

# *Some Theoretical Considerations on Confidential Adoptions, Part II: The Adoptive Parent*

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**ABSTRACT:** In all cases of newborn adoption where placement is made directly into the permanent adoptive home, the adoptive parents become the psychological parents for that child. While adoptive parents enter the development phase of parenthood, the task is complicated by the fact that the child they are about to raise is not their biological child. We discuss the biological and psychological foundations of parenthood and examine the tasks that adoptive parents face when confronted with either an open or confidential adoption. We focus on the ways in which either procedure may assist or disrupt the adoptive parents' ability to form and maintain an on-going healthy attachment to the child.

There is a new trend in the field of child welfare toward "openness in adoption," which purports to change traditional confidential adoptions. We discuss the crucial aspects of the intrapsychic difference for an adoptive parent experiencing an open or confidential adoption.

"And so they wrangled before the King . . ."

Kings II, Ch. V

## **Introduction**

Effective parenting is considered by many to be one of the most demanding tasks a man or a woman ever faces. Kliman and Rosenfeld (1980) state: "When a man or a woman decides to become parents, they have, by virtue of that decision, appointed themselves *trustees of the future*." Couples who decide to adopt a child are confronted with an even greater challenge than are birth parents. For them the task is complicated by the fact that the child they are about to raise is not their biological child.

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They also must confront their infertility (Kraft, Palombo, Mitchell, Dean, Meyers, Schmidt, 1980), the feelings they have about the birth mother of the child they are to adopt, and their own feelings and attitudes regarding the adopted child. In addition, the trend in recent years to modify the traditional adoptive procedures has added to the complexity of their task.

In the first article of this series, we contrasted the psychological impact on the *birth mother* of placing a newborn child in confidential or open adoption. This second article addresses the psychological effects on the *adoptive parents* of parenting a newborn adoptive child, and attempts to discuss this issue by contrasting confidential adoptions with open adoptions. It appears to us that there are some clear psychological consequences for the adoptive parents when open contact is maintained with the birth parent, as contrasted with those situations in which no such contact exists.

In the first article, confidential adoptions were defined as adoptions in which exchange occurs of all *nonidentifying* and medical data regarding the adoptive and biological parents through the agency. In contrast, open adoptions are adoptions in which all *identifying* data is often exchanged and contact between the parties is not only permitted but at times encouraged. In the latter type of adoption, contacts may occur through progress reports, letters, gifts, photographs, video tapes, or even actual visits between adoptive and biological parents, either before or after placement. Some agencies have made a distinction between what has been called "limited openness," in which all identifying data is fully shared but no contact between the parties is encouraged, and "open adoptions," in which not only is the data shared but personal contact is encouraged. In this article, this distinction will not be made since the psychological consequences of both appear to us to be very similar.

The full meaning of parenting an adopted child has not been systematically studied by researchers. To our knowledge, most studies on parent-child bonding have always addressed issues relating to the attachment formed between birth parents and biological children. Several issues arise in a discussion of the meaning of parenting for adoptive parents. The question of whether or not, in newborn adoption, the experience for the adoptive parents is identical to that of parenting a biological child remains unresolved. The nature of the psychological impact of adoptive parents on the adopted child also remains to be clarified. These questions and the related controversies have drawn us to attempt to formulate some of the major psychological problems that affect all parties involved in the adoptive process. We have tried to present these in a

neutral context in the hope that a dispassionate analysis of the controversy can take place.

In this article we will briefly review the literature on the biological and psychological foundations of parenthood, discuss some of the research findings regarding parenting functions, and examine the tasks that adoptive parents face when confronted with either an open or confidential adoption. Furthermore, we will focus on the ways in which either procedure may assist or disrupt the adoptive parents' ability to form and maintain an on-going healthy attachment to the child. The third article of this series will then deal with the psychological impact of an open or confidential adoption on the *adoptive child*. The final article will discuss the issues of *countertransference* in working with all parties involved in the adoptive process.

## Review of the Literature

Anna Freud defined "psychological parent" as the nurturing caretaker who is physically and emotionally available to the child and who remains empathically constant throughout the child's development (Goldstein, Freud, and Solnit, 1973). Most often the psychological parents are the biological parents. However, in all cases of newborn adoption, where placement is made directly into the permanent adoptive home, the adoptive parents become the true psychological parents for that child. The questions we wish to address relate to the nature of the mother-child bond in cases of newborn adoption. Are there problems that an adoptive mother has to overcome to attach to a newborn infant that are different from the problems in attachment experienced by a biological mother? If differences do exist, would the impact on the child cause distortions in development that would eventuate in some form of psychopathology? Or, would the differences only be manifested as variances in personality development that would fall within the normal range? Are there factors that may facilitate or interfere with adoptive parents attaching to an adopted infant?

In order to address these issues, we have searched the literature for references on the nature of the mother-infant bond in adoptive pairs as well as the literature on mother-infant interaction. To our surprise, we have found that very few studies appear to exist on mother-infant interaction in adoptive infants (Smith and Sherwen, 1983). While reference is made, in clinical studies of adoptive children, to the nature of the parenting experience these children have had, for the most part the con-

clusions drawn are made inferentially from the material presented by the child rather than from direct clinical observation of the interaction between the mother and her infant. Some studies (Wieder, 1978; Blum, 1984) tend to indicate a higher incidence of emotional problems in adoptive children. It is presumed in those studies that the higher incidence is related to the nature of the interaction with the adoptive parents, or to the rupture of the biological bond. However, no data has been presented to conclusively point to a relationship between adoptive parents' attitudes and the distinctive problems that developed in those children.

Much attention has been given to psychological factors that enhance attachment. Some studies dealt with the issues that may act as interferences to bonding between mother and infant. Carek and Capelli (1980) found that dissatisfaction with the sex of the child may be a notable factor that interferes with a smooth mother-child interaction. Kaplan (1978) states that the match between the baby's temperament and the mother's expectations and fantasies for the child may also determine the mother-child interaction. Neonates differ in their neurophysiological patterning and some infants may be unable to give their mothers clear messages as to their need, thus constituting interferences to the attachment (Weil, 1970). We conclude from this that the difference in biological or adoptive parenting may not be so great if psychological factors alone are considered.

When we turn to the literature on the biological mother-to-child attachment, the factors that appear to facilitate or interfere with such an attachment were studied. From these studies inferences were made regarding the factors at play in adoptive pairs. An attempt was made to make further inferences regarding the possible impact on adoptive parents of contact or absence of contact with the birth parents. The issues relating to an infant's attaching to a birth mother or an adoptive mother will be discussed in the third article of this series.

Marano (1981) quotes Rosenblatt and Siegel's discovery in experiments with rats and sheep of two distinct phases of maternal attachment. The first is a "hormonally triggered burst of interest" that seems to have its onset before delivery and is triggered by the rise in estrogen. The second phase is a more psychologically based need for continued contact. From this research, it is hypothesized that the process of estrogen release prior to birth helps prepare the mother for attachment with her infant at birth.

Klaus and Kennell (1976) suggest the existence of a species-related response to the newborn infant in the first few hours of the infant's life that greatly enhances the bonding process. They have even suggested

that the attachment between mother and child will not be optimal, natural, or strong without this early species-related bonding process. Winnicott (1956) extends this "sensitive period" from several hours to several weeks after the infant's birth.

This emphasis on biological factors involved in the mother-child attachment recently has been extended to the birth process itself. Current literature on pregnancy and child birth point to the importance of a birthing process as enhancing the mother's capacity to attach to her infant and vice versa. Benedek (1980) views the motivation for parenting as arising initially from the universal instinct for the survival of the species. She feels this is reinforced by personality development as well as by cultural and anthropological factors. Parenthood, she feels, is a biopsychological experience, which activates and maintains a developmental process in the parents. It may lead to a reworking of early childhood conflicts and to intrapsychic changes also. The importance of this biological bond is understood by Kliman and Rosenfeld (1980) who feel that mothers are "biologically programmed" to respond to their newborns. Kaplan (1978) discusses the advantages the biological mother has in her capacity to attach because of hormonal (Lutein) involvement.

Advocates of the importance of biological functions in the mother-child attachment propose that the lack of the blood bond and bonding immediately after birth may interfere with an optimal mother-child attachment. However, since no longitudinal studies have been undertaken to document the precise effect that such an interference may have in the long run on the mother-child relationship or on the child, it remains to be proven as to whether or not this difference is a significant one that would affect the relationship in some deleterious way. Therefore, in understanding adoptive parenting, we can then only turn to psychological factors for assistance in forming some opinion regarding the effects on both parent and child of parenting an adopted infant.

## **Parenthood**

Pregnancy and the important biological events that accompany it begin a process through which a mother physically and psychologically prepares for parenthood. It is a time fraught with high hopes and ambivalences. Psychologically, the mother begins to accept the new life within her body and begins to nurture and care for her unborn child. Mothers typically go through a state of increased narcissistic investment. It is a time when the mother invests in herself in order to provide the best care for the child. The father also uses his wife's

pregnancy to begin his preparation for parenthood. He supports his wife's involvement and begins to anticipate the changes and responsibilities brought on by parenthood. As the pregnancy progresses, the parents begin to anticipate that the child soon will have a separate life. Preparations such as a room, furnishings, clothing and selection of names help to continue this process. The growth of the unborn child and the movement of that child within the mother act as further stimuli to fantasies and to attachment.

The birth of the child causes a rupture in the "biological oneness" that the pregnancy provides. The task then for the mother-infant pair is to re-establish a psychological oneness that replaces the biological oneness (Kaplan, 1978). This task is achieved in the first month of life as the mother and infant get to know each other. For the baby to grasp humanity, the gap between the biological and the psychological must be bridged. From the very first moments of the baby's life, a mother's psychological past will enhance, or interfere with, her infant's slowly evolving sense of psychological selfhood. As Kaplan states (1978), "the newborn brings [to the relationship] . . . only a physical self, the mother a psychological." Since adoptive parents are deprived of the opportunity for this same kind of preparation, their psychological preparation must take a different route.

Once an infant is born, it is generally agreed (Freud, 1965; Spitz, 1965; Bowlby, 1980) that the infant needs the opportunity to attach to a single consistent and devoted caretaker. The adult counterpart of this need in the infant is expressed in Erikson's (1950) concept of "generativity." For Erikson, generativity consists of the human concern to establish continuity through procreation. The mature need for parenting may be seen as a psychologically determined attempt at the realization of the ideal of one's self as a caretaker, protector, and affirmer of another being.

For optimal parenting to occur, Kliman and Rosenfeld (1980) maintain that couples must have a capacity for long-term commitment, the desire for a child and not just a baby to cuddle, and positive attitudes toward children in general. This positive and zestful outlook on life is important in order to avoid the psychological disturbances that are felt to be associated with depressed and disturbed adults raising children. Couples also must have successfully completed their own individuation and must have achieved sufficient narcissistic maturity to help furnish their children with the necessary self-esteem for good future equilibrium. Successful parents place the focus on the welfare of the child, not on their own needs and frustrations. Finally, successful parenting demands a large capacity for empathy, especially during the child's pre-verbal years.

Lidz (1976) speaks of the "ideal" parents as marriage partners who have both achieved individual identity, who show themselves capable of intimacy, and who have given up their independence for the benefit of interdependence. They are also parents who have successfully resolved most of their preoedipal and oedipal conflicts.

Winnicott (1956) speaks of the "imaginative needs" arising out of a marriage and if not fulfilled via parenthood, people will "find all sorts of other ways in fact of having a family." Thus the frustration in the ability to conceive biologically does not lessen the desire to be a parent. There are many motivations other than biological that contribute to the desire to parent a child.

According to Elson (1984), the developmental task of parenting is to support and to help firm the forming narcissism of the child. The development of a healthy self in the child depends on the capacity of the parent to respond with appropriate mirroring. This empathic mirroring and shaping gives pleasure to the mature adult and is necessary for the healthy development of the child. Kohut (1971) states that the parents' responsiveness to the selfobject needs of the child lays the basis for the development of self-esteem in the child. To the extent that parents find the task of parenting gratifying, their own selfobject needs are satisfied. These needs may stem from the desire to live up to an ideal of themselves, or to fulfill some dimension of their sense of self.

It should also be noted that while we have emphasized the parenting functions during early childhood, we are also mindful that the tasks of parenting have an evolving nature that span a lifetime. With each developmental step the child takes, a parallel step must be taken by the parents. The tasks vary and touch on differing vulnerabilities as the child matures. Optimal parents ". . . are people who, despite their stimulation with the rising generation, are also sufficiently in touch with the pulse of life, accept themselves sufficiently as transient participants in the ongoing stream of life, to be able to experience the growth of the next generation with unforced, non-defensive joy" (Kohut, 1977).

Multiple interferences, however, may enter into the process of attachment to a child. On the one hand, there are the common fears parents have that the infant may turn out to be defective or injured, or that a tragedy befall their beloved progeny. On the other hand, there are all the ambivalences parents feel. These may range all the way from feelings of being displaced by the child, to the conscious or unconscious hatred of the infant. The psychological roots of these feelings are to be found in the specific meaning the child has for that parent, and the experiences the parents themselves had as children at the hands of their own parents. These feelings may have a profound effect on the quality of the parenting

the child will receive, and on the nature of the relationship that will eventually develop between parent and child. The factors affecting both the quality of parenting and the relationship between a parent and an adopted child will be infinitely more complex.

### **Adoptive Parenting**

The biological component of parenthood, while enhancing the capacity for empathic attachment to the infant, is not in itself sufficient to guarantee a mature parental relationship with a child. Schaffer (1977) states: "The notion that the biological mother, by virtue of being the biological mother, is uniquely capable of caring for her child is without foundation." He believes that firm attachments can grow between children and unrelated adults who assume the parental role. The task of parenting is complex and demanding. Adoptive parenting is further complicated by the need to resolve the loss of fertility and to develop the parental attitudes necessary to form a firm, nurturing attachment to an infant at the time the placement is made, usually some days after it is born.

Since adoptive parents are deprived of the psychobiological preparation for parenthood through an actual pregnancy, we can assume that the preparation of an adoptive parent from the outset is different. The enhancement of parental attitudes must be accomplished after the resolution of their infertility (Kraft, Palombo, Mitchell, Dean, Meyers, and Schmidt, 1980) and during the waiting period prior to the actual adoption. The absence of pregnancy and its attendant preparation for parenthood leads to an emotional state in which the hoped-for "expected" adoption helps to mobilize the psychodynamic changes necessary for the development of parental attitudes and behavior. The waiting period itself can parallel a psychological state of pregnancy (Schechter, 1980).

Winnicott (1956) describes the biological mother's altered psychological state following the birth of her child as "primary maternal preoccupation," a state that he considers crucial to the future healthy emotional development of the infant. This state enables the mother to adapt to the infant's needs to the exclusion of other interests, and in turn enables the infant to develop psychologically. The adoptive mother needs to be in a similar psychological state at the time of placement in order to be able to "feel herself into her infant's place" (Winnicott, 1956) and so meet the infant's needs. Presuming the adoptive mother has a capacity for identification with a baby, the waiting period can be used for



preparation enabling her to achieve a "primary maternal preoccupation" at the time of the adoptive placement.

Adopting parents who are encouraged during the waiting period, before placement, to engage in activities that serve to stimulate and develop parental attitudes may undergo a similar process. Fantasies about the forthcoming baby, as well as plans for the human life with which they will soon be entrusted, may then develop. Intensified contact with infants and children of all ages and discussions of feelings and thoughts evoked by actual relationships with children may contribute to an optimal preparation for attachment. Motherliness and fatherliness of the future parents may be expanded and the desire for a child may deepen if the wait does not exceed the couple's tolerance (Schechter, 1980). Adoptive couples need the guarantee of placement in order to begin the process of attachment to the baby they are anticipating. In this way, the groundwork is laid for empathic interaction with the infant upon placement.

An important factor that permits a comfortable attachment and bond to the baby is the adopting parent's security in the permanence of the relationship. When that permanence and guarantee of freedom from intrusion and interference has been threatened (either in reality or fantasy), anxieties will arise that will have a disruptive effect on the mother-infant relationship and on the infant's development. These anxieties are often encountered in prospective adoptive parents. They may be heightened or allayed depending on whether the adoption is to be open or handled with confidentiality.

### **Parenting in Open and Confidential Adoption**

Feelings and attitudes toward the adopted infant and about the birth mother are important factors in the adoptive parents' ability to form and maintain a healthy on-going parent-infant bond. To what extent confidential or open adoptions enhance or interfere with the bond is a question that needs careful consideration for sound adoption practices. It appears that there are clear psychological differences for the adoptive parents when contact is maintained with a birth parent in contrast with those situations in which no such contact exists. These and other issues will be discussed in an attempt to understand more exactly the nature of the task confronting the adoptive parents and the unique interferences that may occur to disrupt the parent-child attachment from the viewpoint of the adoptive parent.

Fears experienced by a pregnant woman that might interfere with a

comfortable attachment to her baby may be paralleled in adoptive parents. One commonly found fear focuses on the infant's health and wholeness. This anxiety often seems to be in part an expression of more deep-seated fears and fantasies of premature disruption and separation of the mother-child relationship. Those fears can be found in virtually every prospective parent, whether biological or adoptive. Because adoptive parents also are concerned about the permanence of the relationship, contact with birth parents could serve to stimulate and reinforce conscious or unconscious separation fears. Whether contacts include meetings, video tapes, letters, pictures, gifts, or progress reports on the infants, the adoptive parents' sense of security may be threatened. It would seem that the more focus is placed on requests for exchange of concrete information, letters, and reports, the more support is lent to an impermanent parent-child relationship. Under these circumstances, any healthy parent's capacity to form a secure and comfortably close bond with an infant could be impaired. In other words, contact with the baby's birth parent or parents can act as an impediment to the bonding required for healthy infant development.

For example, one mature adoptive mother, after receipt of a letter from the birth mother, felt a constraint in her previously wholehearted and joyful involvement with her infant. She felt 'someone is always looking over my shoulder. There's a glass wall between me and the baby.' She described contrived and self-conscious movements and detected a false light-heartedness to her voice as she went about the daily care of the infant. The baby, at that time four weeks of age, began to change from a contented infant to one who fussed readily and was no longer easily soothed. That change was seen as a direct result of the mother's anxiety and fear of a disruption of the once perceived secure mother-infant relationship. With intensive casework the mother was able to regain a comfortable and intense attachment to the baby within nine days. The effect upon the mother-infant tie of repeated disruptive contacts on a regular basis and the implication for the smooth course of infant development must be considered.

Adoptive parents' attitudes toward birth parents may also act as serious interferences to forming and maintaining a strong parent-child attachment. It is not uncommon for adoptive parents to feel guilty because of having benefited from the misfortune and pain of another human being, usually the birth mother. The ensuing need for atonement may impede effective parenting. One mother, who was in contact with a birth mother, reported feeling guilty and intensely anxious for the pain she felt she had caused the birthparent, presumably by taking away her child. She subsequently exhibited a need to atone through prayer for those feelings.

Feelings of guilt may be unwittingly reinforced by the adoption agency in its unspoken attitudes that something is owed to the birth parent. Proponents of open adoption often insist upon continued contact with the adoptive parents and the child in order to prevent a denial of the adoption on the part of the adoptive parents. It seems more likely, however, that a reluctance to build organized fantasies about a birth parent or a resistance to maintaining any contact is not actually a denial of reality. Instead those attitudes can be understood as a protection of their on-going and normal intrapsychic process of attachment to the baby. Their narcissistic involvement is necessary to form and maintain a strong and nurturing bond with the child. In other words, the reluctance of adoptive parents to have contact with birth parents may be an attempt to protect the intense parent-child bond from disruptions.

Advocates of open adoption argue the benefits of openness for the birth mother and child. However, few benefits to the adoptive parents are discussed. Adoptive parents have little with which to bargain. They are in a position of having to comply with whatever is demanded of them by the agency if they are to achieve parenthood. This is especially true if they wish to adopt a second child (Kirk, 1964) from that agency. The expectation of agencies and other proponents of open adoption is that the applicants' motives for the adoption be presented in an altruistic light and that their own needs be sacrificed in order to satisfy the needs of the birth parents (Sorich and Siebert, 1982). Adoptive parents often are given the clear message that they not only owe something to the birth parents, but also that they are not fulfilled parents, even though the law clearly so mandates. Consequently, the adoptive parents lose their rights to privacy and to the protection of their child.

Proponents of open adoption use arguments related to the child's need for contact with the birth mother, which are more applicable to later years rather than to the developmental needs of infancy and childhood. That preoccupation may cause a serious disruption to parenting by precipitating empathic breaks in the parent-child attachment. This has far-reaching ramifications for the healthy psychological development of the child. An adoptive mother, who was involved in an open adoption, was devastated when she was accepted for placement and met the birth mother, who later decided to raise the child. Her feelings of rejection and inadequacy were profound. Self-esteem issues related to her mothering capacity had to be worked through prior to placement in order for her to form a comfortable and nurturing attachment to the baby. Questions also can be raised about the implication of shared parenting for adoptive parents. The contacts that are encouraged in an open adoption may

stimulate development of fantasies that may act as an interference in the mother-infant bond. The fantasies themselves may serve as intrapsychic defenses against a close attachment to the infant because of fears of loss on the part of the adoptive mother.

In a confidential adoption, a parent is free to rear the child without interference or the threat of interference. Just as adoption can become a focal point for the child, the counterpart can be found in the adoptive parent. The very mutuality of the parent-child relationship is such that the adoption can be used to find easy answers to difficult feelings that emerge and develop during the child-rearing years. These problematic emotions are a normal part of development. They may be overlooked as the adoption reverberates throughout the family relationships. In the ideal situation, with mature and emotionally healthy parents who have worked through their reactions to infertility and adoption, a minimum of such feelings occur. If, however, the fantasied threat of interference becomes a reality, the adoptive parents' task is immeasurably more difficult. In an open adoption, they must handle not only the resentments of all parents who feel their responsibility and authority is questioned, but also the feelings of helplessness, bewilderment, confusion, and competitiveness as the child inevitably reacts to and challenges two sets of parental figures. This is, at best, a difficult task for adoptive parents to handle well, while keeping the welfare of the child as the primary focus.

Contact with birth parents is only one of a number of interferences to good parenting. While the focus of this article has been on open and confidential adoptions, there are other factors that also may impede the formation of a healthy mother-infant attachment. A sense of an altruistic good deed, of rescuing an otherwise abandoned baby, has far-reaching implications for the immediate mother-infant duality as well as for the future emotional stability of the growing child. Conflicted feelings of worthlessness and guilt around infertility may also become reactivated and may impede effective parenting. There may be multiple unknown and unconscious motivations for adoption that could also interfere.

## **Conclusion**

A number of factors may interfere with parent-child bonding and "good enough environmental provision" (Winnicott, 1956), or parenting. The task of all parents is to make a comfortable and permanent attachment to their infant. Parenting is a difficult enough task for those who raise biological children. For adoptive parents it is made more complex by the introduction of a number of factors that have been discussed

in this article. From our perspective, contact between birth parents and adoptive parents, either directly or indirectly through the agency staff, may interfere in a most subtle and most serious way. For optimal growth and development of the infant to occur, the ability of the adoptive parent to form and maintain a positive attachment to the child should in no way be undermined. Open adoptions may be appropriate in the adoption of older children. However, for newborn infants the ramifications of open adoption for adoptive parents and ultimately for the adopted child still need careful and thoughtful consideration.

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