

WHAT DOCTORS NEED TO KNOW ABOUT ADOPTIVE FAMILIES

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- An adoptive family is different from a biological family.
- An infant knows its own mother at birth: smell, voice, heartbeat, energy, skin, etc.
- Knows adoptive mother is “wrong mother” (not bad mother).
- The child comes into the family traumatized by the separation from the mother.
- Loss of bonding results in an elevation in pulse rate, blood pressure, adrenaline and cortisol levels, lower serotonin levels.
- No matter what we call it (relinquishment, surrender) the child feels abandoned.
- Neurological connections influenced by severing of bond with mother.
- The natural order of things is interrupted: later difficulty with cause and effect.
- Infant cannot make sense or integrate what has happened to him: world unsafe, chaos, confusion, existential difficulties.
- Child is grieving. Mother needs to notice signs.
- Signs of depression: unresolved grief, anxiety, fear of another abandonment, daydreaming, dissociation.
- Somatic responses to anxiety: irritability, gastro-intestinal problems, projectile vomiting, asthma, rashes, sleep disturbances, etc.
- Affect: rage, sadness, fear, numbness, dissociation, constriction, depersonalization.
- Adoptive family cannot mirror child as biological family could have. Child must adapt.
- Bonding with adoptive mother will be difficult: fear of another abandonment: Anxious attachment (clinging) not the same as bonding. Mother might misread this.
- Mother needs to be vigilant as to emotional state of infant and soothe his fears and grief.
 - Lack of mirroring makes child feel as if doesn't fit in adoptive family.
 - Child has no genetic markers for knowing how to be in the family. Hypervigilant.
 - Child begins to adapt: in process begins to lose self. Becomes “chameleon.”
 - Family dynamics will be affected. (Families with biological children need to take note.)
 - Child copes with pain of loss in one of two ways: compliance, acquiescence, and withdrawal, or aggression, provocation, and acting out. In two-child families: usually one of each.
 - Behavioral methods of coping have nothing to do with basic



personality.

- Behavior is not abnormal. Is normal way of responding to an abnormal event: separation trauma.
- Although child with each coping style needs help, usually parents of acting-out child only ones who seek help.
- Most of the child's difficulty will be with the adoptive mother: potential abandoner.
- Many parents, not understanding the issues, blame themselves. Feel isolated.
- Children will have difficulties around birthdays (separation day): fussy, sad, angry, ill.
- Symptoms will fit criteria for PTSD, but more complex.
- Because of trauma, many adoptees have difficulty in school due to problems with attention, distractibility, and stimulus discrimination.
- Adoptees have low self-esteem because often blame selves for abandonment: bad baby.
- When trauma occurs early, child, in trying to make sense of it, creates a set of beliefs, which become permanently imprinted in the neurological system.
- Children are not a "blank slate" at birth. Most of personality traits are genetic (but personality must be distinguished from behavioral coping style.)
- Adoptive parents cannot expect the child to be like them.
- Core issues for adoptees: abandonment, loss, trust, rejection, intimacy, guilt and shame, control, and identity.

Important books: The Developing Mind and Parenting from the Inside Out by Daniel Siegel, A General Theory of Love by Lewis, Amini, and Lannon, The Primal Wound: Understanding the Adopted Child and Coming Home to Self by Nancy Verrier, Trauma and Recovery by Judith Herman, Building the Bonds of Attachment by Daniel Hughes, and The Epidemic by Robert Shaw.

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