

Attachment 1

Lifelong Issues in Adoption

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Adoption is a lifelong intergenerational process which unites the triad of birth families, adoptees, and adoptive families forever. Adoption, especially of adolescents, can lead to both great joy and tremendous pain. Recognising the core issues in adoption is one intervention that can assist triad members and professionals working in adoption to better understand each other and the residual effect of the adoption experience.

Adoption triggers seven lifelong or core issues for all triad members, regardless of the circumstances of the adoption or the characteristics of the participants (Silverstein and Kaplan, 1982):

1. Loss
2. Rejection
3. Guilt and shame
4. Grief
5. Identity
6. Intimacy
7. Mastery/control

Clearly, the specific experiences of triad members vary, but there is commonality of affective experiences which persists throughout the individual's or family's life cycle development. The recognition of these similarities permits dialogue among triad members and allows those professionals with whom they interface to intervene in proactive as well as curative ways.

The presence of these issues does not indicate, however, that either the individual or the institution of adoption is pathological or pseudo-pathological. Rather, these are expected issues that evolve logically out of the nature of adoption. Before the recent advent of open and cooperative practices, adoption has been practised as a win/lose or adversarial process. In such an approach, birth families lose their child in order for the adoptive family to gain a child.

The adoptee was transposed from one family to another with time-limited and, at times, short-sighted consideration of the child's long-term needs. Indeed, the emphasis has been on the needs of the adults – on the needs of the birth family not to parent and on the needs of the adoptive family to parent. The ramifications of this attitude can be seen in the number of difficulties experienced by adoptees and their families over their lifetimes.

Many of the issues inherent in the adoption experience converge when the adoptee reaches adolescence. At this time three factors intersect: an acute awareness of the significance of being adopted; a drive towards emancipation; and a biopsychosocial striving toward the development of an integrated identity.

It is not our intent here to question adoption, but rather to challenge some adoption presumptions, specifically the persistent notion that adoption is not different from other forms of parenting and the accompanying disregard for the pain and struggle inherent in adoption.

However, identifying and integrating these core issues into pre-adoption education, post-placement supervision, and all post-legalised services, including treatment, universalises and validates triad members' experiences, decreasing their isolation and feelings of helplessness.

Loss

Adoption is created through loss; without loss, there would not be adoption. Loss, then, is the hub of the wheel. All birthparents, adoptive parents and adoptees share in having experienced at least one major, life-altering loss before becoming involved in adoption.

In adoption, in order to gain anything, one must first lose – a family, a child, a dream.

It is these losses and the way they are accepted and, hopefully, resolved which set the tone for the lifelong process of adoption. Adoption is a fundamental, life-altering event. It transposes people from one location in the human mosaic into a totally new configuration. Adoptive parents, whether through infertility, failed pregnancy, stillbirth, or the death of a child, have suffered one of life's greatest blows prior to adopting. They have lost their dream child. No matter how well resolved the loss of bearing a child appears to be, it continues to affect the adoptive family at a variety of points throughout the family's life cycle (Berman and Bufferd, 1986). This fact is particularly evident during the adoptee's adolescence when the issues of burgeoning sexuality and impending emancipation may rekindle the loss issue.

Birthparents lose, perhaps forever, the child to whom they are genetically connected.

Subsequently, they undergo multiple losses associated with the loss of role, the loss of contact, and perhaps the loss of the other birthparent, which reshapes the entire course of their lives.

Adoptees suffer their first loss at the initial separation from the birth family. Awareness of their adopted status is inevitable. Even if the loss is beyond conscious awareness, recognition or vocabulary, it affects the adoptee on a very profound level.

Any subsequent loss, or the perceived threat of separation, becomes more formidable for adoptees than their non-adopted peers.

The losses in adoption and the role they play for all parties of adoption lives have largely been ignored. 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. There is the initial, identifiable loss and innumerable secondary sub-losses. Loss becomes an evolving process, creating a theme of loss in both the individual and their families development.

Loss is always a part of those associated with adoption. A loss in adoption is never totally forgotten. It remains either in conscious awareness or pushed into unconscious, only to be reawakened by later loss.

Rejection

Feelings of loss are exacerbated by keen feelings of rejection. One way individuals seek to cope with a loss is to depersonalise it. They attempt to decipher what they did or did not do that led to the loss and become sensitive to the slightest hint of rejection. This causes them to either avoid situations where they might be rejected or to provoke rejection in order to validate their earlier negative self-perception.

Adoptees seldom are able to view their placement into adoption by birth parents as anything other than total rejection.

Adoptees even at young ages grasp the concept that to be “chosen” means first that one was “unchosen”, reinforcing adoptees’ lowered self-concept. Society promulgates the idea that the “good” adoptee is the one who is not curious and accepts adoption without question. At the other extreme of the continuum is the “bad” adoptee who is constantly questioning, thereby creating feelings of rejection in the adoptive parents.

Birthparents frequently condemn themselves for being irresponsible – as does society. Adoptive parents may inadvertently create fantasies for the adoptee about the birth family which reinforces these feelings of rejection.

For example, adoptive parents may block an adolescent adoptee’s interest in searching for birthparents by stating that the birthparents may have married and had other children. The implication is clear that the birthparents would consider contact with the adoptee an unwelcome intrusion. Adoptive parents may sense that their bodies have rejected them if they are infertile. This impression may lead the infertile couple, for example, to feel betrayed or rejected by God. When they come to adoption, the adoptors, possibly unconsciously, anticipate the birthparents’ rejection and criticism of their parenting.

Adoptive parents struggle with issues of entitlement, wondering if perhaps they were never meant to be parents, especially to this child.

The adopting family, then, may watch for the adoptee to reject them, interpreting many benign, childish activities as rejection. To avoid that ultimate rejection, some adoptive parents expel or bin (put into the 'too-hard' basket) adolescent adoptees prior to the accomplishment of appropriate emancipation tasks.

Guilt / Shame

The sense of deserving rejection leads triad members to experience tremendous guilt and shame. They commonly believe that there is something intrinsically wrong with them or their deeds that caused the losses to occur. Most triad members have internalised romantic images of the American (or Australian) family which remain unfulfilled because there is no positive, realistic view of the adoptive family in our society.

For many, the shame of being involved in adoption per se exists passively, often without recognition. The shame of an unplanned pregnancy or the crisis of infertility, or the shame of having been given up remains unspoken, often as an unconscious motivator.

Adoptees suggest that something about their very being caused the adoption.

The self-accusation is intensified by the secrecy often present in past and present adoption practices. These factors combine to lead the adoptee to conclude that the feelings of guilt and shame are indeed valid.

Adoptive parents, when they are diagnosed as infertile, frequently believe that they must have committed a grave sin to have received such a harsh sentence. They are ashamed of themselves, of their defective bodies, of their inability to bear children.

Birthparents feel tremendous guilt and shame for having been intimate and sexual; or the very act of conception, they find themselves guilty.

Grief

Every loss in adoption must be grieved. The losses in adoption, however, are difficult to mourn in a society where adoption is seen as a problem-solving event filled with joy. There are no rituals to bury the unborn children; no rites to mark off the loss or role of care-taking parents; no ceremonies for lost dreams of unknown families. Grief washes over triad members' lives, particularly at times of subsequent loss or developmental transitions.

Triad members can be assisted at any point in the adoption experience by learning about and discussion of the five stages of grief:

- Denial
- Anger
- Bargaining
- Depression
- Acceptance (Kubler-Ross 1969)

Adoptees in their youth find it difficult to grieve their losses, although they are in many instances aware of them, even as young children. Youngsters removed from abusive homes are expected to feel only relief and gratitude, not loss and grief. Adults block children's expressions of pain in an attempt to divert them. In addition, due to developmental unfolding of cognitive processes, adoptees do not fully appreciate the total impact of their losses into their adolescence or, for many, into adulthood.

This delayed grief may lead to depression or acting out through substance abuse or aggressive behaviours.

Birthparents may undergo an initial, brief, intense period of grief at the time of the loss of the child, but are encouraged by well-meaning friends and family to move on in their lives and to believe that their child is better off. The grief, however, does not vanish, and in fact it has been reported that birth mothers may deny the experience for up to ten years (Campbell, 1979),

Adoptive parents' grief over the inability to bear children is also blocked by family and friends who encourage the couple to adopt, as if the children are interchangeable. The grief of the adoptive parents continues as the child grows up since the adoptee can never fully meet the fantasies and expectations of the adoptive parents.

Identity

Adoption may also threaten triad members' sense of identity. They often express feelings related to confused identity and identity crises, particularly at times of unrelated loss. Identity is defined both by what one is and what one is not. In adoption, birthparents are parents and are not. Adoptive parents who were not parents suddenly become parents. Adoptees born into one family, a family probably nameless to them now, lose an identity and then borrow one from the adopting family.

Adoption for some, precludes a complete or integrated sense of self. Triad members may experience themselves as incomplete, deficient, or unfinished. They state that they lack feelings of well being, integration, or solidity associated with a fully developed identity.

Adoptees lacking medical, genetic, religious and historical information are plagued by questions such as:

Who are they?

Why were they born?

Were they in fact merely a mistake, not meant to have been born, an accident?

This lack of identity may lead adoptees, particularly in adolescence, to seek out ways to belong in more extreme fashion than many of their non-adopted peers. Adolescent adoptees are over-represented among those who join subcultures, run away, become pregnant, or totally reject their families.

For many couples in our society, a sense of identity is tied to procreation. Adoptive parents may lose that sense of generativity, of being tied to the past and to the future, often created through procreation.

Adoptive parents and birthparents share a common experience of role confusion. They are handicapped by the lack of positive identity associated with being either a birthparent or adoptive parent (Kirk, 1964).

Neither set of parents can lay full claim to the adoptee and neither can gain distance from any problems that may arise.

Intimacy

The multiple, ongoing losses adoption, coupled with feelings of rejection, shame and grief, as well as an incomplete sense of self, may impede the development of intimacy for triad members. One maladaptive way to avoid possible re-enactment of previous losses is to avoid closeness and commitment.

Adoptive parents report that their adopted children seem to hold back a part of themselves in relationship. Adoptive mothers for example, indicate that even as an infant the adoptee was 'not cuddly'.

Many adoptees as teens state that they truly have never felt close to anyone. Some youngsters declare a lifetime of emptiness related to a longing for the birth mother they may never have seen.

Due to these multiple losses for both adoptees and adoptive parents, there may also have been difficulties in early bonding and attachment.

For children adopted at older ages, multiple disruptions in attachment and/or abuse may interfere with relationships in the new family (Fahlberg, 1979a,b).

The adoptee's intimacy issues are particularly evident in relationships with members of the opposite sex and revolve around questions about the adoptee's conception, biological and genetic concerns, and sexuality.

The adoptive parents' couple relationship may have been irreparably harmed by the intrusive nature of medical procedures and the scape-goating and blame that may have been part of the diagnosis of infertility. These residual effects may become the hallmark of the later relationship.

Birth parents may come to equate sex, intimacy, and pregnancy with pain, leading them to avoid additional loss by shunning intimate relationships. Further, birth parents may question their ability to parent a child successfully.

In many instances, the birth parents fear intimacy in relationships with opposite sex partners, family, or subsequent children.

Mastery / Control

Adoption alters the course of one's life. This shift presents triad members with additional hurdles in their development, and may hinder growth, self-actualisation, and the evolution of self-control.

Birthparents, adoptive parents and adoptees are forced to give up control. Adoption for the most is a second choice. Birthparents did not grow up with romantic images of becoming accidentally pregnant or abusing their children or surrendering them for adoption. In contrast, the pregnancy or abuse is a crisis situation whose resolution becomes adoption. In order to solve the predicament, birthparents must surrender not only the child but also their volition, leading to feelings of victimisation and powerlessness which may become themes in birthparent's lives.

Adoptees are keenly aware that they were not party to the decision which led to their adoption. They had no control over the loss of the birth family or the choice of the adoptive family - the adoption procedure with adults making life-altering choices for them. This unnatural change of course impinges on growth towards self-actualisation and self-control.

Adolescent adoptees, attempting to master the loss of control they have experienced in adoption, frequently engage in power struggles with adoptive parents and other authority figures. They may lack internalised self-control, leading to lowered sense of self-responsibility. These patterns frequently passive/aggressive in nature, may continue into adulthood.

For adoptive parents, the intricacies of the adoption process lead to feelings of helplessness. These feelings sometimes cause adoptive parents to view themselves as powerless and perhaps not entitled to be parents, leading to laxity in parenting.

As an alternative response, some adoptive parents may seek to gain the lost control by becoming over-protective and controlling, leading to rigidity in the parent/adoptee relationship.

Summary

The experience of adoption can be one of loss, grief, guilt/shame, rejection, diminished identity, thwarted intimacy, and threats to self-control and to the accomplishment of mastery.

These 7 core or lifelong issues permeate the lives of triad members regardless of the circumstance of the adoption. Identifying these core issues can assist those affected by adoption and professionals in establishing an open dialogue and alleviating some of the pain and isolation which so often characterise adoption.

Some may need professional assistance in recognising that they may have become trapped in the negative feelings generated by the adoption experience. Armed with this new awareness, they can choose to catapult themselves into growth and strength.

Some may repeatedly do and undo their adoption experiences in their minds and in their vacillating behaviours while striving towards mastery. They will benefit from identifying, exploring, and ultimately accepting the role of the seven core issues in their lives.

The following tasks and questions can help explore the role of the seven core issues in adoption:

- List the losses, large and small, that you have experienced in adoption.
- Identify the feelings associated with these losses.
- What experiences in adoption have led to feelings of rejection?
- Do you ever see yourself rejecting others before they reject you? When?
- What guilt or shame do you feel about adoption?
- Identify your behaviours at each of the five stages of the grief process. Have you accepted your losses?
- How has adoption impacted your sense of who you are?