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## The Mother-Infant Attachment Process in Adoptive Families

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### Abstract

This article addresses issues relevant to mother-infant attachment in adoptive families. First, this paper presents a review of the literature on the attachment process between adopted children and their mothers. Existing empirical research is understood in relation to Bowlby's (1969) theoretical formulation of attachment, the basic thesis of which is that infants develop affectional bonds at specific ages of their development and therefore, the child's age at the time of adoption is an important determinant of secure mother-infant attachment. Second, recommendations are made for future research in the area of parent-child attachment in adoptive families. Finally, this paper describes how counselling and educational practice may help to resolve attachment and developmental issues specific to adopted children.

### Résumé

Cet article adresse les problèmes provenant de l'attachement mère-enfant dans les familles adoptives. Premièrement, cette recherche présente une revue de la littérature sur le processus d'attachement entre les enfants adoptés et leurs mères. La recherche empirique existante est comprise en relation avec la formulation théorique d'attachement de Bowlby (1969), dont le fondement de la thèse est que les enfants développent des liens à des âges spécifiques de leur développement et par conséquent, l'âge de l'enfant lors de l'adoption est un déterminant important dans la sécurisation de l'attachement mère-enfant. Deuxièmement, des recommandations sont présentées pour la poursuite de la recherche dans le domaine de l'attachement parent-enfant dans les familles adoptives. Finalement, cette recherche décrit comment le counseling et la pratique éducationnelle pourraient aider à résoudre les problèmes développementaux et d'attachement spécifiques aux enfants adoptés.

Bowlby (1988) defines attachment as one's tendency to seek contact with and closeness to another individual, particularly one's caretaker. Empirical research has attempted to elucidate the ways in which attachments develop between a mother and her infant (Ainsworth, 1969; Bowlby, 1969, 1988; Klaus & Kennell, 1976; Peterson & Mehl, 1978). Peterson and Mehl (1978), for example, found that the most critical predictor of maternal attachment was the length of separation between mother and infant during the hours and days after the baby's birth. This finding has particular implications for the adoptive mother who may be separated from her adopted infant for several months after the infant's birth. Adoption presents notable challenges to the attachment process because it involves special circumstances, such as the breaking of bonds between infant and biological mother, and the development of new bonds between infant and adoptive mother. This paper provides an overview of the literature on the attachment process of adopted children, and incorporates the findings into Bowlby's (1969, 1979) conceptual framework from which to better understand mother-infant attachment in adoptive

families. In addition, recommendations are made to further research in this area. Finally, the implications of existing research findings for counselling practice are discussed.

### *Literature Overview*

The limited empirical research that has examined mother-child attachment in adoptive families yields inconclusive results regarding the assumption that mother-infant attachment is less secure in adoptive families than in nonadoptive families (Morgan, 1984; Singer, Brodzinsky, Ramsay, Steir & Waters, 1985; Tizard & Rees, 1975; Yarrow & Goodwin, 1973). Singer et al. (1985), for example, used the Strange Situation model (Ainsworth, Blehar, Waters & Wall, 1978) to compare the quality of attachment relationships in 36 adoptive and 20 nonadoptive mother-infant pairs. The adopted infants were, on average, one-month-old at the time of their placements, and they were between 13 and 18-months-old at the time of Singer et al.'s (1985) study. The researchers found no significant differences between the mother-infant attachment of adopted and nonadopted infants. Inter-racial adoptive mother-infant pairs showed less secure attachments than their nonadoptive counterparts, although the limited sample size used ( $n=19$ ) does not permit generalizability of findings.

Morgan (1984) examined whether 24 adopted adolescents reported significantly greater attachment pathology, compared to 24 nonadopted adolescents. Individuals were adopted between birth and six months of age, and continued to live with at least one of the adoptive parents since adoption. The group of nonadopted adolescents resided with at least one natural parent from the time of birth. Results indicated that there were no significant differences in separation anxiety between adopted and nonadopted persons. Horlacher (1989) also conducted a study to compare the attachment impairment between adopted ( $n=59$ ) and nonadopted adolescents ( $n=74$ ), using the Separation Anxiety Test (SAT; Hansburg, 1972) to measure individuals' self-report assessment of their attachment behaviour, and an attachment rating scale to measure adoptive parents' perception of their children's attachments. Horlacher (1989) found that adopted and nonadopted adolescents did not report significantly different levels of separation anxiety. Parents of adopted adolescents, however, reported their children's attachment behaviour to be significantly more impaired than did the parents of nonadopted adolescents. Such discrepant results indicate the need for further research, particularly to examine both children's and parent's assessment of attachment behaviour.

Yarrow and Goodwin (1973) examined 70 infants who were adopted between birth and 16 months of age, and found that the severity of infants' reactions to separation from their mothers increased with

age. Results indicated, for example, that only a small number of infants who were adopted before three-months old showed a mild reaction to the separation experience. In contrast, however, the majority of children (86%) who were separated from their mothers and adopted after six to seven-months old displayed social-emotional maladjustment and marked behavioural disturbances. Yarrow and Goodwin (1973) observed that the two main types of behavioural disturbances in the infants took the form of impaired attachment to their adoptive mothers: specifically, infant rejection of the adoptive mother and excessive clinging to the new mother. The researchers observed that the most severe type of rejection behaviour was elicited only by those infants who were adopted after six months of age. A follow-up study 10 years later found that those infants who had been separated after six-months old demonstrated some interpersonal and social difficulties, particularly in their capacity to form different levels of relationships with others (Yarrow, Goodwin, Manheimer & Milowe, 1973). Yarrow et al. (1973) suggest that infants' disruptions in their relationships with their biological mothers may affect their ability in later years to differentiate between various types of relationships with others. The studies conducted by Yarrow and his colleagues (Yarrow & Goodwin, 1973; Yarrow et al., 1973) do not include a control group of nonadopted children, thus rendering it difficult to compare adequately adopted and nonadopted mother-infant attachment relationships.

Tizard and Rees (1975) examined the adjustment of two-year-old children who had been placed in institutions after 12 months of age, and then either returned to their biological parents or placed in adoptive homes. Results indicated that institutionalized children were more insecurely attached (e.g., demonstrated more clinging behaviours) than children who were reared from birth by their biological parents. Furthermore, these insecure behaviours appeared to persist until the children were at least eight years of age. However, as Singer et al. (1985) suggest, Tizard and Rees' (1975) sample of children were institutionalized and then adopted in later childhood, which is not representative of the majority of adopted children.

Schmidt, Rosenthal and Bombeck (1988) conducted a qualitative study of 17 parents who had adopted children between the ages of four and 17-years old. The average age of the children at the time of adoption was between eight and 11-years old. The researchers found that many of the adoptive parents expressed concern regarding the children's inability to attach to them. Consonant with Bowlby's (1969, 1979) protest stage of mourning for the lost biological parent, the children in Schmidt et al.'s (1988) study displayed angry, anxious, and aggressive behaviours. Findings indicated that the adopted children experienced difficulty breaking the attachment bonds with their birth families. Milston (1989) also described the emotionally disturbed hostile behaviour of an adopted

seven-year-old child. The boy's mother had been physically and psychologically absent, and subsequently placed him in an adoptive home at two years of age. Milston (1989) reported that the boy's biological mother had been a foster child herself, which supports Bowlby's (1988) assertion that rejecting mothers often have been rejected by their own mothers. Milston's (1989) and Schmidt et al.'s (1988) findings, however, were based on a limited number of individuals and no control group of nonadopted children, thus rendering the generalizability of findings problematic.

In summary, there is some inconsistency in the literature regarding the quality of mother-infant attachment in adoptive families. Specifically, research has yielded inconclusive findings regarding the assumption that mother-infant attachment is less secure in adoptive families than in nonadoptive families. Furthermore, the limited empirical research that has examined mother-infant attachment in adoptive families has suffered from methodological and conceptual limitations (Milston, 1989; Tizard & Rees, 1975; Yarrow & Goodwin, 1973; Yarrow et al., 1973), which make it difficult to generalize findings. Moreover, some studies do not specify whether the adopted child's attachment behaviour is directed exclusively to his or her mother or more generally, to both parents (Horlacher, 1989; Schmidt et al., 1988). This paper focuses primarily on the attachment process between mother and infant because the maternal figure has traditionally assumed the main nurturer and caretaker role within families.

### *Conceptual Framework*

The primary focus of this paper is to demonstrate the contributions of Bowlby's (1969) theory in furthering knowledge related to mother-infant attachment in adoptive families. Bowlby's (1969) attachment theory is particularly useful in understanding the dynamics underlying attachment behaviour in the adoptive family because attachment issues and concerns are of considerable importance to the adoption process. Bowlby's (1969) framework is also practical in providing a sound theoretical base from which to counsel the adopted child who has difficulty forming secure attachments with the adoptive parents or who has experienced broken or insecure attachments with previous caretakers.

Bowlby (1969) maintains that infants are highly sensitive to developing attachment behaviour during the first six months of life. Subsequently, an infant's capacity to explore his or her surroundings depends on the extent to which a secure base and healthy mother-infant attachment is established. Bowlby (1969) suggests that infants develop reflexes, such as sucking, crying, smiling, and clinging behaviours during the first three months of their development. These reflexes are necessary for survival, and serve to form attachments with the infant's primary caretaker, who

responds to the reflexes by providing arousal and quieting. According to Bowlby (1969), the function of attachment is to regulate the central nervous system. During the fifth to sixth month of the baby's life, the infant develops his or her cortical memory, which allows the infants to discriminate between his or her mother and other adults (cf. Yarrow & Goodwin, 1973). This process then serves to facilitate attachments to specific individuals, such as the infant's mother-figure. Prior to approximately six months of age, however, the infant's cortical memory is not fully developed and specific attachments do not occur as readily. Bowlby's (1969) theory, therefore, suggests that it is less disruptive to remove a child from his or her biological mother before the age of six months. After the child is six-months old, however, he or she may have developed a secure attachment to the mother and will likely experience grief and distress as a result of a separation experience like adoption (Yarrow, 1964).

Bowlby's (1969) model, therefore, supports the notion that children who are adopted after approximately six months of age may develop less secure attachments to their adoptive mothers, compared to infants who are adopted before age six months. Bowlby's (1969) paradigm also explains why some adopted children, such as those in Milston's (1989) and Schmidt et al.'s (1988) studies, display hostile and angry behaviour. Specifically, Bowlby (1969, 1973, 1979) asserts that there are three stages of mourning for the loss of one's biological parent: protest, despair, and detachment. Bowlby (1969) suggests that aggressive behaviours, such as kicking, threatening, bargaining, and pleading indicate that the child had internalized a good relationship with his or her mother and then subsequently lost it. The child's anger symbolizes his or her desire for re-attachment and hope of being reunited to the biological mother. Similarly, the protest stage characterizes the adopted children's behaviour in Milston's (1989) and Schmidt et al.'s (1988) studies, who had been adopted after two years of age.

Goldstein, Freud and Solnit (1973) maintain that once a child has reached six months of age and has been separated from his or her mother, it is critical that a mother-substitute be provided as soon as possible. The immediate replacement of a mother-substitute helps to minimize the extent to which the child experiences psychological abandonment and permanent attachment damage. Goldstein et al. (1973) and Yarrow (1964) suggest that the most sensitive time for affectional bonds to develop are between six months and two to four years of the child's life. Thus, children who are separated from their mother figure during this period are most vulnerable to experiencing emotional distress and impaired attachment. Goldstein et al. (1973) and Yarrow (1964), therefore, offer further support for the view that the child's age

at the time of adoption is an important determinant of the quality of mother-infant attachment in adoptive families.

The nature of the adopted child's relationship with his or her biological or foster mother likely has implications for the attachment process in adoptive families. Under circumstances where the adopted child experienced neglect or inconsistent mothering in his or her biological or foster home, or in an institution over a period of time, the infant may not have experienced the necessary conditions for secure attachments to develop (Bowlby, 1988; Milston, 1989). Steinhauer (1979) asserts that when a child develops an insecure and anxious relationship with his or her maternal figure in the formative years of development, the mourning for the loss of the mother may be intensified and long-lasting. Steinhauer (1979) also suggests that successful resolution of the mourning process will be hindered if the child had experienced neglect, previous separations, and a strained and/or ambivalent relationship with his or her lost mother. Mourning, however, may also occur when healthy mother-child attachment and involvement had developed (Rando, 1983; Steinhauer, 1979), thereby heightening the child's longing for the lost mother and making attachment to the adoptive mother more problematic. The quality of mother-infant attachment in adoptive families, therefore, may be jeopardized by the child's early attachment experience. Should attachment eventually unfold with the adoptive mother, the time in which it will take the mother-infant bond to form may be markedly prolonged depending on the child's capacity to grieve and adjust to the loss of a significant early relationship.

In summary, Bowlby's (1969) theoretical formulation of attachment helps to understand the extent to which a child's age at time of adoption may influence the nature of attachment to the adoptive mother. Bowlby (1969) also describes how children's behavioural patterns reflect the anger, depression, and detachment stages of mourning in circumstances where the child had formed an attachment to the maternal figure prior to being separated from her. In view of Bowlby's (1969) model and the complex nature of some adopted children's attachment behaviour (cf. Steinhauer, 1979), the assumption that mother-infant contact immediately following the infant's birth is an important determinant of healthy attachment (Peterson & Mehl, 1978) appears inadequate to explain the attachment process unique to adoptive families.

#### *Recommendations for Future Research*

It is possible that the attachment process in adoptive families is also influenced by factors other than the child's age at time of adoption. Yarrow (1964), for example, suggests that the child's chronological age alone may not be a highly sensitive indicator of the quality of mother-infant attachment. Multiple other factors, characteristic of a multidimen-

sional view of attachment behaviour, may impact the quality of attachment in adoptive families. These factors include the: (a) child's health, temperament and genetic disposition; (b) quality of attachment with biological mother; (c) previous separation experiences; (d) preplacement history; (e) duration of separation from biological mother to adoptive mother; (f) quality of home environment; and (g) amount and type of assistance with the child's mourning process (Steinhauer, 1979). Additional variables that may impinge upon the nature of mother-infant attachment include the extent of family and friend support that is extended to the adoptive parents, interracial adoption (Singer et al., 1985), socio-economic status of the adoptive family (Morgan, 1984), the quality of the adoptive parents' attachment to and level of individuation from their own parents (Bowlby, 1988; Jolley, 1983), the biological mother's prenatal care, the nature of the adoptive parents' marital relationship and parenting styles, the number of siblings in the adoptive home, and the social and cultural networks of the adoptive parents. Due to the lack of methodologically sound research in the area of attachment in adoptive families, further studies need to examine more rigorously the extent to which other factors, as indicated above, may influence the attachment process. Further research is also needed to test the applicability and validity of Bowlby's (1969) attachment theory to the adoption area.

Future research should ensure that control groups of nonadopted children are employed in order to provide adequate comparisons of the relationships between adopted and nonadopted mother-infant dyads. Longitudinal examinations of children's attachment behaviour would also help to clarify the extent to which mother-infant attachments persist and change over time, and how they affect the child's attachment to other individuals. The manner in which attachment is defined is also important. Specifically, one must be cautious in using the terms *attachment* and *adjustment* interchangeably to describe mother-infant attachment. Adjustment may involve personality, social, and school adjustment (Brodzinsky, 1987), and not specifically attachment between mother and infant. In order to more rigorously examine the attachment process, therefore, it is necessary to standardize the method in which mother-infant attachment is assessed across studies. Thoburn, Murdoch and O'Brien (1986) also suggest that mother-infant attachment must be one-way or mutual in order to be truly classified as attachment. It is also unclear whether an adopted child may be attached to other members of the family, apart from his or her adoptive mother, while still demonstrating healthy attachment to the family and to other individuals. Research is needed, therefore, to address specific questions regarding the directionality (or mutuality) of mother-infant attachment, and the extent to

which attachments develop with the infant's father or siblings, exclusive of the maternal figure.

Finally, it is recommended that further research examine how counselling and education can best address and alleviate problematic issues specific to adoption. Adopted children are commonly the result of teenage pregnancies and therefore are vulnerable to the risks of gestational stress, poor nutrition and prenatal care, fetal exposure to alcohol and drugs, and early abuse or neglect (Magid & McKelvey, 1987; Steinhauer, 1979). Further research needs to develop more successful methods to teach young mothers parenting skills and health care. Research also needs to devise effective programs to educate foster parents about the importance of cultivating a warm relationship with older foster children. This is particularly crucial since many older children who are placed in foster homes before being adopted or as a substitute to adoption experience an attachment break with their biological parent/s and need to re-establish healthy relationships with parental figures (Magid & McKelvey, 1987). Moreover, because some children are placed in a variety of temporary foster homes before being adopted and subsequently experience numerous broken attachments or fail to establish attachments at all (Magid & McKelvey, 1987), research needs to investigate the foster and adoption placement process more thoroughly and make recommendations to expedite children's placement to permanent adoptive homes. Research is also needed to illumine how counselling intervention can most effectively help adoptive parents prepare and cope with potential and unexpected social-emotional, physical or developmental difficulties among their adopted children.

#### *Implications for Counselling*

Bowlby's (1969) theory demonstrates how infants develop attachments with their mothers, and the critical ages at which these attachments occur. Bowlby (1988) further suggests how insecurely attached and distressed children may benefit from therapeutic intervention. Similarly, Milston (1989) describes how play therapy with an emotionally disturbed child (and the involvement of his adoptive mother) helped to establish affectional bonds between mother and son. The child's aggressive behaviour in Milston's (1989) study was characteristic of Bowlby's (1969) protest stage of mourning for the lost mother. Therapy helped the child to resolve grief associated with the loss of his biological mother so that he could develop a more adaptive attachment to his adoptive mother. A successful therapeutic relationship will help the adopted child resolve his or her grief, rework the attachment process, and break the transgenerational cycle of anxious attachment (Milston, 1989). Therapy may be extensive and long-lasting for those children who are severely angry, withdrawn, or detached. Emotionally disturbed children, such as those



who are in residential treatment facilities, need to re-learn productive ways of relating to others and develop healthy attachments (Lein & McGovern, 1990). Lein and McGovern (1990) suggest that counselling practice can assist these children to cultivate healthy attachments by promoting positive interactions with others, helping them to feel like part of a group, enforcing supportive and firm behavioural controls, and providing a caring, supportive, and empathic environment in which the children feel safe to express intense emotions.

Counselling and educational programs may also benefit adoptive parents and adopted children to cope with issues and tasks that are characteristic of the child's specific psychosocial developmental stage (i.e., infancy, toddlerhood and preschool, middle-childhood, and adolescence) (Brodzinsky, 1987). Optimally, counselling should involve the participation of both adoptive parents and the adopted child in order to facilitate change across the entire family system.

*Infancy.* During this period, infants require a warm and secure home environment in order to develop trust and attachments with their adoptive parents. This is particularly important for those infants who had experienced broken or insecure attachments with their previous parental figures. Infants' basic trust needs will be better met, however, if adoptive parents resolve any personal issues and anxiety that they may have related to the adoption process. Counselling, therefore, can assist adoptive parents by facilitating: (a) acceptance and resolution of anger and sadness associated with infertility (Schmidt et al., 1988; Singer et al., 1985); (b) adjustment to the transition of adoption, which can activate a range of emotions and occur suddenly after waiting to adopt for many years; (c) peer and social networks to help parents gain information and support from people who have adopted children, particularly special-needs children; and (d) resolution of marital and personal discord associated with the adoption of some children, such as those children who fail to bond with the adoptive parents.

Some highly distressed, detached, or avoidant infants may benefit from holding therapy to facilitate healthy attachments with parental figures (Allan, 1986). Holding therapy by a skilled professional involves holding and touching the child in a specific manner to initiate facial contact and physical closeness with the child. Children's high level of arousal and resistance associated with being held promotes verbalization of emotions and eventually transforms itself into a state of relaxation. Once relaxed, the child is receptive to being comforted. It is during the relaxation and comforting stage of holding therapy where bonds begin to form between counsellor and child or parent and child. Because holding therapy is conducted in the presence of one or both parents, the parent is given the option of holding the child during the therapeutic process. Allan (1986) outlines several methods of holding, depending on

whether the goal of holding therapy is to invoke weeping, rage, pleasure, or play in the infant.

*Toddlerhood and Preschool.* In this stage, children seek increasingly more autonomy and independence from their parents. Adoptive parents may experience anxiety associated with telling the preschool child that he or she is adopted and fear that telling the child will create a psychological gap between parent and child (Brodzinsky, 1987). Telling the child of his or her adoption status could also trigger past issues of infertility for some adoptive parents. Parents should be encouraged to answer their children's questions about adoption openly and honestly, while still providing a home environment that promotes both security and autonomy.

Art, drawing, and play therapy are also safe and appropriate mediums for young children to release emotions such as rage and hurt (Allan, 1986, 1988), particularly children who experienced abuse, neglect, and broken or insecure attachments in their previous placements. In the presence of a supportive therapist, children can express feelings of anger, abandonment, and inner conflict through their drawings and play (Allan, 1988; Magid & McKelvey, 1987). The process of experiencing a warm therapeutic relationship and the opportunity to express emotions freely helps the child grow and heal early trauma. John Allan (personal communication, October, 1991) has observed that during the toddlerhood and preschool phase, some adopted children act out violent and aggressive scenes in their play. This behaviour terrifies some parents and their reactions are noticed by the child, who in turn tends to escalate the violence. Profound struggles then follow around issues of limits and control, with the child becoming the "identified patient." Allan (personal communication, October, 1991) suggests that this cycle can only be broken if the parents enter counselling to focus on their own issues regarding aggression and fear.

*Middle-childhood.* During the middle-childhood or school-age stage of development, children's capacity to reason and problem-solve develops and they begin trying to understand the meaning of adoption (Brodzinsky, 1987). Adopted children begin pondering the reasons for being adopted and some may interpret the adoption as a personal rejection by their biological parent and a reflection of their undesirability (Melina, 1989). School-age children's conceptual reasoning abilities are not yet fully developed, however, so the reasons of adoption may still be unclear to children of this age group. Some confusion and disorientation surrounding their adoption is natural for school-age children, although counselling can provide a safe and structured environment for the emotional expression of those children who are markedly hostile and hurt. Counselling school-age children also involves helping them to mourn the loss of the biological parent/s. Confusion and mourning may

be intensified should the child have become attached to his or her parents before being adopted.

A supportive counselling relationship can also help school-age children express feelings associated with adjusting to a new family, particularly children who were adopted after having known their biological family. Affirming children's expression of their insecurity and curiosity about adoption helps provide children with the opportunity to explore openly what it means to be adopted, relinquished from the birth parent, and different from his or her nonadopted peers. Counselling can also validate children's grief and confusion and help them to accept the uniqueness of their adoption status in a positive manner. Adoptive parents can facilitate the mourning process by supporting the child's grief, respecting that the lost parent may hold significant meaning for the child, and openly responding to the child's questions about the lost parent and the adoption process.

*Adolescence.* This phase is marked by questions of identity (Erikson, 1963). For adopted adolescents who are unfamiliar with their origins, the struggle to develop an identity and understand who they are can be intensified. Confusion and uncertainty about their origins may be openly expressed or masked in denial (Brodzinsky, 1987). Understanding the reasons why they were adopted may be critical to adolescents, although information surrounding their origins may be scarce and therefore complicate the adolescent's search for his or her identity (Melina, 1989). For adolescents who have been placed in a series of foster homes or institutions before being adopted and who have experienced numerous broken attachments, their hostility and inability to attach to the adoptive parents may be heightened, and their behavioural patterns may be resistant to change. Counselling can provide the adolescent with a safe and supportive environment in which to express anger, question the past, and explore identity issues. Counselling can validate adolescents' need to search for their origins, although it should also include frank discussion about the possibility of being rejected by the biological mother should the adolescent wish to reunite. Grieving for the loss of self, birth parent, and family origins can be important for the adolescent (Brodzinsky, 1987) and an integral part of the counselling process. Art therapy is also an appropriate tool for young adolescents to express and repair painful experiences and emotions (Allan, 1988).

Counselling may also provide adoptive parents with support and coping strategies to deal with adolescents who had been abused or neglected in their previous homes. Counselling can teach parents to set limits with the adolescent who exhibits behavioural problems, while still providing a warm and accepting home environment. A supportive counselling relationship can also allow parents to vent unfulfilled expectations that they may harbour about their adopted child (Schmidt et al., 1988), and

challenge parents who blame themselves unduly for the adolescent's confusion about the adoption process and difficulty in forming attachments to others. Furthermore, educational workshops can teach parents to promote open and nondefensive communication about adoption with their adolescent (cf. Brodzinsky, 1987), thus permitting the adolescent freedom to question his or her identity and origins without feeling disloyal to the adoptive parents.

Educational and support groups for both prospective and current adoptive families also help to address specialized topics such as interracial adoptions, special needs and international adoptions, the potential of family disruption associated with some adoptions, and reunions between the adopted child and biological parent. Instructional groups and workshops can teach parenting skills and provide information to help adoptive parents cope with such issues as (a) responding to outsider's questions about the adopted child; (b) explaining the adoption to biological children and extended family members; and (c) understanding the implications of fetal alcohol/drug exposure, and early neglect, abuse and poor bonding on their adopted child's development, and seeking appropriate resources to help the affected child. Moreover, support groups provide adoptive parents and adopted older children a safe environment to express feelings and personal experiences related to adoption. Peer networks also offer adoptive parents the opportunity for mutual sharing, learning, and emotional support.

In summary, an integrated model of counselling for adopted children and adoptive families may be beneficial both as a therapeutic tool and as a preventive measure. Adopted children can benefit from counselling intervention appropriate to their specific developmental stage. Educational and support groups help sensitize adoptive parents to the specific issues associated with adoption and prepare them to cope successfully with the process.

#### CONCLUSION

Adoption can present unique challenges to the attachment process between parents and children. Although more extensive research is needed to better understand attachment behaviour in adoptive families, existing studies suggest that the child's age at the time of adoption may strongly impact the quality of attachment. Counselling should be sensitive to the needs of adopted children at various ages and the extent to which the adopted child's early family and attachment experiences can influence the relationship with his or her adoptive parents. The objective of counselling intervention and educational programs is to help facilitate secure attachments between parents and the adopted child that will serve as a healthy model for the child's relationships with others throughout his or her life.

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