symbol for this splitting of the self, as did Matta-Clark through the creative process, represents a successful approach to the achievement of identity consolidation via art therapy.

The Use of Art Therapy in the Process of Identity Formation in Preadolescents

Art therapy can be an effective modality in promoting identity consolida-

tion (Tibetts and Stone, 1990). Preadolescents in particular can benefit from working in this manner, as they begin to enter adolescence, forming a more mature sense of identity. Adolescence is a time of ". . . recurrent conflict, incomplete repression, and unusual access to earlier phases of development and primary process experiences" (Greenacre in Shaw, 1981, pp. 73–74). This experience can make them amenable to art therapy services. Furthermore, adolescents possess an impulse to express inner turmoil (Blos in Emunah, 1990). These factors demonstrate the potential benefit of art therapy as an effective modality with preadolescents and adolescents.

Case Study: Sara

Sara (pseudonym), a Caucasian female, was 11 years of age and in the fifth grade when she was assessed at a child and adolescent outpatient psychiatric clinic. At the time of her intake Sara lived with her 8-year-old adopted Caucasian brother, to whom she was not biologically related, and their adoptive mother and father, both Caucasian. Sara was adopted when she was 4 days old, and her previous medical history was unknown. She was diagnosed with a seizure disorder at 6 months of age, a condition that caused her to drool periodically and induced the conditions of Proximal Nocturnal Dysthymia and Hypotonia of the hands. Sara also had asthma; in addition she required weekly allergy shots, daily doses of Dexedrine for ADHD, and Tegretol for seizures.

Sara had certain behaviors that led to her referral at the clinic. Her mother reported the following history of Sara's behaviors: Sara had been hiding behind the family's couch to light matches; she had tended to tell lies since she was young; she was once caught stealing; and finally, in Sara's underwear drawer, her mother had found tissues that Sara had urinated on. Additionally, Sara had trichotillomania, which caused her to pull out her eyebrows and eyelashes. She had problems in the morning getting organized for school, although she reported that she enjoyed school. Her grades were average, and she had never failed a grade, but she reported difficulties completing homework. She got along well with adults but had problems with peer relations. When Sara expressed anger, she usually directed it toward her adoptive mother.

During the initial interview, Sara indicated that she knew she was adopted and that she had always known. Sara seemed attached to her adoptive parents and did not appear to have separation problems. When asked what she thought about being adopted, she said that it was "fine."

Sara's intake assessment led to the following preliminary diagnoses: trichotillomania, mathematics disorder, rule out major depressive disorder, rule out generalized anxiety disorder, rule out enuresis, ADHD, partial com-

Figure 1.1.

plex seizures, nocturnal dystonia, and problems of primary support. Sara was referred to a psychiatrist for follow-up, and she was referred to me for long-term individual art therapy services. The sessions took place in a private art therapy office at the clinic. Due to the long distance that Sara's mother had to drive to get to the hospital, the sessions took place only once every two to three weeks.

The Self-Symbol: Beginnings of an Identity

During the initial interview, Sara had created a picture of a dog and a rabbit together (Figure 1.1). This picture was not completed in my presence, but it shares a theme common to some of the work that Sara would create in her art therapy. The dog became an important symbol for Sara over the nine-month course of her therapy, the significance of which will be revealed later.