

When adopted adults are shadowed by disrupted attachments

For Alexandra Maeja Raicar, the therapeutic journey of the 'adopted self' is one of mourning the reality of early and ongoing family losses. Only then can the adoptee start to heal their hurt and dependent Child Self and enable their maturing Adult Self to take charge of their life in a more integrated way



Alexandra Maeja Raicar Maeja is an attachment-based psychoanalytic psychotherapist and an NLP master practitioner. She is an associate member of ASART and an Ofsted-registered ASA. Maeja works part-time at PAC in London and also offers the CcAT programme, a brief family programme for children with attachment difficulties. See *Child-centred attachment therapy* (Karnac, 2009).

www.namastecentreofhealing.com
catnamaste@aol.com
01277 654351

Loss is the bedrock on which the social and legal edifices of adoption are built. And on which they can crumble when this stark reality is not acknowledged and honoured by all those involved in their construction. Far from the romantic myth of 'a new forever family living happily ever after together', the living experience of adoption is imbued with the colours of ambivalence for all the parties to adoption: the hoped-for gains by child and parents in constructing a new family balanced by the ongoing losses and pain of the adoptee, their birth relatives and the adoptive family.

A radical intervention

As John Simmonds writes (2008: 28; see book review in this issue), adoption is one of the most radical interventions that can be made. It totally and irrevocably changes lives – for better or worse – not just for the child but for the adoptive and birth families too. Nancy Verrier, an adoptive parent and therapist, believes:

The severing of that connection between the adopted child and his birthmother causes a primal or narcissistic wound, which affects the adoptee's sense of self and often manifests in a sense of loss, basic mistrust, anxiety and depression, emotional and/or behavioural problems, and difficulties in relationships. (1994: 21)

Verrier goes on to suggest that such primal wounding affects the child in every aspect of their development: emotional, psychological, mental, physical and spiritual.

This wound, occurring before an infant has begun to separate its own identity from that of its mother, may result in a feeling that part of oneself has disappeared, leaving the infant with a feeling of incompleteness or lack of wholeness. That incompleteness is often experienced, not only in the genealogical sense of being cut off from one's roots, but in a felt sense of bodily incompleteness. (1994: 38)

Indeed, adopted adults who search for their birth parents often recall feeling incomplete.

Lifelong sense of loss

Verrier's thinking, informed by her own experience of having an adopted daughter from three days old, was substantiated by ten years of research which she carried out with adult adoptees, adoptive parents and birth parents in America. Betty Jean Lifton, an adoptee who also became a therapist and a researcher, had previously come to very similar conclusions. She describes the painful lifelong sense of loss and identity confusion even more graphically in her two books, *Lost and Found* (1986) and *The Journey of the Adopted Self* (2002). Lifton explains that the latter title 'came out of my musing about why many adoptees say they feel alienated, unreal, unborn, and that they have no self'.

Both writers are describing not the reactions of very hurt children who have been removed from their parents because of severe neglect and/or abuse, but the felt experience of adoptees who were relinquished by their mothers at birth, or soon after, usually because of the lack of support for 'unmarried mothers'. This might sound like an extreme reaction to separation by babies who are

then placed with caring adoptive families. However, there is evidence of such trauma in the deeply disturbing films, *John* and *A Two Year Old Goes to Hospital*, made in the 1950s by James and Joyce Robertson, research collaborators of John Bowlby. These films show the devastating effects of even a few days' separation and loss on two previously 'securely attached' toddlers who then return to their own families.

Hilary Wakefield describes very powerfully her own reactions to being hospitalised for 16 months for treatment of polio as an infant, being allowed only two hours' contact once a month with her parents:

Even though, cognitively, I know that the parents to whom I came home were the same ones I left when I went into hospital, they do not feel the same people to me, even now. They have a different 'feeling' label attached to them. The 'Mark I' Mum and Dad provided security, love and met all my needs (but ultimately abandoned me). The Mark II parents were strangers who found me difficult, aggressive, disruptive and insecure, so their response to me was accordingly different. (Attachment, 3(1), March 2009, vii)

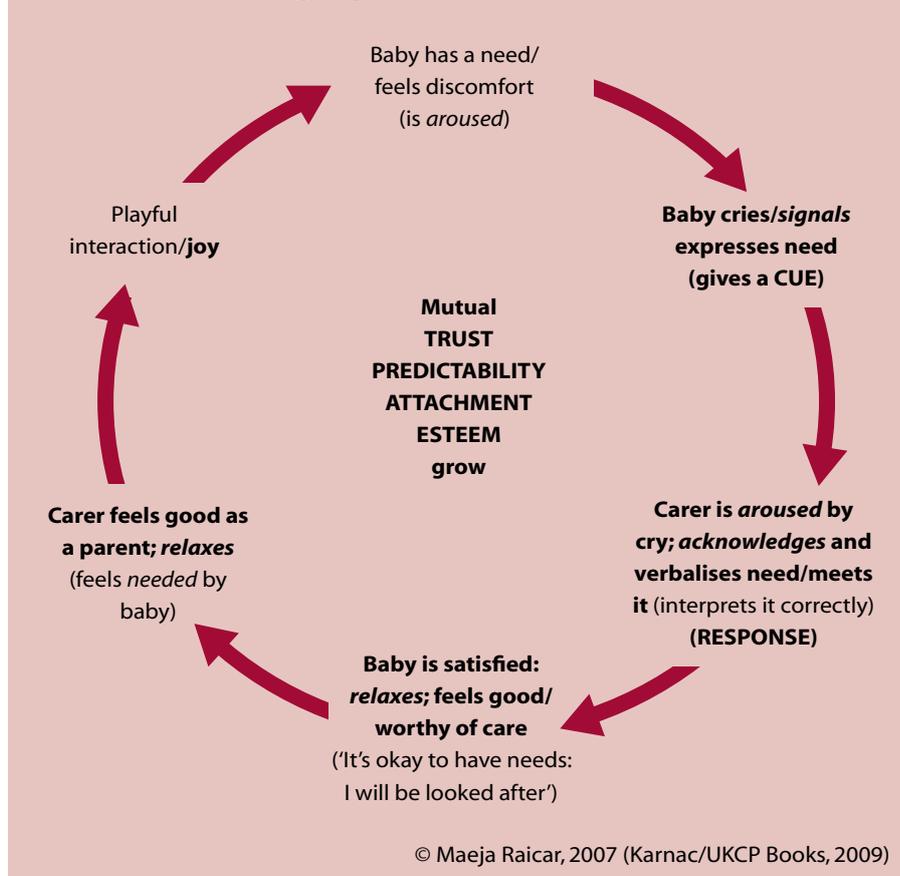
Continuity in care

So why does continuity in care matter so much? John Bowlby, the father of attachment theory, wrote over 50 years ago (1953: 11):

... what is believed to be essential for mental health is that the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother-substitute – one person who steadily 'mothers' him) in which both find satisfaction and enjoyment.

The Basic Bonding Cycle shows how consistent loving care by an attuned parent helps a baby to form healthy and secure attachments. Louis Cozolino (2006) explains almost lyrically how the right hemispheres of child's and carer's brains are linked 'through eye contact, facial expressions, soothing vocalisations, caresses, and exciting exchanges'. Interestingly, Cozolino also notes the plasticity of the mother's brain after birth, so that she too grows 'emotional synapses' to help her to be more attuned to her child's needs (2006: 83).

Basic bonding cycle



Neural connections

Neuroscience and attachment research over the past three decades have confirmed that severance through loss of, or damage to, the baby's primary attachments through abuse or neglect can have a long-lasting impact on the child's ability to develop normal neural connections in the brain which facilitate mood regulation and trust in self and others, so helping them achieve optimal emotional and social functioning. In a recent lecture to college students (March 2009), Richard Bowlby showed a poignant video extract of a mother gently handing over her baby at a day nursery. His eye rolling indicated an almost immediate dissociation from what was clearly to him an unbearable experience of being separated from his mother.

Sally Wassell explains:

Just as experiences of close, attuned responsiveness generate (within the limbic system of the brain) connections which facilitate the young child's capacity to process socio-emotional experiences, equally the absence of such reassuring

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intimacy undermines this vital process of development. This experience of neglect is often referred to as 'the trauma of absence'. Whereas the abused child may be hyper-vigilant or aggressive, the neglected child may be profoundly inhibited in their exploration and learning. (2008: 50)

Constant interruptions to the Basic Bonding Cycle at any point, or repeated failure to complete it, will adversely affect the baby's capacity to develop trust that his or her needs will be met safely; or, indeed, that it is safe to have needs and express them (CUES). So, as in the figure on page 8, they are more likely to give confusing misCUES to bewildered carers.

Wired for experiences of threat

Wassell describes how a child can get stuck in learned survival responses of 'fight, flight, or freeze', so that the normal development of affect-regulating pathways in the brain can be distorted by abuse or inhibited by neglect:

In circumstances of stress or danger which characterise abusive experiences, the child's brain accommodates by becoming hyper-aroused and ultimately dissociated, cutting off from the intolerable stress. The more severe the maltreatment, the more likely it will be that the infant's brain will be 'wired' for these experiences of threat.
(2008: 49)

Kate Cairns (2008, chapter 5) points out that the unsuspecting new carers of such a hurt child might themselves experience secondary traumatic stress, while being expected to provide *therapeutic re-parenting*.

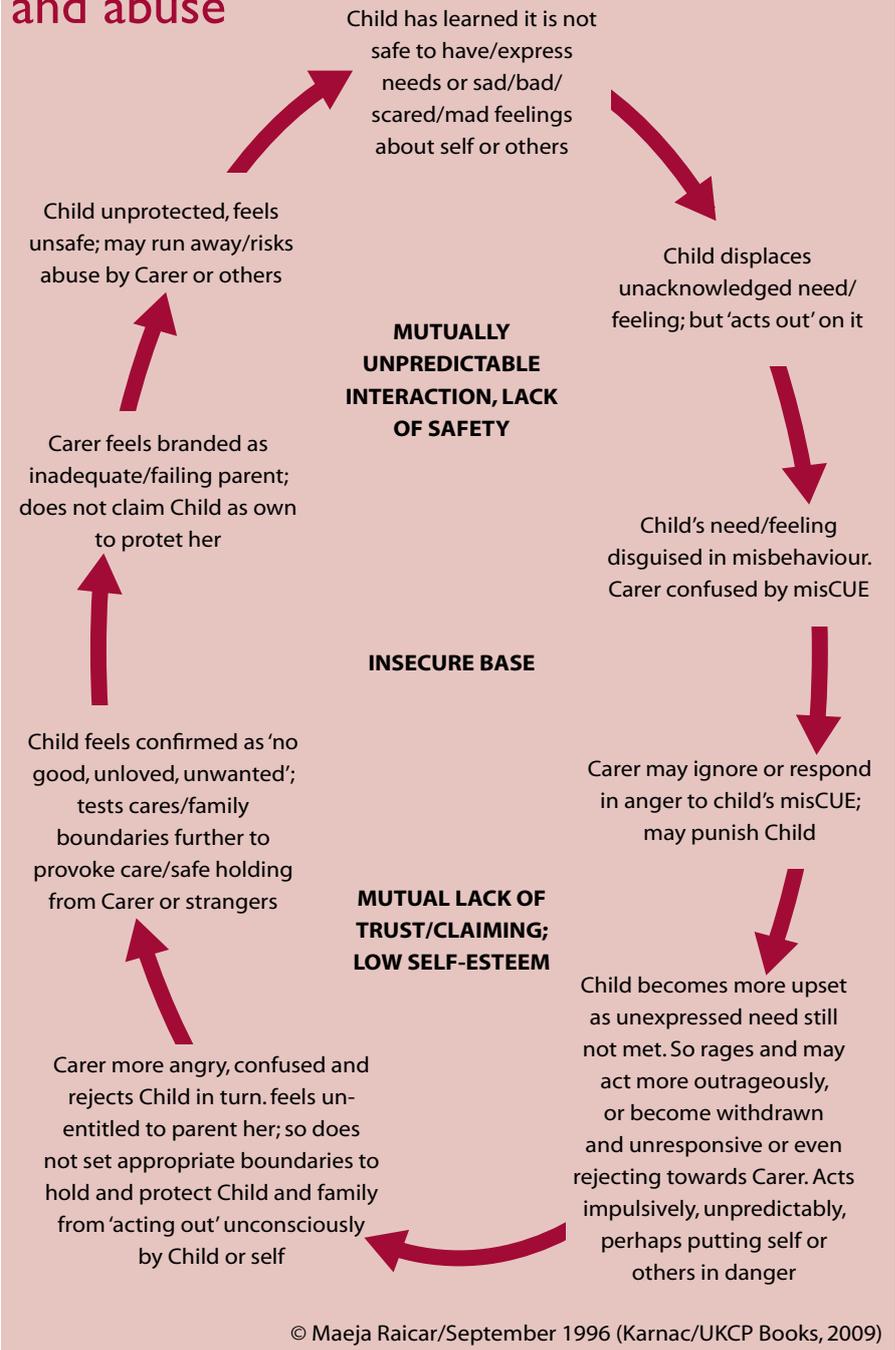
Without timely and effective therapeutic help for an abused and/or neglected child to grieve over their hurts and multiple losses and learn to attach to new parents, they are likely to continue, without awareness, re-enacting old dysfunctional patterns of interrelating – even with new loving and committed carers. If left unsupported, their adoptive placement may result in reinforcing their low sense of self-worth and lack of trust in others. This will make further moves, separations and losses more likely, keeping them stuck in their 'cycle of deprivation and abuse' (see figure opposite).

Mirroring early learning

Growing up, such a child may tend towards interactions that mirror their early learning about the unavailability of others to meet their needs. These are likely to leave them feeling even worse about themselves and more vulnerable to exploitative and violent relationships that confirm their poor self-image.

Adoptees who seek therapy after repeated experiences of abandonment, rejection and abuse are likely to project all their feelings of rage, hurt and disappointment onto their therapist and/or birth parents, in reunion. Without skilled and supportive holding in supervision, the therapist may find himself drawn, in counter-transference, into playing old familial roles for the client.

Maintaining the cycle of deprivation and abuse



Nancy Verrier describes the strength of such unconscious communications:

... adoptees use projective identification, not only as a defence mechanism and a primitive form of object relations, but also as a means of communication. What that means is that anyone in a relationship with him will begin to experience his feelings and react to them. The adoptee uses projective identification to communicate what he really feels inside because he has no words to describe

those feelings. The feelings originated before he had language.

Adoptive parents are very familiar with the technique of projective identification, as are reunited birthmothers, although they may not have known what it is called. Those projected feelings trigger the parents' own sense of rage, hostility, sorrow, or helplessness, causing them to react in ways they consider totally out of character for them. (Verrier, 1994: 184–185)

Zena

A young adopted adult, Zena, became distressed and enraged when her counsellor informed her that he would be leaving the agency within a couple of months. This brought up for her old issues of parental abandonment and loss. Zena refused to attend her remaining contracted sessions and 'work through' with her counsellor these very painful feelings of rejection. She remained angry, bitter and resentful, refusing all offers of mediation or of being referred to another therapist.

Eventually, after months of complaining and protracted negotiations, Zena agreed to see me, but only attended one session. Knowing that, despite her complaints, she had previously been very erratic in her attendance, I offered her a contract of weekly sessions rather than the fortnightly ones she wanted. I felt quite strongly that weekly sessions would provide better 'containment', but Zena believed that I was seeking to control her just as her birth and adoptive mothers had done. I was left wondering whether I should have been more flexible, as I sometimes am with short-term clients, or if this was an important boundary issue which needed to be explored more carefully with Zena than I had been able to.

Jamie

Another adopted adult, Jamie, had been rejected out of hand by his birth mother when he sought contact with her ten years previously. He was still hurting badly from that rejection and so eventually decided to search for his birth father very tentatively. Jamie sought an intermediary service from his adoption agency, as well as brief counselling support from me for what he knew would be 'an emotional roller coaster' reunion process. As Jamie's anxiety about a possible reunion increased, so did his anger with me for not being available as and when he needed to see me for support. Identifying me with his unavailable birth mother, his Child Self wanted to reject me in turn. However, Jamie's Adult Self was then able to express his feelings about me in transference and agree to continue our work together.

Beth

Beth, also adopted, dissociated during a first telephone contact with her birth father whom she had never known. She reacted

“Consistent loving care helps a baby to form healthy and secure attachments”

with shock, then anger, confusion, and later intense grief, even though her father wanted to meet her. She collapsed emotionally, weeping for two days as if for her lifetime of losses. Afterwards, she emerged feeling calmer and stronger; she felt, whatever the outcome, she could now stop searching.

Beth helped me to realise how long pent-up anger and hurt at un mourned early separation and losses can last. These repressed feelings can explode during reunion, surprising both the adoptee and birth parents with their force. This can jeopardise the delicate, newly developing relationship if a safe outlet for expressing such feelings is not available, as in therapy.

Matt

Matt's overtures had also been rejected by his birth mother some years previously, which left him feeling suicidal and in total despair for a while. However, on making contact with his father and partner much later, he was warmly welcomed by them. After the euphoria of the first few meetings, Matt could not resist testing their willingness to meet his overwhelming need for them to acknowledge his lifelong pain and to now make up for it. The father was bewildered by Matt's increasing demands and withdrew. This confirmed for Matt that he was being too needy and would soon be rejected again. He decided to pre-empt rejection by severing all contact with his father; then, regretting his hastiness, he returned to brief therapy with me.

Matt came to realise that he was expecting his father to heal his deeply hurt Child Self, and so was setting them both up for disappointment. Matt also recognised that, in other areas, he was able to function as a competent adult and so had the capacity to deal with his own unmet Child needs now. With the assistance of his skilled intermediary social worker, contact was successfully re-established with his father.

Marnie

Marnie, a young suicidal client, taught me how effective short-term therapy can be. In the few weeks between self-referral and

starting sessions, her marriage ended and she became homeless. Marnie had been stuck in a victim role for years, having been abused as a child and rejected by her adoptive mother. She was befriended by older women during this new crisis, and suddenly realised that she now had 'adoptive mothers' who valued her for herself and who were committed to helping her. In turn, she discovered that she had a talent for working with elders. She found new strengths and became aware of her innate resourcefulness. Working through her own pain, she could now view her elderly adoptive mother, who still functioned in Child mode, with empathy and even compassion. Marnie was ready to heal and move on.

Mourning early losses

For me, the therapeutic journey of the 'adopted self' is one of mourning the reality of early and ongoing family losses, including the ideal of what the child never had: continuous, loving and safe care by committed and attuned parents. Only then can the adoptee start to heal their deeply hurt and dependent Child Self, and so begin to recover more playful, creative and joyful Child aspects of themselves. This will enable their maturing Adult Self to take charge of their life and relationships in a more integrated way.

Ironically, while writing this article, I came across this spiritual definition of 'attachment':

The root of suffering is attachment. You have created a space in your mind that holds a person or object as part of you. When that person or object is criticized, neglected or not with you, you feel pain in your mind and you experience a sense of loss. If you want to be happy, you must learn to love and appreciate while remaining independent.'

(Thought for the Day, 28 February 2009, Bramakumaris) [P](#)

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