The Adopted Child and a Place to Belong: An Adlerian Perspective

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Abstract

The trauma experienced by adopted children is greatly underestimated and largely misunderstood by the mental health community as well as society at large. For the adopted child, finding a place to belong presents unique challenges. Research indicates that separation and loss from a person’s biological family has a profound effect on his or her ability to trust and develop healthy relationships. From an Adlerian vantage point, this paper discusses the difficulties adopted children face as they navigate the developmental stages of the life cycle in search of a place to belong. Recommendations for treatment from an Adlerian perspective as well as current trends in therapy are also presented.
The Adopted Child and a Place to Belong: An Adlerian Perspective

“Everything that happens in the world happens through relationships. Whenever two people come together, even for a moment, they exchange looks, feeling, thoughts, ideas, and energy. In the mirror of another person we see ourselves more clearly – our gifts and our limits, our desires, and our needs.”

~Linda Marks (Verrier, 2003)

Adoption is not a single event, but a complex lifelong process. It has been widely accepted in our society as a solution for the care and rearing of children whose biological parents cannot provide for them (Brodzinsky & Schecter, 1990). It has generally been assumed that the various parts of the adoption triangle would simply go on their way to “live happily ever after.” This paper challenges the validity of that assumption based on empirical research. It focuses on what is known as “traditional adoption”, which is when a child is adopted as an infant up to 6 months of age.

Secrecy and Shame in Adoption

Adoption has been shrouded in secrecy since the early 1900’s. Early adoption laws, beginning with the Minnesota Act of 1917, were designed to shield adoption procedures from public scrutiny. The intent was to provide privacy for both the birth parents and the adoptive parents, and to remove the stigma of illegitimacy from the child.

Prior to the 1970’s nearly all adoptions were “closed”, meaning the adoptive parents and the birthparents do not meet each other. In the past, both adoptive and birth parents were encouraged to get on with their lives. Adoptive parents were assured that if they were good
parents, no curiosity would exist. Adoptees who had questions of identity, ancestry, and genetics had nowhere to turn for answers. There was little or no recourse for the adoptee to access information since most states had, and continue to have, laws concealing birth certificates and court records.

A public affairs pamphlet from 1969 entitled, “You and Your Adopted Child”, states, “Instances of extreme curiosity and concern almost never happen. However, should a youngster ever raise the question, it is important of course, to make it very clear that a search is unrealistic and can lead to unhappiness and disillusionment (Silber, 1997).

Parents were encouraged to “get on with their lives” and “put this event behind them”. They were given no preparation to deal with future issues.” Adoptees who had questions of identity, ancestry, and genetics had nowhere to turn for answers. There was little or no recourse for the adoptee to access information.

The liberation movements of the 1960’s and 1970’s (women’s liberation, civil rights movement, sexual revolution, adoptees’ liberty movement, birth fathers’ rights) had a significant impact on current adoption practices (Silber, 1997). New birth control methods reduced the number of unwanted pregnancies (Silber, 1997). The legalization of abortion gave women a choice as to whether or not they wished to carry an unplanned pregnancy to term.

Because secrecy in American society is associated with shame, the shame and stigma of closed adoption leads most adopted children to feel there is something inherently wrong with them (Brodzinsky & Schecter, 1990). Many adopted children believe they were thrown away or given away because they were bad or ugly (Lifton, 1994). Since all children believe they are at the center of the universe, adopted children must also conclude that there is something wrong with them because their birthmother gave them away (Brodzinsky & Schecter, 1990).
Adoption Trauma

Repeatedly in the literature on adoption one encounters the word “adoption trauma”. Seeing those two words together is disturbing. Images of trauma are more commonly thought of as a fireman carrying bodies out of a burning building; a solider on the battlefield watching his friends get killed in battle; or worse yet, having to stare an enemy soldier in the face before taking his or her life. The holocaust, rape, hurricanes, and earthquakes, all conjure up images of trauma, but not adoption. The word adoption does not seem to be consistent with the word trauma.

Trauma is defined as an experience that is sudden, unexpected, and abnormal (Lifton, 1994). Another description of trauma is “an emotional shock following a stressful event or physical injury, which may be associated with physical shock and sometimes leads to long term neuroses.” Trauma overwhelms a person’s ordinary human adaptation to life and exceeds one’s ability to meet its demands. Trauma can affect victims on every level of functioning: biological, psychological, social, and spiritual (Van der Kolk, 1996).

Research indicates that when a child is separated from his mother at birth, he or she experiences trauma (Emerson, 1996). A helpless newborn infant, who has just left the safety of the womb, has no way to adapt to the sudden disappearance of his or her mother. Professionals are beginning to realize what a profound effect this separation trauma has on the adopted child (Hall & Oppenheim, 1987). Research on adoption does indeed indicate that the words adoption and trauma go together.

Developmental Challenges of the Adopted Child

Our earliest experiences in life are believed to be the most formative in terms of personality development, sense of self-worth, and the ability to be in relationship with others.
(Erikson, 1958). Each developmental stage in the life cycle is a self-contained building block. As life progresses, each developmental stage is transformed into the dynamic of the next stage. When trauma is experienced, the transition from one developmental stage to the next can be delayed or impaired (van der Kolk, 1996).

_Prenatal trauma_

Over the course of the last 50 years, studies have shown that the ability of the fetus to feel, experience, and perceive is much greater than had been previously thought (Huizink et al., 2002). Research indicates that what pregnant mothers experience, babies also experience (Emersen, 1996). Maternal stress in pregnancy has been found to have an extensive effect on the development of the fetus (Brodzinsky, 2005). It is also believed that prenatal experiences can be remembered and have life long impact (Brodzinsky & Palacious, 2005).

Research shows that everything the pregnant mother feels and thinks is communicated through neurohormones to her unborn child (Lemaire, Koehl, LeMoal, & Abrous, 2000). Current research indicates that maternal stress impacts the brain circuits and neurochemistry associated with problems in regulating attention and emotions (Lemaire et al., 2000). When the mother experiences high levels of stress, she produces the stress hormone, cortisol. When cortisol crosses the placenta from the mother to fetus, fetal levels of cortisol are increased as well. Recent studies indicate that elevated prenatal cortisol has been associated with several negative conditions including attention and temperament problems in infancy, externalizing problems in childhood, and psychopathology in adulthood (Field & Diego, 2008).

Undoubtedly, crisis pregnancies produce stress. When adoption is being considered, there is often a sense of disconnection between the mother and her unborn child. The planned separation is always in the mother’s consciousness. Former British physician and primal
The Adopted Child

therapist, Frank Lake, believed that if maternal emotion, or “umbilical affect” is negative, the fetus feels unrecognized and insignificant (Maret, 1997).

Several studies have shown that adoptees tend to have poorer prenatal histories compared to non-adopted control groups (Brodzinsky & Schecter, 1990). The intrauterine environment for many adopted children is one in which the birth mother is careless about using cigarettes, alcohol, or drugs (Rottman, 1974). She may have failed to get prenatal care, or was herself still a growing child. Any one of these conditions can adversely affect a fetus’s physical and neurological development (Maret, 1997).

In 1960, Ferreira made a statistical study of the significance of the mother’s attitude to her unborn child. This study showed conclusively that the infants had been strongly affected by their mother’s negative and fearful attitude toward them in the womb (Ferreira, 1960). A longitudinal study done by Rottman in 1974 determined that the more conflict, ambivalence, and rejection the mother demonstrated in her relationship with her unborn child, the more the child was affected after birth (Rottman, 1974). These children showed disturbances of perception and attention, irritability, and states of extreme restlessness (Rottman, 1974).

Verny, one of the world’s leading experts on the effects of the prenatal and early postnatal environment on personality development, describes maternal anxiety or stress as similar to a computer virus. Just as a computer virus systematically corrupts the software of any system, a mother’s anxiety and stress gradually causes miswiring in the child’s brain (Verny & Kelly, 1981).

*Perinatal trauma*

Attachment and bonding are critical in human development. When a newborn enters the world and healthily attaches to his or mother during infancy and toddlerhood, essential
neurological development takes place (Singer, Brodzinsky, & Ramsay, 1985). In the same way, appropriate social skills, behaviors, and emotional balance are developed. Such an early attachment relationship creates health and trust yielding lifelong, safe, and supportive relationships (Gray, 2002). Generally, when infants are placed for adoption they do not have the opportunity to attach or bond with their birthmother.

John Bowlby, the first attachment theorist described attachment as a “lasting psychological connectedness between human beings” (Van Wagner, 2003). As a result of his studies, Bowlby concluded that to grow up mentally healthy, “the infant and young child should experience a warm, intimate, and continuous relationship with his or her mother (or permanent mother substitute) in which both find satisfaction and enjoyment” (Van Wagner, 2003).

The term “mother” is used by Bowlby to refer to any mother figure who acts as the primary caregiver. It is implied that another primary caregiver could replace the child’s mother without having an impact on the child. Recent studies however, emphasize the importance of physical contact between infant and birthmother due to their symbiotic relationship.

Bowlby believed that the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life (Van Wagner, 2003). Although he acknowledged that attachment is instinctive in nature, he believed that attachments also depend on the environment in which the child is exposed (Van Wagner, 2003). According to Bowlby, secure attachments early in life are good predictors of emotional health later in life (Van Wagner, 2003). When trauma occurs prior to or during birth, the quantity and quality of bonding is radically reduced. It can no longer be assumed that the biological mother can be replaced with another “primary caregiver” without the child being both aware of the substitution and traumatized by it (Verrier, 2003). The infant goes through a crucial period when he or she makes
the transition from the warm, fluid, dark security of the womb to the cold, bright, alien world of postnatal life (Verrier, 2003). When the child is not wanted and there is separation due to adoption, the influence on bonding is exacerbated (Singer, et al, 1985).

It is rare for babies to receive understanding, acknowledgment, and compassion after their prenatal and birth traumas. Some adoption experts feel this is simply because no one believes that traumas have taken place (Verrier, 2003). Such babies act as if they are OK and do not need comforting or support. They do not easily let themselves be comforted and held, either pushing their parents away and/or ignoring their parents attempts to comfort and console them.

The traumatized infant remains in a defensive stance with respect to the world, and does not “let the world touch him” (Verrier, 1991). Research has shown that when infants (who have been separated from their mothers at birth) are played a recording of their mother’s heartbeat, they show a much better weight increase than the babies in a control group (Janus, 2001).

A mother is biologically, hormonally, and emotionally programmed to bond and respond to her baby at birth (Singer et al., 1985). There are a series of sensations and events, some of which begin in utero which aid in the postnatal bonding experience: breast feeding, odors, eye contact, touching, and familiar sounds, such as the heartbeat and voice (Singer et al., 1985). That a baby knows its own mother at birth has been proven repeatedly (Emersen, 1996).

When a child is separated from his or her mother at birth he or she no longer experiences the security and serenity of oneness that was felt in the womb. It is believed by many professionals that the infant has missed something that cannot be replaced, even by the most motivated of adopted mothers (Verrier, 1991). Furthermore, the adoptee yearns for this connection, which often leaves him or her feeling hopeless, helpless, empty, and alone.
Verrier, author of *The Primal Wound*, has interviewed hundreds of adoptees over the past 20 years. She believes that severing the connection between the adopted child and his or her birthmother causes a primal or narcissistic wound which affects the adoptee’s sense of self and often manifests itself in a sense of loss, mistrust, anxiety, depression, emotional and/or behavioral problems, and difficulties in relationships with significant others. Her experience causes her to believe that the infant has missed something that cannot be replaced, even by the most motivated of adopted mothers (Verrier, 1991).

The child misses out on the security and serenity of oneness with the person who gave birth to him or her; a continuum of bonding from prenatal to postnatal life. Verrier further believes that bonding is affected by the awareness, whether conscious or unconscious, that the original separation was the result of a “choice” made by the mother. Her research concludes that the adoptee yearns for this connection, which often leaves him or her feeling hopeless, empty, and alone.

*Infancy – Early childhood*

According to Erikson, a sense of trust is the most important psychological task of early infancy. Secure attachments normally develop in the first year of life. By providing care with consistency and warmth, most parents, both biological and adoptive, nurture this sense of trust. An infant needs to learn that he or she can depend on his or her own behavior as well as that of his or her caregivers. A secure attachment with reliable and sensitive parents helps children learn to trust their parents, trust their own feelings, and care about the feelings of others.

In most homes, trust develops naturally. Studies of babies who were adopted before the age of 6 months showed no difference than those babies in biological families (Singer, Brodzinsky, & Ramsay, 1985). One study found that 13-18 month old infants appeared to be
just as attached to their adoptive mothers as non-adopted infants of the same age were to their biological mothers (Singer et al., 1985). In spite of early trauma experienced in the womb and immediately after birth, it appears that most adoptees develop trust naturally as a result of their basic needs being met.

Until age 3, most adopted children do not realize there is a difference in the way they joined their family. At age 3, children enter the “magic years” in which they love to hear their adoption story and fantasize about being a chosen child (Lifton, 1994). At this age, most children begin to ask questions about what adoption means, but do not yet understand that they have another family in addition to the one with which they live. Sociologists, psychologists, and psychiatrists have long been saying that the first three years of life are the most important years in terms of the development of the personality (Lifton, 1994).

**Middle Childhood.**

Most children under the age of 6 have not yet formulated their identities as separate from their parents (Erikson, 1958). Betty Jean Lifton, states that the majority of adult adoptees she interviewed spoke of feeling very attached to their adoptive mothers as young children (Lifton, 1994). It was not until they reached middle childhood or adolescence that they began to feel “disconnected” or “alienated.” Some psychologists attribute this to the adoptee’s developing conceptual skills (Singer & Brodzinsky, 1994).

By age 6, most adopted children are still trusting and open with their parents (Brodzinsky & Schecter, 1990). This is when they begin to probe for more concrete information about their birth mother and the circumstances of their birth. Usually, by the time adopted children enter kindergarten, they realize that most of the children they come in contact with are not adopted. During this time, they ask questions over and over in an attempt to make some sense of what
happened to them. “What is her name?” “Where is she now?” “Can I see her picture?” “Can I meet her?”

Between ages 6 and 12, adopted children realize that in gaining an adoptive family they have lost a birth family. They begin to recognize and may become upset by the differences resulting from their adopted status. Because an adopted child quite often does not share the biological characteristics of his or her adoptive family, such as appearance, intellectual skills, and personality traits, he or she may have difficulty identifying with his or her adopted parents.

Living in a place where they are not mirrored or reflected causes some adoptees to feel as if they do not belong or fit in. At this point, adopted children often try to shut out the subject of adoption. This means they must separate one part of the self from the rest of self. Clinicians agree that children cannot form a healthy sense of self if they must deny reality. This however, is exactly what adopted children are expected to do (Verrier, 2003).

The child forced to give up his or her real self cannot develop feelings of belonging. Instead he or she has feelings of anxiety, of being isolated and helpless. The adoptee is confused by the conflict between his or her genetic self, which is authentic but not reflected, and his or her adaptive self, which is reflected, but not authentic.

The sense of not fitting in, not belonging, of being reminded over and over again that he or she is not like those with whom he or she is living creates a sense of alienation or a form of trauma that is chronic and prolonged. The more there is a difference in the basic personality of the adoptee and his parents, the more traumatic his or her struggle becomes. At some point, the reality of being cut off from the past may become too much for him or her to handle, and he or she becomes angry and frustrated.
The term *identity crisis* was made famous by Erikson who defined it as the time in adolescence when children begin to ask, “Who am I”? (Erikson, 1958). Adopted children are no different from others in their patterns of identity formation. However, adolescence can be especially difficult for adopted children, as they must discover not only who they are, but also who they are in relation to adoption (Nilson, 2000).

The primary task of adolescence is separating from the family of origin. This task is extremely complex for adopted teens. Erikson’s theory of identity suggests that there are psychological tasks a young person must solve in the early stages of the life cycle: basic trust and trust worthiness, self-esteem, a sense of right and wrong, independence, and initiative. He maintains that failure to achieve a strong sense of self by accomplishing these tasks leads to what he calls identity confusion (Brodzinsky, 1958).

Some experts on adoption believe that the most significant issue facing adoptees is one of developing a stable, unified, and positive sense of self (Brodzinsky et al., 2005). This task is thought to be more complex following adoption. It has been suggested that the difficulties adoptees face in resolving a sense of coherent and positive self-identity are tied to four fundamental psychological issues: (a) disturbances in early development caused by interpersonal relationships which undermine trust and security; (b) problems in resolving feelings towards adoptive parents and siblings; (c) complications related to the “dual identity”; shaped by two sets of parents; and (d) confusion and uncertainty regarding genealogical continuity (Brodzinsky & Palacious, 2005).

As adopted children grow and change during adolescence they may become troubled by the fact that they don’t seem to fit in physically with the rest of their family. They often become
acutely aware of the biological link of the generations and suffer from what is called
“genealogical bewilderment” (Sants, 1964). Adoptees do not know whom they resemble or who
resembles them, nor do they know whose intelligence, interests, and talents they share (Levy-
Shiff, 1997).

Many adolescents believe that to be too curious about adoption is to betray their parents,
or will disrupt a family harmony they view is somewhat tenuous. Some adoptees take on an
identity prematurely in response to subtle and sometimes not so subtle pressure to accept their
family’s point of view without asking any questions. Other adoptees who receive the
unconscious (and sometimes conscious) message from their adoptive parents that their birth
parents do not quite “measure up” to their standards may find it easier or more authentic to take
on the negative identity of those devalued birth parents than to meet the high expectations of the
adoptive parents (Lifton, 1994).

According to Verrier, there is always a wedge of separation between the child and his or
her adoptive mother. This can be extremely difficult for the adoptive mother to understand as
she desperately attempts to fill that gap. What she doesn’t understand is that she cannot fill this
gap because the gap is what is keeping her child safe. There is a magical belief many adoptees
have that if they don’t get close to their adoptive mother, they will never again feel the
devastation of loss that they did the first time (Verrier, 2003).

Adopted children will often fantasize about their biological families. Sometimes they
believe that their birth mother is extraordinarily wealthy and wonderful, and other times they will
have the opposite fantasy of her birth mother as a whore and/or a drug addict. The lack of
information about one’s biological background can create a “hereditary ghost.” This can
contribute to a confused, unstable, and distorted sense of self. Without knowing who the birth
parents are, the adopted teenager sometimes gets the frustrating sense of pushing against a vacuum (Brodzinsky et al., 2005).

During adolescence, children also begin to confront the question, “What do I believe in?” Teenagers typically begin to question and challenge their parent’s values during this time. They try on different values and ideologies to see what fits. They often reject their adoptive parent’s spiritual beliefs, rules, and standards. Children who test their parent’s limits become even more out of control at the very time they want and need more freedom. Compliant children sometimes begin to act out more, as they come face to face with their identity crisis (Nilson, 2000).

Although it is not the norm, some adoptees start an active search for their birth parents during adolescence. Finding their birth parents or discovering more information about them can be a tremendous relief for teenagers. This experience gives teenagers permission to think about their birth families, and to work through their feelings about being adopted. It also gives them something to separate from. After gaining information about their biological family, adoptees are better able to accept themselves as part of their adoptive family and yet feel connected to a partially known past. Studies of adoptees indicate that adolescents who viewed their families as permitting personal growth, formed a higher level of self-concept (Cohen, 2008) and lower levels of pathology (Brodzinsky et al., 2005).

Young Adulthood

Young adulthood can be an especially difficult and lonely period for adoptees. Their questions of identity are, “Who am I in relationship to others?” and “Where in society, do I fit in?” For adoptees, there is the additional task of integrating their identity as an adoptee into their broader sense of self (Verrier, 2003).
Sometimes there is so little background information that the question: “Who am I?” seems all but unanswerable. When there is no information about their past, adoptees may feel physically cut off from a part of themselves (Brodzinsky, 1993). Brodzinsky believes this is why so many of his young adoptee patients and research subjects tend to describe their feelings as: (a) “Part of me is missing,” (b) “There’s a hole inside me,” (c) “I feel like something’s been cut off,” or (d) “It’s like an amputation.”

Establishing intimate relationships, both sexual and nonsexual, are what young adults strive to do. However, relating to others on an intimate level is extremely challenging for adoptees. Since true intimacy requires a strong sense of identity, adoptees oftentimes experience a great deal of difficulty developing close relationships.

Because of past experiences with loss and abandonment, adoptees tend to believe that if they do not love too much, they will not lose too much (Lifton, 1994). This belief can keep them from becoming truly emotionally intimate with their partner. This often becomes a pattern of disconnecting or distancing that the adoptee experiences over and over again (Lifton, 1994).

When something goes wrong in a relationship, many times adoptees become devastated. As much as they try to avoid rejection, this is not possible as everyone experiences rejection at some point in life. When relationships break up, it can be much more devastating to adoptees than others because his or her worst fear is being alone.

*Attaching in Adoption*

Reactive attachment disorder (RAD) is a disorder of mood, behavior, and social relationships arising from a failure to form normal attachments to primary caregivers in early childhood. The result of developmental interruptions, RAD usually results in problematic social expectations and behaviors. Children with RAD have a very difficult time receiving love. They
tend to act inappropriately or negatively, and many times are violent. Children with RAD often grow up to fear the world and have a strong sense of mistrust for others. They also have a difficult time forming intimate relationships.

A large number of children with RAD are adopted (Gray, 2002). Most often they are adopted later in childhood (Gray, 2002). After spending time in homes where parents are inattentive or unable to care for their children, they often end up in foster care for a length of time. Sometimes months, or years will go by before a child is placed in a permanent adoptive home. Feelings of loss, rejection, insecurity and a sense of abandonment are experienced by the young children which are common precursors to RAD (Gray, 2002).

An infant adopted at birth has four possible conditions that put him or her at a high risk for RAD:

1. Maternal ambivalence toward pregnancy.
2. In-utero trauma, drugs, alcohol exposure.
3. Chronic maternal depression.
4. Sudden separation from primary caregiver.

Symptoms of RAD that are commonly found in adopted children are:

1. No impulse control.
2. Poor peer relationships.
3. Not affectionate on parent’s terms.
4. Lying about the obvious.
5. Stealing.
7. Lack of conscience.
8. Persistent nonsense questions and chatter.
9. Inappropriately demanding and clingy.
10. Triangulation of adults.
11. Presumptive entitlement issues.
12. Destructive to self, others and material things.
13. Superficially engaging and charming.

Children with RAD feed on anger (Gray, 2002). They want adults to be as rage filled as they are on the inside. They feel powerful when they can make an adult angry. They crave control above all things. RAD children also have a great need to trust. To see if they can trust you they will always (a) see if they can interrupt you, (b) see if they can get you to believe their lies; and (c) see if they can steal from you.

An Adlerian Based Analysis

To understand adoptees from an Adlerian perspective, we need to ask: “What possible goal would a child formulate when his or her first experience in life is one of rejection and abandonment? How will this child perceive the world? Where and how will he or she find value, significance, and a place to belong?

Purpose and Goal Directedness

One of the fundamental principles of Adlerian psychology is the belief that every individual strives toward his or her ultimate goal. According to Adler, all behavior is driven by this one fictional goal which a person is not even aware of. The influences and impressions imposed upon a child by his environment determine the psychological goal that all of his or her actions will be directed toward (Adler, 1988). Adler surmised that the goal of each human being is probably formed in the first months of life (Adler, 1988).
After birth, the infant immediately becomes part of a community comprised of his or her family members or caregivers. Children must learn early on to find their way in an unknown world. At a very early age, they create a personal goal which dictates their actions, thoughts, and feelings (Adler, 1998). They embark on a quest to find a place to belong and achieve significance. Only if this personal goal is included in their concept of significance can they become an integrated personality (Adler, 1998). This task presents unique challenges for the adopted child who was has both a biological family and an adoptive family.

Because the adopted child’s first experience of life is one of separation and loss, he or she learns early on that it is not safe to trust (Gray, 2002). A sense of hyper-vigilance is often used as a means of protection against future rejection or abandonment (Gray, 2002). Adopted children have a tendency to be on the lookout for potential threats to their safety. They have an uncanny sense of who can be trusted and who seems threatening.

From an Adlerian perspective, and based on research and interviews, it seems that the conclusions an adoptee might come to about himself or herself, and the world might be: (a) people can’t be trusted, (b) life is not safe, (c) I must look out for myself because nobody else will, (d) I am all alone; and (e) I am less than others.

Mistaken core beliefs that align with these conclusions might be: (a) being alone is intolerable, (b) I must not be alone; therefore I will seek to be in relationships that I can control, (c) it is far too risky to allow myself to be totally vulnerable with another human being; and (d) I must sabotage relationships rather than take the risk of being rejected. A possible fictional goal of many adoptees might be: In order to have value, significance, and a place to belong, I must not be alone, and/or I must be safe. In other words, “No matter what happens, I must be hyper-vigilant in every situation; “I can never let my guard down.”
Striving for Recognition and Superiority

Feelings of inferiority and insecurity are always present in the human consciousness (Adler, 1998). The stronger the inferiority feelings one has, the more complicated his or her behavior may become. Every person’s life is directed toward the goal of increased significance. As an individual strains for superiority, he or she looks for ways that will guarantee the security and adaptation that will meet his or her life goal of having value and finding a place to belong (Adler, 1998).

Because they have difficulty trusting others, adoptees often avoid making close friendships and putting themselves in social situations where they might get hurt (Nilson, 2000). Paradoxically, as insecure as they may feel, many adoptees appear to be quite confident. Research indicates that a large number of adoptees exhibit narcissistic traits which manifest themselves in their behavior (Gray, 2002). A narcissistic person will often:

1. Overreact to criticism by becoming angry or humiliated.
2. Use others to reach goals.
3. Exaggerate own importance.
4. Entertain unrealistic fantasies about achievements, power, beauty, intelligence or romance.
6. Seek constant attention and positive reinforcement from others.
7. Easily become jealous.
8. Have a sense of entitlement.
9. Be exploitative of others.
10. Lack empathy.
11. Display arrogant and proud behavior.

12. Display haughty behavior.

It is not difficult to surmise why some adoptees develop a narcissistic attitude. As they continuously strive for significance and a place to belong they can easily develop a vertical approach to life measuring people in a “one up” or “one down” perspective. Unfortunately, this approach leaves them highly vulnerable, and with no sense of security. According to Dreikurs, the vertical approach to life can never bring lasting satisfaction or inner peace (Ansbacher & Ansbacher, 1956).

Social Interest

Adler believed that the driving force of all behavior is an individual’s need to belong in a larger society (Adler, 1988). People are social beings, and therefore all behavior is socially embedded and has social meaning (Carlson, 2006). Being socially imbedded in an adopted family system in addition to belonging to a biological family frequently causes a great deal of turmoil for the adopted child. Many adoptees say they never have a sense of belonging anywhere (Verrier, 1991).

At the core of Adler’s individual psychology is the need to be involved in a community (Brett, 1998). He believed that social relationships are paramount to a person’s emotional well being. He viewed social interest not only as critical in maintaining mental health, but also in increasing the ability to cope with stressors, and preventing mental illness (Ansbacher & Ansbacher, 1956). The willingness to participate in the give and take of life and to cooperate with others is a measure of one’s mental health (Carlson, 2006).

Dreikurs equated social interest with a “feeling of belonging” in the sense that “the person experiences belonging and knows that he has a place” (Ansbacher & Ansbacher, 1956).
Belonging means to feel like an equal and an essential part of a community, whether it be a family, workplace, school, or even culture or country (Oberst, 2003). Dreikurs emphasized that “being 'equally good’ as a human being” despite individual differences is a necessary part of belonging and social interest as a whole (Oberst, 2003).

Social interest is not innate; however, the capacity for social interest is innate. A person must consciously develop social interest into ability. Adler said, “Social interest . . . is rooted in the germ cell. But it is rooted as potentiality, not as an actual ability” (Ansbacher & Ansbacher, 1956). When a person develops social interest, he or she is likely to feel a deep sense of belonging to the human race and is able to empathize with his or her fellow humans (Ansbacher & Ansbacher, 1956).

The development of social interest first begins with a child’s relationship to his or her mother. As previously discussed research shows that while being formed in the womb, the fetus and mother actually share a sense of community (Janus, 1997). When a child is placed for adoption at a young age, his or her development of social interest begins with a different mother than the one who gave birth to him or her. Based on research, this separation may have a lasting impact on the way the child does or does not develop social interest, and the way he or she views life (Brodzinsky & Palacios, 2005).

The expression of social interest depends on a child’s conception of his or her environment and can only be developed when the child is in the midst of life (Ansbacher & Ansbacher, 1956). Thoughts, ideas, and beliefs about the world are formed as a child perceives his or her environment (Ansbacher & Ansbacher, 1956).

An adopted child’s ability to develop social interest can be impaired by his or her perception of the world as unsafe. Brodzinsky surmised that the theme of being unwanted leads
inevitably to thoughts of not belonging and perhaps eventually to thoughts of not wanting to belong. He concluded that, “. . . such internal logic can set up chronic insecurities, acute sensitivities, suspiciousness, secretiveness, mournfulness, and the need to act out in rage” (Brodzinky & Palacios, 2005).

**Lifestyle**

Lifestyle is what some psychologists call personality. However, Adler believed that lifestyle is not so much about the personality traits one possesses as it is about his or her characteristic way of handling life (Ansbacher & Ansbacher, 1956). Lifestyle from an Adlerian perspective is every individual’s unique way of handling, coping, and moving through the tasks of life (Eckstein, 1981) (Adler, 1998). Adler stressed that “the life style of any individual was a singular pattern of thinking, feeling, and acting that was unique to that individual” (Eckstein & Kern, 2002).

Our life experiences form a narrative about who we are, who others are, and what we are worth to others, the world, and ourselves (Eckstein, 1981). In an effort to create meaning out of our experiences, we develop a pattern of living that becomes our lifestyle. The conclusions and convictions we form in early childhood guide us through life.

According to Adler, a segment of an individual’s style of life develops at a preconscious level (Ansbacher & Ansbacher, 1956). He recognized that the young child does not make an actual deliberate core decision about his or her lifestyle. However, the child acts “as if” he or she has made a choice about lifestyle. For Adler, a child’s lifestyle is unconscious in that it is “not understood” (Ansbacher & Ansbacher, 1956). He believed that the presuppositions a child makes about himself or herself, others, and life are a result of a choice the child makes, “as if” he or she has chosen a particular lifestyle (Ansbacher & Ansbacher, 1956).
The strategy that a person uses to achieve a sense of significance or a place to belong in the world is his or her lifestyle. Adler believed that the complete understanding of a person can only occur through a clear grasp of a person’s lifestyle. Uncovering the lifestyle of an individual becomes the primary task of the Adlerian therapist.

Beginning in utero, a fetus feels a connection with his or her birth mother (Verny, 1981). Could this pre-birth experience be the beginning of formulating one’s lifestyle? Since research proves that a fetus feels and remembers (Verny, 1981) it seems likely that the perceptions formed in the womb could be the beginning of how the child will perceive himself or herself in the future. As previously discussed, the birth mother’s condition has a definite effect on her child’s development (Lifton, 1994). Stress, alcohol or drug use, smoking, and lack of prenatal care, typically have a negative effect on a child later in life (Brodzinsky & Schecter, 1990).

A child who is being placed for adoption is often whisked away from his or her birth mother and placed in the arms of another caregiver immediately after birth. He or she arrives in a bright, cold, unfamiliar place and looks around for the only person he or she knows. After spending 9 months connected to his or her birth mother, he or she knows the sound of her voice, her movements, and her smell. The baby has to be wondering, “Where is she”? From the infant’s perspective, it would seem natural for his or her first perception of the world would be: “I am all alone. Life is not safe, I cannot trust.”

Sooner or later adopted children have to come to terms with what it means to be adopted. On one hand they are told, “You are special, you’re our chosen child”, and on the other they’re wondering, “If I’m so special, why did my birth parents give me away?” How confusing it must be for a child to try and decide who he or she really is and where he or she belongs in the world.
Family constellation. A person’s position in the family also adds to a child’s development of lifestyle. Each human being is born into a unique position in the family and must find his or her way in a family constellation. A unique way of looking at the world is developed by every child even though he or she typically grows up in the same surroundings as his or her siblings.

A child’s position in his or her family has a strong influence on his or her personality development. The oldest child typically is very responsible. He or she usually feels secure in the family until the second born child comes along. Second born children quite often feel they are in competition with the older sibling. Living in the shadow of the oldest who is older, bigger, stronger, and more experienced can be very intimidating and detrimental to one’s development. On the other hand, the second born child can assume the role of the oldest if his or he personality is stronger and more outgoing.

By being the smallest and least capable, the youngest child usually sets out to prove that he or she can do everything. The youngest strives for power and he or she oftentimes grows into a person who must excel and be the best at everything. In other cases, the youngest will lack the energy and confidence to excel. In this case, he or she may shy away from tasks and sometimes become a chronic complainer. Another type of youngest child is the one who, when faced with an obstacle, tends to go around it rather than deal with it. He or she will oftentimes waste time and make excuses for unacceptable behavior.

An adopted child not only has his or her unique birth order in the family with which to deal with, but he or she may also have a unique place as being the only adopted child in the family. Another possibility is that he or she may grow up in a family with both adopted and biological children. Living among biological children can sometimes add to an adoptee’s
feelings of inferiority. The child may act out just because he or she wants to demonstrate to his or her family that he or she really is different. This creates interesting family dynamics as the adopted child strives for superiority.

*Early recollections.* In Adlerian therapy, early recollections are also used to uncover the client’s lifestyle and his or her fundamental present view of life. These recollections are a reflection of the client’s inner world without him or her really being aware of what they mean.

Typically the client is asked to close his or her eyes and think back to his or her earliest and most significant experiences in childhood. When the client begins to relay the incident(s) to the therapist, he or she is really expressing what is behind his or her “minds eye” (Ansbacher & Ansbacher, 1956). After listening and probing for feelings, the therapist is usually able to interpret the meaning of the recollection.

The therapist will then ask the client to transform the memory. He or she is asked to share his or her feelings and where they are located in his or her body. He or she may change anything about himself or herself; size, thoughts, feelings, or actions to obtain a more positive outcome in the memory.

The client works through the memory until he or she has created an alternative that causes him or her to feel empowered. The therapist then asks the client what he or she has learned from the memory that would be helpful in dealing with his or her current situation. This process helps the client change his or mistaken belief at the point it was created.

*The Pampered Child*

Most adoptive couples spend many years grappling with infertility before they make the decision to adopt a child. After making that decision, they often spend many more years waiting
for a child to call their own. Finally, when their highly anticipated child arrives, he or she is often showered with attention by his or her newfound parents and extended family.

These conditions are ripe for the making of what Adler referred to as the “pampered child.” When couples become parents after waiting for years, it is understandable why they might tend to spoil or pamper their child. Most parents who cater to their children do so with good intentions. However, Adler was adamant about the negative effects of “pampering” a child.

The pampering style of parenting includes overindulgence and overprotection. This can lead a child to believe he or she is: “incompetent to manage his own affairs, in no need of cooperating with others, and lacking in courage to meet the demands of life” (Beames, 1992). The child who has never been allowed to struggle or fail in life may find it extremely difficult to cope in the real world.

A child who is pampered focuses primarily on his, or her needs and desires and does not give much thought to the needs of others. Permissive parents who do everything for their children and do not expect them to take responsibility for their actions, create demanding, narcissistic, and irresponsible individuals who have a sense of entitlement. Their desires and needs can habitually become insatiable.

Adler equated mental health with making contributions, saying that the healthy person is one “whose mode of life is so adapted that – whether he wants it or not – society derives a certain advantage from his work” (Ansbacher & Ansbacher, 1956). Adler also noted that helpful behavior is one of the most recognizable manifestations of social interest (Ansbacher & Ansbacher, 1956). The pampered child can easily become a mentally unhealthy person who expects to receive contributions without making any.
Adopted children who have experienced loss and abandonment are particularly vulnerable to a pampered lifestyle. They learn by being pampered that they can achieve considerable control over their environment. Their demand for attention, power, and possibly revenge causes frequent power struggles between family members and creates an atmosphere of tension within the home. These situations only add to the family’s conception that the adopted child is “the problem”. They also reinforce the adoptee’s belief that he or she is somehow inferior to others. The child may become so discouraged that he or she just gives up.

Children misbehave because they are discouraged (Dreikurs, 1964). They act out in several different ways. By understanding the goals of misbehavior the parent can choose an appropriate response to encourage rather than discourage the child. Parents can determine what the child’s goal is by noticing their feelings and responses to the child’s behavior. When a child is seeking attention, the parent will be annoyed or frustrated. When seeking control, the parent will feel angry. If the child wants revenge, the parent will feel hurt, and finally if the child gives up, the parent will also give up.

Normal parenting techniques do not work with children who have attachment issues. Adopted children often respond negatively to criticism and punishment. Rather than motivating them to behave positively, punishment often results in power struggles with the parents.

Nancy Thomas, foster parent to severely emotionally disturbed children, coined the term “therapeutic parenting” to describe a way of successfully parenting children with RAD. Nancy Thomas suggests the following interventions with RAD children:

1. Action not anger.
2. Consequences the first time.
3. Natural consequences.
4. Action increases thinking.
5. Schoolwork is 100% the child’s responsibility.
6. Love them enough to let them fail.

Case Studies

Experiences of Adoptive Parents

To gather research for this paper, a support group was established for parents of adopted teenagers and young adults. The name, “Hope and Healing for Hurting Parents,” describes the intent of the group. The group met weekly for 12 weeks.

The group was comprised of three couples and four adoptive moms. All members were Caucasian, married, and ranging in age from 43 – 60. Their adopted children ranged in age from 14 – 27. Nine children were adopted in the United States, and six were international adoptions.

At our first meeting, there was an intense feeling of weariness, frustration, and hopelessness on the part of many of the members. Listening to their experiences was like hearing war stories from the battlefield. All the parents in the group said they had “tried everything” to stop their child’s or children’s defiant and destructive behavior including: logical consequences, punishment, yelling and screaming, removal of privileges, etc. They ended up exhausted and frustrated when their efforts did not produce positive results.

As previously discussed, because of the rejection and loss adoptees experience, many are unable to bond with their adoptive families, particularly their adoptive mother. Every mother in the group had experienced frequent power struggles with her adopted child or children, especially their daughters (Gray, 2002). Research indicates that rejection by the birth mother
has a lasting effect on how adoptees view their adoptive mother as well as other women (Gray, 2002). Generally, the adoptive mother takes the brunt of the child’s anger (Gray, 2002).

Prior to adoption, these parents believed that raising an adopted child would be no different than raising a biological child. This belief caused a great deal of guilt, shame, and feelings of inadequacy when the children did not live up to the parents’ expectations. Oftentimes, these parents felt berated by well-meaning friends and family who could not understand why parenting was so difficult for them.

One of the most difficult challenges expressed by these parents was letting go of their personal hopes and dreams for their children. Admittedly, their attempts to force their adopted children into a mold of their expectations were very unproductive. It also seemed to reinforce the shame and inadequacy their children were already feeling. As they learned to see their children in light of the losses and rejection they experienced, some of the parents began to develop a greater feeling of acceptance.

The goal in establishing this group was to offer hope to discouraged parents, and to begin a healing process for the pain, frustration, and feelings of inadequacy they had experienced and were continuing to experience. The group followed 6 steps to healing based in part on the 12-step program founded by Alcoholics Anonymous.

Each session began with the Serenity Prayer (Pietsch, 1992) and worked through the 6 steps:

“God grant me the serenity
To accept the things I cannot change;
Courage to change the things I can;
And the wisdom to know the difference.”

~Reinhold Niebuhr, 1934
Step 1. I admit that my relationship with my child is not what I hoped it would be. I am powerless over his or her choices and values. I believe that only God can transform our relationship into one of acceptance and understanding.

Step 2. I admit to God and my child that my personal hopes and dreams for him or her have prevented me from accepting him or her for who he or she is. I admit I cannot change who my child is.

Step 3. I will show love and compassion toward my child, but I will not rescue him or her from the consequences of bad behavior.

Step 4. Through prayer and mediation I will seek God for knowledge of His will for my child, and for myself. I entrust my child’s well being to God and believe that He knows what is best for him or her.

Step 5. I will make a searching and fearless inventory of myself and humbly ask God to remove my shortcomings. I give myself permission to be imperfect. I will stop beating myself up for the mistakes I have made as a parent.

Step 6. I will continue to take a personal inventory and when I am wrong I will promptly admit it. I will seek to understand my child by availing myself of resources and support from others.

Interviews with Adopted Young Adults

Several adopted children of the parents in the previously mentioned group graciously agreed to be interviewed for this paper. These included two young men and three young women. All, with the exception of one, were adopted in infancy. They ranged in age from 20-24. Three were born in the United States; one was born in India, and the other in Korea.
Each of the adoptees was very candid about his or feelings on being adopted. A common feeling expressed by each one was a fear of rejection and abandonment. One adoptee became very emotional when she revealed, “I would rather die, than be alone.” The feelings these adoptees expressed certainly aligned with the studies and empirical research completed during the past 20-30 years.

A common issue mentioned by the women was that of having difficulties in relationships. All four of the young women mentioned that they had better relationships with boys than girls. Research confirms that this is quite common (Verrier, 2003). Because their birth mothers rejected them, adopted girls do not risk having close relationships with another female (Gray, 2002). Also, the “high drama” often demonstrated by young girls was something they said they could not tolerate. They also found boys to be more logical and practical. One adoptee said, “Boys don’t hold grudges; they get over things a lot faster than girls.” Another expressed her feelings by saying, “You know where you stand with boys; girls are so fake”.

All of the young women were in serious relationships at the time of the interview. They each had experienced at least one or more intense relationships that ended on a bad note. There were similar reports that breaking up with a boyfriend(s) had been a devastating experience for them.

One of the young men said he had never been in a serious relationship with a girl or woman. In fact, he had never really dated at all. He openly and honestly expressed his fear of being rejected by a female. He said he would love to have a girlfriend, but was too afraid to pursue anything more than a friendship.
The other young man admitted he was having trouble getting over a relationship he had been in for the past several years. He reported going into a deep depression after the break-up which had occurred 6 months earlier. He was still feeling quite sad about it.

When asked about the relationship with their adoptive parents, there were mixed responses. The young women were much more open about their feelings. All of them said they have, and have always had, strained relationships with their adoptive mothers. This fits with the previously discussed studies on adoptees.

One adoptee said she feels jealous whenever she sees a mother and daughter together who seem to have a close relationship. She said she never expects to have a close relationship with her adoptive mom. She felt very sad about that. Another said she knows that she gives her adoptive mother a lot of trouble, but a part of her “just can’t seem to help it.”

More than one of the adoptees said they loved their parents but did not feel they could ever measure up to their parents’ expectations. Another, raised in a home with biological siblings, said she believed she was always treated differently than her siblings. She was constantly viewed as “the problem child,” so she behaved in such a way as not to disappoint them. The others, who were raised with adopted children, said they did not feel close to their siblings.

One adoptee said he is afraid to discuss with his adoptive parents the desire he has to search for his birth parents. He does not want them to feel as if they have not been good enough parents. He does not want to hurt them or cause them to feel sad. Research shows that it is common for adoptees to feel as if they have betrayed their adoptive parents when they begin to search for their biological families (Verrier, 2003).
When asked about their feelings regarding their birth parents, four out of the five said they were very interested in meeting their birth mothers at some point. They were not ready just yet, but were pretty sure they would search for her eventually. Most said they are a little afraid of what they might find.

Only one of the five adoptees expressed curiosity about the birth father. He wonders if he looks like his father and what his father’s personality is like. One of the women said she had never really thought much about her birthparents and had no interest in meeting them. She expressed deep anger towards her birth parents, especially her birth mother. She said, “Why should I look for her?” “She gave me away”. “How could she do that?” “She doesn’t deserve to know me!” This young woman obviously felt deep hurt and pain about being rejected and abandoned by her birth mother.

Treatment Recommendations

Adoptees are often presented by their parents for counseling during childhood or adolescence. This can add to the already formed self-concept of “there’s something wrong with me.” Parents and other family members often view the child as “the problem.”

Denial that adoption had, or is having, a painful impact on one’s life is quite common. It is not easy to accept the idea of a wound caused by a separation from ones biological mother. The fact that a person is adopted is often overlooked or not even addressed in therapy.

An Adlerian Approach to Therapy

Although there is no empirical evidence as to the effect of Adlerian therapy on adoptees, the integration of the two concepts would seem to be a natural fit. Learning how to develop social interest and applying Adlerian principles could help adoptees discover and understand their mistaken core beliefs, lifestyles, and fictional goals. Gaining this insight could create an
opportunity for adoptees to understand and change the way they view themselves. To help adoptees deal with their loss, it is critical for them to gain an understanding of the impact early attachment (or lack thereof) had on them.

Adoptees may have similar issues and concerns, but they seek therapy for a variety of reasons, many times having nothing to do with being adopted. They might be experiencing symptoms of anxiety and depression, or they may be having difficulties at work or in a relationship. The therapist must approach the subject of adoption carefully and with great sensitivity as many adoptees are in denial about the effect adoption has had on their lives.

Adler believed that above all, psychotherapy should give lasting encouragement (Adler, 1998). Working through the four stages of Adlerian therapy (Oberst & Stewart, 2003) could be very a very helpful means for the adoptee to gain insight and understanding into his or her view of life. Potentially, the application of Adlerian therapy could have a life-changing effect on the adoptee.

The process of psychotherapy as practiced by Adlerians has four developmental sequences with empathy and encouragement present in all stages.

1. Establishing and maintaining a “good relationship.”
2. Psychological investigation including a lifestyle assessment.
3. Psychological disclosure (or interpretation) culminating in insight.
4. Reorientation and reeducation.

Stage I – empathy and relationship. In the beginning stages of therapy, a friendly relationship between equals must be established with the adoptee. The therapist’s job is to listen to the adoptee’s story and offer genuine warmth, empathy, acceptance, and understanding. Also, it is very important that the therapist has knowledge and understanding of adoption issues.
The therapist must provide an atmosphere of hope and reassure the client that things can be different. He or she must show compassion, respect, empathy, and be an active listener. Building a “good” relationship with the client is imperative for therapy to be successful. To join with the client, the therapist must:

1. Encourage the client every step of the way.
2. Recognize the client’s strengths, talents, and positive attributes.
3. Minimize mistakes.
4. Notice even small successes and build on them.
5. Separate the client’s worth from his or her behavior.
6. Validate the client’s feelings.

**Stage II – lifestyle assessment.** The purpose of Stage II is to uncover the client’s mistaken core beliefs. Information is obtained about the family of origin, and early memories are collected to assess the client’s lifestyle. At this point, the therapist may develop a hypothesis about the client’s feelings of inferiority and fictional goal.

This phase may be extremely painful for the adoptee. Considering that many of his or her mistaken core beliefs were established in a pre-verbal state after experiencing rejection and abandonment, he or she may not have words to express his or her feelings. Both the therapist and client need to be patient as this stage. It could take a very long time for an adoptee to work through the lifestyle assessment process.

**Stage III – interpretation.** During Stage III, the therapist helps the client gain insight and understanding into the origin of the mistaken core beliefs that he or she discovered in Stage II. This could also be quite difficult for the adoptee to accept. While encouraging the adoptee to change, the therapist needs to value the client and treat him or her with respect.
Stage IV – reeducation and reorientation. Reorientation comes after the client has developed insight in relation to himself or herself and received enough encouragement from the therapist to make changes in his or her lifestyle. In this final stage of therapy, the therapist helps the client view his behavior from a new and different perspective. The client is made aware of his or her choices and how he or she could do things differently.

Typically, the therapist prescribes new behavioral rituals that require the client to become actively involved in changing his or her behavior. During this final process, the therapist might encourage the adoptee to search for his or her birthparents or at least gain information regarding the circumstances of his or her birth. The reorientation process is the key to change.

Support groups for adoptees. Adoptees have a great deal in common. Although they are not from the same family, they are from the same family system. They have experienced some of the same family dynamics and family taboos. When they participate in support groups, they are often relieved to know they are not crazy, and that other people think and feel just as they do. In her book, Twenty Life Transforming Choices Adoptees Need to Make (2003), Sherry Eldridge, herself an adoptee, includes a chapter entitled, An hour with a fellow adoptee is better than weeks of therapy. According to Eldridge, something almost mystical happens when two or more adoptees come together. They are able to speak about adoption experiences and know that the other person “gets it.”

Support groups can provide the adoptee with a path for healing. They can find a safe place to express the anger and grief that has been bottled up inside of them. Others who understand and share their pain validate their feelings of loss and rejection.
Support and education for adoptive parents. Parenting an adopted child is not the same as parenting a biological child (Verrier, 1993). This reality, however, is not always conveyed to prospective adoptive parents. Giving inaccurate or incomplete information can do a great disserve to couples considering adoption.

Adoptive parents need reassurance that they are not alone in their struggles. Some adoption agencies are beginning to educate couples on the differences they may encounter in raising an adopted child. However, there is still a great need for more information and training on dealing with the challenges these parents face.

Educating adoptive parents regarding the importance of being honest and open with their children is critical to their children’s wellbeing. Parents need to talk with their adopted child about the circumstances surrounding his or her birth and acknowledge to the child that he or she has suffered trauma. These things are crucial for the adopted child to find a sense of his or her personal identity. It is also very important to provide comfort and sympathy to the child regarding his or her loss, even in infancy.

Openness in adoption has been found to be a positive factor in predicting adjustment and self-esteem of the adoptee (Brodzinsky & Schecter, 1990). Brodzinsky’s research indicates that “an atmosphere conducive to open, constructive, and nondefensive communication, as well as honest exploration on the many issues confronting adoptive family members, permit the adoptees to explore who they really are, support the resolution of adoption related conflicts, in turn enabling the development of a positive self view” (p. 150). Stein and Hoopes also found that adolescent adoptees who manifest fewer identity problems more often come from families with an open as opposed to closed style of communication regarding adoption issues (Brodzinsky & Schecter, 1990).
Support groups can be a very valuable experience for adopted parents. Encouraging and supporting one another can be therapeutic as well. Studies show that adoptive couples hold similar feelings and attitudes relative to their experiences (Larson, 1999). This was found to be true in the “Hope & Healing for Hurting Parents” group. Those parents benefited greatly from the support and encouragement of one another.

Open Adoption

Since the early 1980’s, there has been an increasing trend toward more openness in adoptions. Today, birth parents are much more actively involved in selecting the adoptive families for their children. It is quite common for birth and adoptive families to have some form of direct contact after placement. This practice of "open adoption” can vary significantly in the degree of openness. In contrast to closed adoption, open adoption includes the exchange of identifying information and the making of agreements regarding future contact and communication.

Baran and Pannor counseled thousands of adoptees, adoptive parents, and birth parents and have more than 40 years of practice as psychotherapists and researchers. In Perspectives on Open Adoption, they discuss their belief that confidentially and anonymity are harmful and that all adoptions should be open (Baron & Pannor, 1993). Their experience suggests that requiring anonymity between birthparents and adoptive parents and sealing all information about the birth parents from the adopted child has damaging effects on all three parties. They believe that open adoption minimizes emotional and psychological harm and it allows all parties to meet their continuing responsibilities to each other (Baron & Pannor, 1993).

Most mental health and adoption professionals conclude that, in the long run, openness in adoption is healthier for all members of the adoption triad. However, at this point there is not
enough research available to determine the outcome as far as positive or negative effects on the adoptee. When the secrecy around adoption is dispelled, adoptees will hopefully be better able to form a clear sense of identity.

Reconnecting with Birth Parents

Adoptees search for their biological families for a variety of reasons. Some adoptees search because they are curious. Others are interested in obtaining medical history and/or more information about whom they look like. Still others search to find a sense of personal identity. The search for birth parents is often precipitated by developmental milestones such as marriage, pregnancy, or the death of an adoptive parent (Gladstone, 1998).

Searching for one’s biological parents can sometimes cause a great deal of discomfort and misunderstanding among family members and friends. Adoptees often hear insensitive comments from others such as, “Why do you want to stir up a bunch of trouble in someone else’s family?” “What’s wrong with your life that you have to do this?” Searching does not necessarily mean the adoptee is unhappy with his or her life. Nor does it mean that he or she is searching for love and attention somehow missed in life.

A study of 50 adoptees who searched for their biological parents found that only 4% conformed to the “standard psychiatric assumption that the search for the natural parent was a search for love and affection” (Baran & Pannor, 1993, p.122). The remaining 96% searched for other reasons. Their evidence demonstrated that, for most adoptees, searching for their birth parents stemmed from “an innate curiosity about their genealogical past” (Baron & Pannor, 1993).

A study of 67 adoptees who had reunions with birth relatives found that most were pleased that the reunions took place, but were disappointed in terms of their mutual expectations
(Sorosky, 1974). Other studies concluded that outcomes were positive for most adoptees, birth families members, and adoptive parents (Gladstone, 1998). A study of 124 adoptees who had a reunion with a birth mother found 94% of the participants had “no regrets” about their reunion. Lifton states that every reunion is a successful experience for adoptees if only because it provides adoptees with a greater sense of personal control over their lives (Lifton, 1994).

**EMDR**

Early trauma is often difficult to treat because it lacks visual or narrative memory. Many of the traditional cognitive or behavioral methods of therapy have no lasting effect on beliefs imprinted as a result of trauma. A type of therapy that has been empirically tested and proven to have a more permanent effect on those beliefs is Eye Movement Desensitization and Reprocessing (EMDR).

EMDR is a treatment developed by Francine Shapiro of California (Shapiro, 1997). This method has been researched and found to very successful in the treatment of persons with posttraumatic stress disorder (PTSD) (Shapiro, 1997). When trauma has occurred, the limbic brain and the neocortex do not agree with each other. A person may know that one thing is true, but may sense or believe that something else is true.

With EMDR, the client visualizes the traumatic event or a representation of that event while his or her eyes follow a back and forth pattern of finger motions by the therapist. This bilateral cueing creates more connection between the right and left brain. The bilateral stimulation of the brain actually challenges the person’s limbic belief system by allowing the understanding of the neocortex to permeate the limbic brain area. The client begins to not only understand something, but to feel it as well.
This method has been found to evoke rapid treatment effects because the neuronal bursts caused by a focused attention and alternative stimulant may interact with the limbic and cortical system. For adoptees, this method can help form a more integrated recognition of what is true. It can help override some of the “baby beliefs” which still dwell in the limbic system and cause them to react to stimuli that are no longer dangerous.

*Education for the Professional Community*

Historically, mental health professionals have paid very little attention to adoption. This was due in part to the lack of training mental health professionals receive on issues of adoption. Studies indicate that there is still a great need to educate those who are providing interventions for people affected by adoption.

The majority of psychologists today are not being taught about adoption-related issues in their pre-service training (Post, 2000). In 2000, a questionnaire was completed by 210 randomly selected psychologists regarding the level of preparedness they had on adoption issues. The largest group (51%) rated themselves as “somewhat prepared” and the second largest group (23%) rated themselves as “not very prepared” (Post, 2000).

Another study, conducted in 2002 at the University of Wisconsin, challenged the silence of the mental health community on adoption. Fear that discussing adoption-related problems will lead to adoption being labeled pathological is one reason researchers found as to why the mental health community remains silent on post adoption issues (Sass, 2002). Continuing education programs and publication of information on post adoption issues were suggested as another means of educating professionals as well as the general community (Sass, 2002).
Conclusion

Thankfully, mental health professionals are becoming more aware of the implications trauma can have on an adopted child. Whether adopted at birth or later in life, many adopted children experience a deep sense of loss, rejection, and abandonment (Brodzinsky & Schecter, 1990). This trauma can have a life-long effect on the adoptee’s view of himself or herself, others, and the world. Hopefully, with increased education and awareness of adoption issues, adoptees, adoptive parents, and birthparents will become better informed. Consequently, they will be better able to meet the challenges they will face.
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