Left Without a Word: Learning Rhythms, Rhymes, and Reasons in Adoption

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Traditional psychoanalytic understandings of the social, cognitive, and emotional issues in adoption are in need of updating. A narrative approach to adoption can open exploration of this topic along new lines—making room for curiosity in adoptees, adoptive families, and those called on to assist them. If we theorize that the central dilemma for the adopted child is the creation of a coherent family narrative, that neurocognitive differences in the child contribute to the cognitive challenges of mourning and internalization, and that curiosity inhibition and separation problems are interrelated, we may better account for the difficulties with separating and managing complexity evident in the diminished socioemotional functioning of many adoptees. These difficulties, predictably, result in developmental delays but not impaired outcomes. Thus, for a period of time both family and adoptee must find ways to accommodate unexpected influences—from within and without. The adoptive father’s role may be crucial for improving social judgment and attenuating loss aversion in adoptees; he also provides a contextualizing perspective for the family. Clinicians can best help adoptees and their families by recognizing the need for more complex narratives that both make sense of multiple unique developmental trajectories and provide new normative paradigms that assist with tolerating the contradictions and ambiguities that arise while the adoptee matures.

No one can say which comes first, an experience a language or a language an experience.

—Joseph Brodsky, Watermark

Psychoanalytic accounts of adoption typically are reports of disrupted attachment, inability to mourn, or unresolved parental bereavement. However, these formulations do not adequately explain the higher-than-expected incidence of attention problems and learning disorders in this population, nor do they ascribe a role to the effects of neurobiological constraints on intrapsychic and interpersonal dynamics. Anecdotally, this writer in therapeutic interaction with adoptees has encountered repeated clinical impasses that result in either therapist or patient enacting the state of being “left without a word.” Taken together, these phenomena suggest that alternative avenues of explanation should be sought for the treatment dilemmas posed by adoptees and their families and for their higher-than-expected rates of referral to mental health treatment settings (Brodzinsky, Smith, and Brodzinsky, 1998). Given that recent research findings show secure, not insecure, attachment in adopted infants and find that adoptive parents, as a group, are characterized by resil-
ience in the face of loss (Brodzinsky, 1987; Brodzinsky et al., 1998; Steele et al., 2007), more complex psychoanalytic narratives about adoption would seem to be needed.

Adopted children are variously viewed as having sustained multiple losses (Nickman, 1985), disruptions (Nickman, 2004; Mathelin, 2004), and attachment failures (Bonovitz, 2004). Therefore, it is thought that they are in need of grief work. Since mourning requires remembering, adopted children are in insoluble trouble. How can they remember what they have never known? This line of thinking has led some analytic thinkers to conclude that what must be mourned is a “hole object” (Quinodoz, 1996) or that the birth mother must be sought and found (Lifton, 1988) to repair an incomplete self. Others have concluded that adoptive parents harbor feelings of infertility-induced inadequacy that cause them to be unable to mourn; instead they unconsciously transmit their so-called damaged self-representations to the adopted child (Bonovitz, 2004; Schneider & Rimmer, 1984).

Is it possible that neither deficient parents nor defective adopted children are to blame for what may merely be a delayed trajectory through normative developmental milestones? One adoption researcher (Barth, quoted in Johnson, 2002, p. 51) goes so far as to say that the “outcomes of adoption are more favorable for children than any social program” he knows. Could it be that problems, if they exist, are rooted as much in the weave of the social fabric as in the world of the psyche, or that there is a complex relationship between these two formative influences on child and family development for which classical analytic formulations are inadequate? Might some of the oft-cited losses lie in the psychoanalytically-oriented therapists, who are confronted with difficult situations for which they, themselves, are ill-equipped, and that in this circumstance, the adopted child or adoptive family become objects for projective identification?

In order to answer these questions, this writer presents some viewpoints that differ from our traditional notions about adoption. This is not an exhaustive list. All views are somewhat speculative and, therefore, in need of additional empirical and clinical confirmation. Some are based on clinical findings, others on the empirical literature, and still others grow out of reasonable doubt. It is intended to open the exploration of this topic along new lines—making room for curiosity in adoptees, adoptive families, and those of us who are called on to assist them in what has been referred to by Betty Jean Lifton (1988) as “the journey of the adopted self.”

THE ROLE OF NARRATIVE

Ever since the “narrative turn” pioneered by Spence (1982) and Schafer (1994), psychoanalysis has come to be viewed as rooted in the storytelling tradition. The task of psychoanalytic work is now viewed as the construction (or reconstruction) of a story in collaboration with the analyst. Increasingly, both patient and analyst are seen as co-participants in this endeavor, which has led to a two-person model of how psychoanalysis cures. Over time, even psychoanalytic theory has come to be seen as more a narrative than a structure (Ghent, 2002; Harris, 2005).

What do we know about the function of narrative? Bruner (2003) tells us that stories help us deal with reversals of fortune and order the conflicting tensions of communal life, helping us tolerate political inequities and social incompatibilities. Telling a tale also necessitates the taking of a linguistic perspective (Slobin, 2000), therefore contributing to developing selfhood. Because stories combine content with context, they help us adapt to change (Ochs & Capps, 2001).
Perhaps a narrativized approach to adoption would help us create a more nuanced portrait of the population of people touched by adoption, as well as the diversity and complexity of the dilemmas they face. In a narrativized conception of adoption, many potential scenarios—what Bruner (2004) has termed “subjunctive worlds”—can be created. The unexpected can be juxtaposed with both the expected and imagined potential. In this way, perhaps adoption can become more than just a culturally conventionalized expectation depicted in a paradigmatic constellation of traits.

An example of the application of the narrative approach to theory development is provided by Adrienne Harris’s (2005) unconventional approach to traditional psychoanalytic accounts of gender development. Adapting a similar approach, we might see each adoptee as a product of his or her unique life history, not as an exemplar of a class of patients in accordance with pre-existing theory. In permitting reflection over the past and speculation about future possibilities, a narrative approach to treatment encourages the creation of multiple story lines, thus taking away the necessity of fitting into one objectified identity. Ultimately, then, the story lines might be seen to converge or diverge, permitting both needed integration and differentiation, essential elements of what Harris, after Butler (1990), terms “a grievable life.”

Might not psychoanalytic theory, thus narrativized, provide us with a more apt way to view the adoption experience? By using this sort of model, an adoptee might have multiple fantasized stories about his conception, birth, and the circumstances of his adoption; she might have various accounts, both unconscious and conscious, that are at times incompatible, even incoherent to listening others. An adoptee might have diverse self-states that accompany these different fantasies and beliefs, each quite real, but at times in contradiction.

One might even argue that the story of adoption is one in which strangers’ lives are intertwined in ways that both violate expectation and create hard-to-imagine new possibilities. In order to make sense of the events that connect the various members of the adoptive triangle, a narrative must be woven of several storylines that tangled their trajectories through time and place. In adoption, then, the central dilemma for the adopted child can be construed as the construction of a coherent, multistranded individual and family narrative, replete with twists and gaps in time. Only with a text so constructed will the adoptee likely be able to navigate adolescent separation and management of complexity.

In a narrativized conception of adoption, the services of a translator are useful. Loewald (1988) argues persuasively that being a translator is the job description of the psychoanalyst:

“Psychotherapists attend to the unseen world of the patient’s psyche and of his unconscious, the abode of what in other contexts were and are called gods, demons, and ancestral spirits, or of those secret forces in nature that, thanks to Freud, are somewhat less secret and more amenable to mastery [p. 56].

Honoring those storied spirits through simply being availably present is the technique recommended when there is a multiplicity of narratives (as opposed to a multiplicity of identities). This sort of therapeutic holding is labeled “standing in the spaces” (Bromberg, 1998). Paradoxically, this technique over time creates greater narrative coherence.

Adoption thus construed becomes not just a loss, but also an opportunity for growth for all three of the parties to the adoption triangle—the adoptive family, the birth family, and the adoptee. However, it is not a chance devoid of risk. To the contrary, since bonding is likely to be characterized by bodily rhythms without foundational genetic similarity, the rhyming (or fit) between parent and adoptee may, at times, take a bit more work than in family contexts where shared genetic history provides a template of comparison (Brodzinsky, Schecter, and Henig, 1993). Furthermore,
just like in nonadoptive family life, this rhyming attunement has to be recalibrated with each developmental transition, making adjustment to the unfamiliar a repeated necessity and creating the possibility for repetitive stress injury at the interpersonal and intrapsychic levels.

The good news seems to be that adoptive parents are uniquely well suited for this task. Rather than being narcissistically damaged by experiences of loss, adoptive parents have been shown to be quite resilient and secure in the face of multiple losses and traumatic experiences; many have even been sensitized by these experiences to want to help others at risk (Steele et al., 2007). In order to help adoptive parents, then, maybe we need to stop blaming parents and instead better understand the needs of individual adopted children. They need two types of stories: those that organize their unique sense of violated expectation and unknowable potential and those that convey more conventional adoption scenarios. It is imperative that the latter stories travel well as road guides. But the paradigmatic tales we have often offered them are clunkers. For example, we tell them they have suffered irrevocable loss that cannot be comprehended, let alone mourned, and that they are broken and unlike the rest of us in their inability to know their history (Quinodoz, 1996; Verrier, 1997).

Biblical Stories of Infertility and Adoption

Where did the story of adoption as loss originate? Not surprisingly, it began with the Bible. Stories of infertility were fables of faith, following a narrative arc of punishment and redemption. According to Rabbi Michael Gold (1988), infertility in Biblical times was seen as a punishment by God. The stories thus typically featured a barren and grieving woman who prayed to God for mercy, longing for what could not be because of her “closed” womb. Because a married couple in Biblical times had but ten years to produce offspring before divorce was mandated, infertile couples often remedied the situation by the taking of a handmaiden who could provide the children that an infertile wife, however beloved, could not. The wife would then raise the children produced by the secondary union as if they were her own. An example of an adoptee born through this practice was Ishmael, son of Abraham and Hagar, who was raised by Sarah. Another was Dan, born to Bilhah and Jacob, but raised by Rachel. These adopted children were considered to be of lower status than Benjamin and Joseph, who were later conceived by Rachel and Jacob, or Isaac, who was born to Sarah and Abraham.

Yet another common practice was the taking of a second wife, who was often a target of envy for the first. The infertile woman was often treated cruelly by the more fertile one. In Biblical accounts, God usually stepped in to right the injustice dealt to her. For example, Hannah, taunted by fertile Peninnah, co-wife of Elkhona, famously wept in the synagogue and ultimately was rewarded for her loyalty to God by giving birth to Samuel, who became leader of the people of Israel, anointing both King Saul and King David, and considered to be of much higher status than Peninnah’s children.

Other Biblical narratives of adoption emphasized the elevation in social status that came from a person of lower birth being given family ties to one of higher birth, usually a father (Flynn, 2004). Moses was one such example—left in a basket by his mother to float down the river until lost in the bulrushes, found by Pharaoh’s daughter, and adopted by Pharaoh. Jacob adopting Joseph’s two sons to create the last two (lost) tribes of Israel is another. Even adults were adopted through these practices, which have continued until very recent times to elevate a person’s social status or to provide an heir for an otherwise childless person.
The Current Adoptive Context

The current adoptive context is one shaped by social policy earlier in this century (Brodzinsky, 1987; Johnson, 2002). Once again, persons of lower status and opportunity were to be given the advantages of the more privileged. When orphanages and foster care were found unsuitable for the best interests of the children, it was recommended that, instead, individual families should adopt orphans. This policy was created more in the interests of the child than of the parents (Goldstein et al., 1996). Essentially, the family was set up as a social service agency, albeit a small one. The outcomes for children of this new practice were indeed far better than they had been in institutional care. Although adoptees were found to attain slightly less educationally and their emotional adjustment was slightly less optimal than that of their peers born to parents who raised them, they did far better than the control group of their nonadopted peers (Brodzinsky et al., 1998).

However, many families these days do not adopt through social service agencies and, therefore, do not have a social welfare outlook on their actions. They have more frequently used independent adoption as a route, either through attorneys or direct contact with the birth mothers. Some adoptive parents have even adopted in order to create a family in line with their wishes and dreams, to have a child of a certain gender or appearance, for instance. For those families (and children) a paradigmatic story of beneficent parental gesture to a person of inferior status rings hollow, at best. Indeed, one can argue that adoptive parents have become the new disadvantaged, with adoptees conferring status on the parents by being available for care.

Why, then, do we continue to see adopted children as having special vulnerabilities? Is our view of them colored by Biblical era judgment? Do adoptees undergo a different developmental trajectory than other children? Are adoptees treated as different by their parents or society? Do they have special genetic anomalies that distinguish them from the rest of the population? Are they a uniform group with uniform needs? If they have special needs, what are they, how can they be understood, and what interventions can be useful? Since studies can tell stories, too, research findings will be presented next.

WHAT DOES PSYCHOSOCIAL RESEARCH TELL US ABOUT ADOPTED CHILDREN?

Epidemiological data tell us that nonbiologically related parents adopt approximately two percent of our population; yet adopted children comprise about 5%–15% of the population referred for mental health services (Brodzinsky et al., 1998). Adoptees have been found to be more similar in traits such as intelligence and personality with their birth parents than with their adoptive parents, as well (Cadoret, 1990). One might expect higher incidence of adverse prenatal experience, but this has not been documented. However, more attachment insecurity and emotional and behavioral difficulties result from adoption after six months of age or following early abuse or deprivation (Yarrow & Goodwin, 1973; Johnson, 2000, 2002). The prolonged institutionalization sometimes common in international adoption therefore presents a set of risks that is unique and not the main focus of this article.

Brodzinsky (1987), perhaps the foremost scholar of psychosocial adjustment in adoption, concludes that adoptees are somewhat at risk psychologically, compared to children living in comparable socioeconomic circumstances, but have significantly superior outcomes compared to others.
of their age group living with just their birth mothers or when compared to those in foster care. Adoption, thus, seems to be protective against the kinds of damage that come from deprivation. Challenges for adoptees in middle childhood and adolescence, however, are more prevalent and pronounced than those for non-adopted children. Despite creating more developmental complexity, these problems are largely resolved by late adolescence or early adulthood. Within the adopted population, however, there were definite differences in coping styles that affected outcome. Those who relied more on avoidance reported more anxiety and were seen by parents as manifesting more behavioral difficulties. In contrast, those who employed problem-solving approaches appeared more socially competent (Smith & Brodzinsky, 2002).

Research on the adoptive family life cycle, in which the family goes through expected developmental changes over time, is based on the notion that family life is interactive and co-created by all its members; it is influenced, as well, by the broader sociocultural system in which the family resides. These developmental vicissitudes vary by stage, with each stage characterized by its own task (Brodzinsky, 1987; Rosenberg, 1992). The findings are as follows:

In the preadoption phase, no differences were found between first time adoptive parents-to-be and first time biological parents-to-be in psychological adjustment or coping behavior (Levy-Schiff, Bar, and Har-Even, 1990) in the transition to parenthood, this despite the assertion of some analytic theorists that unresolved bereavement in adoptive parents interferes with early bonding (Bonovitz, 2004). Empirical studies of differences between adoptive infant–mother pairs and non-adoptive infant–mother pairs during the first fourteen months, as assessed by the Strange Situation attachment paradigm, similarly found no distinctions between the two groups in security of attachment, as long as the child was adopted before six months of age (Singer et al., 1985). Nor were any distinctions found for temperament, motor functioning, or communication development (Carey, Lipton, and Myers, 1974; Plomin & DeFries, 1985; Thompson & Plomin, 1988).

With the onset of language in the toddler years, the “telling” process becomes an issue. Because such young children have little idea what the meaning of the words are, there is little disruption in this period that would distinguish adoptees from other children. For the first time, children in middle childhood, aged six to twelve, begin to judge their adoptive status as involving loss, as well as gaining of a family. This has been seen as part of a normative grief reaction (Nickman, 1985, 2004).

But this age period has also been associated with the onset of behavioral and learning problems. Brodzinsky and Steiger (1991) determined that adoptive children were represented in mental health treatment settings in much greater numbers than would be anticipated compared to the rate of adoption. Additional studies have shown that adoptees are also overrepresented in the group of children diagnosed with ADHD and disruptive behavior disorders such as conduct disorder (Brodzinsky, 1987). Astonishingly, 17% of ADHD children were adoptees (Dalby, Fox, & Haslam, 1982), and as reported by Brodzinsky et al. (1998), many longitudinal studies indicated higher rates of licit and illicit drug use, negative emotion, and antisocial behavior, as well as lower school adjustment, to be typical of adopted children in middle childhood and preadolescence.

A study of ADHD among adoptees that supported a genetic basis to the disorder, found comparable rates of ADHD between child and biological parents, as distinct from the concordance rates among adoptive parents and controls, suggesting that ADHD is not caused by the stress of raising an adopted child (Sprich et al., 2000). Interestingly, even adoptive parents tend to evaluate their children as lower in social competence, and adopted boys were rated by teachers and parents as more uncommunicative and manifesting externalizing symptoms (Brodzinsky et al., 1984;
Brodzinsky et al., 1987). Diminished conversational responsiveness and increased social rejection is typical for learning-disabled children, due, in part, to their less interactive conversational style (Berman, 1985). A factor not considered by the aforementioned adoption studies is whether parental and teacher ratings reflect rejecting feelings toward adoptees.

Although one study found intellectual functioning in adopted children to diminish between 7 and 12 years of age (Wadsworth et al., 1993), studies of children institutionalized during their first years showed enormous catch-up growth following adoption with the residual problems at age 16 found not in IQ but in the social and emotional realm (Hodges & Tizard, 1989a; 1989b). However, compared with a sample of children born outside of marriage and raised only by their birth mothers, adoptees fared slightly better (Johnson, 2002).

The only factor that distinguished adopted from non-adopted groups by adolescence was peer relationships at sixteen. Adoptees had more problems than nonadopted teens in socioemotional functioning (Maughan & Pickles, 1990; Johnson, 2000, 2002). Studies of intercountry adoption showed emotional and behavioral maladjustment in adolescents up to the age of 17, not so much because of age of adoption or early experiences, but because of issues inherent to adolescent development like diminished supervision, loosening ties to parents, more abstract cognition, and identity issues as exacerbated by racial differences (Verhulst & Versluis-den Bieman, 1995). Nevertheless, no significant differences have been found in interracial, rather than intraracial, adoption outcomes overall (Brodzinsky et al., 1998). With respect to domestic adoptions, research found no differences by 23 years of age between adopted young people and those who were born within a marriage and raised by their birth parents, except that more occupational instability was present among adopted males (Seglow, Pringle, and Wedge, 1972).

**PSYCHOANALYTIC RESEARCH FINDINGS**

Psychoanalytic research provides a rather more complex view of adoptees’ developmental trajectory. Psychoanalytic theory assumes that the pathology of middle childhood documented by Brodzinsky and his colleagues results from problems in superego formation deriving from unresolved oedipal issues. Development of the *structure of latency*, that is, a constellation of defenses including sublimation, reaction-formation, fantasy, regression, and repression (Sarnoff, 1976), is thought to be disrupted by ambivalent feelings toward adoption as the child is able for the first time to understand adoption from both the perspective of how it feels to have been adopted and how it feels to have been given away (A. Freud, 1965). Furthermore, stimulation of imagined family romances is expected among children who would now experience themselves as having two sets of parents.

In a study of Israeli adopted children (average age was 9.72 years), Priel, Kantor, and Besser (2000) confirmed analytic theorizing that predicted split representations of adoptive and birth mothers during latency. In addition, compared with the maternal representations of non-adopted children, adoptees’ representations of their mothers were found to be more concretely symbolized, less benevolent, and more punitive. These representations seemed to take the perspective of the self as the reference point. In other words, the child’s self-image produced the parental one, rather than the other way around. Furthermore, these representations developed later than those of the non-adopted children, which the authors of the study construed as meaning that loss interfered with the onset of symbolic capacities. Within the group of adopted children, the birth mother rep-
Presentations were found to be less benign than that of the adoptive mother, despite similar conceptual levels of structure, supporting the idea that the birth mother carries split off negative qualities of the adoptive mother. These split representations were also associated with increased externalizing symptomatology, though well within a normative range. This finding confirms Fonagy’s (1996) prediction that externalizing symptoms may be a way of managing defensively incoherent internal representations. Internalizing symptoms, on the other hand, were not associated with split representations. Taken together, the results of this study tell us a tale about the significance of integrated internal representations for psychological health.

Although Sarnoff (1976) posits that the structure of latency depends on drive neutralization, enhanced defenses, and greater symbolization ability, attachment theorists contend that what distinguishes secure adaptation in middle childhood is the capacity to organize coherent family narratives (Steele & Steele, 2005). Newly aware that differing contexts call for different behavior, children at this age acquire the ability to use others’ assessments as a method for evaluating themselves. They are also able to compare and contrast relationships and to form opinions and feelings about those relationships. Studies conducted with the Friends and Family Interview, an interview adapted from the Adult Attachment Interview, showed that the capacity to label and understand mixed emotions in the same person is evident by eleven years of age and is presumably the product of tolerating mixed feeling states. Children’s ability in middle childhood to use hierarchical categorization enables both a more advanced semantic organization and the capacity to recall past interactions among themselves and their parents from a higher order perspective. Therefore, when narratives were evaluated with respect to coherence, relevance, quantity, and quality, it was the coherence dimension that best predicted security of attachment in middle childhood. Among the less coherent narratives, the experiential details about aspects of self and others were lacking, making the stories appear to lack veracity.

Although Steele and Steele’s (2005) nonadoptive study found that sons’ security of attachment with father at eighteen months was predictive of secure attachment in middle childhood, the most powerful predictor of all was both parents’ coherence on the Adult Attachment Interview during pregnancy, accounting for not just secure base availability but also later parental availability. Parental abilities to form coherent narratives were thus found to shape a child’s meta-representational awareness, helping him or her to resolve both interpersonal and intrapsychic conflicts. Although the data cited here are not specific to an adopted population, they do suggest that clinicians need to help parents and children narrativize more complex accounts of an individual adoption experiences to make room for stories about multiple developmental trajectories, while also affirming the nestedness of the adopted child in the adoptive family to which he or she belongs. The Steeles’ ongoing research may provide additional data on the interaction between parental attachment classification, reflective functioning, and narrative competence in an adopted population, so as to contextualize what role, if any, is played by unresolved parental bereavement in adoptee adjustment.

**NEW NORMATIVE NARRATIVES ARE ALSO NEEDED**

So what paradigmatic stories can be usefully told? I suggest that we need stories that give some role to cognitive differences, as well as to the cognitive challenges of mourning and internalization. These stories would illustrate the developmental transformation that can occur in a family
context of affection and secure attachment—and may even have happier endings. New stories of
two sorts would be helpful: Those about neuropsychological maturation and cognitive develop-
ment in the adoptive context and those that are revised editions of older stories about loss and
mourning in adoption.

Neuropsychological Maturation and Cognitive
Development in the Adoptive Context

Understanding the academic and learning difficulties that characterize adoptees in middle child-
hood and adolescence with greater frequency than average might provide clinicians one way to
think with more complexity and operate with more flexibility. Adoptees are four times as likely as
nonadoptees to be learning disabled (Brodzinsky, Schecter, and Henig, 1993). In one New York
City private school for students with learning disabilities, 80% of the students are adopted chil-
dren (S. Friedman, personal communication, June 14, 2005). In addition, many adoptees have
been found to have ADHD (Dalby et al., 1982). Are these differences due to environmental factors
such as age at placement, greater adoptive parental willingness to seek psychological intervention,
interpersonal factors such as goodness of fit, attachment-related problems with constructing co-
herent family narratives during the latency years, or intrapsychic factors such as identity diffusion,
unresolved bereavement, or difficulties with internalization? Probably all the above listed factors
contribute, as do more infrequent prenatal trauma, compromised fetal environments in very young
birth mothers, stressful teen pregnancy, and the fact that maternal impulsivity and poor judgment
often associated with out of wedlock birth are also symptoms of learning disability and, therefore,
may be genetically linked with adoptee outcomes.

Age at placement. A study of abandoned Romanian children shows that, compared to in-
fants raised in institutional care, infants never institutionalized or those placed in foster care or
adoptive families show better cognitive outcomes, with those placed before the age of 24 months
faring best (Nelson et al., 2007). It has been found that children raised only in institutions show
lowered metabolic activity in areas of the temporal and frontal cortices (Chugani et al., 2001), and
that they also manifest fewer connections among cortical pathways (Eluvathingal et al., 2006),
with developmental delays or anomalies on measures of IQ, attachment, language, or socio-
emotional growth (Morrison, Ames, and Chisholm, 1995; Rutter, 1998; Gunnar, 2001; Zeanah
et al., 2003). It is not known whether this means that there is a critical period for cognitive develop-
ment, but it seems clear than institutions are relatively impoverished in terms of sensory, cogni-
tive, and linguistic stimulation, and that inadequate caregiving makes them socially depriving.

Perinatal drug exposure. Johnson (2002) reports that in a long-term study of adoptees ex-
posed to drugs in utero, drug-exposed adoptees were found to be nearly identical in school perfor-
ance to non-drug-exposed adoptees, yet were more likely to have had problems like repeating a
grade or being enrolled in classes for the learning disabled. ADHD rates did not differ based on
drug exposure but were elevated overall among the adopted population, with drug-exposed
adoptees scoring above the 75th percentile on the hyperactivity subscale of the Behavioral Prob-
lem Index, a popular measure of attention difficulties. A more recent study of genetic links to
ADHD in nonadoptees born to tobacco-using mothers showed that a dopamine-transporter geno-
type in interaction with maternal prenatal smoking produced significantly elevated hyperactiv-
ity-impulsivity and oppositional behavior scores on the Conners’ Parent Rating Scale (a common
rating scale for ADHD), as compared to a group with the same genotype but no prenatal smoke exposure (Kahn et al., 2003). It may be that, in future similarly sophisticated studies of genetic and perinatal environment, interactions will find more complex bio-psychosocial etiologies for the elevated rates of ADHD in this population.

Adaptation and developmental outcomes. A study (Bohman, 1970) of four groups of Swedish children from gestation to adulthood (those who were adopted, those living in long term foster care, those living with their birth mothers, and a control group of classmates living with both biological parents), found eleven-year-old adopted girls to have lower math scores (but no other differences) and boys to have lower grades and teacher-rated behavioral adjustment scores. By fifteen years, both boys and girls who were adopted had lower adjustment scores and lower grades than classmates who were not adopted. At eighteen years old, military assessments of IQ in boys found no difference between adopted boys and controls, and by twenty-three years of age, it was the men who stayed with their birth mothers or stayed in long-term foster care who performed considerably lower than the controls on IQ tests. In contrast, data drawn at twenty-three and thirty-three years of age from adopted children in the National Child Development Study in Britain (Fogelman, 1983, as reported in Johnson, 2002) showed that by adulthood, they demonstrated quite positive adaptations, even ones suggesting that adoptees thrive in adulthood, compared to control groups. Adopted women were scored better on general measures of adaptation than a control group from the general population. Adopted men were doing as well as the general population except for more employment-related problems and fewer social supports. But the control group of non-adopted children from similar demographic circumstances were in social and economic situations that were worse than the majority of the adopted children, suggesting that environmental factors, like economically advantaged and loving families, play a large part in social and cognitive adaptation, even though the effects are somewhat delayed compared to controls.

Attention-deficit hyperactivity disorder. ADHD has been found to have a strong genetic component (Sprich et al., 2000; Voeller, 2001). However, attention difficulties have also been associated with dissociation (Schenk, 2002). Pine (1985), writing about learning disturbances from an ego-psychological point of view, considers learning problems to be ego defects, and as such, inherently indicative of inefficient cognition and lack of integration. Barkley (2005) identifies difficulty with internalization as one of the primary problems in ADHD. One has to ask, then, which came first, the neurological limitation or the internalization difficulty? Does an ADHD child have internalization problems due to faulty object relational capacities, secondary to loss issues, or are their internalization difficulties the very factor than causes poor integration of self and object representations? Thus far, ADHD has been seen as both a neurobiological constraint and an outcome of inadequate environmental provision in a bidirectional model (Fonagy, Gergely, et al., 2002). In this model, ADHD cognition limits reflective capacity, but the lack of reflective functioning can also produce difficulties in interpersonal interaction that further block the development of mentalization. Studies of therapeutic effectiveness tend to see ADHD more as a constraint (Fonagy, Target, et al., 2002), perhaps in part because children with ADHD have difficulties with the verbal symbolic capacities required for effective therapeutic intervention (Salomonssen, 2006).

ADHD consists of an interaction of neuropsychological problems in the domains of orienting, alerting, and executive control (Barkley, 2005). Time management, sequencing, self-regulation, verbal and nonverbal working memory, and attention-regulation are some of the cognitive func-
tions typically found to be deficient. All these functions are necessary for adaptive future-directed behavior because they create anticipatory set, preparedness to act, and freedom from interference. If they work well, they are the basis of internalization, motivation, and the ability to create novel solutions to problems. They are also necessary for learning, especially language learning, which relies on delayed expression of impulses to foster linear sequential thinking. Furthermore, working memory and processing speed create constraints on the level of adaptive organization achievable (Lyons-Ruth, 1999). When working memory is deficient, people have a harder time shifting cognitive sets from simple to more complex. Instead, they rely on more concrete, repetitious, and even perseverative language, or use referents that require little presupposition or substitution; they may, therefore, show problems with the recursive aspects of language organization (Andreasen, 1997; Berman, 1985; Pivnick, 1990a; 1990b; in preparation). This can create what Barkley (2005) characterizes as an impaired sense of self across time, or what psychoanalysts might consider a defect of the synthesizing ego leading to problems in constructing psychic structure.

These cognitive control processes tend to be associated with functions assigned to the prefrontal cortex, and in particular, a neural network composed of right frontal, posterior parietal, and the anterior cingulate. In ADHD, signals from the frontal lobes do not seem to be consistently able to override messages from numerous poorly integrated perceptual, sensory, and motor subcortical pathways. As a result, ADHD sufferers have trouble generating or utilizing a plan that incorporates multiple tasks or takes place over time. New neurophysiological models of psychopathology ascribe dysfunction to failed reentry of cortical and subcortical pathways that, therefore, do not connect properly to cortically mediated higher consciousness (Edelman, 2002). Because dopamine serves to inhibit and regulate movement as well as to form the motoric underpinnings of linguistically mediated thought (Lieberman, 2000), we can speculate that the subcortical dopamine pathways are not linking reentrantly to the frontal cortex as neurophysiological models suggest they should, perhaps due, in part, to right hemisphere anatomical constraints (Voeller, 2001). Is this neural process of missed connection what looks to us like nonmentaling or dissociation?

**Mentalization, internalization, and representation.** The frontal lobes are also the location of the most experience-driven social and emotional learning (Schore, 2002). It is thought that internal self- and object-representations of parental monitoring and regulating procedures, together with linguistic thought and planning, are important in modulating behavior and emotions in socially appropriate, adaptive ways. These are thought to be the result of experiences with our attachment figures in early childhood (Schore, 1994, 2002; Fonagy et al., 2002), although they can also be modified in psychotherapy or in optimal relationships later in life (Schore, 1994, 2005; Holmes, 1998). Presumably, these later experiences can repair the possibly misconnected links between subcortical and cortical pathways.

How does this work? From a developmental perspective, in a securely attached mother and child dyad, the child’s experiences are mentalized by the mother. In other words, the child learns that there are other minds, ones that have intentions, and that the child has her own intentions, sometimes different from those of others’ minds. This capacity enables the child to “play with experience,” to learn how to plan and anticipate, and to put his or her feelings and thoughts into words, to reflect on his or her experience, and to rerepresent those representations (Fonagy, Gergely, et al., 2002). This ability can be disrupted, however, by trauma or less than optimal attachment experiences, such as those with an abusive or depressed mother (Hofer and Sullivan, 2001). Such circumstances can lead to serious psychopathology that affects the ability to internal-
ize, because a nonmentalizing child becomes avoidant and loss averse (Fonagy, Gergely, et al., 2002; Fonagy et al., 1996).

Another way mentalization may fail, though, is if the feelings and experiences of early disruption fail to get integrated into higher-order categories or representations because the adoptive parents themselves are unaware of them and unable to reflect those aspects of the child. The adopted child cannot, without the mentalizing help of the adoptive parent, connect or transfer memories encoded in (implicit) primary consciousness to memories mediated by higher-order (verbal) consciousness, and from there into spoken words or representational thought. Modell (1996; 2008) has reclaimed the Freudian concept of nachtraglichkeit, or retranscription, to describe this bringing forward of the past into the current context. Until the (less mediated) past is viewed through present (more mediated) conceptual capacities, there can be a tendency for compulsive repetition of implicit past perceptions of relationships as if they are occurring in the present.

Modell, like Bromberg, thus emphasizes the necessity of holding together in consciousness multiple levels of and interpretations of reality so that new neurological mappings between memory and perceptual circuits can be developed. His model also accords with the newest understanding of the neurophysiology of categorization, memory, and learning in psychiatric disorders, an understanding that likens re-entrant processing to the operation of memory re-transcription and considers psychopathology to be a result of miscategorization or misunderstanding based on faulty perception resulting from distortions in the re-entrant pathways (Edelman, 1992). Perhaps adoptive parents and children have difficulty mentalizing re-entrantly” (i.e., recollecting), reflecting upon, and recategorizing non-shared pre-adoption experience and/or remembering the early stresses of adaptation to the unfamiliar? Perhaps early fit issues, result from misinterpretation by the adoptive mother of the infant’s post-separation-from-birth mother protest behavior? Although these adaptation stresses may not endanger the attachment, might they contribute to the problems with social cognition and linguistic pragmatics found by Berman (1985) and others to characterize learning disabled communication?

**Loss aversion.** It is possible to speculate that adopted children’s cognition in middle childhood and adolescence results from loss aversion borne of a still incoherent internal world. To conclude that, though, would require evidence that brain systems that mediate loss aversion are also implicated in the re-entrant categorization of memory and in ADHD-based learning difficulties. In fact, further inspection does reveal an overlap in the brain regions activated by both loss aversion and executive functioning (though neuroimaging studies would be necessary to prove such hypothesizing valid).

One group of brain regions affected by both ADHD and by anticipation of gains and losses consists of areas served by fronto-striatal dopamine pathways, namely the dorsal and ventral striatum, the ventromedial prefrontal cortex, the medial orbitofrontal cortex, and the ventral anterior cingulate cortex (Tom et al., 2007). Research has shown that dopamine neurons fire below their basal rate of firing when an expected reward does not occur, making their deactivation a particularly sensitive measure of disappointment (Schultz, 1998). Rate of dopamine firing is, therefore, potentially tied to feelings of loss.

Other indicators that dopamine pathways mediate experiences of loss include their involvement in attachment experience (Strathearn, 2007). In a neurobiological model of attachment, secure attachment is thought to result from the balanced integration of cognitive information organized in time and affective information organized based on intensity of arousal (Crittenden,
Dopamine pathways are thought to mediate the temporal/cognitive ordering of sensory information and semantic memory prominent in insecure-dismissing patterns of attachment, although oxytocin pathways are thought to mediate the arousal-based organization of sensory information and imagistic memory that predominate in insecure-preoccupied patterns of attachment. Dopamine pathways are typically activated during behavioral exploration and the distress vocalization of separation protest; they work in tandem with the oxytocin pathways that mediate soothing behavior in secure attachment; in times of separation distress, they operate reciprocally with the endogenous opioid pain systems. The overlapping activation during separation distress of the dopamine pathways with those mediating release of corticotrophin-releasing factor shows their involvement in stress-inhibition (Panksepp, 1998; Charmandari et al., 2003).

Dopamine pathways also extend through the basal ganglia, which Edelman (1992) calls “organs of succession” because of their involvement in ordering memories; they are also involved in working memory (Schultz, Dayan, and Montague, 1997) and in the paralinguistic aspects of language production (Lieberman, 2000) because of their influence on gestural and linguistic pragmatics. Perhaps, then, dysregulated subcortical dopamine pathways (Montague, Hyman, and Cohen, 2004) partly comprise the underpinning for the experiences of speechlessness and diminished mentalizing during distressing situations that are seen in the clinical impasses and enactments typical in the treatment of adoptees.

Finally, this same network of brain regions has been found to mediate loss aversion through its mediation of anticipation and transformation of conflict, as well as risk-taking and decision-making in risky situations (Tom et al., 2007). The anterior cingulate cortex is particularly involved in regulating affect and keeping working memory functioning during cognitive tasks by driving response selection (Pliszka, 2002). Although this area mediates decision-making, it is thought to be more involved in a kind of statistical calculation or social judgment, rather than in an attachment system calculation of felt security. It is also implicated in theory of mind calculations that involve distinguishing me from not me (Bateman and Fonagy, 2006; Tomlin et al., 2006) as a way of assessing risk in economic exchange, perhaps tying it indirectly to the kind of mentalizing judgment and strategic thinking often socialized in adolescence, as well as to competitiveness.

Involvement of the anterior cingulate cortex means that when the attachment system is activated, the ability to judge others’ states of mind is deactivated. When it is deactivated, one can better anticipate what the other person is going to do, conferring competitive advantage (Bateman and Fonagy, 2006). Perhaps the avoidant (even excessively risk-taking) problem-solving style prevalent in many troubled adoptees grows out of a wish to circumvent the chronic (painful) activation of the attachment system that would be expected during prolonged preoccupation with attachment issues.

Updating Our Stories About Adoption and Mourning

Confronting the challenge of mourning—first, in childhood, and second, for someone with whom they have had little or no experience—is a complex narrative that psychoanalytic clinicians have better understood and more readily translated to adopted children and their families. Over time, the child has to learn that his belonging to his or her adoptive family was not unconditional. This fact constitutes a narcissistic injury that creates a terrible loss—perhaps the loss—that has to be mourned if it is not to lead to loss of dialogue (Flynn, 2004). The combination of shock at discovery of their adoptive status and the sadness that ensues may be likened to a mild form of trauma-
tized grief. Since we know that trauma disrupts one’s experience of time (Freud, 1920), the rupture in the child’s experience of the self-in-time must, therefore, be repaired before real mourning can take place. That is why it is not enough just to tell children they are adopted. They also need ongoing dialogue about what adoption means and how they feel about themselves and the family (Nickman, 1985; Flynn, 2004). According to a number of clinicians (Brodzinsky, Schecter, and Henig, 1993; Verrier, 1997), feelings of abandonment, loss, and uncertainty preoccupy most adopted children for much of childhood.

**Traumatized grief.** Consideration of the cognitive limitations prevalent in many adoptees necessitates a change in emphasis in our view of that experience of loss. In addition to potentially traumatic rupture in the child’s experience of self and to possible unresolved grief in the adoptive parents, we must consider the cognitive challenge of internalization for the adoptee, particularly in light of the potential integrative failure of symbolization described by Salomonsen (2006), wherein the indexical and iconic (Peirce, 1998), as well as implicit (Boston Change Process Study Group, 2008) levels of meaning may not connect consistently to more abstract symbolic capacities. Additional challenges are presented by the child’s developmental immaturity. Together, the age-related cognitive and emotional constraints would be expected to make complex thinking about loss difficult.

**Childhood mourning.** Children are known to have limited ability to mourn (Wolfenstein, 1969), producing split representations—that is, the lost object is unconsciously held to be both dead and alive at the same time, with no apparent awareness of the contradictory nature of these two beliefs. The result is rage and repetition, rather than bereavement followed by internalization. But cognitive difficulties with internalization can also interfere with the ability to mourn (Schafer, 1968; Pine, 1985). Since mourning the losses in adoption is thought to be one of the primary goals of treatment with adopted children (Nickman, 1985), this possible cognitive limitation in adoptees may create a chronic state of incorporative identification with the imagined lost object, rather than with a mourned, internalized object. Relational theories of identity formation (Coates, Friedman, and Wolfe, 1991; Harris, 2005; Butler, 1990) tell us that the result of incorporative, melancholic identification is a performative (procedural) representation. Viewed through this framework, a child with unresolved bereavement may either try to imitate his or her fantasy of the ambivalently loved birth parent, which can lead to the enacting of the sorts of “bad seed” behaviors and attitudes so well described in the adoption literature (Kirschner, 1988) or attempt to embody an ideal of perfection so as to avoid another abandonment. To the degree that this sort of split identification holds sway, we would expect the quality of cognition to be more concretized, with less differentiation between the first person (I) and second person (you) grammatical perspectives (Hobson, 2004). To the degree that this less symbolic fantasy is mediated by a similar non-curiosity in an adoptive parent, it may be hard to help the child mentalize and mourn the absent birth mother (Fonagy, Moran, et al., 1993). The capacity to tolerate ambivalence, after all, is a developmental achievement that results from accepting and symbolizing loss and absence (Segal, 1964; Britton, 1989).

**The role of fantasy.** What is the nature of the fantasy of an absent birth parent? How is absence represented? Quinodoz (1996) says the adopted child contains a “hole object.” He or she identifies with the emptiness if an image or memory is not present. She makes the point that there is no way to mourn something one has no experience of. However, she thinks that the analyst, through countertransference mechanisms, can become aware of the unknown elements of experi-
ence. Other analysts have interpreted patients’ prenatal experiences as they have appeared in dreams, sensations, movements, music, art, and poetry (Janus, 1997). But even this highly imaginative interpretive work is impossible to do in relation to the birth father, for whom there is often no history and no physical connection to remember. All that is left is non-mentalizable experience; this holds true for the adoptive parents, too. It is possible then, that in the absence of a mentalized image of, or narrative concerning, the birth father, adoptees identify with the non-mentalizable itself, that is, with inefficient cognition or lack of curiosity, as a way of enacting what cannot be found.

Although the aforementioned queries and conclusions are highly speculative, French analyst Catherine Mathelin (2004) has presented clinical data that supports this sort of thinking. She describes the predicament of abandoned babies in France, who are described as “born under the sign of X.” When the children hear of their origins and unnamed status, they have difficulty using written expression to name things. Mathelin’s paper on the subject, *What They Hear They Cannot Write*, links curiosity inhibition with oedipal conflicts. Using a Lacanian framework, she says that children need a father in order to enter the world of language in the oedipal and post-oedipal stages. But conflict due to questions about the child’s origins makes the oedipal situation into one that resembles an overstimulating primal scene fantasy, rather than a neutralized and symbolized triangular relation.

Klein (1926), too, linked learning difficulties with lack of the capacity to mourn necessary to oedipal resolution, which she saw as interpenetrating with the working through of the depressive position. In her framework, first, loss of the mother must be tolerated so that later, differences between child and parents can be appreciated. As a result of oedipal prohibitions, the child comes to have a separate relationship with each parent, as well as to recognize that the parents’ relationship with one another differs from the types of relatedness the child and parents experience with each other. The sexuality of the parental relationship excludes the child, creating a great deal of pain and evasion of that knowledge on the part of the child if he or she has not yet been able to establish a secure relation with an internal maternal object. If the child has to take in the parental relationship before this has occurred, much effort is spent in denying its reality and enviously attacking the link between them that excludes the child (Bion, 1959; Britton, 1989).

Demonstrating how attacks on linking might contribute to learning difficulties in adopted children whose separation anxieties may delay oedipal resolution, a study of adult separation reactions in a population of more severely disturbed patients (a group whose use of externalization, denial, splitting, and attacks on linking is typically quite prevalent), found that even anticipated object loss precipitates immediate changes in the quality of thought, language, and communication. Compared to their own baseline, all subjects were found to talk more following a signal of impending separation, seeming to reach out vocally with expressions of separation anxiety. However, some patients bypassed experiencing arousal by linking ideas together more frequently, with more use of pronouns to create cohesive discourse, and so sounding highly abstract and defended against attachment; yet others showed more concrete thinking and somatic preoccupation although preseveratively protesting the loss and showing diminished cohesive linking together of their therapeutic discourse (Pivnick, 1990a; 1990b). Both of these phenomena can be found in ADHD-related learning disabilities, as well (Berman, 1985; Salomonssen, 2006; Re, Pedron, and Cornoldi, 2007). Perhaps what looks like problematic attachment and loss is more about difficulty with separation?
Giving adoptive families a new narrative about the role of the adoptive father is crucial. Denis Flynn (2004) has probably written most extensively on the adoptive father’s importance. In infancy and early childhood, the father provides significant support for the mother and creates links to the external world. Later he is important in keeping dialogue alive, both between himself and his child (to prevent deadness or emptiness in the adoptee) and in the family (to facilitate mourning). He stresses that at each point in the family life cycle, transitions are necessary and that the adoptive father plays a critical role in facilitating those changes. In part, the father plays a protective role; in part he helps provide the affection, stimulation and seamless continuity that adoptive families need (A. Freud, 1965).

If a learning difficulty is indeed an enactment of the state of the “impossibility of knowing” something, it is important that we help adoptees embody curiosity instead of performing not-being-able-to-know. According to Britton (1989) and Flynn (2004), this is exactly the role the father plays. As a “third,” he stands for a different way of thinking and a boundary against the intensity of the mother–child contact. His presence can prevent the explosion and disintegration that may occur if a child who has not yet resolved the depressive position and oedipal situation were to bring his or her two defensively dissociated sets of parental objects (biological and adoptive) together in his or her mind. In addition to helping the child deal with these deep confusions, the father can encourage curiosity and integration of formerly dissociated aspects of self through first observing and reflecting internally, and then being another point of view entirely, a mentalizing witness to others’ interactions. In that way, he is also a new sort of narrator. The presence of the father as “third” may therefore enhance the child’s ability to nest recursively in the familial structure and subsequently internalize that nesting in the way he or she gives structure to his or her linguistic narratives, given that all higher psychological functions are social before they are internalized (Vygotsky, 1978).

Since this role is rarely reflected in conversational contexts, perhaps it remains unformulated (Stern, 1997) and therefore non-articulated. Are these sorts of unintegrated father needs the reason that adopted boys achieve at lower levels than expected in their careers? Fathers may be important not just for sharing sports statistics and the rules of games, but also for the complexity of their judgment about new and potentially risky situations. We know that, along with separation, the acquisition of judgment is a particularly salient developmental task in adolescence (Fonagy, Gergely, et al., 2002).

Perhaps one of the roles for adoptive fathers is therefore to contextualize the losses in adoption; both to scaffold identity formation and to support the child in traversing the stage-salient relinquishment of old object ties in favor of finding new ones, a process that is risky business even for non-adopted children. Some support for this possibility is provided by research on attachment security in adolescence. Adolescent attachment security is best predicted by freedom to explore (Allen & Land, 1999). Father–infant attachment, too, is thought to be mediated by the exploration system as it is measured not by strange situation interaction variables but by father’s job satisfaction, parenting attitudes, and parenting knowledge as well as by his interaction sensitivity during play in a situation thought not to stress the attachment system (Grossman, Grossman, and Zimmerman, 1999). If job satisfaction and sensitivity in playful interaction are artifacts of the ability to tolerate mixed feelings and to create complex narratives, perhaps we can think about
what is being socialized by fathers in adolescence as complex thinking about novel experience. In further support of this notion, Fonagy, Gergely, et al. (2002) explain that it is difficulty in managing complexity that is thought to precipitate mental breakdown in teens.

Studies of father involvement in non-adoptive populations demonstrate that early childhood behavioral or emotional difficulties predict low levels of father involvement in middle childhood, and that similarly, a child’s early academic difficulties forecasts that the father will be less interested in adolescent educational achievement (Flouri, 2005). The converse was also found to be true, that father involvement improved educational outcomes. Of special note, father involvement in early childhood diminished behavior and emotional difficulties in adolescence even more when the father figure was not biologically related to the child. This is, perhaps, the clearest evidence of the positive significance of fathers to adopted children of both genders. In light of the prevalence of externalizing pathology in adopted boys, in particular, the fact that father involvement diminishes delinquent behavior and increases educational attainment should be noted.

NEW ENDINGS

Although a more definitive story about the interaction of adoptive status, learning disabilities, and adjustment will have to await further research, we can assume that the sorts of problems adoptees face in adolescence may result from some combination of influences, that is, neurocognitive limitations, attachment-based internal working models of self and other with their associated narrative styles, or the interaction between these two factors. Any neurological deficits, including those seen in ADHD children, would certainly affect the capacity to attain and maintain secure attachments and make effective use of internalized memories to attenuate anxiety in the face of new situations. Similarly object relational deficits due to incoherent representations or need for enhanced environmental support (like paternal care) might make it hard to create and sustain coherent narratives, which, in turn, will impact negatively on self-esteem, identity issues, ability to manage loss, and the sort of aggression associated with the externalizing defenses associated with ADHD. The subsequent loss aversion itself might then disrupt efficient learning.

In addition to new narratives, adoptive families also need familiar stories with different endings. Perhaps the most important recommendation made by Flynn (2004) was that neediness in either the child or family should be de-emphasized. Adoption instead could be seen, as in the old days, as conferring status on both parents and child. If the parents can be proud of the family, even taking stands for it, the child can internalize pride rather than shame about being adopted, and the parents can feel proud of the bond and nurturance they have created. This is a story ending that can enhance the entire family’s autonomy, enabling them to separate from the institutional oversight or psychological care many have become used to during the rocky transition to the adoptee’s adulthood.

CONCLUSION

Loss in adoption is best seen not just as a mournful missing or a metaphoric fall from grace but, at least initially, as more akin to a prolonged moment of acute shock—at not finding what one expects or at finding no recognizable expectation. For a timeless period both the adoptee and the adoptive parents are at a loss and left without words. They are not yet, as Bromberg (1998) says
about holding multiple narratives in mind, “standing in the spaces.” Rather, in the words of the poet Rilke (1904/1993), for some amount of time they “cannot remain standing”:

Our sadnesses are moments of tension, which we feel as paralysis because we no longer hear our astonished emotions living. Because we are alone with the unfamiliar presence that has entered us; because everything we trust and are used to is for a moment taken away from us; because we stand in the midst of a transition where we cannot remain standing [p. 63].

Clinicians can best help adoptees and their families by recognizing the need for more complex narratives that both make sense of multiple developmental trajectories and that honor unstoried as well as storied spirits. We also have to help them tolerate the contradictions, ambiguities, and ambivalences that arise while the adoptee matures and the family finds ways to accommodate unexpected influences—from within as well as from without.

That is why the sadness passes: the new presence inside us, the presence that has been added, has entered our heart, has gone into its innermost chamber and is no longer even there, is already in our bloodstream. And we don’t know what it was. We could easily be made to believe that nothing happened, and yet we have changed, as a house that a guest has entered changes. We can’t say who has come, perhaps we will never know, but many signs indicate that the future enters us in this way in order to be transformed in us, long before it happens [p. 64].

Instead of telling adoptees about the impossibility of mourning what they never knew or blaming families for the adoptees’ delayed adaptation, we need to provide more nuanced narratives about what research has found and what theory predicts; about constraints imposed by neurocognitive capacities and narrative styles; about difficulties faced that are normative; about the many things they themselves can do to promote peaceful coexistence and thriving; and that many problems evident in childhood and adolescence are resolved by early adulthood.

That is why it is so important to be solitary and attentive when one is sad: because the seemingly uneventful and motionless moment when our future steps into us is so much closer to life than that other loud and accidental point of time when it happens to us as if from outside. The quieter we are, the more patient and open we are in our sadnesses, the more deeply and serenely the new presence can enter us, and the more we can make it our own, the more it becomes our fate; and later on, when it “happens” (that is, steps forth out of us to other people), we will feel related and close to it in our innermost being. And that is necessary. It is necessary—and toward this point our development will move, little by little—that nothing alien happen to us, but only what has long been our own [p. 64].

Instead of crowning adoptees with diagnoses and crowding them with our well-intentioned “helpfulness,” we may need to shore up their access to internal containment and external safety nets, slow down their breakneck pace, man the mirrors as well as the barricades, and grant them plenty of loving space in which to creatively find their place and take a stand. Only then can we expect them to move on to claim their dreams. With curiosity and caution walking hand in hand, they can weave their way through the social fabric. Paths not taken can then become normalized, albeit necessary, losses (Viorst, 1986), and in that way be rendered more grievable.

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