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## LOSS AND RESILIENCE FORM A FAMILY: AN ADOPTION STORY FROM A RELATIONAL POINT OF VIEW

BARBARA FREEDGOOD, LCSW

### Why Clinicians Need to Talk About Adoption: Some Background History

In 1970—three years before *Roe v. Wade*—the number of adoptions in the United States peaked at 175,000. Since the late 1980s, approximately 125,000 children have been adopted annually in this country. Between 1990 and 2005, annual adoptions of foreign-born children tripled, to 23,000 a year, and subsequently fell to 9,000 in 2011. Five million Americans alive today are adopted (Herman, 2008). These statistics indicate changes that have occurred in adoption in the last 33 years, trends that have had a great bearing on what we as clinicians are called upon to understand when working with members of adoptive families.

Every family formed by adoption has a complex story of how it came to be. These stories, both ecstatic and traumatic, inform relationships from the very beginning. When these histories go unacknowledged or misunderstood by others, the isolation of otherness, the absence of a third who bears witness to the experience, clouds the ability to metabolize all that needs to be held and processed for these families to feel adequately supported. The complexity of adoption is rooted in the paradox that on the one hand it has been pathologized and on the other, idealized. Integrating the losses intrinsic to adoption has the potential to create resilience, and a new narrative that fosters understanding and growth, can emerge.

In the adoptive family, mourning accompanies love. The experience of loss is fundamental to adoption. All members of the

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adoption constellation experience it: adopted children, adoptive parents, and birthparents. Adopted adults speak of the primal wound of losing the mother who gave birth to them (Eldridge, 1999; Lifton, 2009; Pavao, 2005). In the past, psychoanalysis has identified this loss as a cause of psychopathology in the adopted population (Sants, 1964; Schecter, 1964). Unresolved grief in adoptive parents—over the loss of birthchildren and over the fantasy of birthchildren—has been discussed as possibly creating a weakness in the adoptive parent–child bond (Verrier, 1993). And for birthparents, the loss of offspring from whom they were separated at birth has been documented as the cause of ensuing issues of unresolved grief through the life cycle (Horowitz, 2013).

These multiple losses create the “ghosts in the nursery” (Fraiberg, 1975, p. 100) of adoption. Additionally, the ruptured connection that is intrinsic to all but open adoptions, in which families stay in touch with birthparents, leaves all participants with many unknowns that may operate unconsciously and put members at risk for the melancholia that is the result of incomplete mourning (Freud, 1917). If we are to help families formed by adoption, we must open ourselves to the depth of their loss and its attendant grief, the tenacity of their attachment, and the resilience of their love. Often this involves helping the members of the triad themselves open their loss.

The narrative of adoption as a story of losses is relatively new. The adoption movement, first spawned by the writing of Jean Paton (1954) in the 1950s, gathered momentum in the rush of social change ushered in by the 1970s. It gave voice to the idea that adopted children suffer irrevocable loss that causes a sense of brokenness, making them unlike the rest of us in their inability to know their history (Lifton, 2009; Verrier, 1993). This story is in sharp contrast to the one told in previous decades to adopted children, that they were “chosen babies,” special because their parents had wanted them so much and had sought them out to be their child. The classic children’s book on adoption, called *The Chosen Baby* (Wasson, 1939), reflected this earlier perspective. With all the best intentions, this narrative of “specialness” foreclosed any opportunity to be curious about, let alone mourn, the lost birth family, and implied that gratitude was the only acceptable response to having been adopted.

The adoption movement launched advocacy and debates that continue to this day. Jean Paton founded Orphan Voyage, the first search network, in 1953. The Adoptee's Liberty Movement Association, founded by Florence Fisher in 1971, lobbied for adopted people to have access to their biological histories. In spite of these efforts, there was limited success in opening adoption records that were—and still are, according to most state laws—sealed. Fisher also promoted open adoption. Thus adoption moved from being defined as “best solution” status in the mid-20th century to a practice that raised as many questions as it answered by the end of the century and the beginning of the next (Herman 2008; Melosh, 2002).

Contemporaneous with this reframing of adoption was the social change that quite literally altered the face of adoption: *Roe v. Wade* in 1973. With the legalization of abortion, women now had the option to terminate unwanted pregnancies more easily and were less likely to carry them to term and place their babies for adoption. There have been three consequences: Gone, first, are the days when a relatively high-functioning college student got pregnant and placed a healthy baby for adoption. Those women are now able to choose abortions. Second, as it became more difficult for white middle-class couples to find healthy white babies domestically, the adoption of biracial, foreign, and special-needs children became increasingly common among white middle-class adoptive parents. A third factor has also affected the number of infants available for adoption: the growing percentage of single mothers in the United States. Having and keeping a baby out of wedlock now describes approximately 40% of the population in this country, according to the United States Census Bureau (2010). All of these factors account for the fact that the circumstances of those who tend to place children for adoption have changed in terms of health, lifestyle, and psychological stability. They are living in circumstances that often include poverty and deprivation, with their attendant risk factors, including poor diet and prenatal care, as well as possible substance abuse. In the case of foreign adoption, birthparents are often the victims of political and social forces that compromise them both physically and psychologically. In the early 21st century, the political and socioeconomic issues of adoption are laid bare when we are confronted with the difficult circumstances in which the majority

of birthparents live, both domestically and internationally, as compared to the comforts, including financial means to adopt, enjoyed by adopting parents.

This is the landscape of adoption at this time. While the new narrative that the adoption movement offers, including the traumatic loss and biological disconnection suffered by adoptees, has been groundbreaking in facilitating a more open dialogue about some of the true difficulties of adoption, I would agree with Billie Pivnick that we therapists are in need of “a more nuanced portrait of the people touched by adoption” (Pivnick, 2010, p. 5). It is time for an approach to adoption that would allow us to see each adopted person as a product of his or her unique life history. Psychoanalysis offers a lens through which this complexity can be viewed, if it can resist the pull to pathologize it. Relational thinking possesses the tools to conceptualize and treat traumatic unprocessed loss, disrupted and disorganized attachment, complexity of conflict, and love and hate as they contribute to the deep structures of personality that we all possess and influence how these interface with adoption (Adrienne Harris, personal communication, June 2012).

Adoptive families are in great need of an understanding that allows for the very real differences they face due to adoption at the same time as they navigate the challenges of being human and raising children that we all face. As much as adoption has been stigmatized in our culture, it has also more recently been “normalized” in ways that are neither realistic nor useful to those who live it, depriving its participants of the witnessing third that allows their true experience to exist as a most complex psychological reality (Gerson, 2007). The detrimental effect of normalizing is one of erasure.

If we homogenize families formed by adoption with everyone else by insisting we are all the same, or give them only formulaic or pathologizing narratives to explain their difficulties, we risk creating extremes that do not permit a depressive position resolution. If, that is, we foreclose on the creative understanding and the curative power of forming attachments, of grieving losses, and of experiencing the potentially enormous growth intrinsic to surviving the worst relational trauma and making meaning of it (Bromberg, 2011), we leave them stranded in a split without the opportunity to find and make meaning

of each individual's experience. This leaves both parents and children in states of chronic bereavement and hopeless isolation, facing emotional challenges for which they were never prepared and seeking help from often well-meaning but inadequate "experts."

To facilitate the creation of individual narratives for adopted children, we need to help them find the middle ground between being "chosen" and "being irrevocably broken by loss." We must acknowledge their loss, while holding clear that mourning loss is a life task that can promote growth and resilience. Parents of adopted children need help finding this narrative *with* their children, and need to be encouraged to mourn their own losses and be supported in the huge tasks they face with their children. Rather than render these parents helpless by insisting that theirs and the wounds of their children's loss are intractable, it is essential to find creative understanding of the complexity of their family experience.

The need to continually evolve our approach as the adoption landscape changes in the wake of *Roe v. Wade* is particularly important, as the children available for adoption have become increasingly compromised, often presenting adopting parents with parenting challenges far outside the norm. The sequelae of the deprived environments from which many adopted children come constitute some of the invisible differences that adoptive parents encounter in raising their children. Whether it is due to genetics, poor prenatal care, or dissociative trauma—and we are unable to clearly distinguish these—adopted children are approximately four times more likely to be diagnosed with learning disabilities as nonadopted children (Brodzinsky, Schechter, & Marantz, 1992). But such children with learning disabilities often find themselves living in highly educated, accomplished families, attempting to fit in and please their parents in ways they cannot, while their parents cope with the disappointment and frustration of parenting a child who struggles to perform.

Adoption is a diversity issue for many reasons. The more visible differences appear in mixed-race families created by transracial and transnational adoption. These families are challenged to negotiate multiple levels of both personal and cultural identity, not to mention the racism endemic to our society, a complex topic beyond the scope of this paper.

Just as all issues of diversity touch us all, so does adoption. While a therapist may have no personal or immediate experience of adoption, there is no doubt that she, like most people, will know someone who is adopted, who has placed a child for adoption, or who has adopted a child. Our non-adopted children play with adopted children and struggle, just as they do, to understand adoption (Brinich, 1995). Such experiences undoubtedly shape our own attitudes as we work with this population.

### **What It's Really Like to Adopt: How I Found My Children**

I am the mother of two children adopted at birth in the United States. I brought my son home from the hospital at two days old and my daughter at one day old. I came to the experience of adoption having experienced three years of infertility and the loss of one adoption situation after seeing and holding the baby. To find my children, I spoke with countless pregnant women considering placing their children for adoption who called me on a toll-free phone number installed for that purpose in my home.

I listened to their stories and held them through their pain, hoping to generate a trust sufficient for them to place their babies in my arms and care. I took a tour of America that I would never have planned otherwise. I heard stories of families that were too large to accommodate another child; teenage girls pregnant too young; women pregnant by men in jail; stories of sexual abuse, poverty, deprivation, and more. As I listened, I struggled to hold my own pain in check. We were separated by worlds of class and culture, but in all of their multiple economic and social disadvantage, these women held the power to give me what I wanted most: a child. And I held the power to provide for that child in ways they could not.

My husband and I went to Louisiana and sat around the coffee table of a state trooper and his pregnant girlfriend, with his gun on the table as children played. When their baby was born, they decided to keep him, after we saw and held him. It occurred to me later that the three months I spent supporting the woman on the phone perhaps had helped her to keep the child (Avgi Saketopoulou, personal communication, November 2011). Possibly, in this case, the function of my witnessing gave her

emotional support at a time when she otherwise had none. For me, it was another devastating loss.

Later trips were successful. We went to Appalachia and finally brought home our son. Eight years later, we traveled to Wyoming to bring home our daughter. I have spent some of my happiest moments as a new mother in a Walmart in a small rural town with a newborn in tow, shopping for infant necessities. One doesn't know when or if an adoption will happen, and you do not want to be surrounded by baby things for a child that does not come. Nobody knows when the phone will ring. When it does, you drop everything to go! Even as I walked the aisles to find those baby items, papers had not yet been signed, and until the waiting period of that state was over, the birthmother could have changed her mind, and we could still have gone home without the baby. It took five days of such waiting for each of my children; five sleepless nights of bonding without guarantee that the baby would be ours.

How does one begin motherhood from this position? In addition to having suffered the trauma of my own infertility (Freedgood, 2012), I was also experiencing the secondary trauma we know so well as analysts, from exposure to the stories of all the women I spoke with, as well as the anxious period of waiting once a child was placed in my arms. Whether one adopts in the United States, as I did, or from another country, as many do, the adopting parents are forced to confront the circumstances of birthparents in one way or another. We are called upon to put ourselves and our biases aside and try to understand their situations and therefore those of the child we hope to parent, as clinicians must try to do.

All these factors add up to a fundamentally different gestation period than that of carrying an actual pregnancy. How can adoption possibly result in a "family just like any other"? From the very beginning, it is filled with so many considerations that no couple who conceives a biological child is ever called upon to imagine. The "pregnancy of adoption" is grueling. It requires interviews with social workers, fingerprinting at a police station, meetings with lawyers and various other specialists who help to navigate this thorny path. It requires enormous stamina and determination, as well as financial resources. The average cost of adoption is currently approximately \$35,000 to



\$40,000 (Denise Alba, Adoptivism Adoption Consulting, personal communication, May 2012). And the myth that adoptive parents choose their child is just that—a myth. They are deeply grateful and lucky to get any child, which they learn very quickly once they embark on the process.

I often say that by the time my son was placed in my arms and I knew we were clear to take him home, I could have bonded with a fire hydrant! It was a bond primed to happen after so much waiting. This would challenge the notion that my grief was an impediment to my ability to attach. Research indicates that “most adoptive parents adjust very well to parenthood, in many cases better than the average biological parent because they had to confront so many tragedies along the way” (Brodzinsky, Schecter, & Marantz, 1992, p. 41). They are sensitized to their children’s losses and deeply grateful to finally have a child. Identificatory love in adoption may not come through biological resemblance, but rather through mutual experience of loss. This can potentially be a problematic alliance as well as a constructive one. It is impossible to understate the complexity of meeting and attaching to a child who is born from another. Parents who have not dealt effectively with their losses and their fantasies of the child they wish to have are, of course, at greater risk for forming disorganized attachments (Lyons-Ruth, 2003).

Like most adopting parents, I believed that my children, being newborns, would not suffer too much the loss of the mother who carried them, because I would have them from the beginning, and abandonment and separation traumas would be minimized. I believed that my love could cure all and that a loving environment would produce the well-adjusted, thriving children I had always hoped I would have.

Adoption was for me, back then, sugarcoated and romanticized. “This is the child that was meant to be,” the adoption attorney told us when we took our son home after losing the first baby. An adoptive parent herself, my analyst posed the question, “Who’s to say our genes are better?” I bought it. Here was the ultimate challenge to my narcissism. There would be no gazing at this baby and assuming he or she would be like me, look like me. I would be challenged to know them as uniquely themselves, not reflections of me. At least a biological premise for my narcissism was removed. But little did I know how true that would be!

Like all parents-to-be at the threshold of parenthood, adopting parents are caught in the illusion that their love will heal all. I was not prepared in any way for what I have learned in these last 21 years of parenting two children who are adopted. How do we prepare people for adoption so that they are able to consider overwhelming matters that biological parents never have to contemplate? After all, even as they are in the midst of adopting, they are also often in a state of mourning for the biological child they will never have.

### **Mourning in Infertility, Mourning in Adoption: How Adoptive Parents Are Born**

Most people considering forming a family by adoption undergo a process of imagining and grieving the loss of a biological child. There are three populations who adopt: straight couples (my primary focus here), gay couples, and single mothers and fathers of varying sexuality. More often than not, the loss undergone by straight couples who come to adoption follows on infertility, an experience that, in varying degrees, traumatizes them. The gay population may have suffered from issues regarding reproduction; at the very least, they have had to go to greater lengths to have children than heterosexual couples who are able to produce biological children. They have also endured the different trauma of “outsider” and social marginalization.

However, the resilience created by having survived these losses can produce a will to move forward with life and family-making. As I have written elsewhere:

Infertility is not just about the loss of biological children or of biological generativity. It is about the loss of an order to life that is forever taken from you and that nothing can really restore. It is a profound lesson in the random chaos of the universe, and once you have learned it, you do not walk the earth in quite the same way again (Freedgood, 2012).

Here we encounter “ambiguous loss” (Boss, 1999): the loss of a person who still may exist but is no longer present, either psychologically or physically. In the face of such ambiguous losses, lives can become frozen without acknowledging and finding a way to live with them. The person is not there, but they are not dead or known to be dead. How do you mourn without a body? Boss

cites as one example the loss of birthparents for adopted children. Equally ambiguous are the kinds of losses sustained by infertile couples. Whether the loss of an unborn child is due to inability to conceive or early or late-term miscarriage, it presents couples with a unique challenge to mourn, for there has never been a body, but there has been a powerful wish for and fantasy of a body.

There is a common assumption, proposed by therapists, adoption agencies, and all other professionals assisting in adoption, that you mourn the biological child who will not be in order to move on. That kind of guidance does not fully serve the infertile or others making the decision to adopt. Mourning is an ongoing process. It happens at many moments through life, just as it does for the adopted child. It is not something that ends, but something that reconfigures, according to life stage and circumstance. As Silverstein and Kaplan (1982) point out,

The losses in adoption are difficult to mourn in a society where adoption is seen as a problem-solving event filled with joy. The grief process in adoption, so necessary for healthy functioning, is further complicated by the fact that there is no end to the losses, no closure to the loss experience. Loss in adoption is not a single occurrence. . . . Loss becomes an evolving process.

Adoptive parents mourn the child that they did not get to have and know. The adopted child mourns the birthparents they don't know. Birthparents mourn the child they lost. Both parent and child long for a mirror they will not have. Reflection becomes more subtle. You must look for it in the love between you. The child does not necessarily look like you, have your talents or your deficits. The child looks in the mirror and wonders who they *do* look like. *Where are those people? What are they like? Are they okay* (Edwards, 2000) ? *Do they know that I am okay?*

Differences between us, often heightened between adoptive parents and children, exist. They reflect the situation on a daily basis. Adoption does not make it all better. It gives parents a child to love and a child a home to be loved in, but it does not touch that deep loss of "the order of life that is forever taken from you" for parents or for children. To be helpful as clinicians, we must allow that truth to be, without trying to explain it away. It is fundamental to successful adoption. If it can be allowed and tolerated, then everyone can be authentic (Brodzinsky, Schecter, & Marantz,

1992, p. 32). But if the fairy-tale version that “you are just like other families” is the only acceptable account, then trouble will emerge, the bonds will be strained and sometimes will break, as I will discuss later.

### **The Beginning Is Not the Beginning: Adopted Children Come With History**

The growing body of infant research on the brain and early development now gives us evidence that the newborn infant separated from the body of the mother who gave birth to her is indeed capable of feeling the change in the environment and is capable of unconscious, physical remembering of trauma in the early months of life (Coates, 2010). Coates has documented that children are capable of remembering and repeating physical gestures they experienced as infants. We also know that the brain is highly plastic, especially during the earliest months of life, and that a baby can make a solid attachment to another caretaker. Additionally, biological mothers who are ambivalent about their children usually do not make solid attachments, thereby challenging the primacy of biology in the long term. Disorganized attachment can occur whether mother and child are related biologically or not (Lyons-Ruth, 2003, p. 1). That said, in adoption the infant, in a state of utter powerlessness, is removed from one set of circumstances and born into another in a dramatic turn of fate that changes the course of her life.

I felt my children going through a change in the middle of the night in our first days together. While their distress may have been the simple hunger or gas pains of a newborn, I intuitively felt there was something more in their need for comfort. I did everything in the way of offering my embraces, smells, and sounds to create a new constancy. My bond, looking to happen, was in full gear. And while I have come to believe that they experienced a loss, I also hope it is possible that they experienced some relief when they came into my arms; that is, they found a stable holding environment. After all, the wombs in which they had grown were compromised. Their brains and beings were no doubt bathed in cortisol levels that affected their neurobiology, their sense of safety and security, due to the stress of their birthmothers' unwanted pregnancies and difficult circumstances. I comfort myself with the

thought that it is possible that the loss also contained a gain in terms of safe holding. Indeed, I propose, as part of the needed new narrative of today, that it is the role of the adoptive parent not only to hold with empathic presence, but to mentalize the child's loss and psychologically contain this for them as they bond (Bouchard et al., 2008). Adoptive parents often benefit from clinicians who truly understand that it is their task to help them do this. The children they are given to love and raise will arrive having already experienced loss as well as other possible deprivations that can cause difficulties in many areas that require tending.

Children who do not meet their adoptive families until a later age usually experience serial losses. Foreign adoptees take longer to bring home, due to governmental paperwork. By the time they reach their families, they have already experienced at least one other caretaker in some sort of foster care. They suffer the double loss of birthmother and foster mother, putting them at greater risk for disorganized attachment and relational trauma (Lyons-Ruth, 2003; Steele et al., 2003). Unfortunately, foreign adoption policy is determined by many factors other than human attachment theory. Under recent Hague Convention adoption regulations (2008), designed to help prevent baby trafficking, it is increasingly difficult to bring home children under the age of 2 years old.

While human resilience allows children to attach and bond for sufficient stability, the older the child, the greater the risk they will carry the residual wounds of lost caretaking figures and have a compromised ability to attach to their adoptive parent. While a child of 4 months can repair disorganized attachment with an adequate caregiver, a child of 12 months has much greater difficulty doing so (Beebe et al., 2002). There is certainly a difference in psychological risk factors for children adopted at birth, those placed in temporary foster care, and those who come from orphanages where they may have suffered the deprivation of any adequate attachment figure. That said, with her use of the Adult Attachment Interview, Miriam Steele and colleagues have demonstrated that even late-adopted children can adjust when placed with a caregiver who is assessed as securely attached, based on the interview (Steele et al., 2003).

Because adopting parents often form such good attachments with their infants and are so deeply committed to caring for their children, it is hard for them to imagine that their children will still

suffer from adoption loss. However, what does seem to surface, regardless of how optimal the conditions for attachment might be, are the feelings of loss, a need to search for identity, feelings of rejection, feelings of not being good enough, and a sense of powerlessness. Even children adopted at birth report that these feelings resonate for them (Pavao, 2005).

### **The Family Romance in Adoption: Parents and Birthparents Real and Imagined**

Identity is a crucial issue for all concerned in the adoption process. How do we parse the longing of the adopted person to know their origins from the fantasies about those origins? And what distinguishes such fantasies as the wish for an idealized parent in the adopted person from the usual human ambivalence between biological parents and children, the primary relationship in which we all must negotiate love and hate? It would appear to be human to imagine some perfect set of parents elsewhere, or at least to long for them (Freud, 1909). When one is adopted, one can imagine that because of the biological relationship, birthparents could, on the one hand, fill this longing or, on the other, be the object of hate for their abandonment. A risk is that “for the adopted child, where the fantasy representation of the biological parent has a possible reality, the fantasy carries, on the contrary, a more potent danger of disloyalty, of an attack on the parents—‘You’re not my real mother’” (Hodges, 1984, p. 50). The cast of real and imaginary characters in adoption hugely complicates the challenge to come to terms with normal human ambivalence.

The adopted child has no memory with which to construct a representation of birthparents. They may have bits of information that their parents have told them. Often parents know very little. Children do have their own bodies, which are their most tangible connection (Hodges, 1984). When they look in the mirror, they may be looking at the face of a birthparent they do not know. My daughter announced to me one day that she got her sense of style from her birthmother. Looking for ways to identify often requires concrete embodiment. In another, more chilling moment, she looked me directly in the eye and said, “You don’t have any children.” I was deeply shaken. With the help of a psychoanalytic lens, I was able to wonder to whom she was

speaking and what she was trying to express. First, could I survive such an attack, which, I must say, I barely did. And then, was she speaking to me, or to her birthmother through me? Does she feel she has a mother or no mother? Who has whom? Who is who?

The relief reported by adopted people who find someone who looks like them and has familiar characteristics that went otherwise unexplained through their lives is common to reunion stories with birthparents. This is another challenging reality for adoptive parents to understand without feeling deeply rejected. Parents are often called upon to tolerate the attacks of a child who compares them to the idealized birthparent or to receive the anger they feel toward that birthparent. While all children attack parents in the honest project of differentiation, it is particularly painful for adoptive parents to weather this storm, as much as it may be frightening for their children to test these limits and risk such disloyalty. Adoptive parents are “real parents,” but they often hear that they are not, both from their children and the culture at large. While surviving these attacks is essential to all parent/child dyads, in the case of adoption, it is even more excruciatingly so. The adopted child will often push harder to confirm that he or she will not be rejected again, and parents will be tested over and over to reassure the children of this.

### **Adoption Along the Developmental Continuum: Maturation and the Child’s Evolving Understanding of Adoption**

If we accept that mourning is an evolving process in adoption, then we do well to understand how it manifests at different points along the developmental continuum. Different realizations come into focus at different points in development. It is essential that therapists working with members of the adoptive family be aware that these moments often require that all parties revisit their mourning process to integrate new awareness that emerges in the growth and life of the child and the family.

For clinicians working with parents trying to help their children understand adoption, it can be very useful if the clinicians are educated about what children can understand at each stage of development. In addition to the trauma of separation from a birthmother, the trauma of having to integrate the meaning of being adopted at an early age, when it is cognitively nearly impossible,



has a huge impact on the adopted child. The current wisdom is that the term “adoption” and the *fact* that children are adopted should be a part of language from the beginning, even though the actual meaning cannot be understood. As language begins to emerge, the word “adoption” is introduced through stories. The term gets introduced as a way of forming a family, emphasizing that it’s forever and that the baby acts just like any baby—in short, the idea is to normalize it in the best sense.

It is not until the age of 5 or so, when children want to know where they came from, that the meaning of adoption really “comes out of the closet.” Consider the distortions that young children of this age come up with when they hear about how “Daddy plants a seed in Mommy.” In *The Magic Years*, Fraiberg (1959, p. 193) discusses children’s cognitive processing of the information about where they came from. Given the story about the father planting a seed in the mother, one child imagines that the mother swallows it and another thinks the doctor takes it out of the father and puts it in the mother.

Add to this adoption. When I explained the story of his adoption to my young son, he put his hands over his ears and said, “Tell me again.” When he inquired why his birthmother did not keep him, I told him that she could not take care of him, and she wanted him to have parents who could. When pressed on why, I told him she was very poor. Revealing this same cognitive level of children grappling with reproduction, he asked, “Why didn’t she go to the bank and get some money?”

It is useful for both clinicians and parents to be aware of common fantasies that adopted children report regarding being relinquished for adoption. In an attempt to gain mastery and control over their situation, they often imagine it is due to some defect in themselves, that they are somehow unlovable or are the wrong sex (Brodzinsky, Schecter, & Marantz, 1992, p. 95). Another fantasy is that they were stolen or kidnapped, thus undoing the possibility that it was a conscious choice on the part of their birthparents, protecting them from their rage at the abandonment (Hodges, 1984).

The world-altering information of what being adopted actually means is something the adopted child and adoptive family are dealing with from this point on, whether it is openly discussed or not. This does not happen in one conversation. It unfolds. I have



noticed with both my children that these moments are usually not face-to-face. It is often while walking, or in a car, that a question comes, seemingly out of nowhere, as if reminding me that this is something that is on their minds more than I want to think about or believe. It's always hard. I always feel like I'm winging it, grasping at the bits of wisdom from books, friends, and therapists as I navigate through this difficult territory, trying to gain purchase on the emotional need at hand.

Children are often afraid to hurt their parents by raising the topic of adoption; in turn, parents may assume that children are not interested if they do not bring it up. In *Twenty Things Adopted Children Wish Their Parents Knew*, Eldridge (1999, p. 85) encourages parents to start conversations about adoption that signal to their children that it is okay to talk about it. Without this encouragement, children are more likely to go underground with their feelings, only to have them surface negatively later.

As the child's social world expands beyond the family, new issues begin to present themselves, such as how to talk to teachers, parents, and other children about adoption. Children's cognitive level leads them to a hurtful deduction: "Your real mother gave you up because she didn't love you." No matter what carefully chosen words you have given your child to help ease the pain of her adoption, their friends will give them the brutal truth as they see it. Parents are left to control the damage, but they may not even know it has occurred, because the child will try to protect the parents by not telling them.

The feelings and fear that they were rejected by birthparents because something was wrong or unlovable about them is further complicated by the fact that many adopted children do have very real neurological problems, as mentioned before. They comprise a large percentage of most special-education schools in New York City. For example, Winston Prep School at one point was 80% adopted children (Pivnick, 2010). In addition to genetic or prenatal factors, there is also the question of what component of the adopted population presenting as learning disabled or behaviorally impaired are suffering from relational trauma due to adoption-related loss that prompts dissociative reactions, which impair concentration and focus (Bromberg, 2011; Pavao, 2005). In these cases, the notion that one was abandoned by the original mother because one was bad or defective is only given

greater traction by the reality that many of these children are truly suffering from varying degrees of neurological damage or trauma.

While the struggle with the meaning of adoption simmers to varying degrees during the elementary school years, it explodes in preadolescence and adolescence. During this developmental period of identity formation and differentiation, the adopted child and family carry a double burden. They are passing through a life stage that is tumultuous in any family. However, they are expected to master it similarly to any family, only once again, they are reminded of their invisible wounds.

Adopted children at this stage demonstrate a powerful identification with the aggressor, as Ferenczi describes it, in which feeling overwhelmed by threat of abandonment, the child makes himself disappear (Frankel, 2002). They fail at things to prove it was inevitable that they were rejected by their birthparents. They struggle to leave home, not wanting to leave the home that took them in when they were rejected. They often rage quietly in their rooms, broadcasting their outsider status in loud silence, or they act out wildly. They can enact the internalized object of the rejecting mother by rejecting themselves (Fairbairn, 1943). They often test to see if now, after all this time, their parents will finally abandon them. They pull out all the stops, and parents are left whipping in the wind of this emotional roller coaster.

At this point, the parents of adopted children are once again challenged to contain an emotional tornado and to try to prevent it from wreaking too much destruction. And it is the parents' task to contain their own grief and bewilderment as well as that of their child. How successful parents are in containing this tornado depends heavily on the support and permission they receive to have their feelings without shame and guilt. Parents need to be supported to hold the truth of their struggle as well as the love born out of the attachment to their children at the same time in order to allow the love to triumph.

During adolescence, when young adoptees are struggling to launch in the world (Brodzinsky, 1992, p. 101; Pavao, 2005, p. 39), adoptive parents can relive earlier anxieties similar to those associated with their infertility. While the children of their peers may be more able to leave the nest, adoptive parents once again live with a sense of otherness, perhaps of failure and

certainly disappointment that their lives and their children's lives are not progressing in a "normal" way. Adopted children often develop more slowly, needing more time at home to be able to leave. When they finally do, the gratification can be all the more satisfying.

### **Things Not to Say: Understanding and Speaking With Adoptive Families**

People outside of the adoption community often use terms to describe the adoption arrangement that are unintentionally insensitive to adoptive families. I will try to list some of the major faux pas that occur in this respect. Often people refer to "real parents" and "real children" when what they mean is birthparents and birthchildren. When clinicians or others use this language, they reveal that they do not understand what is basic to adoption, that adoptive parents are "real" and are raising children as their own, regardless of where they came from. There is no return policy: Adoption is forever. Adoptive parents consider themselves to be the real parents, just as they consider their adopted children to be their real children. I do not refer to my children as my adopted son or daughter, but rather my son and my daughter. I have claimed them as my children. Adoption-sensitive language begins here. "Biological parents" or "birthparents" are the correct terms for the parents who gave birth to the children. Adoptive families do not refer to biological parents as "real parents" or "natural parents" or as the mother or father of their children.

The often repeated phrase "They are so lucky to have you" begs the complexity of the questions and challenges that raising adopted kids presents. While parents feel lucky to have found their children, they may have very conflicted feelings about the enormity of the challenges they are faced with to raise them. Which leads to another popular thing people say to adoptive parents facing this dilemma: "Biological children can have problems, too." While this is usually intended to soften the pain, it can be unintentionally shaming. For adoptive parents, problems exist in a completely different context. They may feel that they are not allowed to complain because they were so lucky to get their children. In addition, when a biological child has difficulties, parents

often have points of reference, such as genetic inheritance and known birth trauma. When an adoptive family is presented with the same issues, they more often than not know nothing of these histories. The loss already experienced in an adoptive family is re-evoked when problems arise.

### **Searching for Answers, Searching for Birthparents**

The question of searching for birthparents raises the possibility of converting fantasy to reality for the adopted person. In their book *Being Adopted: The Lifelong Search for Self* (Brodzinsky, Schechter, & Marantz, 1992, p. 43), the authors maintain that every adoptee searches. Whether or not they ever do so formally, they search crowds for a face that looks like theirs; they search in the mirror; they run away to search. Searching takes many forms. In the 21st century, searching can and does occur on the Internet. Facebook adds a new dimension to adoption. Adopted people are now finding birthparents through social media.

When my 13-year-old daughter announced that her good friend, also adopted, had found her own birthmother on Facebook, my heart skipped several beats. I decided that it would be better to join with her wish to find her birthmother rather than attempt to delay it until she is of an age when I might feel less threatened, whenever that might be! With my heart in my mouth, I searched for and found the birth families of both of my children.

They have each encountered very different situations. My daughter is now in touch with her birthmother, who has married, has two more children, and is doing well, a very happy outcome. My son has decided not to make contact with his birth family due to his concerns about their circumstances, the nature of which is, of course, confidential information. While I am relieved to have some answers for them, I have had to face my own fears of losing them, upsetting them, and encountering the unknown. It is an ongoing process, but I can genuinely say that I am happy for them to have answers that I hope will free them to move forward in life. As their mother, that is my greatest wish for them. For myself, I continue to mourn the child I would not have been required to share psychologically with another family, as fantasy and reality.

## **The Magic Ingredient: Resilience in Adoption**

While the enormity of loss intrinsic to adoption in some ways defies the imagination to find a way to make it all right, it also contains the other core attribute of adoption: resilience. The good news is that we are hardwired for survival. We can make more than one attachment and carry on with the human projects of bonding, thriving, separating, and developing if we have sufficient permission to metabolize our losses when we need to, and the spaciousness to express our anger safely and be heard, and not be shamed into silence.

A child who is adopted does not replace a biological child, nor should he. He needs to be his own person. Life does not go on as in any other family, but it does go on as its own kind of family. The container of the adoptive family is different and in many ways more complex. The biological child who does not look like her mother does not have an active fantasy of another mother that she may look like. Likewise, adoptive parents likely carry, however quietly, the fantasy of the child who would have been more like them. These are the ghosts of adoption, even if things look similar to other situations on the outside. Adoption, like infertility, is an invisible wound. However, if these differences and the feelings associated with them can be experienced and discussed, a sound family that is able to communicate on a very deep level develops.

Making sense of the truths of life in a family formed by adoption is an extraordinary journey. It can be filled with moments of exasperating frustration, heartbreaking loss, and sometimes frightening challenges when the well-being of the children is threatened by the warring stories inside them of love and loss, rejection and belonging, understanding and feeling misunderstood. Surviving such challenges most certainly builds resilience and, with hard work, profound intimacy.

Like all parents, as adoptive parents, my husband and I have grown as people in unique ways we never would have had we not chosen to adopt to form our family. I am a humbler person for having learned so profoundly about the limits of my control and accepted the need to put myself aside in order to understand my children's losses. Living adoption has fostered deep bonds among all of us. These positive outcomes have only occurred with the help and support of extraordinary friends and professionals. These

outcomes also constitute a possible new narrative about adoption that clinicians can foster for those who struggle to make meaning of their experiences as adoptive families. It's not what we thought we were getting into, but it has taught us lessons we might never have learned otherwise. It is my hope that my children and their birthparents will be able to integrate this as part of their narrative as well.

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