

Down the Rabbit Hole: The Mental Health Implications of Adoption Trauma on People Adopted at Birth

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Abstract: The mental health impact of adoption on people adopted at birth has been largely neglected in social work research and literature. Authored from my perspective as a clinical social worker experiencing reunion with my birth family, seeking guidance, and coming up empty, I explore the relationship between adoption, trauma, and mental health, challenging the perception that adoption is singularly and only good. I propose a framework, the Adoption Trauma Spectrum, from which mental health professionals and adoptees can better understand adoption trauma. This framework suggests adoption trauma may occur across the spectrum of human development, potentially affecting bonding, individuation, and relationship and attachment styles. This paper emphasizes the need for more research on the impact of adoption trauma on people adopted at birth and identifies implications for future research on adoption related issues such as the psychosocial impact of at-home DNA testing on adoptees, first families, and adoptive families.

Keywords: adopted, mental health, research, social work practice

It was nearly midnight on the eve of my 46th birthday when it hit me: We don't separate animals from their mothers before eight weeks; why on earth do we do this to humans? This epiphany was followed rather quickly by the chorus of things well-meaning people have said throughout my life. Quietly at first, and then louder. Don't you know how *lucky* you are? You're so *lucky*. *Lucky* you had a privileged life. *Lucky* you were adopted. *Lucky* you got to live.

Lucky you weren't aborted.

Lucky.

Born in Gulfport, Mississippi, in February of 1975, I learned about my adoption just before my fourth birthday, days before we got my little brother. My mom read a book describing the concept of adoption to me, setting such a loving tone, I started telling anyone who would listen that I was chosen especially for my parents. Chosen by God! Through my parents I learned about the boy from New Orleans and the gal from Mississippi who had done the right thing by giving me up for adoption. Of course, that story relies upon the assumption that this was an autonomous decision made by my teenaged birth parents in the mid-1970s. Since my adoptive parents, whom I refer to as mom and dad, also hailed from the Gulf Coast, I spent many holidays there enjoying time with them while guiltily looking for faces which may have resembled my own. Each potential hurricane caused my stomach to churn with worry for my people. When Katrina hit, I was especially fearful for their safety, these strangers to whom I felt so connected. I donated blood, collected money, gathered donations, water, and supplies. Every woman on the television became my first mom, every man my first dad.

When mom and dad picked me up from a courtroom in Gulfport, I was four days old. They recount the tale of the judge warning them that they were about to adopt a very sick baby, that I may not live. But my parents insisted—I was already theirs, they had the means to provide the care I needed, and they couldn't possibly turn me away, so the adoption was finalized. We drove a couple of hours north to my maternal grandparents' house where they waited along with my big sister, also adopted. After a few days we left Mississippi and headed home to Kansas City, Kansas. The birthplace of predigested formula. The only formula my underdeveloped digestive system could handle. The formula upon which my life would very literally depend. Pretty lucky, right?

Growing up with this narrative I felt like the luckiest kid in the world. Physically, I favored my dad so much that for a time I was convinced that his sister was my first mom. My mom was a favorite among my friends, who often referred to her as June Cleaver. She threw creative birthday parties, took us berry picking, prepared the most delicious meals, and spent summers watching us swim at the country club pool. We had such a full life, provided for in every way, that I never associated my low self-esteem, sense of not belonging, or social anxiety with my adoption. So, instead of reveling in my good fortune, I found myself feeling as if I had been plucked from one world and plopped down within another, much like Alice after taking the shrinking potion in Wonderland. Uncomfortable in this world, I went inward. Luckily, my appearance served as a mask, allowing me to fit in on the outside even while my insides were tied in knots, a constant state of anxiety, hypervigilance, and play-acting. I told myself it was me: *There was something wrong with me*. Because no matter how good I had it, I never felt like I truly belonged.

As I faced some midlife health issues—without the medical history required to make an informed decision—my husband gifted me an at-home DNA and medical information kit. I spit into that little tube on my 43rd birthday and put it in the mail the same day. When completing my profile in the DNA app, I chose to make it public and included what little information I had about my birth and adoption. While I knew making connections was a possibility, finding my birth parents was beyond my comprehension, and at that time I could not fully grasp the lightning speed at which these things happen. My primary goal was medical information; anything else was cake. Six weeks later, the day before Easter Sunday, I received the results. What happened over the next eight days would forever change my life and the lives of my entire family, adoptive and biological. The results connected me with over 1,100 blood relatives, two of whom are cousins. Within the first four days, my cousins had identified my first mom and many siblings, aunts, and uncles. On the eighth day my first mom and I shared our first phone conversation. In that moment I felt the gulf within me, the one I was unaware existed, fill with the warmth and knowing I had longed for.

“I am breathing in; I am breathing out.” This became a mantra as I found myself feeling overwhelmed and unsure about how to navigate the influx of information, names, and dates flowing in. When friends and family learned of my newfound family, the most consistent piece of advice I received was not to rush in. This is reasonable advice. It's advice I believed we followed. But how do you measure time when learning your life story? How do you determine the threshold for readiness before meeting this person to whom you owe your life? In this case,

the threshold was 10 weeks. Considering we lived only a few hours from one another, 10 weeks felt like an eternity. We spent the time before meeting conversing via phone, text, and messenger apps. I learned about her family—*my* family—its history, my siblings, her husband, and career. We shared pictures, told countless stories, wept, laughed, and reveled in this most bizarre and beautiful thing called reunion. When we were both ready, we set a time and date to meet.

The reunion with my first mom was exactly as I had hoped it would be. Meeting at my birth sister's house, we embraced in the doorway, tearful and grateful and joyful. For me it felt like the razor's edge between disbelief and complete knowing. We went for lunch and toured the community which is home to both sides of my birth family, driving by family homes, schools, churches, cemeteries. I eventually met much of my extended family, a rich and vibrant coterie of aunts and uncles, siblings, cousins, and family friends. It was truly an extraordinary time in my life. Several months after finding my first mom, after many discussions about my first dad, and with her blessing, I reached out to him.

Since he hadn't known of my existence, we agreed an at-home DNA test was necessary for confirmation. Five weeks after our initial conversation, we received validation of paternity. A week later my family and I were standing in my first dad's kitchen with his wife, one of my siblings, several cousins, family friends, aunts and uncles, and grandparents! I hadn't had living grandparents in my life in over 20 years! I think back to that time, how he could have easily turned me away or chosen not to engage. I certainly would have understood that choice. But he didn't. And neither did anyone else on that side of my family. That is not to imply it has all been seamless or of equal interest to every person involved, but there has been a measure of grace and kindness across the board that still humbles me to this day.

I would compare those early days of reunion to the feeling of falling in love. Is there anything more intoxicating? Everyone on their best behavior, hesitant yet curious, showing their best selves. My parents had concerns about my newfound family, but they were largely supportive, especially in the beginning. Dad shared my excitement. He took time to learn about my ethnic and racial history, began communicating with my first dad, and expressed his approval with the process overall. Mom was a little more hesitant, concerned I would be hurt or disappointed in what I may discover, afraid of how she would be affected too.

I was fortunate to be present when my parents met my first parents. They met my first mom and her sisters, my aunts, at an Italian restaurant halfway between our homes. Tears flowed immediately among talk of nerves and gratitude, feelings of relief and knowing. As the intensity of the moment began to relax the conversation flowed easily among these Mississippi women who were strangers and family all at once, all at the same time. Similarly, my parents met my first dad and his wife at a restaurant. My first dad, an earnest man, felt compelled to explain his position to my parents, which was that he had no clue of my existence—that he did not abandon me. My dad, with his kind eyes, said, “well, if you had kept her, we wouldn't have gotten to have her, so it's okay ... it worked out.” All in all, the interactions between my parents and first families were rare, brief, and surface in nature. A lunch here, a coffee there. I believe this is how everyone preferred it to be. While our lives, the lives of the adoption triad, were being rocked to

the core, everyone else's lives were moving on. It would have been unhealthy for every gathering to be centered around reunion.

As relationships grew within my first dad's family, the distance stretched out between me and my first mom. Being received openly, with curiosity brimming on both sides, made reunion feel like a destination of sorts. A true homecoming. But it wasn't my home, and once the newness wore off, I began to view my role as the party crasher more than the daughter come home. Looking back, I cannot identify the catalyst, but the downward spiral was swift, and the result left a vacuum that resonates to this day. The pandemic contributed to some of this, creating literal distance as we worked to protect ourselves and our families, but the emotional distance began before COVID. Phone calls became less frequent, as did visits. Discussions about the pandemic, whether to homeschool or not, and masking felt personal and argumentative. Attempts to meet for lunch or coffee were met with requests to include other family members, as if to provide a buffer. As I felt my first mom pulling away, I found myself talking more frequently to my maternal aunts with whom I had grown so close. In my heart I believe my first mom must have interpreted that behavior as my pulling away from her. In the end no discussion was had about any of this. I simply received a text message asking for no further contact. This was undoubtedly the most painful moment in my conscious life. Like being pushed into a black hole, I felt the air around me disappear as the warm gulf inside me became ice cold, the pit of my stomach once again in knots. That was October of 2021. Thirty months after our first contact. Not that I'm counting.

I am lucky to have had so much support from my family, friends, and therapist to help me cope. My mother was appropriately livid, but my inability to process my feelings with her magnified the existing strain in our relationship. My dad, ever the observer, was there for me in his kind and quiet way. My first dad said all the things I needed to hear while maintaining respect, and my aunts continue to be a bright light in my life. As I moved through my grief, I saw more clearly the roles and relationship dynamics within each family, birth and adoptive. I began to see how the lack of history and contextual understanding caused missteps throughout reunion, resulting in discord and feelings of broken trust. Still wanting to move forward, I chose to focus on relationships that were reciprocal and organic, because come what may, these were my people, and this is how I would come to know myself.

Like taking the red pill (as in *The Matrix*; Wachowski & Wachowski, 1999), reunion has given me a glimpse of what might have been, the good, the bad, and the unexpected. Seeing the effect nature played, to a greater degree in my opinion, with nurture, has been rewarding while providing context and perspective about my personality and emotiveness where before there seemed to be none. Each interaction is like looking through a warped magnifying glass: Bits and pieces of my personality are magnified and clear, but the details are blurred at the edges even as I recognize in others the gestures or vocal patterns I know to be my own. True knowing takes time and reciprocal investment, but I have learned that the recognition of myself in others feels like an explosion of instant connection to me. Knowing who I look like, where I got my smile, my freckles, the copper flecks in my eyes, and good posture—I have those answers now. My hands, I've been told, are like my maternal grandmother's. I have my first dad's eyes. The women in my family, on both sides, are strong.

In life, what goes up must come down, and so among the beauty lies the pain. It is in the secrets; the conflicting accounts of my own adoption story; the memories affected by time, trauma, repression, guilt, and shame. It exists in my own occasional feeling that everyone would be better off had I kept my DNA app profile private, remaining grateful and content in my own life, or when I acknowledge that they may be right to feel that way. The pain is there in the knowledge that reunion is complicated, each person having their own experience irrespective of mine, and vice versa. But if I'm honest, the pain is ugliest when I experience rejection, real or perceived. While my mind knows it is absurd to expect total and complete acceptance, my heart has ached at the cruelty of some, leaving me to wonder what I have done other than exist.

Since entering reunion four years ago (at the time of writing), my perspective on adoption has changed. Eyes wide open, I am now out of the fog (Bruce, 2021). I have come to see the lie of adoption—that it is one-dimensional, only good—for what it is. And while it can indeed be beautiful, adoption can also be traumatic. In fact, I would say that adoption is always traumatic. There is pain among the girls, teens, and women who become pregnant; the women and men who experience infertility; those who don't have a say in the adoption process; those who wished to keep their babies; and those who are glad to be rid of them. There is trauma among every child taken from its mother at birth, and as a mother myself, I dare say there is trauma among birth mothers and birth fathers, a group I believe to be grossly understudied. These precious, crucial first moments of life, the moment for bonding and creating secure attachment, are stolen before they can ever begin. How has this system in which animals receive more humane treatment than human babies been allowed to exist for so long?

A Brief History

There are currently about seven million American adoptees alive today, with two percent of American children under the age of 18 adopted (Adoption Network, 2022). The first modern adoption laws in the United States were passed in Massachusetts in 1851 (The Adoption History Project, 2012).

These laws recognized the need for adoption as a child welfare issue as opposed to the desire of adults who wished to have more children, and appropriateness of placement was determined solely by judges (The Adoption History Project, 2012). Throughout the early 20th century adoption law evolved to the placement of children in homes rather than orphanages, increased religious involvement in the adoption of children, and the development of the first private adoption agencies. In the 1950s, Congress began to address black market adoptions, human trafficking, and special needs adoption laws.

The last quarter of the 20th century revealed a brave new world in which reproduction rights took center stage as abortion was recognized as a constitutional right (Temme, 2021). Also during this time, the National Association of Black Social Workers (2022) expressed opposition to transracial adoption practices, a stance which remains unchanged today, and adult adoptees began advocating for their rights to gain access to information with the desire to experience the full spectrum of self-knowing (Stromberg, 2013). While the world changed, adoption practices

did not, and the industry continues to grow financially and in number, but not in principle (Root, 2021).

Naming the Issue

Looking back, I see that within the first moments of contact, the meaning of the word “parent” began to change, evolving minute by minute. My worldview forever changed. I have also learned that I am not alone in this experience. Assuming there are multiple points of trauma across the adoption experience, it seems prudent to define this spectrum so adoptees, adoption workers, lawmakers, agency workers, and clinicians can begin to address adoption trauma proactively and with more precision.

Throughout reunion I sought help from my primary care provider and a therapist to manage the stress and anxiety I experienced. Over the years my provider along with others in the community have referred adult adoptees to me for outpatient therapy concerning adoption issues. Anecdotally, and in my own personal experience, I have found trauma to be a consistent theme when talking with other adoptees about their lived experience. And while adoption may be the umbrella under which this trauma resides, I began to question at what point the trauma occurs. Is it at the initial separation from the mother at birth, described as the *primal wound* (Verrier, 1993)? Maybe. We know that infants can experience trauma in utero (Papadopoulou et al., 2019). Or was it during adolescence, in the struggle for individuation and identity formation? Perhaps trauma occurred during reunion. Or failed reunion. What about rejection, or when adoptees first see themselves in their own children? I am learning that it is all of the above for some people. A cumulative and non-linear experience, shaped by joy and pain. While there is an abundance of research on adoptees from the perspectives of parenting, adopted child syndrome, developmental theory, and special needs and transracial adoptions, I propose a shift of focus from the adopted individual to a trauma theory perspective and the impact of adoption on the family system.

Theoretical Framework

Trauma Theory

Trauma is generally described as an emotional or psychological response to a distressing event such as a car accident, sexual assault, or combat experiences in war (Herman, 1992). In her seminal work, *Trauma and Recovery: The Aftermath of Violence*, Judith Herman (1992) describes trauma as “an affiliation of the powerless” in which distressing events contribute to feelings of powerlessness and “overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning” (p. 33). That loss of connection is critical to understanding the roots of adoption trauma, as it begins with the separation of the infant from their mother at birth. Although the traumatic event occurs prior to an infant’s conscious knowing, a physiological impression of that trauma leads to “disruptive physical reactions in the present” (van der Kolk, 2014, p. 208), a reminder of subconscious trauma. The lasting impression of trauma remains active, causing people to experience feelings of trauma throughout their lives,

shaping perceptions of self and others, and affecting how people cope in the present (van der Kolk, 2014). Van der Kolk (2014) further explains:

Traumatized people chronically feel unsafe inside their bodies: The past is alive in the form of gnawing interior discomfort. Their bodies are constantly bombarded by visceral warning signs, and, in an attempt to control these processes, they often become expert at ignoring their gut feelings and in numbing awareness of what is played out inside. They learn to hide from their selves. (p. 97)

As trauma affects individuals, it also disrupts the systems in which they live. Solomon and Heide (2005) write that “psychological trauma disrupts homeostasis and can cause both short- and long-term effects on many organs and systems of the body, leading to physiological changes in the cardiovascular, respiratory, nervous, and muscular systems” (p. 54). Looking beyond the individual, it would be beneficial to gain a deeper understanding of the pre-conscious and remembered traumatic experiences of adoptees, how that affects adoptees and how it may affect their future offspring, and in what ways clinical intervention may mitigate undesirable outcomes.

Systems Theory

Watson (2012) writes that there are three parts to any system. In the context of a family system, Watson identifies the following three components: (1) *individuals*, people; (2) *interconnectedness*, or the way in which families communicate and connect; and (3) *purpose*, the intrinsic desire of family members to protect one another. Watson goes on to explain that systems are affected by feedback loops in which “one’s behavior is affected or influenced by the system’s reaction to the behavior of another” (p. 189). Unbalanced feedback loops which are driven by unresolved emotional issues may evolve into protective behaviors, often learned and passed down generationally, that contribute to unhealthy patterns of communication and behavior within family systems (Watson, 2012).

Research suggests that when change occurs within a system it ripples out, affecting the system in its entirety and its members individually (Friedman & Allen, 2014). It makes sense, then, that researchers and clinicians would benefit from learning about the systems in which adoptees are reared, and those from which they were born, as opposed to the examination of individual adoptees. Grotevant and McRoy (1998) describe this perspective as the “adoption kinship network” (p. 80), a system in which the adoptee is at the center of both adoptive and birth family systems, regardless of whether those systems ever interact with one another. Viewing adoption from this perspective, along with the assumption that trauma exists within both sides of the network, would allow those affected by adoption to dive beyond the surface and get to the roots of adoption trauma.

The Adoption Trauma Spectrum

Seeking the most ethical approach to gain insight and discover answers to my own questions around reunion and adoption trauma appeared to be via academic research which led me to the

doctoral program at the Tulane University School of Social Work. The program nearly complete, my post-doctoral plans are to conduct ongoing research focused on the non-linear spectrum of adoption trauma and its impact on the mental health of adoptees and their family systems, whether biological, chosen, or adoptive. A working hypothesis suggests that the Adoption Trauma Spectrum includes multiple points of trauma which affect adoptees and the systems in which they exist simultaneously, sporadically, and individually. Much like the stages of grief, the points of adoption trauma are not ordered and there is no definitive beginning or end. The only constant is the catalyst, the wound which occurs when an infant is separated from their mother at birth. At the time of this writing, the proposed points of the Adoption Trauma Spectrum are outlined below.

Birth

An infant enters the world seeking one singular entity for comfort: their mother (Bowlby, 1969). The mother provides food, comfort, warmth, familiarity. A mother's presence can calm a crying infant, lower its blood pressure, regulate temperature, heart rate, and breathing, while also reducing stress hormone levels (Cleveland Clinic, 2018). From the moment an infant is taken from its mother to the time they are given to their adoptive parents who, despite all good intentions, smell and sound different from the first mother, the infant's brain is flooded with stress hormones such as cortisol, leading to relinquishment trauma (Dolfi, 2020). I believe this trauma influences the development of, or susceptibility to, chronic pain, inflammation, mood disorders, generational trauma, anxiety, attachment issues, parenting and partnering issues, and fears of abandonment, among other things (Dolfi, 2020; Grotevant & McDermott, 2014; Maté, 2003; van der Kolk, 2014).

Consciousness of Self as Adopted

Learning about one's adoption is ... strange. My experience allowed me to view adoption as a special and loving experience. I was chosen. This fed the belief that adoption is only good and that to question otherwise was ungrateful and rude. This is a fact that adoptees just know. Gratitude is *modus operandi*. Like most children adopted prior to the aughts, my adoption was closed. There was no contact with the birth family; no medical, genetic, or ethnic information was shared. My birth certificate was changed. It was as if my first parents vanished once the adoption was final. The history of closed adoptions goes back to 1917 when Minnesota implemented closed adoption laws; by 1940 most other states followed suit for the purposes of "protecting children from paying for the sins of their birthparents ... a way to keep them from being viewed as different" (Bauman, 1997, p. 315). But while the intention was good, the outcome has caused generations of adoptees to feel lost in their own worlds, unsure of who they really are or how to identify ethnically and racially, impacting self-esteem, sense of self, and attachment.

In the 1960s, David Kirk began to distinguish between open and closed communication styles within adoption. Kirk (1964) characterized closed communication as that which rejects differences between adoptive and non-adoptive families; open communication acknowledges the differences between adoptive and non-adoptive families, theoretically allowing for more open

conversation about differences adoptees may notice about themselves and the functionality of their own family system. Studies have found that adolescents and emerging adults reared in families with open communication styles report a more positive sense of self and higher self-esteem than those reared in families with closed communication styles (Levy-Shiff, 2001; Stein & Hoopes, 1985). Aside from the acute realization of difference, studies of adoptees who know of their adoption suggest “a significant interest in obtaining more information about the genetic, medical, and health backgrounds of their birth relatives” (Wrobel & Grotevant, 2019, p. 49). These researchers suggest that in the absence of contact with the adoptee’s birth relatives, adoption workers and agencies could work as mediators between adoptees seeking personal information and birth family members. This would validate adoptees’ needs and concerns while maintaining the dignity, respect, and privacy of birth families who wish to remain anonymous.

Adolescence

Individuation, the process by which one develops a clear sense of self, or ego identity, separate and apart from that of one’s parents, is a physiological and developmental process occurring during adolescence (Graafsma et al., 1994; Levine et al., 1986). While these changes are part of the human experience, they can be especially challenging for adoptees. Research suggests the absence of a firm identity foundation, one which provides historical, racial, and ethnic context for a person’s personality, behaviors, and appearance, may cause adoptees to feel lost at sea (Graafsma et al., 1994). Grotevant and Von Korff (2011) found that creating links between one’s past, present, and future through open communication about adoption can be helpful techniques when working with adolescent adoptees. The effects of the unknown are compounded for transracial and transnational adoptees who may not have a single known family member with whom they share physical traits or characteristics, never mind a shared history (Grotevant, 1997).

A period marked by extreme physical, emotional, and psychological change, adolescence challenges even the most secure people, leaving the insecure ill-prepared for adulthood or, in some cases, traumatized. In my case, I struggled with individuation. I spent years wavering between my authentic self, the one I felt in my bones, and the self I knew people expected of me.

I was a defiant, curious, and strong-willed teen, and like many rebellious adolescents I started smoking. It was the 90s. I knew it was bad, but I was “badder” and tobacco was just dangerous enough without being illegal. When mom busted me, she shrieked, “And to think I worked so hard to keep you alive! How could you do this to me?” This was not the first time I was made aware of the conditions of our relationship: I saved you; you owe me. Once, while visiting my maternal grandparents, I described to my grandmother’s friend a movie I had watched, a true story, about a birth mom who got her son back several years after adoption. During the nine-hour car ride back to Arkansas my mother cried, asking intermittently, “What will they think?! That you want to go to your birth parents?! Is that what you want?! How could you do this to me?! What is wrong with you?! Why would you say something like that?!”

So, I would capitulate, a little more each time. Assuaging, emulating, pretending, adapting, learning, becoming, fighting with my mother, with other girls, with myself, until any remnant of my authentic self was a blur, covered by the mask of expectations. Predictably, continuously playing a role led to serious issues with intimacy, my ability to be vulnerable, imposter syndrome, and fears of rejection.

As a parent, I understand mom's fear and anger, but as an adopted child I only felt my own otherness. While studies, including one conducted by Stein and Hoopes (1985), revealed no significant difference between adopted and non-adopted adolescents in terms of ego identity, Grotevant (1997) counters that these studies are inconclusive because they do not include questions about adoption status and its role on identity. As found in previous research, creating historical links, learning about one's birth family even anonymously, and open communication about one's adoption can act as a facilitator for curious adoptees going through individuation and identity formation (e.g., Grotevant et al., 2000; Grotevant & Von Korff, 2011; Lieberman & Morris, 2003; Passmore et al., 2006). On the other hand, adoptees who are denied open communication or do not have access to biological or historical information—underage adoptees, for example—may continue to struggle with individuation and ego identity formation (Grotevant & Von Korff, 2011; Lieberman & Morris, 2003; Passmore et al., 2006).

Childbirth and Parenting

Greco et al. (2015) suggest the dawn of parenthood often invites adoptees to review their own experiences, combining their lived experiences with that of parenting expectations and natural concerns regarding child rearing (Penny et al., 2007). In short, the experience of becoming a parent brings forward the reality of what it means to have been adopted (Grotevant, 1997).

I was a latecomer to motherhood. At 35 I gave birth to my first child, a daughter, via emergency cesarean section. I remember feeling scared, actually afraid, that my baby would be injured by the lack of immediate skin-to-skin contact I had been reading about over the last nine months. I could not fathom how that time, those precious bonding moments, could ever be regained. Once out of recovery, I asked for my baby. The nurses refused to bring her to me.

“Her blood pressure is elevated,” they said.

“Bring her to me now,” I countered.

“Ashley, don't upset yourself,” my mother said.

“I want to see my baby now,” I demanded.

In the end my partner advocated for me and our child, and the nurse reluctantly wheeled my hours-old daughter into our room. I took my child—who was crying, face scrunched up, red as a beet—cradled her to me, and tried to breathe. After minutes of me talking to her, cooing as new mothers do, the nurse commented that my daughter's blood pressure was better. “Guess she just needed her momma,” she quipped. It would only be moments later that I thought of myself as a

distraught baby who just needed her momma. I also thought of my first mom as a peer for the first time. A momma without her baby.

Reunion

Reunion was never my goal, but I knew it was a possibility. As a lifelong fan of DC and Marvel comics, I always found the idea of piecing together my own origin story thrilling. After all, curiosity about one's history is natural; seeking is healthy. For me, seeing the map of my lineage, brightly colored from one side of the world to the other, filled me with such satisfaction. I am all of those bright colors. I am mostly French and Irish, but I am also Portuguese, Native American, Congolese, and Bengali. Aside from the initial rush of knowing, I felt a sense of relief upon learning medical history for myself and my children. Scrolling through the list of people in my DNA relatives list instantly grounded me in the knowledge that I come from somewhere, from a family. Not just a courtroom in Gulfport, Mississippi.

While everything leading to reunion with my first mom happened quickly, the unraveling happened slowly. I was caught off guard feeling so unprepared for the stress and anxiety provoked by reunion, even when it felt positive, and the difficulties that cropped up felt unmanageable at times. I believe many of my birth family members experienced similar feelings. If I had it to do again, I would have consulted with my therapist, a preemptive strike to prepare for the possibility of connection. Cubito and Brandon (2000) suggest "mental health professionals should be alert to the possibility that searching for one's biological heritage, however valuable it may be to the adult adoptee, could be either a stressful process or a marker for psychological distress" (p. 412). If the process of seeking is in and of itself a trigger, it seems probable that reunion may also provoke a stress or trauma response.

I attribute some of the stress in my situation to the swiftness between receiving information and making real-life connections. The combination of easy access and technology has led to a surge in at-home DNA testing with nearly 100 million kits having been sold worldwide at the time of this writing (Wood, 2021). The reasons people complete these tests are varied, so outcomes will impact populations other than adoptees such as unknowing birth fathers, siblings, sperm donors, survivors of incest or assault, and so on, leading to a multitude of implications for research on the psychological effects of at-home DNA testing. Add to that the ethical concerns regarding privacy, the validity of testing resources and outcomes, the potential secondary use of personal data, and the at-home DNA industry begins to look like a Pandora's Box of information, impossible to contain once opened (Phillips, 2019). Positive outcomes of at-home DNA testing include inexpensive access to medical, ethnic, and racial information which may act as an equalizer for adoptees who often experience health disparities due to a lack of family medical history knowledge (May et al., 2016).

Second Rejection

Reunion, coming together again, implies mutual desire, but that is not always the case for adoptees or birth parents. It is not uncommon for first mothers to keep secret the child given up for adoption. So, what happens when people open those closed boxes without permission?

Secrets, lies, and indiscretions are revealed and sometimes people get hurt, leaving relationships forever changed at the least or irrevocably broken at the most. Not everyone wants to be found.

Since losing contact with my first mom, I have replayed conversations and events over and over in my head, trying to pinpoint the moment everything went wrong. Recalling early conversations with my first mom, I remember sensing hesitancy, joy, fear, caution, and excitement among other emotions. I must wonder if she would have rather not been found. It is a painful thought, but one I can truly understand. She had settled in her life with a rewarding career and a family full of kids and grandkids; my arrival most certainly created upheaval. The weight of expectation was enormous on all sides. Thoughts, feelings, and memories that had been buried for decades were unearthed in a moment.

Marcy Axness (1995) proposes first rejection occurs when the infant is separated from their mother, and second rejection occurs during reunion, when a birth parent experiences overwhelming emotions. Birth parents may experience feelings of pressure to be more to the adoptee than is possible, or grieve for what could have been, causing one to turn away. When this happens, negative feelings override the positive, causing one person to terminate the reunion, fundamentally rejecting the relationship. This can be traumatic for both parties. Grotevant (2003) suggests that all relationships require a period of negotiation in which both parties accept agreed upon roles but goes on to say that “in [adoption] there is a heaviness, an expectation due to blood connection, and this may be affected by varying affinity among family members from one to another” (p. 756). In short, blood does not solidify connection; that may only be achieved through mutual agreement and investment.

Conclusion

Looking back, I can see why I believed the insecurities, the feelings of not belonging, of inadequacy, my chronic health issues, and immune system failures were all in my head. I taught myself that I was the problem because I did not have a frame of reference for any other explanation. But it wasn't in my head. It was the very real result of adoption trauma. In my examination of adoption and its effects on adoptees, I have come to view this as a both/and situation: I am grateful for the life I lived as a child, *and* I am grateful for the life I have now with my birth family. I feel fortunate to have been adopted by a loving couple who cared for me, *and* I feel sad that I didn't experience earlier life with my birth family. I love my parents, *and* I love my birth parents. I feel thankful that I was adopted, *and* I feel robbed.

When I think of my clients, future adoptees, and future birth and adoptive parents, I feel motivated to contribute something to the knowledge base, proactive in nature, so that adoption can live up to its ideal of goodness. For people seeking deeper knowledge of themselves there are vast implications for future research. These include issues surrounding informed consent for birth mothers and fathers, adoption as a money-making industry, adoption as human trafficking, and the psychological impacts of the emergence of at-home DNA testing. Looking outside the scope of traditional adoption-related issues, more research is needed on the impact of adoption trauma on adoptees' parenting styles, trust building, vulnerability, and relationship style.

As of this writing, I am still learning. Several years into reunion has provided perspective. I would do some things differently, but I would not take any of it back. I have more family than I ever could have imagined, and gaining the knowledge of where I come from, the love and acceptance, the deepening of meaningful relationships with my family, the evolutionary knowing of self; it is priceless. So, I will continue searching for answers among the roots of my enormous family tree, with four branches now instead of two. And this time I will revel at my good fortune, soaking up the positive interactions, learning from those which present challenges. I will give thanks, I will ask for grace, I will continue to seek answers, and I will continue to learn. Ultimately, I will contribute to the literature and social work research focused on the prevention of and healing from adoption trauma, as well as policy development to protect and empower members of the adoption triad. In the end, I want to close my eyes knowing the adoption process is safer, kinder, more humane. I want to feel the relief that restoring human dignity to the adoption process will bring. But I will not consider myself lucky. I will not resign myself to a life of false gratitude for something decided long before I took my first breath. After all, my existence is more than sheer luck. Surely it is more than that.

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