

Adoption: The Primal Wound

Effects of Separation from the Birthmother on Adopted Children

by Nancy Verrier, M.A.

Thanks to Ms. Verrier for allowing us to share this paper with you!

"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 behavior. 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 Mearns, 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 behavior on her part as she tested and retested our love and commitment.

Paul Brinich said that because the child is 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 behavior 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 is not easy to come by, because of denial in the professional community of the importance of adoption as an issue), the outcome for us as a family did not reach the tragic proportions 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, sensitive, 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 meant also having to feel what she perceived as her vulnerable, "defective" self, the reason for her mother's 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 defenses 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 of 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; 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 behavioral problems.

The statistics are staggering. Although adoptees make up only 2 to 3 percent of the population, statistics

consistently indicate that 30 to 40 percent of those children found in special schools, juvenile hall and residential treatment centers 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 and 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 behavior 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 (the 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 behavioral 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 or reunion with the biologic 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 ascribed the threat of abandonment as the greatest fear a child can suffer, and stated 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 generalized 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 paralyzes the senses and renders them unusable. Anxiety's paralyzing 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 adoptions have 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 problems are obvious: (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 as 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 is a complicated concept which the child is not going 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 over 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 percent 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 the 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 behavioral 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 or crazy for having those feelings and puzzled by their own behavior. Bowlby reminded us, however, that the behavior 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 counseling 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 keep many from even mentioning that they are adopted. Even if they do, many professionals, after giving cursory acknowledgment 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 behavior in the manner in which they "unwittingly engage in the same kinds of dysfunctional behaviors--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 current understanding of prenatal psychology has made many realize 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 black-out 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 recognize 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:

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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.

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He cries for his mother. His mother has set him on fire.

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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.

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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 him away from her.

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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 the severing of the ties with the biological mother and replacing her with another primary caregiver does not happen without psychological consequences for both mother and child.

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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 whose infant had not quite accepted them as mother.

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There is reason to believe that during gestation a mother becomes uniquely sensitized 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.

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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.

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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:

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If the 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 behavior 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 instills 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 1970's, 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 the 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 age three months by some clinicians. The compensating factor of survival value brings with it hypervigilance 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 hypervigilant, which means that he constantly tests the environment for clues to behavior 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 realizes 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 situations "make 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 dependent 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 when attempting to treat a 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 situation, fear changes to anxiety and psychosomatic symptoms often accompany this anxiety.

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, diarrhea, headaches, insomnia and acute depression following the rejection of a birth mother 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.

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The anxiety produced by the uncertainty of the permanence of the mother-figure often manifests in two diametric behavior 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 behavioral patterns no matter what their personality, sex or birth order. The child who acts out is displaying counterphobic rejecting behavior 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.

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Most treatment centers don't know how to deal with these children however, because they are not aware of the underlying cause for their behavior. It rarely occurs to the counselors 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 behavior. Yet many of the responses of these children are readily understandable and make sense in view of their experience.

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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."

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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.

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Other behavioral problems, such as stealing and hoarding, needing to be in control, lying, etc. are equally understandable when viewed in the context of 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 behavior. The behaviors need to be seen as metaphors for the past experience of the child. The feelings which produce the behavior 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.

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One will notice that a great deal of the time much of the destructive behavior 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.

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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 center. This losing of one's center of 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 a persona wherein feelings are bottled up." This tendency toward a false self is important to recognize 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, cooperative, 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's 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 birthmother 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 labeled 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 rejected 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 birthmothers 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 birthmother 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 modeled 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 defenses 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 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 aggressive, provocative and impulsive ways, while others do so by withdrawing and 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 recognize 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 empathize with one another's feelings. Let us be present and let the healing begin.

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