阻断关怀

帮助失意的养父母恢复同情心

BY MELISSA CORKUM AND LISA QUALLS

特里卡热爱当妈妈。当她和山姆在大学毕业后结婚时，他们梦想着拥有一个大家庭。在他们结婚十周年时，他们有了两个女儿，一个六岁，一个八岁，还有一个四岁的儿子。当他们得知他们所在社区需要寄养父母时，他们决定成为寄养父母，认为有一天他们可能会收养。在他们最初的几次寄养安置后，他们的社工向他们介绍了两个在寄养系统中可供收养的小男孩。特里卡和山姆非常高兴被选为永久性的收养。他们终于有了他们一直梦想中的大家庭。

他们知道这两个男孩在他们短暂的生命中经历了逆境。幸运的是，他们读了所有推荐的书籍，并参加了几个推荐的周末培训活动，为寄养和收养父母提供培训。特里卡甚至加入了一些Facebook群组的寄养和收养妈妈。

当男孩们第一次来到他们家时，似乎一切进展都很顺利，除了睡眠。她的儿子几乎不睡觉，这意味着特里卡总是精疲力尽。但随着时间的推移，事情变得更糟。她的儿子对看似小的事情变得非常沮丧。他开始有不同于她以前见过的崩溃。他开始对他的兄弟姐妹表现出攻击性。特里卡觉得自己已经身处战场。

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She pulled out the adoption books she had previously read, and scanned them for help. She posted in a Facebook group and got lots of encouraging advice. Tricia understood her son wasn’t a bad kid. He was acting out of fear due to early adverse experiences. She knew she just had to keep working hard to build trust with him and help him heal. Fortunately, she found a trauma-informed therapist to work with their family.

Tricia was working harder to parent than she ever had before. She continued to be loving toward her son even though he seemed to reject her over and over. When he was upset he said he hated her, and it seemed to be true.

As the months passed, the angry words from her son hurt less. She was becoming used to his verbal assaults; in fact, she seemed to let them roll off of her. She wouldn’t let them pierce her heart. When she tried to give him affection, and he pushed her away, she told herself it didn’t matter. Even though she tried to not let him affect her, Tricia found herself cringing when she heard his footsteps on the stairs.

She still hoped one day everything would be better. She fed him well, participated in therapy, and met with teachers. She took good care of him, but her heart just wasn’t in it anymore. She found herself counting the years until he would graduate from high school and go away to college.

Sometimes Tricia wondered who she had become. How could a mother not like her child? Surely nobody would understand, so she kept these thoughts to herself. She felt ashamed that she just wanted him to go away.

**Why Does a Parent’s Heart Shut Down?**

Like Tricia, many parents we work with through The Adoption Connection get to this place of apathy towards their child. They still love them, but liking and enjoying them has become difficult. When we prompt parents to be honest, and they realize they can trust us, they will put words to it. But most of the time these parents stay silent and withdrawn. The shame they feel is overwhelming. This leads to isolation and feelings of despair.

One mom told us, “I once was a happy mom who wanted to make Mickey Mouse pancakes and build gingerbread houses. Now I find myself asking the kids to wait one more minute (which turns into longer) so I can try to convince myself to get up and be happy. I grieve for my old life, and I know that’s selfish. Most of my time, energy, and thoughts are consumed by how I can make this all work.”
Why does this happen? Why does a mom, who loves her kids and is doing her very best, find that her heart has simply shut down toward her child?

Since both of us had experienced these confusing and discouraging feelings, we wanted to understand them more. Thankfully, we found answers rooted in brain science.

**Back to the Beginning**

First, we had to go all the way back to what our children experienced before they came to our families. Many adopted and foster children have experienced some of these seven risk factors:

1. Prenatal stress or harm
2. Difficult labor or birth
3. Early hospitalization
4. Abuse
5. Neglect
6. Trauma
7. Change in primary caregiver

When a child is exposed to any of these factors their brain develops strategies to cope. These strategies focus on self-preservation and identifying the next potential threat. These are protective behaviors that may continue after joining their adoptive families. We know our children are safe now, but they do not. In their deepest core, a river of fear runs through their veins.

Our children are survivors and these skills served them well when they were unsafe. But experiencing those risk factors can activate a premature defense mechanism that may put them in a chronic state of survival, resulting in what Dr. Daniel Hughes has termed *blocked trust.*

Now enter the adoptive parents who are eager to love their new child. Their brains are primed for connection with their children. They continually make attempts to connect with their child and build attachment.

When there is no reciprocity of relationship and the child consistently does not respond to efforts of caregiving, parents may begin to feel ineffective and experience a sense of failure.

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shut down. They are still meeting their child’s needs, but their heart is no longer in it.

The parent’s brain signals them that they are fighting for survival. They cannot manage complex thinking which hinders their ability to see the need behind their child’s behavior. They lose a lot of creativity and problem solving abilities, which starts a cycle of learned helplessness.

A mom wrote, “I rest some days now in where I am, yet the angst inevitably returns. Aching to like, feel something more positive than I do, be released to love as I was designed to love. But nothing helps—I’ve lost hope.”

Additionally, under stress, a parent’s brain begins to code things as either safe or dangerous. If unsure, the brain defaults to danger. This leads to negativity bias making it even more difficult to remain open-hearted and receptive to their child. Rejection from a person who is important to us stirs up the limbic system, not the higher thinking brain.

One mom said, “When he is acting out, and I am at my worst, I can hardly be in the same room with him. It is not fair to him, and it is absolutely a sole reflection of my inadequacies – not his. But I don’t know how to repair it. I never thought I would be in this position. How could anyone not like a child?”

Brain imaging has shown that the emotional experience of being rejected activates the same pattern in the brain as physical pain. When a parent approaches a child anticipating a positive response and instead gets a negative reaction, it activates the dorsal anterior cingulate cortex, which in turn activates the social rejection system. As a result of repeated rejection, the parent may respond to the experience the same way they would respond to physical pain, by drawing away and protecting themselves.

The gut reaction a parent has to a child’s rejection is likely to grow stronger and reduce their capacity for empathy. Eventually, a parent experiences blocked care.²

**Nine Signs of Blocked Care**

There are nine signs that a parent might be experiencing blocked care:³

1. They are caught up in coping with their child’s behavior and lose curiosity about the meaning behind it.

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2. They feel defensive and guard themselves from rejection.
3. They feel burned out, chronically overwhelmed, and fatigued.
4. They feel irritable with other family and friends.
5. They isolate themselves.
6. They become cynical about helpful ideas.
7. They feel they have lost compassion, which leads to shame.
8. They experience a crisis of faith or challenge of a personal belief system.
9. They do not feel real pleasure in parenting.

A mom wrote, “I don’t get as excited about things as I used to. I’m more cynical and less confident. I don’t even know if I’m capable of feeling love like I used to. But I am able to show it. And I guess I’ll just have to keep asking God to help my feelings to follow my actions. Only He can heal my hurt heart. Only He can heal my kids’ hurt hearts. We have that in common.”

What Parents Need

Because blocked care involves the suppression of caring feelings, professionals may view parents as uncaring and non-empathetic. When professionals encounter parents stuck in blocked care, it is important to remember that it is not a character flaw but a treatable condition. Parents experiencing blocked care have fragile nervous systems that are closed off and protective. Even well-intentioned advice from a therapist, social worker, or counselor can feel insensitive and judgmental which pushes parents deeper into the trap of shame.

In our years of serving adoptive parents we saw a tremendous need to help parents in blocked care long before we knew it had a name. Parents begged us for help. They needed their struggles to be heard and accepted without seemingly trite attempts to fix them. Additionally, they wanted to like their kids again and have hope for the future—they just did not know how to get their hearts back online.

How can a parent overcome blocked care and regain compassion for their child? Interestingly, they need just what their children need: nurturing. A parent needs someone important to care for them, to calm their defensive nervous system, and help them regulate their emotions. This person can be a professional therapist or a seasoned parent who has walked through a similar experience and come out the other side.
When adoptive parents seek professional services, the child is often the focus. However, we have seen an increased willingness in parents to try new parenting tools when we focus on their needs first. Parents are often surprised when we take time to be curious about how they are doing and how they are experiencing their children’s behaviors.

Professionals can offer acceptance, curiosity, and radical compassion to parents who exhibit symptoms of blocked care.

**Acceptance**

This is simply believing what a parent shares about how their child behaves and how they experience the child. Because of attachment challenges, a child may act differently at home than at school, therapy, or other settings. When a parent’s experience is questioned, they tend to further withdraw into shame and blocked care.

Often, parents need a therapeutic process (without the child present) where they can speak freely about their experiences and build a compassionate understanding of their child’s defensive behaviors.4

**Curiosity**

Different than questioning the reality of what a parent shares or trying to change their mind, curiosity is the genuine desire to better understand the parent’s experience. Curiosity is non-judgmental and puts aside assumptions and expectations. It ultimately can help parents be more aware of their inner thoughts and emotions.

**Radical Compassion**

Sometimes parents need permission to care for themselves. All too often, parents have shelved their own needs to meet a child’s high demands resulting from trauma. Many therapeutic parenting principles require great effort, energy, and patience. Professionals can encourage parents to find regular respite, go on date nights, and connect with other parents in similar situations.

It is easier for parents to keep their hearts engaged when someone is looking out for them. As a result, we created a 30-day course, *From Apathy to Empathy: How to Regain Compassion for Your Child and Yourself*. Through daily emails, we nurture parents, help them understand what has happened, and give them simple tasks designed to keep their nervous systems open to connection. We also invite them to an online group of other parents who have taken the course where they can find even more support.

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Incorporating the elements of acceptance, curiosity, and radical compassion, in the context of connection and care, we have seen hundreds of parents recover from blocked care, renewed and equipped to pursue a healthy relationship with their adopted child.

When asked what aspects of the course were most helpful, this is what some of the participants had to say:

“Before the course, I was feeling burned out and hopeless in my situation with my daughter. I felt alone and full of shame. After these 30 days, I have renewed hope! I know we have a long road ahead, but understanding more of the reasons behind my actions and feelings, and trying out concrete ways to address these problems, is one step forward. I really appreciated the short daily lessons that were manageable to read or listen to and apply immediately. I especially loved the days about brain science and how to overcome negativity bias and blocked care.”

“After completing the course, I’m feeling much better. I loved the feedback, the support from other moms, and the focused questions that were intended to help us see what we needed to do, and to process. It was hard at different times, but now I am feeling lighter and understanding myself so much better.”

“At the beginning, I was feeling tired and worn down and very, very negative in my thoughts. The 30-day format allowed me to absorb a little bit of information every day, ponder it, and apply it before moving on to the next thing. The days that resonated most were the ones about decision fatigue and needing unfocused time. I am still tired and a little fearful of the future, but my negative thoughts are nearly gone.”

**Conclusion**

The good news is that parents can regain compassion. There is hope.

To the professionals reading this, your work is so important. When you nurture parents, you are offering them a chance to heal and change the course of their parenting journey. When a parent experiences you as a nurturing presence, their capacity to learn from you and others is radically increased. Your job will be more rewarding as your families thrive.

And to you parents, our hearts are with you. We have walked this road and know the challenges. In fact, not much surprises us. We hope you have gained insight through what we have shared and know there is hope for you and your family.

You are a good parent, doing good work.
Resources

The Adoption Connection Compassion Challenge

- Learn more about overcoming blocked care and find your way back to being the parent you long to be. It’s free! Sign up at www.theadoptionconnection.com/adoptionadvocate.

The Connected Parent: Real-Life Strategies for Building Trust and Attachment (Coming July 7, 2020!)

- Renowned child-development expert Dr. Karyn Purvis gives practical advice and powerful tools to encourage secure attachment in the adoptive family. Coauthor Lisa Qualls demonstrates how to successfully implement these strategies in the home, just as she did in hers.

Attachment Theory in Action Clinical Podcast

Psychology Today: Brain-Based Parenting: Understand and Heal the Parent Brain

NCFA’s Adoption Advocate No. 78: The Post-Adoption Life: Supporting Adoptees, Birth Parents, and Families After Adoption

ABOUT THE AUTHORS

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Besides being a transracial adoptee and transracial adoptive parent, Melissa is an Empowered to Connect parent trainer, Certified Enneagram Coach, and Certified Essential Oil Specialist. She’s helped dozens of parents shift to a brain-based view of behaviors so they can laugh more and yell less. As an adoptee with a mostly positive view of her story, she’s passionate about encouraging adoptive parents to feel confident in their roles and to follow their child’s lead when it comes to processing their stories. She’s a mom to six kids by birth and adoption. They’ve taught her a lot about what creates thriving parent-child relationships…and what doesn’t. She co-hosts The Adoption Connection podcast.

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Lisa is the author of The Connected Parent which she co-wrote with the late Dr. Karyn Purvis. She is the mom of 12 kids by birth and adoption, and sometimes more through foster care. Using her training as a TBRI practitioner and as a certified Enneagram Coach, Lisa mentors and coaches adoptive and foster moms in her membership community, the Hope Circle so they can renew their hope, gain courage, and become the moms they’re meant to be. She is also the co-host of The Adoption Connection podcast.