

What Is The Primal Wound?

Understanding mother-newborn separation

by Marcy Axness, Ph.D.

November is National Adoption Awareness month, so I'm taking the opportunity to empower adoptive parents with some insights they aren't likely to find just any old place! **This information also applies to parents of babies who are not adopted, but who have experienced being separated from their mothers at birth due to prematurity or other neonatal intensive care issues, a health crisis in the mother, or any other circumstances that led to postpartum separation.**

Throughout generations of routine obstetrical, hospital, and adoption practice in this country, the attitude has been, "Why would the separation from its mother affect a newborn baby?" But with the advent in the last twenty years of prenatal and perinatal research, we have astounding findings about what a fetus experiences in the womb, what a strong connection it has with the mother long before birth, and how intelligent, aware and *remembering* a newborn is. Researchers currently feel the more appropriate question to be, "Why *wouldn't* separation from the mother to whom he or she was connected for nine months affect an infant in fundamental ways?"

"Many doctors and psychologists now understand that bonding doesn't begin at birth, but is a continuum of physiological, psychological, and spiritual events which begin in utero and continue throughout the postnatal bonding period. When this natural evolution is interrupted by a postnatal separation from the biological mother, the resultant experience of abandonment and loss is indelibly imprinted upon the unconscious minds of these children, causing that which I call the 'primal wound'." So wrote Nancy Verrier in her landmark 1993 book, *The Primal Wound Understanding the Adopted Child*.

Rather than deeply question whether the experience of separation in adoption is traumatic, we as a society tend to believe that enough love and care can make everything right. But psychologists have taught us that the first stage of psychological growth includes the development of trust, as a foundation for secure relationships with others, and ourselves. Babies who are separated from the only connection they've ever known—their primordial biological and psychological matrix—have had their nascent sense of trust deeply violated.

Adoptees may unconsciously feel that it's too dangerous to love and be loved authentically and deeply; all of the love and care parents give them sometimes has a hard time "getting in" past the child's defenses against the hurt and abandonment that they are internally "hardwired" to expect. As Verrier says of her own relationship to her adopted daughter, "I discovered that it was easier for us to give her love than it was for her to accept it."

Varying degrees of trauma can occur under circumstances other than adoption, such as NICU stays for premature or ill babies—in which case the trauma of separation may be compounded by painful medical procedures, isolation, and harsh, invasive surroundings.

Separation wounds can also happen in the most "normal" of birth and postpartum circumstances. Like so many modern American moms giving birth to healthy, full-term babies in hospitals... and despite my best intentions (and the admonition of my very progressive pediatrician, to "not let them take your baby away from you!")... I found myself overpowered by the momentum of standard hospital protocols, which involve separating mother and baby for a variety of reasons, for various lengths of time. Not only did this have its effect on our son's developing trust, it also interrupted the unfolding of my own maternal instincts and identity, which was a dangerous thing given my risk profile for postpartum depression. (This is another column, I promise!)

The trauma of newborn separation is registered largely on the physical level, leaving the nervous system predisposed to getting stuck in survival mode: fight or flight, or freeze. In babies, these powerful feelings are thus *expressed* physically, through inconsolable crying (or the other extreme, virtually no crying at all), extreme startle responses, arching or stiffening at being held, "spacing out" or sleeping all the time, severe colic or other illness.

The primal sense of loss, abandonment and rage that results from the trauma of separation is overwhelming to a newborn, who hasn't yet developed an ego, much less ego defense mechanisms. Left unacknowledged and unaddressed, these unresolved nervous system patterns permeate the psychological and personality realms, and can manifest in such ways as hyper-controlling behavior ("the little tyrant") and intense emotional volatility, or the opposite, a superficially cheerful adaptiveness ("the pleaser").

Children often split themselves off from the injured parts of their psyche, and develop a functional, acceptable, “false self.” This concept of the false self is often the explanation behind what seems like “wonderful adjustment” on the part of an adoptee, or traumatized child who has responded to the deep fear of further abandonment or trauma by becoming compliant and adaptive to the needs and expectations of the parents or caregivers. But their grief and anger is simply buried in the unconscious, curdling their social and emotional lives.

However, all is not lost. Parents needn't feel hopeless in the face of these revelations. (Indeed, when faced with an inexplicably unsoothable baby... or, one who kind of “tunes out” and won't engage... a parent without these insights could understandably feel hopeless and helpless!) When parents are provided this understanding about the impact of these early experiences upon their child, it can be very liberating, and frees them to reach beyond themselves and not take the child's behavior personally (“He doesn't like me!”). This can empower a parent to make herself truly available as a loving, healing presence for her baby. How?

One of the most powerful healing forces is available to every parent, free of charge: *empathy*. Empathy allows a person, even a tiny baby, to feel her feelings, rather than repress them, so they can be released. Babies who have lost their original mothers, permanently or even temporarily... and babies who have suffered other painful or traumatic experiences... need to express their feelings of grief and loss.

They need our help to do this, and this help needs to take the form of active empathy... saying the words, out loud, that let the baby know that what he or she is feeling makes sense and is allowed.

So instead of the very common dismissive mantra chanted to upset babies, “It's okay, you're okay, you don't need to cry...” the thoughtful and knowledgeable adoptive parent can gently croon to her baby in distress:

“You miss your mother. You miss your connection. You've lost something very important, and I understand. I'm not the mom you expected, I don't smell like her, I don't sound like her. I'm a different mom and I am here for you... always... when you feel sad, and when you feel joyous...”

Or...

“I really see you, and that you're in distress... I understand... You had some scary and painful things happen to you while I wasn't with you, and I'm very sorry...”

These may be difficult words to say, words that prod at our own losses and hurts... infertility; the death, miscarriage, or stillbirth of a previous child; other deep pain suffered on the road to adoption; or the pain and fears involved in having an ill or premature child. But I can think of no greater gift we can give our precious new children than the freedom to be exactly who they are, with everything they feel, so they don't have to bear the leaden emotional baggage of banished feelings throughout their lifetimes.

And in return, we are blessed with a secure, trusting, and joyous relationship with our children... the gift of true intimacy.



[For more on this, go to www.ClubMom.com and search for adoption expert Marcy Axness's article “Healing Words for Separated Babies”... also linked from Dr. Axness' own website, www.QuantumParenting.com.]

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