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The Hidden Impact of Adoption

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"You're so lucky." These three simple words have been heard repeatedly by almost every adoptee. While adoption is often the best solution available to a challenging problem, these words fail to address the emotional difficulties adoptees may experience, including conscious and unconscious feelings of loss, shame, and abandonment. Without help from a mental health professional, these difficulties may impede healthy psychological development (Verrier, 1993).

Certainly, evidence supports the important benefits of adoption. From the beginnings of modern adoption research in the late 1960s and 1970s, researchers have found adoption to be an emancipatory institution for children who faced pre-adoption trauma or high-risk future life trajectories (Bohman, 1971; Rutter, Brodzinsky, & Palacios, 2005).

However, adoption research also demonstrates that much of society sees adoption as a "fairy tale," where all members of the adoption triad — the adoptee, the adoptive parents, and the biological parents — have been done a "favor" through adoption (Henderson, 2007; Rampage, Eovaldi, Ma, & Weigel-Foy, 2011). This favor is a blessing for the unwanted child who is now "chosen," for the infertile adoptive parents who could not conceive, and for the biological parents who are relieved of the responsibility of raising a child (Henderson, 2007).

A survey on attitudes about adoption by the Dave Thomas Foundation for Adoption (2002) showed that 80% of respondents believed the adoptive family to be more satisfactory than the non-adoptive family, and 94% of respondents labeled adoptive parents as "lucky." Perhaps the media coverage of international adoptions by celebrities (e.g., Angelina Jolie), which portray the celebrity as a rescuer and humanitarian, encourages society to see the adoptive family as lucky (Favara, 2015).

This redemptive story, however, seems to acknowledge only a portion of the wider adoption experience. Adoption researchers paint a picture of adoption that is not as rosy as the one seen through popular societal rhetoric. For example, Brodzinsky, Schechter, and Henig (1992) describe adoption as including a sense of ubiquitous otherness, conscious and unconscious loss, and persistent confusion.

In the U.S., there are three main pathways to adoption: domestic adoption, international adoption, and foster care adoption. Biological parents who choose domestic adoption for their infants often choose adoptive parents (either via adoption agencies or private attorneys) and place their infants with the adoptive family shortly after birth. In international adoption, a child is adopted from their country of origin and raised in the U.S. The child's race or ethnicity may be different from their American parents, potentially making it more difficult to achieve a secure sense of belonging (Baden, 2007). The third type of adoption, foster care adoption, often involves children who are adopted at an older age, usually after their second birthday (Ishizawa & Kubo, 2014). Although

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research is mixed, most adoption theorists believe that adoption after the age of one can have negative effects on the child's attachment security (van den Dries, Juffer, Van IJzendoorn, & Bakermans-Kranenburg, 2009).

Adoption and attachment: The primal wound

Critical to modern adoption theory is Verrier's (1993) idea of the primal wound. A natural evolution from conception to care is experienced by the vast majority of newborns, including those in the animal kingdom. However, the primal wound occurs when a postnatal separation from the biological mother imprints the infant with a sense of abandonment and loss. The nine-month bond with the biological mother — her smell, feel, taste, and sound — are all gone. The loss of the child's primordial loving, caring, and protective relationship can be indelibly imprinted on the unconscious mind as a traumatic injury (Verrier, 2015a). According to this view, adoption trauma is an "unclaimed experience" and a "physical wound" that implants itself in the psychology of the adoptee.

Siegel's (2012) The Developing Mind suggests how powerful these types of prenatal memories can be in the neurobiology of the developing infant. He describes them as "implicit memories" which are developed and reactivated deep in one's unconscious. The adopted infant's brain synapses began connecting according to a perception of the environment as unsafe, scary, and in need of vigilance. Without the care and attention from family and mental health professionals that such a trauma deserves, the primal wound might influence the way an adoptee acts, feels, and believes "without recognition of the influence of past experience on [one's] present reality" (Siegel, 2012, p. 52).

While adoption researchers generally agree on the presence of the primal wound, it does not appear to dictate negative development. Research has shown that adoptees tend to attach to their caregivers in the same way as non-adoptees, especially when adopted at a young age (van den Dries et al., 2009). Attachment is not black or white, however, and occurs on a spectrum where adoptees face extra difficulties in successful attachment relationships (Rampage et al., 2011). Since the vast majority of studies examine young child adoptees, little is known about the long-term effects on attachment for adult adoptees, biological parents, or adoptive parents.

Of interest when considering the development of adoption triad members is how open the adoption is. Domestically, openness in adoptions has increased in the last two decades. Openness means there is contact between the biological family and the adoptive family (Grotevant, Rueter, Von Korff, & Gonzalez, 2011). This contact can range from an exchange of letters or pictures, Skype or email communication, phone calls, or visits.

Although openness typically promotes psychological health among adoptees, the experience of being adopted evolves over time. At an early age, adoptees often consider adoption a neutral fact about themselves. In adolescence and early adulthood, however, adoptees' greater cognitive and psychological capacity for identity development begets a need to ask, "Who am I and why was I adopted?" (Rampage et al., 2011). Adoptees are told repeatedly by family, friends, and society that they are "chosen." How then, do they reconcile the fact that they also were relinquished by their biological parents — two people who were supposed to love them most — and may have been a second-best choice by adoptive parents struggling with infertility?

Thus, the developmental danger for adoptees is not the presence of the primal wound, but in their ability to acknowledge it and ask the difficult questions that inevitably rise with time. The way adoptees can be discouraged from this curiosity is what I call the covert trauma of adoption.

Adoptees' curiosity is often discouraged because

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adoption can take a psychological and emotional toll on all members of the adoption triad. Fisher (2003) found that nearly seven out of ten couples who choose to adopt do so because of infertility. The stigma of infertility may follow these couples throughout their lives, causing shame, self-doubt, and challenging their claim to authentic parenthood. It is no wonder adoptive parents struggle to address the primal wound with their children.

Biological parents may also face constraints in addressing their ambivalent feelings around adoption. For example, several studies have shown that one of the strongest predictors of relinquishment was the preference of the biological mother's mother (Wiley & Baden, 2005). Further, the biological mother may have experienced coercion from partners, teachers, or her culture. A clinical sample of birthmothers' stories revealed themes of lifelong attachment difficulties, high rates of secondary infertility, and chronic depression (Wiley & Baden, 2005). Verrier (2015b) notes that the birthmother may shoulder tremendous guilt at the time of relinquishment. It may even be experienced as a traumatic event, emotionally "freezing" that experience.

With the adoptee's support systems engulfed in psychological and emotional struggles of their own, coupled with society's misinformed perception of adoption, the adoptee can be implicitly encouraged towards silence and acquiescence. Herein lies the covert trauma of adoption — the lack of an outlet in which to wrestle with the grief and loss that are borne of the primal wound. Adoptees' trauma is generally unacknowledged by society (National Adoption Information Clearinghouse [NAIC], 2004), and is complicated further by those three simple but problematic words, "You're so lucky." Adoption remains the only trauma one is told he or she is lucky to have.

Since adoptees can feel coerced into silence regarding adoption questions they may have, researchers generally agree that it is important to assume that adoptees are at least thinking about their questions (Brodzinsky et al., 1992; Lifton, 2009; Rampage et al., 2011; Verrier, 1993). In this way, mental health professionals can step in and provide a safe space for adoptees to process their feelings and experiences related to adoption. This includes helping people struggle with any ambivalence they might feel related to their adoption.

Clinicians who recognize the potential for adoption-related ambivalence begin by understanding that adoption is often surrounded by unrealized wishes and fears. Lifton (2010) refers to the various "ghosts" that triad members may carry: the adoptee's biological parents, who he or she has imagined but may never meet; the biological parents' fantasy of their child who they surrendered; the adoptive parents' imagined biological child who, because of infertility, never existed. Rampage et al. (2011) note that every adoption story carries with it feelings of loss and grief. Mental health professionals should understand that these "ghosts" are representations of loss and grief, and clinicians must be willing to explore these feelings with their triad member clients.

In exploring these fantasy "ghosts," the clinician recognizes that clients have lived through the positives of adoption, as well as through the trauma. These "ghost stories" might contain important information for therapeutic work, as they often indicate areas of grief and loss. When clinicians acknowledge these losses, work with clients to resolve them, and ultimately allow clients to integrate them into their life narratives, the outcomes for adoption stories become hopeful and fulfilling (Rampage et al., 2011).

Mental health professionals should treat the entire triad system, including utilizing family sessions when possible. Family sessions may provide the first opportunity for the whole family to speak openly about their adoption-related experiences. Although working directly with the whole triad at once may be impossible, it is essential to acknowledge the struggles of all family

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members, and help triad members express their feelings towards other members.

Acknowledging the trauma that may occur with adoption serves to open the door to empathy and understanding for those members of the adoption triad who have been fighting off an invisible wound they struggle to identify. Clinicians may best serve those affected by adoption by offering them the space to ask hard questions, work with them to integrate their experience of adoption into their life narratives, and move forward with empowerment.

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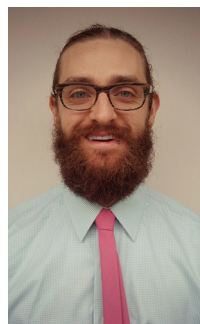
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