

Submission to Inquiry into past forced adoptive policies and practices

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I'm an adoptee born in WA in 1966.

When I was little, I had a reoccurring nightmare. I called it my "yogurt dream" because I could smell strawberry yogurt. It was terrifying. This big yogurt wave was coming towards me, and I could hear men saying, "get her, she's coming". I felt helpless and panicked and certain what was coming was worse than death.

I think now that this nightmare was a memory of my birth. I think I knew in the womb that I was to be taken away from my mother. That I wouldn't be held and cherished by my family as their new member. I knew I was being born to be cast off. Discarded. Sent to be with strangers.

I had no say in this arrangement which was about my own life. The severance from my natural, genetic family had been arranged by the adults, an agreement that neither I nor my natural mother had any say in.

The impact on my life has been profound. I've grown up feeling lost, alone, like an outsider. I've had terrible issues with depression, anxiety, self-esteem. I'm afraid to this day of being with people, because the risk of being hurt by them is too great. I don't have friends and don't socialise outside my relationship with my husband because I find it too painful and stressful. I don't truly feel like I belong to the human race. I don't have what other people take for granted, a connection to the people and ancestors they came from. A sense of their place in the world. I'm rudderless. For most of my life I've been suicidal. To this day, even though I have a strong marriage and stable life, I find life too painful.

My life began with trauma. The most terrifying thing a baby or child can feel is the loss of their mother. Their mother is their anchor to the world and their way into learning about the world as being safe.

It took me around 4 years of my own work in to track down my story and find my natural mother and father. I started the year it was possible in WA, 1994. While there has been comfort in finding them, understanding the story and especially in seeing other people who look like me, its too late. They'd moved on with new families and new children and I'd missed the boat.

████, my natural mother was 14 years old when she got pregnant and 15 when she gave birth. My natural father, █████ was apparently 17 years old. He denied being the father after his father told him to.

like a freak who'd landed on this planet from somewhere else. I did not feel unconditional love from my adopted mother and barely had any attention from my adopted father.

Once you're adopted - it's as if you're "owned" by the adopting family. There were no welfare checks.

I have suffered extreme mental health issues my whole life. I'm now 56 years old.

I've been seeing psychologists since I was in my early 20s and continue to do so. I've been on a variety of different medications for anxiety and depression. I've taken part in the trial for Magnetic Brain Stimulation to try and fix my depression.

When I was in my thirties, I discovered the book by Nancy Verrier "The Primal Wound" and recognised myself in the pages.

I feel I don't belong anywhere. I'm neither a "true" member of my adopted family, illustrated clearly when my brother (also adopted) and I were the only members of our family left out of my uncle's will. Nor am I a "true" member of my biological family. I didn't grow up with them so they don't really know me and I don't know the hidden language and politics of their relationships with each other.

I'm a classic "good adoptee", I was pathologically driven to please my adopted mother in order for her not to reject me. I've always tried to be as good as I can be at everything, but it's driven by a terror of needing to be good enough to not be discarded, severed, traumatised again. It's driven by anxiety. I was so terrified of experiencing abandonment again that I tried to be perfect.

I'm on the outside successful, attractive, capable, but it's all a cover. Adoptees are often described as chameleons, we have to mould ourselves to be just how the people around us want us to be in order to be safe. We don't get to know

I understand now that for any adoptee, the trauma experienced by being separated from your natural mother has lifelong consequences, regardless of how perfect the adopted parents are. Something that frustrates me so much, is that this trauma, this suffering and loss of identity is not acknowledged by society. If I'd been a baby whose mother had died in childbirth, I would have sympathy for my loss. Instead of that when I let people know I'm adopted I'm mostly met with that's wonderful and how lucky I am to have been adopted by my mother.

The very word "adoption" is misleading. Adoption is what happened next – after the main trauma – it should not be referred to as adoption – but SEVERANCE.

I hate that I'm to this day legally considered to be the child of my adopted parents. THEY ARE NOT NO HAVE THEY EVER BEEN my parents. Yes, they legally owned me, fed me, clothed me, raised me – but they aren't my parents.

I hate that my birth certificate has their name as my parents. How can a “birth” certificate legally be amended to show an untruth? I am considering a discharge of adoption in WA so that I am legally reverted back to being who I really am, the child of my natural mother and father.

All these adults had a say in who should raise me, how I would be presented to the world and that I was not entitled to know my blood relatives, my heritage. I grew up with my adopted mum, her natural mum and daughter. All these women looked alike, their legs, hands, hair colour, figure, personality, interests, likes and dislikes – all matched each other. I felt like a freak among them. I had no idea what I was going to look like when I grew older, how tall I might be, where my big nose came from, my short stubby fingers, my fair skin. It made me feel like a monster. I still feel like a monster.

I have a sense inside myself even to this day, after all these years, that if I’d been a better baby, a better person on the inside – I would not have been discarded. I feel this pressure to be as good as I can every day. But it comes with a “knowing” that I’m not ever going to be good enough, loveable enough because if I had been, I would not have been given away.

"Adoption Loss is the only trauma in the world where the victims are expected by the whole of society to be grateful." - The Reverend Keith C. Griffith, MBE.

- I believe that adoption as such should be illegal.
- Every effort should be made to keep a child within their own family.
- If this is not possible then guardianship or permanency placement is preferable with no legal severance of the child’s true identity.
- ALL children have a right to know their genetic parents AT ANY AGE.
- Mental health support should be provided from early childhood, NOT from organisations that get govt grants and then supply only counselling services, but from properly trained psychologists.

What Are the Mental Health Effects of Being Adopted?

By [Theodora Blanchfield, AMFT](#) | Published on February 14, 2022

✓ Medically reviewed by [Ann-Louise T. Lockhart, PsyD, ABPP](#)

While many people look at adoption as something beautiful—and it can be—the truth is that adoptees may deal with significant mental health effects after being adopted.

Adoption involves placing a child with someone who is not their biological parent whether this is after being separated at birth or being adopted at any subsequent point.

There are about seven million adoptees living in the United States and approximately 140,000 are adopted each year.

[Attachment](#) starts in the womb, so even for children relinquished at birth, this represents a significant trauma and attachment wound.

Adoption is often forgotten when speaking about trauma, leading to a form of disenfranchised [grief](#), which is grief that is not typically acknowledged or validated by society. Both the trauma and the unrecognized grief may contribute to significant mental health issues. Here are some ways this affects adoptees.

Related: [What Does It Mean When a Child Has an Attachment Disorder?](#)

Adoptees at Higher Risk for Mental Health Issues

Adoptees are statistically known to be more at risk for mental health problems, both due to the initial trauma and genetics.

Mental health issues may also be prevalent in biological parents, who have suffered their own traumas, which are then genetically passed on to the child.

A meta-analysis (review of studies) about adoptees' mental health found higher levels of depression and anxiety than in non-adoptees, with bipolar disorder and major depressive disorder the two disorders most associated with adoption. Additionally, adoptees are more than four times more likely to attempt suicide.

Why Adoptees are at Risk

Adoption is a trauma that is often overlooked. "It's not natural for a baby anything to be separated immediately from its mother," says [Lesli Johnson](#), LMFT, a therapist who works with adoptees.



It's not OK to bring puppies home until they're eight weeks old, but with infants, we have this expectation that they're just supposed to fit in and belong."

— LESLI JOHNSON,

Attachment is the state of emotional connectedness with another human being, primarily parents. Research shows that children who have been adopted face higher levels of attachment insecurity than non-adoptees—and adoptees who enter their parents' lives later than at one year old have deeper attachment issues than those adopted at birth or soon after.

Some of this may be due to intergenerational transmission of attachment issues—that is, the changes in one's body/brain due to poor attachment being genetically passed on.

Additionally, Johnson says that some of the issues come from the messaging that adoptees receive—both societally and at home. "If they are told 'your parent loved you so much, she wanted you to have a better life,' kids might conflate love with loss. It's not a great way for adoptive parents to explain it to kids."

Mental Health Effects of Being Adopted

Adoptees are more likely to have a psychiatric diagnosis than non-adoptees, both due to the effects of trauma as well as increased chance of heritability. Some common diagnoses among adoptees:

- Depression
- Anxiety

- Bipolar
- Attention-deficit/hyperactivity disorder
- Post-traumatic stress disorder
- [Oppositional defiant disorder](#)

Common Issues Among Adoptees

While there are certain mental health conditions and diagnoses that adoptees are vulnerable to, there are also issues that arise that do not represent a clinical diagnosis, but nonetheless, affect adoptees' lives.

Disenfranchised Grief

While things like death and divorce are typically recognized as grief, adoption is not often recognized. This is called disenfranchised grief—a type of grief that people feel uncomfortable acknowledging publicly.

Johnson says that this type of grief is common among adoptees because of the societal messaging suggesting “you should be grateful” or “you were adopted into a good family.”

Because of this, adoptees often will downplay their loss—and the loss of your birth mother or parents *is* a major loss, even if it was “for a good reason.”

Hypervigilance

Often associated with PTSD, [hypervigilance](#) is a feeling of being constantly on guard for danger. In adoptees, Johnson says this is due to “the initial separation between mom and baby creating high levels of [the stress hormone] cortisol and a tendency for reactivity. That sense of danger for the baby is embedded in the nervous system.”

Trust

Often adults and young adults will experience difficulty with relationships, according to Johnson. “They wonder ‘who can I trust?’” Their major experiences with “love” [have included loss](#), so they wonder who *will* stick around.

Forming a Sense of Self

While most people will struggle at some point to [figure out who they are in the world](#), adoptees have it even harder. If you don't even know anything about the people responsible for your genetics, it can be hard to know who *you* are.

Adoptees—particularly in transracial adoptions—may feel stuck between two worlds. They feel like they don't quite belong in the family raising them, nor do they belong in their family of origin.

Issues in Children

Johnson says that younger kids, between ages three to five, often have a very literal understanding of adoption. "Adoption [to a kid] simply means 'I was given to this family.'

"But as kids get older, they start putting things together. They might see a classmate's pregnant mother and have questions their adoptive family may not be able to answer about their mother's pregnancy."

Grief looks different in children, she says. Rather than tearfulness or sadness, it often looks like acting out or not behaving.

Suicide in Adoptees

Adoptees are at a four times higher rate of risk for suicide, according to one study. It is believed that some of the reasons for this may be early trauma, attachment issues, and a history of institutional care, such as in an orphanage.

Other reasons may include the possible inheritance of susceptibility to mental illness, substance use, or suicidal behavior.

If you are having suicidal thoughts, contact the [National Suicide Prevention Lifeline](#) at **988** for support and assistance from a trained counselor. If you or a loved one is in immediate danger, call 911.

For more mental health resources, see our [National Helpline Database](#).

How to Find Help

If you are an adoptee and these or any other issues have been impacting your life, there is support for you out there, from adoption-focused therapists to support groups. You don't have to face this alone.

Therapy

The good news is that adoptees go to therapy at a higher rate than non-adoptees; they are represented twice as much as non-adoptees in therapy.

When looking for a therapist who specializes in adoption, Johnson suggests asking these three questions:

- Do you think separating a child from biological parents is trauma?
- What has your training been in working with adoption and foster care?
- What is your training in attachment?

You can also search therapy directories for therapists who have experience working with adoptees, or search lists specifically of [therapists who have been touched by adoption themselves](#).

Support Groups

Adoption can feel like a very unique and isolating experience that few understand. A support group of other adoptees may help you feel less alone.

Related: [I Am Grateful To Be Adopted—and Yet, Adoption Is Still Traumatic](#)

A Word From Verywell

If you are an adoptee who is feeling the mental health effects of being adopted, you're not alone, and there are [therapists](#) who can and want to help you process your trauma.

Read Next: [What Is Trauma Therapy?](#)

8 Sources

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“Not My Adoptee!” Yes, Your Adoptee.

By Sara Easterly |

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Understanding how the effects of adoption trauma can look so good they get missed.





First published by *Severance Magazine* (<https://severancemag.com/not-my-adoptee-yes-your-adoptee/>)—A common mistake adoptive parents make when hearing adult adoptees speak about adoption trauma is discounting their experiences because “times have changed” or their adoptee hasn’t voiced similar feelings. Some parents will straight-up ask their adopted children if they feel the same way and then rest easy when their children deny having similar feelings. Differing details of adoption stories can be used as evidence of irrelevance. Adoptee voices that land as “angry” are often quickly written off as “examples of a bad adoption.”

“Not my adoptee,” is a knee-jerk, defensive response that blinds parents to adoption-related dynamics that may be uncomfortable or painful to consider—especially when everything seems to be going swimmingly in early childhood. This posture, though, discounts the real and proven trauma inherent in adoption, missing an opportunity to fully support adopted children and ultimately benefit from closer, more authentic relationships.

That trauma looks good on you.

One reason it’s so easy to miss signs of adoption trauma is because it can present so well.

Adoptees are unintentionally groomed to be people-pleasers. Once we’ve lost our first mothers to adoption, we can work incredibly hard to win the love of our next mothers. We strive to measure up—doing and saying whatever is needed to keep our adoptive mothers close. This is all unconscious and certainly not meant to be fraudulent. To our



brains, running the show, it's simply a matter of survival. Children need parents, after all, and attachment is our greatest human need, taking priority even over such basics as shelter and food, as explained by child developmental psychologist Dr. Gordon Neufeld.

Of course, "good," compliant behavior is welcomed and adored in our culture. What parent wouldn't find a well-behaving child absolutely lovely? As a mother, I confess that my job feels so much easier when my kids behave. Unfortunately, though, the more adoptees are praised for our good behavior, the more our unhealthy patterns are reinforced and extend outside of our family relationships. We'll ditch our true feelings in a heartbeat if it means feeling treasured and keeping loved ones close.

Other manifestations of adoption trauma are valued by mainstream culture: perfectionism churns out hard-working, dedicated students and employees who'll always go the extra mile—nobody spotting the adoptee's frantic need to prove his or her worth. Adoptees often make natural leaders—nobody knowing that we can harbor a desperate need to be in charge that started upon relinquishment when our brains decided nobody was looking out for us, so we're best served when we're at the helm. People-pleasers can also be charismatic, supportive, empathetic, and generous ... others unaware of the self-sabotage that can be at play behind the scenes. We can seem unfazed in the face of stressful situations, many not understanding that's because we've spent a lifetime diminishing our feelings and disregarding deep pain in order to become masters of compartmentalization.

These are traits we value in society. They serve. These traits aren't all bad, of course. But they can be inwardly destructive—especially if adoptees aren't aware of them, and most certainly if the cost is the adoptee's true sense of self.

Adoption blinds.

Another reason it's harder to spot adoption trauma is because it hides itself from adoptees themselves. The grief of losing a first family member through adoption is so significant it's not easily looked at by the adoptee. Like looking at the sun too directly, it will burn. What's more, our experiences of such great loss are often preverbal, before we learned words like loneliness, isolation, abandonment, and hopelessness to help us understand our overwhelming emotions—so overwhelming, sometimes, they aren't felt. Our brains protect us in that way, because to feel them just might do us in.

Developmentally, most children won't even have the capacity to reflect upon adoption loss until much later in life. This is what's known as "living in the fog"—a state of denial or numbness in which adoptees are unable to closely examine the effects of adoption. When directly asked, in-the-fog adoptees often won't have the consciousness, or the words, to talk about adoption trauma. We spend years, and possibly decades, feeling more comfortable parroting society's or a family's lighthearted interpretation of adoption than trying to articulate our underground, confusing, complex emotions.



When we sense a disconnect between our nuanced feelings and culture’s saccharine-sweet story of adoption, we blame ourselves. When we fail at being “perfect,” we are prone toward additional self-attack. When we’re more three-dimensional than simply “good” adoptees, we can resort to secrecy in order to keep the darker parts of ourselves hidden from those closest to us. In any of these ways, we can end up living a double life, censoring large swaths of ourselves—making it harder to feel fully known and rest in a sense of deep love by those closest to us.

This is why it’s critically important to listen to out-of-the-fog adult adoptees. Adoptees who share their stories aren’t usually doing so for fame, glory, or money, but out of a genuine desire to support other adoptees. We share on the other side of healing—or in the midst of our healing—in hopes of opening adoptive parents’ eyes to our innermost secrets that we wish our parents had had access to in our younger years.

Are some of us angry? Absolutely. Society hasn’t made room for our voices in the story of adoption, despite the fact that we’re its central players. Some of us have been let down by the people closest to us—again and again. Some of us haven’t felt seen or known. Some of us have been mistreated. Some of us have sought to take our own lives to stop the pain without having to shed light on adoption’s darkest manifestations.

“Not my adoptee” could easily be your adoptee—whether you or your child recognize so right now. Like all children, adoptees eventually grow older; hopefully, in the name of their mental health and wholeness as individuals, their feelings around adoption will evolve over time. As your child matures, you’ll want your child to look back and know that you did your best to understand them, to see them, to know them, and to guide them. While all adoptees are different, and each story is unique, listening to #adopteevoices—an array of them—is of utmost importance when raising adopted children toward their full developmental potential.

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Sara is an award-winning author of books and essays. Her memoir, *Searching for Mom*, won a Gold Medal in the 2020 Illumination Book





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Searching for Mom, won a Gold Medal in the 2020 International Book Awards. Her children's book, *Lights, Camera, Fashion!* – illustrated by Jaime Temairik – garnered an Oppenheim Toy Portfolio Gold Seal Award and Parents' Choice Silver Honor, among other awards. Her essays and articles have been published by *Dear Adoption*, *Feminine Collective*, *Godspace*, Neufeld Institute, and the Society of Children's Book Writers & Illustrators (SCBWI). Previously Sara led one of the largest chapters of the SCBWI, where she was recognized as Member of the Year.

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THE PRIMAL WOUND: LEGACY OF THE ADOPTED CHILD
The Effects of Separation from the Birth Mother on Adopted Children
Nancy Verrier, M.A.

"There is no such thing as a baby..." When Donald Winnicott said those words what he meant was that there is instead a mother/baby...an emotional, psychological, spiritual unit, where knowing comes from intuition and where energy is exchanged. The baby and the mother, although separated physiologically are still psychologically one. Needless to say, for the child separated from his mother at birth or soon after, such an idea has tremendous importance. But has anyone been paying attention to this?

If anyone had told me, when we brought home our three day old daughter on Christmas Eve, 1969, that rearing an adopted child would be different from rearing one's biological child, I, like many new and enthusiastic adoptive parents, would have laughed at them and said, "Of course it won't be different! What can a tiny baby know? We will love her and give her a wonderful home". My belief was that love would conquer all. What I was not prepared for was that it was easier for us to give her love than it was for her to accept it.

For love to be freely accepted, there must be trust, and despite the love and security our daughter has been given, she has suffered the anxiety of wondering if she would again be rejected. For her this anxiety manifested itself in typical testing-out behaviour. At the same time that she tried to provoke the very rejection that she feared, there was a reaction on her part to reject before she was rejected. It seemed that allowing herself to love and be loved was too dangerous; she couldn't trust that she would not again be abandoned.

I was to discover during the ten years of my research that hers was one of two diametrically opposed responses to having been abandoned, the other being a tendency toward acquiescence, compliance, and withdrawal. Although living with a testing-out child may be more difficult than living with a compliant child, I am thankful that she acted in such a way so as to bring her pain to our attention. We were able, after years of trying to deal with it ourselves, to get help for her. This was the beginning of a journey, which was to change all our lives. I had no idea at the outset of her therapy that adoption had anything to do with what was going on with my daughter.

Despite the fact that I had been considered a highly successful teacher, with a deep, caring, and intuitive understanding of my students, as well as the biological parent of a younger daughter, who was not having these difficulties, I believed that I must somehow be at fault. What was I doing wrong?

Why was my daughter acting so hostile and angry toward me at home, yet close and loving when in public? Why was she so strong-willed and dramatic? Why did she feel the desperate need to be in complete control of every situation? Why could she not accept the love I had and wanted to give her? For most of the acting out was directed at me, her mother. James Mehlfeld, a Bay Area therapist, put it this way; "All the hoopla is the

child trying to connect with the mother". At the same time, this attempt at bonding was sabotaged by outrageous, destructive behaviour on her part, as she tested and retested our love and commitment.

Paul Brinich said that because the child feels rejected by his biological parents, it is not surprising that he repeatedly tests the commitment of his adoptive parents. The problem is that in so doing he does not relieve his anxiety. Instead, he increases his demands for acceptance by engaging in behaviour, which is more and more destructive and less and less acceptable until he brings about the very outcome, which he feared in the first place.

Because we were able to get the appropriate help for our daughter (which, because of denial in the professional community of the importance of adoption as an issue, is not easy to come by), the outcome for us as a family did not reach the tragic proportions which it does for many adoptive families: the rejection on the part of either the parents for the acting-out child or on the part of the child for the parents, with the child either prematurely leaving or being kicked out of the home. We have been able to see our daughter gradually emerge from an antisocial, provocative, distancing child into an outgoing, loving young woman.

The path has not been easy. When, after three years of therapy, the preconscious feelings of separation from her mother began to emerge into consciousness, she fought this happening as if her very life depended on it; for allowing those feelings up meant also having to feel what she perceived as her vulnerable, "defective" self, the reason for her mother having given her up. If she could keep those feelings at bay, her integrity could be preserved and she could escape, for a while longer, annihilation. Her wound was deep, her defences strong, and her need for understanding great.

As I sought answers to what was going on in the psyche of my own daughter, my interest began to expand to other children and their adoptive parents, many of whom seemed alienated from one another. Subsequent conversations with my daughter's therapist, Dr. Loren Pedersen, led to my research on adoption.

The ideas, which will be presented here, first, came as an intuitive understanding about what was going on for my daughter.

For someone who was adopted almost at birth, who was never in foster care, and who was truly wanted and loved by us, she seemed to be in a great deal of pain. In order to seek the source of that pain I turned to the literature, but found something lacking in all the theories I encountered. The explanations seemed too simplistic and external. Too much was being ignored, perhaps because there were no real solutions, no absolutes, or perhaps because it wasn't easy to prove or even support with scientific data what was really going on.

In any case, even though many of the ideas had validity, they didn't completely fit what I was intuiting and observing in my daughter. Was she an exception? I didn't think so. There was a kind of universality or primal quality to her pain, which didn't lend itself to simple, readily obtainable, or easily acceptable explanations. There was an intangible something, which was missing in the adoption literature except by implication. No one was spelling it out. In my quest of that intangible something, I had to go

beyond adoption itself into the realms of pre- and perinatal psychology, the nature of attachment and bonding, and the trauma of separation, abandonment, and loss.

It has long been known that institutions and temporary or multiple foster care cannot adequately care for abandoned children. The lack of a permanent caregiver deprives the child of some of the requisites for normal psychological development: a continuity of relationship, emotional nurturing, and stimulation.

As the number of caregivers increases, the ability to attach diminishes and the numbing affect becomes more and more evident. There is often a failure to thrive and, in extreme cases, even death. What the child needs, it seems, is a permanent caregiver and the sooner the better.

Adoption, then, has been seen as the best solution to three problems: a biological mother who cannot, will not, or is discouraged from taking care of her infant; the child who is then relinquished; and the infertile couple who want a child. The fantasy has been that the joining together of the latter two entities would produce a happy solution for everyone. The reality, however, has often been less than ideal. Despite the continuity of relationship which adoption provides, many adopted children experience themselves as unwanted, are unable to trust the permanency of the adoptive relationship and often demonstrate emotional disturbances and behavioural problems.

The statistics are staggering. Although adoptees make up only 2-3% of the population, statistics consistently indicate that 30-40% of those children found in special schools, juvenile hall, and residential treatment centres are adopted.

Adopted children have a higher incidence of juvenile delinquency, sexual promiscuity and running away from home than their non-adopted peers. They also have more difficulty in school, both academically and socially. What is it which places these children at a higher psychological risk than the general population?

In looking for the answer to this question some clinicians point the finger at the adoptive parents, who are often seen as sexually repressed; feeling rejected by the child; having an unconscious aversion toward parenthood; being over protective, thus complicating the individuation process for their child; being insecure about the child's being really theirs; or being unable to reconcile themselves to their infertility. Except for the last two, it is acknowledged that these same factors are not restricted to families with adopted children.

While it is true that any or several of these factors may be present in an adoptive home, I agree with Sorosky, Baran, and Pannor that adopted children's unique vulnerability cannot be wholly attributed to a dysfunction on the part of their adoptive parents. And Donovan and McIntyre pointed out that their finding has been a striking consistency of behaviour problems among adoptees whether the family is functional or dysfunctional. What is it, then, which causes this vulnerability?

T. Berry Brazelton cautioned us not to ignore the amazing forty weeks in the womb by treating the neonate as if he had 'sprung full-blown from the head of Zeus', because by doing so we are ignoring some important history,

a history shared with his biological mother. Why is it that so many adoptees are out there looking for these mothers, whom they do not consciously remember? Is it just medical history or genetic curiosity, and if so, why is it specifically the mother for whom they search? For in my research, it was most often the mother whom adoptees wanted to find. As one woman told me, 'Oh, he (father) was just someone who loved her. She was the one I was connected to'.

I believe that this connection, established during the nine months in utero, is a profound connection, and it is my hypothesis that the severing of that connection between the child and biological mother causes a primal or narcissistic wound, which often manifests in a sense of loss (depression), basic mistrust (anxiety), emotional and/or behavioural problems, and difficulties in relationships with significant others. I further believe that the awareness, whether conscious or unconscious, that the original separation was the result of relinquishment affects the adoptee's sense of self, self-esteem, and self-worth.

In the literature on childhood development, there appears to be no distinction made between a child who comes into a family by birth or one who has come by adoption. Yet all adopted children begin their lives having already felt the pain and, perhaps, terror, of separation from the first mother.

They experience the environment as hostile and their bond to the mother as transitory. They may also unconsciously experience themselves as having been somehow lacking or unworthy of their birth parents' love and protection. While adoptive parents may refer to the child as chosen and to themselves as the real parents, the child has had an experience of another mother to whom he was once attached and from whom he is now separated, which he can never completely ignore.

The words we use to describe that separation or the cognitive reasons we give for it make no difference to the feeling sense of the child. As one adoptee told me, 'Being wanted by my adoptive parents didn't compare to being unwanted by my birth mother'. Whether we refer to this separation as surrendering or relinquishment, the child experiences it as abandonment.

Some psychiatrists believe that the early age at which infants are placed for adoption precludes any major trauma resulting from the separation from the biological parents. Simon and Senturia have said, "The fantasy of reunion with the biological parents appears to be an effort to deal with the depression that grows out of fantasies around abandonment". It should be noted that, although we may call the fear of being abandoned by the adoptive parents a fantasy, there is precedent for that fear in the original separation experience, which may be felt only unconsciously. What the adoptee is fearing isn't a fantasy; it is a memory trace, which at any time can be repeated. Stone pointed out that the question, whether spoken or unspoken, "Why did my own mother not keep me?" is almost always followed by the unexpressed but equally anxious thought "If she could do that, what about you?" Is it any wonder that adoptees go through life feeling as if at any time the other shoe could drop? To what extent does this fear of abandonment affect their development?

John Bowlby described the threat of abandonment as the greatest fear a child can suffer and that children who experience repeated separations or

threats of abandonment become angry and dysfunctional. Harriet Machtiger noted that the fear of abandonment is one of the most common fears of childhood and a dominant theme in child myths. Because of their experience with abandonment, is it possible that this threat is one which hangs over the heads of all adoptees like the sword of Damocles all their lives, but about which they might not be consciously aware?

I believe that it is, and that it is this threat which causes the generalised anxiety so often found in adoptees.

Anxiety is different from fear. Goldstein said that fear sharpens the senses and drives them into action, whereas anxiety paralyses the senses and renders them unusable.

Anxiety's paralysing of the senses might be what many clinicians describe as "numbing", and what some adoptees experience as an inability to get on with their lives. Children who have been abandoned have an early awareness that they need to be cautious, alert and watchful, a response which is called hyper vigilance.

This gives them the means by which to try to avoid another abandonment, but it does little to foster the true self of the individual. It, instead, creates a false self, about which I will have more to say later.

In looking at ways in which to define and deal with adoption issues, there are currently two popular modes of thought. One is that adoptees' problems are seen as stemming from external considerations. A change in adoption laws and procedures and the unsealing of records are seen as ways to avoid the shame and insult of secrecy. More open communication between children and adoptive parents about all aspects of adoption has been recommended as a means of helping children adjust.

Independent, open adoption has been held out as the hope of the future by eliminating the stigma of secrecy and lack of genealogical history and by allowing the adoptee and birth mother to have some kind of contact. As many of you know, this contact may be in the form of letters, cards and pictures exchanged between birth and adoptive families or may include actual visits with their children by the biological relatives. Although this type of adoption is recommended above the former process of secrecy which came before it, in working with these families, I know that there are many problems inherent in this situation also. Two obvious problems are: (1) In a situation where there is more than one adopted child, one birth family has more contact than the other or others. (2) If the birth family has children who were not given up for adoption, this exacerbates the feeling of being not good enough to keep on the part of the child who was relinquished.

A relatively new suggestion has been that adoption per se be eliminated altogether and that guardianships be established instead. This would allow the child to keep his own name and heritage and at the same time give him a permanent home. While I applaud the attempt at honesty which this idea provides, it seems to me to be a type of long-term foster care, with the child having no real sense of family at all. And none of these solutions addresses on the feeling level the question, 'Why am I living in this family and not with you?'

Another trend in trying to understand and eliminate the problems connected with adoption is to view them as conceptual. According to this school of thought, it all has to do with telling about adoption, the idea of having two mothers, the reasons for having been relinquished and the feelings this brings up for the child.

One gets the feeling hearing these ideas that adoption is only a theory, and that if we don't say too much about it, it won't have much effect. The reason we have to tell is that the child might find out anyway. And then, it is best to be honest. The question shifts from 'if' to 'when' (although I understand that 'if' is rearing its ugly head again in some circles).

There have been and still are myriad debates about when a child should be told of his adoption. Should he be told as soon as he is able to understand the word? Before? During latency or after? Will telling a child of his adoptive status during the very early years prolong the resolution of issues pertaining to those stages of development?

'Tell him as soon possible, so that he will not think that it is a bad secret which has been kept from him, but will see it as a positive thing,' some experts recommend. 'Adoption to understand', so it is better to wait until he is able to comprehend what he is being told, others argue. On and on it goes!

The problem with all of this rhetoric is that everyone is forgetting something: the adoptee was there. The child actually experienced being left alone by the biological mother and being handed to strangers. That he may have been only a few days or a few minutes old makes no difference. He had a 40 week experience with a person with whom he probably bonded in utero, a person to whom he is biologically, genetically, historically, and perhaps even more importantly, psychologically, emotionally and spiritually connected, and some people would like him to believe that it is the telling of that experience of the severing of that bond that makes him feel so bad!

Marshall Schechter cited statistics which indicated that 86.9% of adoptees show no immediate reaction to being told of their adoption. Might it not be that this is a result of an unconscious awareness of the fact of their adoption on the part of adoptees? Sorosky, Baran, and Pannor found this to be true, as did I in my research.

The adoptees who had found out as adolescents or adults that they were adopted were not particularly surprised. One said that she had had an intuitive feeling all along that she had been adopted. Another noted that he had felt that he didn't fit in with his family and that 'something was wrong'.

Any reactions, which have heretofore been attributed to shock of finding out that they were adopted, may instead be the shock and betrayal of having been denied the truth all those years.

This kind of betrayal does little to foster trust between a child and his parents and instead gives an air of unreality and dishonesty to the whole relationship. As pointed out by Frances Wickes in her book *The Inner World of Childhood*, there is a great deal of danger inherent in creating such an atmosphere of deception and mistrust in the life of a child.

Children are primarily creatures of intuition and sensation. The world of objects is explored through sensation while they become aware of inner forces, both in themselves and others, through intuition.

In their new and excellent book *Healing the Hurt Child*, Donovan and McIntyre warn parents of trying to keep secrets from their children. In an early chapter they say, '...we can usually demonstrate easily to the parent that the child's behavioural problems reflect an unconscious knowledge - often extremely detailed and accurate - of the supposed secret. The parent can then be shown how that unconscious knowledge plays a major role in maintaining the present disastrous situation'.

Yet in their chapter on loss in the lives of children they say, 'The monolithic approach to adoption casework in this country dictates that the child be told about the adoption as early as possible'. They go on to deride this advice by making a ridiculous statement and I quote, 'If the need is for knowledge, then it follows that one should inform the non-adopted child of the fact that he is "biological". Babies have no need to know about adoption'.

I find their contradiction extraordinary, because it shows how profound is the denial of the experience suffered by adopted children. Keeping that secret gives them no context in which to place the feelings caused by their unconscious or preconscious experience of that loss. They often feel abnormal, sick and crazy for having those feelings and puzzled by their own behaviour. Bowlby reminds us, however, that the behaviour often reflects a child's response to loss and is 'a legitimate product of bitter experience'. Adoption for these children isn't a concept to be learned, a theory to be understood or an idea to be developed. It is a real experience about which they have had and are having recurring and conflicting feelings, all of which are legitimate.

These feelings are their response to the most devastating experience they are ever likely to have: the loss of their mother.

The fact that the experience was preverbal does not diminish the impact; it only makes it more difficult to treat. It is almost impossible to talk about and for some even difficult to think about. Many do not feel as if they were born, but as if they came from outer space or a file drawer. To allow themselves to think about being born, even a feeling sense of it, would mean also having to think about and feel what happened next, and that they most certainly don't want to do.

It is understandable that adoptees might not want to think about the painful experience of being separated from their biological mothers, but what about the clinicians to whom they go for help? What about us? What happens when adoptees come in for counselling and their adoption is considered irrelevant to their problems? The taboo against thinking that there may be a difference between an adoptive and biological family keeps many from even mentioning that they are adopted. Even if they do, many professionals, after giving cursory acknowledgement of the initial abandonment, then ignore this as an integral part of the problems demonstrated by the adoptee.

Treatment usually focuses on the family dynamics without there being any true consideration given to the impact which the adoptee's original trauma

might have had on him, his relationship with his adoptive parents or any subsequent relationships with significant others.

Adoptee, clinician, and author Joanne Small refers to these clinicians as "professional enablers" and claims that they often display co-dependent behaviour in the manner in which they "unwittingly engage in the same kinds of dysfunctional behaviours - avoidance, protection, covering up, and denial - with which adoptive family members deny their differences" and ignore the early experience of the child.

Psychologists often talk about the first three years of life as being very important in the emotional development of children. Our recurrent understanding of prenatal psychology has made many realise that the environment in utero is an important part of a baby's well-being. Yet, when it comes to adoption, there seems to be a blackout in awareness. There is a kind of denial that at the moment of birth and the next few days, weeks, or months in the life of a child when he is separated from his mother and handed over to strangers, he could be profoundly affected by this experience. What does it mean that we have for so long ignored this?

How many of us remember very much about the first three years of our lives?

Does our lack of memory mean that those three years had no impact on us....our personalities, perceptions, and attitudes? How many sexually abused children remember those experiences? Are we to believe that if a person can successfully keep those experiences from consciousness, they will not affect his or her future relationships? In the case of abuse, we certainly recognise that there is indeed a profound lifelong effect on the person, an effect which often requires years of therapy to overcome. Yet, what if the most abusive thing which can happen to a child is that he is taken from his mother?

In her book *Necessary Losses*, Judith Viorst tells this story:

A young boy lies in a hospital bed. He is frightened and in pain. Burns cover 40 percent of his small body. Someone has doused him with alcohol and then, unimaginably, has set him on fire.

He cries for his mother.

His mother has set him on fire.

It doesn't seem to matter what kind of mother a child has lost, or how perilous it may be to dwell in her presence. It doesn't matter whether she hurts or hugs. Separation from mother is worse than being in her arms when the bombs are exploding. Separation from mother is sometimes worse than being with her when she is the bomb.

I am not suggesting that we keep children with mothers who will set them on fire, but I am suggesting that we have to understand what it is we are doing when we take them away from her.

It is curious that in the literature there is no differentiation made between the terms 'mother' and 'primary caregiver'. Often it is even pointed out by the author that when using the term "mother" he is actually referring to any mother figure who acts as the primary caregiver. In other words, it is implied that the mother could be replaced by another primary caregiver

with the child's being none the wiser. It is my thesis that this is not true, and that severing of the ties with biological mother and replacing her with another primary caregiver does not happen without psychological consequences for both mother and child.

For these babies and their mothers, relinquishment and adoption are not concepts, they are experiences from which neither fully recovers.

A child can certainly attach to another caregiver, but rather than a secure, serene feeling of oneness the attachment in the adoptive relationship may be that which Bowlby referred to as anxious attachment. He noted that "provided there is one particular mother figure to whom he can relate and who mothers him lovingly, he will in time take to her and treat her almost as though she were his mother". That "almost" is the feeling expressed by some adoptive mothers, who feel as if they had accepted the infant as their child, but the infant had not quite accepted them as mother.

There is reason to believe that during gestation a mother becomes uniquely sensitised to her baby. Donald Winnicott called this phenomenon primary maternal preoccupation. He believed that toward the end of the pregnancy, "the mother gradually develops a state of heightened sensitivity, which provides a setting for the infant's constitution to begin to make itself evident, for the developmental tendencies to start to unfold, and for the infant to experience spontaneous movement..." He stressed that the mother alone knows what the baby could be feeling and what he needs, because everyone else is outside this area of experience.

The mother's hormonal, physiological, constitutional, and emotional preparation provides the child with a security which no one else can. There is a natural flow from the in-utero experience of the baby safely contained within the womb to that of the baby secure within the mother's arms, to the wanderings of the toddler, who is then secure in his proximity to her. This security provides the child with a sense of rightness and wholeness of self.

The initial post-natal bonding and imprinting experiences are part of a continuum and, according to Jean Liedloff, author of *The Continuum Concept*, are hormonally triggered and must be responded to immediately. She said:

If imprinting is prevented from taking place, if the baby is taken away when the mother is keyed to caress it, to bring it to her breast, into her arms, and into her heart ... what happens? It appears that the stimulus to imprint, if not responded to by the expected meeting with the baby, gives way to a state of grief.

It appears that this state of grief is felt, not only by the mother, but also by the baby.

There is a natural rhythm and sequence to events, which, when interrupted, as in the case of the relinquished child, leaves him with a sense of something lost, something missed.

The adoptive mother might be at a disadvantage in coping with the affective behaviour of the child, for she doesn't understand the depth of his grief or the limitations placed upon her as his mother. She has not been told that her baby has suffered a trauma, a profound sense of loss, and is in some stage of the grief cycle. His security has been challenged, his trust impaired, and bonding made more difficult or impossible.

Perhaps this would be a good place to stress the difference between attachment and bonding as I see it, because these two terms are also often used interchangeably in the literature.

I believe that it would be safe to say that most adopted children form attachments to their adoptive mothers. Their survival depends upon this. Bonding, on the other hand, may not be so easily achieved. It implies a profound connection, which is experienced at all levels of human awareness. In the earliest stages of an infant's life, this bond instils the child with a sense of well being and wholeness necessary to healthy development. The bonding with the biological mother, which begins in utero, is part of a continuum, which, if interrupted, has a profound effect on the child. It seems that the loss experienced by the infant is not only the loss of the mother, but a loss of part of the Self.

Early in the 1970s Margaret Mahler in the United States and Erich Neumann in Israel came up with remarkably similar theories concerning the psychological development of human beings. In essence their ideas were that physical and psychological birth do not happen simultaneously. Because human beings are born prematurely in comparison to other mammals, for several months after physical birth has taken place the infant remains psychologically merged with the mother. Though the body of the child is already born, the Self is not yet separate from that of the mother but is contained within her psychologically. Mahler called this phase the symbiotic stage and believed the baby's capacity to be in dual unity with the mother to be 'the primal soil from which all subsequent human relationships form'. Neumann also talked about the dual union between infant and mother as being crucial in the forming of all subsequent relationships when he said, 'The mother, in the primal relationship, not only plays the role of the child's Self, but actually is that Self This primal relationship is the foundation of all subsequent dependencies, relatedness, and relationships'.

Florence Clothier postulated that in addition to the normal demands made upon the ego, the adopted child has also to compensate for the wound left by the loss of the biological mother. The primitive relationship with the mother, which occurs after physical separation and which protects and nurtures him in the new and alien world outside the womb, is denied the adopted child. In fact he has learned that the environment is hostile, the mother may disappear, and love can be withdrawn.

If the mother cannot be counted on to be the whole environment for the child, what happens is that he begins to take over for her. This phenomenon is often referred to as premature ego development. Rather than a gradual, well-timed developmental process, the child is forced by this wrenching experience of premature separation to be a separate being, to form a separate ego before he should have had to do so.

Even though this can have 'survival value' for infants in a world which, because of their abandonment, is often found hostile, it is not appropriate at this stage of development and is even considered pathological under the age of three months by some clinicians.

The compensating factor of survival value brings with it hyper vigilance and anxiety and takes away the serenity and safety of that primal mother/child relationship. Although this survival value aspect of premature ego

development may no longer be necessary when the child is placed with the adoptive parents, he does not perceive this. His experience is that the protector may at any time disappear.

The child becomes hyper vigilant, which means that he constantly tests the environment for clues to behaviour which will keep him from a further abandonment. One adoptee described this as 'walking a narrow ridge in the middle of the Grand Canyon'.

Rather than trusting the permanence of the caregiver, many adoptees talk about always feeling as if they couldn't count on anyone and having to be self sufficient in life. Their feelings about this go as far back as they can remember and probably further. One adoptee, in trying to put words to these feelings, said, 'It was as if I figuratively sat up in my crib and said to myself, 'I can't trust anyone. I will have to take care of myself.' She no longer had a sense of well being and security. She had lost something which could never be regained.

Another response to anxiety is one which, unsolicited by me in my original research, nevertheless was mentioned by almost everyone whom I interviewed. That was psychosomatic symptoms or chronic illness, which began in childhood and often persisted into adulthood. It seemed as if those children, who failed to act out their anxiety, were the ones to most often display some kind of psychosomatic illness.

The chronic somatic disorders reported to me were stomach-aches, migraines or headaches, asthma and allergies, stuttering or tics, and skin disorders. The most reported chronic somatic disorder was stomach-aches. This makes sense when one realises the close association between gastrointestinal functioning and emotional states. These relationships have been noticed throughout history and are reflected in the folk language by expressions such as "not being able to stomach" something, noting that some situation "makes me sick," or being "fed up" with a situation. All of these responses may be seen as a result of anxiety, an anxiety which, for adoptees, may be caused by the unconscious fear of another abandonment and the deprivation of food or nurturing.

Rollo May called our attention to the 'close association of gastrointestinal functions with desires for care, support and a dependant form of love, all of which are related genetically to being fed by one's mother.' He believed that it is necessary that a distinction be made between anxiety and fear in attempting to treat psychosomatic disorder. He stressed that 'fear does not lead to illness if the organism can flee successfully.' If, on the other hand, the individual is forced to remain in an unresolved conflict.

One can respond to danger by either fighting or fleeing. But if one, like the adoptee, has no conscious memory of the source of the fear, he may experience that fear as free-floating anxiety in which gastric activity works overtime. The resulting pain or illness is different from hypochondria, in which the symptoms are imagined. These illnesses are real, but the cause is emotional, rather than organic.

Greenacre brought the discussion more immediately to the situation of the adopted child by suggesting a predisposition to anxiety caused by immediate postnatal trauma. She said that the experiences of the earliest days of life 'leave some individuals with unique somatic memory traces

which amalgamate with later experiences and may thereby increase later psychological pressures’.

The experience of vomiting, diarrhoea, headaches, insomnia, and acute depression following the rejection of a birthmother after a search may qualify as a reawakening of those somatic and emotional memory traces and a reenactment of the original organic response to abandonment. In a less acute, but, perhaps, more common example, one adoptee reported to me that she has gotten ‘physically and mentally sick’ at three week separations from her husband. She attributed this to missing her best friend to talk with, but that severe a reaction would seem to go deeper than that. Other adoptees have told me that they often felt sick when separated from their mothers while at camp or visiting relatives. One man said that when he went away to college, he felt extremely anxious to the point of illness, and a woman told me that while on her honeymoon, she phoned her mother several times, but still felt sick. These examples illustrate that which might be the reawakening of those memory traces, to which Greenacre referred.

The anxiety produced by the uncertainty of the permanence of the mother figure often manifests in two diametric behaviour patterns: provocative, aggressive, and impulsive; or withdrawn, compliant, and acquiescent. When there are two children in a family they almost always assume a polarity in their overt behavioural patterns, no matter what their personality, sex, or birth order. The child who acts out is displaying counterphobic rejecting behaviour, which not only tells the parents and makes them feel that which he feels inside, but repeatedly tests their commitment to him. This is the child most often found in treatment.

Most treatment centres don’t know how to deal with these children, however, because they are not aware of the underlying cause for their behaviour. It rarely occurs to the counsellors working with them that these adopted children are unconsciously reacting to a devastating experience: that of having been separated from their first mothers. There is, therefore, no context by which to judge their feelings or behaviour. Yet many of the responses of these children are readily understandable and make sense in view of their experience.

For instance, adoptive parents will tell us that their children often act out on their birthdays. They may begin by having a sense of excitement, but often end up sabotaging their parties.

Yet is it any wonder that many adoptees sabotage their birthday parties? Why would one want to celebrate the day they were separated from their mothers?

They, of course, have probably never really understood themselves why they did this. One adoptee said, ‘I don’t know why I acted the way I did. I know that my mother was really trying ... that she really wanted me to have a good time. But --- I don’t know --- I just felt so sad and angry all at the same time. I couldn’t enjoy myself. I just wanted to run away and hide’.

My daughter has never sabotaged her birthday, which is four days before Christmas, but on her 20th birthday she told me that each year the three days between her birthday and the day we brought her home are

repeatedly the three worst days of the year for her. She feels hopeless, helpless, incredibly lonely, and depressed. She is experiencing an anniversary reaction. For adoptees (and for the mothers who gave them birth) birthdays commemorate an experience, not of joy, but one of loss and sorrow.

Other behavioural problems, such as stealing and hoarding, needing to be in control, lying, etc. are equally understandable, when viewed in the context of an adoptee's traumatic beginning of life. That they no longer serve a useful purpose and, in fact, make life considerably more difficult for the adoptee and his parents, does not change the significance of their feelings or the meaning behind their behaviour. The behaviours need to be seen as metaphors for the past experience of the child. The feelings which produce the behaviour could then be acknowledged and validated and the adoptee taught less destructive responses to the feelings. In this way some real healing might be accomplished.

One will notice that a great deal of the time much of the destructive behaviour of the acting out adoptee is his way of calling attention to his pain. He feels chaotic inside, so he causes chaos outside. Many adoptive parents, not understanding what is going on and having their own feelings of rejection triggered, argue with their child, rather than validating his feelings. This only serves to reinforce his feeling that no one understands him, which causes him to have to act out over and over again in order to find some way to call attention to his pain.

But what about the quiet ones, the ones who cause no trouble? When one has experienced the wrenching and premature separation from the mother, one fears the loss of one's own centre. This losing of one's centre or self often results in the creation of the false self, an exaggerated persona, which the child believes will protect him from further rejection and abandonment.

The damage this does to the child's sense of self is often overlooked because of the apparent adjustment most children make to the new environment. In addressing this Harriet Machtiger said, 'Though the psychological effects of childhood trauma may only become apparent in later years, the actual damage to the personality has been there since childhood, even though it may be masked by a superficial adjustment'.

This superficial adjustment disallows a true mourning of the original loss, which, as Machtiger said, 'coincides with the development of a false self or persona wherein feelings are bottled up'. This tendency toward a false self is important to recognise as a defensive coping mechanism for adoptees and deserves further investigation, because it is often seen as 'good adjustment'.

We must not be lulled into believing that this child suffers no pain. Adjustment often means shutting down.

Adult adoptees whom I have seen in treatment, most of whom did not act out in childhood, speak of having a sense that the baby they were 'died', and that the one that they became was going to have to be different, to be better, so that he would not be abandoned again. Many became 'people pleasers', constantly seeking approval.

As children they were very polite, co-operative, charming, and generally 'good'. But locked inside them was pain and the fear that the unacceptable

baby who died would come back to life if they were not vigilant. They could never truly bond with anyone, because they were not being themselves. They related an inability to show how they felt about things, especially negative feelings.

The acquiescent, compliant child is very deceptive. Because he doesn't cause much trouble, he, therefore, seems untroubled. Although he often seems affectionate, it might be important to notice how willing he is to express other feelings, such as anger, sadness, hostility, and disappointment, to ascertain how real the feelings of affection actually are. Are they truly expressions of a deep secure love or are they an anxious response to the fear of a further abandonment?

Parents often mistake clinginess for affection. Children who feel secure in their parents' love can more easily risk expressing negative feelings as well.

A well-adjusted child or adult can allow himself to experience a whole range of feelings. Rather than telling a child that he shouldn't feel a certain way, it is a parent or therapist's responsibility to teach him acceptable ways in which to express those feelings.

It is important to understand that the feelings are legitimate and appropriate. Although knowing the reasons for the birth mother's relinquishing her child may aid an adoptee's intellectual understanding, it does not cancel out nor mitigate his feelings.

As my daughter said, when she finally allowed herself to feel the loss of her birthmother, 'I can understand that she had to give me up, Mom, but why doesn't that make me feel any better?' I told her that it was the 14-year-old girl who understood the reasons for her relinquishment, but the feelings were those of the newborn baby, who just felt the loss of a mother who never came back. The baby doesn't care why she did it, the baby just feels abandoned, and that abandoned baby lives inside each and every adoptee all his or her life.

The anxiety caused by the distrust of the permanency of the adoptive relationship manifests in other ways which need to be understood in order to correctly diagnose and treat adoptees. Because of their tendency to split and their fear of connecting, which is often misinterpreted as a fear of engulfment, adoptees are sometimes labelled as borderline personalities.

This is unfortunate, because treatment should be radically different than that for the true borderline. Abandonment is not an intrapsychic concept for the adoptee, it is an experience, and working through his issues of abandonment, loss, trust, splitting, etc., must be done in a manner appropriate to this experience.

Splitting was first introduced into the literature by Freud in his "family romance" theory. When a child becomes aware of rejection by a parent, he has a tendency to imagine that he is not really the child of this parent, but of another who is all loving and all permissive. This fantasy takes on more reality for children who actually do have two sets of parents. Instead of seeing both aspects of good and bad in one set of parents, adoptees often assign one attribute to the adoptive parents and the other to the biological parents, especially the mother. Sometimes the good image is given to the

adoptive mother and the negative aspect is for the biological mother, who gave them away.

Frequently, however, using the mechanisms of reversal and displacement, (in which feelings one has for one person are projected onto another more convenient person --- like yelling at one's wife, when one is really mad at one's boss), the adoptee projects the negative image onto the adoptive mother in an effort to work out feelings of hostility, anger, and rejection as a result of having been relinquished. She is, after all available, while the birthmother is not.

Sometimes the child's perception of the adoptive mother vacillates between her being seen as the rescuing mother and as the abandoning mother, with the child's demonstrating ambivalent feelings of compliance and hostility in his attitude towards her. These feelings, which are defending the child against vulnerability and possible annihilation, are confusing to both mother and child and inhibit his working out his feelings of love and hate, both toward his parents and towards himself.

If the adoptive mother is insecure about her own sense of being the child's mother and I believe that in a certain sense there is good reason for this feeling of insecurity, a child can exert a great deal of power over her by using this split to his advantage. The 'mean' adoptive mother is not, after all, the 'real' mother, and the child doesn't have to pay attention to her. The adoptive mother may give in and allow the child to misbehave in order to regain his love.

Or, feeling reflected herself, she may act in an angry, rejecting manner towards him, thus setting up a vicious cycle of rejection, anger, anxiety and capitulation; resulting in a confusion of inconsistency and acting out.

This scenario is sometimes played out in reverse, where the child, having been told that he is 'special', feels that he has to be perfect in order to retain the love and acceptance of his parents. This need to be special can put a great deal of pressure on the child to live up to some perceived expectations, which are frequently unattainable. This often leaves the child feeling inadequate and worthless, a reinforcement of his feelings of having failed his first mother. The need to be perfect for the 'rescuing' parents makes the child suppress his own true self in order to submit to the wishes of his parents. This seems imperative to his survival: 'You have to be good or you're gotten rid of.'

The insecurity of his being good enough to keep can be made even more acute if he is also insecure about the meaning of love. Many children are told that the reason that their birthmother gave them up was because she loved them and wanted to do the right thing.

This sets up a cognitive context for a prevailing feeling: that if one is loved, one is abandoned. This is a dilemma for the adoptive parents, who want the child to see his birth mother in a good light, but at the same time don't know how to convey this without unwittingly setting up the equation of love equals abandonment. The phrase 'your mother loved you so she gave you away' is a non sequitur so far as the child is concerned. Mothers who love their babies do not give them away. Birthmothers grapple with this feeling, too. An inordinate number of these fertile women never conceive again.

The dilemma for the child is acute, because he desperately needs love and affection, yet this seems dangerous to him. His need to defend against further devastation causes him to initiate a distancing response to bonding. Even when describing the relationship with the mother as positive, there is often a qualification that, in truth, the relationship was shallow emotionally. A typical response to the question of intimacy with the mother came from a woman who felt quite connected to her mother and modelled herself after her, but said, 'I cannot discuss intimate feelings with her.' She described herself as 'numbing out' her own feelings and aligning herself with her mother, becoming what her mother wanted 'a la Alice Miller.'

In my own experience with my daughter, I noticed that it was always easier for her to talk to me late at night, when her defences were down, or on the telephone. The distance provided by the phone gave her the security she needed to say what was in her heart.

She could allow intimacy in conversation so long as she didn't feel threatened by my presence. It is only recently, after the years of therapy and work we have done together, that my daughter can sit down with me and risk my love.

I had not been told when I adopted my first daughter that she had suffered a trauma, which would impact every aspect of my relationship with her. And had I been told, as I said earlier, I probably would not have believed it. Prospective adoptive parents who consult with me certainly don't want to believe it. It is difficult to accept something which we can't basically change. And we can't eliminate the trauma and pain of separation from the first mother. We can help, though, by understanding their suffering, acknowledging feelings, and providing ways in which to work through that pain.

Adoption, which has been heralded as the best social solution to the problem of unwanted pregnancies, is not the panacea which we would like it to be. The infant's connection to his or her biological mother seems to be physiological, emotional, mystical, spiritual, and everlasting. To be separated from her causes lifelong issues of abandonment and loss, rejection, trust, loyalty, shame and guilt, intimacy, identity, and power or mastery and control.

Some children respond to this early loss by acting out in an aggressive, provocative manner and others by acting in a compliant, acquiescent manner. Both are wounded, but each is responding to the pain and anxiety in a different way.

Each has the same wish for love and acceptance, and each has the same fears of rejection and abandonment. One pushes for the inevitable and the other guards against it. In neither case is the child operating from his true Self, but from a false self, which he (probably unconsciously) believes helps protect him from further hurt, rejection, and disappointment.

The manner in which we respond to these problems will have a great deal to do with the developmental and emotional health of the adoptee. The adoptive parents can and do make a tremendous difference in the lives of their children, but their effectiveness and that of the clinicians who work

with them would be greatly enhanced by honesty, education, support, and understanding.

For children who truly cannot be taken care of by their biological families, adoption is still the best solution, but it is imperative that adoptive parents, clinicians and society in general begin to acknowledge the complexity of that solution.

It is important to recognise that all adoptees by definition have suffered a traumatic loss at the beginning of their lives, and that that experience has or will impact all their subsequent relationships.

The pain is great, but healing is possible. The road to healing is a long road, and we must all travel that road together: birthmother, adoptee, and adoptive parents.

We cannot change the past; it is a part of our history forever. To regret it is wasted energy, just as worrying about (rather than planning for) the future is wasted energy. Both deplete the strength we need to be in the here and now; to be truly present for one another... to acknowledge, understand, and empathise with one another's feelings.

Let us be present and let the healing begin.

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