

Systemic and individual influencing factors in adoption

Dr. Karin Issberner

Traumainformed adoptee coaching

D-47877 Willich, Germany

www.issberner-coaching.de

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Summary

Transgenerational aspects have always been taken into account in the systemic view of families. Recent scientific findings, among others in the field of epigenetics, increasingly support this perspective. The recurrent discussion about "nature versus nurture" has changed to a consideration of the interactions of both factors in combinationⁱ.

This paper will explain systemic correlations that are relevant in the adoption context. It is essential to note that adoptees belong to two family systems at the same time.

Furthermore, individual life experiences as well as (early) trauma of the child and the parents have a significant influence. In the interest of all involved the goal should be to achieve a resilient approach to all of these challenges.

Introduction

Until less than 50 years ago, infants were operated on (almost) without anesthesia because they were thought to have no sense of painⁱⁱ. Today studies suggest that fetuses can feel pain as early as in the first trimester of pregnancyⁱⁱⁱ. Babies begin to perceive and respond to their environment even before birth. It is known, for example, that language learning already starts in utero^{iv}, and it is scientifically proven that early imprints affect individuals throughout their lives^v.

Basic imprints include the child's genetic predisposition as well as pre- and perinatal experiences (i. e. during pregnancy and birth)^{vi}. The experience of early separation from the birth mother, the impressions of possible intermediate placings (hospital, children's home, foster homes, etc.) as well as the conditions in the adopting family have a significant influence on the development of an adopted child. The stressful life experiences of both the relinquishing and the adopting parents play a role as well as the transmission of traumatic experiences of respective previous generations.

Epigenetics also provides an explanation of how the genetically unrelated adoptive family can interact with the adopted child on the DNA level: Physical and psychological environmental influences can activate or deactivate certain sections of DNA. This enables or prevents the translation of genetic information determined by inheritance into the body's own proteins. Whether the inherited characteristics actually manifest themselves is therefore determined - to put it simply - by the conditions in the environment of the "DNA carrier"^{vii}.

Adoptive parents are thus confronted with the child's "brought along" issues when accompanying the child and may also have additional stress factors in their own system. If they begin to work on these before the child is taken into the family, they give him or her the best possible framework to start into the new environment.

The systemic perspective

Families are not regarded as a group of individuals but as a system. This perspective enables identification of intra-family dynamics and an improved understanding of individual effects.

Systemic thinking is based on the idea that the elements in a system are constantly influencing each other and that there is no simple, time-oriented cause-effect relationship. Systems follow certain rules, strive for an inner balance (homeostasis) and maintain themselves as long as possible. If change impulses come from the outside, the system will first try to adapt/compensate before it reorganizes itself at a certain point or perhaps even dissolves.

An important rule for family systems concerns belonging. When does one actually belong to a system? First and foremost this is defined by birth: one is born into a family system and always remains a part of it. This is also true for children who die very young, are stillborn or have been aborted. Legal/ritual processes (marriage, adoption) or close emotional ties can also create a sense of belonging. Belonging arisen from birth remains permanent. In the case of adoption, this means that the child becomes part of a new (adoptive) family system while remaining part of his/her family of origin at the same time. It is crucial to recognize this fact, even if it might no longer appear on the birth certificate. All truths that are concealed or tabooed bring disturbances into the system. Therefore, adoption as such should not be concealed under any circumstances. Disturbances in the system are often expressed by the so-called "symptom bearer", e.g. through conspicuous behavior or physical symptoms. Often children take on this role. Behavioral problems in adopted children, if they occur, can have their cause at this point. For adoptees, this dual affiliation is often confusing and creates a certain disorientation. And on the conscious level it may not even be felt that way. Sometimes adoptive parents have an expectation that the child will perceive himself or herself exclusively as part of the adoptive family following the adoption. This creates an ambivalence in the child about his/her belonging. When adoptees begin to search for their roots, often as adults, strong conflicts of loyalty and a great deal of inner turmoil can result.

The order in systems also follows certain rules. Thus, each sibling occupies a naturally given place in the sibling sequence. This order can become confused in the adoptive context: If a second child comes into the family who is older than one who is already there, a confusion arises regarding the positions in the system. This can lead to seemingly inexplicable reactions among the siblings (envy, aggressiveness, withdrawal, etc.).

In the family system, as already mentioned, stillborn or aborted children also have an indelible position. If they have not been acknowledged and their loss has not been mourned, the adopted child may unconsciously feel that he or she has to replace someone. Several authors describe being adopted as being placed on a stage where the play has already begun. The task is to fill the role intended for oneself as quickly and seamlessly as possible. In this process, no one usually asks about the fact that one has just played on another stage in another play and perhaps even misses this previous theater^{viii}. In order to protect the adopted child from this feeling in the best possible way, a high degree of awareness is needed on the adoptive parents' side.

Both, the adoptive parents, who adopt because of an unfulfilled desire to have children, and the adopted child carry an imaginary world within them. The author B.J. Lifton calls this imaginary realm a "ghost

kingdom"^{ix}. The imaginations of what might have been exist (and operate!) in the system: the adoptive parents' (idealized) biological child as well as the adopted child's (idealized) birth parents. In particular, however, the adopted child's "ghost kingdom" does not spring entirely from imagination. It actually has other parents somewhere, about whom it often knows nothing or very little. Even children who grow up with their birth parents have phases of imagining they may have been swapped in hospital. This is a natural part of their development that serves to detach them from their parents and is not comparable to the internal process in adopted children. The fantasy worlds of both the parents and the child involve mourning for what has not become reality. This grief needs awareness and space^x.

In family systems, patterns and trauma consequences are passed on transgenerationally until they are resolved. As a consequence, for example, the experience of war, flight or expulsion in the generation of grandparents or even great-grandparents continues to have an effect into the here and now. The grandparents' severe traumatization may have caused them to close themselves off and thus be emotionally unavailable to their children. They, in turn, develop strategies to deal with the stressful and overwhelming situation - for example a pattern of "acting instead of feeling." This then affects their child(ren). And this cascade goes on and on until it is interrupted by reappraisal. Since the described mechanism works in the adoptive family as well as in the family of origin, a reflection of the respective individual topics is of high importance.

The neurobiological perspective of trauma and attachment

The development of the brain and nervous system already begins during pregnancy and then continues at an incredible speed during the first months and years of life. Neural connections are formed in large numbers and experiences are translated into "circuitry". Although this neuroplasticity is never completely lost, it is more pronounced in the first phase of life than at any other time thereafter. This is why early imprints are so crucial for the future course of life^{xi}.

Newborns make their first life experiences from what is called an "expanded uterus". Their nervous system is still very much in resonance with that of the mother and increasingly develops independence only over time. They are not able to calm down on their own and need external support to do this (co-regulation). If they get into a stressful situation the part of the autonomic nervous system (ANS) responsible for fight or flight kicks in. Since babies cannot do either, they express their need (food, warmth, etc.) and distress through crying and physical mobilization. If they do not experience co-regulation through fulfillment of their needs and attuned contact, their ANS switches to a state that is even older in evolutionary biology: freeze or collapse. They resign because the hoped-for rescue from their distress does not occur. Their body switches to an immobilized energy-saving mode in fear of not surviving the situation. This fear is quite understandable, as babies are totally dependent on outside support.

Only with consistent co-regulation does the child develop the ability to self-regulate over time. The so-called window of tolerance, within which the ANS can oscillate between relaxation and tension based on the situation, becomes wider and wider. Resilience grows and the ability to cope with moments of increased stress improves.

In the case of infants who are separated from their mothers very early - possibly immediately after birth - this natural developmental process is interrupted. They experience an existential shock and the only person they know (via smell, heartbeat, voice, etc.) and of whom they are actually still a part is not there to reassure and soothe them. So their ANS inevitably switches into survival mode^{xii}. The child may appear calm but is actually dissociated (split off) to protect themselves from what cannot be endured. Even if

there are other people who have a stabilizing effect on the baby (which is very important and helpful!), these people are initially complete strangers to the child. In modern trauma research dissociation is considered to be one of the strongest predictive factors for the development of trauma related disorders. Furthermore, lack of co-regulation and early attachment trauma have consequences for the ability to be in healthy relationships as well as stress regulation capabilities until adulthood^{xiii}.

The trauma history of the birth mother also has an effect on the adopted child, because physical and psychological stress is already transferred to the unborn child during pregnancy and continues to have an effect beyond birth^{xiv}. Children born to mothers who are exposed to high levels of stress during pregnancy show reduced stress tolerance and difficulties in social and emotional development in the longer term^{xv}. A mother who chooses to give up her child, inevitably is in a life situation with very high stress levels.

Attachment develops between mother and child prenatally (intrauterine bonding) and is extended postnatally through attuned interactions, emotional mirroring and physical contact. As a result, the newborn gains a sense of acceptance and security in the world. This primal trust lays the foundation for its further socioemotional development^{xvi}. This is exactly what adopted children often lack. Early separation from the mother can play a role, as can (in the case of later separation) the fact that the birth mother was not able to form a secure attachment with the child. The child enters the adoptive family with these previous experiences (imprints). At this point both, the stress level of the new attachment figures, and the often lacking reflection of the emotions prevailing in the child after the severe loss are of significant importance: the adoptive parents are happy about the child and thus do not reflect its grief. As a result, the baby at an early age unconsciously comes to the confusing realization that its own feelings are wrong.

All of this places high demands on adoptive parents and also on the availability of competent support for parents and child. It is to be expected that an adopted child carries a high traumatic stress in combination with reduced stress tolerance. Adoptees have been shown to belong to a vulnerable group with increased risk of suicide^{xvii} or suicide attempts^{xviii}. They are also overrepresented in mental health facilities^{xix} and are prone to develop difficulties with regard to relationships, self-worth and identity^{xx}.

Overall, adoption is and remains a complex challenge that can be mastered collaboratively with a conscious, trauma-sensitive attitude and systemically competent support. This prevents trauma from being passed on to subsequent generations and can, despite the unavoidable trauma of relinquishment for the adoptee, significantly improve the quality of life for all involved.



Dr. Karin Issberner studied chemistry at the University of Bonn and worked in different international technical management leadership roles. Since more than 10 years she has been active in the areas of business coaching and personal development. Her work is based on a wide range of methodologies, including business coaching, wingwave®, NLP, ILP ("Integrierte Lösungsorientierte Psychologie") and SEI® ("Somatische Emotionale Integration" according to Dami Charf). Furthermore she is trained as a Systemic Constellation Leader. Over time her focus shifted more and more towards "traumainformed coaching". Into her coaching for adult adoptees she takes advantage of her own experience as an adoptee. She is an acknowledged member of the German as well as the international adoptee community. She gives lectures and workshops and offers systemic constellation days especially for adult adoptees. She volunteers in the field of psychosocial emergency care and emergency counseling. Website: www.issberner-coaching.de

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