For Better or Worse: On the Road to Evergreen

A review of

The Road to Evergreen: Adoption, Attachment Therapy, and the Promise of Family
by Rachael Stryker
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Reviewed by
Susan Regas

Anthropologist Rachael Stryker has written a must-read book for anyone interested in adoption and the inner workings of the controversial Evergreen model of attachment therapy. The Road to Evergreen: Adoption, Attachment Therapy, and the Promise of Family is based on participation observation in an attachment clinic in Evergreen, Colorado, during a nine-month period in 1999. The author did a brilliant job of interviewing adoptive parents of formerly institutionalized children and the personnel at adoption agencies and orphanages in the United States and Russia.

Stryker places both reactive attachment disorder (RAD) and attachment therapy in a cultural context, making the case that adoptive families consider children as emotional assets who are expected to make their family units mirror the biological nuclear family. Parents see their role as providing the children with an emotional refuge and in return expect the adopted children to be both pleased and grateful. The adoption agencies prescribe and legitimize
these thoughts by promising parents that even with their adopted child’s challenging beginnings, the material possessions and love in a “good home” will resolve issues and change the child’s behavior.

**Reactive Attachment Disorder**

Instead of being emotional assets, however, these children often become emotional liabilities. Parents who have committed to giving unconditional love feel crushed when their adopted children respond with indifference, rage, and destructiveness. These adopted children challenge the aesthetics, rituals, and roles that parents associate with being a family, and the Evergreen model renews parents’ hopes for a “normal” family when problems arise after adoption.

The occurrence of RAD increased in the 1990s as a record number of Americans began to adopt institutionalized children from orphanages abroad and from within child welfare systems in the United States. According to Stryker, adoptive parents are drawn to the RAD diagnosis because they are reassured that the child’s behavior is pathological. They are relieved to find out that the problem is with the child and not related to them as parents. Although there is much controversy in psychology over the use of RAD as a diagnosis, the Evergreen model encourages parents to see the child as having symptoms of RAD and to place the burden of the family problem on the child.

Whereas there is common consensus that RAD stems from a break in infant attachment to a primary caregiver, there is no consensus as to the most effective treatment (Minnis & Keck, 2003). Desperation drives parents to Evergreen and to extreme methods of attachment therapy that some people view as life saving and others view as exploitive. With its focus on repairing broken children, the goal of Evergreen is to return children to their natural state as emotional assets. According to Stryker, attachment therapy continues to be a popular treatment because it guarantees to rescue and preserve parents’ original vision and understanding of family by producing “child love” or attachment in the clinic and providing parents with the means and information to discipline children to become emotional assets in the home.

**The Evergreen Model**

The radical and unconventional Evergreen therapy model is a mixture of confrontation therapy—where holding therapy occurs—and therapeutic-parent training. During holding therapy, the child is laid across the lap of the attachment therapist, like an infant. This position allows the therapist to force eye contact with the child and provides the physical
closeness that provokes a child to emote. Proponents of this technique claim that it removes
the attachment of adoptees to their birth parents and facilitates the attachment to adoptive
parents.

During the two-week intensive therapy, the children are expected to develop behavior
consistent with being part of a “real” family and to become emotional assets who are
compliant, polite, friendly, and grateful. For many of the adoptive parents interviewed by
Stryker, attachment therapy seemed the perfect solution; it emphasized control and
compliance and told adoptees they needed to show their willingness to be a part of the
adoptive family or face another banishment. Attachment therapists gave these parents hope
that their original expectations could be met and the parents could again see themselves as a
family.

Stryker expertly studied the families, and she provides a detailed description of the
attachment therapy treatment, including child therapy sessions and therapeutic-parent
training sessions. During the two-week intensive therapy, the adopted children reside
without their parents in treatment family homes and are allowed to do only three things on
their own: breathe, think, and feel. The children must ask for permission to do anything else.
In addition, the children are required to sit motionless for long periods and to perform
needless tasks. Unfortunately, Stryker does not give equal attention to the goals and methods
of this component of treatment.

In The Road to Evergreen, Stryker presents three families: one in which the child
returned to living with the adopted family after treatment and two in which the children
ultimately ended up living in a long-term therapeutic home while the adoptive parents
returned to their hometown homes. According to Stryker’s observations, Evergreen therapy
facilitated reunification as much as it failed. If a child did not improve enough to go back to
the adoptive home, he or she was placed in some other form of long-term care such as a
clinic, group home, military school, or boarding school where attachment was not
demanded.

Attachment therapists at Evergreen call this “loving each other at a distance.” Parents
do not have to give up their dream of their home as an emotional refuge, and they can
continue to consider their children as family members. Even though they are not residing
together as a family, the adoptive parents can still preserve the family in spirit. The child is
blamed for the failure of therapy, and the issue is framed as a child’s inability to perform as
“family material” or a child’s conscious decision to live apart from the family. When parents
leave Evergreen, they feel confident that they and the therapists are responsible for any
success and their child is responsible for any failure. Most important, whatever the outcome
for the child, the adoptive parents are guaranteed support for their desired position as parents
of a family.

Stryker does not put attachment therapy on trial (Mercer, Sarner, & Rosa, 2003).
Instead, she takes a thoughtful, comprehensive, and balanced look at the controversial yet
popular attachment therapy and the diagnosis of RAD. Criticism of attachment therapy
appears in the “Report of the APSAC [American Professional Society on the Abuse of Children] Task Force on Attachment Therapy, Reactive Attachment Disorder, and Attachment Problems” (Chaffin et al., 2006). The authors of this report describe attachment therapy that includes age regression and overly controlling tactics as an unacceptable and dangerous practice.

The conclusion of the APSAC report is that traditional clinical methods, with established records of effectiveness, are the preferred treatments for children with attachment disorder. As such, the report recommends goal-directed, behavioral interventions that are focused on increasing parents’ sensitivity and consistency in response to children who have attachment disorder.

In The Road to Evergreen, Stryker basically presents an interesting and detailed picture of events more than a decade ago, and the reader is unable to determine whether there have been any changes in attachment therapy beliefs and methodology since then. Given the time that passed between her initial observations and the publication of Stryker’s book, a follow-up account on her three reported cases would have been intriguing. Her well-written book leaves the reader interested in knowing whether there are long-term differences between the families that reunited and those that did not and in learning what the now-adult adoptees think of their experiences with attachment therapy.

References

