

**Securing An Adolescent's Relational Attachment  
to her Adoptive Family**

by

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## **Securing An Adolescent's Relational Attachment to her Adoptive Family**

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### **Abstract**

This case study demonstrates how using the model of Multi-dimensional Relational Family Therapy with an adolescent and her adoptive family to secure her attachment to them, she moved from a potentially destructive state to a more affirmed sense of herself. A significant part of the efficacy of this model is the attention to the subtle detail of the non-verbal interaction and observations of movement phrases within the family. The piece supports the power of therapeutic intervention as a form of prevention in treating adolescents and their families in a non-pathological way. The model is applicable to both biological and adoptive families.

*\*Informed Consent: Informed consent was obtained from the individual participant included in the case study.*

*When we write we offer the silence as much as the story. Words are the part of the silence that can be spoken.*

*-Jeanette Winterson*

As we sat in silence, I felt a calm settle into my stomach. The four previous sessions I had with this family were predominantly filled with tense discussions. Alex, the child, was invested in her seemingly typical adolescent desire to be left alone. Her parents, Bonnie and Tom, challenged her about her friends and their questionable behavior. Alex spoke back with forceful words that her parents just didn't understand her. Behind the words, however, their physical attitudes were telling a different story. Alex's sinking chest and her posture shifting from side to side suggested vulnerability. Bonnie and Tom had quizzical facial expressions with bound movements in their bodies, sustaining little eye contact with Alex. They did not seem particularly aware of her vulnerability, and were instead retreating in reaction to her words.

In the fifth session the same pattern of verbal exchange ensued, but something was different: I could feel a calm descend. The parents were saying the same sorts of things as they had in the other four sessions, but this time softening their tone and their gaze, and turning their bodies to face Alex. Unlike before, Alex did not turn away from them. It was subtle, I'm not sure any of them noticed. We were having a defining moment. What I observed non-verbally in the family and what I felt internally told me there was much more going on in this family than was apparent from what they said. At last, it felt safe enough to bring up adoption.

Thinking back to this situation, I was already part of the script, in my body and in character, but the scene reflects for the reader the family therapist's experience of being dropped into the arena while trying to navigate the new world. Entering the first family therapy session is a bit like being a director going to a rehearsal with her actors, not really knowing the script. A copy of it exists. The family has read it, but the therapist only knows the title. Therefore, the therapist can figure out the themes, probably will have an initial hypothesis, but needs to be ready to improvise and think on her feet, as she listens to, participates in and observes the unfolding story, noting where people sit, how they are seated and who talks more or less often and in what tone. Because of the geometric configurations of relationships and

dynamics that land in front of the therapist as soon as the family arrives, family therapy is potentially more complicated and overwhelming for the therapist than individual work (Satir, 1983). Many feel intimidated by it. However, if one is willing to venture into the chaos and stay curious and be humbled, the family can fast become your co-therapists, or co-directors, and their non-verbal signals can be your guide.

Psychotherapists focus primarily on the words their clients tell them, but sometimes the key moments in the session are the non-verbal ones when no words are expressed. In my years as a therapist, I have discovered that my most powerful tool is my use of my non-verbal observations skills. This applies not only to my clients, but to myself as well. My own non-verbal response to my clients can be my most effective part of my intervention.

While putting together this case study for my doctoral dissertation and reflecting on my unique way of working for the past twenty-five years, I realized that my combination of family therapy and movement therapy and the way in which I use my body as a tool is unlike what most others do. My particular approach to therapy is as yet evolving, but I would like to present my model, which I call Multi-dimensional Relational Family Therapy, with a case study of my work with an adoptive family. This paper will demonstrate how my model has developed through the integration of the influences of family therapy, movement psychotherapy, and adoption into a multi-layered, comprehensive, approach to the family. The insights I gained from the use of my model enabled me to formulate a distinct way to help them. Although it is safe to say that all family therapists observe and work with the interaction within the family, my focus emphasizes the dynamics within the relationships of the family both verbally and non-verbally, conscious and unconscious, past and present, hence the term multi-dimensional.

### **My Approach**

Family therapy, at its core, deals with a simple, yet paradoxically complex situation. Within any family, the parents may define a problem one way, while the child may see the problem another way; these two different views can lead to a conflict. Family therapy addresses both perspectives, the parents' and the child's, and most importantly, often offers a third alternative that leads to a resolution of the conflict. This successful way of

relating can be found in several different approaches to family therapy; either through systemic family therapy, understanding the behavior of one family member within the environment of the whole family (Barker, 1986); or through structural family therapy, the identification of repetitive patterns of interaction that are unsuccessful in achieving the goals of the family or its individual members (Minuchin, 1974); or through contextual family therapy, based on the work of Ivan Boszormenyi-Nagy (1973), and addressing feelings of loyalty within the family to members who may be present or absent, across the generations. Another approach is narrative family therapy, which is based on the work of Michael White (2007). Narrative therapy provides a roadmap for a new co-constructed family story. Many family therapists will choose one approach, sometimes two when working with a family.

The approaches listed above are the standard and recognizable models applied in most family therapy work. My model is a synthesis of the work of family therapists who have influenced me through the years. These include Salvador Minuchin, Michael White, Ivan Boszormenyi-Nagy, Maurizio Andolfi and Virginia Satir. Integrated with these theoretical points of views, movement psychotherapy, the psychotherapeutic use of movement to further the emotional development of a person, is a sensorial lens through which I see the family. To illustrate my approach, I will be writing about my observations of how the Jones' family responds non-verbally in my sessions with them—for instance, gestures, postures, expressions, tone, interactions, and proximity. My observations also include the use of silence.

Research in family therapy supports the idea that non-verbal communication is an important aspect of family dynamics, but this research lacks specificity of how to analyze non-verbal communication and integrate the information into the therapeutic process. For example, Andolfi (2013) acknowledges how significant the adolescent's contradictory verbal language can be with his non-verbal signals, and how his "postures might uncover his real needs for affection and intimacy" (p.21). However Andolfi does not unpack what that looks like specifically within the adolescent's body and movements. "Sculpting," according to Satir (1983), in family therapy is a good example of movement work with families. Specifically, in "sculpting," the therapist has family members express the family dynamics physically as one would shape clay. As a director, Satir, for

instance, positions the family members as she envisions their relationship to one another or asks one of them, as a director, to place themselves in relation to each other in the room. For example, in a situation as simple as a mother complaining that her daughter is too skinny, talks too loudly and doesn't practice piano enough. Satir would ask the mother to stand up, say nothing while sticking her arm out and pointing a finger at her daughter. Then Satir would ask what that feels like for each person. The purpose of sculpting is to give the family a concrete way to externalize and understand their family dynamics, and thus, help the family to address their ineffective interactional patterns. However, Satir's work does not analyze the more complex relational dynamics that are expressed through the body.

Thus, building on Satir's work and integrating my movement therapy skills into family therapy, I draw on the concept of kinesthetic empathy as a core part of this psychotherapy practice (Fischman, 2009). This is the non-verbal communication process through which intersubjectivity is both felt and constructed within the therapeutic relationship, and the means by which the movement therapist facilitates the self-development of the client (p. 34). Similar to the physical attunement that is the foundation of attachment between infants and caregivers (Stern, 2004), therapists develop a sense of kinesthetic empathy with clients as they reflect through their own movement the client's internal experience. This is also called mirroring. This allows client and therapist to jointly create an environment of trust and safety. Citing Mantura, movement psychotherapist Diana Fischman refers to movement therapy as an "enactive approach"—that is, we can only know by doing (Fischman, 2009). Though Satir employed this kinesthetic approach with her clients, she did so without using this terminology and without identifying the experience in her own body. Satir's approach is also somewhat different from the idea of implicit knowledge (Andolfi, 2013; Stern, 2004) that I incorporate into my work. Specifically, though there is the non-verbal component and the therapist's reciprocal experience in Satir's use of sculpting, my emphasis is on how I use my own body within the session and how I observe the family's non-verbal behavior. This use of my body also comes from years of training and practice as a movement therapist in which I have learned to observe the congruity and incongruity of verbal and non-verbal communication, and understand my own internal response in order to further the

work with the family. It is at this juncture my model lays new ground in family therapy where my role with the family is as an enacting container, both participating and observing while attuning to their emotions.

Kinesthetic empathy can take different forms for the therapist. Either it may be externally expressed by mirroring a client's movement; or it may be internally experienced by the therapist as the client's movement resonating within the therapist who acts as a witness. Both are tools to understand the client's experience through the therapist's felt body experience (Fischman, 2009). Fischman writes,

It might appear through direct mirroring and affective attunement in the dance (movement) therapist's movements – the forms, qualities and tones of the body language. It might also make use of analogy, metaphor, the telling of a semantically isomorphic story with movement or the patient's verbalization. (p. 48)

According to Fischman, who uses Rudolph Laban's movement analysis and Daniel Stern's understanding of emotional attunement, the movement qualities of relational interactions are manifestations of interpersonal dynamics and can be analyzed according to the use of time, space, energy, support, physical contact, and affect. These are the elements that make up the actions or movement phrases that occur when people communicate.

These tools allow me to address, what Stern (2004) calls the "family's intersubjective sharing", or the group intersubjectivity which he considers to be essential for the maintenance of group cohesion and in turn, the survival of the species. He explains that a mother, father and child have a "triadic intersubjectivity" which fosters a sense of belonging and psychological intimacy. "With development, the person with whom one most avidly seeks intersubjective relatedness changes, from parents, to peers in adolescence, to a loved one in early adulthood" (p. 102).

Along with the development of empathy and trust, creativity is another important component of therapy I integrate into my work. Creativity, indeed, is what facilitates the development of alternative and effective patterns of interaction. In this regard, two of my strongest family therapy influences are Minuchin and Satir; the integration of their approaches enables me to be structured and playful. I use Minuchin's concepts of structure,

boundaries, alliances, enactments and family life cycle within the family. I also include Satir's spontaneous, nurturing, intuitive, creative, non-verbal awareness. When working with adoptive families, Nagy and White are helpful in understanding how adoption affects family relationships in terms of feelings of loyalty and the family story. Using these concepts, combined with the development of my role as a container for the family's emotions and interactions I tailor the therapy precisely to the clients' needs and define how I can be creative with the family, whether biological or adoptive.

### **Adoption**

Twenty-five years ago when I worked in an adoption and foster care agency a seasoned colleague told me, "Adoption always comes down to separation." At the time I wasn't really sure what she meant. Isn't adoption connecting with a new family and attaching? I wondered. Through the years, as I've worked with many adoptive families, it has become clear that many wounds related to adoption were rooted in the initial pain or the imagined pain of separation from the child's biological family (Tresiliotis, 1997).

Being adopted is not a pathological condition or even a reason to come to therapy. It may, however, create troublesome complications, which therapy can address. Whether an adolescent feels unsure about her attachment to her adoptive parents, or uncertain about how she separated from her biological parents, these questions can linger for a long time. Navigating between the biological and adoptive worlds, either in fantasy or reality can leave her with no place to feel settled. The boundaries around each world feel blurry. For the adolescent whose primary developmental focus is identity, these questions resonate loudly (Erikson, 1963; McAdams, 2001). For me as the family therapist, my job is to listen to those questions, understand how the parents and the adolescent hear them and feel them in their bodies, and see how they can address them. These questions may feel like they are in a different language than the parents speak, and may need to be translated verbally and non-verbally.

Feeling a sense of belonging is to be part of that person's world or group. This experience is different for everyone. Yet the feeling of security that comes from inclusion is a feeling anyone can relate to. When it comes to a feeling of belonging, a person is either in or out, either she belongs or

she doesn't. And this is manifest in the body as well as in thought. In which family circle does the child stand? The worlds of the adoptive family and the biological family may feel like two worlds colliding. How can a child integrate them? A person cannot straddle both worlds when she doesn't belong in one. To be on the edge is to be on the outside looking in, literally and metaphorically. To quiet the doubt and the questions, the adolescent may look to distract or soothe herself in potentially destructive ways.

### **The Case**

Lost. That was the feeling I sensed from Bonnie on the phone when she called to ask me to see her family. Her voice was shaky and the rhythm of her speech, staccato. She described her daughter, Alex, as anxious and uncommunicative, struggling with several different challenges: sinking grades, fractured relationships with friends, potential drug and/or alcohol abuse, and disconnection from her parents. What was most upsetting for Bonnie was the social aspect of Alex's life. Friends had recently rejected her or lied to her, but Alex kept trying to connect with them, even potentially at her own peril. She spoke of her daughter as if she were in the process of losing her; her daughter sounded like she was retreating from the family, distressed in her relationships with friends, and floundering in school. Tucked in the middle of these descriptions was a passing mention that Alex was adopted as a baby. Like many first time parents of adolescents, Bonnie was worried that her daughter's behavior would potentially lead to injury.

Bonnie's mention of Alex's struggles and her adoption brought my colleague's words back, "adoption always come down to separation." Alex could not address these family issues on her own. Because the parents had much more contact with her than I ever would and shared the construction of her life story, they would have greater impact and more influence than I ever could on my own. I needed their assistance. I decided to see the family together. To address the theme of separation, as well as the yet to be discovered issues, the whole family needed to understand what was going on.

Bonnie and Tom arrived for the first session, as most do, a bit anxious with their only child, Alex, a sixteen year old who was quiet and looked younger than her age. Trendy clothes fit her petite frame neatly. Although Bonnie and Tom's ethnic background was Southern European, and Alex's biological family was South American, there was a

surprising resemblance between the family members. Like Bonnie, Alex's long, jet-black hair protected her face on both sides. Alex's face was accented with round black glasses that hugged her nose. With her head angled down, tugging away from her upward gaze, it created an effect that made her seem wary. Compliant, she spoke when addressed, but with brief responses. I felt she kept an observing eye on all of us. Bonnie spoke much of the time, with a gentle voice, identifying her worries about Alex. Although Tom nodded in agreement, he, too, was quiet. Bonnie elaborated on Alex's background. She was adopted as a baby, was always physically delicate, had asthma growing up, didn't like many foods, was shy in school and had learning difficulties. Alex's adoption was mentioned as part of her history, almost as an aside, yet I wondered what it meant to her. It seemed more my curiosity than their concern, as Alex's presenting problems were more socially and academically based with possible substance abuse. Maybe we'd come back to it, I thought. As Bonnie spoke, Alex sat looking serious, sometimes rolling her eyes. Bonnie painted the picture of a frail young girl and yet, looking at Alex, I saw a quiet but strong adolescent in the way she sat vertically, a bit rigid, and listened closely to her mother. I began to read her quiet observation as determination; the contradiction between her initial impression and appearance of being delicate, yet her quiet affect feeling like strength, drew me in and made me curious. This was an instance of how I used my model by experiencing my observation, of Alex and her mother's interaction and Alex's non-verbal response, in my body and then processed it internally.

Bonnie spoke in a faint, halting voice, glancing at Tom tentatively. "Something's not right with our daughter. We've always been so close, and done so much together, and now she won't talk to us," she said.

I looked at Alex and asked, "Alex, what do you think about what Mom is saying?"

"Something's not right with my parents!" Alex snapped, with a sharp edge in her voice. "Mom is over-reacting and blowing things out of proportion. And Dad is too strict!"

"That what she says, but I do worry," Bonnie pleaded. "She doesn't understand how serious this could be."

"Tom, what's your perspective?" I inquired.

Sitting back, he responded—almost seeming detached with passive weight in his body and no single focus, as he spoke: "I'm worried...maybe, not as much as Bonnie, but Alex has done a couple

things recently that displayed a lack of judgment. How will she be at college?"

"Alex, do you understand what your parents are worried about?"

"Yes...sort of." As her voice dropped off, she cast her eyes downward, her face sullen.

Observing her sinking chest, mirroring the mood I detected from her, I asked in a quiet voice while moving toward her slightly, "What would be helpful? I sensed you sat back as you answered."

Matching my tone, she answered, "If my parents gave me more space and privacy. I feel suffocated. Can't I just be with my friends?"

Bristling a bit, Tom responded in a curt tone, "We'd be happy to give you more privacy as soon as you win our trust by demonstrating that you can handle it, communicating better with us and not breaking curfew."

The family had two different views of the problem, or reasons for seeking help. The parents, whose concerns may have been legitimate, identified it as a behavioral problem. Alex, in her plea for more space and privacy, was talking about figuring out her identity, attempting some independence, and perhaps also about belonging – in this, she saw the situation more systemically than her parents. Louder than the words, were Alex's non-verbal expressions, her sullen face, her eyes downcast or rolling, and her rigid body attitude. Sensitive and attuned to clients' body expressions, I remained aware of movement as a form of representation that allowed me to go beyond her words and demonstrate in my body my understanding of her emotional state. According to Graham (2013), the body never lies. We just have to know how to read it. Using my own body as a tool, both in my movement observations of my clients and the awareness of the impact of those on my own body, I monitor my own feeling and gauge the movement with the family. Accordingly, sitting with Alex, noting her blank expression, her tightened muscle tone, her gestures, I felt a sort of emptiness and pain inside. I wasn't sure why. Maybe it was the contradiction between her words, "I want more space," but as she pulled back, her actions revealed her body tension, then a sinking into passive weight at the end of that movement phrase. Yet her parents seemed more concerned that she wasn't behaving responsibly and following the rules. They sat motionless. Did they even sense her pain? Simultaneously, as I heard Alex's words and watched her movement, I registered this internally with a wave of unsettled feeling in my stomach. My own physical reaction likely

happened a split second before my mental reaction, as the body often reacts before the mind does. I knew enough that if I felt my stomach it was significant to the moment. I read it as my own sense of Alex's pain and continued with the session.

Tom identified next what had left him feeling so hesitant about giving her some freedom. It had to do with her grades, dropping from high B's to C's and D's, her suspected drinking. And though she may not have been drinking, she had broken curfew repeatedly lately, and was acting strangely when she came home. He did not like her friends because they had a reputation for partying, sometimes excessively. Bonnie's view was slightly different from her husband's. She was concerned about Alex's friends treating her disrespectfully and continually disappointing or hurting her. "How?" I asked. Bonnie replied while checking in with Alex visually, that plans they would make often fell through or they were not really doing what they said, and Alex would be left out. One friend had recently threatened to end the friendship without explanation. Alex started to nod, then stopped abruptly.

Alex's jaw and neck tightened as her voice rose and her eyes glazed over. She inhaled loudly before she yelled, "My parents are just too old! They don't understand." Her tone conveyed exasperation and desperation. Tom and Bonnie sat still, almost frozen, listening with perplexed expressions. It seemed they were holding their breath in synchrony. This was the moment when slightly younger children from other adoptive families in my practice would say, "And you're not my real parents," highlighting the biological versus adoptive tension that exists in the family. Although she did not explicitly state it, her dismissive tone in "they don't understand" could have been replaced with "you're not my real parents", by substituting the words or extending the sentence.

Alex's statement reinforced this notion of feeling out of place and misunderstood. Her voice and her neck tension left me feeling distressed, reflecting my kinesthetic empathy with Alex. Being misunderstood is a theme typical for adolescents, so what was different here? At this stage teens tend to turn to their peers for refuge from their seemingly alien parents, and although Alex seemed to be trying this, I was not sure how effectively it was working for her.

Within the framework of structural family therapy, Salvador Minuchin talks about the universals of family life including: "issues of

belonging and loyalty, issues of proximity, exclusion and abandonment, issues of power, ...and the permeability of boundaries, affiliation and coalition" (Minuchin, 2006, p. 35). Bonnie and Tom seem to be struggling with their boundaries with Alex, how strict or flexible should they be. Alex was testing the permeability of those boundaries, maybe wondering if they could change, or wondering if her parents would still accept her (keep her) if she acted out or disappointed them. The lack of clarity about where the boundaries were and how to negotiate them left each member feeling anxious and distrusting.

"Alex, sometimes I get the sense that you may feel torn between your loyalty to your friends and your loyalty to your family. Does it feel difficult to negotiate both of those things?" I asked.

"Well, I never really thought about it like that, but I guess so," Alex said. "It's almost like I have to choose one or the other. If I want to be independent, it's my friends."

"It sounds like you're not sure your parents could accept your independence."

"Yeah." As she spoke, she looked at her hands while rubbing each finger.

Alex wondered if she should be loyal to her friends or to her family, as she negotiated her independence. I wondered if she turned away from her parents, would they turn toward each other or feel abandoned by her? Did she feel allowed to go? If Alex chose to go with her friends, it was unclear how connected to them she was. Did she feel rejected or abandoned by them? Alex was stuck somewhere between her family and her friends, but it was uncertain where that was.

Belonging *to* someone is the opposite of being rejected *by* someone. Although Triseliotis (1999) does not use the term 'belonging', he discusses at length the impact of the feelings of loss and rejection for the adoptive child on their self-worth, when they ask themselves, "Why was I adopted?" What he found when working with adoptees is that new losses occurring in their lives may awaken feelings related to the initial loss of the biological family (p. 41). I wondered if the present arrangement with Alex's friends was stirring these old feelings.

In order to help us understand the unique feelings of ambivalence and pain that emerge for many adoptees at some time in their lives, adoption author Sherrie Eldridge (2004) sensitively explains, "adoption experts call it 'genealogical bewilderment'." This term captures an existential despair and confusion that can

permeate those feelings. Adoptees, she writes, define that term variously as it "feels like part of me is missing," "I search for answers I am never sure I can find," or "I look at life through a lens of rejection, expecting it at every turn" (p. 7). An adolescent who is trying to figure out her identity, but does not have much information about her heritage, feels she has lost her biological family and lost a part of herself, may be left overwhelmed. In one conversation Alex said, "I feel like something is wrong, like something is missing." For Alex, the possible genealogical bewilderment or existential despair left her wondering who she was, where she came from and where the rest of her was. I interpreted her claim, which happened more than once, that her parents were too old to understand, to be her feeling of being alone. I wondered if she fantasized that her biological parents would have been younger and therefore closer to her age, better able to understand her. When Alex mentioned, "something is missing," I remembered Eldridge's phrase "feels like part of me is missing." Was part of her missing feeling aimed at her biological parents? Although the search for them begins in the imagination (Brodzinsky et al., 1993), perhaps she was looking for them in her friends. Searching, being rejected and searching again, as she switched back and forth between friends, was one pattern that reflected how Alex coped with her current situation.

Although the main focus of our early sessions was on the family's behavioral and autonomy concerns, my curiosity about adoption was never lost. We had not addressed it directly in the first five sessions. Bonnie referred to it obliquely on occasion, somewhat tentatively, perhaps not wanting to upset Alex. She referred once, in a quieter tone, to Alex's mentioning the possibility of contacting her birth aunt. It felt vague.

Mixed feelings about loyalty can be particularly prevalent for adoptive children. I used Boszormenyi-Nagy's "invisible loyalties" as a point of reference to consider the two different perspectives of this family's problem: the parents' frame, "Can Alex handle herself outside of the family?", and Alex's frame, "Where do I belong?" Boszormenyi-Nagy and Krasner (1986) argue that in adoptive families the intensity of split loyalties is very high and leaves adoptive parents feeling greatly tested. Adoptive children do have two families, one where they live and one that may only be imagined, but does or has existed. This awareness poses a challenge that children who are not adopted do not face (Triseliotis, 1999). The

feelings may be intensified if the match between the adoptive family and child does not feel connected. The child may have a strong desire, conscious or unconscious, to reunite with the biological family. Ironically, this is not a comforting notion because the fearful fantasy of many children when they are in conflict with their adoptive family is that they will be rejected and returned to the biological family. At that moment, instead of feeling they have two potential homes, it renders them feeling homeless, unwanted and unlovable, and may trigger a need to search.

In my practice, I always start with the conscious concerns that parents and adolescents bring to me, but I am constantly gathering information from each session and building in my mind a strategy for introducing concerns that are not so apparent. In this instance, the theme of belonging, being understood or misunderstood kept emerging. Alex was unsure what she had in common with her friends, and was not sure her parents understood her struggles. During the first five sessions, Alex would say, "I don't feel like I fit in. I feel so different, not like everybody else. I'm not sure what to do when I'm with them." I asked, "In what way?" "I don't always know what to say, I feel awkward talking in the group." I observed, "That is interesting, it can be difficult to talk in a group, but you seem to speak easily here." She replied, "Because here I feel comfortable." I asked Bonnie and Tom to comment. Bonnie said, "I've noticed how easily Alex does talk when we are here." Tom agreed. My understanding was that Tom and Bonnie had become more attuned to Alex within our sessions, and I was attuned to the family. The calm and silence that ensconced the end of the fifth session reflected a feeling of trust with each other and a strong engagement. Being engaged with a family is more than cultivating a positive relationship with them and demonstrating theoretical competence (Barker, 1986), it also requires an ability to challenge them in a manner that feels safe enough for them to make a change. The challenge may come in the form of something creative or playful in order to experience and practice a new way of relating or being.

At the beginning of the sixth session, while embracing Satir's (1983) notions of the importance of humility and timing in the therapist's interventions in acknowledging the work we had done so far, I was also ready to challenge the family with a new topic. I commented, "We have not really talked much about Alex's adoption, but some themes have



emerged which I feel relate to adoption, so perhaps now would be a good time to think about it together." Opening up the discussion to the family I asked, "I'm wondering how everyone feels about that?" Being aware that this may have been experienced as provocative, I felt a little nervous. Bonnie and Tom were surprisingly receptive, nodding their heads in agreement while looking at Alex with a questioning look on their faces. Alex shrugged her shoulders in a relaxed manner and said, "Okay." Any fears I had were assuaged, and the almost nonchalant response confirmed my instinct that it was a good time to discuss. Alex's relaxed manner and Tom and Bonnie's receptivity created the metaphoric and physical space to discuss this potentially fraught subject. My use of kinesthetic empathy within my model enabled me to determine the timing.

Throughout the years there had been little contact with Alex's biological family. Alex was adopted as an infant. Alex had a sibling who had been adopted by another family several years before her birth, but there was no further information about that child. Alex's birth mother had died when Alex was a toddler. In the early years, Alex's family sent letters and pictures to her birth mother's sister. During the later elementary school years, Alex was not interested in being connected and the contact dropped off. Bonnie and Tom did not push it. As a junior in high school now, Alex began thinking about the future when she planned to be leaving her adoptive family and going to college. Brodzinsky (1993) talks about the correlation between the maturing adolescent while she develops interests that are distinct from her family, she may also begin a new curiosity about her family of origin. Alex became curious about her birth mother and wanted to reach out to her birth aunt, however, she was afraid of rejection. The question about contacting her birth aunt, which had been floating around the family for several months both within our sessions and at home, now became overt. Alex experienced what many adopted children feel about adoption: ambivalence. I wondered if the sporadic contact in the past with the biological aunt may have also reflected Alex's divided loyalties between two families. It was unclear exactly why the contact drifted. When asked how she felt about being adopted, Alex would reply that she was "used to it." It was difficult to get her to elaborate. I think this was her way of normalizing and feeling like it was not a big deal. Considering that Alex was currently feeling different from and rejected by some of her friends, and their loyalty to her felt questionable,

perhaps the risk might be too great to put herself in a situation in which she would elicit that feeling again. How much did she really want to know about where she came from? What if in searching, she found more questions than answers, and consequently more missing parts of herself than she was already aware? These were my intersubjective questions that emerged as a protective response to Alex. Alienation and further abandonment would be the result far more quickly than a sense of belonging. Herein lies the subtle, yet profound difference between the biological adolescent and the adopted adolescent. The biological adolescent asks, "Am I wanted as I am?" The eternal ghost that haunts the adopted adolescent asks, "Was I ever wanted?"

Over the course of the next several family sessions, we explored how she imagined her birth mother, how she may be similar or different to her birth mother, why she was given up for adoption and what that meant to her, and how her birth mother died. Significantly, as we explored, I knew that the family was making progress in the integrated way in which they were relating to each other. Speaking naturally in relaxed tones, Bonnie and Tom were very supportive and loving in this conversation, inviting a softness into the family I had not experienced before. Bonnie and Tom always sat across from Alex at a forty-five degree angle. When her parents were upset, I think this seating arrangement could feel like the inquisition for Alex, but throughout this conversation they both looked affectionately at her. She seemed receptive to their gaze, looking at them warmly. The actual information the family had was sparse. To encourage Alex's insights, I told her that I thought the not knowing about her biological family was as important as the knowing about them, especially because our imaginations can be very active while we speculate. I wondered out loud if she had any fantasies or questions about them, even if we did not have answers. She did have questions, mostly unanswered ones about herself. Was she not cute enough or well behaved enough for her mother to want her? Was something wrong with her? As she uttered these questions she spoke softly, looking at the floor, almost as if she were thinking out loud. It was difficult for her to share this with her parents for fear of disappointing them, and they feared upsetting her by even bringing up the topic. The quiet of the session was held by all of us allowing the questions to simply be asked and heard. This was a lovely opportunity when the family and I created what Satir (1983) referred to as a

"nurturing " moment, or "congruence" within the family in which a vulnerable conversation could take place without judgment or blame. In my model, I would identify this defining moment as one that possessed verbal and non-verbal congruity. I would also add that it was a containing moment in the family, in which potentially anxiety-provoking topics could be shared without feeling overwhelmed by the pain.

Although most of my sessions were with the whole family, as therapy progressed, I began to meet with Alex individually from time to time. I do make it clear to all of the members of the family that although the individual sessions are confidential, anything that I consider dangerous to the adolescent must be shared with the parents. The approach of meeting individually within the context of family therapy sometimes raises eyebrows in the traditional family therapy community, but family therapist Michael White did it with success, and I have found it helpful at points as well. White (2007) contributed to the field in his development of narrative therapy, which encourages the client to focus not simply on the problem and solution, but on the story, themes, and relationships that have led to one's view of oneself. The therapist and clients collaboratively create the new narrative in order to build a richer, multi-layered understanding of themselves. My reasoning for meeting with her individually was to begin to allow her to have her own space and a sense of independence and to encourage this new narrative—which would likely lead to a different, or more creative, conversation with her parents. It was an isomorphic way for her to practice her separateness and then reconnect with her family during our sessions together, thereby replicating the therapy to the sought after, new pattern in the family system, or the embodied enactment of the new narrative. For several months we alternated individual and family sessions. She could choose what would be helpful to bring back to the family sessions. In one session, I asked Alex if she had any images of herself in her fantasies, anything now or even earlier in her childhood she wished she could have been. She identified the image of a princess as being meaningful to her. As she talked her eyes widened, her face softened and she smiled. My own kinesthetic empathy was expressed as an ease across my shoulders and chest, as I smiled back. Though there was some isolation that came with that image, there was also the theme of being special. I felt encouraged by this image, which gave me the seeds for what family therapists like to call "the reframe" (Walsh

1982), to help her and her parents begin to change how they might see her. She wanted to feel special, like a princess, but for what reason, I wondered?

Her parents certainly thought of Alex as special—that is, unique, a precious gift, no one else was like her. Yet, Alex wanted to be special to someone, to be *relationally special*, a term I have developed in my Multi-dimensional Relational Family Therapy model. The concept is an expansion on the ideas influenced by Satir's philosophy about self-esteem and self worth in family relationships, and an extrapolation of Bowlby's (1987) sense of being felt. He states, "what is felt is a reflection of how (one) is appraising the world and himself" (p. 122). Alex's parents would say that she was unequivocally special to them. However, Alex did not feel a connected sense of being special, and simply being told was not enough. How could she be special to her birth mother and be given up? That felt like a loss, or not being good enough, absolutely not special. And how can it be "normal" to be adopted when you feel different or less than? A tension is acknowledged between "getting used to the idea of being adopted," yet also wanting to feel special to someone. As a result, the process of actually discussing the adoption, though emotional, was a relief for Alex, compared to the fantasy and fear of what it would be like to discuss it. Alex could acknowledge feeling conflicting loyalties about each family. She was clear to her parents that she loved them enormously and felt grateful to them, but still felt hurt that she had been given up. This hurt was an example of the complication of unresolved loss when an adoptive child is trying to form an internal picture of her biological parent, while also grieving the loss of that person (Andersen, 1993). The experience of this process is confusing and murky.

Traditionally in the field of adoption within therapy, it has been found to be helpful to piece together a narrative, sometimes in the form of a book including words, photos and memorabilia, that is a thread tying together the various events of the child's life in order to create a stronger sense of cohesion. This is referred to as life-story work (Baynes, 2011; McAdams, 2001). In our sessions, the family was able to create a new narrative, not in the form of a book but through a conversation about where they had been and how they arrived in their present situation. This creative process can help children make sense of their past especially when they have been separated as a baby from their birth parents. It is a way to integrate different pieces of their lives.

Together, as we unpacked some of the story about Alex's journey into Tom and Bonnie's life, we built a bridge between the two families. This supported Alex in addressing the theme of loyalty between her biological family and her psychological family (Nagy, 1973; Triseliotis, 1999). Constructing this project helps them understand who they are and why they feel the way they do, and may include the past, the present and the future. It would be her story wherein she created her image of herself.

We were in the middle stages of therapy when, in one of the family sessions, Bonnie leaned forward toward Alex, with lightness in her voice she said, "Remember how, when you were little we used to send cards back and forth to your Aunt Jane?"

Alex raised her eyebrows suspiciously, "Yeah...."

Bonnie, remaining forward, sounding steady, said, "Is that something you might want to do again? I thought I heard you mention it recently."

Alex leaned back, sank down a bit, "Maybe."

"I'm sensing some hesitation from Alex," I said. "Bonnie or Tom, can you find out from her what she is feeling?"

Tom said softly, "What is it honey?"

After a long pause Alex said, "I don't know... what if she didn't write back, it's been so long."

I sat with the silence for a bit then asked, "What would that be like?"

"I don't know, kind of like a rejection," Alex said.

Bonnie and Tom nodded with caring looks in their eyes. Further silence.

"Do you think it would be better to try and reach out and know you tried, rather than not reach out at all and go on wondering?" Tom asked.

Alex lifted her head and chest slightly, "Maybe... I do think about it."

The intervention of this honest and heart-felt discussion, which led to the decision Alex made to write a letter to her birth aunt, became a turning point in the treatment. The co-constructed narrative of Alex and Tom's conversation worked to align the fantasy with what they actually knew and did not know about the past. She was ready to take a risk to see if she could make contact with her birth aunt in order to find out more about her birth mother. She realized that she might not hear back from her, but she wanted to try.

The "adoptive conversation," why her biological mother could not raise Alex, how grateful Bonnie and Tom were to have the gift of a baby daughter to raise, and the narrative reframing, took place over the course of several months. Although Tom and Bonnie had tried to

conceive for many years before adopting, I never detected a sense of inferiority or shame from them. Triseliotis (1999) talks about the idea that Tom and Bonnie might have felt second best having adopted a child instead of bearing a biological child. After the conversation, the feeling in the family was more buoyant, less burdened. As Alex spoke, she made more eye contact with her parents. Her body was more vertical, relaxed, and animated with small, but dynamic gestures punctuating her speech. Her voice was stronger with more expression as she spoke, an embodiment of her new self. As she spoke, she had her parents' complete attention. I mirrored the family non-verbally in my body as a container, subtly sitting back in my chair with my arms open and resting on each side, not only holding the whole feeling of the group but modeling how Alex's parents could continue to do the same. This attunement within my body allowed me to feel what was going on in the family while supporting them to continue.

The process of explaining how Alex had come into their lives functioned similarly to what Michael White (2007) called a definitional ceremony in which one tells her story to a witness who retells it back to her. In the retelling, close attention is paid to expressions, moods and images, and then the client tells it again incorporating the feedback that has fit. I was in the role of the witness, kinesthetic, visual and aural, to the family's story. As I listened and then conveyed what I heard to the family, Alex listened and was able to hear her story in a different way, like stepping outside of herself to gain a new perspective.

I asked Bonnie, "What was it like to hear Alex asking the questions about her birth mother?"

"Well I'd never heard her say it quite like that before."

"Quite like what?"

"Just all those thoughts about why her birth mother didn't raise her."

"Bonnie, are any of those questions you asked yourself at her age?"

"No, I feel I never had to think about that. It's hard to think about."

As I nodded yes, "How do you think Alex was feeling as she spoke? What could you see in her body as she was speaking?"

"She seemed pensive and sad. Her body looked like a little girl."

"Vulnerable?"

"Yes."

"Bonnie, I noticed as you have been speaking you are visually checking in with Alex and leaning in toward her, and she's been nodding in agreement. Can you find out from her if she has felt you have understood her?"

Bonnie looked at Alex tenderly as she inquired, "Did I get it?"

Alex smiled, nodded slightly and said, "Uh-huh."

White (2007) talks about this experience enabling people to be transported to another place, that is having a new perspective on one's identity, one's history and make new meaning of previous experiences that may have been misunderstood. The relational experience with the witness gives the story a new scope. Alex felt heard by her parents and by me.

We were then able to move on to some of the other concerns of the family. There had been another event recently in which Alex's friends excluded her and lied to her, after she had confided in one of them. Bonnie had suggested that Alex let go of those friends because they were not good for her. She and Alex had had a shouting match at home that ended with Alex storming out of the house. Bonnie was very upset that Alex could not assert herself with her friends and she still seemed desperate to be around them.

Bonnie's eyes darted between Alex and Tom while she leaned forward hesitantly and said, "Her friends don't make her feel special, in fact just the opposite and still, she will do whatever it takes not to be rejected by them."

"Alex, do you agree with Mom, or do you see the situation differently?" I asked.

After a long pause, "Sometimes I do have trouble saying what I want with my friends."

"Do you know why it is difficult to say what you want?" I continued.

Alex grew tense and tearful, "I don't know, but I just know I don't want to be left out, and if I agree, I'll have a better chance of being included. But sometimes that doesn't work either."

Without being aware of it, Bonnie had just articulated one of the key issues for Alex, the idea of feeling relationally special. I picked up this theme and continued the discussion with Alex, but wanted to step out of it and let it continue with her and her parents. The work needed to take place between the parents and child and they needed to be able to have this kind of dialogue with her without judgment. In a certain way, I was acting as a role model for Alex's parents demonstrating what they could increase—a curiosity about what is going on in her life without

jumping to conclusions from their own assumptions or anxiety.

"Tom, can you find out from Alex what 'sometimes that doesn't work either' means?" I asked.

"Alex, what do you mean by that?"

Alex shifted her posture and played with her fingers, while holding tension in her shoulders. "Well...sometimes, I don't like what my friends are doing...I'm uncomfortable." She looked down. Silence.

I moved toward Tom, softening my posture as a model, and spoke quietly, "Tom, stay with her. Find out what she means."

"Go on, honey. Why do you feel uncomfortable?" he probed.

A long pause hung in the air before Alex shared, "Cause sometimes they drink...and I don't really want to drink...but it is easier than saying no...so I do too."

Disappointment washed over Bonnie and Tom's faces. Bonnie sunk into her chair. Tom sat up like a bolt of lightning. He leaned forward looking like he was ready to pounce. His earlier suspicion had just been confirmed. I could feel the tension in my chest. I did not want the parents simply to react to the drinking. It was more important to keep everyone talking. So before they could respond to Alex's drinking revelation, I took a long slow breath, and I moved close to Tom, gently suggesting that he stay with Alex. This is an example of the technique of "enactment" (Minuchin, 2006) with the added non-verbal self-regulation on my part to help the parents respond effectively. The enactment is a spontaneous interaction the family has that may be punctuated by the therapist. This moment transcends the predictable, conscious, verbal script the family often presents, while representing an authentic picture of the relationships within the group. My task was to experience what was going on dynamically within the family, and remain present while directing the session. Another way of accessing this kind of unconscious information in a family is through sculpting.

Here, briefly as an aside, I want to revisit the idea of "sculpting" (sculpturing), the technique developed by Satir (1983), which allows families to demonstrate in action and physical proximity what is going on in the family. Although I did not create a sculpt with Alex's family, I will give an example of this non-verbal representation that I have used in my MRFT model with another adoptive family I see. I asked their twelve-year-old daughter, Jana, to sculpt her family demonstrating

how the family feels to her now. Children often pick this concept up more quickly than the adults do. She had her mother, father, sister, and brother stand in a cluster on one side of the room facing her and she sat on the floor, on the other side of the room facing away from them. The parents stood stunned as they looked on at this graphic representation. As I witnessed this display my kinesthetic response was a sinking feeling from my stomach to the base of my spine. An emotional conversation followed when the parents experienced visually and physically how alienated their daughter was feeling.

Satir (1983) talks about listening and looking at the family, and when unable to create a sculpt/image with them, she "sculpts" them in her mind. In my mind, in the above enactment of the family's reaction to Alex's admission, the family was a shaken bottle of carbonated soda that had just been opened for the first time erupting everywhere. Bonnie and Tom were sitting directly across from me, frozen in their seats. Alex on the sofa to my left, pressed back against the cushions. The coffee table in the middle created space and a refuge between us where they rested their shared gaze. We sat in a shock of silence for a little while to allow everyone to absorb what had just happened.

Alex had been brave and trusting to share this information with them; many kids would not have done so. Gradually, after the initial stunned feeling eased, Bonnie and Tom grew calm in their response; they were able to hold the silence, listen, and then accept that Alex had been honest. A challenging process, but it demonstrated how strong and how committed they were to their daughter. This was another pivotal moment in the treatment because the parents were able to keep their own anxiety balanced in order to be present for their child. A helpful emotional boundary was in place, creating a sense of security for Alex, which allowed her to feel connected to them.

In both scenes above, the conversation between Alex and her parents about her friends and in the sculpt with Jana and her family, I have illustrated some key elements from my Multi-dimensional Relational Family Therapy model. By observing their expressions in their bodies before they were able to articulate it in words, feeling it in my own body, and identifying the theme of the child wanting to feel relationally special, I could set the stage for a conversation for Alex and her parents. The sculpt with Jana and her family then invited a conversation about a painful issue that previously had not been clearly identified or

articulated. I helped the families create a safe space to take an emotional risk to connect with each other, verbally and non-verbally. This containment was what Alex needed to feel understood in order to reinforce her attachment to her family. The conversation enabled them to connect two seemingly different issues the family had originally presented, whereby Alex had been challenging her parents by breaking their rules. That behavior was now connected to her underlying feelings, including her unhappiness in herself and her uncertainty about where she belonged inside and outside of her family. The family left the session exhausted and enlightened.

Much to Tom and Bonnie's surprise however, the road got bumpy for the family after that session. Shortly after, Alex did not honor her parents' curfew and when she came home, they smelled alcohol on her. Feeling frustrated and betrayed, they took away her cell phone and grounded her for the following weekend.

The next session was quiet and heavy. Alex and her parents slowly walked into my office, everyone's head hanging a little lower than usual as if there were some pressure on the backs of their necks. They each took their self-appointed seat: Bonnie and Tom side by side at their forty-five degree angle, and Alex on the sofa, directly across from Tom. There they waited in silence. Although Alex had recently been doing better overall in school, the day before the session, she had done poorly on a test. This seemed to strengthen her parents' concern that her friends were not good for her. To shift the attention from anger at Alex to a perspective that was more relational, I asked Bonnie and Tom to reflect back on when they were sixteen and share what was going on for each of them. We had not spent time on their past specifically, nor would I be, but I wanted them to focus on how they could relate to Alex now. Did they remember disappointing their parents at all or feeling disconnected in some way? This was meant to help them soften their hurt and anger toward Alex, and also to normalize this kind of progression—that she had been doing better lately, and had a setback. Rather than singularly track this event, I also wanted to normalize it as a part of competence building. Here, in my MRFT model, I integrated Minuchin's (2007) idea of tracking (asking questions to elicit the family's story in an organized way) with Satir's (1988) philosophy of nurturing/self esteem building (what happens *inside* people and *between* people). Indirectly, it was also a way to challenge Alex's notion that her parents were too old to

understand her, especially if they could remember and relate to life at her age, and indirectly challenge the notion that she doesn't "belong" to them. Mason (2005) refers to this process as emotional risk taking, connecting the idea of building trust and then taking an emotional risk; there is a mutual influence. Could Bonnie and Tom be vulnerable with Alex and show her a side of themselves as adolescents? This is essential within the therapeutic relationship as well as within the family as a foundation for the relational element.

Tom recalled that he felt very out of touch with his parents who did not understand him as a teenager, the friends he kept, or the music he listened to. He never really even expected them "to get" him, as there was a "generation gap". By contrast, he then articulated that recently he had trusted Alex more than ever and that this recent transgression had hurt him.

"Alex, were you aware of your father's change in perspective?" I asked.

"Not really," she replied, while lifting her eyebrows and tilting her head.

"What are your thoughts about it?" I asked.

"I feel kind of bad that I let him down," she said quietly looking at her legs.

"Is there anything you'd like to tell him?"

Alex took her time, looked up at him and said, "I'm sorry."

"Thanks, honey that means a lot to me," Tom genuinely responded.

My structured intervention had the intended and hoped for effect. Alex realized that not only had she had an impact on her parents, she had hurt her father, something Tom had never considered in his relationship with his own parents. Here were some seeds for relational change. This was a generational shift, an evolutionary change in the relational pattern from one generation to the next.

Minuchin (1974) talks about human identity possessing two elements: a sense of belonging and a sense of being separate. Early in the child's life he or she accommodates to the family. Later the sense of individuation occurs through extra-familial groups. Conflict may emerge as the child's demands for age-appropriate autonomy clash with the parent's ability to accept the change. He sees it manifest in the parents, who cannot protect and guide without at the same time controlling and restricting, and the children who cannot grow and become individuated without rejecting and attacking. The therapeutic work is to challenge the tension and support the participants (p. 58).

Striking this balance was my goal with Alex and her family, which was achieved by my re-directing her parents' anger, connecting to their own experience as adolescents and relating to Alex who, consequently, could then see her parents in a different light.

As our work progressed over the course of the sessions, Alex's confidence began to peek out in a theme about the difference between her and her friends. Alex felt courageous enough to admit that she had different interests. In order to develop her interests she said, "I want to do something really radical, like go into the city, or something." Bonnie was vocal about how Alex needed to join the clubs at school. Alex had no interest in this, and the fact that Bonnie had suggested it made it even less appealing. Alex, pushing the issue that she wanted to do something new, announced with enthusiasm, "Actually, I want to take a music class in the city!" This seemed to ring several alarm bells for the parents. Both sat stiffly looking anxious. Traveling in and out of the city on her own made Bonnie and Tom nervous. It would be expensive. They did not have a lot of money for extras. Would she even follow through or was this just a whim? It felt risky, particularly for Bonnie, who said, "I don't know about this." Supporting her, I said, "Bonnie, I understand that this idea might feel risky to you."

"Yes, it sure does. She's never done that before. The city is a big, unpredictable place," turning her head quickly left and right as she visually checked in with Tom and Alex.

"True, what feels most uncertain about it?"

"Well, I just want her to know where she's going and to be safe."

"Yes. Tom, your thoughts?"

Leaning forward, "I agree with Bonnie, but I do think Alex would be able to find her way."

"Certainly the challenge at this stage in adolescence is how much to hold on and how much to let go of our kids. Maybe it is an opportunity for you to give her a chance to try it out and stand on her own two feet," I said.

"Maybe..." Bonnie cautiously conceded as she shifted slowly in her seat.

Reframing her ability to let go of Alex, as not to lose her, as much as to acknowledge Alex's competence and allow her to try independence, enabled her to consider it.

How could Alex reassure her parents that she was ready to handle this responsibility? Before she reacted verbally, her body spoke first. I saw her catch herself, as she took a breath and paused, she looked directly at her parents and said slowly,

"You've always wanted me to develop my own interests. Music is something I've always been curious about. There aren't any classes at the high school or nearby, so I thought I could learn how to go into the city if I'm going to be independent at college." Her argument was not only persuasive, it was so different from her past protests because she was not crying or yelling. She had asserted herself with her parents in a new way of interacting, and it resulted in an individuated moment without the attacking.

As Alex spoke calmly and seriously, her parents listened. As they listened, her confidence grew and she continued to talk. It was one of the first times Alex talked for such an uninterrupted length. As her parents continued to listen, their confidence seemed to grow. They negotiated an arrangement that included them accompanying her on the bus the first time, and thereafter, feeling more reassured, would let her go in on her own. Their ability to allow her to try this new venture helped her begin to shift her perspective of her parents as overprotective and intrusive to being more trusting and supportive. Bonnie and Tom believed Alex could handle this responsibility.

The music classes and traveling into the city proved to be successful, not only in the experience being rewarding to Alex, but in the symbolism of Alex leaving the family for the day in the city each week, and her parents' ability to let it happen and feel proud of her.

The letter to her biological aunt was never answered. Initially, Alex was disappointed but not as much as I would have expected, and as we progressed with therapy the letter grew less important to her. The fact that she was brave enough to reach out and send her letter seemed most significant. That act was something she could include in her repertoire of trying new things. Her attachment to her current family was now stronger. Alex spent time with her parents at home sharing conversations about her changing interests, her friends and hopes for college. Alex was more open with her parents, taking more emotional risks to include them in her thinking, a reflection of her feeling relationally special to them. Senior year was much smoother for Alex. She selected a small college that she felt would be supportive. Her interest in school grew as she realized she would be going to a college that met her needs and where she felt she could belong. The family participated in therapy for about one year, from the fall of Alex's junior year to the fall of her senior year.

A surprising development occurred in our last conversation, while reflecting on how the family had changed. Alex shared her observation, "Mom, I think you could be more assertive in your life." Bonnie listened and her eyes widened. She paused holding her breath, and then slowly nodded, raising her eyebrows in consideration and smiling. "Actually," she acknowledged, "sometimes I do hold back what I am thinking or I speak tentatively about things that are important to me." I saw this as a positive sign that the focus in the family was shifting away from Alex, and as an indication that Alex felt relationally secure enough to be able to see herself separately from her mother and her father.

A significant transition had taken place in the family. They started therapy in a place of fear, and were able to end feeling confident and connected. What could have potentially been a destructive situation was addressed before circumstances collapsed further, thereby preventing pathology in the family. Alex's successful endeavor to take music classes in the city was pivotal; her ability to assert herself enabled her parents to trust her and let her go. For the first time, Bonnie and Tom saw their daughter as a capable young woman who could succeed without them, rather than a frail, helpless girl. The adoption theme found a peaceful place to settle in their family. Alex's confidence and sense of herself grew enormously. The way Alex would walk into my office and sit down, with her head up, making direct eye contact was striking. The air around her was lighter. Drinking was not an issue for her during senior year and she was spending time with new friends. Bonnie and Tom's anxiety was reduced which was evident in the relaxed manner in which they would come into session. More often than not, they were smiling, sometimes even joking with each other. I sensed playfulness and acceptance between them. They were able to be supportive with one another.

### Conclusion

Being a therapist is as much an art form as it is a "behavioral science". My integrative approach may seem eclectic to the purist, but what is as important as my technique is the use of myself in therapy. Throughout the case I have identified moments when I have called on various aspects of my training, but if another therapist reproduced this case intervention by intervention, it would be different because it is not possible to separate the influence of the therapist's self from her work. I called on my creativity in my use of non-verbal

interaction with the family. Although having a command of a solid technique is essential in our work, the therapist's use of self, not simply the technique, is a primary tool to help the family change. As I was able to observe and reflect, verbally and non-verbally, on the family's movement dynamics, and mirror those back to them using my own body, subtle changes happened in my roles as witness, challenger and container.

The family had come seeking help during the developmental stage of preparing for college and therefore separating from each other, for seemingly very typical adolescent difficulties with friends, school and substances, but what was underlying those problems was the difference between challenges for the adolescent who is not adopted versus challenges for the adolescent who is. Those include the idea of being wanted, the uncertainty about belonging and the lingering curiosity about where one came from. The drinking for Alex was not just experimenting with substances and a way to self soothe, but was also a way to test her parents to see if they would still want her if she were "bad". Understandably these questions and ambivalent feelings would resurface at this developmental time. By the end of treatment, when the family interacted, they had shifted from tense, rigid tones in their bodies, to a more flexible tone with synchronous movements securing a relational connection.

Through the use of my Multi-dimensional Relational Family Therapy model, I was able to achieve the goal of connecting a child to her parents in a way she would feel special and secure. Stern (2004) writes, "People can be attached without sharing intersubjective intimacy, or can be intersubjectively intimate without being attached... For the fullest connection between people, attachment and intersubjectivity are needed, plus love" (p. 101). My work with the family, or our intersubjective experience with each other, allowed this change and integration to take place. Using my model, I included verbal and non-verbal enactments, reframing, individual and family conversations, the metaphors, the awareness and power of invisible loyalties that can remain for the adoptive child, witnessing and retelling one's life story, and through my attentiveness to the non-verbal interaction with kinesthetic empathy, I could help the family do the work of integrating Alex's feelings about her adoptive family and her biological family. The process of integrating those feelings allowed her to feel closer to her family, and experience

belonging in the form of being relationally special. Triseliotis (1999) writes, "The love and care of the adoptive parents can go a long way to help toward the healing of these wounds" (p. 41). This statement simply and clearly supports the argument for the efficacy and power of family therapy, instead of exclusive individual therapy, with an adoptive child. My model, with focused attention on the non-verbal interaction, strengthened my sense of connection to the family, and theirs to each other. It was an additional language through which I could feel, hear and see the family.

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