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Rosenbaum, Linda. (2014). Not Exactly as Planned: A Memoir of Adoption, Secrets and Abiding Love. Bradford: Demeter Press.

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Linda Rosenbaum's book, "Not exactly as Planned: A Memoir of Adoption, Secrets, and Abiding Love" is part personal memoir and part parenting book, likely to be shelved among titles with topics such as "how to get your child to eat their vegetables" and "potty training in 3 days". However, this is not that type of parenting book. It is a well written journey through the emotional ups and downs the author faced as a parent, specifically an adoptive parent, and how she coped with raising a special needs child.

The book grabs the reader with the prologue titled "the first secret", this sets the stage for the continual theme of necessary secrets throughout the book. From there the book details the major events in Linda's life, smoothly moving between different time periods to give the reader the necessary background info only when it is needed to understand what may happen next. Major issues discussed are raising a child diagnosed with Fetal Alcohol Syndrome (although the current medical term has been updated to Fetal Alcohol Spectrum Disorder), adoption, fertility, parenting, managing complicated family relationships, and maintaining a marriage; all with a continual thread describing her own mental health, guilt surrounding family secrets, and her cultural and religious values as a Jewish person. In short, this book has it all.

We learn how she met her partner, Robin, and of their journey through fertility treatments, disappointments, and their decision to grow their family through adoption. The book offers a raw look into what couples face during this process. It also provides details on the reality that there are not readily available, healthy babies, waiting for adoption. They were initially advised to look into adopting from abroad or to “find your own baby to adopt” (p. 68). By happenstance, one day they got a call from a neighbour whose stepdaughter was pregnant and not in a position to raise the child herself. A closed adoption was agreed upon.

The early years managing their son’s behaviours were difficult, as he was born at a time when the effects of alcohol during pregnancy weren’t well known or even being studied. The author notes that “crack babies” were the main concern of medical research at that time (p. 155) . Coupled with the general lack of information among medical professionals, was the lack of support for parents. Linda describes in an earlier chapter how she had never fit in with the other new moms; they simply didn’t understand that her experiences were on the extreme ends of what other parents might be experiencing in difficulty. After the diagnosis she went to a support group for parents of children like hers. Unfortunately, her experience was met with resentment instead of support. They resented the comparatively “early” diagnosis which gave her time and hope that the other parents never had.

They received his diagnosis when he was six years old; by which time his birth mother had another child, who had been diagnosed with Fetal Alcohol Effects years earlier and was being raised by the mother’s father and stepmother. This presented a new challenge as their son became quite close friends with this boy. Due to the nature of a closed adoption they couldn’t tell him his best friend was actually his biological half brother. The book describes these struggles in vulnerable detail. After meeting with an adoption counsellor to formulate a game plan, they did eventually tell the boys the truth.

The author contrasts the experience of the closed adoption her family had with their son, to the open adoption they arranged with their daughter. When they had made the decision to adopt another child, they again had to find their own baby to adopt. This time they placed an ad in the newspaper and a young woman responded. Throughout her daughter's childhood Linda exchanged phone calls and letters with the birth mother to keep her updated of current events such as losing her first tooth. Once in her teens her daughter started communicating directly with her birth mother; although none of the parties involved ever met face to face until the child turned 18. Before the big decision for everyone to meet they again met with an adoption counsellor to ensure the daughter entered the situation with clear expectations.

This connects with the common thread of the author and her family unapologetically seeking out therapists, counsellors and professionals as needed throughout their life. She is not afraid to discuss the marriage counselling they went through and the importance of caring for themselves as a couple. When they eventually made the decision to send their son to a group home for a year, she admits they needed time to focus on their daughter and time for the family to heal from the extended strain they had all been under. Most importantly, the author takes time to talk about her past trauma's and life experiences she had before becoming a parent. I liked that she acknowledged herself as a whole person separate from the role of "caregiver to a special needs child". A strength of the book is that the author explores this range of other life experiences separate from the experience of raising a special needs child.

As for limitations, I do think there was an important note missed in that nowhere in the content of the book does it include the fact that the term "Fetal Alcohol Syndrome" or "FAS" has been out of use for roughly 10 years now. It was replaced with “Fetal Alcohol Spectrum Disorder” or “FASD” to reference the fact that symptoms of those exposed to fetal alcohol are varied and present in many individual ways, thus making the condition more of a spectrum than one specific syndrome. Using the terminology that he was diagnosed with at that time does provide a sense of how real her experiences are. However, when mentioning her son’s biological half brother being diagnosed with “Fetal Alcohol Effects (FAE)”, the author included a bracketed note that his condition is “now known as ‘alcohol related neurodevelopmental disorder’ ARND” (p. 153). I see no reason why a similar note could not have been added to describe her son’s condition. This provides a potential limitation in the audience the book reaches. A parent of a newly diagnosed child may not realize this book is for them while searching for a book to draw comfort and a sense of what to expect from the story of another parent.

I believe providing this sense of comfort was one of the primary intentions of the author. She wanted to share her story in the hopes that someone might find something they could relate to. As already stated, there was little support or resources available when she began her parenting journey. We take for granted the knowledge that pregnant people shouldn’t consume alcohol. In the time her son was born people knew to limit alcohol, that it probably wasn’t good, but it wasn’t common knowledge how bad it actually was for a developing child. In the author’s acknowledgements she thanks her family for allowing her to tell her story in her own way. I do think she accomplished this goal of sharing a well written account of her life events, making it both entertaining and heartwarming.

The type of academic audience that would be interested in this book includes those working with children or families experiencing the effects of FASD. This can include those working in the foster care system, adoption workers, teachers, therapists, and medical professionals who may all encounter these children in their professions. It may help them to gain some perspective by hearing someone share a detailed account of the ups and downs they experienced. The book may also be of interest to anyone considering adoption themselves, as a reality check into how things do not always go exactly as planned.