

# Known Consequences of Separating Mother and Child at Birth and Implications for Further Study

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*"The past is never fully gone. It is absorbed into the present and the future. It stays to shape what we are and what we do."*

Sir William Deane, Inaugural Lingiari Lecture, Darwin, 22 August 1996.

Separating mother and child at birth was the way adoption was practiced in Australia in the latter half of last century. We have heard from other speakers about current knowledge regarding the mental health consequences of this separation. In this paper I look at adoption from a historical perspective, how adoption was practiced, what was known about the consequences of adoption, and what influence, if any, this knowledge had on adoption practice.

## *Brief history of adoption in Australia*

Adoption was a social experiment in which babies born to unmarried mothers were taken at birth and given to strangers for adoption. It was claimed to be in the best interests of the child, who would be protected from the slur of illegitimacy and would have a better life in the adoptive family. Adoption enabled infertile married couples to have a family, and the State saved money on its welfare bill.

Adoption legislation was first introduced in Australia in the 1920s, but adoption was slow to be accepted, due to the belief that immorality and other evil tendencies were passed on from mother to child. After World War II, however, when environment was seen as more important than heredity in the development of the child, adoption became more popular. It was believed that mothers would not bond with their babies if the babies were taken immediately after birth, and the mothers were prevented from seeing them, and that babies would bond successfully with their adoptive families if they were placed as soon as possible after birth. All ties with the natural mother were then severed, the child was issued with a new birth certificate which showed him as being born to the adoptive parents, and the records were sealed.

Adoption was promoted as being in the best interests of the child. Mothers were expected to forget about their child and get on with their lives, get married and have children of their own. Adoption was seen as an instant 'cure' for infertility. None of these beliefs was based on any scientific evidence.

## *Reports from the 1950s of emotional problems in adoptees*

In fact there were reports from Britain and the USA, from 1952 onwards, that a large number of children seen in child guidance clinics and other psychiatric services were adopted.

In 1952 a British psychiatrist, Wellisch, drew attention to a “problem of adoption” - the lack of knowledge of and definite relationship to one's genealogy, which he termed “genealogical bewilderment”, and which could result in the “stunting of emotional development” in adopted children and could lead them to “irrational rebellion against their adoptive parents and the world as a whole, and eventually to delinquency“. This was echoed in 1955 by Winnicott, who said ignorance about their personal origin made adolescence more of a strain for adopted children than other children, and in 1964 by Sants who wrote that genealogical bewilderment is a factor which frequently appears to be present in adoption stress.

There were reports in 1953 that adopted children manifested severe pathology including a preponderance of impulsive behavior, with characteristic 'acting out', both sexual and aggressive. (Eiduson and Livermore, 1953). Overt aggression and sexual acting out were also noted by Schechter who claimed, in 1964, that there was “substantial evidence from many sources that the nonrelative adopted child may be more prone to emotional difficulties.“ In adopted adults he found more alcoholism, sexual acting out, and more suicide attempts.

Several other researchers found a predilection for impulsive behaviour and acting out, antisocial symptoms in adopted children. (Simon & Senturia, 1966; Jackson, 1968) They were found to have “serious adjustment problems in adolescence“ (McWhinnie, 1969), and all seemed to have a sense of abandonment by the birth parents irrespective of experiences. (Triseliotis, 1971) Triseliotis suggested that “the wound could be healed in a loving adoptive family, but the scar always remains“.

Sants wrote in 1964 that there were problems in transplanting children into a new family, that, “as adoption workers have found, the relationship between child and substitute mother has special complexities.“ This was recognised by a doctor who spoke at the seminar for adoption professionals held in February 1967 prior to the introduction of the new adoption of children act in NSW. He said that the adoptive relationship is an unusual relationship loaded with a greater potential for stress than the usual natural parent/child relationship. (Blow, 1967)

At the same time there were articles in the Australian Journal of Social Work which described adoptive parenthood as inherently more difficult than biological parenthood (Mackay, 1967), and explained the vulnerability which an adopted child, even in the best of homes, may experience. (Bull, 1967)

#### *Adoption boom in late 1960s-early 1970s*

It would appear, however, that adoption workers either did not read their journals, or chose to ignore the evidence of problems in adoption. After the implementation of the 1965 Adoption of Children Act in 1967, adoptions continued to increase, reaching a peak of around 4,000 in NSW in 1971-72. Adoptions began to decrease in the mid-1970s, not because adoption workers acknowledged that what they were doing was harmful, but because of the

wider availability of contraception and abortion, changed social attitudes toward single motherhood, and better financial support to single parents.

### *Adoption research*

The Australian Journal of Social Work in 1967 published a review of adoption research in America and Britain, which concluded that the studies were of little value and suggested there was a need for a national study of adoption.

There was some research being conducted in Sydney in the 1960s. In 1965 Wilfred Jarvis, a clinical psychologist and lecturer at the University of New South Wales, was conducting *A Study of Adolescent Unmarried Mothers and Adolescent Adopted Children*. As far as I know, the results of this project were never published. According to an article (Kiely, "The Unmarried Mothers") published in *The Bulletin* in 1967, Jarvis found that "mothers who surrender their children for adoption seem to suffer chronic bereavement for the rest of their lives. And, as if to complement this, adopted children usually manifest a keen and often obsessional wish to locate and meet their natural mothers, which becomes dominant during adolescence". Jarvis also found that "unmarried fathers suffer bereavement and guilt long after the child is born and adopted, although most have by then terminated their relationship with the mother."

### *Not allowing mothers to see their babies*

The practice of not allowing mothers to see their babies, which was said to make relinquishment easier for the mother, continued into the 1980s in many hospitals, despite evidence that, as Edlin wrote in 1954, mothers who did not see their babies were much more disturbed after their return home than those who spent some time with their babies before giving them up. As Gough said in 1961, "A mother is able to make a much more valid decision about her baby's future if she has known him as a real person and has had a chance to experience her true feelings towards him." In an Australian social work journal in 1968 Sister Borromeo disagreed with the idea that not seeing the baby somehow makes adoption easier for the mother. She said "maternal feeling is surely such a complex reality that we cannot believe that its arousal is dependent on a single sensory stimulation".

However the practice of preventing the mother from seeing her baby did not change even after the 1971 Manual of Adoption Practices in New South Wales, stated: "It should not be assumed that conflicts are minimised and relinquishment made easier when the mother does not see her child. Guilt and later emotional disturbances may be intensified under such circumstances."

### *Adoption similar to a death*

After their babies were taken mothers were left to get on with their lives as best they could, though it was known, at least as early as 1961 (Gough), that they would need to mourn their babies just as though they had lost them by

death. This was acknowledged by Sister Borromeo in the Australian Journal of Social Work in 1968, and others wrote about the need for mothers to have support after their babies had been adopted, but this didn't happen.

At the Fifth Australian Adoption Conference in Sydney in 1994, the former director of the Catholic Adoption Agency stated that their understanding of adoption was based on available research knowledge, in what she described as "sacred texts" written by a small number of people including Jane Rowe. Apparently they neglected to read what Rowe wrote in 1966: "Always, after physical separation and legal formalities are complete, there has to be a period of mourning and adjustment. Separation must always be unnatural and painful and the pain must be recognized, accepted and expressed." Rowe also wrote that it would "certainly seem very poor general practice to have women giving up babies they have never seen, perhaps being haunted for years by fears that the child was abnormal or deformed, denied the full experience of motherhood, feeling cheated and guilty."

### *Mothers' long term adjustment*

Until the late 1970s there was almost nothing written about the long-term effects of relinquishment on mothers. I found an article from 1963 (Garland) that mentioned that "young unmarried mothers who have surrendered their babies for adoption unwillingly often have difficulties in their later personal adjustment and relationships." Another, also from 1963 noted that "to part a woman from her child in a violent manner is a most dangerous step to take. It will so destabilize her that she may emerge from the shattering experience as an entirely different personality." (Ellison)

However a Course for Adoption Workers at Carramar, an unmarried mothers' home in Sydney, in the mid 1960s, indicates that adoption workers were aware of some of the problems suffered by mothers. The list includes depression, anxiety, insomnia or excessive sleep, loss of appetite or excessive appetite, personality disturbances, vague fears and doubts, loss of self-confidence, strong feelings of rejection, regret at having surrendered their baby for adoption, and feeling that they have 'destroyed' their child by surrendering him for adoption. They may have attempted suicide.

In 1978 Pannor et al reported on the results of a study of mothers and fathers years after they relinquished babies for adoption. They found that, particularly for mothers, "feelings of loss, pain, and mourning continued to be felt years after relinquishment."

Silverman in 1981 wrote that mothers attempt to suppress their emotions, which may then manifest themselves in "guilt, anger, an unconscious fear of sex, tenseness and uneasiness around children, a vague fear of discovery." Some resort to drugs or alcohol to hide from their feelings. The "pain, secrecy and guilt involved in their experience can profoundly affect their future marriages and relationships with children."

Deykin et al in America in 1984 wrote that in a survey using a mailed

questionnaire, they found that gynecological, medical and psychiatric problems were each present in about 60% of the subjects. 71% stated that their earlier birth experience had colored their marital interaction. Nearly 80% stated that their earlier surrender of a child had exerted a powerful impact on their subsequent parenting practices. Overprotectiveness, compulsive worry about the children's health, and difficulty in accepting growing children's independence were the most frequent negative features cited.

In the early 1980s in Australia Winkler and van Keppel conducted a national study of 213 women who had relinquished a first child for adoption when they were young and single. The study, published in 1984, found that the effects of relinquishment on the mother are negative and long-lasting. Relinquishing mothers, compared to a carefully matched comparison group of women, had significantly more problems of psychological adjustment.

In 1986 Dr John Condon, from Flinders Medical Centre in South Australia, presented a study of 20 relinquishing mothers that demonstrated a very high incidence of pathological grief reactions, predominantly depression and psychosomatic illness. For the majority of these women, their sadness, anger and guilt had not diminished over the considerable number of years since their relinquishment.

Condon also found that half the women had become excessively overprotective with subsequent children. He suggests that this overprotectiveness is part of the phenomenon of unresolved grief. He also suggests that the relatively high incidence of pregnancy during the year after relinquishment may be a maladaptive coping strategy that involves a 'replacement baby'.

### *Adoption and child abuse*

Something that does not seem to be mentioned in the adoption literature is the subject of child abuse, except for a comment from Dr Alexina McWhinnie (1968) that "adoptive parents are more likely to reject their child than are biological parents."

In a 1971 article about the battered baby syndrome, C Henry Kempe observed that adopted children may be more vulnerable to abuse than others. He says that "adoption is a middle and upper class phenomenon and, predictably, few adopted babies show up among studies limited to the poor, but among our group of well-off patients there is a higher than expected incidence."

According to Steele (1980) this can happen because the adoptive procedure itself is undertaken to solve the parental problem of infertility, and if adoptive parents have problems in low self-esteem, incompetence, and a sense of being defective that are too deep to be solved by the adoption of a child, the adopted child is "unconsciously seen as failing to solve the parental problem, is therefore an unsatisfactory child, and is at high risk for maltreatment."

## *Adoption and suicide*

Another subject that everyone appears anxious to avoid is the incidence of suicide in adoption. There are a couple of references to suicide in adopted adults (Schechter, 1964) and adopted young adolescents (Tooley, 1978), but the earliest reference I could find to the incidence of suicide in adoptees was in a 1988 South African Medical Journal. Boulton researched the experiences of 82 adults ranging in age from 18 to 70 years who had been adopted as infants or children, and found a higher than expected number of them had attempted suicide in adolescence. However the study did not differentiate between those adopted as babies and those adopted as children.

A study conducted by the Search Institute, Minneapolis, published in 1990, found that teenagers who were adopted as infants are more at risk for suicide than non-adopted youth.

Most recently, a study by Slap et al, published in the journal *Pediatrics* in August 2001, found that "attempted suicide is more common among adolescents who live with adoptive parents than among adolescents who live with biological parents", though "the mechanism underlying the association remains unclear".

About ten years ago Betty Jean Lifton told a group of professionals and adoptive parents that there were no statistics on the number of adoptees who attempt suicide, or those who succeed, and that if there were, we might be surprised at the large number. The audience did not want to hear the bad news, and the child analyst who organised the meeting asked her permission to remove the comment from the tape of the proceedings.

There are still no statistics on suicide and attempted suicide in adopted adolescents or adults, though anecdotal evidence suggests that Lifton may be right about the large numbers involved.

In an article in the Melbourne Age in 1993, Louise Bellamy reports that: Brother Alex McDonald, a Jesuit who has worked with homeless young people in St Kilda for 10 years, says of the 147 suicides of young people caused by drugs and abuse in the area over the past decade, 142 came from adoption backgrounds."

In 1998 an adoptive mother, whose 23-year-old son had committed suicide, wrote to the *Woman's Day* asking to hear from parents who had lost an adopted child to suicide. She received 186 letters.

I believe there may be a connection between adoption and the rise in the rate of youth suicide in Australia. The suicide rate of males 15-24 years trebled in the three decades from 1960, appearing to reach a plateau in the early 1990s. For men aged 25-34 years, suicide rate increases since 1973 have paralleled those of 15-24 year olds, with no evidence of a recent plateau."

As Cantor wrote in 1999, "It is unclear whether or to what extent the suicide

phenomenon in boys and young men might be a cohort effect - a "damaged" generation."

This is the generation that was born during the boom adoption years, from around 1950 to the late 1970s.

Cantor also notes that "Canada and, to a lesser extent, the United States and New Zealand are the nations with suicide rate profiles most similar to Australia's. All four of these nations have common characteristics of European migration, a comparatively short history (apart from their indigenous populations), geographical isolation, climatic extremes and more. Cantor omitted another shared characteristic: Australia, Canada, the United States and New Zealand all had similar postwar adoption practices, related to the stigma attached to being an unmarried mother. (Else, 1997)

Adoption professionals are reluctant to admit that these problems exist. In 1993 Community Services Victoria's program manager said that "of the 50,000 to 60,000 adoptions over the past 50 years, the vast majority have been very successful." I would like to ask him how he knows this, since there are no Australian studies available on the long-term adjustment of adopted children. There were some breakdowns in adoption, when babies were returned if they were found to be defective or unsuitable, but once the adoption order had been made, adoptive families were treated the same as biological families. If relationships broke down further down the track, adoption services would not know about them.

#### *Suicide in mothers*

There are no statistics or studies on suicide or attempted suicide in women after losing a baby to adoption. Since so many of them suffer from depression it would not be surprising to find that many of them attempt suicide.

Female suicide rates in Australia have remained relatively constant since 1900, except for a gradual increase through the 1950s and 1960s, when the rate doubled. By 1985 the rate had declined to previous levels. (Hassan 1995). This peak in the female suicide rate in Australia coincides with the peak rate of adoptions.

#### *Adoptees and the prison system*

The Search Institute study mentioned above also found that teenagers who were adopted as infants are more at risk than non-adopted youth for driving and drinking, group fighting, vandalism, and trouble with the police.

Brother Alex McDonald said that young adoptees who have problems with their adoptive families look to the streets to find verification for their identity and often link in with the criminal system.

We heard from Tim Keogh yesterday about adopted people in the prison

system in Australia.

### *Causes of problems in adoptees*

The problems of adoptees have been blamed on many factors, including genetic inheritance, lack of or inadequate prenatal care, the closed adoption system, absence of kinship in the adoptive family, unsuitable adoptive parents, etc.

### *Causes of problems in mothers*

The problems of mothers have been blamed on pre-existing personality problems; denial of opportunity to see baby after birth; lack of counselling after relinquishment; unresolved/disenfranchised grief, etc.

### *Real cause - trauma of separation*

These explanations overlook the possibility that it is not adoption that causes the problems, but the separation of mother and baby at birth.

Back in 1941 Florence Clothier wrote about the traumatic psychological effects on the mother of separation from her baby. She said this trauma is inevitable.

In 1943 Clothier described the trauma suffered by the adopted child. "The child who does not grow up with his own biological parents, who does not even know them or any one of his own blood, is an individual who has lost the thread of family continuity. A deep identification with our forebears, as experienced originally in the mother-child relationship, gives us our most fundamental security." "Every adopted child, at some point in his development, has been deprived of this primitive relationship with his mother. This trauma and the severing of the individual from his racial antecedents lie at the core of what is peculiar to the psychology of the adopted child. ... The ego of the adopted child, in addition to all the normal demands made upon it, is called upon to compensate for the wound left by the loss of the biological mother."

"The child who is placed with adoptive parents at or soon after birth misses the mutual and deeply satisfying mother-child relationship, the roots of which lie in that deep area of the personality where the physiological and the psychological are merged. Both for the child and for the natural mother, that period is part of a biological sequence, and it is to be doubted whether the relationship of the child to its post-partem mother, in its subtler effects, can be replaced by even the best of substitute mothers. But those subtle effects lie so deeply buried in the personality that, in the light of our present knowledge, we cannot evaluate them."

For the next fifty years or so Clothier's words appear to have been ignored by adoption professionals. Dukette in 1962 pointed out that "in reality, a trauma is inevitably sustained by the adoptive parents through their childlessness and



by the child through the loss of his biological parents“, while Bernard in 1964 urged agencies to ”make every effort to encourage natural parents, both married couples and unwed mothers, to keep their children, in order to prevent psychic trauma from separation“.

However it was not until 1991 that anyone writing about adoption gave any serious consideration to the traumatic effects of separating mother and child at birth. Nancy Verrier hypothesised that the severing of the connection between the child and biological mother causes a primal wound, which often manifests in a sense of loss (depression), basic mistrust (anxiety), emotional and/or behavioural problems, and difficulties in relationships with significant others.“

Studies conducted on animals, particularly other primates, indicate that there may be a biological basis for what Verrier calls the primal wound. Reite in 1978 demonstrated that when monkey infants were separated from their mothers they experienced decreases in body temperature and sleep pattern changes, even when the separated infants were immediately adopted by another adult female. Reite suggests that these physiological changes are not due to the physical absence of the mother, but are caused, at least in part, by the perception of loss of the mother on the part of the infant, i.e., the cause is essentially psychological.

Studies in primates show that if an infant is deprived of its mother soon after birth, the infant's brain does not develop normally. For example, the number and sensitivity of the infant's brain receptor sites for endorphins - the internal morphinelike chemicals that affect mood - are diminished." (Dossey, 1991; Nieuwenhof, 1994)

Separation of newborn babies from their mothers causes a high secretion of the stress hormone cortisol. (Bowlby 1980; Noble 1993) There is physiological evidence from studies of laboratory rats that the level of maternal care given to the infant influences its response to stress: the more care, the lower the levels of hormones like adrenaline in reaction to stressful circumstances. People who are highly reactive to stress are at greater risk for the development of depression, and drug and substance abuse problems, etc. Adopted people have a greater vulnerability to stress, and are also at greater risk for depression and drug and substance related abuse problems.

The few months after birth together form what Kitzinger (1978) calls a fourth trimester of pregnancy. These months are part of a continuum, in which the infant remains psychologically merged with the mother. Interruption of this continuum, by taking the baby away from the mother at birth, has a profound effect on the child. The child loses not only its mother but also part of the self. (Verrier) Yet, when it comes to adoption, Verrier wrote in 1991, “there is a kind of denial that at the moment of birth and the next few days, weeks or months in the life of a child, when he is separated from his mother and handed over to strangers, he could be profoundly affected by the experience.”

That was more than ten years ago, and it seems that many people are still in

denial.

### *Why we need research into adoption*

Some might question the need for research at a time when very few newborn babies are surrendered for adoption. However, given that since the late 1920s, over 250 000 women in Australia have relinquished a baby for adoption, the ripple effect of adoption means it is an issue that affects thousands of families throughout their lifetimes, the lifetimes of succeeding generations, and ultimately our whole society and its future.

As we have heard at this conference, children born as a result of donor insemination and some of the new reproductive technologies are now facing similar issues to those created by adoption in the past.

And there are still voices calling for adoption to be promoted as an alternative to abortion.

Dr Catherine Lennon, from Doctors for Life, wrote to the *Sydney Morning Herald* in 1994 saying that taxpayers' money should not be spent on funding abortions, many of which she insists are illegal, but should instead be channelled into adoption services. These babies could be given to the thousands of infertile couples desperately keen to adopt children.

There are still those who believe that adopted people grow up with no problems or difficulties, and that mothers who are ill-equipped to care for their children, emotionally or financially, should relinquish their babies for adoption. (Frame, 1999)

Miranda Devine, in the Sun-Herald two months ago, suggested that if just a portion of the 90,000 abortions performed in Australia every year were adoptions, the fertility crisis would ease and a lot of childless couples would be happy. She complained that "adoption remains disreputable, tainted by romantic stories of 'primal wounds' that supposedly occur when a baby is relinquished."

Devine asks: "What kind of warped morality has us pour millions of dollars into the pockets of drug companies and fertility clinics whose boom industry depends on the shortage of babies, while pouring scorn on those people with the fortitude to donate such a precious resource to others? Maybe if there was money in it, adoption would be a boom industry, too."

Devine got one thing right - adoption is an industry, albeit one in which there has been an "alarming decline", according to newspaper reports in 1996. (Larkin)

The adoption industry treats children as commodities. But, to quote Swain: "we need to see children not as possessions or commodities to be made and traded, but individuals to be loved and cared for. We meddle at our peril if we seek to treat them in any other way."

At a 1997 adoption conference in New Zealand, Anne Else spoke about the uses of history in adoption education and healing. I'd like to quote her words of warning:

"The past has left another legacy. The recent history of adoption, and in particular the brief era of a 'surplus supply' of babies, has led to a widespread expectation that somehow, somewhere, it must be possible for those who want children to obtain them. So we have embarked on a new set of experiments, just as we did with adoption. This time, however, we cannot claim ignorance of the risks and pitfalls. I am constantly struck by the echoes of the past in several practices currently being advocated: in particular, freeing up intercountry adoption; using assisted reproductive technology involving the genetic material or services of others; and removing benefits from sole mothers."

I'd like to finish with a story that I think supports the belief that the problems of adopted people are not caused by the adoption per se, but by the traumatic separation from the mother.

Several years ago I had a letter from a woman who had adopted a four-week-old baby son in between the births of her daughter and younger son. She wrote that it came as a very great shock to her to find that her adopted baby did not respond to affection in the way that her other children had done, and that she felt rejected by him. Her adopted son had behavioural problems all his life, was once considered borderline hyperactive, and consistently underachieved at school. He always seemed afraid of something, lacked self-worth, was very demanding and constantly needed reassurance. He committed suicide at the age of 21, after telling a friend that he had seen his sister's newborn baby boy and that he had no feeling for it. His mother concluded her letter with the comment: "I frankly do not think that enough is known of what happens when a child is separated from its biological mother and the ten months in the mother's womb etc."

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