

THE SPECIFICITY OF THE FUNCTIONING OF ORPHAN CHILDREN IN THE CONTEXT OF PRENATAL LIFE

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Abstract

Prenatal life is the time of the physical, mental and social development of a human being. It is a kind of “base” that supports all further post-natal development. Increasingly, attention is being drawn to the fact that the success of the adoption depends on providing the new guardians with accurate information about the child’s past and his family, the impact of his previous experience on the current functioning, and their predicted long-term effects. Although it is not correct to say that adopted children are different compared to other children, those who meet them in their work and people who are orphans themselves say they are different. Adopted children come from two worlds and during their lifetime they try to connect these two worlds.

Keywords: Adoption; Childbirth; Orphaned child; Prenatal period of life

INTRODUCTION

One of the basic stipulations for the success of adoption is to provide parents with accurate information about the past of the child and his or her family. It is advisable to analyze the impact of his previous experience on the current functioning and prediction of their long-term effects. As many modern adoption experts emphasize today – “love alone is not enough”. In order to provide effective support and help, it is necessary to understand what the child survived, what difficult situations he or she was exposed to and how this affected him or her (Loehlin, 2015; Miller, 2005; Stańczak-Kuraś, 2016). Adopted children come from two worlds and during their lifetime they must connect these two worlds (Kolska, 2016). Although it is not politically correct to say that adopted children are different compared to other children, the people who meet them in their professional work and the orphans themselves claim that they are different (Verny and Weintraubová, 2013).

Conception

Under optimal conditions, the conception of a child is wanted and planned. However, because almost half of pregnancies are not planned, it becomes important whether it is accepted. Anxiety felt by the unwanted or unaccepted child causes a kind of imprint (record) in the latent memory. Transmigrational stress causes profound changes in the structures and functions of the nervous system, simultaneously leading to the closing and blocking of perception. And because the brain systems responsible for bond and fear are related – it also affects the process of shaping attachment, and the development of identity and relationships with oneself and with others (Jakel, 2011; Ruppert, 2012). By recording in memory the ambivalent feelings about themselves the conceived child becomes convinced that he does not deserve to live. It affects his personality, behavior, and way of thinking. The child develops apathy, somatic disorders, feelings of insecurity and anxiety, distrust and suspicion especially towards parents or authorities.

It leads to uncontrollable anger, impulsive behavior, discouragement, problems with social functioning, aversion to emotional or physical proximity, and a lack of self-confidence. The incidence of mental illness, addictions, neuroses and behavioral problems increases (Dzierżanowska-Peszko, 2012; Kolska, 2016; Verny and Kelly, 1988). Incorrect levels of oxytocin and vasopressin make it difficult to establish close interpersonal relationships (Brisch, 2011; Moberg, 2016), which is a huge challenge for adoptive parents, especially mothers.

The orphaned child, thirsty for love and acceptance, tries to get the attention of those close to him in all ways, but the child does so in a quite specific way, provoking rejection and causing a negative reaction. Sometimes, afraid of a rebuff, the child creates a false, completely unreal image of him or herself as an obedient person, unable to object, anger or wrath. Hiding his or her true self from the world, the child applies excessive control over him or herself and his or her life, which further deepens the feeling of some inconsistency and internal tearing (Fernance, 2011; Mickiewicz, 2015).

Pregnancy

The prenatal period of life is the time of the bi-, psycho-, social shaping of human being. Meanwhile, many orphaned children come from dysfunctional families where alcoholism, non-resourcefulness, poverty, physical and psychological abuse prevail. Meanwhile, the mother's malnutrition, low levels of micronutrients and vitamins, inadequate lifestyle and poor health cause the baby to be born smaller and more susceptible to diseases. He has more frequent developmental defects. At birth, he has a predisposition to obesity, diabetes and heart defects, high blood pressure and cholesterol levels, reduced glucose tolerance, and abnormal insulin action (Eliot, 2010; Paul, 2011; Spork, 2011; Waller et al., 2007). The observed elevated level of satiety and abnormal levels of appetite-regulating hormones, combined with the tendency to addiction, affect the eating disorder that persists throughout life. And because the conceived child adjusts his digestive tract to the products consumed by the mother, also forming on that base some taste preferences, eventually he or she is born with defective expectations

and eating habits that form the basis that may lead to many diseases.

Of great importance to the development of the conceived child is the alcohol consumed by a pregnant woman. It causes the delayed development of hearing, speech, smell, balance, and disturbances in sleep rhythm. Abnormal motor development, weak sucking reflex, problems with responsiveness and adaptation, difficulty in extinguishing irrelevant stimuli, hypersensitivity and hyperactivity, memory impairment, difficulty in solving problems, making a complex decision, information processing and storage, abstract thinking, cognitive appraisal, handicap visual-spatial orientation, difficulties with attention and concentration, remembering and transferring attention from one task to another, verbal and non-verbal language, persistence, withdrawal, low level of socialization and a tendency to behavioural disorders. There may be tendencies to use and even abuse alcohol and drugs, and a tendency towards anti-social behavior (Eliot, 2010; Kowalewski, 2011; Lichtenberg-Kokoszka, 2016).

Fetal Alcohol Syndrome (FAS) involves many psychophysical symptoms, and a newborn baby whose mother abused alcohol during pregnancy may show symptoms of withdrawal syndrome. He or she may also be born prematurely or experience mechanical injuries both in the womb and after delivery.

Analyzing the effect of stress, one should take into account not only the level of its intensity, but also the duration and stage of fetal brain development. Strong or prolonged stress raising the level of cortisol in the mother and child's body can reprogram the stress response systems in the brain of the growing offspring and thus increase the susceptibility to stress and related diseases such as depression, insomnia, heart attacks, fibromalgia, allergies and diabetes (Bradford, 1998; Dragan, 2014). It raises the level of distrust, ruthlessness, and reluctance to penetrate new spaces. Significantly, stress delays or accelerates the psychophysical development of the offspring, protecting it from suffering, or increasing the chance of survival. It was also found that the stress experienced by the pregnant woman, causing hormonal disturbances, especially in the field of testosterone, may irregularities in shaping the gender identity of the conceived children (Eliot, 2010).

Childbirth

Although most pre- and perinatal memories fit into the latent memory, they also affect personality by shaping the way of looking at the world. And although it is difficult to indicate that the birth of a child intended for adoption is biologically different from the birth of a child remaining in the family, such children are undoubtedly associated with a higher level of stress of the mother and this disrupting uterine contractile function may cause a heavy and prolonged delivery or premature delivery. Meanwhile, a prolonged and difficult delivery causes hypoxia of the baby's brain. As a consequence, there are difficulties with the adaptation of the new-born to an ectopic life, and difficulties in its contact with the environment (Eliot, 2010). Pain related to childbirth, affecting behavior and stress reactions, in a marginal situation may change the threshold of pain sensitivity towards hypersensitivity or insensitivity. And its long-term effects may include behavioral difficulties, emotional problems, elevated levels of anxiety, agitation, depression and even learning difficulties (Paul, 2011).

It is important that a properly functioning childbirth is interpreted by the child as a positive experience (Kornas-Biela, 2003; Verny and Weintraubová, 2013).

Perinatal period

In an optimal situation, after delivery the baby immediately goes into the arms of the mother and is put on the breast for the first time. The child recognizes the person closest to him or her by taste and smell. This satisfies the child's very important need for security. Oxytocin, which gets into the child's body with milk mutes him or her, calms him or her down, and helps the child to shape the relationship with his or her mother. Meanwhile, when the decision to put the child up for adoption has already taken place during pregnancy, most often (for the good of the woman) the new-borns separated from her immediately after giving birth. Strongly connected to her biologically and emotionally, the child cannot recognize the post-natal world and this situation is perceived as an enormous stress.

A new-born baby orphaned in such an early period, eventually reaches the foreign arms of the medical staff, an adoptive mom or substitute mother, is surrounded by unknown

sounds, smells, rhythms and feelings. Regardless of how warm, friendly and open are the child's new caregivers are, he or she experiences loss, rejection, confusion and even aggression. Without hearing the mother's heartbeat, her voice, not feeling her scent, not seeing her face, the child begins to send signals that are mistakenly read by the new caregivers. He or she does not cry, does not like to be touched, does not like to look in the eyes – it is the child's reaction to abandonment.

Separation from the mother is a central life experience and seriously affects the child's further development (Bonus, 2006). The baby treats him or herself and the mother as an inseparable union; therefore the loss of the biological mother is the worst thing that can happen. The child sends signals, and while they remain unanswered they cause a feeling of helplessness and despair and in extreme situations lead to a splitting of the psyche. The bond with the adoptive or substitute parents is therefore built only in the part of the psyche that has not been split off (Ruppert, 2016). This results in the formation of complicated relationships, which are all the more confusing depending on how many guardians the child met on their way. As a result of early trauma, the following feelings may develop: feelings of anxiety and panic, rage, reluctance to make any effort, provoking dangerous situations for themselves and others, hurting themselves and others without showing empathy, antisocial behavior, and vandalism (Bragiel and Kurcz, 2003). The crossing of borders is also a widely used survival strategy (Krüger, 2016).

CONCLUSIONS

Giving a child up for adoption is always a more or less conscious tragedy for a woman and her child – and it always affects a future life.

From the child's point of view, the ideal situation would be adoption with an indication (legal in Poland until August 2015). Thanks to that option, adoptive and biological parents meet during pregnancy. The adoptive parents support the mother emotionally and financially, providing her and the child with a sense of security and better development conditions. Sometimes, while meeting during pregnancy, future parents can make contact with the con-

ceived child, and get his or her picture from the ultrasound machine. Shortly after giving birth, the baby is sent to an adoptive family who are waiting for him and have been previously chosen from a large group of volunteers willing to adopt. Sometimes it happens that the baby is transmitted from the hands of the biological mother directly into the arms of the adoptive parents who already know the child and who are ready to receive him or her. Until then, the biological mother and/or adoptive mother took care of him. It can also be assumed that the emotional closeness created between the adoptive and biological parents allows the new-born find a close home in the psycho-social sense, and the transition from

one family to another becomes a less traumatic event for him. In some cases, the adoptive family maintained contact with the biological mother, sending her pictures of the child or informing about the child's development.

However, it should be remembered, that such a situation – although optimal for a child, can be very difficult for adoptive and/or biological parents, and every situation of an orphaned child and its biological mother is individual and unique.

Conflict of interests

The author has no conflict of interests to declare.

REFERENCES

1. Brągiel J, Kurcz A (2003). Sytuacja szkolna dzieci z rodzin zastępczych. In: Kalus A (Ed.). W świetle dziecka osieroconego i rodziny adopcyjnej. Opole: Wydawnictwo Wydziału Teologicznego Uniwersytetu Opolskiego.
2. Bradford N (1998). Niezwykły świat w łonie matki. Jeszcze nie narodzone dziecko czuje, widzi, uczy się. Warszawa: Elipsa.
3. Brisch KH (2011). Bezpečná vzťahová väzba. Trenčín: Wydavateľstvo F.
4. Bonus B (2006). Mit den Augen lines Kindes sehh lernen, T 1: Zur Entstehung einer Frühtraumatisierung bei Pflege- und Adoptivkindern und der möglichen Folgen. Norderstedt: Books on Demand.
5. Dragan WŁ (2014). Temperament w pierwszym roku życia. Uwarunkowania genetyczne i środowiskowe. Warszawa: Scholar.
6. Dzierżanowska-Peszko J (2012). Wpływ straty dziecka w okresie prenatalnym na funkcjonowanie psychologiczne matek i ojców oraz kolejnych dzieci. In: Lichtenberg-Kokoszka E, Janiuk E (Eds). Ciąża i narodziny fundamentem przyszłości dziecka. Zagadnienie interdyscyplinarne. Kraków: Impuls, pp. 83–106.
7. Eliot L (2010). Co tam się dzieje? Jak rozwija się mózg i umysł w pierwszych pięciu latach życia. Poznań: Media Rodzina.
8. Fernance R (2011). Narodzić się... Jak okoliczności porodu wpływają na twoje życie, Warszawa: Wydawnictwo NEWDawn.
9. Jakel B (2011). Prenatalne korzenie przywiązania w psychoterapii. In: Lichtenberg-Kokoszka E, Janiuk E, Dzierżanowski J (Eds). Ciąża czy stan błogosławiony. Zagadnienie interdyscyplinarne. Kraków: Impuls, pp. 93–116.
10. Kolska K (2016). Moje dziecko gdzieś na mnie czeka. Opowieści o adopcjach. Poznań: W drodze.
11. Kornas-Biela D (2003). Podejście psychodynamiczne w psychologii prenatalnej. Czasopismo Psychologiczne 9(2): 179-191.
12. Kowalewski I (2011). Prenatalny rozwój dziecka w świetle teratogennego działania alkoholu na rozwijający się płód. In: Banach M (Ed.). Alkoholowy zespół płodu. Teoria, diagnoza, praktyka. Kraków: WAM.
13. Krüger L (2016). Wczesna trauma, adopcja i rodzice zastępczy. In: Ruppert F(Ed.). Wczesna trauma. Rozpoznawanie i uwalnianie. Warszawa: Virgo, pp. 359–378.
14. Lichtenberg-Kokoszka E (2016). Wpływ alkoholu spożywanego przez przyszłych i obecnych rodziców na zdrowie kolejnych pokoleń. In: Żurawicka D, Zimnowoda M, Widziak R (Eds). Wybrane aspekty opieki pielęgniarskiej i położniczej w różnych specjalnościach medycyny. Opole: Państwowa Medyczna Wyższa Szkoła Zawodowa w Opolu, pp. 21–28.

15. Loehlin JC (2015). What can an adoption study tell us about the effect of prenatal environment on a trait? *Behav Genet* 46(3): 329–333. DOI: 10.1007/s10519-015-9730-x.
16. Mickiewicz K (2015). Jak dzieci z rodzin zastępczych postrzegają siebie i innych. *Problemy Opiekuńczo-Wychowawcze* 2: 16–25.
17. Miller L (2005). *The handbook of international adoption medicine. A guide for physicians, parents and providers.* Oxford: Oxford University Press.
18. Moberg KU (2016). *Hormón blízkosti. Rola oxytocínu vo vzťahoch.* Bratislava: Wydavateľstvo F.
19. Paul AM (2011). *Origins. How the nine months before birth shape the rest of our lives.* New York, London, Toronto, Sydney: Free Press.
20. Ruppert F (2012). *Trauma, Angst & Liebe, Unterwegszugesunder Eigenständigkeit. Wie Aufstellungendabei helfen.* München: Kösel.
21. Ruppert F (2016). *Metoda ustawień intencji w terapii wczesnej traumy.* In: Ruppert F (Ed.). *Wczesna trauma. Rozpoznawanie i uwalnianie.* Warszawa: Virgo: 9–80.
22. Spork P (2011). *Drugi kod. Epigenetyka, czyli jak możemy sterować własnymi genotypami.* Warszawa: WAB.
23. Stańczak-Kuraś M (2016). *Od czego zależy powodzenie adopcji? Z doświadczeń psychologa praktyka.* In: *Rodzina i dziecko – radość obustronna. Seria wydawnicza: Problemy społeczne, polityka społeczna w regionie łódzkim.* Łódź. Zeszyt 16.
24. Verny T, Kelly J (1988). *The secret life of the unborn child.* NY, USA: Random House.
25. Verny T, Wientraubová MD (2013). *Rodičovstvo od počatia.* Bratislava: Wydawnictwo Pozsony.
26. Waller DK, Shaw GM, Rasmussen SA, Hobbs CA, Canfield MA, Siega-Riz AM, et al. (2007). *Pregnancy obesity as a risk factor for structural birth defects.* *Arch Pediatr Adolesc Med* 161(8): 745–750. DOI: 10.1001/archpedi.161.8.745.

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