

CHRISTIAN VOL. 22 NO. 4
counseling
TODAY

**The Biology of Infertility:
Causes and Treatment Options**
Jeffrey Keenan

**Seeking a Good Blend:
Preparing and Educating Blended
Families for Smart Living**
Ron Deal

**Bringing Families Together:
The Adoption Journey**
Kris Faasse

**Gethsemane Moments:
Grief and Loss Issues for
Couples, Families, and Children**
Eric Scalise

**Disconnected and Unresponsive:
Understanding Attachment Disorders**
Gary Sibcy

Surrogacy: The Gift of Motherhood
Amy Trout

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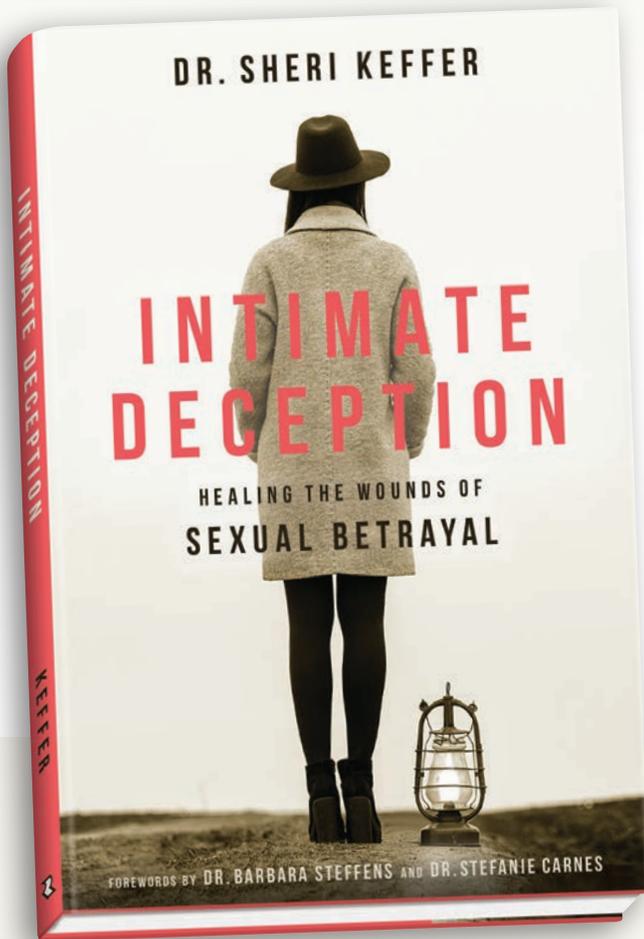
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BETRAYAL AT THE DEEPEST LEVEL



NOTHING DESTROYS TRUST LIKE SEXUAL BETRAYAL.

Drawing from her experience both as a marriage and family therapist and a woman who personally experienced the devastation of sexual betrayal, Dr. Sheri Keffer walks women impacted by betrayal through the pain and toward recovery.

“*Intimate Deception* is the best book I have ever read for women who have been sexually betrayed by their spouse. Each chapter provides not only explanation and validation but also practical steps readers can take to regain their emotional and spiritual well-being.”

—**LESLIE VERNICK**, relationship coach, speaker, and author of *The Emotionally Destructive Relationship* and *The Emotionally Destructive Marriage*

“Sexual betrayal is a devastating blow, and Dr. Sheri Keffer knows this professionally and personally. Her insight and instruction are invaluable on the topic. Practical tools, a friend who understands, and hope for the future can all be found in this book.”

—**DANIEL G. AMEN, MD**, founder of the Amen Clinics and author of *Memory Rescue*

“Marriage infidelity is devastating to the person who has been betrayed, and it impacts every dimension: trust, confidence, and self-image, to name a few. This book provides practical and also inspirational hope for the journey of healing. Highly recommended.”

—**JOHN TOWNSEND, PHD**, psychologist, *New York Times* bestselling author, and founder of the Townsend Institute for Leadership and Counseling

When Becoming a Family Takes a Different Path

Since the beginning of time, the family unit, and all it represents, remains the foundational building block of any stable and vibrant society, and this has been true across generations, cultures, and geography. The Apostle Paul said, “For this reason I kneel before the Father, from whom every family in heaven and on earth derives its name” (Ephesians 3:14-15). The union of a husband and wife and the arrival of a new child into the home become joyful celebrations as a family’s legacy continues to grow and flourish. Yet, for millions, different chapters are written when it comes to their stories... chapters that are filled with sadness, disappointment, confusion, anger, hopelessness, crises of faith, and questions for God. Their chapters have titles that read: *Childlessness; Infertility; Stillbirth; and Empty Cradle*. For others, they may read: *Broken Home, Abandoned, Unwanted, and Orphaned*.

Many Christians who have wrestled through these challenging and, at times, devastating issues can quote almost every Bible story or Scripture on the subject. They recall Hannah’s heart cry before God and His gracious response in giving her Samuel. Or Elizabeth’s barrenness until the angel spoke to Zachariah about John. They know that “... children are a gift of the Lord, [and that] the fruit of the womb is a reward. Like arrows in the hand of a warrior, so are the children of one’s youth. How blessed is the man whose quiver is full of them...” (Psalm 127:3-5). They read how God, “... delivered the poor who cried for help, and the orphan who had no helper” (Job 29:12), and that He is a “father of the fatherless” (Psalm 68:5). Somehow, the same prayers they have uttered out of deep sorrow and longing appear to go unanswered, bouncing



off the ceiling and falling to the floor below. The narrative seems different, foreign, undesired, and not the one they anticipated or were seeking. On the contrary, they are left feeling empty with unfulfilled dreams of becoming, or being part of, a family. However, as radio broadcaster, Paul Harvey, would often say... “Now, for the rest of the story.”

Medical science is witnessing incredible breakthroughs in assisted reproductive technologies and neonatal care. The process of adoption no longer bears the same stigma of secrecy and shame that once existed. And with the rising divorce and remarriage rates over the past 50 years, the reality of step and blended families is now commonplace. All of these scenarios offer new opportunities to rekindle the hope of creating or reconstituting a family. Even though the formation of a family continues to evolve, the notion

of family remains sacred to most, and a reaffirmation of God’s design for His creation. In recognizing that counselors, caregivers, and mental health practitioners frequently address a variety of “family-related” concerns, this issue of *CCT* zeroes in on the early steps that millions of couples and individuals must learn to face with courage, persevering determination, and a measure of grace.

We begin by exploring the biology of infertility and current medical advances in the field with reproductive endocrinologist, Dr. Jeffrey Keenan. Counselor educator, Amy Trout, shares her personal journey, as well as some of the ethical dynamics associated with surrogacy when considering this option. For countless couples, adoption has become a viable alternative, so we have several articles that focus on the topic, including adoption expert, Kris Faasse, with Bethany Christian Services, who speaks on the many ins and outs of

the process. Greg Garrett describes his work with orphanages in Central America, and *CCT* Managing Editor, Mark Camper, interviewed Senior Vice President of the Orlando Magic, Pat Williams, to capture his incredible story of international adoption. Others have stepped into the ministry-rich world of foster care, as offered by John DeGarmo... or through remarriage and forming a blended family, as visited by nationally recognized author and leader, Ron Deal. Finally, we have two articles that examine some of the impact on children and families who have experienced the “bumpy” ride often accompanied by the different paths to becoming a family. Gary Sibcy examines the potential for attachment disorders in children that some families must learn to navigate, and Eric Scalise speaks to the numerous grief and loss components associated with infertility,

adoption, and stepfamilies.

Longtime marriage and family advocate, Dr. James Dobson, has said, “Children represent God’s most precious gift to us,” and that, “Our society can be no more stable than the foundation of individual family units upon which it rests. Our government, our institutions, our schools... indeed, our way of life, are all dependent on healthy marriages and loyalty to the vulnerable little children around our feet.” On a personal note, this particular issue of *CCT* brings a great deal of personal resonance for the editorial team. Mark Camper is both an adoptee and an adoptive father, Eric Scalise became an adoptive father after he and his wife traveled the dark road of multiple miscarriages and a stillbirth, and Tim Clinton and his family have sponsored numerous children around the globe through the wonderful work

of Compassion International.

From Genesis to the book of Revelation, the rich tapestry of family is embedded throughout the Bible. The sanctity of marriage, children, and the right to life are woven in the threads of Scripture. Husbands and wives, sons and daughters, brothers and sisters... family is, and always has been, God’s idea. Jesus Himself was adopted into a family at His birth... and through the gift of grace that is the cross, we can allow Him to be the “author and finisher” of our own stories, knowing that we “have received a spirit of adoption as sons [and daughters] by which we cry out, ‘Abba! Father!’ The Spirit Himself testifies with our spirit that we are children of God, and if children, heirs also, heirs of God and fellow heirs with Christ...” (Romans 8:14-17a). ✨



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THE BIOLOGY OF INFERTILITY

— Causes and Treatment Options —

For normal fertile couples trying to conceive, the chance of succeeding in any given month is about 20%. According to the Centers for Disease Control (CDC), approximately 10% of women in the United States (6.1 million) aged 15-44 have difficulty either getting or staying pregnant. The World Health Organization estimates that infertility is an issue for more than 80 million people worldwide, affecting men and women almost equally. This reality impacts at least one out of every eight couples of reproductive age in the U.S. Primary Infertility is defined as the inability to conceive after one year of unprotected intercourse for individuals who are 35-years-old or younger, and Secondary Infertility refers to the inability to conceive or carry to term after having had one or more pregnancies. For many, the accompanying disappointment, shame, and sense of grief and loss are tangible and heartrending.

Some of the realities for couples who wrestle with infertility are: it rarely kills, is something that is usually not visible, is typically not discussed in public, and is not grieved by family and friends in the same manner as other losses. Unfortunately, even well-intentioned people often ask hurtful and invasive questions or make insensitive or uninformed comments. The short or long-term result often creates a crisis of faith and what can be referred to as a “dark night of the soul.” Beloved author, C.S. Lewis, once said, “God whispers to us in our pleasures, speaks in our consciousness, but shouts in our pain. It is His megaphone to a deaf world.”

There are a number of myths associated with infertility. In *The Infertility Companion* by Sandra Glahn and Dr. William Cutrer, several of them are identified: 1) It's rare and the same as sterility (Fact: Sterility is the complete inability to reproduce, whereas about 65% of people who have infertility issues will eventually conceive and deliver a baby); 2) Delaying childbearing is probably safe because women are having babies well into their 40s (Fact: Current studies show that, on average, female fertility begins a distinctive slide at age 30, drops off more significantly around 35, and lowers dramatically at age 40); 3) Infertility would not be an issue if couples could just learn to “relax” more (Fact: A diagnosable medical/physical cause is identified in 80-85% of all cases); 4) Adoption cures infertility (Fact: It has been estimated that 5-14% of couples who quit treatment and pursue adoption eventually go on to conceive... about the same percentage as for couples who quit treatment, choose not to adopt, and subsequently conceive); and 5) Most infertile couples require high-tech medical treatment (Fact: Only about 10-15% of couples seek assisted reproductive technologies, known as ARTs, although they are much more commonly recommended nowadays because of their effectiveness and, often, the couples desire to proceed aggressively with treatment).

JEFFREY A. KEENAN



Medical science has vastly improved the diagnosis and treatment for infertility. There are many causes for infertility; and with delay in childbearing, women have a greater chance of developing one of these issues. They include: problems with ovulation (stemming from hormonal to a variety of other causes); blocked or diseased tubes; fibroids, polyps, or other problems in the uterus or uterine cavity; endometriosis, scar tissue, or other problems around the tubes and ovaries; congenital abnormalities; immune system dysfunction (such as sperm antibodies); infections in the uterus or elsewhere; significant obesity; and many other problems. Furthermore, problems with the sperm are found in almost half of couples as well. Abnormalities in the semen may include: hormonal, genetic, or other issues causing poor sperm production; varicocele (dilated veins around the testicle that cause various problems with production); environmental toxins; problems with obstruction; congenital abnormalities, including genetic mutations, anejaculation or other sexual dysfunction; and iatrogenic or drug induced.

What about ART and treatment? Some ask, "Can we?," but perhaps a more appropriate question is, "Should we?" Medical treatment for infertility first became available more than 100 years ago with the introduction

of AIH (artificial insemination using semen from the husband) and AID (artificial insemination using semen from a donor), but these practices did not become popular or widely available until the 1960s. A better understanding of reproductive physiology, combined with advances in medical technology, has led to the development of several methods of assisted reproductive technology. Most of these methods involve the union of sperm and egg outside of the womb (called *in vitro fertilization*). The birth of Louise Brown in England in 1978, the first *in vitro* fertilization (IVF) baby, heralded a new era in the treatment of infertility. Subsequent advances have enhanced the techniques so that assisted reproductive technologies may have more than a 50% success rate per cycle at some centers. Assisted reproduction (broadly defined as any direct assistance in the reproductive process, but more commonly referring to *in vitro* fertilization) quickly became a growth industry; more than 300 centers attempted a total of nearly 50,000 IVF cycles in the U.S. in 1995. The number of infants born as a result of ART procedures rose from 1,875 in 1987 to nearly 46,000 at the turn of the century. According to the most recent CDC data from 2015, there were 231,936 ART cycles performed at 464 clinics resulting in 60,778 live births and 72,913 actual babies (accounting for twins, triplets, etc.). In 2015, approximately 2% of all infants born in the U.S. were conceived using ART. Paradoxically, the advent of these technologies has, in some instances, actually increased the anguish of infertile couples. Because they are now available (to those who can afford the costs associated with treatment), couples must make choices about whether to undergo such assistance, how many cycles to attempt, etc. These additional choices can potentially cause greater turmoil socially, financially, and spiritually.

One of the most significant specific moral concerns of Christians in regard to reproductive technology and *in vitro* fertilization is the multitude of fertilized eggs that do not develop to maturity. The

conception of Louise Brown came after greater than 500 unsuccessful fertilizations. Even with the better ART techniques available today, far more fertilized eggs die than actually develop into a live-born baby. Counterbalancing this is the current realization that many, if not most, eggs fertilized naturally also do not result in live births.

Equally disturbing for many is the number of embryos that remain frozen and unused after a couple has had successful IVF... their moral status then becoming a subject of debate, with an uncertain fate that can be the subject of intense concern, and even the focus of legal actions and arbitrary court rulings.

The Christian Medical & Dental Associations® believe that “third party” reproduction is not consistent with God’s design for the family. The process of using donor eggs, donor sperm or a surrogate to carry the baby is referred to as third party reproduction, and historically has been opposed by many religions. Most doctors further recommend psychological counseling for a couple considering third party reproduction due to the many emotional, psychological, moral, and legal issues involved.

Embryo adoption, a more recent alternative, is the process in which an infertile couple adopts a cryopreserved embryo (i.e., frozen) from the genetic parents who do not wish to transfer, and the adoptive mother carries her adopted child to term. This revolution in adoption is frequently viewed as an ethically sound alternative to the destructive research option many couples choose for their surplus of embryos... and since 2002, the government has funded a public awareness campaign to inform people about this alternative. Couples can either go through an agency to adopt a donated embryo or network to find their own. With an agency, the donor gets to choose who adopts their embryo(s), but a nonagency embryo adoption can mean that either the agency makes the match or the two entities (donor and adopter) work out the details themselves. With embryo donation, no screening or medical evaluation is required by law, and the donor family releases all rights to those embryos. The donor may be either anonymous (where there is no contact between the two families) or open/known (where there is at least a third-party mediated contact between the two families). Presently, there are many embryo donation and adoption facilities in the U.S.; however, the two largest and most prominent are the National Embryo Donation Center (NEDC) in Knoxville, TN, and the Snowflakes Program at Nightlight Christian Adoptions in Fullerton, CA. The NEDC was founded with the assistance of the Christian Medical Association, Baptist Hospital of East Tennessee, and Bethany Christian Services to give infertile couples an ethical alternative to donating their embryos to destructive research. Currently, they perform about 15% of all embryo donation/adoption procedures in the U.S.

Infertility has been a source of great sadness and even anguish and embarrassment for some married couples since Old Testament times (Hannah, Sarah, and others). Many infertile Christians today ask questions like, “Is God punishing me? Is it God’s will for everyone to multiply? Should I claim the promises of God’s Word?” So what spiritual insights and lessons are we to take from the biblical stories of infertility? Here are a few: God still answers prayer; Don’t give up on

Many infertile Christians today ask questions like, “Is God punishing me? Is it God’s will for everyone to multiply? Should I claim the promises of God’s Word?” So what spiritual insights and lessons are we to take from the biblical stories of infertility?

God; God's will is more important than having a child and His plan may not include children.

The arduous journey of infertility involves a variety of emotions and issues—from dealing with other people's insensitivity to keeping the marriage relationship healthy; from enduring stressful medical procedures to contemplating the ethical issues involved with human embryos. When should infertile couples stop the roller coaster of emotions and consider life without biological children? That is the difficult question a lot of couples face—the answer to which cannot be measured by whether another IVF cycle might work or funds are available. Perhaps the best way to answer that question is by asking if it is more painful to continue with treatment than it is to stop. And, as always, prayer is the most important part of the process in your decision making. As the Apostle Paul, himself child-free, writes in 2 Corinthians 4:17-18, "For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all. So we fix our eyes not on what is seen, but on what is unseen. For what is seen is temporary, but what is unseen is eternal." ❖

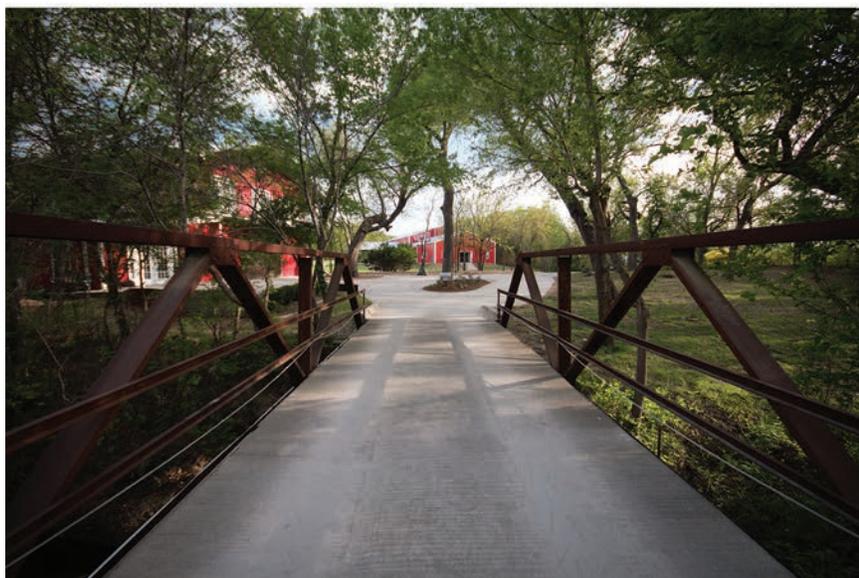
(Editor's Note: Statistics and data retrieved for this article are from the Christian Medical & Dental Associations at <https://www.cmda.org/library/doclib/infertility-02-04-14.pdf>.)



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SEEKING A GOOD BLEND:

Preparing and Educating Blended Families for Smart Living

Many Americans are playing musical homes... so much so, you might say that nontraditional families are the new traditional family. For example, when you account for both of the homes involved in most U.S. stepfamilies, a full 40% of households with parents raising children are blended families (Karney et al., 2003). In addition, we at FamilyLife Blended® estimate, based on a compilation of various statistics, that 113.6 million people in the U.S. have a steprelationship (either a stepparent, stepsibling, or stepchild)—that’s 35% of every man, woman, and child in America—and based on demographic projections, one estimate is that 175 million will have a steprelationship at some point in their lifetime (Smartstepfamilies.com).

Yet, despite these striking statistics, society lacks a narrative about how to live successfully in a blended family. (Seeking a good blend starts with a recipe.) Consider the words of highly-respected sociologist, Andrew Cherlin, Ph.D., who called stepfamilies an “incomplete institution.” He observed that blended families have no clear accepted or understood norms for healthy stepfamily living, roles are ambiguous (e.g., stepparent confusion), relationship formation after the wedding is awkward, expectations are unclear, and society does not know how to support stepfamilies. In short, there are no clear institutionalized solutions to the common day-to-day dilemmas stepfamilies face. Would you agree? As I speak to professional and ministerial groups around the country, the answer is a resounding, “Yes.”

Now here is the punchline: Cherlin called stepfamilies an “incomplete institution” 40 years ago... 40 years ago! How ironic that the “new traditional family” is just as ambiguous and undefined as it was in 1978. We (i.e., counselors, ministry leaders, mentors, etc.) must bring definition and biblically-based instruction to blended families in order to prevent divorce and further family heartache.



The Essence of a Stepfamily

Empowering blended families toward health and healing begins with an understanding of why a good blend is so elusive. In my book, *The Smart Stepfamily*, I explain how a stepfamily, essentially, is a collection of ingredients trying to cook themselves into a wonderful tasting casserole or stew. However, that process is hampered by loss and loyalty issues, competing emotional attachments, and confusing definitions of family boundaries, roles, and relationships.

Competing Attachments. A blended family is formed when a couple falls in love and brings with them children, extended family members, and connections to the past. What they do not bring with them is a unified vision for how the family will function or what its identity will be. For example, the couple—whether one or both bring children to the marriage—is highly motivated to merge or blend the ingredients of their home into a family. Yet, children (adult and minor-aged children alike) may

not be as motivated toward familyness. Some are eager, others open but cautious, still others dead set against it. This motivation gap sets the family up for conflict, hurt feelings, and unmet expectations.

In addition, connecting to new stepfamily members (siblings, stepparents, etc.) brings a loyalty conflict that is not easily resolved and competes with existing relationships. For example, children who emotionally move toward their stepdads do not want it to cost them closeness with their biological dads. Emotional triangles with competing attachments abound in stepfamilies and must be resolved before people can feel the freedom to love.

Attachment Injuries. Generally speaking, both adults and children in stepfamilies have experienced significant attachment loss. Some were betrayals of trust, others brought on by the death of a loved one; all of them make stepfamily bonding risky. Loss makes both children and adults fearful of more loss, which leads them to be

RON L. DEAL

Good parenting diminishes the loyalty conflicts of children, making **bonding** more likely. It decreases resentment and competition between homes, making transitions **emotionally safer** for children.

guarded, withdrawn, cautious, and apprehensive about forming new, intimate attachments.

Role Ambiguity. Just what is a stepparent's role in helping to raise children? Everyone has their definition—and definitions rarely align. A mother who has just become a stepmother may assume she can be the emotional hub to her stepchildren just as she is to her biological children. However, doing so may threaten the biological mother who then tells her children never to call the stepmother, “mom.” Role ambiguity feeds triangle competing attachments.

These and other symptoms of an “incomplete institution” bring about an incomplete bonding process in many stepfamilies that result in frustration, confusion, and high degrees of stress. The essence of a blended family, then, is a group of ingredients trying to blend when not everyone wants to blend to the same degree or at the same speed and there is no clear recipe for how to blend.

The Essence of Preparation

Given this reality, dating couples often need help finding realistic expectations as to the timing and pace of their bonding and a recipe for “cooking.” Nevertheless, raising the couple's awareness about the unique dynamics of stepfamily living is challenging; it seems that stepcouples wear rose-colored glasses, too. A resource like the book, *Dating and the Single Parent* (Deal, 2012), helps couples take off their glasses and think systemically about their developing relationships, the needs of their children, and the role children, ex-spouses, etc. will play in their marriages should they become a family. Teaching wise dating practices and how to incorporate children into the dating process are crucial interventions.

The Essence of Blended Family Education and Intervention

Ministry and therapy with stepfamilies, in essence, should help couples and families take these key steps (Deal, 2014).

STEP UP to discover a redemptive God. Not all stepfamilies result from sin, but some do, so it is vital we speak of God's forgiveness. Even further, we must help individuals and couples wrestle with internal shame over a

past they cannot change and external judgment from the surrounding Christian community. One remarried couple I know was told by their senior pastor that they could not remain at the church because, “Their background and past might infect everyone else.” Huh. I thought the Church was a hospital for sinners. When did we decide to quarantine those affected by sin and remove them from the building? Yes, we need to stand for God's original design for the family—one man and one woman for life—and we need to communicate God's grace to those who have not done so. Abortion recovery doesn't condone non-marital sex, divorce therapy doesn't advocate for divorce, Celebrate Recovery doesn't celebrate addiction, and stepfamily support doesn't celebrate any sinful behavior that contributed to them becoming one.

STEP DOWN your expectations and learn how to cook a stepfamily. Couples have many unrealistic expectations that trying to “cook” the ingredients of their family creates pressure, conflict, and competing agendas. I often use the metaphor of cooking their stepfamily in a crockpot to help them recalibrate expectations of a quick blend (it takes a crockpot many hours to cook... it takes a stepfamily many years) and the use of force (when using a crockpot, “stirring” ingredients is unnecessary; eventually, with a little heat, they come together on their own). And, perhaps most importantly, the crockpot metaphor helps them understand the process of becoming a family. Each ingredient chooses when and to what degree it will soften and share itself with the other ingredients. No amount of screaming or pleading will make it go faster (in fact, both will probably make bonding go more slowly)... learning to enjoy the taste of their family today while trusting that tomorrow will make it even better is a systemic intervention that ripples throughout the pot.

Two-STEP your marriage. A blended family starts because of the couple's relationship—and in the early years when stress is high, it stays together because of the couple's relationship. Functionally, the couple's marriage provides systemic heat to the crockpot; meaning, it provides the motivation to the ingredients to soften, connect, and bond with other ingredients. In contrast, a weak marriage invites ingredients to remain segregated

into biological insiders and step-outsiders. Without a strong marriage, family integration is highly unlikely.

In addition to typical marriage strengthening interventions, teaching couples to dance the two-step includes resolving past and present attachment injuries and encouraging risk-taking and vulnerability. Research for the book, *The Smart Stepfamily Marriage* (Deal and Olson, 2015), found that the fear of another relationship breakup and jealousy (of a spouse's attachment to children, for example) predict with 93% accuracy whether stepcouples had a strong marriage or weak one. Attachment anxiety cascades negativity, doubt, and fear into marital exchanges in a thousand ways. Helping couples recognize their fears and press through them are vital to developing couple oneness.

STEP IN LINE with all the adults parenting the children. Line dancing takes great coordination among dancers. Parenting in stepfamilies does too, especially when there are multiple homes and adults involved in the parenting process. Stepping in line *between* homes means good co-parenting attitudes and skills; stepping in line *within* a given home means the biological parent and stepparent know their roles and how to support each other.

The qualities of healthy *between* and *within* parenting are beyond the scope of this article, but when stepfamilies get this right, there are many helpful outcomes. Good parenting diminishes the loyalty conflicts of children, making bonding more likely. It decreases resentment and competition between homes, making transitions emotionally safer for children. It improves the psychological well-being of children. This positivity has the added benefit of reducing stress in the couple's relationship, which fosters further family integration.

SIDE STEP the pitfalls common to blended families. Helping families avoid pitfalls like not knowing how to grieve loss, difficulties establishing family traditions, and dealing with money matters is important. These issues stir conflict and reveal underlying fears. For example, one man complained that his wife would not agree to

move all of her money into a shared bank account. To the husband, emotional and spiritual oneness meant financial oneness as well, but his wife refused. In these type of situations, I have learned to "chase the fear," which uncovered her alarm of again being left by her husband with nothing and not being able to provide for her children. Helping couples and family members with the logistics of these pitfalls and the fears underneath them are an important part of fostering family health.

STEP THROUGH the wilderness so you can STEP INTO the Promised Land. Like the Israelites, the journey for blended families from Egypt to the Promised Land can take a lot longer than expected. Surviving the journey takes stubborn determination, support, and stepfamily answers to stepfamily questions. For those who trust God with the journey and find their way, there is great reward. Children are able to grow up in a loving, grace-filled home and witness a healthy marriage that models for them what God intended. Couples are able to experience the healing a secure attachment can bring and the intergenerational family experiences of the redemption of their family story. Ultimately, the cycle of divorce is broken and a new legacy of lasting love established.

A good blend is not impossible, but the degree of difficulty for blended families is exponentially higher than it is for first-families. A good recipe is required and a competent counselor or coach vital. ✝



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BRINGING FAMILIES TOGETHER: The Adoption Journey

We often think of adoption as a journey. Like any journey, it has parts—the preparation, the official process and, then, the ongoing journey. Adoption, just like the formation of any family, is ongoing and ever developing. We all grow and change regardless of how our families are formed. The journey continues.

The adoption of a child enriches the entire family in beautiful and often unexpected ways, but it can also challenge a family, both in the preparation (the actual legal process of adoption) and in building bonds of love and attachment. Love is not instantaneous, and it takes time to build a relationship from which loves grows. A child (or an adult for that matter) who has been hurt will not quickly let down the guard that has been a protective shield. It calls for the kind of patient love that Paul talks about in 1 Corinthians 13.

Recognizing the potential for challenges in building relationships helps underscore that adoptive parenting differs, in significant ways, from biological parenting... even while it is equally enriching. The preparation for the journey of adoption starts long before the agency is selected, the application submitted or a home study is conducted. It starts with the first inkling that adoption may be an option for a family. It may have come after the confirmation of infertility, miscarriage or stillbirth and the unlikelihood of biological parenting. It may have come after attending a special Sunday worship service that highlighted the biblical command to care for the widows and orphans (James 1:27). It may have even come seemingly randomly, when there is a stirring after meeting a child who joined a family after adoption or from seeing photos of children waiting for a forever family. I have heard prospective adoptive parents say they have just “always thought about adoption” or feel “called by God;” however, when the decision to pursue adoption is made, the journey commences at that point and the seed of adoption begins to germinate.

Once the idea starts to form, the questions to be asked and wrestled with include the why and what: Why are we doing this and what do we expect of a child and, also, ourselves? Experience has demonstrated time and time again the importance of a couple exploring their motivation to bring a child into their family through adoption. A frequent motivation is infertility coupled with a longing to be parents, but adoption does not cure infertility (only childlessness), and the potential adoptive family needs to do the hard work of grieving the loss of the child who might have been before they can be open to the child who will come to them through adoption. The child they adopt will never replace the child who might have been, who would reflect the combined genes of the parents. He or she will be a unique individual, created by God in His image, reflecting who He intends him or her to be.

Other questions to be asked include whether the desire to adopt comes from a sense of having an abundance of love to give or a deep

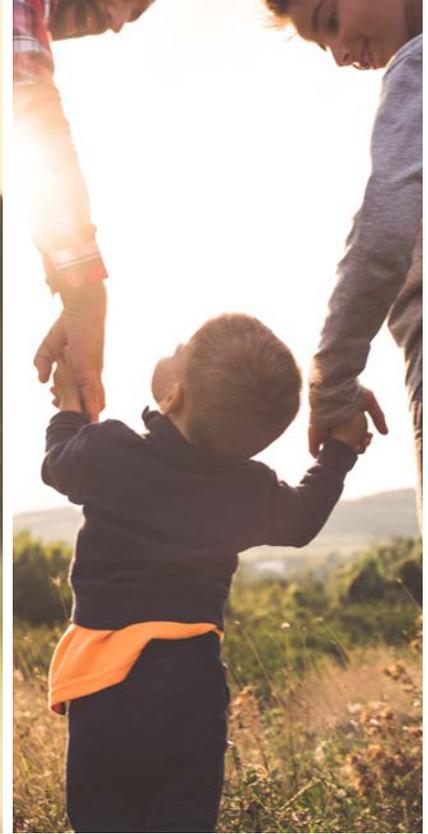
desire to be parents? Is it driven by a desire to give back to a child all one has been blessed with or could it be a way to share one’s faith in Christ with a child who might not ever know His love? Perhaps it could even be motivated by a sense of obedience to the biblical command to care for widows and orphans (James 1:27).

Unfortunately, a desire to adopt a child can also be propelled by feelings that are problematic, especially if they go unrecognized. This may include a desire to “rescue” a child from a difficult situation, a longing to strengthen a marriage or because one admires others who have adopted a child. These motivations can become problematic when they lead to expectations that the adoption process or the child him or herself will meet certain adult needs.

There are families who are committed to adoption because they feel God has guided them to that decision. Prayer and discernment are, therefore, vital. Sadly, I have seen too many families who approached adoption as a call from God, but then decided that it was not the “right child.” The resultant scars to the child and family are unmistakable.

Every family’s motivation will be unique to them and their life’s journey to that point. Only they can answer the questions. Truly, no one can better assess an individual’s motivation for anything other than that individual. Prayer, discernment, dialogue with someone trusted, wise counsel, and honest reflection are all essential ingredients. One young couple I knew felt pressured into responding to the needs of orphans, but prayed diligently and wisely sought counsel. Eventually, they experienced peace admitting they would have felt shamed into adopting a child. This is something that would have

KRIS FAASSE



been patently unfair to both the child and family.

Closely tied to, and an outgrowth of, motivation is the expectation for what the family will look and act like once adoption has taken place. Prospective adoptive parents may expect they will love their child instantly or that the child will love them just as quickly. Maybe, but this may depend on the age of the child when adopted and the reality that love is an emotion that grows over time, relationship, and experience. Occasionally, we still find parents who expect gratitude (Do we expect that from our biological children and, if we do, how old do they have to be?) from their adopted child for being rescued out of difficult circumstances or anticipate certain behaviors. Sometimes parents expect a child to mirror the behavior of their biological children—children who have not only always been with their parents, but who have also never experienced great loss, neglect, poverty or abuse. Such expectations are not hard to understand, but they are not necessarily realistic and can contribute to feelings of dissatisfaction and disconnection.

We know that for many older children who are adopted, there has been a profound lack of safety. They have been separated from parents and siblings, often from all they have ever known. Perhaps they were abandoned because of war or poverty or left to fend for themselves before finding their way to institutional care.

Maybe they have experienced neglect or abuse, either of which can have a long-lasting impact on their emotional development. It's not that they are unable to heal, but healing and rewiring the beautifully complex brain that God created in each of us takes time and incredible patience. Yet, the reward when a hurt child finds his or her way to not only loving others, but also themselves, is a beautiful thing to see.

Once a family has asked the hard questions, “What is driving us to adopt?” and “What do we expect our family will look like after we do?”... then the more technical process begins. It is important for the prospective adoptive family to identify an agency with whom they can work through the adoption process and also provide them with the necessary tools and education.

Post-adoption support begins with pre-adoption when education and the time to participate are most available. The education and information may make the most sense once a child has joined the family, but that is also when there is little time to read or attend trainings. What the training should include depends on the type of adoption, as well as the age and possible experiences of the child(ren). Training topics for families adopting an infant domestically may include attachment and bonding, trauma and brain development, grief and loss, the impact of adoption on the adoption triad (child, birth family,

and adoptive family), openness, child development, and parenting. Training for intercountry adoption could add information on the impact of poverty and malnutrition, institutionalization, implications of becoming a multicultural family, and information on the child's birth culture. Training should also be available on parenting children with substance exposure, fetal alcohol spectrum disorder, developmental delays, sensory processing issues, and/or a trauma history. While this list is not exhaustive, it highlights the myriad of training opportunities available to help prepare a family for challenges that are almost always unknown.

Along with trainings both in person and online, there are many excellent books available for parents preparing to bring a child into their family through adoption. *The Connected Child* by Dr. David Cross and the late Dr. Karyn Purvis is one such book. The danger of creating a list is that one could be inadvertently left off or a new one might not yet be included.

Having mentors, others who have walked through the same process, can be most helpful to adoptive parents. Such companions on the journey can provide a listening ear, sage advice or sometimes just the knowledge that you are not alone. Support groups can likewise offer similar benefits and be helpful to parents and adopted and biological children. The importance of a sense of community cannot be underestimated or overrated.

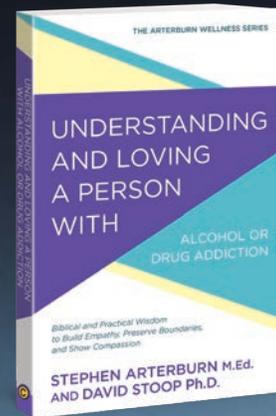
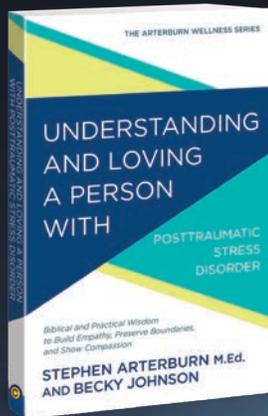
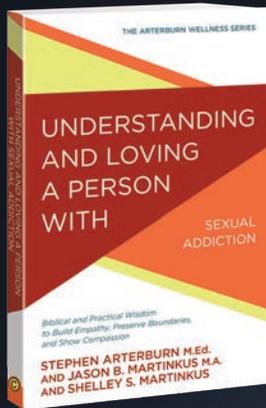
All the preparation in the world for a journey still does not guarantee that everything will go smoothly every time. Just as parents do not hesitate to reach out for help when dealing with a sick child, getting assistance and support for a struggling child or relationship is a sign of strength and needs to be viewed as such. As our knowledge of the development of the brain, the impact of traumatic experiences, and the importance and healing power of relationships continue to grow... the help and support available to families grow as well. Knowing that help is available and subsequently accessing it promotes not only stability for the family, but also the opportunity for everyone to grow in love and experience the goodness that God intends for us all. ✕



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All the preparation in the world for a journey still does not guarantee that everything will go smoothly every time. Just as parents do not hesitate to reach out for help when dealing with a sick child, getting assistance and support for a struggling child or relationship is a sign of strength and needs to be viewed as such.

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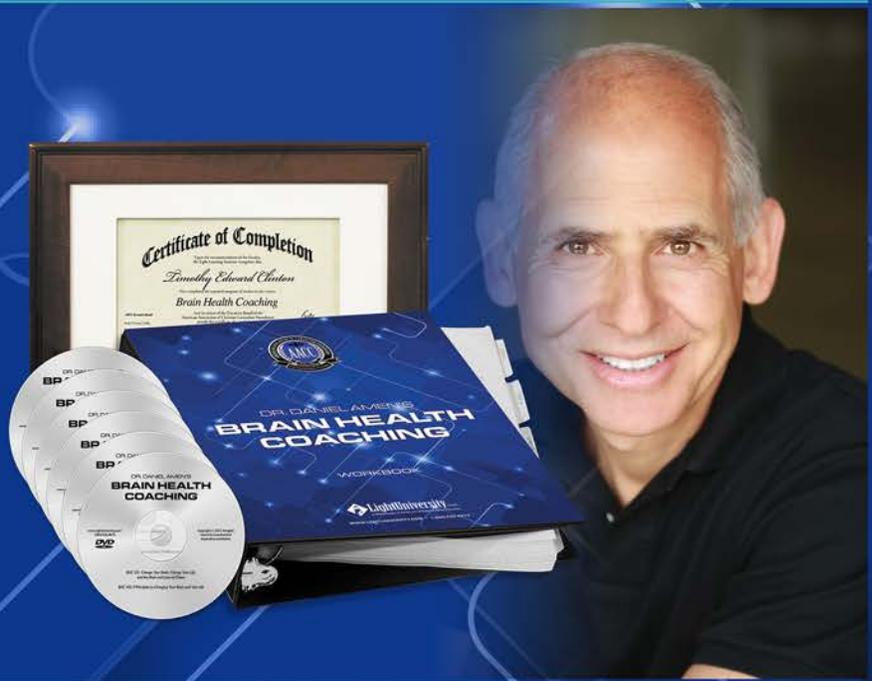


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A wife who loses a husband is called a *widow*. A husband who loses a wife is called a *widower*. A child who loses his/her parents is called an *orphan*. There is no word for a parent who loses a child—in fact, it speaks to the very essence of grief work... a loss of words. Such is the nature of infertility, as well as certain divorce and blended family situations. Grief and loss issues transcend every culture, every people group, every educational and socioeconomic level, and every belief system. Countless articles can be found throughout the research literature and in hundreds of books. Why? Because grief is so universal, prevalent, and personal. The reality is that grief almost never waits for an invitation; it merely arrives, usually unannounced.

As counselors and mental health practitioners, we frequently engage others at their point of pain. Indeed, grief and loss issues are often at the forefront of a client's presenting problems. We must, therefore, be equipped with the necessary tools and strategies to assist others as they navigate the difficult pathway of these significant events. Grief is a deeply personal journey and any invitation into that private place is a sacred trust. It can only be experienced when there has been the loss of an intimate relationship with a person or some other object of concern and/or affection. It is an "active, intentional decision to face the pain of the loss" (Zonnebelt-Smeenge & DeVries, 2006, p. 20). More often than not, grief takes enormous courage and resolve to work "through" rather than merely attempting to work "out of" the process.

We grieve because we love, and love often speaks of relationship... being connected to someone or something that we value and cherish. The loss of this "object of affection" can leave a person empty, tormented, and in despair. People can choose to love and risk loss or simply isolate themselves with loneliness in an attempt to avoid anything painful. According to grief expert, H. Norman Wright (2006), there are different types of losses which include the following:

- **Unspeakable Losses** (e.g., miscarriage, infertility issues, post-abortion consequences, etc.) where the issues are not identified, shared or discussed)
- **Frequent Losses** (e.g., the loss of mobility, energy,

mental capacity, and friends later in life due to old age, disease)

- **Gradual Losses** (e.g., the loss of children to graduation, marriage, and other empty nest events)
- **Accumulated Losses** (e.g., an array of growing medical, financial, or stress-related problems and conditions)
- **Final Losses** (e.g., those that occur when there is insufficient time for a full recovery or restoration, such as a spouse who dies after decades of marriage or losing a job late in a career)
- **Identity Losses** (e.g., the lack of purpose or meaning in life)
- **Threatened Losses** (e.g., awaiting the outcome of a biopsy, a possible separation and divorce, a pending lawsuit, a layoff at work)

The most human of all questions asked when pain and grief intersect is simply, "Why?" Why me? Why us? Why this? Why now? Unfortunately, it is difficult to find answers to these questions, much less answers that offer a measure of satisfaction or relief. Perhaps there is some comfort in knowing that Jesus Himself cried out in great pain at Gethsemane, and then again on the cross, pleading with His Father to answer a "why" question only to be met with apparent silence (Matthew 27:46). Scripture describes our suffering Messiah as a man of sorrows and One who is



acquainted with grief (Isaiah 53:3). Therefore, we have a Savior who fully understands exactly where people are in every moment of their loss and lonely despair.

In times such as these, God has so ordained His body, the Church, to provide a healing community for those whose burdens are too much to bear alone. The prevalence of grief and loss issues that are often associated with everyday life represents a significant priority for most helping professionals and ministry leaders. As counselors, they are powerful opportunities to see the pieces of a broken world slowly knit back together again into a tapestry that proclaims God's restorative compassion and care.

The ways and manner in which people face loss and work through grief associated with infertility, adoption issues or becoming a blended family can vary. Martin (2006) identified three distinct orientations:

1. Instrumental. The focus is on cognition and a moderated affect where feelings are less intense, brief periods of cognitive dysfunction are common, and there is a desire to “master” the environment. Thus, most grief “energy” is focused on problem-solving and planned activities as an adaptive strategy. Because there is a general reluctance to talk about feelings, grief is intellectualized, prompting an initial response to explain the circumstances of the loss rather than to affective cues. Grief can be experienced physically and takes the form of restlessness or nervousness. Instrumental grievers tend to be unaware of internal arousal, can feel disenfranchised as others may not accept their grief pattern, and may be uncomfortable with strongly expressed emotions by others.

2. Intuitive. Here, the focus is on affect over cognition and there is longer term cognitive impairment due to prolonged periods of confusion, the inability to concentrate, disorganization, and disorientation. Intuitive grievers are less likely than instrumental grievers to seek out potential problems and solve them. Feelings are intensely experienced, and expressions such as crying and lamenting mirror inner experience. Grief that is expressed is a grief experienced and, therefore, physical exhaustion and/or anxiety may result. Intuitive grievers often feel that people do not allow for adequate expression of their grief and may be unable or

unwilling to distance themselves from feelings expressed by others.

3. Blended. This has elements common to both instrumental and intuitive patterns, even though there is usually a general preference for one or the other. Blended grievers may benefit from a variety of adaptive strategies from which to select.

As counselors, we are frequently trained in matters pertaining to trauma, anxiety and depression, loss, complicated grief, stress and pain management, and similar presenting problems. Our education and experience may tempt us to suggest sound clinical advice. However, we must be careful that these efforts at wise counsel are not just filtered and received as well-intentioned, but hollow sound bites that fail to stem the emotional bleeding.

The following are some general counseling principles that are important and applicable to most kinds of grief work:

- Create a milieu of safety and trust that can help clients get through, not over, their grief—active listening skills (both verbal and non-verbal are important) and self-disclosure, if relevant, may be appropriate.
- Understand the value and power of your presence. Be available, but do not assume that means there needs to be constant or two-way conversation. The appropriate use of silence is a useful and necessary tool for “being in the moment” with someone.
- A narrative orientation is excellent to give grievers space to share their stories as many times as necessary.
- Do not be surprised at strong outbursts of tears or anger, the need to overthink or overprocess the loss, and a tendency to withdraw and isolate. Learn how to *respond* and not *react* to visceral emotions.
- Normalize what clients are feeling and that it is not necessarily abnormal or showing a lack of faith.
- When the timing is right, gently challenge any pathological, irrational or unbiblical responses to the loss... “connecting the dots” between behaviors, feelings, thoughts, and beliefs.
- Because grieving individuals can, and often do, feel alone, disconnected, and alienated, they need to know there are many ways to grieve; there is no timetable for grief’s duration... and there are no rules, boundaries or absolute protocols for grieving. Ensure that treatment plans are individualized and not universally applied, even with similar kinds of losses, but ones that help regain a sense of control.
- Reinforce the active and intentional decision to face the pain, with the added understanding that healing does not mean forgetting.
- If the loss is anticipated, encourage discussion before it occurs (e.g., an imminent miscarriage)—ask descriptive questions and talk about the loss.
- Help clients make necessary decisions (smaller steps) without feeling the pressure to make major decisions right away if unnecessary (e.g., moving, selling a home, leaving a workplace).
- Help facilitate support and don’t lose sight of the practical and tangible (e.g., arranging meals, running errands, watching children, etc.)—identifying family members, friends, and coworkers who can be recruited to assist in day-to-day or other responsibilities decreases the risk of withdrawal and isolation.
- Encourage grieving rituals when they can help bring closure, comfort, and support—symbolic activities are powerful healing agents.
- With consent, pray for and with clients, and comfort with your words and

Encourage grieving rituals when they can help bring closure, comfort, and support—symbolic activities are powerful healing agents.

Scripture as appropriate. Avoid “sermonizing” or using religious clichés and have a list of Bible verses available that are related to grief and loss.

- Explore the availability, use, and appropriateness of support groups (e.g., Grief Share, Divorce Care). Maintain a list of local groups and their accompanying contact points (be aware some clients may be too acute or emotionally fragile).

When clients can move from a place of utter despair and wrestling with their faith, slowly allowing God to meet them in a place of raw, but honest, vulnerability, the end result is a greater confidence that He is not finished with their stories, forming a new narrative which can, in turn, engender hope. You see, everyone has a story to tell... and every individual needs to tell his or her story. ✕

This article excerpted, in part, from a book chapter titled: Strategies for Loss by Eric Scalise in Counseling Techniques: A Comprehensive Resource for Christian Counselors (Zondervan, projected fall 2018).



ERIC SCALISE, PH.D., is the President of LIV Enterprises & Consulting, LLC and Senior Vice President for the American Association of Christian Counselors. He is also the former Department Chair for Counseling Programs at Regent University. Dr. Scalise is a Licensed Professional Counselor and a Licensed Marriage & Family Therapist with 38 years of clinical and professional experience in the mental health field. He is a published author, national and international conference speaker, and frequently works with organizations, clinicians, ministry leaders, and churches on a variety of issues.

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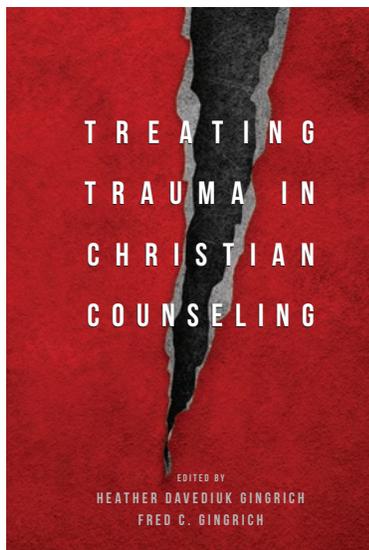


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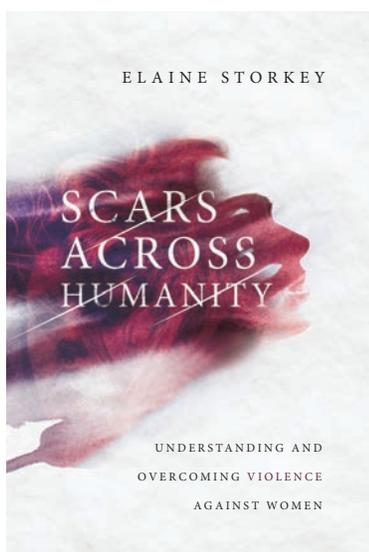
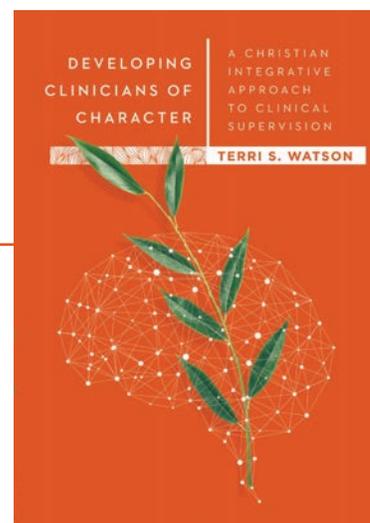
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UNDERSTANDING ATTACHMENT DISORDERS

Increasingly, mental health professionals are called on to assess, diagnose, and treat children and families with attachment-related difficulties. While most counselors are familiar with the concept of attachment, many have difficulty distinguishing between various types of attachment insecurity and what are identified as clinical disorders of attachment. This brief article provides a basic understanding of the *Diagnostic and Statistical Manual of Mental Disorders-5's (DSM-5)* new conceptualization of these disorders.

Normal Attachment and Its Development

Attachment is based on God's design that human beings come into the world completely helpless to take care of their own needs and, that in order to develop as a person, they must rely on others who are stronger, wiser, and loving. God designed this as a biologically-driven process that initially unfolds between a child and his or her primary caregivers (typically, one's parents). The process of attachment continues to have profound effects on human development across the entire life span "... from cradle to grave."

Given an infant/child's vulnerability and helplessness, attachment is designed as an organized process where a child in need of comfort is motivated to: a) seek proximity, b) direct this attention to a preferred caregiver, and c) do so in order to receive comfort, support, nurturance or protection.

During the first six months of development, infants may be comforted by both familiar and unfamiliar caregivers; however, between seven and nine months, they become more wary around strangers and protest separations from selective or preferred attachment figures (identified as their primary attachment figures). Based on the amount and quality of interactions with these caregivers, children can develop a hierarchy of attachment figures, arranged from most preferred to next most preferred, and so on. Nevertheless, there are limits to how many attachment figures a child can meaningfully develop. In certain settings where children experience a large number of caregivers without regular, predictable contact with a select few, they may fail to develop a clear-cut set of preferred attachment figures at all.

By 12-months of age, young children have developed organized patterns of attachment in relation to each of their preferred caregivers. Pioneering research work on attachment theory is often attributed to British psychologist and analyst, John Bowlby, and American-Canadian developmental psychologist, Mary Ainsworth. Laboratory-based methods were developed (e.g., the famous Strange Situation Procedure (SSP) for 11-20-month-old infants and the Mac Arthur system for two to 41 two-year-olds) that reliably identify four patterns of attachment behavior: secure, avoidant, resistant/ambivalent, and disorganized. These patterns of attachment are relationship specific rather than fixed-traits within the child and reflect the different types of caregiving received by different adult attachment figures. Thus, a child might exhibit a secure pattern of attachment with his mother and an insecure pattern with his father. The secure pattern of attachment is considered to be a protective factor against future forms of psychopathology, while the organized, but insecure, patterns (i.e., avoidant and resistant/ambivalent) are linked to various forms of negative outcomes for children from high-risk environments. Even stronger links to psychopathology are associated with the disorganized classification.

It is important to know that these attachment classification systems were designed to be laboratory-based procedures. Classifications are not the same as a clinical diagnosis (including disorganized attachment). When combined with various other types of risk factors, these patterns of attachment may render the child at risk for developing various psychological disorders, but they are not necessarily considered equivalent to a deeper psychopathology.

The *DSM* is concerned with defining clinical disorders of attachment. In the *DSM-IV*, Reactive Attachment Disorder (RAD) was considered one condition with two subtypes: inhibited and disinhibited. The first was emotionally withdrawn and disengaged, whereas the latter was very much engaged and indiscriminately social.

Based on research strongly indicating that the two subtypes of RAD were different along a number of other important dimensions (e.g., symptom expression, clinical course and response to treatment, clinical correlates, etc.), the *DSM-5* committee decided to separate them into two different disorders: Reactive Attachment Disorder (RAD), corresponding to the emotionally withdrawn/inhibited subtype of the *DSM-IV*, and Disinhibited Social Engagement Disorder (DSED). Both disorders arise out of extremely insufficient caregiving, characterized by social neglect or deprivation, frequent changes in caregivers or situations that severely limit a child's ability to form selective and healthy attachment figures (e.g., orphanages).

Reactive Attachment Disorder (RAD)

The core feature of this disorder is that when the child is under duress, he or she does not seek out or accept comfort, support, protection, and/or nurturance from a preferred attachment figure. RAD is considered an *internalizing disorder*, characterized by patterns of emotional dysregulation involving unprovoked episodes of irritability, sadness, and/or fearfulness around familiar caregivers. The child may also show very little interest when it comes to initiating reciprocal interactions with caregivers, displaying minimal positive affect, and appearing disinterested and unresponsive to adult overtures for engagement.

Although there are limited data on exactly what types of disorders co-occur with RAD, the fact that this disorder arises out of extreme childhood adversity (most commonly within the first two years of life) associates comorbidity as being very common. As an *internalizing disorder*, these children tend to be more prone to developing disorders involving depression and anxiety. Research has shown that infants classified as disorganized in the Strange Situation Procedure were more at risk for developing post-traumatic stress disorder in childhood if exposed to traumatic events; however, there are no current studies linking RAD and PTSD. Nonetheless, most experts believe that the link between RAD and PTSD is substantial. It is important to distinguish RAD from autistic spectrum disorder (ASD), global developmental delay (GDD), and depression. Those with ASD display similar patterns of

GARY SIBCY



social withdrawal, limited social reciprocity, cognitive delays, and motor stereotypies. Importantly, those with RAD do not appear to have the same degree of deficits in pretend play in language compared to those with ASD.

Disinhibited Social Engagement Disorder

Also arising out of early social neglect and deprivation are children who develop Disinhibited Social Engagement Disorder (DSED), a socially disinhibited behavior toward strangers. In contrast to RAD, DSED children may, in fact, develop preferential attachment behavior toward caregivers,¹ but the essence of this disorder is characterized by the lack of normal reticence toward unfamiliar adults. They are known to approach, engage, and “go off” with complete strangers without hesitation. DSED is considered an *externalizing disorder* in that affected children are described as affectively bright, overly-friendly, attention seeking (which can involve aggression), and intrusive... often violating social and physical boundaries.

DSED should be differentiated from children with Attention Deficit Hyperactivity Disorder (ADHD), although it is possible for a child to have both ADHD and DSED. The key features for DSED are that the diagnosis requires both a documented history of grossly inadequate caregiving and disinhibited, socially-indiscriminate behavior, whereas ADHD requires neither. Also, it is possible for some children to have underlying genetic or biological abnormalities to produce similar symptoms to DSED. The social neglect requirement helps ensure these children do not qualify for this diagnosis. For example, some children diagnosed with the genetic/developmental disorder known as Williams syndrome also exhibit similar symptoms even though they have always received appropriate caregiving.

Outcomes and Responses to Treatment

These two disorders have very different outcomes. Current evidence suggests that when placed in quality caregiving environments with adequate access to stable, preferential attachment figures, RAD symptoms resolve almost completely, whereas DSED symptoms may persist, even with appropriate mental health treatment. ❖



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Endnote

¹ Consequently, there is some controversy as to whether DSED is actually an attachment disorder, per se.

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It happened instantaneously. One question began a cascade of events that ultimately ushered a new life into this world. I somehow knew with certainty that I was supposed to do this.

Surrogacy involves a female carrying and birthing a child for a separate intended parent or parents. There are two main types of surrogacy based on the constitution of the embryo: gestational surrogacy and traditional surrogacy. Gestational surrogacy involves the biological mother and biological father fertilizing the egg with subsequent implantation, pregnancy, and birth completed with the assistance of a female carrier. Traditional surrogacy involves the carrier donating her egg to be joined with, typically, the biological father's sperm and carrying the embryo to delivery. These arrangements hold implications for the genetic relationship of the resulting child with the surrogate and the intended parents. In addition, surrogacy may be classified as commercial, meaning the surrogate

receives financial compensation, or it is more altruistic, without financial reward above associated costs.

Of course, surrogacy involves not only reproductive medicine, but also carries with it a host of ethical, moral, and legal issues to be considered. How much discrepancy exists between intended parent(s) and the surrogate around these issues is dependent upon differences in mindsets and convictions. It is of paramount importance to communicate clearly around all possible issues to determine whether an agreeable arrangement can be made or not. A good fit between all parties is crucial to ensure a positive surrogacy partnership with the shared desired outcome of a healthy baby.

Many have varied ethical and moral concerns, and

with good reason. Reproductive medicine offers incredible promise to those who have struggled to have children, but despite offering such, it is not an area for blind embrace. Rather, the practices that accompany reproductive technology must be carefully considered and even scrutinized at times. In particular, the areas of selective reduction, embryo freezing, and testing remain controversial to many who hold traditional Christian values, and there is even great variance in what is considered to be acceptable practice among those of shared faith. These complex circumstances are not worth abandoning simply because they pose challenge. By studying the intricacies of the technologies offered, versus agreeing to whatever is considered standard protocol by the medical community, opportunities for using such reproductive assistance can be thoroughly and thoughtfully considered. Those considering surrogacy can set personal parameters around the necessary limits determined through humbly seeking understanding and pursuing wisdom in the process of critical analysis.

Parental and participant expectations and conflicting values or convictions are to be thoroughly discussed and agreement reached at the onset of such an arrangement to avoid potential problems associated with surrogacy, in addition to working out related legal arrangements. In some cases, a child may genetically belong to one set of parents, but legally belong to another set... and parental rights laws can vary by state. Extensive psychological and legal consultation is essential to address medical procedures, psychological considerations, expenses and fees, accommodations, contingency planning, etc., as well as outline the rights and responsibilities of all parties to assist in facilitating a successful surrogacy arrangement.

Personal Story

I met Ralph and Michele while in graduate school at Wheaton College in the 1990s. They married during their time there, after which they were separated for a year due to training requirements at different clinical internships. During this time of separation, Michele and I ended up sharing a room together once at a conference. I was in the throes of using reproductive assistance through in vitro fertilization (IVF), with timed injections dictating my schedule. We talked about our shared longing to have children, our challenges with family planning, aging, professional careers, fears regarding infertility, and Ralph and her plans to try to have children after their internships were completed.

A few years later, after my husband and I were finally able to conceive and have twins, she and Ralph came to mind. They lived in Maryland and we were in Illinois, and we had not kept in touch. At the time, I worked with Ralph's close friend, Jeff. As we wrapped up paperwork for the evening, I casually asked Jeff if Ralph and Michele



AMY TROUT

had ever been able to have children. He explained the news he had recently received; they were letting go of the pursuit after several heartwrenching miscarriages. Before I even had a chance to deliberate, I stated, “I will have their baby for them.” Jeff stuttered and advised me to go home and “ask God and your husband” before making that offer.

After experiencing our own challenges with conceiving, my husband was naturally empathetic to their situation and wholeheartedly supportive of the idea to help in this manner. We felt an amazing sense of gratitude that we were able to have children during our fourth and final round of IVF. Both of us felt if there was a way to assist others in achieving the same, we would be thrilled to be a part. And, God did not seem to object either. From the moment the idea came into my mind and simultaneously out of my mouth, I felt immediate and profound peace and knew that, whether others understood or not, I was supposed to do this. Don't get me wrong, I prayed often about this, from that first night throughout the process, but always felt it was something I was to pursue.

We began by attempting to conceive through gestational surrogacy. The closeness that grew between us was inexplicable as we shared the agonizing experiences of faith frustrated and living on the threshold of hope. I understood too well the unfulfilled desire to be a parent; it was a lifelong dream of mine, and to be forced to imagine the alternative for more than a decade was suffocatingly disheartening. Yet, at this time, I had two, joy-filled, miraculous, winsome little ones, and Michele resurrected nurture of previously endangered, now nascent, hope. Many phenomenal pieces fell into place; certainly too many to consider as mere coincidence. Finally, in August of 2005, an amazing little boy was born and the fulfillment that was granted to all of us was overwhelmingly gratifying. His parents named him Seth, meaning “placed” or “appointed” (Hebrew).

This surrogacy journey was precious. The trust that was placed in me... unimaginable. The gift was certainly delightful to give but, moreover, imparted a sense of larger purpose, unexpected wonder, and unfathomable grace deep within me. ✕



AMY TROUT, PSY.D., is an Associate Professor at Regent University in Virginia Beach, Virginia, and Director of Cornerstone Consulting in Cape Coral, Florida. She is passionate about training counselors and mental health professionals to collaborate with churches and ministry leaders to support their efforts. Amy spends time with her family engaging in community service projects, participating with creativity and the arts, and enjoying recreational activities that engage them in outdoor settings.

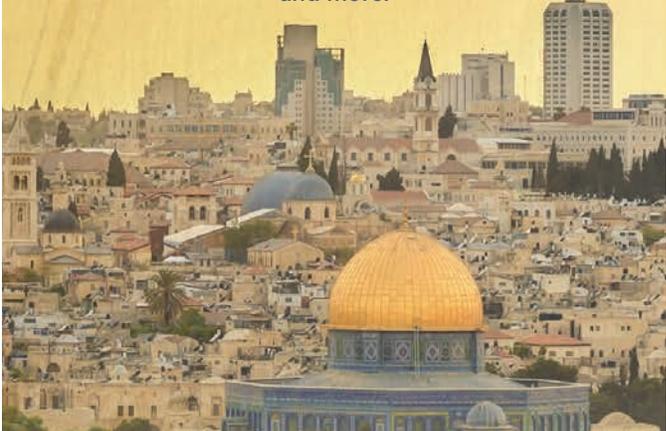


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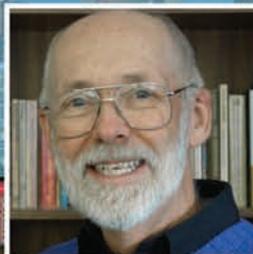
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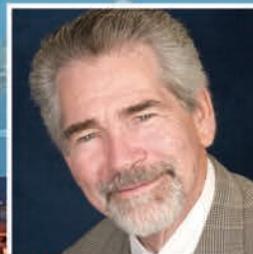
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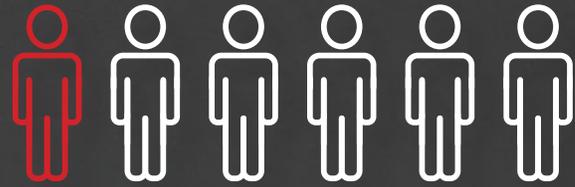
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SONS AND DAUGHTERS FROM AFAR: INTERNATIONAL ADOPTION

An Interview with the NBA's Orlando Magic Senior Vice President, Pat Williams

Mark: Pat, tell me how the whole international adoption passion came about for you?

Pat: My wife talked about wanting to adopt children who didn't look like us... and it just did not make sense to me. I couldn't think about adopting kids at that time... I was busy in my career with the Philadelphia 76ers and things were going well, but the idea of adoption never really went away. Quietly, after 10 years, I realized I had to do something fairly quickly. I began exploring the idea and taking the initiative, and soon learned that South Korea was the nation at that time where children could most readily be adopted. My wife and I pursued this open door and the end result was two little girls who were two and three-years-old when they arrived at the Philadelphia airport and became our children. It was a major event and giant step for us. At that point, we had five children—three of our own and two who were adopted—and I became absolutely absorbed with these two little girls as they had an enormous impact on our entire family. From there, the whole issue of international adoption really began to speak to me.

Mark: So what happened next... were there more children in the picture?

Pat: Shortly thereafter, my wife gave birth to another child, so then we had six children. In the summer of 1986, we moved the family from Philadelphia to Orlando where I was in the process of trying to create an expansion NBA team from scratch. Although it was a very busy time, my wife and I learned about five-year-old twin boys from South Korea who were available for adoption. All we had was a little picture, but we let our children look at it and then gave them a vote.

The next thing you know, these twin boys arrived from South Korea and we named them Stephen and Thomas. Suddenly, we had what seemed to be one of the largest families in the world... I had definitely caught the adoption bug!

Mark: The pressure of starting a new NBA team on top of raising eight children must have been pretty stressful. What kind of impact did so many kids have on your family?

Pat: Well, there was a lot going on then. Once we were awarded the franchise, we had to get everything ready to start playing in the fall of 1989. In the meantime, my wife and I learned of four brothers from the Philippines who were available for adoption. We decided to do it, so suddenly we had 12 children during one of the busiest times of my life.

Mark: Wow! So you had 12 children at that point, but more were on the way, correct?

Pat: Soon thereafter, when Romania fell in 1989, we were curious and learned along with the rest of the world about many children who were being given up for adoption. My wife and some of her friends went to Romania to see firsthand what was going on... and before we knew it, we were adopting two more little girls.

A few years later, once the Orlando Magic was up and running, I had a little time off during the summer of 1993 and took a trip to Brazil to visit some friends. As we toured the country, we ended up visiting different orphanages. Around that time, international adoption from Brazil was somewhat rare; however, over the next year, we decided to adopt four Brazilian children. Most people who traveled would come back with souvenirs or T-shirts, but it seemed

that every time we journeyed outside the U.S., we came home with more children! At this point, we had 18 children—14 of them were adopted from four foreign countries over a 10-year period from 1983 to 1993.

Mark: What was it like having so many children in your household at the same time?

Pat: There was one year when 16 of our children were all teenagers at the same time. That was the year I understood why some animals eat their young! No, seriously, it was intense with so much going on. However, it was my job as a parent to help these kids get through school, keep their heads on straight, and learn how to live properly. Somehow, we got through those times and all of them turned out just fine. They are now full-fledged adults living independently—the youngest is 32 and the oldest is 45.

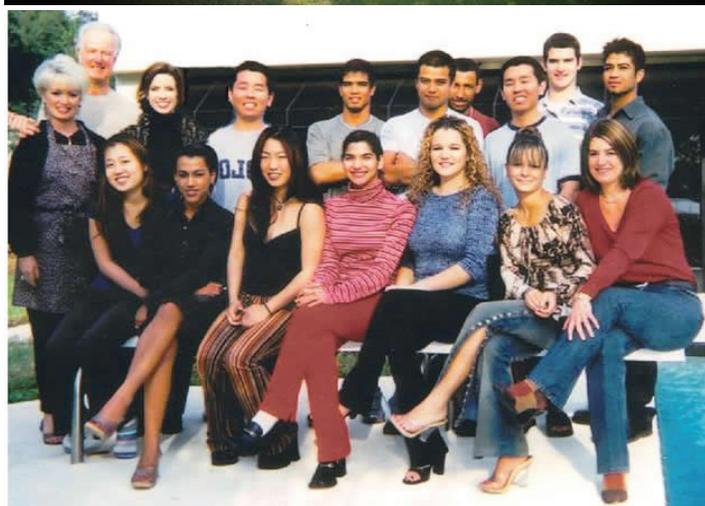
Mark: Are your children spread out or did they decide to stay close to home?

Pat: Most live in Florida, but others are spread out over the country. They are all out there on their own... which is how it should be. That's one of the things we stressed... once they turned 18-years-old, our kids knew they would be leaving the house to either go to college with our help, go into the military (as two of the Filipino boys did by joining the Marine Corps), or go into the workforce. There was no option to just stay at home and play video games or sit on the couch watching television all day.

Mark: When asked, what kind of parenting advice do you offer others?

Pat: When you become a parent, it is imperative that you contribute to your children's lives each and every day. You have to be there for them and spend time being involved in their lives—from ballgames to gymnastic events to theater productions... you have to be present and engaged. The real key is finding the balance between love and discipline. If it goes too far to either extreme, you are not going to be effective. However, in order to find that balance, you have to use discipline in your home and implement rules. A household has to be run with a certain firmness that the children understand and realize they have

MARK CAMPER





to play by the rules. On the other hand, you have to make sure children know they are loved and cared for, and that you regularly tell them how much they are loved. So I think the balance of love and discipline is probably the key issue in raising children successfully.

Mark: Is there anything different you would recommend to someone who wants to adopt from other countries?

Pat: When we started this great adventure, South Korea was the country most willing to offer children for adoption. However, that's not the case today as very few children are coming out of South Korea. Then there was a period when it was fairly common to be able to adopt children from Russia and China but, again, that's no longer true. It is my understanding that Ethiopia is a country willing to allow adoptions today. If you have a genuine calling and really feel led to adopt, it is extremely important to study the issues and be on top of things. Find a good agency that deals with international adoption—we worked primarily through Holt International Children's Services in Eugene, Oregon, but there are several quality agencies out there. It is imperative to pay strict attention because the adoption climate in different countries changes quite frequently.

Mark: What type of adjustments had to be made by your children from other countries?

Pat: There really weren't any major necessary adjustments. The biggest was the language hurdle, but it did not take them long to lose their native tongue and pick up English. Presently, none of them truly practice their native language. I'm not aware of any real adjustments as they quickly converted to life in America. We didn't do a whole lot to hold on to their national origins simply because we were plowing ahead into life. The kids rapidly got caught up in living as U.S. citizens and all of them adjusted very well.

Mark: As your children got older, did they have any desire to find out more about their cultures, where they came from, their birth parents, etc.?

Pat: Not really... at least not while they were still living at home. Now they are adults fully engrossed in their own lives and careers and busy raising their own children. I haven't sensed that any of them have a real desire to learn more about their native countries. However, one of the Filipino boys did have an inclination to research his past and went back to the Philippines to seek out his birth mother. He found his village and eventually located his mother, but she was not in good health and passed away not long after they met. Furthermore, he found out that he and his three brothers also have a sister that none of us knew about. To my knowledge, he is the only child who showed any interest in exploring his or her roots.

Mark: You mentioned that all of your children are now adults and doing well, but can you tell me a little bit about the next generation of your family?

Pat: My children have produced 17 wonderful grandchildren so far. It's definitely an interesting and proud collection of mixed nationalities. I jokingly call them combo platters! It is quite amazing to be able to watch them grow and change and witness the blessings their wonderful parents get to experience. Out of the 17 grandchildren, 14 of them are in Florida, which we are enjoying a great deal. It is interesting to watch our children as parents and how many of them are following the principles they learned in our home... as you can imagine, that is very reassuring. The youngest is just over one-year-old and the eldest is 13. We are definitely enjoying all of our grandchildren!

Mark: What was it like in your house as the kids were growing up... did they get along with one another? Were there any challenges as far as being from different cultures or simply getting along as ordinary siblings?

Pat: By and large, they got along very well, which is also the case today. It's fascinating for me to see them now as adults and how they relate to each other—Brazilian, Korean, Filipino, Romanian, American—brothers and sisters from various nationalities getting along and being there for one another. Although we often joke about the Williams' pipeline, the reality is if something happens to one of them, the news spreads instantly among the other siblings... I mean just like that! It's very nice to see how this whole tribe of young Williams' adults cares about each other—you can genuinely see the strong bond between them all.

Mark: I know you are proud of them, and should be. Do you have any other advice you would like to offer on the topic of adoption?

People ask me all the time why my wife and I decided to adopt. The Lord put such a strong urgency upon our hearts that I really don't think we had any choice.

Pat: Well, it's definitely not for everyone. However, if you feel God is calling you and you enjoy doing some things that are off the charts, by all means, explore and investigate. It might be something God really wants you to pursue. People ask me all the time why my wife and I decided to adopt. The Lord put such a strong urgency upon our hearts that I really don't think we had any choice. We prayed and asked for God's direction... and once we made the decision, it just seemed to be a very natural part of what God wanted us to do. That's how I reflect on it—to pray, investigate, and include God in the decision making. He has a way of helping us figure things out.

Mark: It's been an honor to be able to talk with you today, Pat. Thank you for your time and sharing your beautiful adoption story with our readers.

Pat: Thank you. I appreciate the opportunity to talk with you, Mark. ✕



PAT WILLIAMS is the cofounder and senior vice president of the National Basketball Association's Orlando Magic. He is also a motivational speaker who has addressed thousands of executives in organizations ranging from Fortune 500 companies and national associations to universities and nonprofits. Pat has 19 children, 14 of whom are adopted from four foreign countries—four from Korea, four from the Philippines, two from Romania, and four from Brazil. In addition, he has written more than 100 books, including *The Success Intersection: What Happens When Your Talent Meets Your Passion*, *Humility: The Secret Ingredient of Success*, *Coaching Your Kids to be Leaders*, and the soon to be released *Coach Wooden's Forgotten Teams: Stories and Lessons from John Wooden's Summer Basketball Camps*, among many others.



MARK CAMPER, B.S., is the Director of Publications and Managing Editor for the American Association of Christian Counselors. He is one of three adopted siblings in his family. Mark lives in Lynchburg, Virginia, with his wife, Suzanne. Together, they have raised three, wonderful children.

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FOSTERING CARE

HOW YOU CAN SERVE

Recently, I have had the blessing and wonderful opportunity to speak to different churches about how God can use them to help children in care. During these occasions, I have witnessed lives changed as God's love entered into the hearts of those listening. I have seen people moved to tears from the stories that were shared about foster children. I have listened as some have told me of their inability to have children of their own, yet still felt the call to help other children. I have also sat with those who have told me through tears about their own experiences when they were abused and abandoned as children, and wanted to help those who are experiencing a similar fate today. In all these occasions, people were looking for ways to reach out to foster children and seek methods to care for and protect them.

Nevertheless, not everyone is called to be a foster parent. As you know, some do not have the skills to bring at-risk children into their homes and care for those in need. To be sure, we are all given different skills and talents by God. For some, these talents might be to care for children in their own homes on a day-to-day basis. For others, it might be to support those who provide for them, while others might be given the resources from God to share. The Bible is quite specific on the gifts of talents and abilities: *"We have different gifts, according to the grace given us. If a man's gift is prophesying, let him use it in proportion to his faith. If it is serving, let him serve; if it is teaching, let him teach; if it is encouraging, let him encourage; if it is contributing to the needs of others, let him give generously; if it is leadership, let him govern diligently; if it is showing mercy, let him do it cheerfully"* (Romans 12:6-8).

Our Heavenly Father has given each of us a special gift, a special talent. My talents are probably different than yours, and your talents are probably different than your friends and family, your fellow church members, and even your spouse. A talent is something you are given at birth, instinctually, and these talents give you unique skills and abilities. Scripture tells us that each of us is born with distinct talents and gifts that set us apart from each other. When we discover the talents that God has given us, we are better able to use them in order to give Him the glory and point others to our loving God.

There are a number of ways a church can pray for foster children and their families. A prayer team can also begin praying for the child even before he or she is placed into a foster home, praying that the transition is as smooth and comfortable as possible. Prayer teams can also intercede for the specific needs of the child, and for any obstacles or hurdles that might be encountered. Along with this, church members should keep the foster family lifted up in prayer at all times, asking that God grant them the strength, wisdom, and compassion they need as they minister to their foster child.

Some churches have begun a Foster Parent's Night Out (FPNO). This monthly program gives foster parents some hours during an evening of free respite care for children ages 0-18, whether they are adopted, biological or foster children. For many foster parents, it is an opportunity to go out to dinner, see a movie, go shopping or even just have a few quiet hours together at home. The children at the FPNO are supervised by trained volunteers who learn about the challenges foster care children may face and why they may come into care. They are also taught some strategies designed to help with behavior problems, as well as issues of safety and confidentiality. For the children, activities are planned around monthly themes. Additionally, the children have the opportunity or blessing, if you will, to form another positive and healthy attachment with a loving adult—one who has their best interests in mind and the heart to want to help. For children in care, the more healthy attachments and relationships they have, the better equipped they are to heal from the abuse and trauma they may be suffering from what necessitated the placement in the first place.

Many churches and non-profit, faith-based organizations have created what are commonly referred to as "clothes closets." When a child comes into care in a community, churches and faith-based groups across the nation are springing forth to work alongside the town's foster parent association to make sure each child has clothes.

I have been excited to see that churches across the nation have responded to the call for caring for children in foster care by launching suitcase drives and collecting bags for children in care. These groups have seen the need and are determined to bring a sense of dignity to a child when he or she must move—they provide

these children with a sense of self-worth as they have to leave one home and move to another, whether temporarily or permanently. Along with suitcases, many organizations are collecting duffel bags and backpacks. For some, the suitcase, duffel bag or school bag might be all they supply. For other organizations, these suitcases and bags might be filled with a variety of items, including blankets, pajamas, a few comfortable changes of clothing, a coat or jacket, undergarments, socks, and even toiletries.

Each fall, I am always inspired by the dozens of stories I read from across the nation on how organizations are helping children in foster care start off the school year in a positive way. Churches and faith-based groups are hosting back to school drives for youth in their communities who are in foster care. Many groups, Sunday school classes, and church volunteers are stuffing school backpacks filled with paper, pencils, pens, folders, notebooks, crayons, markers, highlighters, glue sticks, calculators, erasers, scissors, rulers, tissue, wipes, hand sanitizers, and even combs, brushes, and deodorants. As a foster parent myself, I can assure you that not only are you helping the children in your area, you are also assisting the foster parents in a tremendous way. For many foster parents, the cost of school supplies only adds to the financial stresses and challenges of caring for children in need in their homes. When your church helps with donating school supplies, you are helping to not only ease the financial needs of foster parents, but also freeing them of the time to shop for these supplies... time most foster parents often do not have.

Several churches and faith-based organizations are helping to make a very special day for children in foster care just that—special—and one set aside just for them dedicated to celebrating who they are. Some are having birthday parties for foster kids in their own churches, complete with streamers, party hats, balloons, cake, ice cream, and presents. By working with their local

JOHN DEGARMO

foster care agency or foster parent association, these groups are planning with those who care for children in foster care on how to best celebrate that child. Whether it is by offering space in their churches for foster parents to have a special birthday party or hosting the party themselves, churches are finding this to be a joy-filled form of outreach.

Just as with birthdays, many are also reaching out to children in foster care and helping during holiday seasons. There are various ways faith-based groups can help with those in foster care. Whether it is “adopting a child” and sponsoring him or her with needed supplies and clothing, throwing a birthday party, or hosting a toy drive or holiday party, we cannot only help children in care, but also their foster parents.

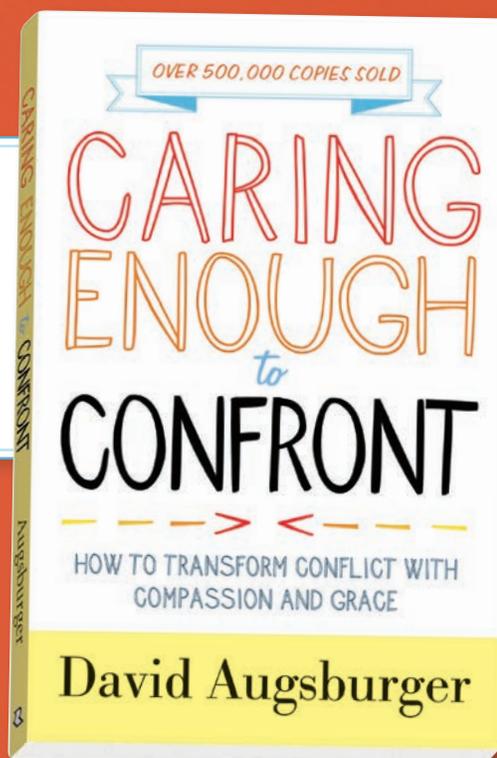
Yes, we all have gifts, talents, and skills that we can use to help children in foster care right where we live. Perhaps you could mow the lawns for foster parents like the gentlemen I spoke to in Minnesota. Maybe you could build a sandbox for a foster family, like a church youth group in Texas did. In Michigan, there is an older woman who quilts blankets for all the young children entering foster care in her hometown. For those foster parents who need help transporting children, maybe you could offer to drive children to doctor appointments. Or, maybe you could pay for a child in foster care to participate in a sports program or annual fees associated with the school’s marching band program. The possibilities are endless! Whatever your talent, whatever your skill, whatever your gift, God has blessed you... so how will you bless others in foster care? ✕



JOHN DEGARMO, ED.D., has been a foster parent for over a decade, and he and his wife have had more than 50 children come through their home. He is a consultant to legal firms and foster care agencies, as well as an international, transformative speaker and trainer. Dr. DeGarmo is the author of several foster care books, including *Faith and Foster Care: How We Impact God’s Kingdom*, and writes for several publications. He can be contacted at drjohndegarmo@gmail.com, through his Facebook page, Dr. John DeGarmo, or at *The Foster Care Institute*.

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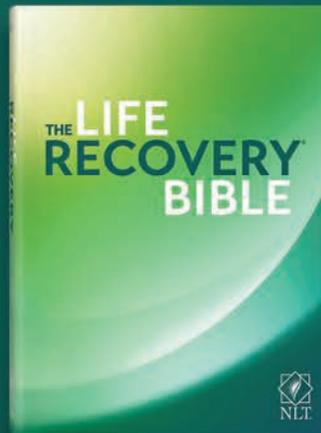
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CARING FOR THE “LEAST OF THESE” THROUGH ADOPTION

Why are there long waits for the many wonderful, loving families willing to adopt healthy babies in the United States while 400,000 American children are in foster homes? Of those 400,000 kids, more than 100,000 will never return to their parents and are eligible for adoption.

According to American Adoptions (a full service adoption agency), there are two million couples wanting to adopt a child... which means there are 369 couples for every child who gets adopted each year. At the same time, according to the United Nations International Children’s Emergency Fund (UNICEF), there are an additional 13 million orphans (children who do not have a living parent or grandparent to care for them) throughout the world... so why the disparity in the number of orphans and the number of people who want to adopt?

There are three main factors: 1) the cost of adoption, 2) the bureaucracy of the adoption process, and 3) the desire of the adoptive families to bring young, healthy babies into their families. The last reason is the focus of this article.

James 1:27 illustrates God's definition of pure and undefiled religion: "... to look after orphans and widows in their distress and to keep oneself from being polluted by the world." So as far as taking care of orphans in this verse, what is our responsibility? A second question might be, "How do we know that our desire for adoption is more for the orphan than for us?"

With more than two billion Christians populating the world, we as a people group must not be taking God's definition of pure and undefiled religion seriously. While there are age restrictions associated with adoption (often impacting those under 20 or over 50 from the adoption process), there are still hundreds of millions of potential people in the prime age group eligible to become adoptive parents.

Too many productive, Christian citizens who could be good adoptive parents are unwilling to disrupt their lives or sacrifice a certain lifestyle or additional material possessions. Redirecting our resources to feed an additional mouth, clothe a body, and educate a child can be intimidating. Maybe it is due to fear over worrying about how these children will turn out or that we just don't have what it takes to do a good job. However, these fears are normal for any first-time parent... and even without an instruction manual, they learned to figure things out with the help of God, family, friends, and educational resources. Remember God did not give us a spirit of fear, but of power and love and a sound mind (2 Timothy 1:7). So, bringing an additional child out of foster care or from a developing country into our family will almost always work itself out and be a blessing beyond measure.

Now let's address the question of whether adopting is more for us or the child. This is a difficult answer to ascertain. Only through deep intercession and possibly the help of a counselor could this be determined. Do we believe we will love how this child will make us feel... or do we possess a measure of sacrificial love, like Christ's love for us, that will allow us to have unconditional support and affection for a child who then might disrupt our lives, hinder our lifestyles or prevent us from buying a bigger house or going on exclusive vacations?

In Matthew 25:40, we are taught that taking care of the "least of these" should be done as if we were doing it for Christ Himself. So who are the least of these? Would it mainly be the undamaged babies who are not yet

aware they are unwanted by their parents... or could it be the children who have mental, physical or emotional disabilities? I believe this could be a test for many of us to consider if we are pursuing adoption for the child sacrificially or considering it to fill a void within us. Clearly, children who are older and have been abused or suffer from a disability are much harder to place in an adoptive family, but there are 369 families waiting for every one "perfect" baby boy or girl. Maybe this is why the average age of a child waiting to be adopted, according to Adoption Network, is seven and a half years old.

On average, it takes three years for a family to adopt older children. So how can we, as Christians, turn this around? How can we get serious about what God calls pure and undefiled religion? There are many organizations that provide grants to families who wish to adopt but find the process to be a heavy financial burden. For those who are above the eligible age to adopt, supporting these organizations financially would be one wonderful way to help.

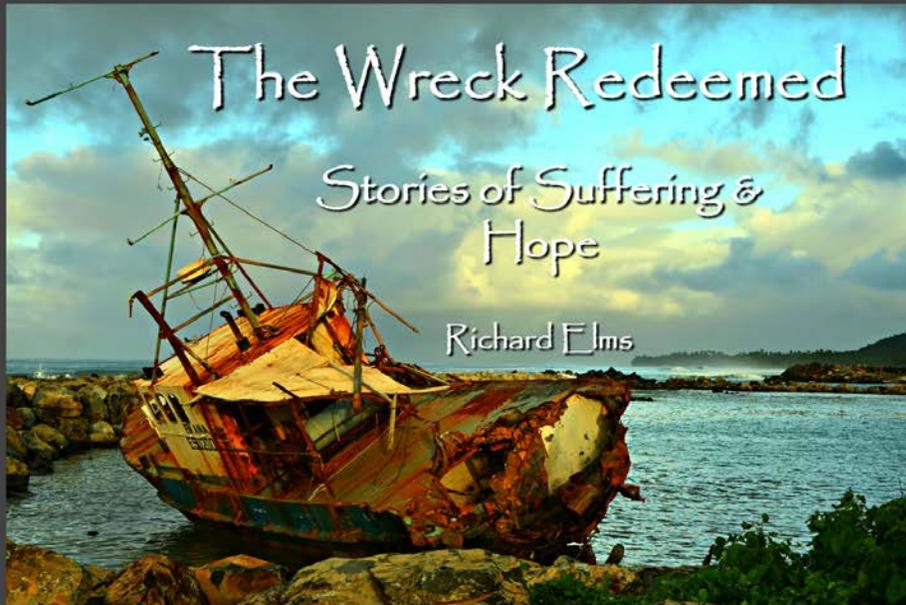
If you have uncertainties about adopting, becoming a foster parent is also a great alternative for testing the waters without making a lifetime commitment. Age restrictions are looser in most states for foster parenting. Additionally, there are many orphan care organizations not involved in the adoption process that aid millions of orphans around the world, many of whom are unadoptable for a variety of complicated reasons.

If you are considering adoption, pray about it and consult your pastor or Christian mentor to see if you are ready to take one of these steps to care for the *least of these* and embark upon a journey that God says is *pure and undefiled religion*. ✕



GREG GARRETT *has been a community leader by either founding or rising to Chairman of many local business organizations, such as the Young Presidents Organization Virginia Chapter, World Presidents Organization of Virginia, Entrepreneurs Organization of Eastern Virginia, and several others. He has been in the real estate business since he was 19-years-old. Outside of real estate, Greg has a passion for working with orphaned, abused, and incarcerated children through the international ministry he founded 17 years ago, Orphan Helpers, which serves approximately 1,000 forgotten adolescents. Greg loves spending time with his family and runs a weekly basketball ministry for more than 100 young men.*

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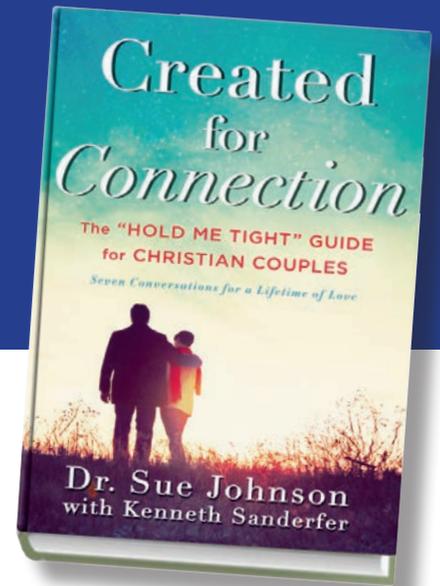
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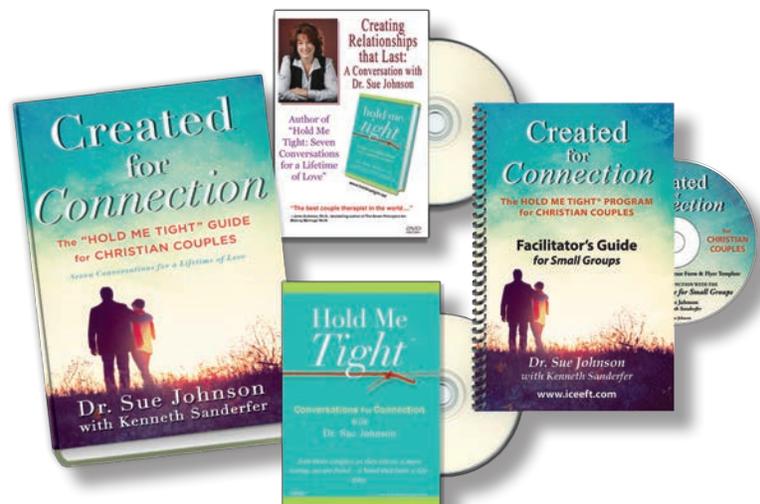
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Amazing Love: Adoption

I remember hearing the story one day of two boys meeting their teacher for the first time. She was asking about their family and one of the boys spoke and said, “Well, we know one of us is adopted, but we are not sure which one.” I loved that story because it reflected how all of us should relate to our Heavenly Father and to one another. He does not point to one of us and say he or she is my special son or daughter. We all belong to Him as His precious children.

You will read much about the subject of adoption in this edition of *CCT*. For 20 years, I worked for an organization (Focus on the Family) that made one of its most important pillars foster care and adoption of children. Yet, as I write these words to you, I want to concentrate not on the social issues related to adoption, but God’s adoption of each of us as though we were His only child—the spiritual side of adoption.

First, let me say that adoption is a beautiful picture of who God is and how His love is manifested. The reality is that adoption is not for everyone. Yet, for God it is. Someone said to me one day that, “When you think of adoption, it is not like taking a puppy home. You are dealing with a human being, an eternal soul.” That responsibility will be overwhelming at times. As a pastor counseling parents of adopted children, I have found that to be true. Boys and girls are not puppies and it can be a stressful and trying process... one that God has experienced, most likely, since adopting us.

When you define adoption in terms of Christianity, it is basically admitting people like you and me into the family of God. When you accepted Jesus Christ as your Savior, adoption into the family followed. And



because God accepts us as we are, He commits Himself to be the father of some poorly adjusted children. There are challenges in doing this because all of us are different and He attempts to have us live in unity. Not so easily accomplished, is it? If you are confused, just think of your church. Most all have been adopted, but not all abide in unity.

Some Characteristics of the Adopted Believer

The Scriptures say, “Because you are sons, God has sent forth the Spirit of His Son into our hearts, crying, ‘Abba! Father!’ Therefore you are no longer a slave, but a son; and if a son, then an

heir through God” (Galatians 4:6-7).

As adopted children, most of us have come out of some kind of bondage. We may have been mistreated, betrayed, abused or violated. We come into the relationship as one who most likely does not trust the one who is attempting to show us love. We may, in fact, refuse the level of love God has for us, but now we are His child and His love is unconditional whether we can sense it or not. I have counseled with many couples who did everything they could to establish a trust built on love, but it never happened. The wounds of their pre-adoption childhood were just too deep.

We have not all had genuine father relationships. This is especially true with men. So, we do not embrace the Heavenly Father so easily. As a result, we often live with reserve. In Romans 8:15, we are taught that we "... have received a spirit of adoption as sons by which we cry out, 'Abba! Father!'" This is a beautiful image of our relationship with God. We can call Him Father and He promises to listen. We are constantly forgiven so that we do not need to live with guilt and estrangement" (1 John 1:9).

A story comes to mind of a child who had hurt his father deeply. He knew he had. One day as the father was in the den reading the paper, he hears a noise and it was the young son running into the room and throwing himself on his knees at his father's chair. He called out, "Daddy, I am so sorry. I know I have hurt you, please forgive me." Of course, the father did forgive his repentant son, but as he told that story later, he said, "I do not think I have ever loved him more." Why? Because he needed me to forgive him so that he could be free again. He trusted my forgiveness. We ask in genuine repentance, and He will forgive in genuine love.

We come with an independent spirit. In Ephesians 5:8, Paul writes, "For you were formerly darkness, but now you are Light in the Lord; walk as children of Light." There are so many parents I have talked with who say of their adopted children, "Our DNA is just not the same." How true—we have not come from the same bloodline and we are different. When God, through His Holy Spirit, adopts us, we are of His creation, but our faces are turned from Him, and it takes a great deal of adjusting to feel comfortable in God's house. We are basically selfish and want our own way. He is patient with us and long suffering. There are times, no matter how much effort a parent gives, when adoption does not work as planned and there are decades

of heartbreak. God weeps when His children refuse His offer of love. Galatians 3:26 reads, "For you are all sons of God through faith in Christ Jesus." Some of our relationships never rise to that level of trust. For some reason, a person or an event takes away our ability to trust.

We come at a great price. Yes, in fact, the Bible does say, "We were bought with a price..." (1 Corinthians 7:23). I think something else we forget is that in order for God to adopt us, He has to sacrifice His only son. I also realize that one soul or person is worth all the world, but my point is adoption does not come cheaply. I do not know the exact dollar figure it takes to adopt a child, but I do know it is very expensive. And once the books have been signed off, that child becomes yours. He or she is part of your family. Now, I doubt if those parents will go around reminding that child how expensive it was for the adoption. I doubt if they will say, "Do you know how much your adoption cost us?" In the same manner, just as Jesus receives us as His brothers and sisters, He does not sit next to the Father and say, "Are you sure we want to keep them?" Of course not! We were bought with a cost that is impossible to calculate. I wonder spiritually and physically if there are times when we take that cost for granted?

A Closing Thought

I had the privilege of working with a young man and his wife who could not bear children. They tried everything, but were disappointed time after time. Finally, they went the route of adoption. After many dead ends, they were connected with a young lady who knew she would be unable to care for her soon to be born child, so they made all the necessary arrangements to embrace her baby when it arrived. They made trips to see the prospective mother, as well as many other things to show that young lady how much they cared—not just about the child, but about her.

The day the baby arrived, they were there. Tears of joy and excitement were everywhere as the baby boy was born... and then, out of nowhere, the couple was informed that the girl would not release the child after all. There was no way to express their disappointment. So many months of waiting and planning. I remember talking to them on the phone. Their pain was so great. We prayed for a miracle, not because we wanted to take a child away from anyone, but because we knew adoption was the best for everyone—especially the child. God answered those prayers and the baby was placed in the loving arms of his new parents. Oh how they loved that child! He has developed into a handsome, intelligent, and godly young son, as have his two adopted brothers. The family was made complete by a young couple who was willing to pay the price it takes to give their kids a loving, Christlike home. I have tears as I write these words.

Adoption not only brings glory to God when we accept His offer of sonship, but also when a couple sees the potential in the eyes of a child and takes the risk of parenthood. "See what kind of love the Father has given to us, that we should be called children of God; and so we are..." (1 John 3:1). Be blessed! ✠



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Bearing Fruit in God's Kingdom



Infertility is a place of sorrow. The longing to bear fruit runs deep. The heart cry to hold a child who is the fruit of a couple's love can feel overwhelming. Such sorrow was never meant to be from the beginning. God said, "Be fruitful and multiply." The fall means that things are not as they were meant to be. Part of God's image in humans means they bear fruit. Hannah wept bitterly and would not eat because of her grief. Infertility is, indeed, a place of sorrow for many.

Humans are not the only ones who grieve when the fruit of love is not borne. What God has created in the physical world is often a picture of the spiritual world. He teaches us through the things around us that we can see and touch. God made us in

His image and said to bear fruit. The physical outcome is children, but that is far from being the sum of the fruit God intends His creatures to bear. It is a physical picture of what is to be a spiritual reality. Like physical life, spiritual life is God-given and meant for bearing fruit. Genesis tells us we, like the trees and flowers, are to bear fruit after our own kind. We, as image bearers, are to reproduce God's image in our characters. It is a figure that runs all through biblical teaching. In Psalm 80, the psalmist laments with tears over the vine (the people of Israel) that was planted and failed to bear fruit. The lament of God in Isaiah 5 is because He cared for His vineyard in every way and looked for good grapes, but found only worthless ones. God was seeking the

fruit of justice and found oppression, for righteousness and found corruption. Over and over again in the Scriptures, God makes it clear that He is looking for spiritual fruitfulness in His people and is grieved when they do not bear fruit in His likeness.

In the Gospels, Jesus speaks to the religious leaders who measure their fruitfulness in erroneous ways. They measured their fruit in the material world. If you obey these rules in exactly this way (often a way they had made up), then you are righteous. Jesus blasts that thought. He says life is not determined by the material, but rather by the spiritual. He says it is the Spirit that gives life. We are easily blinded by the material that will only turn to dust.

I fear sometimes that we, in the body of Christ, have lost our way. We, like the Pharisees of old, measure our value by material things—status, position, knowledge, fame or books sold. Premium value on such things leads us to protect our institutions rather than the sheep. Jesus says in John that the flesh profits nothing; it is the Spirit that gives life. And then we are told, "Many of his disciples went back and walked no more with him." He was ever and always working to move humans into seeing that the externals do not give life to the soul.

Remember the fig tree? Jesus is walking into Jerusalem with His disciples. He is hungry and comes to a fig tree with no fruit. It looked alive. It was full of green leaves, but without fruit. He proceeded into Jerusalem to the Temple where He drove out the money changers and dumped over tables saying, "My house shall be called a house of prayer (a place full of spiritual fruit), but you make it a den of robbers" (Matthew 21:13). In essence, He said that His house failed to bless the people

in spiritual ways and instead blocked their access and understanding of who God is. He left the barren Temple, and as they walked by the fig tree, His disciples noted that it was withered up. Jesus had exposed the tree and the Temple for what they really were—barren places that attempted to imitate life. Both the tree and the Temple were unfruitful. Fig trees were created to bear figs. Temples and churches were created by God to bear the fruit of Christlikeness.

Our God longs for His people to be fruitful. He created us for that. When we are not, He weeps and laments. For those of you who weep over infertility in the physical realm, know that your God weeps with you. You are actually sharing in the fellowship of His sufferings in your grief. It is a small taste of God's tears for His people when they seek after things of this world

rather than Him. Know, also, that your longing is normal and your tears are not a lack of faith. Your lament is part of your duet with God in your life. Things are not as they ought to be. We live in a ruined world. Our God's sorrow over that in all its forms is great.

Finally, our God says, the flesh profits nothing. That does not mean it does not matter. It means we are not to interpret life by the material. However, Jesus wanted to teach about the Kingdom of God, but when people were hungry, He fed them. He is gentle with frail flesh, but wants us to see that it cannot save nor bear the fruit of the Spirit of God in our lives. He became flesh and it was made holy by the presence of His life in it. God was explained to us through the incarnation. That is what He wants for us no matter what is happening on the material level. Grief over infertility, sorrow over a

sick and broken body or mind, and joy over success in any realm are not the deciding factors of our value. Our value rests in Christ alone, who can inhabit any human life no matter its condition and manifest His character through that flesh. Then, our God rejoices. May we live to make Him sing. ✠



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Infertility and Adoption: An Interview with a “Sole Contributor”



Jason and Nikki had a plan: get married, work for a few years to pay off student loans, and start a family. By 2005, they had checked off the first two goals and began to let nature take its course. However, after about a year, it appeared that nature’s course was beginning to seem more like a marathon than a 100-yard dash.

So, Jason explained, “We decided for Nikki to seek medical consultation.” “The reason was,” he continued, “I assumed that if an issue existed, it must be with my wife. After all, there is a lot going on down there—tubes, ovaries, and stuff... and we were sure the specialist would figure things out.”

Jason felt confident that was the right call. He had done some research

and read that for couples experiencing infertility, in some cases the male is the sole contributor. He was playing the odds and probably engaging in some form of sexism.

However, as the months and tests rolled by, a new hypothesis emerged. The doctor said Jason needed to be checked out. What followed was a blur of awkward moments in waiting rooms with men hiding their faces behind magazines, sample taking, stirrups, razors, and exploratory surgery. Jason, it was revealed, was suffering from a genetic issue. The result was that he had, in his words, “a platoon of lazy, unmotivated, and directionally challenged swimmers.” With no guarantees and a cost of more than \$10,000 per round, in vitro fertilization was an

option... but it was an option they declined.

GWM: What have you learned that you would like to share with other males who may be in the “sole contributor” category?

JC: It brought me face to face with what it really means to be a man. And I thought a lot about how frustrating it was to be able to provide for a family without being able to provide a family.

GWM: Say more about the emotions attached to that statement.

JC: There were a lot of emotions to work through, but what I struggled with the most was how to tell my brother and

other men who are, well, not known for being sensitive. There was a sense of embarrassment when I was around them. And when I was around others, like Nikki, my mom, and my in-laws, I felt shame and guilt. I felt I was letting them down, especially Nikki—even though she never once made me feel blame and never said, “I didn’t sign up for this.” She was with me, but all this caused me to think, “What does it mean to be a man?”

GWM: So did you find an answer?

JC: Well, it certainly broadened my definition. And, of course, it made me wrestle with the fear of being one of the “sole contributors,” firing blanks, and being less of a man. I mean, who hasn’t heard about a 17-year-old kid getting his girlfriend pregnant and handling that in a very non-masculine way—abandoning responsibility.

And in terms of having a “testimony,” well it’s not the most “masculine” testimony. It’s not a glamorous testimony. If had a testimony menu, where I could place an order, the infertility special with a side of shame is not what I would have chosen. I would have chosen being a former gang member who had been shot and stabbed twice. “God delivered me from a gang, cool.”

GWM: And somewhere in the process you and Nikki decided to adopt. Do you mind sharing some of that journey?

JC: I think the main decision point had to do with the cost of in vitro procedures with no guarantees. And, we had talked about how we would like to adopt a child into our family, even when we didn’t know we had any problems.

GWM: And you chose international adoption?

JC: Yes, very early in the process, I was working on my Ph.D. coursework out in California and a friend told me I needed

to look up a philosopher at Azusa Pacific University, Steve Wilkens—mostly because he was smart and funny. So, I did... and right in the middle of our conversation, Steve told me that he had adopted a daughter from China and a son from Korea. And I looked at him sideways and he said, “Did I say something wrong?” I told him what was going on with us and that this was exactly what we were considering.

The next day, I was in class and looked out the window—because I’m ADHD—and there were two little dark-haired kids skipping behind the very blond Steve. And in that moment, it was as if I got a nudge from Dr. Jesus saying, “I’ve got this. You can trust Me.”

GWM: A very cool story. What happened next? How did the process change you?

JC: Well, to say the least, I have found that it is the coals of suffering that fuel the fires of transformation. It made me come to terms with Dallas Willard’s words: “The kingdom of God is a perfectly safe place to live.” Now that sounds fine and spiritual when things are going great, but what about when they are not? It hurt to be the sole contributor, there was no denying that. Yet, the end result delivered just the opposite of harm. It’s meant healing.

GWM: Say more about the healing.

JC: I needed to find a learning space. I had to create a closet in our house to meet with Jesus. And I would say, “This is more than I can handle; it is out of my control!” And I discovered that God’s address really is at the endofyour-rope.com.

Once, while I was in that closet, after the news was reporting that a new skirmish had broken out between North and South Korea, I was feeling like adoption was never going to happen. And at that moment, the phone rang—it was the adoption agency assuring us

“... I have found that it is the coals of suffering that fuel the fires of transformation.”

that all was on track. It was just what I needed. God is here, I thought. God is not going anywhere.

GWM: What else did you find helpful?

JC: I had the great privilege of journeying with an intentional spiritual formation program, the Renovaré Institute, during the adoption process. I remember showing them the picture of our adopted son—before he came to live with us, when he was six-months-old and still in Korea. The response from the group caused me more exhilaration than if I had been looking at a sonogram of a biological child. I got to journey with God... and with these people who were with me.

GWM: We are out of space here, but do you have a few parting words or images?

JC: I tell people all the time that I was blessed with the gift of infertility, and I truly mean that, because when I see my son and daughter and think where they might be had God not brought us together, and then I think of where Nikki and I would be without them in our lives, it is crystal clear just how fortunate I am. I wouldn't take anything for the process. At the beginning, it all seemed very dark, cold, and gray. But from this perspective, that was just a small corner of a beautiful tapestry. Adoption is not like a Wheel of Fortune consolation prize. The process became the prize.

What we have been through changed how I feel when I see the word adoption in Scripture. Before, I saw our spiritual adoption more like an Oliver Twist story where someone knocks on the door and says to God, "Here is your

baby." And God says, "Oh, well, I guess I've got to take it in." No, that's not it at all. We were pursuing relationship; we wanted relationship. And that is why God adopts us, because He is pursuing relationship and is very happy to go through the long process to find it. ✦



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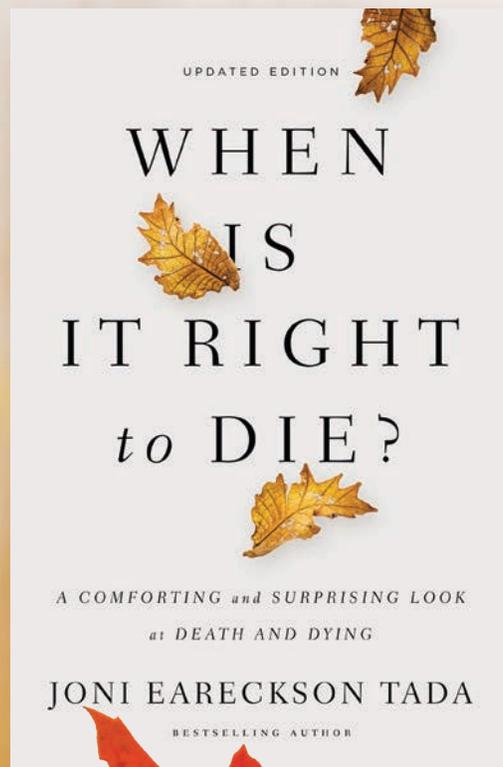
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A Vitamin Model for Treating Depression



The treatment of depression has for decades revolved around the goal of increasing low levels of neurotransmitters, such as serotonin, in the brain. This “monoamine hypothesis” (the depletion of certain neurotransmitters) postulated “chemical imbalances” as the cause of most depressions. Research now views depression as a symptom that can be caused by a number of different physiological causes, much like a headache is a symptom of a number of different potential causations. In this column, we will focus on how a vitamin defect can contribute to brain dysfunction and depressive symptoms.

Folate is the dietary form of vitamin B9 that is present predominantly in green vegetables, yeast, and egg yolks. Folic acid is the synthetic form of folate that is present in vitamin supplements and enriched foods. Both are inactive

“prodrugs” that have to be converted to their active form—L-methylfolate—which is then able to enter the brain and helps with the formation of primary neurotransmitters such as serotonin, norepinephrine, and dopamine.¹ To illustrate this, consider that someone has baked a cake for a wedding. In order to eat it, someone with a knife has to cut it into slices for the guests. The cake is folate, the slice is L-methylfolate, the knife is an enzyme called MTHFR (methylene tetrahydrofolate reductase), and brain neurons are the guests. It is not uncommon for mutations to occur in the genes that code for making MTHFR. When this occurs, there can be fewer knives (MTHFR) available and the guests (brain neurons) will not be served their food (L-methylfolate) in a timely fashion. The consequences of this at a wedding, or in your brain, are not good.

Brain cells use L-methylfolate to form a substance called “BH₄,” which activates two enzymes that convert the amino acids, tyrosine and tryptophan, into dopamine, norepinephrine, and serotonin. Low levels of L-methylfolate can, therefore, result in decreased production of these neurotransmitters and increase problematic mood related and cognitive symptoms. Antidepressants act to increase the efficiency of how neurotransmitters are utilized in the brain—much akin to helping a car get more miles per gallon. However, it is assumed that the car has gas in the tank. If the MTHFR mutations are significant, then the car will not have much gas in the tank due to L-methylfolate deficits and the medications will not work properly. This is one potential cause for “treatment resistant depression.”

MTHFR defects can also contribute

to other medical problems through its effects on homocysteine (HCY). HCY is an amino acid that is not present in naturally occurring food proteins and thus cannot be obtained from dietary sources. It is produced as a step in several normal metabolic pathways in the body that result in activating proteins and DNA via “methylation,” while producing helpful antioxidants, like glutathione. However, HCY is like salt in a recipe. If properly used, it enhances the process, but too much can be harmful. Thus, HCY levels have to be regulated by metabolic processes. Too much HCY has been associated with increased inflammation, direct damage to blood vessels, oxidative injury to cells, increased platelet clotting, and a number of other pathologies.² As a result, it is not surprising that elevated HCY is associated with an increased risk for medical conditions like coronary heart disease, stroke, and recurrent pregnancy loss... along with depression.³ Activated folate (L-methylfolate) is critically involved in the metabolic systems that keep HCY levels from becoming toxic to brain cells, along with blood vessels and the placenta.

This discussion illustrates how a vitamin mutation can be a part of a model of causation for depression. These issues should be suspected in depressed patients with treatment-resistant depression, have a personal or family history of recurrent early pregnancy loss or cardiovascular disease, or taking medications that may affect folate conversion, such as lamotrigine and valproate (used to treat epilepsy and bipolar disorder). Homocysteine (HCY) levels and MTHFR mutations can be assessed in readily available laboratory tests. At-risk patients could be greatly helped by the addition of activated folate (L-methylfolate) and other B vitamins, and perhaps trace minerals as an adjunct to their overall treatment plan.⁴ ✦



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Endnotes

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Ethical Issues in Infertility Counseling



The American Pregnancy Association reports that 10-15% of U.S. couples are affected by infertility.¹ According to the Centers for Disease Control and Prevention, 7.3 million women between the ages of 15-44 used infertility services between 2011 and 2015.² Infertility can result in a number of physical, emotional, and spiritual challenges that can strain a couple's marriage.

Infertility and the Christian Counselor

Married couples dealing with infertility may consider how assisted reproductive technology (ART) can help them achieve their dream of having a child. Many couples seek out Christian counseling in order to help them deal with

emotional issues resulting from infertility and/or to help them make some informed decisions about ART from a biblical worldview. This situation presents the Christian counselor with an important opportunity to provide compassionate care. The Christian counselor who provides counseling relevant to infertility should have appropriate professional knowledge and training regarding infertility and ART. The American Association of Christian Counselors (AACC) 2014 Code of Ethics requires Christian counselors to be competent in the counseling services that they provide. Ethical Standard 1-220 of the AACC Code of Ethics provides, in part, that "Counselors maintain an active program of personal/professional growth, study, and continuing education to improve helping

effectiveness, biblical integration, and ethical practice."

The Christian counselor should be aware of biblical guidance pertaining to various ART procedures. Professional Christian counselors can most effectively guide couples seeking faith-based counsel about ART by obtaining informed consent for biblical and spiritual practices in counseling in accordance with Ethical Standard 1-330 of the AACC 2014 Code of Ethics. This section of the Code provides, in part, that "Christian counselors do not presume that all clients want or will be receptive to explicit, spiritual Judeo-Christian interventions in counseling and, therefore, obtain consent that honors client choice, receptivity to these practices, and the timing and manner in which these elements are introduced."

"Due to changing life circumstances, individuals involved in ART may find themselves confronted with situations that result in potential ethical and/or legal challenges."

Key Ethical and Biblical Issues Relating to ART

ART treatments available include, but are not limited to, ovarian stimulation with drugs, in vitro fertilization, donor gametes, surrogacy, and the ability to freeze embryos. Key biblical concerns with certain ART treatments for infertile couples include:

- The use of donor eggs or sperm involves a third party in the reproduction process of husband and wife, which many Christians believe is not consistent with God's design for the family and raises issues relevant to the marital covenant and parenting (Psalm 127:3; 1 Samuel 1:5-6).
- Selective termination of embryos or freezing embryos that are later destroyed raises biblical concerns due to the view of the sanctity of life that begins at conception (Psalm 139:13-16; Matthew 1:20), as well as abortion that would result from embryo destruction (Deuteronomy 5:17; Exodus 20:13).
- Surrogacy can, depending on the facts, include issues such as compensating a surrogate mother that is the equivalent of selling children. Children are not a commodity to be bought and sold, but rather a gift from God (Psalm 127:3).

Ethically, couples should be aware of the risks to the health of the mother and babies that can result from multifetal pregnancies after the administration of fertility drugs.

Legal Considerations

Christian counselors are encouraged to help couples consider all of the possible fact scenarios that could take place as a result of ART procedures. Due to

changing life circumstances, individuals involved in ART may find themselves confronted with situations that result in potential ethical and/or legal challenges. For instance, a couple could divorce with one spouse no longer desiring to keep multiple embryos frozen for future use. In *Davis v. Davis*, 842 S.W.2d 588 (1992), a couple attempted to achieve pregnancy through in vitro fertilization and embryo freezing. The couple divorced before Mrs. Davis became pregnant and disagreed about what should happen to the frozen embryos. The dispute turned into a legal battle that ended with the Tennessee Supreme Court. The Court determined that the pre-embryos should be destroyed. Other potential legal disputes related to ART include, but are not limited to: 1) a surrogate mother who initially contractually agrees to give up the child at birth but then changes her mind; and 2) a surrogate and parents who disagree regarding the selective termination of developing fetuses.

Laws relating to ART (e.g., donor egg and sperm and parental rights and responsibilities, surrogate compensation, the enforceability of surrogate contracts, and the advance directives of a couple prior to creation of embryos) can vary from state to state. Couples considering ART are encouraged to seek legal counsel from an attorney in their jurisdiction who can provide legal guidance relevant to their state law. The American Academy of Assisted Reproductive Technology Attorneys (AAARTA) has a Web site that lists AAARTA members who are experienced ART attorneys in U.S. jurisdictions.

Church-based Care and Counseling for Infertile Couples

The local church should come alongside couples who are walking down

the emotion-riddled road of infertility. Some churches, such as Menlo Park Presbyterian Church in Menlo Park, California, have developed spiritual care groups that specifically focus on infertility issues. Hurting couples can be greatly encouraged by knowing that people care for them and will pray for them. Participation in infertility spiritual care groups, along with pastoral counseling, can provide couples struggling with infertility hope and strength to process their grief and focus on Christ in order to run the race set before them with perseverance. ✦

The information is current as of the date that it is written. This article is provided solely for general educational purposes and does not constitute legal advice between an attorney and a client. The law varies in different jurisdictions. Consultation with an attorney is recommended if you desire legal advice.



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Endnotes

- ¹ American Pregnancy Association. "What is infertility?" Retrieved December 12, 2017, from <http://americanpregnancy.org/infertility/what-is-infertility/>.
- ² Centers for Disease Control and Prevention. "Infertility," citing Key Statistics from the National Survey of Family Growth (data are from 2011-2015). Retrieved December 12, 2017, from <https://www.cdc.gov/nchs/fastats/infertility.htm>.

Leadership for Today's Complex Families

A half century ago in this country, the iconic *Leave it to Beaver* television series (if you're too young to recall the show, Google or YouTube this classic, comedic sitcom) characterization of the traditional family unit was the norm. Most of our nation's families were representative of the ubiquitous Cleaver family, who had an intact first marriage, the proverbial 2.4 biological children (Wally and "The Beav"... plus their dog, which I suppose accounted for the elusive .4 statistic) born more than nine months after their wedding, the dad (Ward, working full-time outside the home), and June functioning as a stay-at-home mom (although even then, not all "housewives" necessarily wore heels, hose, and pearls every day). America seemed to be living the idyllic dream.

My, how times have changed! Today, less than 7% of U.S. families fit that generalized typology. The nature and constitutional structure of the family unit has changed dramatically and, often, traumatically. Families are frequently frazzled, if not fractured and fragmented. Consequently, new structures, configurations, and even definitions of family have emerged. Additionally, our culture is finally beginning to recognize some of the realities of infertility, adoption, and blended families, which it used to repress and/or ignore.

Collectively, these sweeping societal changes pose significant implications for both ministerial and clinical leaders. Churches and clinicians are faced with overwhelming professional challenges, as well as tremendous ministry opportunities to serve these often troubled, needy, and hurting populations.

So, what are the numbers of people we are talking about with these issues?

- Studies indicate that about 12%

of married couples struggle with *infertility* issues.

- About 135,000 children are *adopted* in the United States each year; roughly 59% are from the child welfare (foster care) system (with more than 108,000 additional children waiting to be adopted out of foster care); 26% are from foreign countries; and 15% are voluntarily relinquished American babies.
- In terms of *blended families*, nearly 2,100 blended families are formed in the United States every day, with more than 40% of new marriages involving at least one child from a previous relationship and about half of all live births in this country from unwed parents. When the vast numbers of cohabiting couples (the majority of millennials) and single parents are factored into the mix, rarely does any contemporary family resemble the Cleavers.

How, then, shall we respond? What do we do to address the increasing complexities and diversities of familial experiences? And how do we delicately, yet directly, minister to the incredible irony of many who desire children but are unable to have them, while we simultaneously have an unprecedented number of children who are unwanted?

Leaders must lead. Servants must serve. And here, as in all things, Christians must love. Our starting place is to develop a biblical apologetic and paradigm as a template for designing, developing, and delivering ministries and clinical services to these populations. In Psalm 68:5-6, King David makes the comforting observation that God functions as a father to the

fatherless, a defender of widows, and makes a home for the lonely. In the New Testament, Jesus' half-brother, James (yes, that was a highly unique blended family), instructs us that pure religion consists of attending to the vulnerabilities of widows and orphans in their distress (James 1:27). We must become Jesus' hands and feet extended in real time... in the real world.

So pragmatically-speaking, what exactly are the implications of these scriptural principles for those in our churches or perhaps, more importantly, who are *not* in our churches (but need to be) due to the pervasive silence, shame, and stigma surrounding these issues? How, and in what ways, can we make a difference to people hurting with these and related concerns?

As with many issues in life, the first step toward wholeness and healing is to acknowledge the reality of the problem itself. For too long, the Church at large has appeared to ignore or look the other way from these and similar mental and relational health needs. The time has come for leaders to boldly, yet lovingly, speak truth into the cultural denial to end the silence. We must shine the light of Jesus' love into the darkness of people's pain and suffering in order to erase the shame. And we must spread the salt of the Gospel into decaying relationships to eliminate the stigma of mental and relational health problems in the church.*

For leaders, perhaps the most effective manner in which to tackle these concerns is by example. Hebrews 4:14-16 explains that "... we do not have a high priest who is unable to empathize with our weaknesses..." When we, like Jesus, are able to identify with those struggling with mental and relational health needs, we are equipped and empowered to exercise a deep level



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of compassion, concern, and caring like never before. Several epistles help us personally identify with the dynamics of adoption (e.g., Romans 8:15-30; 9:4; Galatians 3:26 - 4:7; Ephesians 1:4-14) and blended families (e.g., Ephesians 2:19; 3:14-19; 1 John 3:1) as we belong to, and function as, the Body of Christ. Unpack those passages and live them out—daily and progressively more deeply.

Moreover, as clinical and ministerial leaders, we are cognizant of the typical transference dynamics that are often subconsciously projected onto the roles of those in authority. Emotionally powerful maternal and paternal issues frequently emerge in the course of

clinical and pastoral care, offering the unique and redemptive opportunity for altruistically “reparenting” hurting people and relationships. Properly understood and wisely managed, these dynamics implicit in the leadership role can be instrumental in effectively bringing about healing, health, and hope to the hurting. Let’s diligently and unceasingly pray about how we can become more therapeutic to those around us. ✦

*For further assistance with these and many other related issues, please see AACC’s brand-new, 25 chapter, 411-page resource book titled, *The Struggle is Real: How to Care for Mental and Relational Health Needs in the Church*, available at AACC.net at a discounted price of \$20.



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Infertility, Adoption, and Blended Families

Spiritual Aspects of Living with Infertility

Romeiro, J., Cadeira, S., Brady, V., Timmins, F., & Hall, J. (2017). Spiritual aspects of living with fertility: A synthesis of qualitative studies. *Journal of Clinical Nursing*, 26, 3917-3935.

This is a review and synthesis of 26 qualitative studies of how men, women, and couples faced infertility, particularly with respect to spiritual experiences, needs, and coping. Participants who identified from the 26 studies were women (n=403), men (n=34), and couples (n=36). In a given study, a sample could range from as few as an individual to as many as 38 participants. The studies were conducted around the globe with higher numbers of them from the United States, the United Kingdom, and Africa.

The synthesis of the studies showed interviewees in different infertility phases and identified themes related to spirituality. The phases of infertility included the time of diagnosis, learning about and exploring different fertility options/treatment, and follow-up after fertility treatment. The two themes related to spirituality were: 1) spiritual needs, and 2) spiritual coping.

Spiritual needs or the “expression of spiritual needs” (p. 3929) refers to the spiritual journey associated with achieving “the goal of having a child” (p. 3929).

Coping strategies had to do with adapting to, and transcending, suffering, which included “the development of resilience... and maintaining or regaining hope” (p. 3929). An example of an expression of spiritual needs in which the subtheme was *need for purpose in life* is:

Leaving a genetic mark is extremely important to me now. The longer down the road we've travelled, the

more compelling it has become. A child is a symbol of our love and also a record of us.... No one remembers you because you kept a clean house (p. 3930)!

Another subtheme under spiritual needs was *need for expression of personal beliefs and values*. One woman shared: I still feel like, “Where am I? Where am I going? Where am I supposed to be?” If God hasn't chosen me to be a mother, what is my purpose? That is my biggest question. What am I doing? Why have I been put on earth? ... And it makes me angry that I have to search for something. I want to be a mom. Why do I have to find something else to replace that (p. 3930)?

In terms of spiritual coping resources, a subtheme was *religious strategies*, which is reflected in this quote:

I had always been a Christian, but this was the first time I had ever just turned everything over to God. I asked Him to just close one door for me if He didn't want me to pursue IVF. If He closed just one door, I would stop, but He didn't.... It was the most glorious thing in the world. Everything we went through, every tear I cried was all worth it because we were blessed with a miracle from God! Our boy is truly a precious gift! Don't give up your dreams... they can come true (p. 3931)!

It was noted by the authors that there is a general lack of interest in spirituality among many healthcare professionals. This study underscores the potential value in assessing, supporting, and incorporating spirituality into the infertility journey. More work can be done on how spiritual experiences and coping resources are experienced and utilized by couples, as well as differences between men and women, but the role

of spirituality in people's lives is certainly worthy of further study.

Adoption for Christian Adoptive Parents

Firmin, M.W., Pugh, K.C., Markham, R., Sohn, V.A., & Gentry, E.N. (2017). Outcomes of adoption for Christian adoptive parents: A qualitative study. *Journal of Psychology and Christianity*, 26(1), 16-28.

Michael Firmin and his colleagues conducted a qualitative study based on interviews with 21 evangelical Christian families, most of whom had both biological and adopted children. Participants were recruited through convenience sampling and the snowball technique. All but two of the participants were parents of both adopted and biological children. The other two families had adopted children only.

The age range of adopted children was between five days and 15-years-old, and the number of adopted children ranged from one to seven. The parents were mostly Caucasian (with one identifying as Asian and one as “other”). Adopted children represented by these families were from Ethiopia (n=12), China (n=7), Uganda (n=5), Ukraine or Russia (n=4), and Vietnam (n=1). Six children were from the U.S.; five were African-American and one was Caucasian.

The focus of the qualitative study was to look at “how Christian families come to understand the adoption process” (p. 18). Findings were *assimilation into the family, differences/no differences between adopted children and biological children, supportive community, and lessons learned*.

For example, with respect to *assimilation into the family*, one father shared:



When you look at these kids and see the incredible change in them, from when you come home—whether it’s physical changes or the ability to relate to the family—or their ability to resolve conflict—and you see the spiritual growth, and you see them for the first time reading the Gospel and growing... that’s so rewarding (p. 19).

An interesting theme had to do with *differences/no differences* in how parents related to their adoptive children. One mother shared:

[My adopted children] really have done nothing at all to deserve us loving them. I felt that way with my own [biological] kids some (chuckles), but they are my own flesh and blood. So it’s a little bit different... that I feel like well (laughs, searches for words)—it’s like, you know, I helped create them. So there’s a connection there. But with [my adopted sons], they were across the world. They’ve done nothing at all to deserve my love. Or you know, to warrant my love. So

sort of that... and yet I do love them as my children (p. 20).

The other two themes had to do with having a *supportive community* that lacked understanding and *lessons learned*. Many interviewees described a church community, for instance, that was supportive but did not understand the length of the assimilation process or the nature of the journey. Lessons learned included grace, unconditional love, and sanctification—often reflecting ways in which interviewees felt God was working in their lives through the adoption experience.

This was an interesting look at the experience of evangelical Christians who are adoptive parents. The authors of the study noted that given the number of evangelical families that are participating in adoption, it can be helpful to hear from them about what they have experienced and begin to identify ways to be supportive of them.

Transition Days in Blended Families

Perry-Fraser, C., & Fraser, R. (2016). Transition daze: A qualitative analysis of transition days in blended families. *Psychology, 7*, 1110-1118.

Charity Perry-Fraser and Rick Fraser of California State University conducted a qualitative study of parents in various stages of stepfamily development. Participants were 13 parents who were interviewed specifically about transitional days in stepfamilies. Of the 13 participants, 10 were married and three cohabiting... and a variety of custody statuses were reported.

There were six different subthemes related to the theme of transitional days: 1) *try to connect with kids*, 2) *make comfortable*, 3) *gather belongings*, 4) *expect upset*, 5) *prepare to spend time together*, and 6) *transition off schedule*.

The first subtheme of *connecting with kids* had to do with recognizing that the transition day can be difficult and convey that they, as parents, were there

"The first subtheme of *connecting with kids* had to do with recognizing that the transition day can be difficult and convey that they, as parents, were there for their children and try to ease the transition."

for their children and try to ease the transition. The second subtheme, *make comfortable*, had to do with preparing the home (e.g., having their room ready, shopping for specific food items, etc.). The next theme, *gather belongings*, had to do with either allowing the child to make a plan that day or otherwise offer a routine that would be helpful to their child. The next theme, *expect upset*, had to do with transitional days being difficult and being prepared for some acting out and emotionality. The next theme was *spend time together*, which was about making an effort to spend time with their child on the day they arrived, often meaning working ahead to free up time for their child. The last subtheme, *transition off schedule*, had to do with the transition being "off-schedule" due to the behavior of an ex-spouse and preparing to be flexible in response.

The authors coined the term, "Transition Daze," to capture the experiences they recorded from their interviews.

Indeed, there is a sense of confusion that children experience that the authors note is unavoidable. They believe that how families mediate transition days sets a tone and models a working relationship that can be helpful to children affected by stepfamily development. In any case, this is an important, practical consideration and one that warrants further investigation in light of diverse family structures today. ✕



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Bringing Families Together: The Adoption Journey – Kris Faasse

1. Which of the following is NOT true regarding adoption?
- a. older adopted children may have a profound lack of safety
 - b. adoptive children can replace a child who might have been
 - c. adoptive parenting differs from biological parenting
 - d. the desire to rescue a child is not a good reason to adopt

Fostering Care: How You Can Serve – John DeGarmo

2. Foster care children heal better from abuse and trauma when
- a. they have more healthy attachments and relationships
 - b. they are allowed to visit biological parents
 - c. they have few rules and expectations by foster parents
 - d. all of the above

Ethical Issues in Infertility Counseling – John Sandy

3. Some biblical/ethical issues that ART may present are
- a. third party sperm and egg donors in marriage
 - b. selective termination of unwanted embryos
 - c. surrogate mothers being paid for services
 - d. all of the above

Leadership for Today’s Complex Families – Jared Pingleton

4. Pingleton believes we must
- a. eliminate the stigma of mental/emotional problems in the Church
 - b. have a biblical paradigm of ministry and service
 - c. re-parent hurting people and relationships
 - d. all of the above

Sons and Daughters from Afar: International Adoption – Pat Williams/Mark Camper

5. Which of the following is NOT parenting advice from Pat?
- a. spend time being involved in their lives
 - b. focus more on love than on discipline
 - c. once they reach 18-years-old, they should have a plan to leave the home
 - d. adoption is not for everyone

Infertility and Adoption: An Interview... – Gary W. Moon

6. The process of adoption made Jason
- a. confused about God’s love for him
 - b. embarrassed by others’ comments
 - c. realize God was pursuing a relationship with him
 - d. all of the above

Seeking a Good Blend: Preparing and Educating Blended... – Ron L. Deal

7. Deal says a blended family stays together because
- a. of the couple’s relationship
 - b. of the fear of another attachment loss
 - c. they protect assets brought into the marriage
 - d. they agree that biological parents do discipline

Surrogacy: The Gift of Motherhood – Amy Trout

8. Gestational surrogacy involves
- a. the female carrier being the biological mother
 - b. the sperm coming from a sperm bank
 - c. artificial insemination of the female carrier
 - d. the intended parents supply the fertilized egg

The Biology of Infertility: Causes and Treatment Options – Jeffrey A. Keenan

9. Which of the following is NOT a myth about infertility
- a. infertility is the same as sterility
 - b. delaying childbearing for women is safe into their 40s
 - c. adoption often cures infertility
 - d. 80-85% of infertility has a diagnosable cause

Amazing Love: Adoption – H.B. London, Jr.

10. Like our adopted children, God’s adopted children
- a. are often wounded and have trust issues
 - b. may struggle because of some bondage
 - c. at times find it hard to relate to a father
 - d. all of the above

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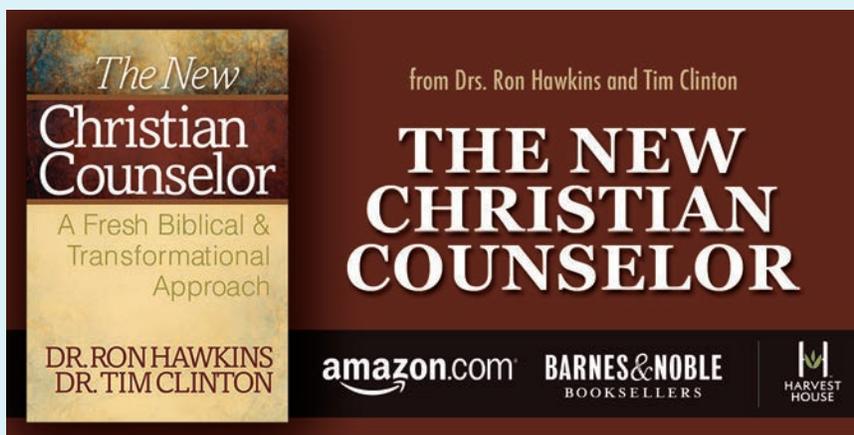
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Infertility: Knowing God Cares



Laughter ripples down the hallway, office by office, as an eight-year-old bundle of sunshine makes her rounds at the AACC headquarters. Sophia's late afternoon visits bring smiles and a sense of lighthearted community to the staff. When she comes by my office, we usually "high-five and fist bump" and then she goes on her merry way leaving a wake of joy behind her.

Yet, for Sophia and her new mom and dad, that joy did not come overnight. The years of infertility, a stretching decision to foster, and a nightmare scene of watching a little girl torn apart by a complex legal system, multiple foster home placements, and a mother who abandoned her were extremely challenging and exhausting. I think the most difficult part for the new

family was the sobering reality that, until the adoption was finalized, they could have lost the little girl who was already their daughter—if not legally, certainly in their hearts.

Sophia's Family is Not Alone

Sometimes when Sophia stops by, we do "stare downs" to see who can go the longest without blinking. When I look into her hope-filled eyes, I often think about the parental rejection she experienced and how a complicated system scarred her. However, the part that shouldn't make me blink, but always does, is her beautiful smile that is full of a new robust family love and happiness crafted by the careful, tender work of God in His children.

My thoughts about the journey of infertility, hope, and adoption have changed so much lately.

A Silent Epidemic

According to the Centers for Disease Control and Prevention (CDC), around 10% of women between the ages of 15 and 44 have difficulty getting pregnant or staying pregnant. Many of these women and couples bear the burden alone and in silence.

Imagine the failed pregnancy tests and nauseating pain a couple must face when they watch all their friends having children and celebrating birthday parties... or perhaps you don't have to imagine. Perhaps this is you, cringing at the comments and questions from well-meaning people wanting to know when you will start having children. Month by month, these hopeful couples go through a sharp cycle of anticipation and then crushing disappointment. And for many, it brings another round of feeling stigmatized and an ongoing battle with shame.

The journey of grief and loss took Hannah in the Bible to the edge of despair. Her emotions around barrenness were raw and deep. For those on this journey, the stinging questions abound... Why can't we get pregnant?... Why can't we stay pregnant?... When will we become a family?

Female infertility has a variety of causes. Ovulation problems are the most common culprit, although fallopian tube obstruction, uterine fibroids, or the actual shape of the uterus can also result in infertility.^{1,3} Although infertility is often thought of as a woman's problem, in 35% of infertile couples, the man plays a role.¹ Male infertility can be the result of, among other things, insufficient sperm production, varicoceles, or hormonal imbalances.² Unfortunately, many of these problems cannot be treated without great cost and little to no guarantee of success. This obviously leaves many couples facing the reality that they will never be able to have a child through their own pregnancy.

Secondary Infertility, Couples, and Family Relationships

Often not discussed, or even mentioned, is secondary infertility—the inability to have more children after having a child. The frustration, pain, and grief can be deep and difficult. Secondary infertility can result due to complications with a first pregnancy, such as when a woman requires an emergency hysterectomy or experiences other complications of the reproductive system, among other issues.

Emotional and Relational Chaos

Infertility does not just test a relationship... it can tear it apart. Remember the biblical story of Rachel? When she was unable to conceive, she blamed Jacob. Then he, in turn, got angry with her over blaming him (Genesis 30:1-2). One study conducted in Denmark found that infertile couples were more likely to divorce than couples who could bear children normally.⁴

Additional support, care, and resources may be needed to help couples navigate these difficult waters.

Help and Hope

Listen... love... encourage... and guide them. Just as God knits every child together with divine care, He writes a distinct story for each couple desiring children. Our work is to be the love and grace of God in their journeys. That may mean simply being a listening, caring presence and offering care and support. Help them understand and find available infertility treatment options and explore the possibility of adoption and/or remaining childless. Also, do not be shy discussing the ethical and tough theological issues involved. Education, encouragement, and support can make all the difference during this difficult phase. When they are ready, bring God's grace, love, and hope to the moment. Their futures, too, may come bundled in a beautiful, searching, and soon-to-be joyful smile. ✨



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Endnotes

- ¹ <https://www.cdc.gov/reproductivehealth/infertility/index.htm>.
- ² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4424520/>.
- ³ <https://www.womenshealth.gov/a-z-topics/infertility>.
- ⁴ <http://onlinelibrary.wiley.com/doi/10.1111/aogs.12317/abstract;jsessionid=B838A21E3AF9C6C107010DD4EE912BA9.f03t04>.

"Just as God knits every child together with divine care, He writes a distinct story for each couple desiring children. Our work is to be the love and grace of God in their journeys."

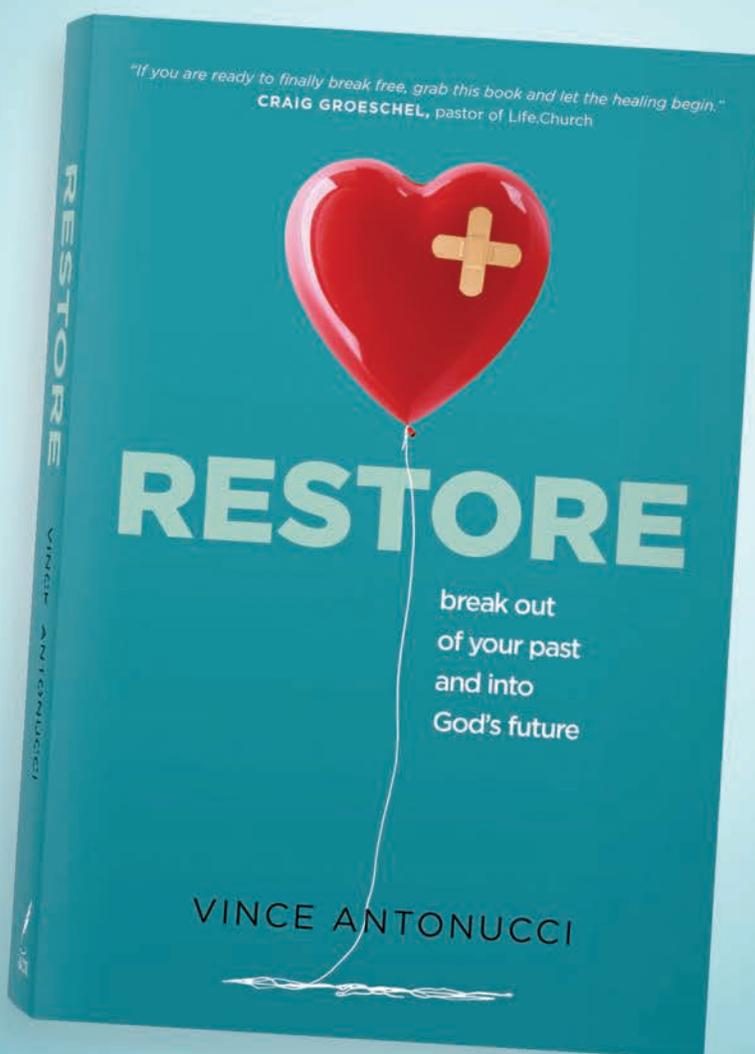
Help others get past their past, heal their hurts, and break bad habits.

Encourage others to put bad habits that hurt or offend behind them with this helpful recovery resource.

Start reading now!

RestoreChristianCounseling.org

Vince Antonucci pastors Verve, an innovative church that seeks to reach people who work on and live around the Las Vegas Strip. The upcoming television series *God for the Rest of Us* will chronicle Vince's work there. In addition to writing books, Vince leads mission trips around the world, speaks nationwide, performs stand-up comedy in Las Vegas, and most of all, loves spending time with his wife, Jennifer, and their two kids.



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