When I first started talking about the effects of separation from the birth mother on adopted children, the response from adopted people was overwhelming. For the first time in their lives, their feelings were being validated and their experience understood. Birth mothers, also feeling the pain of that separation, recognized the truth of that wound, even as they agonized over the pain that decision caused their children. The part of the triad most reluctant to accept the premise of the primal wound have been some adoptive parents. Although many have been totally receptive and grateful for the insight it gave them into their children, some parents have felt either threatened or helpless by the idea of that pain. However, it is in getting beyond the denial and facing, with our children, the pain of that loss that we can really begin to help them heal. What can we do?

The first thing I advise parents to do is to begin to validate their child’s feelings rather than defend against them. Children are creatures of sensation and intuition, and they know whether or not there is permission for them to experience and/or express their feelings. As difficult as it is to do, when a child says in a fit of anger, “I don’t have to do what you say; you’re not my real mother,” rather than screaming, “What do you mean I’m not your real mother? I’m the one who’s taking care of you,” it would be the perfect opportunity to begin to gain the child’s trust by answering, “Yes, you most miss your first mother and wish that you could talk to her.” This response takes a great deal of maturity and control on the part of the adoptive parent, but it is the only kind of answer that will make the child feel understood. (One of the things I keep hearing over and over from adopted people is that they were never understood in their adoptive homes.)

It is of the utmost importance for adoptive parents to understand that their child is living a dual reality: the adoptive reality of trying to fit into their family and the genetic reality of those aspects of themselves which feel the most real to them but which are not reflected in that family. The managing of those two realities is what makes many adopted people feel so confused. This is especially true if the child’s authentic self is denied in favor of the adoptive, adopted self. Adopted people expend a great deal of energy trying to fit into their adoptive families. At every opportunity, when a parent sees a talent or proclivity which seems genuine to the child, that trait needs to be acknowledged and encouraged. Many parents, adoptive and birth, have a tendency to want their children to live out their unrealized dreams. Remember that adopted kids have even less reason than birth children to have the same traits as their parents.

Sometimes parents confuse a child’s behavior with his personality. I believe personality to be encoded in the genes but that environment and experience modify one’s behavior within a certain set of inherited characteristics. Behavior is what most adoptive parents observe about their children, whether they act out or are acquiescent. The need to discriminate between personality and behavior becomes apparent when there is more than one adopted child in the family. Almost always, one child will act out and the other will be acquiescent. It seems improbable that parents would somehow manage to get one of each!

In such cases, I believe that each child is coping with his/her pain in a different way. (Sometimes they change roles, but rarely will parents have both children acting out at the same time.) The acquiescent child has withdrawn and become numb. He is simply interested in not being abandoned again, so he spends a great deal of energy trying to fit into the adoptive family. He has shut down the feeling side of himself in order not to rock the boat. The acting out child, on the other hand, is using another form of defense mechanism called projective identification in order to try to cope with his pain. This is a defense mechanism which drives parents crazy, but it is very effective in communicating pain.
Projective identification exists in feelings, thoughts, and behavior and is used to evoke in others those feelings which are congruent with one’s own feelings. It serves several purposes. It is a type of defense, a mode of communication, and a primitive form of object relations. If handled well by the parent, it can also be a form of healing for the child and for the parent/child relationship. The child fears that his feelings, thoughts, and behaviors are too unbearable and dangerous (to himself and others) to tolerate. So instead of accepting dangerous feelings, he may have fantasies of getting rid of them by dumping them onto the recipient, usually the adoptive mother. She may begin to feel enraged, confused, inadequate, rejected and so forth, and often reacts inappropriately to those feelings. If she can understand that what she is feeling is a mild form of what her child is feeling, she can begin to understand him better and to resonate with his pain. If she can then constructively re-internalize the projections, rather than denying them, reprojecting them, or becoming violent, she can set an example for her child. If, on the other hand, she acts out in reaction to the projections, she will confirm the adopted person’s fear that the feelings were indeed too unbearable to tolerate.

When the child uses projective identification as a form of object relations, he is trying to relate to his parents in a safe way... without risking too much. ("If I don’t love too much, I won’t lose too much.") Having suffered a devastating trauma, he desperately needs to find ways in which to perceive, organize and manage his internal and external experiences and to communicate them to this parents. He doesn’t have words for these pre-verbal feelings, so he gets his parents to feel them. (You must understand that this process is totally unconscious.) Rather than reacting in anger, it is important for the parent to name those feelings. “I’m feeling kind of angry right now. I’m wondering if you might be angry, too.” While it might seem obvious to the parent that the child is angry and seem nonsensical to say it, the child often perceives the anger as coming only from the parent. Don’t argue with him about it; just plant the seed. He doesn’t know what he is feeling and needs a name for it.

Whatever a parent does, he or she needs to be the adult and to respond maturely to the child. We cannot expect more from a child than we are able to manage ourselves. This is not easy, because some kids can be unbelievably provocative. Often, our own unresolved issues get triggered by our child’s pain. If a parent finds him- or herself getting out of control, it is time to seek professional help. We owe it to our children to act in a mature, parental, thoughtful, caring manner with them. They, after all, are children and have suffered much more than children should have to. We need to help alleviate their pain, not add to it.

Adoptive parents can be most effective in healing the primal wound, but only if they acknowledge the loss their children have suffered and validate their feelings about that loss. Children desperately need to feel understood. Parents can’t take away their pain but can help them deal with it by listening, observing...truly tuning in to their feelings. Parents should never say, “You shouldn’t feel that way.” It’s an absurd thing to say and every child knows this, simply because he feels what he feels. Parents can and must, however, teach a child to respond appropriately to his feelings, rather than acting in a manner destructive to himself or others. Limit-setting is imperative. Even though the child may fight it, he doesn’t feel safe without it.

Parenting an adopted child is parenting plus.... It’s challenging, rewarding, frustrating and satisfying and it takes a great deal of patience, dedication and maturity on the part of the parents. I recommend that adoptive parents form groups to help support each other and share problems and solutions as they go through this process.

Nancy Verrier is the mother of two daughters, one who is adopted and one who is not. She is a clinician in private practice in Lafayette, CA, and is the author of The Primal Wound: Understanding the Adopted Child. Ms. Verrier is an advocate for children and writes and lectures about the effects of early childhood trauma and deprivation caused by premature separation from the mother under various circumstances.