# A "Kintsugi" approach to family therapy with adoption? Two clinical vignettes.

#### Abstract

This paper analyzes two clinical vignettes, outlining a family therapy approach to adoption, which aims at transferring some core elements of Milan and Post-Milan systemic thinking into the unique challenge of working with adoptive families.

Systemic therapy, especially in its Milan and post-Milan approaches, is considered "cold" by some authors, when it comes to addressing individual feelings and emotion, and therefore unable to provide a safe and warm space for exploration.

This paper presents two different therapeutic interventions, conducted with adoptive children and their new families, in which classical Milan Approach principles (focus on current narratives rather than the past ones; positive connotation, triadic hypothesizing) are used to co-construct a sense of mutual belonging and bonding within the families, without disregarding individual variables.

This contribution could represent an interesting starting point for alternative routes in family therapy with adoption.

## Foreword: an unexpected answer to the question "do we belong together?"

Do we belong together despite our troubled past? This is the question that many adoptive parents and children bring into the therapy room, whereas abandonment and disrupted attachment, couple infertility and tortuous adoptive patterns have generated a precarious sense of mutual bonding

What answer can Systemic Therapy give to such a question?

Systemic Family Therapy, particularly in its Milan and Post-Milan developments (Selvini Palazzoli, Boscolo, Cecchin & Prata, 1978; Ugazio, 2013), has often aimed at providing an unexpected, paradoxical response to their clients' problems, strategically utilizing dissonance as a pathway toward change. The illogical and somehow unexpected nature of therapeutic change has been highlighted by Watzlawick, Weakland and Fisch (1974), and is possibly one among the core principles of this approach.

The approach I intend to present aims at translating this idea of the "unexpected answer" into the field of adoption, arguing that adoptive families do not belong together *despite* their troubled past, but *because* of it.

Adoption is a complex process involving a mutual choice, a sort of initial "coming together", that is to an extent similar to what happens with the formation of a couple.

As argued by Ugazio and Fellin (2016), "forming a couple signifies renegotiating personal meanings with the partner. The couple's life starts together by the meeting of two worlds of different meanings, the result of previous co-positioning" (p. 128).

Couples create a semantic encounter in which each member's beliefs, values and emotions, stemming from individual history, merge with the other's, generating new viable narratives and possible positioning; arguably adoptive parents and children engage in a similar task when they become a family.

It is true that the coming together of a couple and the process of creating a new family are different in many respects, for instance the asymmetry of child-parents relationships as compared to partners in a couple; the age and inter-generational gap; the institutional processes surrounding adoption in comparison with the relatively free territory of mutual choice in a couple.

On the other hand, the members of an adoptive family meet each other at a point of their lives in which they already have history (and meanings coming with it), like partners of a newly formed couple. Whilst this is particularly true for children adopted at a later age, there is evidence that children at a very early stage (since 3 months age) are able to position themselves within a triadic pattern of relationship, developing relational and emotional competence as a result (Fivaz-Depeursinge &

Corboz, 1999; Carneiro, Corboz-Warnery & Fivaz-Depeursinge, 2006; McHale, Fivaz-Depeursinge, Dickstein, Robertson, & Daley, 2008).

Some therapeutic approaches apparently addresses previous history mainly in its detrimental outcomes, in a reparative effort that often aims at bringing the child back "at the stage at which the child's emotional development was derailed and provide the experience which can restart the healthy cycle of interaction" (Theraplay Institute, 2010). A similar assumption is common to several therapeutic approaches to adoption, and has raised concerns both on an ethical and theoretical level (Barth, John, Crea, Thoburn & Quinton 2005; Allen, 2011; Salamino & Gusmini, 2016, 2017). Differently, the approach outlined in this paper relies on the core idea that the semantic encounter between parents and children in adoption can generate new pathways toward the generation of a family bonding, in a non-deterministic way. A child's selfishness, learnt during the though years spent in a care-house, can be a lesson to learn for a father who cannot say "no"; another child's shyness, result of internal working models interiorized due to an insecure attachment pattern with previous caregivers, can be an inestimable gift for a mother who needs someone who just listens.

In this respect, rather than being treated as a wound to be healed, the emotional and cognitive background of adoptive parents and children, coming from their previous positioning, is regarded as a possible junction between different stories.

The key elements of this approach are consistent with Milan and Post-Milan developments of systemic therapy, and can be defined as follows:

- De-construction of problem-saturated narratives, linked to a deterministic perspective on individuals' past.
- 2. Focus on current ("here and now") narratives and interaction in the family rather than past history of each member.
- 3. Strategic use of positive connotation to enhance a sense of mutual bonding between family members.
- 4. Use of triadic hypotheses to provide new angles of observation to reframe the presenting problems. Triadic hypothesizing has recently proven to be effective in leading assessment and intervention with children, young people and their families (Brown, 1995; Campbell, 2003; McHale et al., 2008; Hollenstein, Allen & Sheeber, 2016; Schleider & Weisz, 2016), and is to be regarded as a core element of this approach.

Some authors have argued that Systemic Family Therapy, especially in its Milan and Post-Milan approaches, is at risk of "neglecting individual emotional experience" (Dallos & Vetere,

2009, p. 3), due to its excessive focus on interactive pattern. Echoing a similar concern expressed by Minuchin, Nichols & Lee (2007), the authors argue that systemic therapy could "overlook the nature of individual emotional experiences in couples and families and how different identities and personalities developed" (Dallos & Vetere, 2009, p. 3).

It is true that for family therapists it is not always easy to "see the forest without losing sight of the trees" (Ugazio & Fellin, 2016). However, post-Milan authors have recently managed to successfully incorporate individual subjectivity and emotions within the classical triadic interactive paradigm (Cronen & Pearce, 1985; Ugazio, 2013).

This paper will provide two examples of how a Post-Milan approach can be used in family therapy with adoption, enhancing a sense of mutual belonging amongst members without overlooking individual emotional experience.

## 2. The "Scarlet letter": when there is only one answer to all questions

If this has to be accomplished, one important step is to deconstruct beliefs and perceptions that families might have embraced in previous (therapeutic and non-therapeutic) conversation, and that have converged toward problem-saturated narratives hindering their bonding as a family.

According to Fellin (2016), adoptive families and children often carry a metaphorical "scarlet letter" that, once recognized, catalyzes every conceptualization and explanation, thus becoming the only center of gravity of the conversation.

In my work with adoptive families, I found out that many of these problem-saturated narratives revolve around the concept of attachment and its disruption.

Attachment theory (Bowlby, 1969; Ainsworth, 1969) provides powerful explanations and a consistent attribution system for children mental health.

As such, it has been incorporated into the common practice of support for adoptive parents, who are often trained to recognize and deal with attachment issues presenting in their children. Along with the evident benefit of increasing awareness of the parents toward their children's well-being, it is also arguable that the meta-message conveyed by this process may sometimes put the parents in the position of becoming their children's therapists, with the potential detrimental effect of losing emotional connection in favor of a more "technical" approach to the relationship.

In addition, it seems that the flexibility and the optimistic view that are a core element of attachment theory (Bowlby, 1969; Ainsworth, 1969) is often lost when this approach is translated into therapeutic practice with adoptive families. The increasing concerns about over-diagnosing attachment issues (Woolgar &

Scott, 2014; Woolgar & Baldock, 2015) identify a similar risk, as displayed below.

### 2.1. Caterina and Xian<sup>1</sup>, twins in diagnosis.

This aspect becomes particularly evident with Caterina and Xian, two adopted children both coming from long therapeutic processes.

Caterina, an adoptive child of 14 from Colombia, displays clear signs of behavioral and cognitive issues. She has bad academic outcomes, along with severe conduct issues at school and in the family. She is bullying her school mates and once threatened her teacher with a pair of scissors. She also became physically aggressive towards her grandmother, kicking and punching her in several occasions.

Xian, a 15 years old boy from North Korea, was adopted at the age of 10. He was incredibly quick in learning the language and habits of his new Country, and he is now well integrated in the new environment. He has excellent academic outcomes, and is regarded as a leader by his peers. Xian has a strong relationship with his new brother (biological child of the adoptive family). Now, these two children seem to have very different stories, personalities, relational skills and perhaps internal working models. Nonetheless, they end up diagnosed with the same disorder (see figure 1: Caterina and Xian, twins in diagnosis).

<sup>&</sup>lt;sup>1</sup> All names, places and sensitive data were modified in compliance with confidenciality policy.

#### **Insert figure 1 here**

Once the "scarlet letter" is identified, the reification fallacy transforms "the originally rich phenomenon to the naked suggestions of that name abstractly taken, treating it as a case of "nothing but" that concept, and acting as if all the other characters from out of which the concept is abstracted were expunged" (James, 1909/1979, pp. 135-136). As a result, further observations are biased and all possible explanations follow the same bottleneck, toward the same destination.

2.2. "Something wrong with her DNA". The reification fallacy in the story of Caterina

If we have a closer look to Caterina's case, we can identify a recurrent system of attribution (Stratton, 2003a, 2003b; Ugazio, Fellin, Colciago, Pennacchio & Negri, 2008), that turns into a pathologizing escalation.

Caterina was adopted at the age of 3. She never met her birth parents, as she was abandoned at the nursery soon after birth. Her mother was an under-age girl with problems of addiction, and father is unknown.

Her adoptive parents' history was nothing less dramatic. Giorgia and Maurizio have been trying to have a birth child for many years, and Giorgia had suffered repeated miscarriages before surrendering to her doctor raising severe health concerns in case of another pregnancy.

They tried to obtain suitability for a national adoption, but their request was rejected, with the motivation that the wound of infertility in Giorgia did not heal yet.

One year later, they accepted to enter the International Adoption Program and were assessed as being suitable parents for Caterina.

The beginnings were not easy. Caterina was acting as a stubborn, tenacious little child who was not making things any easier for her new dad and mom. Giorgia was particularly hurt by the child's seeming inability to establish an affective connection with her.

The couple consulted a psychotherapist, who stated that

Caterina had serious attachment issues, due to her being motherless for her first years. For this reason, she would have displayed emotional dysregulation, conduct issues and learning difficulties throughout. Therefore, Giorgia had to become a secure base for the daughter. In order to do so, she was supposed to undergo an attachment-focused therapy, to work on her own empathy and emotional connection.

If we look at the attributional scheme of this first therapeutic intervention (Stratton, 2003a, 2003b), Caterina's behavior is regarded as:

 Stable: the issue is regarded as a reliable predictor of future behavior.

- Global: the whole emotional and cognitive structure of the child is likely to be affected.
- Internal: behavioral issues are triggered buy something inside
   Caterina, and not by circumstances.
- Personal: it makes Caterina somehow different from other children.
- Uncontrollable: Caterina has no power over this issue.

Referring to the unitizing coding system proposed by Ugazio et al. (2008), this explanation is underpinned by a dyadic inference field, as attachment with a primary caregiver is addressed as the primary cause (Caterina is referred to as "motherless").

Interestingly enough, we can identify a linear link between problem (disturbed attachment due to being motherless) and solution (turning Giorgia into a palliative mother figure able to fill this terrible hole).

This kind of problem solving resembles what Watzlawick, Weakland & Fisk (1974) would have identified as "terrible simplifications", and had two main outcomes: it made Giorgia feel guilty and inadequate, and took Maurizio, the father, out of the equation. As a result, we had a dyad formed by a mother working individually to improve her own relational skills, and a daughter whose each and every behavior was supposed to be the evidence of her mother's success or failure.

Moving forward through Caterina's story, we encounter another interesting turning point. Caterina's parents decided not to take her to the kindergarten, explicitly to achieve the task of getting closer to her and make her feel part of the family. Besides that, there was probably the hidden concern of exposing Caterina to the look of others, as Giorgia was scared of being judged for her daughter's flaws.

Taking Caterina away from peer to peer interaction possibly impeded the building of new relationships that could have helped the construction of a positive attachment hierarchy (Kobak, Rosenthal & Serwick, 2005), making attachment pathways more flexible.

Caterina then started the primary school, and soon she looked like a child with no confidence in peer relationships, extremely scared of the unpredictable consequences of her mistakes. Her teachers asked for a cognitive evaluation, which led to a second outcome:

the child was assessed as having an IQ deficit and an emotional block, due to unsecure relationship with the new parents.

Giorgia's sister, a primary school teacher herself, started criticizing her for being too cold and distant from the child.

Her mother asked her to leave her job and dedicate completely to motherhood: "you wanted this child so much, even against nature, now you are responsible for her".

Following Stratton's scheme, we can observe how the issues and difficulties assessed in the first assessment are now regarded as a deficit. This definition of child's behavior becomes more stable, universal, uncontrollable and personal. This increased the blame on Giorgia. Family system seemed to respond to this solicitation with a dramatic escalation in the schismogenetic processes involving Giorgia, her mother and her sister.

By the end of secondary school, Caterina started adding behavioral problems to this disturbing picture. She was beating her classmates and sometimes being aggressive towards her teachers.

"She is unable to accept any criticism, just one word and she takes fire", her mother said.

We can here observe how the attributional scheme contained in the two first assessment is fully embraced by the family. Caterina is considered unable to manage criticism. However, the family does not accept the dyadic inferential field proposed by the professional agencies. They tend to see the issue as inherent to Caterina herself. The substitution of a dyadic explanation with a monadic one seems to be the only defense that Giorgia has against her mother and sister, who apparently are using attachment-based explanations against her.

As Caterina entered high school, comparison with other students in a more competitive environment highlighted her cognitive problems even more. As a result, conduct became worse. She started bossing other girls around and in one occasion threatened a teacher with her scissors. Another psychological assessment was required.

Both parents were summoned this time, and the assessment stated that Giorgia did not overcome infertility wound, thus failing to provide a secure base for Caterina. The girl's inability to withstand failure and criticism was the emotional and behavioral consequence of her unresolved attachment issues. In addition, some concern was expressed about couple relationship, as Maurizio seemed to have withdrawn from family life and especially marital relationship.

This last assessment certified Giorgia's "parental failure", but also raised concern over the couple.

Completely under attack and surrounded by hostile diagnoses, the couple started thinking that something inside Caterina had to be wrong from the start, probably due to her birth parents' drugs abuse. Maurizio and Giorgia started asking for DNA screening, claiming that something was genetically broken inside the child.

"Something must be wrong with her DNA", said Maurizio the first time we met him.

There is evidence supporting the idea of families producing linear causal attributions that hold the identified patient as the sole responsible for his own issues (Wolpert, 2000; Stancombe & White, 2005; Parker & O'Reilly, 2012; Patrika & Tseliou, 2015). The above example shows how therapeutic interventions based on a non-flexible and ultimately parent-blaming use of attachment theory can magnify and crystallize this natural tendency.

Several authors have highlighted the importance of reducing blame in family conversation (Friedlander, Heatherington & Marrs, 2000; O'Reilly, 2014; Patrika & Tseliou, 2016). In this respect, we should not only be aware of detrimental effects of blaming the identified patient, but also of the dangers involved in blaming the parents.

The certified attachment failure became a core element of the family narrative around the whole adoption process, turning into a dyadic, mother-blaming theory about Caterina's issues. This theory was finally counteracted by a strong monadic

theory, summoning genetic factors to cast all blame on Caterina's origins.

Paradoxically enough, the main pragmatic effect of these interventions was to bring every member of this family ultimately closer to his/her own birth family. As Giorgia was dragged more and more into a competitive interaction with her sister and mother, Caterina was directly connected to her origins. Creation of a sense of mutual belonging was hindered as the family was sectioned into different sub-families with no real connection with each other (see figure 2).

### **Insert figure 2 here**

3. Is conversation to succeed where biology fails? Deconstructing damage-saturated narratives

An analysis of the case of Caterina highlights that all previous therapeutic interventions seemed to share some common features:

- They were highly focused on past events (infertility, previous attachment styles, early abandonment and previous mistreatment).
- They segmented family into monadic or dyadic sub-systems (Giorgia's individual wounds, Caterina's individual disorder, mother-child dyad).

3. They were highlighting damage that needed repairing, rather than resources that deserved empowering (IQ deficit, emotional block, infertility wound, insecure attachment styles). Positive connotation (Selvini Palazzoli et al., 1979; Patrika & Tseliou, 2016), arguably the cornerstone of systemic thinking on families and a key factor in therapeutic alliance, went missing in this process.

One crucial aspect that remained unspotted in previous formulations was that Caterina's behavior is quite similar to Giorgia's in many respects. The child's stubborness, her willingness to engage in battles at her own detriments, are somehow echoing her mother's unwillingness to surrender to infertility, in her desperate attempt to become a mother.

Within this new narrative, "not accepting a no for an answer" becomes a point of junction, connecting mother and child into the same cognitive-emotional pathway.

## 4. The pattern that connects: positive connotation and triadic hypothesis to foster family alliance

It is possible to use this new connecting pattern between Giorgia and Caterina to generate a new narrative that prioritizes resources contained within the current relationships over damage produced by the past ones.

If we expand our view to the extended families, we can observe that, whereas Giorgia is unable to stand up against her own mother and sister, Caterina is carrying on a subtle guerrilla against them. All of their precious suggestions and instructions wreck against the child's determination. With her indomitable behavior, Caterina is sending a message to Giorgia that may sound like "mom, I am like you and, like you, I will not back down!".

Although interesting in its potential to bring Caterina and Giorgia together, this hypothesis is still incomplete, as Maurizio still has not a place in it.

Further investigation on the couple history reveals that Maurizio has always been regarded by his own family as the less valuable member. His older brother, Antonio, is a successful manager, and is considered the true head of family. Curiously enough, his wife's infertility has always been Antonio's only tender spot. Despite the amounts of money Antonio was able to make, his mother often complained that "none of my sons was able to give me a grandchild!". It is not unlikely that Giorgia, who always suffered for Maurizio's secondary role in the family, tried so hard to give him a child in her desperate attempt to lift him up in front of his mother.

From this new angle, Giorgia and Caterina are two soldiers in the same army, ready to die for the ones they love.

This hypothesis contains the element of positive connotation, and has the valuable effect of putting members of the new family within the same semantic framework (see figure 3).

#### **Insert figure 3 here**

Both Maurizio and Giorgia seem to come from families in which the semantic of power (Faccio, Belloni & Castelnuovo, 2012; Ugazio 2013) is paramount in the conversation. Therefore, "these people are winners because they are willful, determined or efficient, or they are losers because they are passive, compliant or liable to give in to others. Affability, amenability, acceptance of definition given by the other person to the relationship are construed within these families as passivity, faint-heartedness, ineptitude" (Ugazio, 2013, p. 182). In these families, we can observe how some members develop a devious shade of courage, as they are able to "accept shame and stand tall against the disapproval of others" (Ugazio & Salamino, 2016, p.226), embracing their own defeat as a form of ultimate assertiveness.

With her stubborn determination and her willingness to fight even at her own detriment, Caterina shows signs of this unique form of courage, and partakes of her new family conversation, taking position within shared communicative pathways.

Caterina's determination is likely to be an outcome of her difficult background, as she had to fight her way through since her tormented birth. She also seems to connect spontaneously with Giorgia's core feelings of inadequacy and rejection, due to her own personal history.

This is an example of how we can turn significant aspects of each member's history into individual variables that could positively contribute to the complicated equation of coconstructing a new family.

As family therapists working with adoption, we are called to a first, crucial choice as complex narrative patterns unfold in front of us. Either we focus on attachment-based hypotheses that help us explore individual history and make a sense of how to cope with damage that comes from it; or we try to explore current interactions and their meaning on an individual and family level.

Although it is theoretically possible to combine these two pathways, I found out that in clinical practice this is not always a viable solution, as the timeframe of therapeutic conversation is extremely sensitive and once the center of gravity of a co-constructed narrative tends towards the past it can be difficult, time-consuming and emotionally draining to change it.

4.1 The more you know, the less you see: the story of Jean

This is the kind of choice I had to make when I met Jean and his family.

Jean was a 16 years old boy from Eastern Europe, adopted at the age of 7 following his mother's death due to STD. His mother was a prostitute, and Jean never met his birth father, possibly one of mom's clients.

Jean spent his first five years with his mother and, as the woman's conditions got worse, he stayed with his grandma for a couple of years. After Grandma herself died at the age of 86, the child entered the adoption program.

His adoptive parents, conversely, had a long and successful story with caregiving, having been a professional foster family for years.

The beginnings were smooth. Jean was a respectful, polite Little Prince, who showed no sign of his disrupted roots.

He was very nice both to his new family and to his classmates and teachers. Although initially attending an individualized educational program, he seemed to immediately cope with his new environment, both in terms of conduct and performance, and soon got to join the rest of his class.

Issues arose with the beginning of high school. Still polite and nice to everyone, Jean started getting bad grades, doing no homework, no studying and always being on his own bubble in class. Besides that, he started being bullied for his feminine behavior, his passion for dancing and his eccentric dress code.

Both his parents started being scared about his future, and asked for professional help.

Upon meeting with this family, my attention was utterly attracted by this 14 years old "emo", with purple, long hair and

traces of blue lipstick on his soft pale skin. So feminine, yet graceful in his moves that he recalled to my mind a harmonious blend between Edward Scissorhands and Billy Elliott.

His appearance was even more remarkable if confronted with his adoptive parents'. His father, Marco, who had a degree in Ancient Literature and worked as a high school teacher, seemed to make every possible effort to look like a 19<sup>th</sup> century farmer, dressing with an old working suit and wearing heavy, dirty boots on his feet. Jean's mother, Anita, who had a degree in business school, with her chaste clothing and her sloppy hairstyle, was the perfect angel of the heart in this picture from another era.

They were both worried about Jean, but their concerns were quite different in nature.

While Anita was scared about his feminine appearance and his weakness, which continuously endanger him in his relationships with peers, Marco was annoyed with lack of entrepreneurship and commitment.

Jean defended himself saying he had the right to be different, that Marco was a one track minded, old school alpha male. Anita seemed to be on his side about it, so that apparently a coalition was formed against Marco.

Now, I was exactly at the aforementioned crossroad. Strong and well-grounded explanations were available from an attachment-based angle. Jean grew up in a single parent family where his mother-child attachment had to be at least anxious, since his mom was always sick or in other kind of distress. Moreover, males in the early stages of Jean's life must have been perceived as irrelevant at best, when not dangerous. After all, it was male lust that killed Jean's mother. Jean was possibly scared of his own masculinity (not only relational attitude and appearance, but also determination and entrepreneurship as socially recognized male traits) because in his own experience male were evil.

However, the more I looked at this family, the more I was persuaded that another viable pathway was opening in front of my eyes. In some ways, Jean possessed a gracious decadence, some sort of lazy beauty that seemed to generate a complex positioning within family interaction. It was like if a decadent artist, such as Oscar Wilde, was sharing the house with two industrious, humble farmers.

"How does it feel like to have a little Dorian Gray sitting at your table every day?" I asked, then.

Anita's response was focused on her own father. She said that her father was being horrible with Jean, taking nasty jokes on him and insulting him continuously: "He is a Neanderthal – she added – a man convinced that males should be dominant and women should simply obey. He tormented my mother, me and my sister with his violence and aggressiveness. Now he wants to do the same with Jean, but I will not let it happen".

The deeper she got into the tale of her childhood and adolescence, the clearer it became that Anita was never allowed to defend herself as a daughter, but could defend Jean as a mother.

"How does your mother reacts when you defend Jean against your father?" I asked her, using a circular questioning (Tomm, 1988; Brown, 1997).

"She is shocked – Anita replied – she cannot figure out how I dare to question my father's authority this way. This is what she should have done for me and my sister!".

On Marco's side, Jean was the perfect copy of Marco's father, to the point that a biological link could not have been stronger!

"My father has always been on his own bubble, he had one degree in philosophy and one in ancient literature, but never worked a single day in his own life. He used to spend all his time locked in his room, allowing no-one in, writing poems and painting still nature portraits that he would never sell to anybody. In the meanwhile, my mother worked all day in the fields breaking her own back to raise us kids!".

Interestingly enough, Jean established a deep connection with Marco's father, and was actually the only one able to attract him out of his room to join the rest of the family. Anita then added further details: "when Jean is around, Marco's father simply forgets about being depressed. He is jolly and playful, and also manages to speak with his son at times!".

Besides all factors in Jean's past that may have converged in creating such a complex personality, Jean was also a perfect piece in the current family puzzle. He was "forcing" Anita to protect him against her own father. By doing so, she was teaching her own mom a lesson about how a mother should defend her kids, especially the weak ones.

On the other side, Jean was reconnecting Marco to his own father, and perhaps delivering some training about forgiveness.

Jean's parents were surprised to discover how well Jean's individual past connected with their family history.

Marco's anger lowered, allowing him to establish a more positive communication with Jean.

Jean's case is an example of how we can inscribe individual emotions and feelings into multiple triadic patterns of interaction, without having to deny or overlook them.

After all, to get back to Ugazio & Fellin's (2016) initial metaphor, trees are what forests are made of.

# 5. Conclusions: Kintsugi as a therapeutic alternative for adoptions?

Adoption is the story of a second opportunity, but also a story that starts with a fracture. We, as therapists, have to deal with the fracture in order to secure the opportunity.

One way we can address a fracture is by trying to repair it to the point that it is less visible. We can fill all the empty spaces with material that might resemble the missing one. The main issue with this kind of intervention is that the surrogate material will be quite alike, but never the same.

When we try to heal the primal wound by repairing attachment, we try to establish a connection between a child and a family that will look similar to a primal attachment relationship, but will never feel exactly like it, because material is not the same.

An alternative route, as outlined in this paper, could be to build a brand new object starting from the fracture itself.

In Japan, this strategy became the art of transforming broken objects into new ones.

The core skill of this art, called Kintsugi, is to give up hiding the fracture. Conversely, it is highlighted by the use of a different material, usually more precious than the missing one. In Kintsugi the line of fracture is not denied or minimized, it is turned into the point of origin of the object's second life.

Likewise, family therapy underpinned by a socioconstructionist epistemology could promote mutual belonging in the family by turning fractures into points of conjunction, as displayed in the two clinical vignettes above.

### **Bibliography**

Ainsworth, M. D. S. (1969). Object relations, dependency, and attachment: A theoretical review of the infant-mother relationship. Child development, 969-1025.

Allen, B. (2011). The use and abuse of attachment theory in clinical practice with maltreated children, part II: Treatment. *Trauma, Violence, & Abuse, 12(1),* 13-22.

R. P. Barth, R.P.; John, K.; Crea T.M.; Thoburn, J.; Quinton, D. (2005). Beyond attachment theory and therapy: Towards sensitive and evidence-based interventions with foster and adoptive families in distress. *Child and Family Social Work*, 10, 257–268.

Bowlby J. (1969), *Attachment and loss I: Attachment*, London, UK: Hogarth.

Brown, J., 1995. Teaching Hypothesising Skills from a Post-Milan Perspective, *Australian and New Zealand Journal of Family Therapy*, 16 (3), 133–142.

Brown, J. (1997). Circular questioning: An introductory guide.

Australian and New Zealand Journal of Family Therapy, 18(2),
109-114.

Campbell, D. (2003). Fundamentals of Theory and Practice Revisited; The Mutiny and the Bounty: The Place of Milan Ideas Today. *Australian and New Zealand Journal of Family Therapy*, 24(1), 15-25.

Cronen, V. E., & Pearce, W. B. (1985). Toward an explanation of how the Milan method works: an invitation to a systemic epistemology and the evolution of family systems. In D. Campbell & R. Draper (Eds.), *Applications of Systemic Family Therapy: The Milan Approach* (pp. 69-84). London, UK: Grune and Stratton.

Carneiro, C., Corboz-Warnery, A., & Fivaz-Depeursinge, E. (2006). The Prenatal Lausanne Trilogue Play: A New Observational Assessment Tool of the Prenatal Co-Parenting Alliance. *Infant Mental Health Journal*, 27(2), 207-228.

Dallos, R., & Vetere, A. (2009). Systemic therapy and attachment narratives: Applications in a range of clinical settings. New York, NY: Routledge.

Fivaz-Depeursinge, E., & Corboz-Warnery, A. (1999). The primary triangle: A developmental systems view of mothers, fathers, and infants. New York, NY: Basic books.

Fellin, L. (2016). The Scarlet Letter: Attachment as a dominant narrative in adoption and foster care? A thematic analysis of therapeutic narratives and visual relational maps. In Fellin, L. C. (chair), *Disrupted attachment, disrupted families? Systemic pathways for change in adoption and foster care.* Symposium conducted at the 6th Qualitative Research in Mental Health Conference, Chania, Greece.

Friedlander, M. L., Heatherington, L., & Marrs, A. L. (2000). Responding to blame in family therapy: A constructionist/narrative perspective. *American Journal of Family Therapy*, 28(2), 133-146.

Hollenstein, T., Allen, N. B., & Sheeber, L. (2016). Affective patterns in triadic family interactions: Associations with adolescent depression. *Development and psychopathology*, 28 (1), 85-96.

James, W. (1909/1979). The Meaning of Truth, A Sequel to 'Pragmatism. Harvard University Press, pp. 135-136

Kobak, R., Rosenthal, N. & Serwik, A. (2005). The attachment hierarchy in middle childhood. *Attachment in middle childhood*, 71-88.

McHale, J., Fivaz-Depeursinge, E., Dickstein, S., Robertson, J., & Daley, M. (2008). New evidence for the social embeddedness of infants' early triangular capacities. *Family Process*, 47(4), 445-463.

Minuchin, S., Nichols, M. P., & Lee, W. Y. (2007). Assessing families and couples: From symptom to system. Boston, MA: Pearson/Allyn and Bacon.

O'Reilly, M. (2014). Blame and accountability in family therapy: Making sense of therapeutic spaces discursively. *Qualitative Psychology*, *1*(2), 163.

Patrika, P., & Tseliou, E. (2015). Blame, responsibility and systemic neutrality: A discourse analysis methodology to the study of family therapy problem talk. *Journal of Family Therapy*. Advance online publication. doi:10.1111/1467-6427.12076

Patrika, P., & Tseliou, E. (2016). The 'Blame Game': Discourse Analysis of Family Members' and Therapist

Negotiation of Problem Definition in Systemic Family Therapy. *The European Journal of Counselling Psychology*, *4*(1), 101-122.

Parker, N., & O'Reilly, M. (2012). 'Gossiping' as a social action in family therapy: The pseudo-absence and pseudo-presence of children. *Discourse Studies*, 14, 457-475. doi:10.1177/1461445612452976

Salamino, F., Gusmini, E. (2017). A shift in narratives: from "attachment" to "belonging" in therapeutic work with adoptive families. A single case study. *European Journal of Psychotherapy and Counselling*, 19:1, 22-42. Doi: 10.1080/13642537.2017.1289971

Salamino, F.; Gusmini, E. (2016, May). Beyond Repair: therapeutic strategies with an adopted adolescent and his family. In Fellin, L. C. (chair), *Disrupted attachment, disrupted families? Systemic pathways for change in adoption and foster care.* Symposium conducted at the 6<sup>th</sup> Qualitative Research in Mental Health Conference, Chania, Greece.

Schleider, J. L., & Weisz, J. R. (2016). Family process and youth internalizing problems: A triadic model of etiology and intervention. *Development and psychopathology*, 1-29.

Selvini Palazzoli, M., Boscolo, L., Cecchin, G., & Prata, G. (1978). Paradox and counterparadox: A new model in the therapy of the family in schizophrenic transaction (tsl., EV Burt). New York: Jason Aronson.

Stancombe, J., & White, S. (2005). Cause and responsibility: Towards an interactional understanding of blaming and 'neutrality'in family therapy. Journal of Family Therapy, 27(4), 330-351.

Stratton, P. (2003a). Causal attributions during therapy I: Responsibility and blame. *Journal of Family Therapy*, 25(2), 136-160. doi: 10.1111/1467-6427.00241

Stratton, P. (2003b). Causal attributions during therapy II: Reconstituted families and parental blaming. *Journal of Family Therapy*, 25(2), 161-180. doi: 10.1111/1467-6427.00242

Theraplay Institute. (n.d.-a). *Basic assumptions of Theraplay*.

Retrieved April 5, 2010, from <a href="http://www.theraplay.org/8400.html">http://www.theraplay.org/8400.html</a>

Tomm, K. (1988). Interventive interviewing: Part III. Intending to ask lineal, circular, strategic, or reflexive questions?. *Family process*, 27(1), 1-15.

Ugazio, V., Fellin, L., Colciago, F., Pennacchio, R., & Negri, A. (2008) 1 to 3: From the monad to the triad. A unitizing and coding system for the inference fields of causal explanations. *TPM. Testing Psychometrics, Methodology in Applied Psychology*, 15(4), 171-192.

Ugazio, V. (2013). Semantic polarities and psychopathologies in the family: Permitted and forbidden stories. New York, NY: Routledge.

Ugazio, V.& Fellin, L.(2016) Family Semantic Polarities and Positionings. A semantic analysis. In Rober, P.& Borcsa M. (Eds.), *Research perspectives in couple therapy: Discursive qualitative methods*. Basel, Sw: Springer Switzerland, pp. 125-148. DOI: 10.1007/978-3-319-23306-2\_9

Ugazio, V., Salamino, F. (2016). Shades of courage. Emotional dimentions of courage in the family semantic polarities model. *TPM: Testing, Psychometrics, Methodology in Applied Psychology*, 23(2), 215-233.

Watzlawick, P., Weakland, J. H., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York, NY: WW Norton & Company.

Wolpert, M. (2000). Is anyone to blame? Whom families and their therapists blame for the presenting problem. *Clinical Child Psychology and Psychiatry*, *5*(1), 115-131.

Woolgar, M., & Baldock, E. (2015). Attachment disorders versus more common problems in looked after and adopted children: comparing community and expert assessments. *Child and Adolescent Mental Health*, 20(1), 34-40.

Woolgar, M., & Scott, S. (2014). The negative consequences of over-diagnosing attachment disorders in adopted children: The importance of comprehensive formulations. *Clinical child psychology and psychiatry*, 19(3), 355-366. doi: 10.1177/1359104513478545