

Kinship Care and The Seven Core Issues in Adoption

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Kinship caregiving is an intergenerational process which unites the constellation of children and their birth parents in a complex process. Recognizing the *Seven Core Issues in Adoption*, the issues which are central to the experience of adoption, is one way to assist constellation members and adoption professionals to better understand each other, and to provide a framework for understanding and communicating their own experiences. Utilizing these issues creates a common language to converse about those experiences. The *Seven Core Issues in Adoption* model also helps people in differing roles in the constellation to understand that family members involved in kinship care arrangements have more feelings in common than differences. This may help decrease adversarial feelings and promote understanding. The effect may be a reduction in conflict and an increased desire to communicate. Ultimately, this approach may create a unifying, long-term intergenerational, and mutually respectful approach to the kinship care experience.

The intensity of the emotional response to kinship care may vary according to role in the family, relationship to the abusing or neglecting parent, age, developmental stage, and circumstances of the placement, personality, temperament, history, and life experience. For example, a child who was moved five times before the age of six is likely to have a greater response to loss and separation than one who was placed in the grandmother's care at birth. Grandparents may have less of a negative response if the child is placed into their care voluntarily versus following a lengthy adversarial court process. Kinship care, like all child welfare dynamics, is based on loss. Loss is central to the experience, and each family member will have issues related to loss. The remaining core issues develop in response to that initial loss.

Loss

Not all constellation members will recognize and acknowledge the losses inherent in the process; it is helpful, therefore, to assist these families to identify their losses. Some losses are similar for each member of the constellation, and some are unique for birth parents, for children, and for the kinship caregivers.

The following is a partial list of losses which can be identified for kinship care families:

- Loss of “normal” family development. Kinship care demands that individuals and families re-enter another developmental stage, while continuing their ongoing development;
- Loss/shifting of roles, loss of expected and preferred roles;
- Loss of dreams – of how adult children would turn out, of the retirement years for older caregivers;
- Loss of freedom for caregivers of any age;
- For children, loss of the opportunity to grow up in a traditional or “normal” family;
- Loss of peers, disruption of friendships;
- Loss of family members who become embittered or disengaged from family over family dysfunction;
- Loss of sense of well-being;



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- Loss of life satisfaction – caregiver relatives often express significantly lowered feelings of life satisfaction when compared to their peers;
- Loss of financial resources;
- For birth parents, loss of their child, loss of self-esteem, loss of identity as “parent”.

In educating, evaluating, and intervening with kinship care families, it is often helpful to assist them in adding to the above list of losses and then to examine how they have coped with loss and change in the past. For example, what are their best coping strategies and the least effective? The presence of sadness, issues of inappropriate or extreme holding on and letting go, can identify individual and families who are struggling with loss. Loss in kinship care is not a single occurrence. Loss can become a central theme in these individuals’ lives. There is an initial identifiable loss, and then innumerable secondary or sub-losses. Examples of sub-losses are: birth parents not seeing a child take the first step or go to school for the first time. These losses hold the potential to affect everything which happens after the move into kinship care.

Rejection

The second core issue is rejection. Human beings, in an attempt to restore a sense of control in their lives, tend to personalize their loss experiences, attributing the loss to something they either did or did not do. They frequently become highly sensitive to the slightest hint of rejection, anticipating rejection, and, at times, provoking it, almost as if to prove that they are worthy of rejection. At other times, they may choose to reject others to avoid being the one who is rejected, or they may avoid specific situations where they fear that they might be rejected. Even if people have an intellectual understanding of what has occurred, they frequently continue to have an unsettling emotional sensitivity.

Many children experience their removal from their birth parents as being rejected by them. If the kinship caregiver is unwilling to take legal guardianship or to adopt, the child may feel rejected, yet again, and may be anxious about how permanent the relationship really is. Anxiety about rejection may be reflected in low self-esteem and feelings of being unlovable. The children may carry those feelings throughout their lifetime, and these emotions may even impact the parenting of their own children.

Birth parents are rejected or condemned by both society and themselves for “failing” as parents. Because of the frequent intervention of the court system into the family system, an adversarial or win/lose process is often set up where birth families lose their child in order for the custodial parents to gain a child. Birth parents sometimes spend their entire lives feeling rejected by their own families, by their children, and by society.

Kinship care providers frequently report feeling inadequate or “not real” as parents. They may fear rejection as well from the birth parents (their own children or relatives), extended family, the adoption professionals, the judge, and by society.



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The following list of rejection issues may be used to initiate a discussion with kinship care families:

- Fears and concerns about present adequacies;
- Uncertainty about permanence and fears of rejection by the system if legal status is not clearly defined;
- Jealousy within the family unit;
- Lack of skill on dealing with school, health, and mental health systems.

The key to successful navigation of the issues of rejection appears to be an ability to move through and let go of past events and the adoption of a non-judgmental attitude as well as setting clear, predictable, and stable boundaries.

Guilt and Shame

The sense of deserving such rejection may lead to experiences of painful guilt and shame. Based on feelings of loss and rejection, individuals repeatedly believe that there is something terribly wrong with them or with what they did that led to the current situation. Television programs, movies, and societal myths create ideal images of traditional families. There are few, if any, positive images of kinship care families. For many family members, there is a sense of shame about being involved in kinship care.

The effects of guilt and shame may include not feeling entitled to seek help from family and friends, from support groups, or from the mental health community. Members may also feel estranged from their religious community. When people feel guilt and are ashamed, they frequently choose to keep their “secret” rather than risk exposure.

The following “brainstorming” about the issues of guilt and shame may assist kinship care families in identifying their personal issues of guilt and shame:

- Birth parents feel shame and guilt about being unable or unwilling to care for the child, or about the stigma they have brought onto their family;
- Guilt over perceived “failure” or shortcomings of grandparents as parents to birth parents;
- Shame for not really wanting to take on role of primary care provider;
- Family members blaming each other for current situation;
- Anger over current situation, projected guilt and shame;
- Guilt about not being able to do everything they would want to do for the child;
- Shame of not being “normal”;
- Child’s guilt and shame (especially in the stage of egocentric and magical thinking) about what has happened; self-blame.

Grief

Whenever human beings lose something or someone of significance, grief ensues. If the grief is ignored or avoided, the consequences can be diminished joy about life, physical aches and pains or illness, or isolation and unhappiness. Blocked or suppressed grief can lead to anxiety and fear.

Each loss in kinship care must be grieved. The losses, however, may be difficult to mourn because of the views which are held about the practice. The transfer of children from a negative or dysfunctional living situation to a more stable, safer placement with blood relatives is viewed as a positive, problem-solving experience. There are not ceremonies to mark the transition, no rites to mark the loss of the birth parents' roles as "caregiving" parents. Losses in kinship care are largely ignored and unrecognized.

The following list can be used as a starting place to facilitate a discussion about the grief issues for kinship caregivers:

- Sadness about losses;
- Regression – people tend to regress under stress and with loss;
- Feelings of helplessness and hopelessness;
- Feelings of disappointment with self and others.

Identity

Kinship care changes family members' sense of identity, of who they are and how they "fit" in the family and in society. Participants often express feelings related to confusion about who they are. In kinship care, there are many contradictions: birth parents are parents and they are not. Grandparents change their role to become parents of their children's children; they are not parents in the traditional sense, but now they are. Children, who might have formed their identity through their relationship to the birth family, now are moved to another branch of their family, perhaps losing connections to the other birth parent's culture, religion, traditions and customs. For some, these variations can cause them to feel incomplete or fragmented, lacking feelings of well-being, integration, and solidity. Children respond to these issues, like the others, depending on their developmental stage.

The following list of issues highlights some of the identity concerns kinship care families express:

- Identity confusion with changes in roles;
- Who am I in relation to other family members?;
- Who are we? What kind of family are we?;
- What was acceptable parenting once, may not be now;
- Wearing of several roles simultaneously.



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Intimacy

The serial losses in kinship care, combined with the feelings associated with rejection, shame, grief, and identity concerns may also impact the ability to become connected and relate on an intimate basis with others. Individuals may decide, consciously or unconsciously, that one way to avoid the possibility of loss is to avoid closeness and relationships. Impaired attachments are often evident in kinship care family systems.

In addition, there may have been breaks in early attachments for children which subsequently impede development of feelings of closeness and safety in relationships. Birth parents, grandparents, and other relatives, following their own personal losses, may also find themselves lacking feelings of intimacy. Marital relationships may crumble with the stress of children entering the home. These difficulties in relationships may also be evident in sexual dysfunctions.

The following list underscores the intimacy/relationship issues in kinship care families:

- Dual relationships may interrupt intimacy and trust;
- Confused loyalty;
- Questions about family connections may raise barriers to relationships;
- Major changes occur between birth parents and relatives who take over care giving roles;
- Stress impacts relationships, especially marriages;
- Shame and guilt, secrecy and avoidance have great impact on relationships;
- Attachments are broken, mended, and amended;
- Stress impacts relationships;
- Court proceeding is inherently adversarial.

Mastery and Control

Kinship care, then, shifts relationships and identifications and sets a different life course to navigate, obstacles to overcome, and tasks to accomplish. For many families, kinship care is equated with an out-of-control experience. Grandparents or other relatives who take on the role of parent must alter their life plans. They find themselves dealing with social workers, attorneys, or social agencies. Birth parents, too, find themselves feeling out of control and in crisis. They frequently report feeling “victimized” by their relatives and by the court and “the system.” Children are not party to decisions which transform their lives inalterably. The children as teenagers and adults often report outrage and resentment about the decisions which were made on their behalf. Many families and children, feeling helpless and victimized, either passively succumbing to their “fate” or angrily struggle to regain a sense of control.

At the same time, the changes and shifts which occur in kinship care can offer individuals and families tremendous opportunities for growth and personal gains. Years ago a rabbi told the story of a wealthy and powerful king who could have anything he wanted. He obtained a rare and precious gemstone which glittered and shone in the sunlight. One day while he was admiring it, the gem slipped through his fingers, crashing to the floor. Although it did not shatter completely, a deep crack was evident. The king was devastated. He sent for the finest jewelers



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and craftsman in the kingdom, but each one gave him the same answer, “the gem cannot be repaired.” Finally, a humble and quiet jeweler came to the court. He examined the stone carefully from all angles. He told the king that he would take the stone to his shop and return in ten days. The king waited expectantly. When the craftsman returned, he had etched a perfect rose into the stone, using the crack as the stem. The king was enchanted and paid the jeweler handsomely. As the workman was leaving, however, he gave the king some important advice. “Do not allow this precious stone to fall again because, this time, it will break beyond repair.”

This is the story of kinship care. The children, the families are splintered by abuse, neglect, dysfunction, and pain, but they are not broken. Through work and love, they can transform that pain into growth and beauty. But the weak spot always remains. We must be cautious to support these familial arrangements and their members, so they do not break beyond repair.

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