

Clinical Child Psychology and Psychiatry

<http://ccp.sagepub.com/>

Contact and Truth: The Unfolding Predicament in Adoption and Fostering

Lorne Loxterkamp

Clin Child Psychol Psychiatry 2009 14: 423

DOI: 10.1177/1359104509104050

The online version of this article can be found at:

<http://ccp.sagepub.com/content/14/3/423>

Published by:



<http://www.sagepublications.com>

Additional services and information for *Clinical Child Psychology and Psychiatry* can be found at:

Email Alerts: <http://ccp.sagepub.com/cgi/alerts>

Subscriptions: <http://ccp.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

Citations: <http://ccp.sagepub.com/content/14/3/423.refs.html>

Contact and Truth: The Unfolding Predicament in Adoption and Fostering

LORNE LOXTERKAMP

North Devon CAMHS, Barnstaple, UK

ABSTRACT

It is now time to examine the crystallizing results of the social experiment of contact, direct and indirect, and to scrutinize the arguments supporting the predominant conviction that the benefits of regular contact are certain. Many adopted and fostered children who have suffered maltreatment at the hands of their birth parents have regular face-to-face meetings with them as well as routine communication in the form of cards or letters. It is commonly maintained that contact has to be beneficial because it is necessarily in the child's best interests in the long run, if not also immediately. But the predicament emerging from such cases of early maltreatment is that contact, the very thing that is meant to provide a remedy for harm, can itself be harmful and the likely cause of enduring emotional and psychological damage, even when it appears to be going well or well enough. Three recent cases seen in a clinical setting illustrate the experiences of children tormented by the effects of contact that is suffused with mendacity.

KEYWORDS

direct contact, open adoption, permanent placement, postadoption

ACKNOWLEDGEMENTS: I am grateful to the families who gave permission for me to use anonymized accounts of their experiences and case material. I benefited from comments on an earlier version of this article that I presented at a meeting of the South West Region Child Psychotherapists. I thank Nancy Cohn and Ingrid Loxterkamp for suggesting improvements. And I am indebted to Katherine Green for advice on each draft, but especially for the stimulating discussions of our therapeutic work with adopted and fostered children that helped shape this analysis. Responsibility for the defects that remain is mine.

LORNE LOXTERKAMP is Consultant Child and Adolescent Psychotherapist in North Devon Child and Adolescent Mental Health Service, Devon PCT, where he specializes in therapeutic work with adopted and fostered children. He is also Consultant Psychotherapist (Adult) in Tawside Mental Health Service, Devon Partnership Trust.

CONTACT: Lorne Loxterkamp, North Devon CAMHS, Health Centre, Vicarage Street, Barnstaple, EX32 7BH, UK. [E-mail: lorne.loxterkamp@nhs.net]

Clinical Child Psychology and Psychiatry Copyright © The Author(s), 2009.
Reprints and permissions: <http://www.sagepub.co.uk/journalsPermissions.nav>
Vol 14(3): 423–435. DOI: 10.1177/1359104509104050 <http://ccp.sagepub.com>

IT IS COMMON NOWADAYS for adopted and fostered children to meet, or to correspond with, their birth relatives according to a planned regularity. Openness about the child's history is the rule, and face-to-face contact the often much desired objective. But the more one looks at the substance of contact in individual cases the more one sees that 'openness' is often a misnomer, for that which is hidden is crucial. It is of the utmost importance for the short- and long-term adjustment of children in permanent placements as well as for their emotional and psychological wellbeing that we understand the effects of systematic concealment and misrepresentation on the lives of these children and their new families.

Writers and researchers on the subject of contact, while acknowledging exceptions, generally agree that contact in some form or other is beneficial for the child in the long run if not also immediately (Argent, 2002; Brodzinsky, Smith, & Brodzinsky, 1998; Macaskill, 2002; Neil & Howe, 2004; Selwyn, Frazer, & Wrighton, 2006). They report emphatically that many contact arrangements are successful, as there are many cases in which both adoptive and birth families work together to maintain regular contact for the child. However, they also report that there are cases where one side or the other (birth family or adoptive family) refuses to adhere to the contact order, if there was one, or later contact agreement. What is certain is that, as contact, both direct and indirect, is multifarious, it is difficult to arrive at firm conclusions. And, as the evidence is limited and inadequate, some researchers refuse to make general claims about the benefits of contact with birth families for children in permanent placements (McWhinnie, 1994; Quinton, Selwyn, Rushton, & Dance, 1999).

Now what I contend is that if we study closely the experiences of contact that certain adopted or fostered children have, it will become clear that we have missed a pivotal factor. What I try to show is that in cases where contact appears to be going well or well enough, there can be harm to the child, and that even in cases where there is concern about the child's reactions to contact the same kind of harm may not be identified (e.g. Smith & Logan, 2004). Of course there are cases where contact with the birth family is ill-advised, because of the likely risk of retraumatizing the child (Howe & Steele, 2004), but I am concerned with cases where the child has suffered maltreatment and contact is considered safe. The adopted children whom I consider later were the victims of maltreatment at the hands of their birth parents. When they were referred to a child and adolescent mental health service, the problems that brought them for help were significantly not problems related *prima facie* to their experience of contact. I discuss the contact that these adopted children have with birth parents or other adult birth relatives but suggest that my findings apply generally to the contact experienced by many adopted and fostered children.

Contact is a highly complex matter, especially difficult when the child continues to have a relationship with the birth parent guilty of abuse or neglect. And it must be appreciated that to arrive at balanced, well-considered decisions on contact in such cases makes near impossible demands on childcare professionals and substitute parents. Because of the irreducible complexity and the many uncertainties in this field mistakes in decision making and comprehension are inevitable. Indeed only after years of specializing in work with adopted and fostered children in a clinical setting did I begin to recognize how often I had previously failed to appreciate the subtle and far-reaching effects of contact.

First, I will set out the arguments for contact as a remedy. In the second section I will describe three recent cases, presenting the individual but not untypical experiences of contact for adopted children who have been compulsorily removed from birth parents. In the third section I will discuss how the promised remedy itself can be the cause of secondary harm.

Contact as remedy

To consider adoption and fostering is to consider experiences of harm. There is no doubt that it is a misfortune for a child to be raised by substitute carers. But to be placed for adoption or fostering is a misfortune that is intended to prevent a greater misfortune for the child, namely, the misfortune of staying with one birth parent or both, such as they are, or with certain birth relatives, or in an institution. Contact with the birth family is meant to assuage harm by minimizing the misfortune, and the often felt painful experience, of loss of birth parents and family.

Changes in social attitudes about illegitimacy and single parenthood have led to changes in adoption law and social work practice. As a result there is a smaller percentage of adopted and fostered children who have the sole – but of course complex – misfortune of being adopted or fostered at birth. But there are a significant number of adopted and fostered children who have the compound misfortune of having also suffered abuse or neglect in their early years. That is, there are many adopted and fostered children who have known their birth families for years before they are removed because of maltreatment.

The arguments usually given for the overriding importance of open adoption arise from the need to correct earlier mistakes. One mistake was to believe that raising a child in ignorance of its biological origins, or indeed cutting off all communication with the birth family, would simply effect a replacement of one family with another with nothing left over, nothing to make the adopted person ever feel bereft. The presumed benefits of open adoption for the child, benefits which require direct contact with the birth family to be fully realized, can be gathered under four headings: identity; attachment; loss and emotional well-being; prevention of later shocks. I spell out what are considered to be the main benefits of contact, which can be found outlined in Argent (2002), in Macaskill (2002) and in Neil and Howe (2004):

- *Identity*: The biological connection that the adopted person has with the birth family is unalterable. At the very least the child has a right to know about its genetic heritage. But knowing who one is involves much more. As identity consists in a sense of belonging, so the adopted person has a complex identity problem – to identify with two families. To deprive the adopted person of enough about the birth parents and birth family to achieve a sense of belonging with them is to deprive the adopted person of what is necessary to become a well-rounded adult with a secure self-respect.
- *Attachment*: The later adopted child will inevitably have strong feelings about members of the birth family and longings to be with some or many of them. These longings will interfere with the forming of secure relationships with the adoptive parents and family. Regular contact – and the contact will be more effective if it includes face-to-face meetings – will help the child to have a realistic understanding of the birth parents. It will provide the best opportunity for the child to get an explanation for being looked after by substitute parents, and to resolve the difficulties with the birth parents. And so it will help the child to come to terms with the past and to make improved relationships with the new parents and family.
- *Loss and emotional well-being*: As every child should be raised by its birth parents, so the adopted or fostered child inevitably experiences a pervasive sense of loss. Contact in its various forms can ameliorate the loss by degrees, and regular face-to-face meetings are the most powerful means of reducing incrementally the painful feelings of loss. Moreover, the child who is in regular face-to-face contact will not have to feel rejected, for the birth parents or other family members will be able to demonstrate

that the child is still loved by them, certainly not rejected or abandoned – all important for the child's self-esteem.

- *Prevention of later shocks:* The child who has little or no information about the birth family will likely form inaccurate, often idealized, impressions of birth parents and other relatives. Many adopted persons search for the birth parents, often in late adolescence. This can be an unsatisfying and at times a very disturbing experience when the hopes of the adopted person are not reciprocated. The adopted person who has a sense of connection with the birth family, who has adequate knowledge of the birth family, who, ideally, has had regular contact, will be protected from suffering the effects of traumatic revelations.

These arguments for the value of openness with contact are compelling for many, but in fact they are vitiated, as we shall see, by the reality of the harm caused both to the child and to the substitute parent–child relationship. And such harm is the outcome of a major weakness in the arguments. Presenting the case for openness, David Brodzinsky (2005; echoed by Neil & Howe, 2004, p. 252) betrays the fault. He reveals the conviction that is implicit in the writings of those who avidly promote regular contact, a conviction that seems to underlie much professional social care practice. After remarking that today many adopted children have had

traumatic life experiences in the birth family . . . [including] prenatal exposure to drugs and alcohol, exposure to parental psychopathology, domestic violence, physical abuse, sexual abuse, and neglect as well as a host of other early adverse rearing experiences. (p. 164)

he goes on to say (in the same paragraph) that

Unless adoptive parents can find ways to help their children feel positive about their origins, these youngsters are likely to have more problems with self-esteem and identity. A family environment characterized by openness in communication and parental empathic attunement to their child's needs is much more likely to support positive self-esteem and healthy psychological adjustment than a family environment in which parents and children are uncomfortable in discussing sensitive adoption-related topics or where the child's background is portrayed in unnecessarily critical or demeaning ways. Parents must always remember that to feel worthy as a human being, their child needs to feel valued – even by the birth parents who did not want or could not care for them. (p. 164)

One cannot but agree that of course unnecessary criticism is unnecessary and should be eschewed. But is there not criticism that is necessary and well founded, balanced criticism that could be conveyed sensitively to a vulnerable child, a child perhaps in the grip of strong ambivalent feelings towards the birth parents, a child who therefore may need to have accurate and timely information?

Although Brodzinsky (2005) acknowledges that there are many adopted children who have suffered 'traumatic life experiences' at the hand of their birth parents, he characterizes the behaviour of birth parents in a palliating summary as amounting to mere not wanting, or not being able to care for, the child. And he implies that a child simply rejected by birth parents should be made to feel valued by them. But it is hard to think how this could be achieved with coherence – and therefore with integrity – because of the interrelation between wanting and valuing, and between rejecting and disliking. Worse still, how indeed could adoptive parents be expected to help a child feel genuinely valued by birth parents who inflicted severe neglect and abuse that warranted compulsory removal from them? Now this mistake is related to another.

What is seriously amiss with Brodzinsky's position is the apparent assumption that healthy, secure identity consists in positive regard. Certainly there is identity derived from associating oneself with that which is valued. But, equally, there is identity derived from dissociating oneself from that which is wrongheaded, objectionable, hateful, contemptible, reprehensible, or simply alien. There is identity derived from acceptance, but there is also identity derived from rejection: to form an identity is to accept this and to reject that. For example, if I belong to the set of people who are vegetarian then I do not belong to the set of people who eat meat, whose carnivorous behaviour I find indefensible; and if I have become vegetarian then as well as reviling the dominant group of meat-eaters I am bound to repudiate also my former meat-eating self. And if I become an atheist then my reformed identity involves an apostasy, an active rejection of that religious world which no longer makes sense, as well as a repudiation of what I used to be. In ordinary, healthy identity formation, therefore, to disown what (one believes) ought to be disowned is as important in forming a secure identity as it is to endorse that which (one believes) ought to be endorsed. Indeed the emotional turbulence of adolescence consists in the working-out, and the testing-out, of that which should be accepted as one's own and of that which should be rejected. Thus it is simplistic to maintain that identity is only positive, derived only from approval and acceptance, and that only the positive can inspire feeling good about oneself.

As these arguments for openness have been a major influence on social care practice, the concerns that remain seem to be largely practical. Researchers who are strong advocates of contact seem to believe that, while some difficulties are insurmountable, in the great majority of cases there can be successful contact if the arrangements are clear and agreed by both adoptive and birth families, if both adoptive and birth families maintain a cooperative relationship, and if the birth family accepts or comes to accept the adoption (Fratter, 1996). With regard to the children in her study Macaskill (2002, p.145) says: 'Despite the difficulties inherent in contact relationships, the majority of children were very eager for contact to happen'. She offers concluding, perhaps typical, advice:

[This] study illustrates that professionals need to proceed carefully and cautiously as they initiate and implement contact plans. This is especially true when children have emerged from difficult and complex family backgrounds. Safeguards need to be established in every contact to protect the short term and long term welfare of the children. Contact arrangements should never be vague with responsibility for their outworking left solely in the hands of the parties directly involved. Instead, clear and detailed plans need to be fully negotiated between professionals and all parties concerned. Written agreements enhance clarity and prevent misunderstandings. (p. 145)

This is unexceptionable advice as far as it goes. But difficulties can arise if there are shortcomings in seeing what the children should be protected from. Clear and detailed plans won't be adequate safeguards and written agreements won't prevent misunderstandings if there is unawareness of the significance of certain harmful aspects of contact. So let's examine what meaning contact has for the child. I use, as illustrations, three cases of the many I have seen in a clinical setting over the last few years; cases in which contact was not a presenting problem. What makes them representative is not the particular features of each case but rather the fact that they reveal the prevalent attitude to contact and how that attitude is manifested in current practice. I am interested more in what they have in common insofar as they instantiate ideas of contact than in what distinguishes them.

Three cases

Case 1

At age 8 Helen was referred to CAMHS because of persistently aggressive and defiant behaviour with her adoptive mother and extended family, and because of difficult behaviour at school, where she had alienated most of her peers. The adoptive mother was becoming fearful that her relationship with Helen could break down irretrievably and that the adoption was a mistake.

Helen is her birth mother's third child. The first child, who has decided to have no contact at all with any member of his birth family, was placed in permanent foster care before Helen was born. According to official records, this child showed the 'effects of opiate addiction' at birth. He also 'sustained injuries whilst in his mother's care', injuries that his mother 'acknowledged that she had caused'. The second child was also born 'withdrawing from opiate addiction' and died at 8 weeks. At birth Helen was treated in hospital for 6 weeks for 'drug withdrawal symptoms' and then placed in foster care for 6 months. She was then returned to the care of her mother and partner (who Helen wants to believe is her biological father but there is strong evidence from official records that he is not). Helen's younger brother, born 18 months later, is disabled and his disablement is believed to have been caused *in utero* by his mother's drug abuse.

Over the next 4 years Helen and her younger brother stayed with the birth mother and putative father (her brother's father) but experienced a number of foster placements before being permanently removed because the parents 'had returned to their chaotic drug use and there were reports of the children being left unattended and [of] incidents of domestic violence being witnessed by both children'. It seems that during this time the putative grandparents provided frequent but intermittent care for Helen and her brother.

Following their removal, the birth mother and putative father were granted regular face-to-face contact. As reported, they brought gifts and were attentive to the children during the visits. However, the birth mother gave Helen 'inaccurate information' and became 'verbally aggressive towards staff during supervised contact demonstrating her insensitivity to the children's needs and unawareness of the impact of her behaviour on the children's emotional well-being'. During this time Helen told the foster carers that her mum said that she could go home next week, and that her mum was poorly but would be better soon.

Helen was placed for adoption at age 7. Since then she has had twice-yearly contact with her younger brother who was adopted separately, and with the putative grandparents (despite the fact that they remain in regular contact with Helen's putative father and birth mother). Helen looks forward to each contact with the putative grandparents, enjoys the 2-to-3 hours meeting and eagerly opens the presents they bring. She presents no difficulties in relation to the contact meetings before or afterwards. There is also regular letterbox contact with her birth mother and putative father. Her life-story book contains a number of photographs of her birth mother and putative father at the contact centre as well as the explanation that they were too poorly to care for her. But the photographs belie the explanation.

Recently, in response to Helen's desperate wish to know whether her putative father was in fact her biological father, and also a wish to know her birth mother's hair colour and height, the adoptive mother helped Helen write to the birth mother via the existing letterbox arrangement with the adoption agency. After a 4-month wait – during which time the adoption agency repeatedly urged the birth mother to respond – Helen received a brief letter that answered none of her questions. The birth mother wrote only that she remembered reading stories to her and that she and her partner loved her, and had loving thoughts about her every day.

Although Helen was made anxious by the inexplicably long wait (her behaviour deteriorated), she didn't show disappointment over her birth mother's reply; and she

didn't appear pleased to receive confirmation of her love and caring thoughts. However, an ardent advocate of contact would be inclined to maintain that for Helen to read words of love from her birth mother must be good. And surely it must be good, many will say, that she continues to keep a link with the putative grandparents who provided some care for her in her early years. But, clearly, Helen is being deceived. Her birth mother's implying continuous love is, given the evidence, tantamount to a lie. What maternal love is compatible with knowing harm to the child *in utero*? What maternal care is the source of sustained neglect of a child for several years? The putative grandparents too want Helen to experience their generous love. But, as they apparently failed repeatedly to take appropriate action when it was needed, one has to ask, what love is it that colludes with cruelty?

Case 2

James was removed from his birth family and placed with foster carers when he was 4 1/2; a full care order was granted when he was 5. He was placed with adoptive parents at age 6. James was referred to CAMHS at age 10 because of his extremely controlling and aggressive behaviour. During the first 2 to 3 years of his adoptive placement his behaviour was manageable. However, in the last couple of years he has become so difficult that there are serious concerns whether the adoptive parents can carry on. While he appears to have a take-it-or-leave-it attitude to his adoptive father, he behaves in intensely ambivalent ways towards his adoptive mother, expressing his love for her one moment and becoming violent towards her the next.

In the birth family James was the third of four boys. The social services record states that his mother's long-term partner, the father of the first two sons, discovered that James was the product of mother's 'brief relationship' during one of their frequent separations, following yet another 'tempestuous' argument, but treated him as his own. His birth father 'played no part in James's life and his whereabouts are unknown'. When James was a year old, his older siblings' father left with the eldest boy; his birth mother became 'severely depressed' and James 'spent considerable periods being cared for by various relatives'. The birth mother 'found it difficult to bond with James' but their relationship became 'a very loving one'. When James was 15 months old his name was placed on the child protection register under the category of neglect. His mother 'found it difficult to place boundaries around the [children's] behaviour, to establish fixed routines for them, or to provide them with consistent and appropriate stimulation'. And there were 'particular concerns' about James who 'was very behind developmentally and completely out of his mother's control'. The two older boys went into foster placements.

The birth mother refused to give her consent to the adoption, being 'vehemently opposed to the removal of James from her care'. James spent 17 months in foster care and, during that time, he had regular supervised contact with his mother and brothers. The supervised contact has continued on an annual basis since he was placed with the adoptive parents.

The social worker's report states: 'There had been injuries to James as a result of inadequate supervision. The household was very chaotic, without routine or consistency, and household conditions were poor'. The injuries sustained by James from age 6 months to 4 years and 4 months numbered 17, including a fractured tibia; repeated bruising, caused by being hit (by his brothers only?) and accidents, such as falling from a window sill. The early contact was twice-weekly in order to assess his birth mother's 'ability to meet his needs for safety and consistency'. However, James was injured even during the contact visits 'as a result of his mother not adequately protecting him'. It goes on to say that James was 'developmentally delayed by 18 months in all areas' and that at 18 months his speech delay was such that he had 'no single words'.

The reason given to preserve direct contact was: 'James needs to be able to retain a sense of history and origin and to know that his birth family continues to care about him, even

if they are unable to care for him. Contact is for James's benefit, to promote his sense of identity, to limit ongoing experience of loss and rejection, and to provide him with a sense that both his birth and adoptive families love and are interested in his welfare'. (This statement on the value of contact seems to be the formula that may cloud judgment in individual cases. For in this case James will have to digest the fact that his birth mother and brothers were not interested in his welfare. The adoptive parents were told by the social worker that James had to be removed from the birth family because she feared that he would not survive to his next birthday.)

How does James feel about contact? His present experience of his birth mother in contact meetings must be 'positive', as many will say, because he gets excited about the contact meetings, shows no particular difficulty around them, and seems to enjoy the time completely. He protests that contact happens only once a year. He has admitted in an individual clinical appointment – but not to his adoptive parents – that he thinks about his birth mother every day. He longs to be with her and does not understand why he can't go back to her tomorrow or the day after. He believes that a terrible mistake was made, and that, if he had been fostered rather than adopted, he would have already returned to her, as in fact one of his older brothers has been after a foster placement breakdown. What explanation has he been given? He has been told more than once that his birth mother couldn't manage four children, and that she didn't look after him properly. But, as he could well retort, that was then, not now. Indeed in contact he experiences her as a mother who seems to be coping well enough to look after him. His predicament is clear. Does his birth mother convey to him her opposition to his being taken from her? Yes. Does she acknowledge that she failed him terribly as a mother, that she caused him long-lasting emotional and psychological damage through physical abuse and severe neglect? No. So how could his difficult, often violent behaviour towards the adoptive parents (and others) not be caused by the frustration of being refused the family which, he feels certain, is rightfully his?

Case 3

David was 6 at the time of the referral to CAMHS because he was prone to bouts of screaming when thwarted. His screaming used to occur almost every day and could often last up to a couple of hours. His adoptive mother, understandably, was finding it increasingly hard to contain punitive feelings towards him.

David was removed from his birth mother when he was 10 months old. His birth father left his mother when he was a month old because she resumed the relationship with her first husband. He started having contact with David when he was 11 months, and, as he wished to apply for a residence order, he was given the opportunity to demonstrate that he could look after David by having his care of David assessed in a residential placement. After this assessment ended in failure, David had three foster placements. At first he had daily contact with his birth mother, eventually reduced to monthly visits. David was finally placed for adoption when he was just 3.

Since being adopted David has continued to have supervised face-to-face contact with his birth mother every 6 months, but not with his birth father. His adoptive mother brings him to the meeting venue, exchanges greetings with the birth mother and collects him at the end of the 2-hour meeting. At each meeting the birth mother gives him a large bag of cheap or used toys (some are those that come with fast food meals), and hands over another large bag of similar gifts to be given to him on his birthday or at Christmas. David invariably looks forward to the meetings. He clearly enjoys the time spent with his birth mother, playing with the toys she has brought. And he shows no more difficulties than usual in the time leading up to the contact meetings or afterwards.

The adoptive mother was offered David by the adoption agency with the contact arrangement 'as part of the package', which she felt unable to question at the time. What

did the agency hope that David would gain from contact? If they hoped that David would form a positive attitude towards his birth mother, that he would develop a warm relationship with her, that he would regard her as having a continuing importance in his life, that he would see her as a nice person, a good person, and that he would feel wanted and loved by her, then their aims are being realized. David says that he loves his birth mother, and says nothing negative about her at all. However, not surprisingly, he is certainly able to show his negative feelings towards his adoptive mother. The episodes of screaming are extreme reactions to his being thwarted or corrected over having to follow the daily routine. It has become evident in the early stage of clinical work that when he screams he hates his adoptive mother and wants to be with his always nice, generous birth mother. How on the evidence of his experience could he think and feel otherwise about his birth mother?

His social worker, whom he had from the time of his removal from birth mother to age 6, wrote him a three-page letter summarizing events and the reasons for his placement, a letter to be given to him at some later date, a letter he has not yet seen. David already knows that he has two older half-siblings, now in their 20s. The letter reveals that they were removed permanently from their birth parents because the parents 'were found guilty of taking and distributing pornographic photographs and of sexually abusing their own children' and 'went to prison for four months'. (According to the social services chronology, they were sentenced to 8 months custody, but served only 4.) She goes on to say that his birth father left his birth mother as a result of her resuming the relationship with her first husband. As there were concerns and evidence – and supporting anonymous reports – that the infant David was being, or was at great risk of being, sexually abused, he was placed in foster care. His birth mother continued to associate with Schedule 1 offenders; indeed her current husband, her partner since David was 2, is such.

In light of the history what would the social worker like David to think about his birth father? She writes that the birth father, even with support of the staff in the care centre, caused bruising to David, did 'not keep an eye' on him, did not 'make sure that nappies were changed properly', and did 'not feed him properly'. So it was 'decided that it was not okay' for David to be with the birth father anymore, because the birth father 'wasn't able to cope'. She adds finally – giving what she evidently wishes him to keep as the final, summary opinion to have of his birth father – that his birth father 'felt really bad' about not being able to look after him, and says that she thinks he 'really struggled with looking after a small child on his own' and that his birth father 'loved him very much'. The social worker skips over the shocking neglect recorded in the official chronology. And she does not say – what is recorded there – that a week after David was found in his father's care with hands and face covered in faeces, when the birth father was 'not very concerned and rather aloof' about David's condition, the birth father formally requested that David be placed for adoption, stating that 'he did not want any future contact with David'. Can one be so sure that his birth father really loved him? Could a father who truly loved his child be responsible for such appalling neglect?

And what should David think and feel about his birth mother? The social worker doesn't reveal that his birth mother has moderate learning difficulties, but she does say that, whereas his birth father has not responded to the request to keep in touch with David, the birth mother has not failed to see him regularly, even during the time he was with his birth father. She says that the birth mother 'had been trying to get on with her life and always wanted [David] back in her care. She never missed a contact and always brought [David] birthday and Christmas presents'. However, the social worker adds, she met and married a man who had also been to prison 'because of hurting children, so it was not possible for [David] to live with them safely'.

The social worker, as it is plain to see, wants David to believe that his birth mother is loyal, caring and loving. And it would not be unreasonable to think that the birth mother

too would like David to think of her in exactly that way. Such remarks could also be taken as protective of, and perhaps unwittingly collusive with, the birth mother, who was convicted of sexual abuse of her own children and who has married yet another child abuser. But what does David now feel about his birth mother? He says that he doesn't know who to love best, birth mother or adopted mother. And the natural consequence of his rejecting behaviour is that the adoptive mother finds it hard to have loving feelings for him.

Secondary harm

In each of these cases it is clear that the children do want contact, especially face-to-face contact. Helen is delighted to see the putative grandparents. James can't wait to see his birth mother and brothers. David always looks forward to meeting his birth mother. But if the children don't object to what happens in contact meetings, the adoptive parents certainly have some complaints. Helen's adoptive mother has felt undermined by the putative grandparents' remark to Helen that she was missing out by having only a single adoptive parent. James's adoptive parents were alarmed to discover that his birth mother had told him at the last contact meeting that she would be waiting for him at the mainline train station to take him home with her when he turned 18. David's adoptive mother willingly stores the birth mother's gifts, but has concerns about his repeated experience of such apparent largesse. However, it is important to note that these adoptive parents thought that contact for their child was on balance a good thing. It is also highly likely that if these children had been formally canvassed by researchers they would have stated without equivocation that contact for them was a good thing, that they liked all of it and would not want it to be reduced.

In each of these cases, despite the apparently good contact experience, it is also clear that, as the child's difficulties have worsened with time, so the adoptive parent's relationship with the adopted child has been placed under enormous strain, threatening family stability. What could explain these increasing problems? Of course, as each of these family situations is complex, so the causal factors would be complex. For example, we could consider whether the matching of child with adoptive family was less than ideal, or whether the adopters' parenting capacity was sufficiently strong or informed; and we know that children whose emotional disturbance is a consequence of early abuse and neglect will often exhibit highly problematic behaviour in the most propitious environments. But, taking into account the acknowledged causal complexity, we still have to wonder whether an important factor has been missed. Could it be that apparently good contact is damaging? Indeed it seems that, even if the undesirable features of contact that warranted the adoptive parents' complaints had been prevented, the corrosive problem undermining these adoptive relationships would not have been touched. That is, we have to consider whether the overriding cause lies in the fact that the childcare professionals and the adoptive parents, despite any concerns about particular aspects of contact, are complying with the dominant view that the child's healthy adjustment is supported by encouraging 'a positive connection to the birth family' (Brodzinsky, 2005, p. 157), which itself encourages a certain kind of direct and indirect contact with birth parents.

So we need to think about how the dominant view influences contact. It is important to begin with what the children are told about their early experiences. One would be inclined to think that 'openness' should make certain that the adopted child is not only informed about the facts about the adoption as well as about his genealogy but also given the reasons for his removal from the birth family couched in age-appropriate words with

greater detail as the child matures. But, in my experience, what happens all too often is that essential information is withheld or glossed over by professionals and, following their advice, by substitute parents. One objective of this practice is to support contact by encouraging a favourable attitude towards birth parents, parents – we must keep clearly in mind – who are guilty of severe, sustained cruelty through abuse or neglect.

In cases of contact with birth parents following maltreatment, it seems, almost without exception, that each child's life-story book seriously misrepresents the child's history – I haven't yet come across one that doesn't. The account of the child's early years, containing sanitized explanations that attempt to excuse the birth parent ('she was poorly') or that attempt to minimize the injurious behaviour ('they loved you but didn't know how to look after a child'), falls well short of meeting the standards of truth. Moreover, the record of the child's life often contains photographs of birth parents and of the child and birth parents together. Because the photographs included are like all family photographs – perhaps intentionally so – that suggest happy family members being happy together, they are potentially deceptive objects, making an indelible impression on the child. In the cards and letters from the birth parents that are included in the life-story book or are received later via a letterbox arrangement, the birth parents usually profess their constant love for the birth child but are silent about their failings, and imply that they are not guilty of any wrongdoing that brought about the child's removal. The lies and falsifications are in the pictures as well as in the words.

Adoption without secrets is still in so many cases an adoption with secrets, secrets about the harm inflicted on the child by the birth parents (McWhinnie, 1994). As the child is expected to respond to the birth parents as if they made only minor mistakes, he is not helped to gain an accurate picture of the kind of people the birth parents are. And as the child's understanding of the world is developing, there is usually no corresponding imparting of more sophisticated information about the child's life with the birth parents. That is, the child, who is not in possession of the relevant facts, who has only a misleading description of the birth parents' behaviour, a critically incomplete or misrepresentative account of the harm suffered at their hands, is expected to form a worthwhile – or even loving – relationship with the people who inflicted injuries of abuse or neglect of such gravity that he had to be removed from them.

The firmly held belief that the effects of harm can be reduced by promoting a positive view of the character of the abusive or neglectful birth parent is ill-founded and serves another kind of harm. When applied to children who have suffered maltreatment at the hands of their birth parents, what Brodzinsky (2005, p. 164) recommends is as sentimental as it is misguided: 'Translating a child's adverse history into information that is supportive of positive self-esteem and psychological growth can be a challenging task for adoptive parents. It is clear that they need much more help from caseworkers and clinicians in achieving this goal'. On these terms direct and indirect contact amounts to propaganda, a manipulation of young minds.

Because the reasons given for the child's removal from them are weak, the child is tormented by the tantalizing evidence in the life-story book and by the even more tantalizing face-to-face contact. Being kept from seeing the birth parents frequently or being prevented from returning to them permanently makes no sense. The child who already has the innate longing to be with their family of origin will become preoccupied with the consuming but continually frustrated desire to return to the birth parents. And so the child is being harmed again.

With the above considerations in mind, we should return to the main arguments for the benefits of openness with contact:

- *Identity*: As I have argued, the adopted child does not need to accept two families; a secure identity for the adopted person is not necessarily dependent on owning both. Where the child has suffered severe cruelty at the hands of the birth parents, the healthier outcome may well be a considered estrangement from the birth family, culminating with repudiation. Indeed it is not uncommon to hear adopted people say about their birth families, 'They are nothing to me', 'They are not part of my life' or 'All I've got from them is my genes'. Being in possession of the detailed facts provides better grounds for determining the proper attitude towards the birth family, and therefore one's identity.
- *Attachment*: We know that regular contact, direct or indirect, with birth parents does not of itself give the child a realistic picture of the birth parents, nor does it offer the child an accurate explanation of the child's situation. What interferes most severely with the child's attachment to the new family and threatens the security of the child's placement is the kind of contact that portrays the grossly culpable birth parents as responsible for only minor failings or mistakes that do not explain why the child cannot immediately return to them.
- *Loss*: The loss of the good, nurturing parents the child should have had in his early years is unalterable. The assumption that regular contact with the birth family per se will somehow remedy that loss is misconceived. What the child needs most of all is help to come to terms with that loss and its causes, help to manage knowing and understanding the harrowing information that will explain (with greater sophistication as the child matures) why he had to be removed permanently from the birth family. Without this knowledge it is likely that the child will come to be injuriously convinced, for example, that he is blameworthy because he wasn't good enough for his birth parents, or that he is being prevented from returning to his birth parent for no good reason.
- *Prevention of future shocks*: Later trauma will not be prevented if the adopted person, who has experienced nothing but a falsifying contact with culpable birth parents, eventually discovers an accurate account of what he suffered at their hands. Becoming aware of the truth that has been protectively – but misguidedly – concealed by child care professionals and by adoptive or foster parents could not but be disturbing.

Conclusion

What is the point of openness in adoption and fostering if it doesn't require the commitment to give the child truthful information? What is the point of openness if the child isn't helped to gain timely knowledge and understanding of the painful reasons for being adopted or fostered following compulsory removal from birth parents? And what is the point of contact if it doesn't involve at a minimum the birth parents' acknowledgement of responsibility for harming the child? How could adopted and fostered children who have been maltreated by birth parents not be harmed again by contact that is awash with falsifications and lies? The very thing that is meant to reduce the effects of harm and to prevent further harm is instead a significant cause of harm to the child. The social experiment of contact for adopted and fostered children who have suffered abuse and neglect at the hands of their birth parents shows that the standard arguments for the benefits of contact when applied to cases of early maltreatment are flawed. They are flawed because there is a failure to acknowledge the centrality of truth. That is, for contact to have value in such cases it must be truth seeking, and for contact to avoid causing further harm to the child it must not take the form of ingratiating and falsifying communication in meetings or by means of gifts, cards or letters. It would be sensible to

conclude that contact can be a good thing only if the importance of truth is taken seriously, and bad when truth is denied. And what I want to bring to notice are the subtle ways that contact can be harmful when it suppresses truth.

What should be done? In cases in which a child has been compulsorily removed from birth parents because of maltreatment but has contact with them, current professional practice on life-story books, letterbox correspondence, gifts and face-to-face meetings must be fundamentally reformed so as to prevent more enduring emotional and psychological damage. It is essential that adoption and fostering specialists ensure that contact of whatever kind aims at the truth. And in every case of adoption and fostering that comes to a mental health clinician, the direct and indirect contact that has occurred and is occurring needs to be considered in detail. Therapeutic work with the child and substitute parents should involve a rigorous examination of mendacious contact in all its forms. We are therefore left with two large questions: (a) What contact arrangements, given the importance of truth, should be implemented for the child who has been compulsorily removed from birth parents?, and (b) What kind of therapeutic work for children who have, or have had, mendacious contact with birth parents will help them come to terms with their traumatic past? Beginning to answer these questions would take me beyond the scope of this article. My suggestions with regard to the latter question will be discussed elsewhere.

References

- Argent, H. (Ed.). (2002). *Staying connected: Managing contact arrangements in adoption*. London: BAAF.
- Brodzinsky, D. (2005). Reconceptualizing openness in adoption: Implications for theory, research, and practice. In Brodzinsky, D. & Palacios, J. (Eds.), *Psychological issues in adoption: Research and practice* (pp. 145–166). London: Praeger.
- Brodzinsky, D., Smith, D., & Brodzinsky, A. (1998). *Children's adjustment to adoption: Developmental and clinical issues*. London: SAGE.
- Fratter, J. (1996). *Adoption with contact: Implications for policy and practice*. London: BAAF.
- Howe, D., & Steele, M. (2004). Contact in cases in which children have been traumatically abused or neglected by their birth parents. In E. Neil & D. Howe (Eds.), *Contact in adoption and permanent foster care: Research, theory and practice* (pp. 203–223). London: BAAF.
- Macaskill, C. (2002). *Safe contact? Children in permanent placement and contact with their birth relatives*. Lyme Regis: Russell House.
- McWhinnie, A. (1994). The concept of 'open adoption': How valid is it? In A. McWhinnie & J. Smith (Eds.), *Current human dilemmas in adoption: The challenge for parents, practitioners and policy-makers* (pp. 7–31). Dundee: University of Dundee.
- Neil, E., & Howe, D. (Eds.). (2004). *Contact in adoption and permanent foster care: Research, theory and practice*. London: BAAF.
- Quinton, D., Selwyn, J., Rushton, A., & Dance, C. (1999). Contact between children placed away from home and their birth parents: Ryburn's 'Reanalysis' Analysed'. *Clinical Child Psychology and Psychiatry*, 4(4), 519–31.
- Selwyn, J., Frazer, L., & Wrighton, P. (2006). More than just a letter: Service user perspectives on one local authority's adoption postbox service. *Adoption & Fostering*, 30(2), 6–17.
- Smith, C., & Logan, J. (2004). *After adoption: Direct contact and relationships*. London: Routledge.