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The Formation of the Adopted Self

Betty Jean Lifton

ABSTRACT. Adoptees have a difficult time forming a coherent self in the incoherent closed adoption system. As children they are asked to disavow reality: to live as if they were born to the adoptive parents who raise them and to repress their yearning for the lost mother and father whose identity is denied them. To survive, the adoptee splits. He/she forms what I call an Adopted Self, which is made up of a False Self and a Forbidden Self. The False Self tries to adapt to what is being asked of it, at great cost to its own integrity. The Forbidden Self, the self that one must not express, goes underground to seek authenticity in fantasy or rebellious behavior. Adoptees may shift back and forth between their false and forbidden selves while growing up. To become whole—to form an authentic sense of self—they must be able to integrate the truth about their lost heritage with their adopted identity.

This paper represents some ideas on the development of the adopted self drawn from years of interviewing and working with adopted adolescents and adults.

It is paradoxical to speak of the adoptee's sense of self when most adoptees say they feel they have no self. They say things like: I feel I have a hole inside me. I don't know how to give or accept love. I am afraid of rejection. They go into treatment for depression and problems around self esteem, lack of trust and abandonment fears.

In my book *Lost and Found, the Adoption Experience*,⁴ (Lifton, 1979, 1988) I wondered if there might not be such a thing as an adoption syndrome—by that, I meant a cluster of emotions and traits that the adopted have acquired as a result of growing up in the

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closed adoption system. David Kirschner, who has seen hundreds of troubled young adoptees in his clinical practice, believes that there is an Adopted Child Syndrome. He defines it as a distinct pattern of symptoms, personality dynamics, and behavior problems that may include: learning disabilities, lying, stealing, running away, setting fires, sexual promiscuity, low tolerance for frustration, shallowness of attachment, impulsivity and an absence of normal guilt and anxiety.³

This is not to say that all adopted children have serious problems. The syndrome must be understood as a continuum on which only the most disturbed exhibit extreme anti-social behaviors. Yet, I would suggest that all adoptees—even those seemingly well adjusted—have a “touch” of the syndrome.

I am aware that many professionals object to the word syndrome since it implies pathology. I sometimes use the term Post Adoption Trauma, although it is not much more popular. But whether we prefer syndrome or trauma, I believe that the original trauma begins when the adopted baby is separated unnaturally from its mother at birth.

ADOPTED MOTHER-ADOPTED BABY-ADOPTION SYSTEM

Winnicott said that there is no such thing as a baby. Only the mother-baby system.⁷ In this spirit, I submit that there is no such thing as an adopted baby—only the adopted mother-adopted baby-adoption system.

What do I mean by that? I mean that the blood-related mother and baby have spent nine months together before they meet quite naturally in the delivery room. But the adopted baby and adoptive mother are outside of nature's jurisdiction when they enter the confines of the adoption system.

PRIMAL WOUND

Little is understood of the preconscious, preverbal stage of any infant, or of the bonding between mother and child. But we know that studies show that babies know their own mother. Joseph Pearce

believes that the mother is genetically programmed to respond to her infant at birth, and the infant is programmed to expect her response. He believes that bonding may involve specific hormones, and that breast feeding may be one of the most critical factors in establishing the bond.⁵ Florence Clothier wrote that the child who is placed with adoptive parents at or soon after birth misses the mutual and deeply satisfying mother-child relationship, the roots of which lie in that deep area of personality where the psychological and physiological are merged.²

Nancy Verrier, a psychologist and adoptive mother, posits that this separation—before the baby has what Margaret Mahler calls the psychological birth—makes the child feel it has lost part of itself. She calls this separation from mother, the adopted child's *primal wound*.⁶

I believe that this primal wound makes the adopted child vulnerable to yet another trauma when he is told he is adopted. He must then confront the abandonment and disappearance of the mother and father, and the silence and secrecy that surround this subject. These traumas would not have to be irredeemable if the child could go on to a life with some coherent meaning structure. But this is impossible when the adoptive parents are embracing the meaning structure of a normal biological family even as they follow the strictures of the closed adoption system.

THE LIFE NARRATIVE

We put much stress on *when* to tell the child he or she is adopted. But the real issue is not *when*, but *what* is told. In that narrative, known as the Chosen Baby story, is the child's heritage, and around that narrative the child will create his own personal myth which will influence his sense of self—and inform his action. The therapist of an adopted person of any age must inquire into the story that the child has been told and probe the fantasies that have been spun around it.

Usually this narrative is fragmented. It is not located in real time. It begins not with the child's birth, but with his adoption. It is missing the main characters—like the child's mother and father, and grandparents and the rest of the birth clan. It is a story that has no

clarity or coherence. Already things are being tampered with in the child's head and psyche. There is confusion about beginnings and endings, about connections and disconnections, about continuity and discontinuity. This incoherence may be reflected in the child's general disorientation in school as well as at home, and may be responsible for some of the attention deficit disorders.

Let me stress also that there is a lack of empathy in this narrative for the fact that the child's parents have disappeared. The logic of the adoption system has it that one cannot grieve for what one has never known or mourn what one does not remember. There is no thought that the child might have a need to mourn for those parents who are lost to her/him as surely as if they were dead. There are no names, addresses, or telephone numbers. No graves. The adoptive parents emerge as the stars of the upbeat Chosen Baby story. The child is expected to radiate with their happiness, and to perceive the story positively through their eyes.

Yet the child can also perceive that the parents are uncomfortable with the life narrative, that they do not encourage questions about it. The story, like a Procrustean bed, does not change or grow — will not allow the adoptee to grow. It is the task of the therapist to help fill in this life narrative — to give it some coherence and clarity.

DISAVOWAL

The self theorist, Michael Basch, says that one cannot form a healthy sense of self if one must disavow reality.¹ But this is exactly what the adoptee is asked to do from the moment he is told he is adopted.

I liken the situation to the boy in the tale of the Emperor's New Clothes. The boy in this tale can see clearly that although everyone flatters the Emperor on his new clothes, the Emperor is naked. So, too, the Adoptee is not supposed to mention that he has been stripped naked of his heritage. He is to behave as if he were born into the adoptive clan.

The message is: We will love you as our own unconditionally — under the condition that you pretend that you are really our own. If you will give up all claim to another reality — another history — another clan.

A Faustian bargain — The adoptee is asked to live by an untruth.

FALSE SELF/FORBIDDEN SELF

To survive, the child doubles or one might say, splits. There is the *False Self* and the *Forbidden Self*.

The False Self becomes compliant. The child behaves as if he were born into the family. By disavowing reality, he numbs his senses, denies the importance of knowing his heritage. He says things like: "I don't care. It makes no difference."

The Forbidden Self—the self that refuses to disavow completely, goes underground for vitality and authenticity. It harbors a jumble of fantasies about the birth parents, both good and bad, and about the life they might have had together. It harbors resentments toward the adoptive parents who seem a barrier to the truth about the past. It is flooded with rage.

We know that for any self to form cohesion it must be integrated—but this is not possible as long as one must disavow the truth of his or her life. In adolescence when the necessary tasks are to individuate, to separate, and to feel authentic, the adopted self is often in crisis. In their struggle against disintegration, adoptees may act out, often becoming anti-social and exhibiting the behaviors of the adoption syndrome that David Kirschner has described, and end up in residential treatment centers or adolescent psychiatric wards.

Who is to help them? Few therapists are able to reach adoptees because they do not know the psychodynamics of the adopted child or the adoptive family. Until now, therapists have colluded with society in disavowing the reality that adoptive families are not the same as other families, and adopted children the same as other children. Most therapists do not see adoption as the core issue in treatment because they were not trained to do so.

ADOPTIVE PARENTS

And where are adoptive parents to find help? I have had parents who sincerely love their acting out adolescent tell me that if they knew what they had to go through, they would not have adopted. They feel, as one adoptive mother phrased it: "inadequate, discounted, rejected—often abandoned themselves by their counterphobic runaway children. And then after years of constant turbu-

lence, they see their children yearning for some magical person with whom there is some undeniable, undefinable connection."

THERAPY

There are few places for adoptive families to turn for help. As yet family therapy centers have no program designed for the unique needs and problems of the adoptive family. One is needed in which it is not the adoptee who is regarded as the patient, but the whole adoption system. The therapist must see the adoptee alone at first to gain his trust, but should also see the parents at intervals to help them understand their child's pain. Everyone needs educating as to what is going on. Everyone needs support.

The therapist must be aware that everyone is using denial as a defense mechanism. This will require that he be more active than usual in treatment, must show empathy for emotions which have long lain repressed.

The therapist must try to pull reality out of illusion, which means helping the adoptee uncover the facts of his heritage. He must persuade the adoptive parents to level with their child about everything they know. This may necessitate a search for information about the birth parents. If the child is foreign born, one or both parents should make a trip to find former caretakers who can give them information about their child's parentage.

Some adoptees will not be able to bond with their adoptive parents until they are released by their birth parents. They will not feel born until they have seen their mother's face, or at least know her name. They will not be able to fill the empty hole inside them until they have the necessary information that fits that space. Therapists should know about the search and support groups in their communities. Like the AA, these groups can offer the adoptee emotional support on the difficult journey of search and reunion.

PREVENTION

The adoption syndrome may be prevented if there is openness and honesty from the beginning. Some agencies are experimenting with open adoption, in which adoptive parents and the birth mother meet before the adoption, and keep in touch over the years. The

children of these open arrangements have not yet gone through puberty and so we do not know the pitfalls that await them, but they are expected to fare better than the previous generations of closed adoption babies.

Until then, therapists must have empathy for, as well as knowledge about, the struggles that go into the formation of the adopted self. Only then can they help the adoptee feel grounded and centered, with a sense of well being, which is after all, the goal for all of us.

REFERENCES

1. Basch, M. (1987) Personal Communication.
2. Clothier, F. (April 1943) "The Psychology of the Adopted Child," *Mental Health Hygiene* 27: 222.
3. Kirschner, D. (1988) "The Adopted Child Syndrome: Considerations For Psychotherapy". Presented at the 96th Annual Convention of the American Psychological Association, Atlanta, Georgia.
4. Lifton, B.J. (1979, 1988) *Lost and Found, The Adoption Experience*, New York: Harper & Row.
5. Pearce, J. (1977) *Magical Child*. New York: Bantam Books.
6. Verrier, N. (1988) "The Primal Wound," *Pre-and Peri-Natal Psychology Journal*, New York: Human Sciences Press.
7. Winnicott, D.W. (1975) *Through Paediatrics to Psychoanalysis*, London: The Hogarth Press and the Institute of Psycho-Analysis.