

Practitioner Perspective

The Need for Therapists to Gain an Understanding of the Multiple Challenges Involved for Members of the Adoption Triad

Patricia Losty



Photo by: Anthony Losty

Introduction

This article seeks to present an understanding of the multiple and complex ways that adoption impacts all members of the extended family system. Issues such as bonding and attachment problems, identity, issues of loss and grief, search and reunion are central to be addressed in assessing and working with adoptees, birthparents and adoptive parents.

Historically adoption was viewed as a solution to shameful pregnancies and infertility. Thankfully, the more contemporary and realistic view is that adoption

is a multigenerational and ongoing process that permanently affects the lives of all involved (Baden, Biafora, Javier and Gingerich 2007).

It is vital for therapists working with the adoption community to be able to acknowledge their client's early trauma and the lingering effects of separation. According to Baden et al, (2007), way too many clients feel they are providing as much help to their therapist with education about adoption issues as they are getting back from their therapist.

The author suggests that, in her experience, of attending adoption training, workshops and

conferences, therapists are often underrepresented. This fact only encourages the silence on adoption issues to continue. Adoption also remains a significantly under researched area of inquiry in Ireland. It is only as recent as February 2017 that the government formed a research sub-committee to assist in formulating and enabling research (Irish Adoption Authority, 2017).

While acknowledging that the impact of adoption extends to birth and adoptive siblings, aunts and uncles, grandparents and cousins, this article will focus mainly on the triad.

The Adoptee

'It has been noted by parents and clinicians that many adoptees demonstrate little or no discernible reaction upon being told of their adoption. Might it not be possible this lack of reaction is a result of unconscious awareness of the fact of their adoption on the part of adoptees?' (Verrie 1993, p.7). As an infant does not see him or herself as a separate entity, we must believe that he or she sees themselves as part of the person they were physically attached and bonded to for forty weeks. Through separation from the one thing to which the infant has connected the infant will feel part of his or herself

to be lost. 'When the postnatal bonding period is interrupted by a separation from the biological mother, the resultant experience of abandonment and loss is indelibly imprinted upon the unconscious minds of these children, causing that what I call the "primal wound" (Verrier 1993, p1). The infant will not remember the trauma of this separation but it will stay in the subconscious as he or she has lived it. That the child does not consciously remember it will not diminish the impact of it. According to (Verrier 1993, p9), it has at last begun to be recognised that there is a profound lifelong effect on a person that has been abused in childhood and often requires years of therapy to overcome. Verrier (1993) suggests 'what if the most abusive thing which can happen a child is that he or she is taken from their mother?' It is interesting to note that Nancy Verrier is the mother of an adopted child and also the biological mother of a child.

The adoptee will carry the issue of abandonment into adult life when unexplored in the childhood years. Bowlby (2005) describes a pattern of anxious avoidant attachment in which the individual has no confidence that, when he seeks care, he will find it. The individual attempts to live his life being emotionally self-sufficient. He becomes insecure in all his relationships. He fears every time he gets close to somebody they may abandon him. The adoptee may have been told as a child that he was the (chosen) one. He thinks "yes I was chosen, but first I was rejected". One adoptee writes that her distrust of relationships affected her ability to bond with other children in primary school and on into secondary school. "I began to foster the belief that if I did not let people get to know the real me, they would not be able to reject me

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or hurt me" (Cashin 2006, p.28).

Many adoptees have feelings of frustration and confusion during these early teenage years. Many deny these feelings. They begin to wonder what would have happened to them if their adoptive parents had not "rescued" them from the mother and baby home or orphanage. They start to have self-doubts "was I that bad that my biological mother felt she had to give me away?" In order not to seem ungrateful to their adoptive parents, they suppress these feelings. However, the memories of the trauma of a chaotic pregnancy and a separation from the mother reside in the body and mind of adopted people (Dennis 2014, p.10).

Silence and secrecy within adoption can also impact on the interpersonal relationships of adult adoptees whereas openness helps in their resolution of adoption-related issues as mentioned in the introduction. Adoptees whose families are more open and honest tend to be closer to their adoptive parents and they often are seen to identify their parents as more caring and less controlling (Passmore et al 2006, p5). In the case of families where secrecy and silence prevail there can be evidence of social and family loneliness and avoidant attachment as previously mentioned.

Past practices in adoption saw original birth certificates replaced

with an amended birth certificate containing the names of the adoptive parents (Passmore et al 2006, p1). Some adoptive parents were given a lot of information about the birth parents and were happy to share this with their child while others choose for different reasons to ignore the information given. In some cases no information was available about the birth parents at the time of adoption.

Following a re-union many adoptees go on to discover that they were given another name by their birthparent other than the one they are now known by. Thankfully in current adoption practices families are encouraged to honour the birth name of their child. According to Deborah Gray, social worker and author "it is disconcerting to have so many identity factors change, and also to have their names changed". Deborah works with parents and professionals in helping them in understanding the impact of a child's early trauma on their emotional development.

Cashin (2006, p221) an adoptee, believes that "too many adopted people have been made to feel abnormal or a bit crazy when they have been simply responding to feeling abandoned".

In working with adoptees, therapists should be aware and be able to recognize the "normative crises" (Pavao, 1998) experienced by their clients. Having an awareness of adoption loss and how it can affect development tasks is vital. Understanding how transitions, life events and anniversaries can trigger a renewed sense of loss for the client is necessary in providing adoption-sensitive counselling. Knowledge of what post-adoption supports are available to the client and a readiness to help them access these supports can be useful.

An understanding of the complex emotions surrounding search and reunion is also vital to us in supporting our clients.

The Adoptive Parents

As with birthparents being victims of the situation of untimely pregnancy and lack of support from a partner, family and society, so too are pre-adoptive couples victims of the situation of infertility and lack of support and secrecy that surrounds it. This can often result in a lifelong experience of pain, guilt, shame and loss (Pavao Maguire 2003). It is widely believed that a couple are not ready for adoption until they have had time to process the fact of their infertility and the emotional trauma surrounding it (Renne 1977). According to Renne (1977), infertility is a life crisis and it is estimated that 60% to 70% of couples applying to adopt are still experiencing stages of grief such as shock, protest or despair. It is therefore important for adoption workers to help pre-adoptive couples bring their grief into awareness. In many cases this however does not happen and the unresolved grief around the infertility is carried through into their parenting role with their adopted child.

According to the Canadian Sociologist David Kirk, unrealistic or unmet expectations by adoptive parents lead to family instability (Brodzinsky et al 2005). Kirk says that adoptive parents are confronted with unique challenges not experienced by biological parents. They have to accept the reality that their children are not biologically connected to them and have the task of sharing this information with their children and supporting the child's reaction to it. They have to cope with the fact that their child will want to search for their origins. These challenges can be seen as "role handicaps". Parents utilize

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two coping patterns in managing stress associated with these role handicaps. They utilize either a rejection-of-difference (RD) attitude or an acknowledgment-of-difference (AD) attitude. Parents who adopt an RD attitude tend to minimize or deny the inherent differences in adoptive family life and try to simulate the biological family as much as possible and avoid discussions re origin. The AD attitude more readily accepts the child's dual connection to two families.

The secrecy in an adoptive family and the denial that the adoptive family is different builds dysfunction into it. John Bradshaw, the well renowned therapist, says "A family is only as sick as its secrets". (Verrier 1993, p8), describes a situation where a 33 year old finds a paper that reveals he is adopted. He did not feel shocked by the fact itself but by the betrayal of the fact having been kept from him for all those years. Even though the betrayal did not fully manifest until adulthood, it had been an unconscious barrier between him and his parents throughout his childhood years and beyond. There was always a secret, always something that he was not being told. As previously mentioned, by parents keeping that knowledge unconscious, they deprive their child of a context in which to place the feelings caused by their preconscious experience of that

loss. The child can then act out with behaviour that the adoptive parents find hard to cope with.

Adoptive parents must be mindful not to put the responsibility of integrating into the family on the child. The child has already made all of the adjustments he or she is capable of making. The adults who choose to adopt need to be the ones to adjust into the role of becoming parents (Dennis 2014, p68). According to Dennis adopting a child will not erase the loss of a stillborn or miscarried biological baby or the pain of infertility for the couple. Equally their presence in the child's life will not 'cure' their trauma nor will it mean its effects will vanish. The scars from their wounds must be acknowledged, accepted and treated with love, tenderness and patience.

Allowing feelings such as loss, frustration and inadequacy in a therapeutic space can be most beneficial in one's role of parenting.

The Birthparents

In the past, decisions about what happened to a child born out of wedlock belonged essentially to society. 'Attitudes were protective towards such a child and punitive towards the parents' (Watson 1986). These parents were seen to have broken two of society's most honoured taboos: they engaged in sex before marriage and then gave away their own flesh and blood. Society traditionally has felt a right to intervene and adoption was offered as a solution to an unplanned pregnancy (Watson 1986). According to Watson, areas in which adoption is likely to have long-lasting impact on the parent making the decision, usually the birthmother, are: decision making itself, separation and loss, family relationships, relationships with the opposite sex and self-image. In some cases the decision to place

a baby for adoption was made by a young girl, and in some cases this was her first major decision in life in which she had no experience, knowledge or support. In some cases parents made the decision for the girl and the adoption professionals assured her all would be well; she would forget the experience; go on with her life and have more children when the time was right. This however, was seldom the reality and the trauma of separation remained held within the mind and body.

The most obvious ramification for birthmothers is the unresolved sense of loss that they feel' (Watson 1986). Loss is a universal human experience and grief is the process that follows a significant loss. Mourning is used to facilitate the grief process. As denial is the basis of the traditional adoption model, the grief process is never allowed to begin and may only ever begin if and when a re-union occurs when the child is an adult. An anniversary of a child's birth, rather than serving as an opportunity to mourn the loss, often serves to aggravate the pain.

'The outcome of women who relinquish an infant has received virtually no attention in the psychological, psychiatric or obstetric literature, nor is it usually mentioned in the literature on adoption' (Condon 1986, p.117). According to Condon, the relinquishment experience differs from prenatal bereavement in four psychologically crucial aspects. Firstly most birthmothers feel that relinquishment is their only option due to the stigma of single motherhood; pressure from parents or professionals; and a general lack of support. Secondly, their child continues to exist and develop but remains inaccessible to them. The situation is sometimes compared to that of relatives of servicemen "missing, believed

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dead" in wartime. Disabling chronic grief reactions were particularly common after war in such relatives. Thirdly, lack of knowledge about the child permits development of a variety of disturbing fantasies in the birthmother, such as the child being ill, unhappy or dead or the fantasy of him hating his or her relinquishing mother. Fourthly, birthmothers see their efforts to acquire knowledge about their child as being hindered by an uncaring bureaucracy. Confidential files are kept out of reach, names changed on birth certificates, leading to the anger that is associated with the original event being kept alive and refocused onto those that seem to keep mother and child separated.

'Kaiser-Permanente Health Care conducted a study of birthmothers who relinquished babies and noted forty percent reported depression as the most common emotional disorder. Sixty percent reported medical, sexual and psychiatric problems' (Snodgrass 1998). According to research far too many birthmothers did not have another child. Ninety-six percent of birthmothers, when asked, said they would welcome the opportunity for a reunion with their child.

Adding to the silence that surrounds the adoption experience is the myth that suggests that a child born out of wedlock has only one natural parent. Little research is available on the experience of birthfathers and they have been very much the forgotten part of the adoption experience. Society has labelled them as individuals, for whom adoption of their child is

supposedly trouble-free. However this has seldom proven to be the case and the trauma experienced by mothers can be attributed to fathers also. According to Clapton 2011, for most men adoption of their child cast a life long shadow and interfered with their subsequent relationships. Their subsequent parenthood was also a conflicted area.

Reunion

It is important for mental health professionals to be aware that reunion between adoptees and birthparents bring forth feelings that were buried at the time of relinquishment for all parties of the triad. The adoptee gets a glimpse of somebody that looks like them and acts like them and they start to realize the lost part of themselves. Reunion can also undermine the security of the adoptive parents. Many of the feelings that come forth hark back to the time they started to adopt. Though the infertility issue has been denied and repressed from consciousness it is still an unresolved loss and may be revived at time of reunion. In addition to reviving the loss of biological parenthood, reunion actualizes a lifelong fear for the adoptive parents that the birthparents will take back the child (Gediman & Brown 2000, p.228). Birthparents that went on to marry often never spoke of the relinquishment again till a reunion happened. This often created an unhealthy bond based on deception and couples would benefit from exploring this post reunion. For

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birthparents reunion catapults them into experiencing “the lost piece” the unresolved grief and mourning from the past-at the same time bringing great joy (Gediman & Brown 2000, p65). Emotional confusion is quite common and some may feel themselves going from “the heights of joy” to the “depths of despair” with frightening frequency. Unresolved issues can often get in the way of the relationship with their child who is now an adult.

A huge amount of emotional energy can be spent reviewing the past and the question of “what if?” arises. Being able to acknowledge the past, and deal with it constructively, is a critical post-reunion task for those that have not done so.

Conclusion

“And the truth shall set you free”, has a greater meaning for all those affected by adoption (Dennis 2014, p.25). Honest discussion around adoption and the implications for those involved and the professionals working with them, however painful, is far better than simplistic and uneducated views that trivialize or ignore the truth. A sizable amount of our community are affected by the lifelong issues that adoption presents us with. If these core issues are properly acknowledged and addressed outcomes for our clients can be

very good as can the benefits to them living well within their families. The adoption community needs to be listened to and heard by society and most importantly by the mental health professionals committing to working with them. We have a duty to our clients to educate ourselves on the specific issues connected to adoption.

“In therapy one can learn how to open one’s heart and feel whatever it has to feel and only then is it possible to figure out how to become whole again without the doubts or the fear that has been holding the person back (Cashin 2006, p.184). 

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Patricia Losty

Patricia Losty MIACP is a Psychotherapist in private practice and see clients in Clane and Blanchardstown. Patricia also works with Tusla as a member of a Local Adoption Committee and has delivered training to Tusla Social Workers working in the area of search and re-union. Patricia has spoken at recent Adoption conferences in Ireland and is very passionate about the importance of education for therapists around the complex needs of the adoption community.

Patricia can be contacted at patricialosty@hotmail.com