

.UNNECESSARY LOSSES

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Those of us who are involved in adoption have become increasingly aware of how a child's relationship to his/her first/birth family continues to evolve ever after "surrender". That awareness is challenging practices used for decades by adoption and child welfare agencies to help children transition from first/birth families into adoptive families.

The "termination visit" has been one of those practices, steeped in the notion that older children would establish better ties to their new families if connection to their first family was clearly ended. Professionals developed this out of their concern that children would be confused if there was any ambivalence conveyed about where their needs were to be met after adoption. Also, especially regarding abused and neglected children, there has been concern that any ongoing relationship or correspondence would make emotional healing more difficult. Such contact was viewed as being emotionally burdensome and potentially re-traumatizing. Termination visits have typically been seen as excruciatingly painful, but necessary to allow the child and their birth mothers, birth fathers, and siblings to go on with their lives by having an unambiguous "terminal" farewell.

The dilemma we face is that in most situations, the "termination visit" may exacerbate the very confusion and trauma it has been designed to alleviate.

Increasingly, members of the adoption triad, and professionals, are raising the following concerns about the impact of cutting children off from the very experience of first/birth family that may help them heal:

(1) The word *termination* is powerful in that it is unmistakably absolute and final. It's over. But that word is not reflective of the child's reality.

The Pavao model says there is no such thing as true "termination" in the relationship between children and their first/birth families. Even if the birthparents die, it's not "over". By creating a ritual that acts "as if" the relationship has ended, the child's internal world is at odds with his/her external one. Many of the children that we see clinically in our work are emotionally pre-occupied with these dissonances. They may not have words to describe the depth of their confusion or longing or rage. Compounding that internal upset, they may not have a neutral enough place to express thoughts and feelings that might be loaded for others. Often, these children come up with answers to their questions that are bound in fantasy, because there are no real life mirrors or receptors to help them make sense of their experience.

(2) Being terminally cut off from their first/birth parents, children are not able to have that love as part of their growing sense of self. It is much harder for the child to feel

self-love when asking, "Why did my parents give me up?" if there is no ongoing experience of the first/birth parents positive feelings.

(3) Even when birth parents continue to suffer from emotional difficulties and substance abuse, connection of some kind can be healing.

As children mature, they can use their *actual experience* of their first/birth parents, even when disappointing, to make sense of why/how their first/birth parents couldn't take care of them. It would help to dispel the myths that often plague adopted children--such as, *I was a bad child*, or *my adoptive family/DSS/agency stole me*, or *my first/birth parents just didn't like me*, etc., etc. Such fantasies may severely impede or complicate the child's ability to work through the *actual* losses and grief. He/she does not have the benefit of dipping into the real relationship (whether in person or through correspondence), so that the actual love and the actual disappointment can be integrated, over and over again. It is painful for a child to grow into awareness about what his/her first/birth parents couldn't provide. However, the exposure to what is real will help children live authentically in their own lives. Establishing an overall formulation that holds all of the pieces of their shattered stories, is essential to their forming an integrated identity.

Certainly, there are rare circumstances where in-person contact or correspondence is not in a child's best interest. When a child has been maliciously or severely abused, for example, it could be seriously traumatizing to expose a child in any way to that perpetrator. That should not preclude contact with other genetic relatives. Each situation needs to be carefully and individually assessed. Any ongoing "openness" needs to fit the people who are in those relationships. You cannot mandate or legislate a relationship.

The prospect of Pavao's "non-terminational" approach may seem unsettling and potentially destabilizing to some adoptive parents and professionals and even to some birth/first parents, who wish to protect their children and to establish boundaries around their families that are secure and clear.

We need to develop, and make available, the most clinically supportive environments for adoptive children and their families, that reflect the changing face of adoption; environments that allow children and parents (by birth and by adoption) to explore their connections and their losses out in the open and in an ongoing fashion.

***Addendum:* This paper was written in 1986 and redone in 1995. The very sad thing is that although things have changed somewhat, and although we know have open adoption agreements in some states that provide legal framework for connection, there is still a lack of understanding and commitment to the importance of integrating the past with the present in order for us all to have a true and just future.**