Most adults with whom I work, as clinicians or adoptive parents, tend to see adoption as a blessing, and in most ways it is.

But for the adopted children it is often a deep, unseen and unspoken wound. I want to speak for these children here, for just a moment~

I am writing this article/blog February, 2013, and just in the past two weeks I have encountered 4 parents who are struggling to understand why the child they adopted at birth is struggling with what looks like trauma symptoms. The children’s ages range from 5-16.

Their parents are loving and concerned, not abusive or neglectful; yet their children are acting out in ways that are incomprehensible and confusing.

Daily, we see families with young children in our practice who have been adopted, who are acting out, or are unusually withdrawn; who appear out of sync, not typical; struggling socially, emotionally, behaviorally, and academically.

Test after test and assessment after assessment, medication after medication and treatment program after treatment program these children continue on in an obviously painful attempt to make sense of this life of theirs, their relationships, their sense of self and their world.
And parent after parent we hear a similar story; ‘we adopted at birth or soon after, my child had no trauma, my child has been given every opportunity, every ‘thing’ and every chance to be like any other child. We have other children who do not act like this and we parent all of them the same. We love all of our children the same treat them all the same, what is ‘wrong’ with our adopted child’?

Many doctors and psychologists now understand that bonding doesn’t begin at birth, but is a continuum of physiological, psychological, and spiritual events which begin in utero and continue throughout the postnatal bonding period. When this natural evolution is interrupted by a postnatal separation from the biological mother, the resultant experience of abandonment and loss is indelibly imprinted upon the unconscious minds of these children, causing that which I call the “primal wound.” (Verrier, 1993, p. 1) a must read for all adoptive parents~ ja

All too often treatment providers who may be well intentioned and even well trained and experienced in ‘adoption’ may not be well trained or skilled in the neurobiological development of life prior to birth, and the ‘trauma’ of adoption for all adopted children.

Let me explain; in my 25 years of work in trauma, foster care and adoption, I have been both a foster parent (75+ children), and adoptive parent, as well have given birth to four beautiful children; and I have been a trauma therapist, immersed myself in the world of child welfare and mental health and for the past decade have been developing trauma informed and mindful approaches to working with a ‘our’ children.

I have watched families and marriages wither away under the stress of parenting ‘our’ children, I have watched countless children suffer through restraints, experience unintentional retraumatization in relationships with uninformed parents and providers and swallow cocktails of psychotropic medications that have no longitudinal research outcomes.

Perhaps most concerning, I am watching the macrosystem of care manifest the same traumatic outcomes as the very families and children who the macrosystem was created to serve.

I know that we fail to consider and give enough weight to the life of ‘our’ children prior to birth; what did ‘our’ children experience for the ten months of life before we came to save them; what did they feel in-vitro? Were they feeling the stress of an unwanted pregnancy? Was there talk between the parents of terminating the pregnancy? Was there domestic violence? Was there enough food for the biological mother? Were there drugs or alcohol shared between biological mother and child?
When planning or prescribing for these children consideration should be given to the possible in-vitro effects of being unwanted, or even having their existence threatened.

**Was ‘our’ child fighting for survival even before birth?**

Birth and Pre-birth trauma:

When I first saw J and her exasperated parents, she was a 15-month-old toddler. In the first 6 months after her birth, J’s parents reported that J screamed more hours of the day than not, even while nursing. Her face would turn almost blue, her body appeared to be in convulsions and there was no effective way the parents could discover to soothe J. At 15 months, she still needed tight swaddling at night in order to sleep. J would break out in hives all over her face and neck when her parents left her for a much needed evening out, and even at times when her mom, who stayed home with her, would leave the room J was in if awake. When her pediatrician could find no medical reason for J’s distress, he referred her parents to me.

As I developed a relationship with J’s parents I began to explore the life of J prior to birth. With each new client, I complete a very thorough, historical intake of the **of both parents and their parents (as much generational LIFE information as I can gather)** and as much information about the pregnancy, birth and life of the child client as is available. I wanted to know all that I could know about J before she was born. **Although she wasn’t an adopted child, J’s parents disclosed to me that they had talked often about abortion until they learned that mom had passed the stage of pregnancy for a ‘safe’ abortion, and then considered adoption; talking with several adoption agencies throughout the pregnancy and even at the time of birth. J’s parents did not decide to keep J until she was 2 days old.**

Both parents said that it seemed like J never felt safe, was always afraid and that although they were very much in love with J now, that no amount of love felt like enough for their little girl. They described her as agitated, not easily soothed, not deeply connected to them and fussy. As she grew older, they described her as angry, hostile and aggressive, disrespectful and mean to them.

The story of J suggests the powerful effect of pre-birth experience on the developing fetus and newborn and gave me the push I needed many years ago to begin to consider the experience of ‘our’ adopted children’s lives, prior to their life with us.

Adopted children have experienced the condition of being unwanted before they were born; often abortion was a real consideration. Many adopted children have biological siblings who remain intact with the biological family and struggle to make sense of ‘not being chosen.’ In addition, they may have experienced the loss of the mutual and deeply satisfying mother-infant bond that develops during pregnancy. These experiences can affect ‘our’ children in any of the following ways:
When the adoptee is separated from the birth mother, the child undergoes extensive abandonment trauma. This child will not consciously remember the trauma, but it will stay in her subconscious as she lived it. This issue of abandonment will be played out through life.

- **Adopted children will often abandon others (friends, parents, peers) as they were once abandoned.** Adopted children grieve the loss of their birthmother even at birth. This break in relationship is experienced by the adopted child in an emotionally and traumatic way. These *preverbal*, emotional and traumatic memories are held in the very cells of the adopted child and rooted in an *unconscious level of memory* forever. The issue of abandonment may continue to play out in relationships through the adopted child’s life.

*Adopted children are emotionally vulnerable at birth, like all children; and often remain emotionally ‘out of sync’. ‘Our’ children’s trauma of adoption is not responded to by most adoptive parents simply due to a lack of education and information shared with them. The majority of adoptive parents have not heard of the trauma of adoption and do not seek out *trauma informed* services or support. Few adoption agencies prepare parents with the depth of understanding necessary to mitigate early on the trauma manifestation of adoption.*

Some adopted children carry anger toward the birthmother for abandoning him/her. Because the birthmother is often an unknown, mysterious person, our adopted child redirects his/her anger at others, most often at the adoptive mother. This anger can be seen in the temper tantrums of young children, or the ‘out of the blue’ acting out of the adolescent. Many adopted children with whom I have worked express feeling guilty about the anger and so suppress it. Suppressed anger surfaces as vacillating social, emotional and behavioral presentations at home and in school and can become extremely negative and even dangerous in some cases.

Many adopted children defend themselves against further loss by shutting out others, attempting to avoid the pain of yet another abandonment. They fight the closeness of relationship with the adoptive parents and siblings. This is often an unconscious attempt on the part of the adopted child and many express an undercurrent of feeling unwanted, unworthy, and of no value. This low level of esteem and lacking sense of self can manifest in poor peer relationships, poor social skills and negative behaviors of stealing, lying, setting fires, fighting, using drugs, or running away. On the other hand, *some adopted children work to become the 'perfect child' so there will be no reason for abandonment by the adoptive parents.*

**Identity development and self esteem are often struggles experienced by the adopted child.** The task of identity development during preadolescence can be more painful for the adopted child. The adopted child will often have many...
questions about their biological family: how they live, where they live, perhaps wanting to make contact, why they were not ‘kept’, and may struggle to see the role of the adoptive parent as such, up to and including denouncing the adoptive parent’s role and making requests to live elsewhere. It is common for ‘our’ children to question the influence of traits, inherited vs acquired and attempt to determine who is more important, the biological or the adoptive parent.

The adoption experience is life-long and the effects on the adopted person certainly will vary. I have provided a few for supportive consideration. Many of these affects are experienced as painful for the adoptive parent who is unaware of the impact of adoption trauma. A deeper understanding of the adoption and pre-adoption experience helps prepare us for a more effect response to ‘our’ children.

An adoption coach may be helpful if you find yourself struggling to understand the relationship you have with your adopted child. You are not alone, reach out if you need help~

Jules

Juli Alvarado, MA, LPC, NCC
Founder/Director
coaching for LIFE!, LLC
www.coaching-forlife.com

For more on our mindfully based and trauma informed paradigm for healing visit me at www.coaching-forlife.com

We provide monthly teleconferences in Integrative Healing of Trauma for no charge. You can register at the site above.