

Post-Institutionalized Adopted Children Who Seek Breastfeeding from their New Mothers

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Full Text: Headnote ABSTRACT: Reports of 32 adopted children who sought breastfeeding from their mothers are presented. Children were 8 months to 12 years at placement and sought breastfeeding from the day of placement to several years after. Some children suckled only a few times whereas others breastfed frequently over a protracted period. Suckling was comforting to children and assisted some in expressing grief over birth mother loss. Mothers felt that breastfeeding assisted in attachment development. It is proposed that the reason why children desired breastfeeding is associated with their first maternal relationship. Children may be seeking breastfeeding as a conditioned response to stimuli provided by the adoptive mother, have memories of breastfeeding or the mother child relationship, or be exhibiting regression in response to stress. Suckling at the breast could provide comfort and stress relief to the child and promote maternal responsiveness. The frequency of adopted children seeking breastfeeding is unknown however adoption professionals should advise adoption applicants of the possibility. It may also be appropriate for adoptive mothers to pursue breastfeeding in the event that the child does not. KEY WORDS: Adoption, attachment, breastfeeding, institutionalisation, memory. INTRODUCTION Institutions are inadequate environments for the satisfactory growth of children (Ainsworth, 1962; Bowlby, 1952; Spitz, 1945). The physical and emotional deprivations of institutionalisation result in damage to the child that is manifest in disturbances of attachment, physical, and developmental delays, sensory integration problems, and various behavioural abnormalities (Rutter and Team, 1998; Zeanah, 2000). Although some of the damage from institutional care is no doubt due to poor nutrition and the lack of developmental and educational experiences in such environments (Johnson et al., 1992), probably the most serious deprivation is due to lack of a consistent and sensitive caregiver whom the child can trust and form a healthy attachment to. Development of trust and a secure attachment normally occurs through reciprocal interactions in which a caregiver gratifies a child's needs in an appropriate and consistent manner resulting in reduction of anxiety or discomfort and feelings of relaxation and relief (Levy and Orlans, 2000). This cycle of need-arousal-gratification-relief-need is ordinarily repeated many thousands of times in the first years of a child's life (Hughes, 1999; Levy and Orlans, 2000) but is absent or greatly reduced in the experience of institutionalised children. Without the consistent completion of the attachment cycle the emotional, social, and even physical development of children can be severely impeded because the primary attachment relationship is the base from which children explore themselves, others, and the world (James, 1994). A small proportion of children in the institutions of developing nations are adopted into families in the US, Canada, the UK, Australia, and other countries (Chisholm, 1998; Goldberg and Marcovitch, 1997; Harvey, 1980; Hoksbergen, 1981). Parents who adopt a child from an institution need to care for them in ways that facilitate the development of the attachment relationship between the child and themselves (Levy and Orlans, 2000). Amongst the tools suggested as helpful in promoting attachment are actions that involve the parent giving the child eye contact, skin-to-skin contact, rocking, sugar, smiles, and vocalizations (Hughes, 1997; Thomas, 2000). It is suggested that parents can provide some of these attachment-promoting interactions through a regular time of cuddling and bottle-feeding (Gray, 2002; Hopkins-Best, 1998; Hughes, 1997). Bottle-feeding, however, is a substitute for breastfeeding (Newton, 1971; World Health Organization, 2001) but breastfeeding is rarely suggested as desirable for post-institutionalised children. In fact, adoptive breastfeeding is a subject that is usually only discussed in the context of the adoption of newborns with the understanding that older children will refuse to breastfeed. It has not been considered that adopted children may desire closeness with their new mother and pursue breastfeeding with them. Over the

past two and a half years the author has collected reports of adopted children seeking breastfeeding from their adoptive mothers. These accounts have been provided by mothers of such children; social workers or friends of families with a breastfeeding seeking child; or were located in printed material (Harvey, 1980; Hopkins-Best, 1998; Mathis, 2004). This paper will present a summary of these reports, five detailed case histories, an exploration of why children might be seeking breastfeeding and discuss the significance and incidence of children seeking breastfeeding. This paper is the first consideration of post-institutionalised children desiring breastfeeding presented in a scholarly journal. CASE STUDIES Reports of 32 adopted children who sought breastfeeding were collected. Thirty-one of the children were adopted from institutional care in China, Ethiopia, Vietnam, Korea, Cambodia, Haiti and India. One child had not been institutionalised but had experienced multiple placement and abuse prior to adoption. In roughly half of cases only basic information was available, including most often the age of the child at placement, where they were adopted from and that they sought breastfeeding. In these cases the parent was unwilling to provide detail, the informant was a friend of the family or social worker or the case was recorded in published material. In the remaining instances, parents provided detailed accounts of post-adoption experiences but little information on preplacement history was available. The numbers of children contributing to each descriptor of breastfeeding is indicated in the text. The children were of both sexes, ranged in age from 8 months to 12 years at placement (average 45 months, n=29), and had been separated from their birth mother within a few days of birth to four years of age (average 10 months, n=20). Most children sought breastfeeding shortly after placement, from the first day to several weeks after (n = 19) however, two children did not seek breastfeeding until more than a year post-placement. Children two years or younger showed that they wished to breastfeed in action, by initiating suckling at times when they were skin-to-skin with their mother, sucking on clothing or by undoing clothing to gain access to the breast (n = 9). Older children either undid clothing or directly requested breastfeeding (n = 16). Some older children suckled only a few times (n=4). In other children breastfeeding was associated with a particular time of day (n = 5), for instance at bedtime or after their bath. For still other children, breastfeeding was something that they did multiple times a day over many months (n=6). Mothers commonly expressed that breastfeeding provided comfort to their child or that they sought breastfeeding when stressed (n = 8). For two children who initiated breastfeeding more than a year post placement, breastfeeding provided a forum within which they were able to release previously unexpressed grief over the loss of their birthmother. Many mothers stated that they thought that their child must have breastfed previously (n = 12), relating this to the fact that their child "knew what to do." For most children milk was not a motivation in their desire to breastfeed; only two mothers relactated to produce milk, one mother was lactating prior to adoption, and in a fourth case a mother used a breastfeeding supplementer to provide milk for her child. Some mothers (n = 5) did not allow their child to suckle. An additional 22 cases where adopted children sought breastfeeding either as a result of observing others or as a part of "birth games" played with their adoptive mother have also been collected. However, the reasons behind these children seeking breastfeeding appears to be quite different from the cases described here and will be discussed in a separate paper. The following detailed case presentations represent a diversity of experience of children seeking breastfeeding. case 1 was a Child Adopted at the Age of 10 Months. This child was approximately two months of age when abandoned and had lived in an orphanage in the time between abandonment and adoption. The adoptive mother had used skin-to-skin contact via co-bathing and a cuddle time in the evening as a way of promoting attachment. Two weeks after placement, whilst being cuddled naked by her mother, the child latched onto the breast and suckled before falling asleep. This was very surprising to the mother, who had no biological children, had never breastfed and had not considered adoptive breastfeeding. After this time the child suckled every night for about five minutes and would fall asleep suckling. The mother expressed that her daughter "knew how to breastfeed" and described her as suckling in a rhythmic fashion with a deep latch. Nightly breastfeeds continued for approximately six weeks, after which time they ceased because of maternal unavailability due to illness and the substitution of a bottle for the breast. The mother reports feeling positively

about her experience with her daughter, stating that suckling at the breast gave her daughter comfort at a time of great stress. case 2 was a Child Adopted at the Age of Five Years. This child was abandoned at the age of 18 months at which time she had a life threatening congenital heart defect. After abandonment, she lived in an orphanage for two and a half years until heart surgery was performed and was then placed in foster care for three months before being returned to the orphanage for a further nine months until placement for adoption. The moves that this child experienced left her with significant attachment issues. After placement in her adoptive family, she would periodically express some of the anger she felt as a result of her past hurts in what her mother described as a 'rage.' After one such 'rage' she expressed a great need to suck. She sucked hard on her mother's fingers, nose, and face before accessing her breast, latching on, suckling, and falling asleep. Her mother perceived this initial need to suck as being a "primal urge" coming from deep within her, not something that was occurring at a conscious level. This child continued to initiate breastfeeding sporadically, sometimes frequently (two or three times a day) but at other times a week or more would pass between breastfeedings. Often the child would want to breastfeed when her mother was getting dressed or undressed. Her mother would sometimes offer the breast for comfort when the child was distressed. Milk was not produced after over a year of breastfeeding and the mother would apologize to her daughter for the lack of milk. She eventually relactated which the child initially enjoyed but then decided that she preferred milk cold from the fridge, and so weaned. This mother believes her child had been loved and breastfed by her biological mother and equated breastfeeding with comfort and nurturing. She views her acceptance of her child's desire to breastfeed as helpful and feels that it promoted attachment. Case 3 Involved a Child Adopted at the Age of 13 Months. This child was abandoned at the age of approximately nine months and placed in an orphanage where she remained until adoption. On the first night after placement with her adoptive family the mother observed her child make sucking movements with her lips. On the second day after placement, the mother was holding her daughter when she started to suck on her shirt, acting as if she wanted to breastfeed. After arriving home the mother continued to observe her child make sucking movements with her lips and when she lifted her shirt to see what she would do, the child found her breasts and started to suckle. This child continued to suckle three or four times per day for about a year. Her mother believes she had been breastfed prior to abandonment as at placement this child refused to suck from a bottle and liquids were provided with a spoon until such time as she learnt to drink from a cup at approximately two months post-placement. In addition, it appears that this child had also been difficult to feed in the orphanage as photographs taken just after her abandonment show a well nourished baby but at placement she was very thin with loose skin. The mother of this child had previously breastfed two children, one adopted at the age of two months and subsequently a birth child. She had not intended to breastfeed the child described here. Case 4 Involved a Child Adopted at the Age of Eight Months. This child was abandoned at less than two weeks of age and had lived in an institution prior to her adoption. She was very small, in poor health at adoption, and post adoption exhibited difficulty in developing trust and attachment with her adoptive mother. Her mother had desired to breastfeed her but when the breast was offered the child "blanked out" and did not appear to know what to do. Her mother assumed the child had never been breastfed. Two years post adoption, attachment therapy was obtained which resulted in significant improvement in the child's relationship with her mother and at four years of age she started seeking breastfeeding. Her mother was at first, unwilling to allow her to suckle because she assumed she was too old. However, when the child asked a friend's mother if she could breastfeed from her, her mother decided that the need to breastfeed was a deep one and began allowing suckling. The first time the child breastfed she suckled for a short time but then pulled back and covering her face with her hands began weeping, expressing profound grief. Prior to this, the child had expressed great anger at times but not sadness. This experience led her adoptive mother to believe that her child must have had a deep connection with her birth mother from whom she had breastfed and the closeness that the child felt through renewed suckling allowed feelings of grief to come to the surface. Emotional vulnerability when suckling remained a part of this breastfeeding relationship. Because

the child was able to express sadness, and connect with her adoptive mother through breastfeeding, her mother expressed that she gained a greater understanding of the losses her daughter had suffered and her empathy increased. She states that it brought them much closer to each other. Breastfeeding continued periodically over two years, particularly at times of either great stress, or when mother and child were feeling emotionally close. Milk was never produced. Her mother believes that breastfeeding provided comfort, closeness, relaxation, and a safe place for her child of a type that she had not been able to provide in other ways, including bottle-feeding. She also states that breastfeeding had a calming effect on both of them and that she appreciated the intimacy it provided between them.

case 5 was a Child Adopted at the Age of Two Years. This child was abandoned at one month of age, was placed in one institution for two months but after diagnosis of a heart condition was moved to a second institution. His health was not good and he was hospitalised more than 20 times for respiratory, skin, and eye infections, and for major heart surgery at 17 months. After heart surgery the child was placed in foster care for four months before being returned to the institution where he remained until he was adopted. Six days after placement the child saw his mother topless. His mother states that he widened his eyes in an expression of surprise and indicated that he wanted to touch her breasts. His mother allowed him to touch and he started to suckle but he quickly bit her and his mother removed him from the breast. Both the child and his mother were quite surprised by this bite however, when he still indicated a desire to suckle, his mother allowed him to (he never bit again). For the next six months this child suckled each night after his bath as his mother held him in a rocking chair. He ceased breastfeeding after six months but for more than a year after this time would sometimes seek to snuggle skin-to-skin with his mother's chest. His mother feels that allowing her son the closeness he desired promoted physical familiarity and trust in their relationship.

DISCUSSION In considering these case studies four key questions are raised. Firstly, why are these children seeking breastfeeding? secondly, what might be the significance of breastfeeding? Thirdly, how common is it for post-institutionalised children to pursue breastfeeding? Fourthly, what influences the decision to allow or disallow breastfeeding? Why are These Children seeking Breastfeeding? Given the large gaps in the history of the children whose cases are described, the ages of many of the children at adoption and language issues it is impossible to determine with certainty why these children sought breastfeeding. However, a line of reasoning will be presented in this discussion suggesting that the motivation to breastfeed may be connected to the original relationship each child had with its birth mother. It must be emphasised that this reasoning is highly speculative but since this phenomenon has not been previously described it has a role in raising issues that can be more fully investigated at a later date. Children may be seeking breastfeeding as a conditioned response to stimuli provided by the adoptive mother, may have memories of breastfeeding or the mother child relationship, or may be exhibiting regression in response to stress.

Suckling and the Mother Habitat In contemplating how these children might have come to seek breastfeeding it is helpful to consider what is known about the initiation of suckling behaviour in infants. Suckling is a complex and specialized behavioural sequence for which neural and behavioural systems are developed prenatally (Smotherman and Robinson, 1992). Infants express a neurological niche to breastfeed within their first developmental habitat, that of skin-to-skin contact with their mother (Alberts, 1994; Kirsten, Bergman and Hann, 2001). Thus, suckling is exhibited postbirth as the infant experiences environmental stimuli associated with the "habitat of mother" and engages the appropriate motor mechanisms (Hogan, 1988; Smotherman and Robinson, 1994). Although, suckling is congenital (Marchini, Persson and UvnasMoberg, 1993; Righard and Alade, 1990), the skills involved in breastfeeding are often considered transient, being extinguished without practice (Alberts, 1994). It is not uncommon for children once weaned to be unable to return to breastfeeding because they have forgotten how to suckle (Bumgarner, 2000). However, early sensory experiences such as those involved in suckling can also induce a conditioned response at a later date if stimuli are present that represent the original environment. In the case of suckling, this is the "habitat of mother" (Blass, 1990; Smotherman and Robinson, 1992). Thus, the desire to breastfeed as expressed by the children described here may be a conditioned response to the return to an environment within

which they are in close physical contact with a mother. Exhibition of a conditioned response as a result of previous experience would only be possible for those children who had ever breastfed. However, children not previously breastfed might exhibit a desire to suckle if being placed in "the habitat of mother" elicits not a conditioned response but the neurologically niche behaviour of suckling that is present at birth.

Memory of Suckling and the Previous Maternal-child Relationship

In the children who were older when separated from their birth mother it is possible that they may have been breastfed for a considerable period of time and had conscious memory of breastfeeding at the time of adoption. Thus, they might understand that suckling is an appropriate behaviour between child and mother. Whether memory of suckling would be possible in children who were young at time of maternal loss is a more complex proposition, overlapping with the discussion of conditioned stimuli and niche behaviour. Memory develops before birth and increases in quality and quantity as infants mature (Hepper, 1996). It is thought that infants are able to construct situation specific, representations of events in their memory allowing them to respond in appropriate ways to stimuli they have experienced previously (Gaensbauer, 1982; Penis, Myers and Clifton, 1990). Certainly there is evidence that very young children can remember early experiences (Drell, Siegel and Gaensbauer, 1993; Gaensbauer, 2002; Myers, Clifton and Clarkson, 1987; Perns et al., 1990; Sugar, 1992). Seitz (1950) provides evidence that breastfeeding experiences may be long retained in memory in presenting a case history involving a child weaned from the breast at two weeks of age. This child, after experiencing trauma at 18 months, regressed in a number of ways and sought to duplicate the physical sensations of breastfeeding through demanding bottle feeding and using hair (plucked from her own head) to tickle herself under the nose as her mother's nipple hairs had done when she breastfed. In the cases presented, remembering the previous maternal-child relationship within which breastfeeding was contained may have resulted in expression of the desire to breastfeed. These children had moved from what may have been a nurturing environment with their birthmother to a neglectful environment in an institution (or in one case an abusive adoptive family), also involving the traumatic loss of their mother, but were then moved to a nurturing environment with their adoptive family. It is possible that the movement to a nurturing environment elicited memories in the children that included the closeness associated with breastfeeding and as a result they sought to repeat that experience by seeking breastfeeding with their new mother. Repeated suckling episodes with their birth mother may have also resulted in the development of an internal working model of the mother-child relationship that included breastfeeding and reinstatement of a mother-child relationship on adoption raised the expectation that breastfeeding would be involved. The repetitive nature of breastfeeding may aid in cementing suckling within the memory of infants (Blass, 1994). The earliest memories of the maternal-infant relationship are contained within the amygdala and smell, taste, and touch via the mouth are the dominant means by which the infant senses the world (Schore 2001a). Since maternal odours are associated with close physical contact with their mother, smell is particularly important in assisting babies to recognise their mother (Cernoch and Porter, 1985). In addition, memory is enhanced for smells associated with strong emotions (Gottfried, Smith, Rugg and Dolan, 2004) and is resistant to decay over long intervals (Sullivan, Landers, Yeaman and Wilson, 2000) which is significant in the cases presented since in many instances there was a long period of time between maternal loss and adoption. It may be that physical closeness with their adoptive mother (and the associated odour) aroused memory of a maternal presence, breastfeeding and the drive to suckle, reflecting the child's internal state and history in an environment of close contact with a mother. The children who sought breastfeeding may also have been expressing a desire for the attunement that they had previously felt with their birthmother. Between a mother and newborn child attunement is created as the mother and child interact with each other, getting to know one another intimately (Hughes, 1999). Breastfeeding facilitates attunement via physical and physiological factors some of which will be discussed later. Hughes (1999) observed that when a child who has been in an abusive or neglectful environment is placed into an adoptive family where they experience nurturing, the child may experience feelings from their infancy that reflect a desire for attunement with a primary caregiver. Thus, children who

sought breastfeeding may have been seeking attunement. There may be a further motivation in seeking breastfeeding in that when a mother and child are attuned to one another, the responsiveness of the mother to the child acts as a regulator of infant behaviour and physiology (Hofer, 1994). This regulatory seeking may be especially important for post-institutionalised children who are known to have difficulty with self regulation due to early deprivation (Schore, 2001b). The maternal regulatory role may be enhanced by the physiological interdependence which breastfeeding creates between mother and child (Lozoff, Brittenham, Trause, Kennell, and Klaus, 1977). Thus, children might also have been seeking an external regulator in the chaos of placement. Those who have researched newborn behaviour in relation to suckling state that babies are expressing a desire to remain close to their mother when they seek contact and breastfeeding (Blass and Ciaramitaro, 1994). It may be that some of the children who are seeking breastfeeding post-adoption were expressing a desire for maternal closeness. It has been theorized that newborn babies recognize their mother primarily by the oral, tactile mode in suckling at the breast and that the mother's breast is 'imprinted' on the baby as representing the mother (Mobbs, 1989). It is significant that some mothers described their child's need to suckle as being "primal" and that two children were able to express previously suppressed grief at their loss of birthmother during breastfeeding. For these children suckling may have allowed the resurgence of these earlier feelings of attunement and the pain associated with the loss of their birthmother. In contemplating how these children might have come to seek breastfeeding it is helpful to consider what is known about the initiation of suckling behavior in infants. Suckling is a complex and specialized behavioral sequence for which neural and behavioral systems are developed prenatally (Smotherman & Robinson, 1992). Infants express a neurological niche to breastfeed within their first developmental habitat, that of skin-to-skin contact with their mother (Alberts, 1994; Kirsten, Bergman & Hann, 2001). Thus, suckling is exhibited postbirth as the infant experiences environmental stimuli associated with the "habitat of mother" and engages the appropriate motor mechanisms (Hogan, 1988; Smotherman & Robinson, 1994). Regression due to Trauma Regression in response to trauma is a commonly recorded phenomenon (Cohen, 1994; Drell et al., 1993; Seitz, 1950) and may be involved in the desire of children to breastfeed. The children in the case studies presented had all experienced at least two significantly traumatic events: the first being the separation from their birthmother and the second being the removal from the institutional environment and placement in their adoptive family. Regression may be exhibited in many different areas of the child's life including in sleeping patterns or toileting, and regression in feeding habits and thumb sucking is commonly reported in newly adopted children (Hopkins-Best, 1998; James, 1994). It is also interesting that infants separated from their mother express increased sucking needs, perhaps as a direct response to stress (Hofer, 1994). Thus, it is possible in seeking breastfeeding that the children may have been regressing in response to the trauma of the placement in their adoptive family. How Might Breastfeeding be Significant? Breastfeeding may have been significant in providing comfort and stress relief to the children; may have assisted in the development of the child-mother relationship and may have assisted the mother to be more responsive to her child. In the cases presented here, breastfeeding was primarily non-nutritive, that is "comfort suckling." It has been observed that non-nutritive sucking of transitional objects such as thumbs, pacifiers or blankets is common (Bowlby, 1969). Sucking on such objects provides comfort to the child and Bowlby (1969) proposed that such use of transitional objects represents the child's redirection of attachment behaviour to an inanimate object when the mother is not present. Thus, suckling at the breast provides the comfort of a transitional object but at the original source of comfort, that is the mother (Bowlby, 1969). Suckling focuses the attention of the child upon the mother reducing sensory input from elsewhere (Blass and Ciaramitaro, 1994) and has a calming effect on children, reducing heart and metabolic rates (Blass, 1994), and providing pain relief (Blass and Ciaramitaro, 1994). Provision of comfort and stress relief to newly placed post-institutionalised children is important since such children are known to be under considerable stress and have more difficulty in dealing with stress than children without a history of deprivation (Ladd et al., 2000; Schore, 2001b). Thus, post-institutionalised children who breastfed were likely to have obtained comfort and calming in suckling from their

mother. For some children suckling at the breast was associated with going to sleep. Researchers have concluded that the common use of transitional objects by children going to sleep indicates that sleep is a challenge for many children (Wolf and Lozoff, 1989). In addition, sleep disturbance is extremely common in newly adopted children (Hopkins-Best, 1998). However, suckling stimulates the release of the hormone cholecystokinin in the gastrointestinal tract, inducing sleepiness (Uvnas-Moberg, Widstrom, Marchini, and Winberg, 1987) and it is likely that breastfeeding was of assistance to some children in achieving sleep. Breastfeeding may have contributed to relationship development. At placement both child and parent are alien to each other and it is only over time and through intimate interaction that the mother-child relationship develops (Cohen, 1994). Breastfeeding helps to forge mutually intimate relationships as characteristics of intimacy such as reciprocity, harmony, trust, emotional closeness, and skin-to-skin contact, are all part of the breastfeeding experience (Dignam, 1995). The physical intimacy and acceptance provided by suckling may have been the most significant component of breastfeeding for those older children who breastfed only a few times and would likely have been important to those children who breastfed over a protracted period. The child suckling at their mother's breast may have promoted maternal sensitivity. Research has found that skin-to-skin contact such as that involved in breastfeeding encourages behaviours that assist attachment (Feldman, Eidelman, Sirota, and Weller, 2002; Tessier et al., 1998). In addition, breastfeeding itself has been associated with the exhibition of a greater responsiveness and caring in mothers (Brandt, Andrews, and Kvale, 1998; De Andraca, Salas, Lopez, Cayazzo, and Icaza, 1999; Fergusson and Woodward, 1999). Encouraging maternal responsiveness is important since there is a positive correlation between maternal sensitivity and the security of attachment in children (Pederson, Gleason, Moran, and Bento, 1998). The greater responsiveness of breastfeeding mothers is at least partially due to the release of oxytocin during breastfeeding, which promotes the development of maternal behaviour (Uvnas-Moberg and Eriksson, 1996) and is involved in the development of maternal love (Bartels and Zeki, 2004). However, there may also be a more mechanical reason for the increased responsiveness of breastfeeding women in that the physical circumstances that surround breastfeeding require mothers to maintain physical proximity to their child and to interact with them on a regular basis in a positive and intimate manner (Blass and Ciaramitaro, 1994; Epstein, 1993; Smotherman and Robinson, 1994). Mothers who allowed their child to breastfeed expressed that the act of suckling assisted them to feel closer to their child. Perhaps this was a result of the opportunities breastfeeding provided for intimacy or because in seeking breastfeeding their child was expressing in action a desire to be with them. The trauma for the child of abandonment, institutionalization, and placement in an adoptive family has been acknowledged, but the adoption of a child is also often difficult and stressful for the parents. Adoptive parents often strive to feel entitled to parent their child in the face of societal attitudes that regard adoptive families as a deficient, aberrant familial configuration (Edholm, 1982; Miall, 1987) and the newly adopted child may also present with some challenging behaviours that make parenting difficult (Marcovitch, Cesaroni, Roberts and Swanson, 1995). Breastfeeding however, may assist adoptive mothers in feeling entitled to parent as well build their confidence in mothering and assist in healing any grief that may be present as a result of infertility (Affonso, Bosque, Wahlberg, and Brady, 1993; Friedman, 1996). Breastfeeding may also help mothers to cope with stress because the hormones oxytocin, prolactin, and cholecystokinin are released in response to suckling (Uvnas-Moberg and Eriksson, 1996; UvnasMoberg, Widstrom, Werner, Matthiesen, and Winberg, 1990), resulting in breastfeeding women being more relaxed than non-breastfeeding women (Amico, Johnson, and Vagnucci, 1994; Cervantes, Ruelas, and Alcala, 1992). Decreasing stress is desirable since there is evidence that stress inhibits maternal responsiveness and thus attachment development (Rosenblum and Andrews, 1994). How Common Is it for Adopted Children to Initiate Breastfeeding? It is difficult to determine how commonly newly adopted children express a desire to breastfeed because it appears that this is not something that most families discuss with their health or adoption professionals. There seems to be a reasonable concern that professionals may perceive the intimacy of breastfeeding as being an activity that is sexually inappropriate or pathological (Dignam, 1995). This

fear is one that is also common amongst biological mothers breastfeeding nonnewborns in Western cultures (Hills-Bonczyk et al., 1994; Sugarman and Kendall-Tackett, 1995; Wrigley and Hutchinson, 1990) and may be magnified in the case of adoptive mothers who, as mentioned, may feel less entitled as parents, especially in the early days post-placement (Miall, 1987). The misappropriation of breasts as a primarily sexual organ is unfortunately pervasive in Western culture (Palmer, 1988) and is present even in professional discourse (Lebovici and Kestenberg, 1993). Therefore, it is understandable that mothers would be selective with whom they share their experience of being approached to be breastfed by their child. That said, the number of cases the author has become aware of without actively seeking suggests that this may not be an uncommon phenomenon.

What Influences the Decision to Allow or Disallow Breastfeeding? Deciding to allow or disallow breastfeeding is a difficult choice for many mothers. Some mothers, even if their child is quite young, are uncomfortable with the idea of breastfeeding and do not contemplate the idea seriously. Comments from informants suggest that this may be because they were unprepared for the possibility; they feel that it is inappropriate because their child is adopted or because they do not have milk or they are generally at ease with the idea of breastfeeding regardless of whether the child is biological or adopted. The age of the child also plays a role in decision-making. Whilst anthropological research indicates that breastfeeding until the age of four or five years is routine in some cultures and that the natural age of weaning may be as old as seven years (Dettwyler, 1995), breastfeeding past the age of one year is considered socially unacceptable by many in Western societies (Hills-Bonczyk et al., 1994). Since all of the children in the cases described except five were older than one year of age at the time they sought suckling most mothers were placed in the situation where they had what society would consider an "older" child seeking breastfeeding. Regardless, most mothers of children younger than six or seven years of age allowed their child to suckle. However, it cannot be claimed that the cases presented are a representative sample and it may be that mothers who do not allow suckling are less likely to discuss their situation. Mothers who had previously breastfed biological children appeared the most comfortable with their decision to allow breastfeeding. For those whose child was seven years or older, decision-making regarding breastfeeding was more difficult and some mothers expressed that they spent quite some time considering the issue. These mothers are clearly in a more difficult situation because their child is older than what would usually be considered normal for breastfeeding (and may be approaching puberty) although mothers also note that due to their child's history they may be younger emotionally than their chronological age. Some mothers have allowed their much older children to breastfeed, others have substituted bottle feeding. Clearly further research into this phenomenon is required in order to fully elucidate why children are seeking breastfeeding, what the impact of allowing or disallowing suckling might be and provide some guidelines for parents and professionals to aid them in decision making especially in cases where the child is older. In order to prepare families, adoption professionals should be encouraged to make adoptive-parents-to-be aware of the possibility that their child might seek breastfeeding. In addition, in light of the potential benefits of breastfeeding an adopted child, it may be beneficial for families to consider whether it might be appropriate for an adoptive mother to pursue breastfeeding their newly placed toddler or baby if their child does not initiate breastfeeding. There is recognition in the literature that breastfeeding is dependent not only on the desires of the mother but on the wishes and abilities of the child (Lothian, 1995; Newton and Newton, 1967) and of course this needs to be respected. Anecdotal reports suggest that for those adopted children who do not seek breastfeeding, development of a threshold level of trust and attachment between mother and child is required before many children can contemplate breastfeeding (Australian Breastfeeding Association, 2004).

CONCLUSION It is apparent that it is not uncommon for post-institutionalised adopted children to seek breastfeeding from their adoptive mothers. However, further research is required to quantify the incidence of this phenomenon and determine with certainty the reasons behind this behaviour.

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