



STUDY MATERIAL

Education that Adds Value to Life!

<https://www.prenatalsciences.org> email: info@cosmoanelixis.gr



ADOPTION AND PRENATAL LIFE

an EmpowerLife workshop

Prenatal Sciences, Human-Rights-Based Community Workers Training Program
in Greece – February, 2025

Michael Trout

www.infant-parent.com – mtrout@infant-parent.com

ABSTRACT

Child welfare policy has always counted on the myth that relinquishing a child to adoption is psychologically innocuous. The birth mother cooperates by “forgetting all about it” (or so we imagined). The unborn baby cooperates (or so we imagined) by having no response at all to lying inside a person who knows what she has to do but is pretending there will be no grief related to doing it. Maybe the child begins life with loss, but he is too young to remember.

But a great body of literature has been emerging that suggests we had it wrong on all these counts. This workshop will consider not only the experience of the unborn child, but the several unconscious, defensive adaptations birth mothers may make to anticipated loss, and what impact these measures may have on the baby inside her. What does the baby then bring to the next relationship— with the adoptive parents—and how is that relationship affected, in ways often profoundly surprising to the second family?

PART I: Let’s begin with establishing why we’re bothering with this topic in the first place. Some may claim your interest is purely academic. It’s possible this is true. It’s also possible there’s more. And the reason for your pursuit of understanding on this topic will bear greatly on what you learn, what you resist, and how this time we spend together works out for you. So let’s just pretend, for a moment, that there’s more. Why does it matter, ACTUALLY, to each of us? In fairness, I’ll start, after which six registrants will each take a turn with their own testimony.

Michael Trout: www.infant-parent.com – mtrout@infant-parent.com



STUDY MATERIAL

Education that Adds Value to Life!

<https://www.prenatalsciences.org> email: info@cosmoanelixis.gr



WHY THIS MATTERS TO ME

Michael Trout

I've always been drawn to adoption,
and to adoptees,
and to all matters related to where we come from
and where we're going.
I don't know why.

Wait.
Yes, I do.

Could it have something to do with Grandpa,
who might have been my Dad
(because of what he was doing to my Mom about that time)?
Only he isn't (my dad, that is).

I know because when I was 50 the man I always believed to be my father
came to my little midwestern town to help me (and him) find out,
one way or the other.

So two old duffers sat in a lab where (according to the giggling nurses)
mostly teenage boys come because someone is trying to pin something on them.

They took a Polaroid,
and then our blood.

Supposedly, they sent that blood far away to be contemplated by white-coated folks
who knew nothing of the story.

(We think the nurses actually just took the Polaroid to the back room of the lab,
where they laughed some more,
and all the staff compared our noses and made their own guesses
about whether we were,
or we were not,
actually related.)

Weeks later, a nondescript enveloped arrived,
and our connection was affirmed.
How can I possibly acknowledge

Michael Trout: www.infant-parent.com – mtrout@infant-parent.com



STUDY MATERIAL

Education that Adds Value to Life!

<https://www.prenatalsciences.org> email: info@cosmoanelixis.gr



that I was ever so slightly disappointed?
How can I speak the evil wish that I might be related
to a man who did horrible things to my mother,
but who seemed to love me hugely
and took me for far more walks
and told me far more stories
and whiled away far more hours with me in his big Adirondack chair
(the one that still sits in my front yard, lovingly restored by me each Spring,
now 47 years after his death)
than my actual father ever did?

Was this my introduction to the idea of adoption?

Or was it earlier,
when we all sat around Granny's kitchen table
(me, the unseen one, but the reason for this little gathering,
tucked away none-too-safely inside my too-young mother)
to have THE BIG TALK?

The one about whether I should stay or go.
About whether Mom should be shipped off to New York to get rid of this awful problem.

It was a black-and-white deal:
I would be awarded the right to live,
along with an everlasting responsibility for messing up everybody's life,
or I would be gotten rid of entirely.
Nobody was thinking adoption.
Maybe I wish they had been.

Or maybe it was 21 months later,
when my invisible sister (or was it a brother?)
was born from the union of my father and my mother's best friend.
And then she disappeared.
Or, more correctly,
she never quite appeared.
Not in OUR family, that is.
Not until, nearly a half-century later
when one of my brothers let the words slide from his lips about our OTHER sibling.
He didn't even remember how he knew, or when he found out.
But it struck him when I talked about how I always expect loss,
in 21-month cycles.

Michael Trout: www.infant-parent.com – mtrout@infant-parent.com



STUDY MATERIAL

Education that Adds Value to Life!

<https://www.prenatalsciences.org> email: info@cosmoanelixis.gr



**This lost brother (or sister) IS somewhere, but probably doesn't know
that he (or she) has a different father
than the one she probably grew up with.**

And a bunch of brothers and sisters.

**And a particular older brother who has, somehow,
been carrying the thought of her around for 78 years,
but has never had a name for the thought.**

Odd, isn't it, that his entire adult life has been about lost children?

**Or was it later, when I fell in love with someone who had once borne a child,
she could not keep?**

**When she and I had children,
she wanted them to never know of this part of her life that filled her with so much shame.**

**Of course, along with this not knowing,
they also didn't get to know their sister.**

**And so, now all grown up,
they know.**

(Actually, I think they always have.)

**They are afraid to go find her,
because their mother's eyes tell them not to.**

**So they wonder about her,
and sometimes they think they see her.**

**And one of them grew up to become a detective—
a special kind who sits in a van all day long,
looking out of darkened windows at people's secrets,
while filming them.**

**He says he is getting very good at finding things out
that are supposed to not be found out.**

**He is getting ready to look for her,
if I know my son.**

**So, which of these is it,
that drives my passion for knowing where we come from,
and the connections with where we're going?
That makes me want to know just how love works,
and how it co-exists with so much loss?**

**No, I'm not an adopted person.
But adoption metaphors have surrounded me**

Michael Trout: www.infant-parent.com – mtrout@infant-parent.com



STUDY MATERIAL

Education that Adds Value to Life!

<https://www.prenatalsciences.org> email: info@cosmoanelixis.gr



since before I was born.

Perhaps this is the case for many of us.

Which may explain our empathy,

AND our judgmental rage,

AND our openness,

AND our terror of openness,

AND our acts of adoption,

AND our acts of release.

As for me,

I hope mostly that what I've seen will serve not to close me up,

but to let me decipher,

just a little better every year,

the baby's cry,

in us all.

AND NOW YOUR STORIES (4 minutes for each of 6 registrants)

(41" to this point, if on schedule)

OPTIONAL MEDITATION: "Gentle Transitions" (10") (DVD)

PART II: Is there clinical and developmental significance for the unborn child, when mother plans to relinquish for adoption?

There may be many ways babies and grownups tell us about life in the uterus. We may be unable to draw hard lines linking certain prenatal experiences with specific behavioral outcomes. But we know that humans at every stage of development work at defending themselves from both physical and emotional danger, so evidence of such defenses is a good place to start.

A 50-year-old adopted woman came to me for treatment of depression, tho' she quickly added that she had been depressed all her life, so she didn't really know why she wanted to do something about it NOW. She carried herself like a tiny, bent-over (if not shriveled-up) woman, and had lived her life as you might suspect: no loves, no relationships, no babies, no joy.

Michael Trout: www.infant-parent.com – mtrout@infant-parent.com



In the process of trying to get to know her, she happened to mention her “special place”. It was a Box, she explained, and she would “go” there, mentally, whenever she felt afraid. It was small (she showed me with her hands), and there were no windows or doors. She couldn’t get out, but that was one of the benefits, since the dangers were all on the outside. As long as she was in there, she was OK.

It didn’t take long before I think it dawned on her that she might have been describing a womb. That didn’t seem to make any sense, however. What was it about a womb that would make her want to stay inside?

She had found her birthmother a dozen or so years earlier, and she now decided to dig her up again. She had questions. Her birthmom confirmed that she had been very young and very afraid when she discovered that she was pregnant. She knew she couldn’t keep this baby. But then she added something never before revealed: she had tried to abort, on her own, with a coat hanger.

The uterus in which Marilyn began life had actually been a place of hiding. Leaving it would have meant she had died. She needed to curl up in the corner, make no demands, be as small as she could. And that’s the way she lived her life for the next half-century. She was a very good girl, promising to make no trouble for anyone around her. The trade-off was acceptable: she would live a life of smallness. She would never really emerge from prenatal life. She never complained about anything, but she also never stopped being a small child, unable to either love or accept love, avoiding gaze, avoiding relationships (tho’ she did, predictably, become pregnant at exactly the same age her mom had. She aborted.)

Did she “remember” her birthmother’s affect? Did she “remember” the abortion attempt? Certainly not, if we insist on adult models of “memory”. But if we imagine the mind of a baby—including a prenaté—we can begin to appreciate how critical it often is to “remember,” in order to develop the means to survive. And we can begin to see all the ways children and grownups tell us about what they experienced. Marilyn showed anyone capable of “seeing” her



in a photograph taken in the delivery room. It was shown to Marilyn by her birthmother at the time of their first reunion, when Marilyn was 48. Marilyn saw, and was aghast. Her birthmother only saw her wide eyes (which she thought made little Marilyn look cute), but Marilyn saw the terror and vigilance on her tiny face, at just a few minutes of age.

Part of Marilyn's healing came more than 50 years after the trauma in her mother's uterus, when she learned of the tale of her birth grandmother, a full-blooded Cherokee from Kentucky. Along with several other women—known later as the “Snowbird Cherokees”—she escaped the forced march along what came to be called, in America, the “Trail of Tears.” The government determined to drive this band of indigenous people out of their homes and onto a reservation in Oklahoma. Many died. One small group of women managed to escape into the hills, in the dead of winter, finding refuge in caves. As she told me the story, she paused, as if waiting to see if I noticed the parallel to her story of having sought refuge in her “Box”—her birthmother's uterus. The Snowbird Cherokees survived in these caves, thus assuring their place in the history of brave Native women.

Marilyn identified with this grandmother, a brave woman who escaped into a box in the hills she shared with other brave women, and then found her way to freedom. She began to sit taller and stand straighter in my office. She left her dead-end job, moved to a sunnier state, and fell in love. Every few years, she wrote to me, to see if I remembered her, and her story.

DISCUSSION

Marilyn's discovery of the meaning of her “Box”, and her identification with the story of her grandmother, offered coherence to her own story, her own narrative of Self. It turns out this is critical for all of us—not just those who are adopted. It's just that the challenge to find coherence in one's narrative is just greater for those who began life with loss, rejection, and chaos.



STUDY MATERIAL

Education that Adds Value to Life!

<https://www.prenatalsciences.org> email: info@cosmoanelixis.gr



One author reports, “...the central dilemma for the adopted child is the creation of a coherent family narrative” (Pivnick, p. 3). Yet the neurocognitive changes that often accompany early loss and trauma may result in inhibition of curiosity and difficulties with mourning—a real problem, this author suggests. “Since mourning requires remembering, adopted children are in insoluble trouble. How can they remember what they have never known?” (Pivnick, p. 4). What some adopted children *and* adults may be left with—in the absence of clear self-narratives, enriched by affects such as mourning—are disconnected or incoherent stories: “...the bits and pieces of experience that float like ghosts around the self, but are unavailable as self-sustaining stories” (Hurley, p. 51).

A birthmother had already decided to relinquish the baby inside her for adoption, and Judy and Jonathon—a childless, upper-middle class professional couple—were waiting in the wings. As Judy entered the birthmother’s room, at the hospital, Kendall’s birthmother—dispensing with the usual niceties—announced, “There’s the baby. What do you think of him? Do you want him?” Later, when speaking of four earlier infant losses, the birthmother commented, flatly, “This is what I do.”

In spite of hospital and adoption agency policy, Judy was allowed to take Kendall home right away, whereupon the birthmother fled from the hospital. When she could not be found, child welfare officials filed abandonment papers. It was three months before Judy and Jonathon were cleared to actually adopt. During that time, Kendall was not given a name, by parents who later acknowledged they were “holding back”, fearful that he might be taken from them. Kendall slept in a car seat on the dining room table for those three months. The parents remarked, “We didn’t even buy a crib. I didn’t want an empty crib”. I didn’t know exactly what they meant.

He emerged from those first three months of sleeping high on the dining room table as a kid perpetually terrified of falling. Once a crib was obtained, he refused to sleep in it, preferring the floor.

Later in childhood, he became a huge risk taker.



While Kendall achieved most expected developmental milestones in his early years, when I met him at age 5, he was only at the 10th percentile for height, and hovered near the zero percentile for weight (at 37 pounds). Judy and Jonathon described him as “always a challenging child”: explosive, impulsive, and resistant to touch. It seemed remarkable that mom observed that his goal, as he learned to crawl, seemed to be to get away from her. Tactile hypersensitivity was unrelenting; he would shriek when held in the ventral-ventral position, only quieting when held outward from mom.

Judy and Jonathon began to consult specialists (in developmental pediatrics, occupational therapy, psychology, pediatric neurology) when Kendall was 18 months of age, by which time they had concluded that *they* surely must be the cause of whatever his problems were. (This belief persisted until they adopted a second child, a girl, when Kendall was three. They were stunned when she presented as loving, cuddly, and connected.) Over the next 3 years, Kendall was diagnosed with Explosive Disorder and Obsessive-Compulsive Disorder, with overlays of sensory integration problems and what was described as “functional Asperger’s.” He was placed on a variety of medications, including Risperdal (an antipsychotic) and Paxil (an antidepressant).

What had we all missed? Who was this baby, on the day of his birth, as Judy prepared to take him home? How had he been affected by gestating in a uterus that had been the site of so much loss, so much rejection? What did it mean to him to look into the eyes of his first mother, who was so withdrawn that she would speak of her newborn this way: “There’s the baby. Do you want him?”

When I was consulted at his age 5, I became convinced that Kendall’s prenatal life had been anything but innocuous. I came to believe that he “remembered” what that uterus was like, what his birthmother’s intentions toward him were, how she viewed him on the day of his birth. It haunted him. Indeed, one day he played it out. He was five, and I was there for a home visit. Both Kendall and his younger, adoptive sister were playing on the floor, when Kendall crawled over to his mom—who was perched on a footstool, with her legs slightly splayed—and moved between her legs, face down. He began to rock back and forth in a



motion that pushed his head into and out of the area between her legs. And then he spoke: “Get away. Get away!”, whereupon he jumped up and threw a male Lego figure across the room.

And then I learned of another tidbit of information about the incoherent story of this child. It turns out that he was not the first baby boy with this name in his adoptive parents’ lives. There had been another. His birthmom named that other little boy “Kendall”. She intended to relinquish him to Judy and Jonathon but, at the last minute, she changed her mind. At the very least, I now understood why Judy and Jonathon had withheld naming—and finding a crib for—the child we were now trying to understand. They barely had a chance to grieve the first “Kendall”. The thoughtless agency called them within a few days, offering them a replacement child. They agreed. When Judy brought him home from the hospital, she planted him atop the dining room table.

Of all unlikely things, the family experienced yet another adoption reversal. When Kendall was 2-1/2, they made arrangements for the open adoption of “Laura”, met the birthmom, waited for her birth, and brought her home. Then they got “the dreaded call”, after this first “Laura” had been with them for several days. She went back. In the month of the third anniversary of the first adoption reversal—Kendall’s third birthday—a second “Laura” arrived.

Judy told me this story while both kids played on the floor. Kendall was five at the time; his sister was 2. She spoke of how devastated Kendall was about the reversal, saying little about her own feelings. It took Kendall to announce how mom was, when they lost the first “Laura.” Without looking at either of us, he offered this testimony about his mom’s state of mind during those weeks after the first Laura was taken back: “She was gone for 40 days”, he said.

Needless to say, the room fell silent. Mom asked him who it was that left. He said, “You did.” Mom corrected him. She hadn’t gone anywhere, she asserted. But Kendall was quite sure of his memory, and repeated the testimony: “You were gone for 40 days”. I don’t think I’ve ever heard a child speak so eloquently about maternal grief. And I’m sure he wanted to let us both know that he never



forgot about his mom leaving him after the first Laura left. He was, indeed, “devastated”, but I suspect it was more about losing mom to 40 days of sorrow than it was about his losing his first almost-sister.

Over the next years, Kendall’s parents sent him to a psychologist, then another, then a social worker, homeopath, massage therapist and a host of counselors. They never stopped hoping someone would make him into the child they had hoped for, and Kendall never stopped resisting the thing he always wanted.

DISCUSSION

CASE #2: Is there clinical and developmental significance for the unborn, about-to-be-adopted child?

A half-dozen different diagnoses had already been appended to a four-year-old named Rudie. His parents reported, in our first session: “After all these exams and different doctors, they told us he was hyperactive. Well, duh! We already knew that, if by ADD or ADHD they mean he can’t sit still, doesn’t focus very well, is about a thousand times more active than we wish he were, and is always going to be the one at the center of any skirmish at a neighborhood birthday party. But what does this tell us to do? And, anyway, we want to know: What’s the matter, really?!” Rudie was gorgeous, funny, and utterly draining. He never stopped talking, moving, climbing.

They described the litany of intervention efforts, drugs, diets, and strategies that had been tried. Half-humorously, I asked what they thought propelled him. We all had a laugh at the imagery of his being jet-propelled up and down walls, at which point I asked whether they ever imagined his having business to do. Was he looking for something? Was he running *to* something, or *from* something, or did they think his running was random, meaningless? I was surprised at the sensitivity of their response. They acknowledged that it all *seemed* random; mostly, they just wanted him to stop. But my question seemed to give them pause. Perhaps he *wasn’t* merely trying to drive them batty.

Michael Trout: www.infant-parent.com – mtrout@infant-parent.com

Perhaps he *was* after something. Perhaps the thing that had been missed, before, was the possibility that his behavior had meaning.

And then dad proposed, out of the blue: “I think he’s looking for his story.”

Everything stopped for a moment. We were all a little spellbound not only by the idea, but by the intrusion it made into the typical ways his behavior had been thought about, until that moment.

We reviewed Rudie’s story—or the fragments of it we knew. He had been taken from his methamphetamine-using mother at birth. Drugs were in his system, at birth, but medical experts dismissed the role such prenatal drug exposure played in his current activity level, four years later.

I wondered with these parents whether we could figure out any more of his story, in spite of how little we knew of it. I asked if that ever frustrated them. “Oh, my. Are you kidding? We hate it. We hate not knowing where he’s been, or what happened to him. We hate that we haven’t a prayer of finding a thread of continuity through his life experience. Nothing makes sense.”

Again, it got quiet. It wasn’t really necessary for me to point out what had already probably dawned on them, if I read their faces right: If *they* had such feelings of frustration and confusion about Rudie’s life history, what must it be like to be Rudie? What must it be like to not know your own story, or to have bits and pieces of yourself littered incoherently all over the landscape?

That’s when they got interested in trying to put together a story for him. I coached that we shouldn’t make things up. But could there be other ways to try and fill in the gaps, in a quest to help Rudie find a story, to find coherence? I suggested using the stem, “If we had been there.” They would tell as much as they knew regarding a certain phase of his life, and then add what they might have done, had they been there, at the time (May, J., 2005). Since it would be a fantasy, it certainly wouldn’t help with the missing factual, historical parts. But coherence in one’s own narrative is not just about having all the facts; after all, with a typically-developing birth child in an intact, well-integrated family, there

will be six versions of what happened. Maybe we didn't *have* to have all the facts to start building a story that could, just possibly, have meaning for Rudie.

We practiced together during one session without Rudie, and then had him join us for the next session. At my instruction, he lay with his head on one parent's lap, and his feet on the other. I covered him with a weighted blanket. (The parents thought I was delirious when I proposed this, in advance. He couldn't sit still long enough to learn to tie his shoes! How could I expect him to lie down on his parents' laps? If he did, he certainly wouldn't stay there. And there was no way he would let me then cover him with a weighted blanket.)

I saw their point. Yet he did lie down, and he did stay there, and he did let me cover him with that blanket. I was pretty sure he would. That's how much I think he wanted to be there, in just this position, to hear what they were going to say. (They had told him, before arriving at my office on this day, only that they had a story to tell him, about himself, and "the doctor" would help them.)

And so, one morning, against all odds, they began. I had not written the script. They did that on their own.

This is the story they told their little boy. It took about eight minutes.

We know that the place where you grew up, for the first nine months of your life, while you were still inside your first mom, was a confusing place. It may have gotten loud, sometimes. We think your mom didn't know too much about resting, even though she needed it, and you needed it. She was putting things in herself that made her mind race, and made her body race, and may have even made you race. You were too young to race.

We think she needed someone to come cook for her, so she could put better things in her tummy. I wish we had been there, because we know a lot about cooking, and it would have been nice to help her, and to help you. We would have come to the house and said to your mom, "Oh, sweet mamma. You won't need to put this stuff in your body anymore,



STUDY MATERIAL

Education that Adds Value to Life!

<https://www.prenatalsciences.org> email: info@cosmoanelixis.gr



because we're going to come here every day and make scrumptious stuff for you to eat. It will smell good, and look good, and it will help you.

We would probably have held her hand while we were telling her all of this. And in that way, we would have sort of been holding your hand, as well. We would also have given her lots of love, to help take her mind off drugs. And we would have fed her every day, even if we had to actually feed her, like with a spoon!

There was a pause in the story. Rudie was very quiet. I suspect these parents didn't quite know what to do with a child so quiet. Rudie broke the silence with a soft-spoken question:

Did the bad stuff she put inside her get inside MY tummy?

One parent was choking back tears, by now. Rudie went on to ask if the bad stuff made his birthmother's tummy hurt. Then he said that *his* tummy sort of hurt, and he brought his hand to his abdomen, under the blanket. He asked if the bad stuff stayed in him.

And then the zinger:

Is that what makes me feel frazzled?

None of the three grownups could believe our ears. Had he—in these few moments of storytelling—already started putting together a narrative about his life (all four years and 9 months of it) that was starting to make sense to him? Did he just come up with a working model for what ADHD feels like?

But it was the look on these parents' faces that really grabbed my attention. They had already known all about the methamphetamines his mother ingested; indeed, they had probably wondered about role played by her drug-taking before and during her pregnancy in Rudie's his inaccessibility and his lunacy-making and intervention-busting behavior as an infant and toddler. But something seemed to come together for them, in this moment. I think they

were surprised to hear how much empathy for both Rudie and his first mother had come out of their own mouths. They imagined him inside that chaotic, lonely, desperate, loud uterus. Their hearts went out to him. They began to wonder if, in his case, “hyperactivity” was just a word that stood as a placeholder for “Bugs are in me. Help me! I can’t think straight. I need you. Come closer. Go away. I’m going to run now. Help me...”

So trying to tell Rudie his story turned out to open *them* up to that very story.

Rudie had found his story, and it might now help him understand why his body worked the way it did. He felt less alone, because he knew his parents “got it”.

As it happens, Rudie’s life of placement failures ended on the day his body remembered, his moms saw, and they all took in their new, shared narrative. It calmed him *way* down.

DISCUSSION

PART II: Is there clinical significance to be found in a birthmother’s mental and emotional work during her pregnancy, and at her child’s birth?

She knows loss is coming. She anticipates grief, and measures her own ability to stand it. Another birthmom said, when interviewed, “The entire time I was pregnant, I actually separated myself from [him]...The nurse was standing in the doorway holding this baby and I screamed at her, ‘Get that baby out of here.’ That’s a hard, hard memory—that I rejected him. They never brought him back again” (Fessler, p. 121).

Complicating a first mother’s ability to manage her very natural grief is the fact that she may be sitting with her feelings very much alone. First mothers are likely to be surrounded by others who will stand by them in their decision to relinquish, but unlikely to stand by them in the grief set in motion by that very decision. There are few rituals for mourning the relinquished child, either before birth or in the years that follow. As one author puts it, “At the



death of an infant, there is a funeral, and people are sympathetic and empathetic. All religions have rites of passage to mourn the loss of a child when it is through death, and the mourning is a shared experience. But there are no rites that accompany the placement of a child” (Pavao, p. 12).

For some first mothers, then, all roads lead either to denial or to dissociation. Dissociation promises to “save” the mother from being overwhelmed by what is happening. She won’t have to feel it. The hope of her unconscious: that it will pass, and she will barely know any of it occurred.

Birthmothers often defend against their shame and their anticipated loss by pretending they feel nothing. One mom, interviewed by Ann Fessler for her book, *The Girls Who Went Away*, said: “People have asked me how I got through it, and I say, ‘I turned myself into a stone’” (Fessler, p. 103).

Picture a human infant trying to develop inside a stone.

By this point in our little study together, there can be little doubt. As one researcher asked, “How could a woman ever be expected to forget a baby she had carried for nine months? What would it take to ‘move on’ from the experience...” (Glaser, p. 4)? It’s naïve to assume that birthmothers pay little attention to what is happening inside, and that they have no psychological response to it. And we now know enough about the mental life of prenatals to realize without question that the baby will respond to what birthmother is experiencing. We might conclude from these three cases that early versions of primitive working models of self and others are created *in utero*. These models are still subject to alteration by the subsequent experiences of the baby, the child, even the grownup. But the primitive defenses that are created at this early stage of life can be tough to unseat—as most foster parents, and many adoptive parents, can attest.

While few first mothers mean to communicate rejection, that may be exactly what is felt by their unborns, who often set about to expect this feeling in other relationships, and then to work vigorously to defend against them. Why else



would a foster child pretend to not care when his foster parents leave on a trip, then fail to acknowledge their return, and then defecate in front of their bedroom door every night for the next two weeks?

DISCUSSION

PART III: Is there clinical significance to the parent who plans to adopt, including restrained responses to the dissociated baby, or transferences relative to earlier experiences of impotence/unimportance, or reservations about attachment?

There's little doubt that trying to establish bonds with an emotionally withdrawn and inaccessible newborn is challenging for any adoptive parent. It's easier for some. For example, a secure/autonomous adoptive parent, whose state of mind about attachment leans in the direction of an independently coherent narrative and strong valuing of attachment (Steele, M., et al, 2007) might be less prone to personalize her new baby's affectlessness, and less likely to interpret it as "rejection."

But, as one adoptive mom put it: "It's like he goes into the cellar of our family, digs up everything vulnerable about us—especially me—and figures out how to skewer me with it." This mother could have been a great match with a baby who rewarded her with hugs and affirmation. But she began to see the one she actually got—who was hard to please, easily agitated, and untrusting—as her enemy, out to discover and exploit her every maternal weakness. As mom pulled away, in defense, her adopted child read her behavior as confirming what her primitive internal working model was already suggesting: she was going to be left and alone again. She was unlovable and her attachment figure was rejecting and hostile (Liotti, p. 199).

Think of what Kendall's mother faced.

Think of what Marilyn's mother faced.



STUDY MATERIAL

Education that Adds Value to Life!

<https://www.prenatalsciences.org> email: info@cosmoanelixis.gr



DISCUSSION

PART IV: What can be done to help, all along the way?

The question now seems obvious and poignant: “How is a mother’s—both the first mother’s and the adoptive mother’s—state of mind in relation to attachment transmitted...to [her] child?” (Slade, et al, 2005, p. 283). Can we interrupt that state of mind? Can we influence it?

At the most practical and immediate level: Can we support the very connections between first mother and her baby that she may, in self-defense, wish to avoid? Can we help her move toward her baby, even in the face of her knowing she will soon be moving away from that same baby? Can we support her saying, “Hello”, while also offering our support for the grief that will be part and parcel of her saying, “Goodbye”? In the process, can we open the way to a new prenatal life for babies headed for adoption? Finally, can we open the way to a new postnatal life with the adoptive family—one marked by readiness for attachment, on both sides?

OPTIONAL MEDITATION: “What Were We Thinking?” (5”) (CD)

DISCUSSION: What ideas come to you that might support a first mother’s engagement with her baby, thus preventing some of the outcomes noted in this workshop?

- Prenatal Bonding (BA)? (Goertz-Schroth, 2023; Schroth, 2010) (Go into some detail, as time allows.)
- Talking to babies? (Szejer, 2005) (“Oh, dear heart. I know I haven’t been paying much attention to you, and I can imagine you’re feeling pretty alone. I’m planning to give you to someone else who can do a better job raising you, after you’re born. Right now, tho’, you need me, so I’m going to step up. I pledge to you that, in the meantime, I’ll stop being so vacant,

Michael Trout: www.infant-parent.com – mtrout@infant-parent.com



STUDY MATERIAL

Education that Adds Value to Life!

<https://www.prenatalsciences.org> email: info@cosmoanelixis.gr



- so 'gone'. I claim you as my baby. I'm going to be here, as your mother, until I have to let you go." (Trout)
- Routine use of the AAI with adoptive parents? ("...mothers who were able to coherently describe their own childhood attachment experiences were more likely to be able to make sense of their children's behavior" (Slade, et al, 2005, p. 296; also Steele, M. et al, 2007 and 2010).
 - Modeling use of meditations for adoptive parents (for example: "We Are Strong" or "What Were We Thinking?", from Trout, M. (2008). *The Hope-Filled Parent: Meditations for Foster and Adoptive Children Who Have Been Harmed*. (CD) Champaign, IL: The Infant-Parent Institute. (Available in audiobook and print formats from The Knowledge Center at Chaddock, www.tkcchaddock.org.) or for adoptive parents of children who have been wounded ("Is Anyone in There: Adopting a Wounded Child" (DVD) Champaign, IL: The Infant-Parent Institute. (Available from The Knowledge Center at Chaddock, www.tkcchaddock.org.) or representing the voice of the adopted infant ("Gentle Transitions: A Newborn's Point of View About Adoption" (DVD) Champaign, IL: The Infant-Parent Institute. (Available from The Knowledge Center at Chaddock, www.tkcchaddock.org.), or representing the voice of the infant who has experienced multiple placements ("Multiple Transitions: A Young Child's Point of View on Foster Care and Adoption" (DVD) Champaign, IL: The Infant-Parent Institute. (Available from The Knowledge Center at Chaddock, www.tkcchaddock.org.)
 - Transition rituals? (Perhaps including meditations, handover rituals, use of poetry, shared wonderment about the infant's voice, designed to increase empathy on the part of all.) An example of a meditation led by the imaginary voice of the unborn child:

HOW ABOUT A MEETING?

Does anyone know what is to become of me?

Michael Trout: www.infant-parent.com – mtrout@infant-parent.com



I have this eerie sense that I'm not going to be staying with the mom whose insides I occupy at this very minute, yet no one is telling me about it.

Does it seem right to you that all these plans are being made about me, but no one is telling ME about any of it?

I guess you don't have to give me a reason.

Probably I wouldn't understand the reason, anyway.

But surprises are sort of a big deal when you're not even born yet, and when you have exactly zero control over anything, and when your voice doesn't work, and when your voice doesn't count, anyway.

So how about a meeting?

I know I won't have a vote, and I know you don't have to ask my opinion, or even listen to me at all.

But at a meeting you would at least have to acknowledge that I'm present.

I think that might make a difference, for you.

I'm almost sure it would make a difference for me.

...Trout, M., 2023



STUDY MATERIAL

Education that Adds Value to Life!

<https://www.prenatalsciences.org> email: info@cosmoanelixis.gr



REFERENCES

- Ainsworth, M., Blehar, M., Waters, E. and Wall, S. (1978). *Patterns of attachment: A psychological study of the Strange Situation*. New Jersey: Erlbaum.
- Benoit, D. and Parker, K. (1994). Stability and transmission of attachment across three generations. *Child Development*, 65, 1444-1456.
- Carlson, E. and Sroufe, L. (1995). Contribution of attachment theory to developmental psychopathology. In D. Cicchetti and D. Cohen (Eds.), *Developmental psychopathology*. New York: Wiley, 581-617.
- Condon, J. (1986). Psychological disability in women who relinquish a baby for adoption. *The Medical Journal of Australia*, (144), 117-119.
- DiPietro, J. (2010). Psychological and psychophysiological considerations regarding the maternal-fetal relationship. *Infant and Child Development*, 19:27-39.
- Dutra, L.; Bioanchi, I.; Diegel, D. and Lyons-Ruth, K. (2009). The Relational Context of Dissociative Phenomena. In Dell, P. and O'Neil, J. (Eds.). *Dissociation and the dissociative disorders: DSM V and beyond*. New York: Routledge, 83-92.
- Evertz, K., Janus, L, & Linder, R. (Eds.) (2021). *Handbook of prenatal and perinatal psychology: integrating research and practice*. Cham, Switzerland: Springer.
- Fessler, A. (2006). *The girls who went away*. London: Penguin Books.
- Fonagy, P., Steele, M. and Steele, H. (1991). Maternal representations of attachment during pregnancy predict the organization of infant-mother attachment at one year of age. *Child Development*, 62. 891-905.
- Fulton, J., Mastergeorge, A., Steele, J. and Hansen, R. (2012). Maternal perceptions of the infant: Relationship to maternal self-efficacy during the first six weeks, postpartum. *Infant Mental Health Journal*, (33), 329-338.
- Gaensbauer, T. (2004). Telling their stories: Representation and reenactment of traumatic experiences occurring in the first year of life. *Zero to Three*, 24 (5), 25-31.
- Glaser, G. (2021). *American baby: A mother, a child, and the shadow history of adoption*. New York: Viking.
- Goertz-Schroth, A., Schroth, G. and Phillips. R. (Spring, 2023). Prenatal Bonding (BA) as a breakthrough in improving pregnancy, birth, and postpartum outcomes. *Journal of Prenatal and Perinatal Psychology and Health*, 37(1), 6-27.
- Grienenberger, J.; Kelly, K and Slade, A. (2005). Maternal reflective functioning, mother-infant affective communication, and infant attachment: Exploring the link between mental states and observed caregiving behavior in the intergenerational transmission of attachment. *Attachment and Human Development*, 7(3), 299-311.
- Hidas, G. (1997). Sandor Ferenczi, the unwelcome child and the death instinct.

Michael Trout: www.infant-parent.com – mtrout@infant-parent.com



STUDY MATERIAL

Education that Adds Value to Life!

<https://www.prenatalsciences.org> email: info@cosmoanelixis.gr



- International Journal of Prenatal Psychology and Medicine*, 9(2), 155-163.
- Hidas, G. and Raffai, J. (2006). Umbilical cord of the soul: Psychoanalytically oriented requirement of the prenatal bond between mother and baby (Nora Katschnig, Trans.). Gießen, Germany: Psychosozial GbR.
- Hurley, D. (2006). Internalized other interviewing of children exposed to violence. *Journal of Systemic Therapies*, 25(2), 50-63.
- Kandel, E. (2006). *In search of memory: The emergence of a new science of mind*. New York: W.W. Norton.
- Leon, I. (1990). *When a baby dies*. New Haven: Yale University Press.
- Liotti, G. (1992), Disorganized, Disoriented Attachment in the Etiology of the Dissociative Disorders. *Dissociation*, V(4), 196-204.
- Main, M. (1981a). Avoidance in the service of attachment. In K. Immelmann, G. Barlow, L. Petrinoitch and M. Main (Eds.), *Behavioral development: The Bielefeld interdisciplinary project*. Cambridge: Cambridge University Press, 651-693.
- Main, M. and Cassidy, J. (1981b). Security in infancy, childhood, and adulthood: A move to the level of representation. In I. Bretherton and E. Waters (Eds.), *Monographs from the Society for Research in Child Development*.
- Maret, S. (1997). *The prenatal person: Frank Lake's maternal-fetal distress syndrome*. Lanham, MD: University Press of America.
- May, J. (July, 2005). Family attachment narrative therapy: Healing the experience of early childhood maltreatment. *Journal of Marital and Family Therapy*, 31(3), 221-237.
- O'Leary, J. and Warland, J. (2016). *Meeting the needs of parents pregnant and parenting after perinatal loss*. New York: Routledge.
- Paul, A. (2010). *Origins: How the nine months before birth shape the rest of our lives*. New York: Free Press.
- Pavao, J. (1998). *The family of adoption*. Boston, Beacon Press.
- Pivnick, B. (2010). Left without a word: Learning rhythms, rhymes, and reasons in adoption. *Psychoanalytic Inquiry*, 30: 3-24.
- Raffai, J. (1995). Mother-child bonding analysis in the prenatal realm. *International Journal of Prenatal and Perinatal Psychology and Medicine*, 9(4), 407-415.
- Rusanen, E., Vierikko, E., Kojo, T., Lahikainen, A., Polkki, P. and Paavonen, E. (2021). Prenatal expectations and other psycho-social factors as risk factors of postnatal bonding disturbance. *Infant Mental Health Journal*, 42(5), 655-671.
- Rynearson, E. (1982). Relinquishment and its maternal complications: A preliminary study. *American Journal of Psychiatry*, (139), 338-340.
- Schaefer, C. (1991). *The other mother: A woman's love for the child she gave up for adoption*. New York: Soho Press.
- Schore, A. (2001). Minds in the making: Attachment, the self-organizing brain, and Michael Trout: www.infant-parent.com – mtrout@infant-parent.com



STUDY MATERIAL

Education that Adds Value to Life!

<https://www.prenatalsciences.org> email: info@cosmoanelixis.gr



- developmentally-oriented psychoanalytic psychotherapy. *British Journal of Psychotherapy*, 17(3), 299-328
- Schroth, G. (2010). Prenatal bonding (BA): A method for encountering the unborn. *Journal of Prenatal and Perinatal Psychology and Health*, 25(1), 3-15.
- Slade, A., Grienenberger, J., Bernbach, E., Levy, D. and Locker, A. (2005). Maternal reflective functioning, attachment, and the transmission gap: A preliminary study. *Attachment and Human Development*, 7(3), 283-298.
- Steele, M.; Henderson, K., Hodges, J., Kaniuk, J., Hillman, S. and Steele, H. (2007). In the best interests of the late-placed child: A report from the Attachment Representations and Adoption Outcome study. In Mayes, L., Fonagy, P. and Target, M. (Eds). *Development Science and Psychoanalysis: Integration and Innovation*. London: Karnac Books, 161-193.
- Steele, M.; Hodges, J.; Kaniuk, J. and Steele, H. (2010). Mental representation and change: Developing attachment relationships in an adoption context. *Psychoanalytic Inquiry*, 30: 25-40.
- Szejer, M. (2005). *Talking to babies: Healing with words on a maternity ward*. Boston: Beacon Press.
- Trout, M. (1995). "Multiple Transitions: A Young Child's Point of View on Foster Care and Adoption." (DVD) Champaign, IL: The Infant-Parent Institute. (Available from The Knowledge Center at Chaddock, www.tkchaddock.org.)
- Trout, M. (1997). "Gentle Transitions: A Newborn Baby's Point of View About Adoption." (DVD) Champaign, IL: The Infant-Parent Institute. (Available from The Knowledge Center at Chaddock, www.tkchaddock.org.)
- Trout, M. (2004). "Is Anyone in There? Adopting a Wounded Child." (DVD) Champaign, IL: The Infant-Parent Institute. (Available from The Knowledge Center at Chaddock, www.tkchaddock.org.)
- Trout, M. and Thomas, L. (2005). *The Jonathon Letters: One family's use of support as they took in, and fell in love with, a troubled child*. Champaign, IL: The Infant-Parent Institute. (Available in audiobook and print formats from The Knowledge Center at Chaddock, www.tkchaddock.org.)
- Trout, M. (2008). "The Hope-Filled Parent: Meditations for Foster and Adoptive Children Who Have Been Harmed." (CD) Champaign, IL: The Infant-Parent Institute. (Available from The Knowledge Center at Chaddock, www.tkchaddock.org.)
- Trout, M. (2021). Can internal working models begin in prenatal life? In Trout, M., *Four decades in infant mental health: This hallowed ground*. Newcastle-upon-Tyne: Cambridge Scholars, 148-156.
- Verny, T. R. & Weintraub, P. (2002). *Pre-parenting: nurturing your child from conception*. New York, NY: Simon & Schuster.

Michael Trout: www.infant-parent.com – mtrout@infant-parent.com



STUDY MATERIAL
Education that Adds Value to Life!
<https://www.prenatalsciences.org> email: info@cosmoanelixis.gr



PRENATAL
SCIENCES
RESEARCH
INSTITUTE
SOPHIA