

Section 3 - Some Thoughts on Adoption

Introduction:

I view adoption as a wonderful opportunity for those who cannot have their own child. It is also a saving grace for those whose lives cannot support the child, and it is a life-saving event for the unborn infant.

Unfortunately, there are not always enough adoptive parents available, and there are babies who, for any number of reasons, are felt to be less desirable to adopt. It can be a wonderful and loving gesture to adopt these infants. But one also hears regularly of adoptive parents who find their situation to have unanticipated consequences and complications.

Because of my awareness of the multitude of elements in the unconscious inner world that can be activated, I see adoption as a valuable but complex circumstance. The biological mother, the infant, and the adopting individuals are all dealing with very intense emotional experiences and a multitude of both realistic and unrealistic wishes and expectations. In turn, these unconscious thoughts are complicated by a multitude of unconscious anxieties and phantasies.

Adoption is a circumstance that has a great potential to be wonderful for everyone, but these complicating elements require a significant amount of knowledge and preparation. Being forewarned is being forearmed, and therefore, more prepared. I am trying to add to this preparation.

We can arbitrarily start this discussion by describing some of the common circumstances and motives that bring each person into the arena of adoption.

Motives for Adoption:

I – The Biological Mother

It is probably impossible for any woman to “believe” that she has a living baby inside her, that she does not intend to keep, and not feel some measure of sadness, loss, and/or guilt. I highlighted the word “believe” because it is also possible for the “pregnancy” to not yet be a “psychic reality”, even though a test strip says there is a pregnancy.

If the pregnancy is not yet a psychic reality, then the woman can choose to end the “theoretical” pregnancy via abortion (or the “morning after pill” in the case of a potential pregnancy) with relief rather than the above mentioned sadness and guilt. The “Catch 22” in all of the above is that it is often only possible to assess the full nature of the “psychic reality” of a pregnancy by careful exploration with a therapist.

For most biological mothers, the decision to give the baby up for adoption is a conscious choice, with a conscious awareness of the existence of the baby. The mother may feel her life circumstance is too incompatible with motherhood so that keeping the baby is an untenable option. Alternatively, she may have too much anxiety about her capacity to be an adequately good mother to risk trying to keep the baby.

Tragically, as is the case in some cultures, she may want the baby but its gender is not acceptable for whatever combination of reasons.

As a result of any of the above, the biological mother’s circumstance and attitude are potentially very complex, and may be quite conflicted. Mind you, I am leaving out the additional elements that the biological father may bring, but they are also potentially very powerful.

One additionally important wrinkle in this set of complexities is that the attitudes and circumstances of the biological mother can change significantly over the course of the nine months of pregnancy. It is a common fear of parents planning an adoption that the biological mother will “change her mind” before or after the birth.

2 – The Adoptive Parents:

The adoptive parents have often been through many emotional ups and downs before the final decision to adopt. They commonly come filled with hope and overwhelmed with underlying anxieties, often not consciously recognized or articulated. These anxieties often include a fear that they will not get the baby after all when all is said and done, or that the baby will not be okay, or that they won't be up to the task of parenthood, etc.

This is complicated by the reality that in some portion of adoptive parents, they are unconsciously ambivalent about becoming parents, for any number of possible reasons. These include unhappy childhoods of their own, faulty parental images that they could not use as models, doubt about the stability of their marriage withstanding parenthood, etc.

With all of this going on most adoptive parents are commonly rather reluctant to get their hopes up until all is signed, sealed, and delivered. Once they get the baby, they still have to struggle with a concern that the biological mother will change her mind, or become excessively intrusive.

With all of these anxieties and issues in mind, it is my goal, with this discussion, to try to add some logic and understanding to the lives of adoptive children and their parents. I think that this extraordinarily important situation in society can be made more sensible and thus families can be aided in coping when issues arise.

To begin this discussion I would like to outline a few background assumptions that are a product of a Kleinian approach to understanding the “baby core” the personality in all parties, but especially the adopted infant.

Some Background Assumptions:

1 – Infants have a capacity to recognize their birth mother very shortly after birth. If that woman with whom they were connected for nine months is not present, they have a rudimentary awareness that something is different.

2 – Infants and small children have a natural tendency to assume that anything and everything that goes on around them is in some way related to them or caused by them. This seems to be a product of poverty of understanding of “cause and effect” relations, combined with a desire to see themselves at the center of everything, and thus somehow in control of everything.

This latter idea lessens the feeling of helplessness that is so painful in infancy. The infant or child is, in effect, exchanging the potential to feel guilty and to blame (i.e. because they are omnipotently the cause of everything both good and bad), for the fantasy of being in control, and therefore able to fix a situation that is going badly.

3 – All adopted children, whether told that they are adopted or not, will behave in a manner at times that seems to suggest that they are trying to understand what happened in their infancy. This particularly involves the questions of: (1) Where did the woman go that they lived inside for nine months; and (2) Why did she go away?

Parents who understand that these questions are inevitable and universal in adopted children will be in a better position to deal with these issues as they arise.

4 – The “baby core” of the personality comes back to the surface of the personality at puberty. This means that all of the emotional elements linked to the adoption will resurface at puberty, but mostly in at an unconscious level. This resurfacing of “baby level” issues can offer a renewed opportunity to move forward in maturational development.

However, if these elements are not addressed constructively, they can also offer an unfortunate possibility for development to be derailed.

[See Module One, Section Nine: Puberty and the Resurgence of the Baby Core of the Personality]

5 – There is no “one size fits all” right or wrong way or time to inform a child about their adoption. Every child, family, and circumstance is unique. Any “cookie cutter” approach or guideline is at risk to do unnecessary harm to someone.

That said, “lying” about the truth or purposefully “misrepresenting” the truth will almost always do more harm than good in the long run. It is always difficult to assess how much information a child wants at a given moment in time. It is probably safest to give some information, see if the child feels satisfied for the moment, and then add bits as the child requests more, directly or indirectly. Slow but steady usually wins the race.

Very Early Memories, The Amygdala, and the Repetition Compulsion

It is crucial at this point for adoptive families to have an awareness of the nature of the memory storage system applicable to the last trimester of pregnancy and for the first two years after birth.

It turns out that memories during this early period of life are stored in amygdala, which is part of a very primitive part of the brain that is even found in our reptilian brethren. It has two characteristics that are necessary to understand in relationship to adoption.

The first is that memories in the amygdala are stored as “memories in feeling”, that is to say the “emotional experiences” are stored in amygdala rather than pictures or ideas.

The second is that they are not “rememberable” or “recallable” in the ordinary sense that we think of “memories” as ordinarily being. Paradoxically, however, they are “reliable”. That is to say, they these “memories as feelings” can be “externalized” and “relived” without having any conscious awareness that this is taking place.

This presents an often frustrating situation for any parent who has tried to reassure a toddler that there are no “monsters” in their closet, only to have the question repeated endlessly with the small child seemingly incapable of accepting the realities and proofs meant as reassurance.

Adoptive children are often endlessly preoccupied with someone “going away” or being seen as a “bad” person. They not infrequently will test the boundaries of how much the parents can stand before the adoptive parents will “give them away” in the same manner as the biological parents did.

The punchline is that this is all stored in the adopted infant’s “amygdala”, and will necessarily and inevitably be recreated and repeated endlessly throughout childhood because it is the “only game in town”. This need to unconsciously externalize without being able to consciously remember is the basis for what Sigmund Freud referred to as “The Repetition Compulsion”. It is not so much a compulsion as it is an expression of a handful of key emotional states having so much importance in the psyche of the infant.

I do not mean to say that there are not also a myriad of wonderful developmental things also going on. I only mean to say that these issues will crop up with sporadic regularity in a manner that is unique to every parent/child family constellation.

It bears mentioning at this point that some children are constitutional predisposed to be especially “good” children, and may demonstrate very little of this “testing”. They may even “split off” any curiosity regarding their origin, and act as if nothing ever happened in their infancy. This does not mean the “memories as feelings” are not present in their amygdala, it just means their manifestations are more subtly.

One concern in such situations is that these feelings of abandonment, etc may be shoved into the body and become expressed as a “psychosomatic” illness. This is perhaps a greater risk if puberty has been reached with no discussion ever occurring about the adoption, leaving the amygdala level baby memories as feelings completely “un-metabolized”.

[Note: For a more detailed discussion about the neuroscience of infancy, the storage of these “memories in feeling” as “paired relationships”, and the resurfacing of the “baby core” at puberty, see Module One, various sections.]

Unconscious Manifestations and Consequences of Adoption in the Child:

I suspect that all adopted parents can expect two questions to be in the background of their adopted child’s mind. (1) Where did the woman go that I lived inside? (2) Why did she go away? (3) Was it my fault because I was bad or unwanted?

If you think about it, this implies the issue of “separation” is a huge one for all adopted children. Birth stamps “separateness” as a universal issue for all, but having the person leave you permanently adds powerfully to the equation.

This means that adoptive parents have a high likelihood of having their child have a lot of anxieties and “issues” regarding separation. In effect, that is “normal” and expectable for their situation and they need to be aware of and sensitive to it.

The second issue, often more subtle in its expression, but potentially just as powerful, has to do with how much “badness” or misbehavior will be tolerated before the adoptive parents will also abandon the baby or child.

The recognition of this type of “testing behavior” can be tricky, partly because it can be very unconscious, and partly because so many additional elements may be involved at a given moment. But the conclusion that they could be “given away” is usually recognizable as an anxiety for which they are unconsciously seeking reassurance. This can be a daunting issue when the child seemingly does gratuitous stuff to regularly be viewed as “bad” and test the issue of abandonment.

A variation on these issues is a child who is simply anxious about any and all “changes” but has no awareness of why they are anxious. Parents who can make anxieties something to talk and think about are more likely to help the child develop the requisite “psychological mindedness” to learn as they get older to link their feelings with their infancy.

Situations that ignore or turn away from contact with these underlying feelings and phantasies increase the risk for their expression via psychosomatic channels in childhood and adolescence or acting out behavior after puberty.

Making the Emotional Elements of Adoption Conscious:

The “take home lesson” of this discussion on adoption is that it must be dealt with and discussed, sooner or later. Ideally this will take place as the child is in need and adequately “ready” to begin to face the elements involved. I am loathe to say when that time is because I can imagine some children who might need to know in early childhood and others for whom it is an unnecessary complication of life until puberty is on the horizon.

In all cases, the child’s behavior is the guiding component. If the child is clearly acting as if they wonder if they are “wanted” or are “lovable”, and there is no particular reason for such questions, then it should be considered that they are struggling with some deeper concern about which they do not yet have any idea how to think about it.

Similarly, if they are excessively burdened with anxiety about separation and cannot be consoled by reality, then they need to know something about the origin of such intense anxiety about which they are lacking the tools to think.

This brings me to the final component of this discussion, therapy for adopted families.

Therapy and Adoptive Families:

In an ideal world, I would have all adoptive families have a therapist with whom they could speak whenever issues arose that seemed beyond the family's ability to cope or understand. This might entail the parents going for a session alone, it might be the parents and adopted child going together for a few sessions, and occasionally all going for a more extended period.

I personally am a big fan of "family therapy". By that I mean the parents and child, less often all of the children, going together to talk about whatever issues are at hand. You get the most "bang for the buck" because the child's feelings gets addressed, the parents are learning things together with the child that allows everyone to change and grow, and no one feels singled out as the "problem".

I do not particularly favor individual child therapy in the majority of situations because the issues are usually between the parents and the child and everyone can use some assistance in dealing with each other. The exception to this rule is most commonly when an older child wants someone to talk with outside of the presence of the parents. This may be especially important when the parents are in significant conflict or one or both parents are disturbed.

Adoption of Older Children:

Throughout this discussion, I have treated adoption as if the circumstance was that of an infant who was given up at birth and the adoptive parents were there to take the infant from the hospital. But adoption also occurs with babies who spend a week or a month elsewhere, and sometimes months or years in an orphanage, foster home, etc.

The longer the time from separation from the biological mother to the time the adoptive parents take over, the greater the number of complicating variables injected into the situation.

One then has to ask did the child "bond" with anyone. If the answer is yes, then that represents a second traumatic loss. If the answer is no, then the child has suffered traumatic deprivation on top of everything else. And one can add additional wrinkles of all sorts.

The punch line is that adopting an older child is a wonderful thing to do, but the child will necessarily and inevitably have issues that must be faced. This need not be an insurmountable issue, but it will ALWAYS REQUIRE THERAPY FOR THE FAMILY AND POSSIBLY CHILD!

I do not say this as an admonition but more like an accepted expectation so that the adoptive individual or individuals are prepared for what must inevitably exist. The child has suffered significant trauma and will need significant support and help with it. The only real danger is the family who is denying this possibility and then fails to cope with the needs of the situation adequately. That is a recipe for long term difficulties.

Summary and Conclusion:

Human infants have far greater capacities to record experience and know that something is going on around them than they are often recognized as having. When really momentous events happen in infancy, they will remember it and need to process those events over and over during childhood.

Adoption is such an event and the adoptive parents who recognize that the child will be processing the event for the rest of their lives will be in a much better position to aid the child with that processing.

Parents who idealize infancy or see themselves as saviors of a forever grateful child are setting themselves up to be unprepared for what they may need to ultimately process and remedy. On the other hand, parents who go into it with “eyes wide open” will likely feel it is the greatest gift they could have ever been given!