An Adlerian Perspective on Open Adoption:
Choices and Implications for the Adoption Triad

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This paper is dedicated to

my birthson Mitch,

and his adoptive and birth families.
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Abstract

This study examines research on the effects of adoption and open adoption on adopted children, adoptive parents, and birth parents. Definitional issues of open adoption are examined, and a brief history is presented. The divergent opinions and research outcomes on the benefits, disadvantages, and implications of open adoption are analyzed.

Application to the work of adoption counselors, social workers, and others who facilitate adoptions is discussed. Conditions for successful open adoptions are identified, as well as attitudes and beliefs important for successful open adoption relationships. Education, preparation, and counseling were found to assist in the success of open adoptions.

Research on the outcomes of open adoption for adopted children is inconclusive. The findings suggest that while open adoption can be beneficial for adoptive parents and birth parents, both open and confidential adoptions should be available to serve the specific needs of the individuals involved.
Introduction

Purpose of Study

The purpose of this study is to analyze current research on the effects of open adoption on all three parties of the adoption triad: adopted children, adoptive parents, and birth parents. The author will present both the pros and cons of open adoption to help clarify its meaning and practice.

A comprehensive overview of the theoretical and empirical literature is provided to assist prospective adoptive parents, birth parents, and adoption professionals in determining important issues to be addressed prior to adoption, during the placement process, and on a continuing basis after the placement. The author will define factors to consider in choosing the level of openness, indicate what support is necessary, and describe what to anticipate in an ongoing open adoption. Gaps in the research will be identified.

Problem Statement

Although there is a growing body of research available, open adoption outcomes, especially for adopted children, have not been fully researched. Long term outcomes of open adoption have not yet been researched because it is a relatively new option. Many studies use small samples (e.g., Connelly, 1996; Guinee, 1998; Hughes, 1996; Siegel, 1993; Weinreb & Konstam, 1996), and some don’t differentiate between different levels of openness. Some studies support only one approach to adoption, concluding that either confidential adoption is best (e.g., Byrd, 1988) or open adoption is best (e.g., Melina & Roszia, 1993; Silber & Dorner, 1990).
Although there are studies and research information available to birthparents about adoption, open adoption, and other options, "given the diversity of opinion and the ideological arm twisting that goes with the territory, potential birthparents often find that getting objective information is difficult" (Gritter, p. 87).

In order for new adoption laws and practices to support the best interests of the adopted child and to reflect the range of options now available, research must inform these choices. To make informed choices about adoption, birth parents, prospective adoptive parents, and adoption professionals need more complete knowledge of research related to all parties in an adoption.

Social workers, adoption lawyers, and other adoption facilitators need empathy towards all parties involved in adoption, awareness of the variety of openness, and understanding of the implications in order to assist their clients effectively.

Open adoption affects every member of the triad differently, and conversely, every member's personality, biases, and communication abilities can influence the outcomes of open adoption. Although some current studies look at outcomes for all members of the triad, the literature often focuses on only one party in the triad (e.g., Berry, 1991; Cushman, Kalmuss, & Namerow, 1997; De Simone, 1996; Feigelman, 1997; Gritter, 2000; Ryburn, 1996).

Open adoption is about relationships and cannot be understood without taking into consideration the relationship between all the members and how their interaction affects each other and the outcomes. "Family systems theory has highlighted the importance of considering all members of one's family when one wants to understand how the family 'works'" (Grotevant, McRoy, Elde, & Fravel, p. 126).
Making a plan for adoption, choosing open or closed adoption, and deciding on the level of openness should be determined on a case-by-case basis using as much research and knowledge as possible as a basis for the decision.

**Significance**

Many people in the United States have or will have contact with adoption in one way or another, through placing a child for adoption, adopting a child, being an adoptee, or having friends or family who have been adopted. As many as one in six American couples may face infertility (Baumann, 1999; Silber & Dorner, 1990), and may therefore consider adoption as an option. According to national statistics, in 1986 a total of 104,088 adoptions took place in the U.S. (National Committee for Adoption as cited by Brodzinsky et al., 1998). By 1990, the National Committee for Adoption “calculated the number of domestic adoptions at 118,779” (Carp, p. 1). Bachrach and Stolley estimate that two to four percent of U.S. children are adopted (Brodzinsky et al., 1998). Jones (1993) states that about six million American women have placed a child for adoption, and the majority of these women were unmarried or teenagers or both when they relinquished their child for adoption.

Not only are many people touched in some way by adoption, but open adoption is becoming more prevalent. Based on their sample of 171 adolescent birth mothers, Cushman, Kalmuss, and Namerow reported an overall shift toward openness in adoption (p. 11). Brodzinsky, Smith, and Brodzinsky also report there is a strong trend toward openness in adoption (p. 113).

Since many adoptive couples are choosing independent adoption over traditional
agency adoption (Silber & Dorner, 1990), they may not be receiving the counseling, preparation, education, or mediation services that are important to guide healthy open adoptions.

As individuals continue to be involved with adoption, they will need counselors well educated about adoption options to address the growing number of alternatives, problems, concerns, and needs of those involved with adoption. More people will need to better understand the choices they face and the implications of those choices. All of these people will be aided by research and information about the on-going process of open adoption.

Hypotheses

The author began this study with the following hypotheses in mind:

1) Open adoption is a healthier option for triad members than closed adoption.

2) Triad members are involved in open adoptions because they want information about the other members involved and feel that secrecy negatively affects the adopted child, the birth parents, and the adoptive parents.

3) Counselors and social workers want what is best for those involved, especially for the adopted children.

4) There are identifiable characteristics in people that make an open adoption successful.

5) Education, preparation, and counseling can assist in successful open adoptions.
Scope and Limitations

The author reviewed laws, adoption practice, and research primarily in America. Some information is included from British and Canadian journals. With a few exceptions, (e.g., Berry, 1991; Feigelman, 1997), the study is limited to adoption of white infants not previously in foster care. These are not special needs adoptions or trans-racial adoptions. The adoptive couples are heterosexuals in two-parent families. This author's own experience and participation as an open adoption birth parent, support group participant, birth parent mentor, and volunteer consultant will inform the conclusions.
Literature Review

Definition of Open Adoption

Compared to adoptions several decades ago, adoption today is distinguished by greater diversity in the characteristics of both the children being adopted and the parents adopting them, as well as the types of adoption options available (Brodzinsky, Smith, & Brodzinsky, 1998).

Because of the diversity, one gap in the literature is the lack of consistency in the definition of open adoption among researchers and adoption professionals. “Much of the literature which advocates post-adoption ‘contact’ has failed to discriminate between the different arrangements and has used the term to embrace a multiplicity of meanings . . . . Thus, the conclusion that contact can be beneficial is assumed to apply to all forms of contact” (Hughes, p. 741).

The definition of open adoption has been evolving just as the practice of open adoption has been evolving. During the 1980s, open adoption was loosely defined as any type of communication or information exchange between the adoptive parents and birth parents, either through a mediator or through direct contact (Silber & Dorner, 1990; Sorosky, Baran, & Pannor, 1984).

Within the last decade, some authors began to distinguish between different openness arrangements (Connelly, 1996; Hughes; 1996; Silber & Dorner, 1990). Connelly (1996) describes “openness in adoption” as communication between the adoptive and birth parents in the form of letters, pictures, and contact. Openness is an exchange of information and a willingness of the parties involved to be available for further information. She describes “open adoption” as a cooperative relationship in which
the adoptive parents and birth parents plan for ongoing direct contact. The contact can vary in frequency and type depending upon what is agreed upon.

Silber and Dorner also differentiate between openness in adoption and open adoption. They describe openness in adoption as "various forms of communication between birth parents and adoptive parents, such as exchanging letters and pictures, meeting on a first name only basis, meeting once but not engaging in ongoing contact, etc." (p. 9). An open adoption for Silber and Dorner "includes the birthparents and adoptive parents meeting one another, sharing full identifying information, and having access to ongoing contact over the years (all three components must occur to fit this definition)" (p. 9). Open adoption creates a relationship between both sets of parents similar to an extended or blended family (Silber & Dorner, p. 8).

Describing open adoption as a continuum of contact is the most inclusive definition (Cushman, Kalmuss, and Namerow, 1997; Grotevant, McRoy, Elde & Fravel, 1994; Hughes, 1996; Siegel, 1993). Cushman, Kalmuss, and Namerow state that "openness in adoption is now characterized by a spectrum of practices . . . . a continuum of processes and arrangements" (p. 8). Instead of differentiating between the terms openness and open adoption as Connelly and Silber and Dorner did, Cushman et al. refer to the entire continuum of contact as openness in adoption. This may include birth parents choosing the adoptive family, birth parents meeting the adoptive family before placement, identifying or non-identifying information being available, letters or pictures or both exchanged, and ongoing contact between the birth parents and adoptive family either directly or through mediation (Cushman et al., 1997).

Grotevant, McRoy, Elde, and Fravel (1994) introduce the term "fully-disclosed
adoption.” The researchers specify that the adoption continuum includes confidential adoptions in which minimal information is shared, mediated adoption in which non-identifying information is shared through an agency or mediator, and fully disclosed adoption which involves sharing of identifying information and direct communication and possibly contact. Both mediated and fully disclosed adoptions can be either time-limited, meaning contact will stop at some point, or have on-going contact (Grotevant, McRoy, Elde & Fravel, p. 126).

A key aspect to include in the definition of open adoption is the legal transference of parental rights from the birth parents to the adoptive parents (Gritter, 2000; Siegel, 1993; Sorosky, Baran, & Pannor, 1984). The birth parents in Sorosky, Baran, and Pannor’s study who wished for a reunion with their birth child believed a friendship might develop if a reunion took place, but they had no illusions about being a second set of parents (p. 53). Birth parents in open adoptions may see themselves as extended family if they have a close relationship with their birth child and the adoptive parents, but of the birth parents this author has known, they are clear about the fact they are not parents. The birth parents know they have given up their parental rights and that those rights lie strictly with the adoptive parents.

This author defines openness in adoption as a one-time legal transference of parental rights from the birth parents to the adoptive parents and an on-going process that includes a continuum of options for mediated or direct contact between some or all parties of the adoption triad. It is “a life journey with complexities which must be navigated with sensitivity and cooperation on the part of all those involved” (Silber & Dorner, p. 8).
History of Open Adoption

All major ancient societies had various types of adoption; a well-known example of adoption was Moses’ adoption by Pharaoh’s daughter (Brodzinsky, Smith, & Brodzinsky, 1998). From ancient times through the last few centuries, adoption existed mainly for the benefits of the adults involved or society in general rather than focusing on the needs of the child (Carp, 1998). “The welfare of the child is a totally modern concept . . . . Unwanted children in ancient and primitive societies were disposed of early by infanticide” (Sorosky, Baran, and Pannor, p. 28).

Open adoptions have been a natural practice in both Hawaiian and Eskimo cultures. Craighill Handy and Mary Pukui (as cited in Sorosky, Baran, & Pannor, 1984) say that for centuries open adoption, or "hanai" has been practiced in Hawaii because the original family clan is so important. Children in Hawaii could only be adopted with full consent of both sets of parents. The child had full knowledge of his or her birth parents and if possible would become well acquainted with them and any birth brothers or sisters. The child belonged openly to two families and dual identity was proudly acknowledged. Similarly, Chance (as cited in Sorosky, Baran, & Pannor, 1984) reports that the Eskimo culture does not conceal a child's family of origin, and often the child is considered to belong to both families.

During the 1600s, there were no legal processes, no adoption laws, no social workers, and no adoption records (Carp, 1998). Disclosure of information and openness between the adoption triad existed to the extent the involved parties felt was appropriate. In America, biological kinship was not viewed as superior to other types of families, and the nuclear family had not become an idealized model of family life (Carp, p. 5).
Apprenticeships and indentures were early variations of adoption. Poor families, unable to provide and adequately care for their own children, would consent to place them with other families who could teach them a trade, support, and educate them (Carp, 1998). Additionally, "church and town authorities . . . 'bound out' orphans, bastards, abandoned children, and impoverished, neglected, or abused children to families to labor and be educated" (Carp, p. 5). Sorosky, Baran, and Pannor (1984) also record that Great Britain's society practiced apprenticeship as an early forerunner of adoption, and this practice was brought from Europe to America by the Puritans.

Towns in America grew during the 1700s and 1800s, and the urban sprawl created more poverty. Orphanages grew to accommodate the homeless and poor children. Toward the end of the nineteenth century, people began to realize that the children in almshouses and orphanages were often living in abusive and squalid conditions. A movement began to place children with families rather than institutions, and orphan trains brought poor urban children to Midwest families in need of more farm labor (Carp, 1998; Sorosky, Baran, & Pannor, 1984).

Rev. Charles Loring Brace was the founder of the Children's Aid Society (CAS), and was a major force behind the orphan trains. He believed that breaking up destitute or neglectful biological families was for the good the children. Placing individual children with families was expensive, so transporting the children in groups on the orphan trains was Rev. Brace's solution. By March 1890, over 84,000 orphaned and poor children had been placed with families through the orphan trains (Carp, 1998).

Brace's intentions were good, but his methods ended with the reckless placing of children. Miscommunications occurred, children were taken without the consent of
families, and the children’s societies did not verify that the adoptive families were providing a safe and caring home for the children. Additionally, Midwest communities began to feel they had been burdened with juvenile criminals and vagrants. Reform groups looked for solutions to this problem (Carp, 1998).

One solution was the origination of social casework to change child placement practices, investigate the reasons for separating children from their families, and investigate the families with which children were placed (Carp, 1998). Another solution was to create laws governing adoption.

Early United States adoption laws used Roman law as a guide since English common law was nonexistent in this area, with one important and basic difference: Roman law was based upon the needs and rights of the adoptive parents; whereas American law from the beginning, protected the welfare of the adopted children. (Sorosky, Baran, & Pannor, p. 32) This is when the concept of the welfare of the child began to emerge.

America’s first adoption laws were also the result of “the increase in the number of middle-class farmers who wished to legalize the addition of a child to the family” (Carp, p. 11). Many of the farmers who took children from the orphan trains decided to adopt them. When private adoptions increased, state legislators decided to enact general adoption statutes “to ease the burden on legislatures caused by the many private adoption acts” (Carp, p. 11).

The first adoption law, enacted in 1851 by the Massachusetts legislature, legalized “the practice of permanently severing the relationship between a child and his or her biological parents” (Grotevant & McRoy, p. 5). The 1851 law has characteristics similar
to many current state adoption laws in that it required “(1) biological parents consent to the adoption; (2) the child give consent if over 14 years of age; (3) a joint petition for adoption be filed by the pre-adoptive parents; (4) the court find the adopters fit and able to raise the child; (5) the adoption be approved by the court; and (6) all legal rights and obligations of the biological parents regarding the child be severed and transferred legally to the adoptive parents” (Brodzinsky et al., p. 3).

These first adoption laws didn’t require confidential adoptions or sealed records. However, by the turn of the century, America began to view adoption as unnatural and socially unacceptable. Biological kinship was again viewed as the accepted model of parenting; social workers and child welfare workers began to emphasize the preservation of the biological family. Secrecy in adoption was brought about to protect the birth mother’s identity and to spare the adopted child and adoptive family from social embarrassment (Carp, 1998).

The Children’s Code of Minnesota, enacted in 1917, barred “public inspection of adoption records” (Watson as cited in Grotevant & McRoy, p. 5) and eventually resulted in sealing adoption records (Brodzinsky, Smith & Brodzinsky, 1998). It was also “the first state law that required a social investigation to determine whether a proposed adoptive home was suitable for a child” (Carp, p. 21). For the next 20 years, child welfare reformers believed the Children’s Code of Minnesota was a model for state laws, and reformers lobbied for state legislatures to provide safeguards to protect everyone in the adoption process.

Laws and policies regarding adoption grew during the early twentieth century, and although many states kept the adoption proceedings and birth certificates confidential,
adoptees and birth parents could still access the information if they chose to do so (Carp, p. 102). Records were not actually sealed until around WWII.

Carp believes that secrecy in adoption records after WWII was the result of several factors that included: 1) adoption caseworkers’ use of psychoanalytic theory to analyze unwed mothers, 2) the dramatic increase in unwed mothers, and 3) social workers’ efforts to become an accepted profession (Carp, p. 102).

While adoption laws and policies were growing in the early 1900s, Freud and others were popularizing psychoanalytic theory. Adoption caseworkers and social workers, influenced by these new theories, labeled unwed single mothers with personality disturbances and emotional disorders. They believed a young unwed woman became pregnant for various neurotic reasons such as trying to strengthen the relationship with her mother, using pregnancy as a weapon against her parents or sexual partner, self punishment, acting-out incestuous fantasies of having her father's baby, or trying to create an ideal family if she came from a bad home (Sorosky, Baran, and Pannor, 1984).

Unwed mothers were seen as unfit to provide for their children, and, in the best interests of the child, it was thought that the mother should be separated from her child. Social workers deemed that unwed mothers with emotional and personality disorders should be restricted in their contact with their children and ongoing information should be withheld from the mother (Carp, 1998).

The Children’s Home Society of Washington reported that “before the Second World War, only 35 percent of the children entering the CHSW were born out of wedlock; in the postwar era the percentage climbed to nearly 95 percent” (Carp, p. 110). This increase in unwed mothers meant an increase in the demand for privacy. If an
agency did not protect the birth mother’s privacy, the woman would go elsewhere for a confidential adoption. Secrecy became increasingly supported by state-licensed adoption agencies in order to attract more clients (Carp, 1998).

As adoption caseworkers and social workers struggled to promote their professionalism, “adoption agencies almost immediately began to view secrecy as a professional attribute that provided them with a competitive edge over unlicensed private adoptions” (Carp, p. 112). Social workers adopted the belief that it was their professional responsibility to protect a client’s confidentiality. In promoting confidentiality, they were in turn able to maintain and increase their client load, thus protecting their emerging profession (Melina and Roszia, p. 5).

After WWII, the sealing of adoption records prevented adoptees from accessing any information about court records, medical histories, and birth certificates (Carp, 1998). By the mid 1900s, “the sealed record and total anonymity of the birth parents assumed enormous importance as the primary safeguard for adoptive families” (Sorosky, Baran, and Pannor, p. 38). Secrecy was so important that many adoptive parents didn’t even tell their children that they were adopted. They were afraid of losing the child’s love, having to answer questions about the child’s birth parents, or upsetting the child (Carp, 1998).

Because of the emphasis on secrecy, adoption agencies couldn’t decide upon policies regarding the amount and type of information about birth parents that should be shared with adoptive parents. In the 1950s, the Child Welfare League of America promoted the idea that it was appropriate to share with adoptive parents “facts about the birth parents, emphasizing human strengths” (Sorosky, Baran, and Pannor, p. 36).
In 1964, H. David Kirk (as cited by Carp, 1998) first introduced the idea of open adoption in his book *Shared Fate*. Kirk discussed problems in the current approach to adoption and proposed ways in which adoptive parents could better cope with raising their children, including communication between the adoptive family and birth mother (Carp, 1998). Kirk (as cited by Grotevant, McRoy, Elde and Fravel, 1994) asserted that adoptive parents acknowledge that an adoptive family is different than a biological family (p. 126).

By the 1960s, the majority of adoption agencies believed that providing non-identifying information to adoptive families was important. Information about the birth parents such as their "nationality, education, health factors, physical characteristics, occupations, talents, and abilities" (Sorosky, Baran, & Pannor, p. 36) were thought to be appropriate to share. However, any negative information about the child’s background was still a debated issue.

Although adoption agencies were moving towards providing information about adoption, the researchers Marshall D. Schecter and Joseph G. Ansfield, still supported the need for total secrecy. Their studies in the 1960s and 1970s suggested that emotional problems in adopted children were due to their knowledge of being adopted, and therefore, children should not be told of their adoption (Carp, 1998). Their research was not influential in stopping the adoption rights movement.

In the 1970s, the adoption rights movement gained momentum due to charismatic leaders and changing social mores. Jean Paton, one of the first leaders of the adoption rights movement, envisioned "the first national, mutual-consent, voluntary adoption registry" (Carp, p. 139). She also founded "Orphan Voyage", which assisted adult
adoptees in obtaining information and searching for their birth parents. To this day, she continues to fight for adoptee’s rights, assist adoptees and birth parents in searching for their relatives, and broaden public awareness of adoption issues and experiences. Another leader in the adoption rights movement, Florence Fisher, founded Adoptees' Liberty Movement Association (ALMA). This organization fights sealed record laws and helps adoptees and birth parents to find each other (Sorosky, Baran, and Pannor, 1984).

In addition to leaders like Patton and Fisher, the civil rights fight for equality, freedom, individual empowerment, and democratic participation all spurred birth parents and adoptees to request equal rights for themselves in the adoption process. The civil rights movement also encouraged people to look at their roots. Self-identity was important during these decades, and “the psychological argument that knowledge of one’s birth parents was crucial to the adopted person’s self-identity” (Carp, p. 148) supported the opening of adoption records. The Watergate scandal “reinforced in the public’s mind the view that openness, truthfulness, and the free flow of information were essential to a democratic society” (Carp, p. 147). Many adoptees and birth parents believed that openness, honesty, and information in the adoption process were also their rights.

Another factor in the emerging acceptance of openness and unsealing birth records was the decline of healthy white infants available for adoption during the 1970s and 1980s, and the increasing involvement of birth parents in the adoption process (Berry, Dylla, Barth, & Needell, 1998).

The decrease in available infants for adoption was an outcome of the sexual revolution, which led to increased use of birth control, legalization of abortion, and a growing acceptance of unwed mothers (Carp, 1998; Berry, Dylla, Barth, & Needell,
Due to the decrease of available infants, adoption professionals began to look for other options for couples looking to adopt.

Open adoption was a new option that encouraged hesitant teenage mothers to place their child for adoption and still have ties to their child without having to face the unknowns of confidential adoption. Birth parents wanted the right to choose continuing contact or to at least have knowledge of their child’s welfare if they were going to place their child for adoption.

By the 1980s, adoption professionals began to support opening sealed records for adult adoptees and the practice of open adoption. Not only was open adoption a new option for adopting couples, but new theories were proposing that openness was beneficial for adopted children because knowing their origins diminished identity confusion (Berry, Dylla, Barth, & Needell, p. 152).

Although birth parents and adoptees were originally the main force behind a movement towards more openness, adoptive parents eventually became a larger part of the demand as well. During the 1980s, a shift from agency adoptions to more independent adoptions occurred (Silber and Dorner, 1990). Silber and Dorner attribute this shift to the fact that independent agents offered the choice of open adoption more readily than did agencies. Birth parents, who had begun to demand more control in the adoption process, were more willing to place a child for adoption through an independent agent who offered openness in the adoption process. The increase of infertility and decrease of adoptable infants made agency waiting lists long, in some cases five to eight years (Silber & Dorner, p. 4). Adoptive couples realized they could adopt more quickly through an independent agent if they were willing to try more openness.
Even with the growing support of unsealing records and more openness in adoption, there remained many objectors. Silber and Speedlin (as cited by Carp, 1998) identified four basic myths they believed were the reason for objections to open adoption.

The first myth was that "birth mothers feel no emotions about the children they relinquished for adoption" (Carp, p. 209). The second myth was that "secrecy was needed in every phase of adoption to protect all triad members" (Carp, p. 210). The third myth was that birth parents forgot about those children they placed for adoption. The final myth was that it was wrong for adoptees to search for their birth parents, and if they did, they were betraying the adoptive parents (Carp, pp. 210-211).

According to Grotevant and McRoy, the problems, concerns, and disadvantages of open adoption were reported in the 1985 studies by Kraft, Palombo, Mitchell, Woods, and Schmidt. Additionally, the NCFA (National Committee for Adoption) did not support open adoption because they believed it could be potentially harmful to the child, and the outcomes were not understood or researched. The NCFA felt that closed adoption had been working well for many years, so there was no reason to change it (Grotevant and McRoy, p. 7).

The move towards public and professional openness in adoption has not been mirrored in state legislation. One difficulty with legislation regarding openness is the variety and complexity of open adoption relationships, as well as their changing nature. "The appropriate level of openness in any situation is going to be determined by a variety of factors not able to be incorporated into legislation" (Daly & Sobal, p. 154).

In 1997, Daly and Sobol reported there existed "62 different sets of adoption laws in North America" (p. 146). Schwartz (cited by Daly and Sobol) states that contested
adoptions are often the result of contradictory legislation and research. Although adoption law is supposed to uphold the best interests of a child, it is often based on theory or opinion rather than solid empirical research, thus confusing and obscuring the many conflicting interests of all parties involved (p. 149).

Daly and Sobol maintain that the best interests of the child would be better upheld if jurisdictional standards were more uniform and based on informed research. How can the fundamental needs of children vary so dramatically from one state to the next?

The discussion of the benefits and harm of open adoption has continued into the new millennium, with many opposing viewpoints still existing and many questions unanswered. This author agrees with Carp in his research conclusion that moderation, respect, and awareness of options in adoption are important to support the needs of children. Carp states “if the history of secrecy and disclosure in adoption demonstrates anything, it is that extreme positions rarely work in a situation with as many diverse motivations, interests, and rights as those occasioned by adoption” (p. 233). He supports policies on openness and information disclosure that respect the triad members and require voluntary agreement. He emphasizes that all sides have valid rights and needs. He also states that open adoption and traditional closed adoption both have a place in the system and should both be an available option for adoptive parents and birth parents “so that the best interests of the child may be served” (Carp, p. 234).
Adopted Children

Mental Health of Adopted Children

The mental health of adopted children is one of the issues at the heart of adoption discussions. McRoy and Grotevant (1996) cite Brodzinsky that "10-15% of children in residential treatment facilities are adopted" (p. 10), and they state that adopted children are two to five times more likely to be referred to a mental health professional or treatment center as their non-adopted peers.

McRoy and Grotevant (1996) compared 50 adopted and 50 non-adopted adolescents in 14 residential treatment centers. They specified that the adopted participants were in confidential adoptions. Although the research outcomes did not indicate any common factor that contributed to the emotional and psychological problems of the adolescents in this study, problems with parenting were a factor for most of the participants in both the adopted and non-adopted groups.

Parents typically used "ineffective, overly punitive, or inconsistent discipline" (McRoy & Grotevant, p. 11). Additional factors that may have contributed to the children's adjustment problems in both groups were the fathers' "absence, relocations, abuse and distant parent-child interactions" (McRoy & Grotevant, p. 11).

Although “adopted and non-adopted adolescents in treatment did not differ significantly in terms of symptoms (specific behaviors), syndromes (internalizing and externalizing), or diagnoses” (McRoy & Grotevant, p. 11), the study suggested that the two groups did not have identical emotional disorders (p. 11). In two-thirds of the adopted adolescents, adoption was a significant contributing factor in their emotional disorders.
The adopted adolescents in treatment reported "hostility toward the adoptive parents, rejection and anger toward the birth parents, self-hatred, exaggerated feelings of differentness . . . resentment about being adopted, feelings of rootlessness, and problematic adoption revelation and ongoing communication" (McRoy & Grotevant, p. 11).

Findings indicated adoption outcomes were influenced by adoptive parents’ attitudes towards their children’s birthparents, understanding of the children’s adjustment problems, and “motivation for adoption and their attitudes toward adoptive parenthood” (McRoy & Grotevant, p. 11).

McRoy and Grotevant encourage adoptive parents to be open and honest in their communications about adoption. If parents are uncomfortable with or resistant to talking about adoption, their children may interpret adoption as being bad and thus internalize the concept that adopted children are also bad. Other factors such as genetics, societal norms, family environment and status, family communication patterns, treatment history, and the emotional development of the child, must also be considered in order to understand the emotional problems of each adopted child.

McRoy and Grotevant believe that "more accurate, effective early-intervention strategies" (p. 13) can alleviate some of the problems that require psychological treatment of adopted adolescents. They also suggest the need for “ongoing parenting-skill education and support to adoptive parents” (p. 12).

McRoy and Grotevant (1996) recommended longitudinal research comparing the mental health outcomes of adopted children growing up in fully disclosed adoptions to children growing up in confidential adoptions. This research was undertaken by Berry,
Dylla, Barth, and Needell (1998).

Berry, Dylla et al. did a four-year longitudinal study comparing 398 children in open adoptions to 366 children in closed adoptions. These children were not in treatment. They found "no significant differences in indicators of adjustment and well being" (p. 164) between children in open adoptions and those in closed adoptions.

Similarly, the 1997 results of a study by Grotevant and McRoy neither proved nor disproved that openness in adoption enhanced adopted children’s self esteem. All 79 adopted children older than seven years of age scored between 2.63 to 3.13 on Harter’s Self-Perception Scale for Children. This indicates positive self-worth for these children in any type of adoption from confidential through fully disclosed adoptions. These scores were within the range of 2.76 to 3.24 which was normal for non-adopted children their age (Grotevant & McRoy, 1997, p. 177).

Feigelman’s study (1997) compared the adult behavior patterns of 101 children raised their first 17 years in two-parent adoptive families, 6,258 children raised their first 17 years by two-parent biological families, and 3,949 children raised in attenuated nuclear families. Children raised in attenuated families may have “lived with step-parents, in foster homes, with other family members, in institutional settings, independently, or in some combination of these alternative family living arrangements” (p. 202).

Compared to adults raised in two parent biological families, adoptees and adults raised in attenuated families had "higher rates of anti-social behavior, drug and alcohol use and crime" during adolescence (Feigelman, p. 205). However, adults raised in two parent households, whether adopted or biological, had higher levels of education, less
unemployment, higher earnings, more prestigious occupations, and were significantly less likely to report depression compared to adults raised in disrupted nuclear families (Feigelman, pp. 213-218).

One of the unexpected findings of the study was the "relative absence of problems reported in later lives of the adoptees" (Feigelman, pp. 220-221) compared to adults raised in disrupted nuclear families who continued to have problems with criminal activities and drug use. Feigelman's results support theories that adoption may contribute to an adolescent identity crisis. His research also suggests that adoptees can outgrow adolescent problems and reach similar levels of attainment as their peers raised in two parent biological families.

Brodzinsky, Smith and Brodzinsky (1998) believe that a child's adjustment to adoption is determined not by a single factor, but by a combination of multiple influences. Genetics, prenatal and reproductive experiences, and preplacement experiences are factors to consider in adoption adjustment. Other factors involved are "the youngster's cognitive level, temperament, self-esteem, sense of mastery and control, and relationship security" (p. 19). Finally, societal and cultural attitudes, support systems, and rearing experiences in the adoptive family are other factors influencing adoption adjustment.

Brodzinsky et al. identified six theoretical models they believed were important in understanding the developmental and adjustment processes of adopted children and their families. These models are biological theories, psychodynamic theories, attachment theories, social role theories, family systems theories, and stress and coping theories.

Brodzinsky based his multidimensional theoretical model of adoption adjustment
on the stress and coping theory, which proposes that stress is experienced in a situation that is both important to the individual and is possibly threatening or too difficult. When people determine they are feeling stress, they can choose various coping strategies.

The stress and coping theory of adoption adjustment proposes that at the heart of adoption are "loss- and stigma-related experiences" (Brodzinsky et al., p. 18) which can be stressful for children. In order to cope with this stress, children can choose problem-focused strategies, assistance-seeking strategies, or avoidant strategies as means for coping with stress (p. 19).

Brodzinsky et al. feel that "problem-focused strategies and assistance-seeking strategies generally are more effective in handling adoption-related distress than avoidant strategies" (p. 19). Problem-focused strategies and assistance-seeking strategies encourage a child to be open about his or her needs and wants, face fears and problems, and ask for help in finding resolution. These strategies can be best supported in open adoptions where honest communication about the adoption is supported and the child has access to information and the birth parents.

Avoidant strategies may cause adopted children future problems, inhibiting them from seeking adoption information or communicating about their feelings and needs. Confidential adoptions, in which there is no sharing of information, may encourage avoidant strategies in children and increase the likelihood of poor adjustment to adoption.

While avoidant strategies in children and adoptive families can cause adjustment problems and dysfunctional interactions, Brodzinsky et al. caution that too much emphasis placed on talking about adoption and adoptive family differences can also cause problems in family adjustment and relationships. Brodzinsky says that some of his own
earlier work “suggested that problems in adoption adjustment are associated with extreme communication patterns in either direction” (Brodzinsky et al., p. 16).

While the outcomes of these studies on the mental health of adopted children cannot be closely compared to each other because of using different variables in the research, there were interesting similarities in the findings. Two studies suggest that adoptive parents are influential in whether or not their adopted children develop emotional or mental problems, and both of these studies support a multidimensional approach to understanding adoption adjustment (Brodzinsky et al., 1998; McRoy & Grotevant, 1996).

Some authors found no differences in adjustment and self-worth between adopted children in closed adoptions and adopted children in open adoptions (Berry, Dylla et al., 1998; Grotevant & McRoy, 1997). Other researchers found differences between adopted and non-adopted adolescents (Feigelman, 1997; McRoy & Grotevant, 1996). Feigelman suggests adopted adolescent problems may only be temporary, and adoptees can outgrow their problems. Additional research on how these adoptees outgrew their problems would be important.

Grief

All adopted children have lost the experience of being raised by their biological parents. Children in closed adoptions have also lost a relationship with their birth parents and connections to their origins. Because of losing this relationship, children in closed adoptions may fear losing other meaningful relationships. This fear can interfere in the process of bonding with their adoptive parents (Silber & Dorner, p. 71).
Behaviors associated with loss are: acting out, running away, deviant behavior, testing the adoptive parent, rejection or denial of the birth parents, sadness, putting up defenses, and anger at the adoptive parents (Silber & Dorner, 1990).

Sometimes the original loss of a birth parent makes such an impact on children, that as young adults the adoptees don’t want to separate from the adoptive parents and stay at home after becoming financially independent. Perhaps they don’t attain financial independence at all and continue to depend upon their adoptive parents (Silber & Dorner, p. 133).

Silber and Dorner (1990) believe that grief and loss experienced by the adoptee can be better handled in an open adoption because the loss can be directly confronted with information from both the adoptive parents and the birth parents.

Confusion of Loyalty

Opponents of open adoption feel that openness will confuse children about who their real parents are or to which parents they should be loyal. Byrd feels that birth parent involvement with the adopted family can disrupt the child-parent relationship. He also believes that “in open adoption, adolescent adoptees are likely to vacillate between sets of parents” (Byrd, p. 243) when any conflicts arise.

While Silber and Dorner (1990) and Melina and Roszia (1993) acknowledge that the adopted child may feel conflict of loyalty for both sets of parents, they feel this can be diminished if those involved in the adoption verbally convey permission to love both the birth parents and adoptive parents. It is especially important for the adoptive parents to give their children permission to have a relationship with the birth parents.
Bonding and Attachment

Bonding and attachment have often been a main discussion point for those supporting and opposing open adoption. Proponents of open adoption feel bonding and attachment can be facilitated by openness (Grotevant & McRoy, 1997; Melina & Roszia, 1993; Silber and Dorner, 1990). Conversely, opponents of open adoption believe contact with birth parents interferes with bonding and attachment (Byrd, 1988; Kraft, Palombo, Mitchell, Woods, & Schmidt as cited by Silverstein & Demick, 1994).

One problem in describing a child's connection to his or her birth and adoptive parents is that the meanings of "bonding" and "attachment" have not been clearly defined and have been used interchangeably (Watson, 1997). Watson defines bonding as a significant relationship between people that "just happens" without the conscious effort of the people involved. Bonding is not strictly determined by genetics, nor is it a choice or a learned ability. Bonds exist between people with or without their knowledge or involvement. Attachment, on the other hand, is a learned skill. Attachment is a significant relationship between people made by choice; it is the learned ability to give meaning to connections with other people. This skill is transferable and can also be "ended by choice or by atrophy" (pp. 164-165).

If these definitions are accepted, then the child's ability to make attachments is no longer related to whom they are bonded to (Watson, 1997). An awareness of the differences, and an understanding that the bond between adopted children and their birth parents is different from adopted children's attachment to their adoptive parents can help both sets of parents become secure in their roles in the adoption triad.
Watson believes if an agreement can be reached on the different meanings of attachment and bonding, then

better placement decisions will be made on behalf of the children in care, controversial custody cases can be resolved more easily, the connections of adopted children to both of their families will be accommodated better, adoption searches will be facilitated, and children with attachment disorders can be treated more effectively. (1997, p. 161)

Reactions to Contact

The reactions of children and teenagers to contact with birth parents can differ. Krementz (1991) interviewed three adolescent girls who had reunited with their birth mothers. Holly had had at least two visits with her birth mother and contact through phone and mail before the interview with Krementz. She was very clear that the mother who raised her was her only mother, and she doesn’t think of her birth mother as her mother.

The confusion for Holly was about how to define her new relationship with her birth mother. She feels that it is more than a biological relationship, but simply calling her “a friend” doesn’t feel right either. Holly says, “I am glad she found me” (Krementz, p.55), but she’s worried that her birth mother will expect too much from the relationship. She wants to be friendly and keep in touch with her birth mother, but no more (Krementz, p. 55).

Sue felt that contact with her birth mother through phone, letters, and pictures made her feel more worthwhile, and stated that her grades had improved since she had
had contact. Sue’s opinion about opening adoption records is that “the relationship
between adoptive parents and adoptees would improve with open records because the
adoptive would have a better attitude knowing that he or she truly belonged and that there
wasn’t a missing part anymore” (Krementz, p. 29).

Jane says that contact with her birth mother has been a positive thing for her and
her adoptive family. “We all feel that my meeting Lorraine has added a new dimension to
our relationship. It’s as if we’re a family now because we want to be—not just because
we don’t have a choice” (Krementz, p. 84).

Johnson (1996) studied five families who began their adoption as open, and “all
of the participants indicated . . . their children were coping well with the open adoption”
(p. 36). However, in some cases the children were still too young for their parents to fully
assess how they were coping with the situation.

Sometimes a child may be uninterested in contact with his or her birth parents.
The child may be at a developmental stage during which more autonomy is sought or
peers are more important. The child may not feel the need to have contact, and just
knowing contact is available is enough. Perhaps the child may be angry about the
adoption and is worried that his or her feelings would drive the birth parent(s) away
(Melina & Roszia, p. 235).

Sometimes adopted children may have negative reactions to their birth parents.
They may worry that the birth parents will take them away, or they feel uncomfortable
around birth parents because they are very different than their adoptive family in
personality or behavior. Adoptive parents can help by making children feel secure in the
adoptive family so they don’t worry about being taken away. Additionally, birth parents
can reassure the children they are only there for a visit, and would never take them away from their family. Adoptive parents can help children adjust to their birth parents’ differences by modeling their own acceptance and appreciation of differences (Melina & Roszia, p. 236).

**Support**

In order for adoption agencies and professionals to provide support and counseling to adopted children, there are four areas important to assess in the interview with adopted children. To understand the underlying issues and determine an appropriate treatment approach, the areas that must be assessed are: 1) knowledge and feelings about adoption, 2) knowledge, attitudes, and feelings about the birth family, 3) family communication about adoption, and 4) adoption feedback from others (Brodzinsky, Smith, & Brodzinsky, pp. 96-98).

Brodzinsky et al. (1998) offer suggestions to adoption professionals for intervention strategies which can be used to reveal adoption issues and assist clients in working through them. Lifebooks are tools that can help children express their thoughts, feelings, and experiences regarding adoption, as well as open up communication and strengthen connections within the adoptive family. Therapeutic rituals developed with the adopted child are symbolic acts used to give meaning to special occasions, facilitate life transitions, indicate belonging in the family, assist healing, and express emotions. Journal writing and written role-playing exercises can be used successfully with older adolescent adoptees to facilitate adjustment to adoption (pp. 105-109).
Therapists are urged to become more familiar with the unique clinical themes represented in the intrapsychic and interpersonal lives of adopted individuals and to begin expanding their repertoire of assessment and treatment techniques, including strategies that target adoption-specific issues. (Brodzinsky et al., p. 111)

Benefits of Open Adoption

Proponents of open adoption believe there are many benefits for children in open adoptions (i.e. Grotevant & McRoy, 1997; Melina & Roszia, 1993; Silber and Dorner, 1990). Openness and having information about the birth parents can facilitate children’s understanding of adoption and the rate at which information about adoption is absorbed by young children (Grotevant & McRoy, 1997; Silber & Dorner, 1990).

Open adoption helps adopted children to establish a true sense of belonging to both the adoptive and birth families. The child can love both sets of parents without having to choose between them, and there are more loving people in the life of the child (Melina & Roszia, 1993; Silber and Dorner, 1990).

Open adoption assists children in their individuation process. Children can easily access information about their medical background, the genetic traits they’ve inherited, and their ethnic background. They don’t grow up with fantasies about the birth family, they are aware of their roots, and understand more about why they look and act as they do (Melina & Roszia, 1993; Silber and Dorner, 1990).

Open adoption encourages communication within the family about adoption.
Adopted children don’t have to feel disloyal to their adoptive parents if they ask questions or seek out their birth parents. Adopted children can know first hand from the birth parents why they were placed for adoption and the birth parents can reaffirm the love they have for their birth child (Melina & Roszia, p. 226).

Understanding the reasons for adoption and knowing that their birth parents still love them can help adopted children avoid self-blame, understand they were not abandoned or rejected, and process the loss of their birth parents. This in turn can help them to stop fearing the loss of their adoptive parents and feel more secure in their adoptive parents’ love (Melina & Roszia, 1993; Silber and Dorner, 1990). Knowledge that the birth parents chose the adoptive parents can also contribute to a sense of belonging for adopted children and give them permission to make a strong bond with their adoptive parents (Silber and Dorner, 1990). All of the benefits of open adoption contribute to the healthy emotional and psychological development of adopted children.
Adoptive Parents

Infertility and Adoption

Infertility may cause feelings of shame, guilt, anger, and grief for a couple. If they choose adoption because of infertility, they must be able to overcome the psychological trauma of infertility and "perceive adoption as an opportunity to experience parenthood" (Sorosky, Baran, & Pannor, p. 84). Adopting a child is one way to form a family; it is not inferior to having a biological child or a way to cure the losses involved with infertility.

Not only must adoptive parents resolve the grief of being infertile, but they must have a strong belief in their abilities as parents. Because adoptive parents are not raising biological children, they “need a greater sense of security in their parenthood than biological parents do” (Grotevant & McRoy, p. 12). Biological parents aren't challenged about whose child they are raising, but adoptive parents don't have that same ownership; they can be challenged, sometimes by their own child, about their right to raise the child (McRoy & Grotevant, p. 12).

Whether choosing open or confidential adoption, it is important for adoptive parents to realize that part of adoption is “the process of accepting the responsibility of raising an individual who has two sets of parents” (Silber & Dorner, p. 21).

Reasons for Choosing Openness

Berry's 1993 findings indicate that a child's history of abuse was a predictor of adoptive parents choosing or not choosing openness. Adoptive parents choosing openness were more likely to adopt a child with no history of abuse and better behavior scores. Ryburn also believed that in cases where the adopted child had been abused by the birth
parents, the desire of the adoptive parents to maintain contact would be lower. However, the outcome of his study "showed no association between the reasons for placement and whether contact was maintained" (Ryburn, p. 639). Additionally, in many cases where the adoption was contested, "the high levels of contact between adopted children and their birth families was unexpected" (Ryburn, p. 643).

Adoptive parents often choose open adoption because they feel it is in the best interests of their child (Berry, Dylla et al., 1998; Johnson, 1996; Guinee, 1998). Seventy six percent of adoptive parents in Guinee’s study reported that their child had a relationship with his or her birth mother and they felt this would be beneficial for the child. One couple said open adoption “is the only way to go ...as it is emotionally healthier for the children involved” (Johnson, p. 37).

Other reasons for choosing open adoption were that the adoptive parents wanted contact with birth relatives, the agency or agent recommended open adoption (Berry, Dylla, et al., 1998), or the adoptive parents had to choose an open adoption to be able to adopt or to adopt more quickly (Berry, Dylla, et al., 1998; Johnson, 1996; Siegel, 1993).

Public Agency, Private Agency, or Independent Adoption

Berry, Barth, and Needell (1996) report that adoptive parents choose agency adoptions or independent adoptions for different reasons. Independent adoptions may be through a lawyer, doctor, pastor, website, or other non-agency medium. Some main reasons that influenced the adoptive parents’ choices were: the agent or agency was recommended by someone, the agent or agency understood the process, the adoptive parents could adopt a child quickly, the adoptive parents were provided with post-
placement services and counseling, and the affordability of the agency (pp. 167-175).

In all types of adoption services, birth history, birth family background, and medical history were the most usual types of information offered in open adoptions. However, there was a higher availability of this information in private agencies as compared to independent agents or public agencies. Adoptive parents who most frequently lacked information at placement were those who went through public agencies (Berry, Barth, & Needell, 1996).

In addition to having more information available through private agencies, "parents report more complete preparation and higher satisfaction levels among private agencies than among independent adoptions" (Berry, Barth, & Needell, p. 181).

Public agencies compared less favorably to private agencies or independent adoptions in the areas of information about the adopted child and birth parents, preparation for the adoption, and satisfaction levels. However, public agencies did provide birth parents with their own legal counsel and may be better designed to protect birth parents' rights. Public agencies also screen adoptive parents through a homestudy, which may provide better protection for the child (Berry, Barth, & Needell, pp. 181-182).

Although the 1996 study by Berry, Barth, and Needell found that private agencies offered the best pre-placement information and preparation, Berry's earlier 1991 study indicated "independent agents were significantly more likely to offer continued sharing of information, . . . a meeting with the birth parents, . . . and ongoing contact with the birth parents" (p. 389). She found that over two-thirds of the adoptive parents choosing independent agents were likely to plan for openness, while about two-thirds of adoptive parents choosing agencies did not plan for openness (Berry, 1991, p. 389). Berry later
collaborated with Dylla, Barth, and Needell in 1998 and they found that contact remained more likely among the families who adopted infants or who adopted through an independent agent (p. 159).

Disadvantages of Open Adoption

Kraft (1980) (as cited by Cave, 1999) and Byrd (1988) believe open adoption interferes with the bonding process between the adoptive parent and the adopted child. If there is interference from the birth parent, the adoptive parent may not feel his or her own relationship with the child is permanent. The adoptive parent may feel guilty about what the birth parents might be going through as a result of the adoption, and this may also interfere with the bonding process.

Although Siegel (1993) supports open adoption, she reported that most of the 21 adoptive couples had initial concerns about open adoption, and 14 participants expressed some disadvantages to open adoption. Two adoptive mothers said that knowing the birth mother impeded bonding with their child because they were very aware that the child was from another woman. One woman admitted that this was due to her own feeling of inadequacy due to her infertility.

In Ryburn’s 1996 study, the disadvantages reported by the group having contact or wanting contact was different from the non-contact group. The contact group reported that the disadvantages included feeling guilty about sharing their happiness derived from parenting with the birth parents, dealing with difficult or unstable birth parents, disagreements between the adoptive parents about levels of contact, differing levels of contact with different birth relatives, and difficulties with siblings who had no contact
with birth parents or differing levels of contact (Ryburn, p. 635). None of the 31 respondents in the contact group reported interference from birth relatives as a disadvantage (Ryburn, p. 644).

Adoptive parents without contact said that the disadvantages of contact would include confusion for the adoptees, insecurity for the adoptive parents, and upset for the various triad members involved (Ryburn, p. 635).

Setting boundaries or becoming too intimate can also be issues in some open adoptions. Melina and Roszia (1993) make clear the importance of adoptive families having appropriate boundaries in the relationship with the birth parents. Siegel reports a case where the adoptive parents had lived with the birth mother for awhile and had counseled her through several crises. She became dependent on them and wasn’t able to distance herself after placement, even though they had agreed to less contact (Siegel, 1993). In cases like this, a good adoption counselor can help the adoptive parents set appropriate boundaries early in the developing relationship. Additionally, an adoption counselor can assist the adoptive parents and birth parents in adjusting to their new roles after placement. If adoptive parents have become a primary nurturer for the birth parent, the counselor or social worker can take on the role of nurturer for the birth parent so that the adoptive parents can focus on their new family. The social worker can help birth parents adjust to this new relationship and protect them from feeling rejected by the adoptive family (Siegel, p. 21).
Fears

Adoptive parents may fear the birth parents will change their minds before placement or before the adoption is legal. There are signs that can alert adoptive parents to this situation. Birth parents may not be ready for adoption if they are: married or plan to stay with their partner, very young or immature, having their first child later in life, not supported by other family members or their partner, not involved in adoption preparation and counseling, suffering from several recent significant losses, feeling pressure to raise the child, or confused and evasive about the reasons for placement (Melina & Roszia, p. 62).

Although this author gave birth to her first child in her thirties and her parents didn’t initially agree with her decision, she was clear about her reasons for placement, committed to her adoption decision, had participated in counseling before and after placement, and had support from the birth father and her friends. As the adoption plans continued, her parents chose to participate in the open adoption. These factors were important in the author not changing her mind after placement.

Adoptive parents may also fear that birth parents will try to reclaim their child even after the adoption is legal. In confidential adoptions, fear of reclaim for adoptive parents was based on other peoples’ experiences, media hype, and horror stories, but not on actually knowing the birth parents. In some open adoptions, knowing the birth parents’ circumstances was given as a reason for fear of reclaim. However, in most open adoptions, impressions about the birth parents, knowing their circumstances, and statements made by the birth parents were the main reasons for adoptive parents not having fear of reclaim (Grotevant, McRoy, Elde & Fravel, p. 139).
Melina and Roszia believe open adoption helps to bring fears to the forefront and be dealt with more effectively (p. 13). If adoptive parents meet with the birth parents before placement, they can get a better sense of the birth parents’ commitment to the adoption and comfort with the decision. Additionally, if birth parents meet the adoptive parents, they may be less anxious about who is parenting the child, and therefore, less hesitant about going through with their adoption decision.

**Benefits of Open Adoption**

The benefits of open adoption reported by adoptive parents include: losing the fear of birth parents reclaiming the adopted child; not feeling threatened by the birth parents; a sense of entitlement and permission to parent the adopted child; sharing with the adopted child accurate information about medical history, heritage, birth family, and reasons for placement; a closer bond with the adopted child; and the adopted child feeling more secure in the birth parents’ love (Grotevant & McRoy, 1997; Ryburn, 1996; Siegel, 1993; Silber & Dorner, 1990).

Other benefits reported by adoptive parents were more empathy for and understanding of the birth parents and their grief issues, alleviating fantasies about the birth parents, no longer suppressing adoption conflicts, and peace of mind knowing that the birth mother was comfortable with her decision (Grotevant & McRoy, 1997; Ryburn, 1996; Siegel, 1993; Silber & Dorner, 1990).

Adoptive parents who maintained contact had "significantly more positive views of the birth parents" (Ryburn, p. 644), were more realistic about the birth parents' positive and negative characteristics, and consistently supported the continuance of openness.
Adoptive parents believed open adoption was more emotionally healthy and empowering for the birth mothers, and a more natural relationship for all the members of the adoption triad (Siegel, pp. 18-19). All five adoptive parents in Johnson’s study agreed that the “biggest advantage of the open adoption is that there are no secrets in their life as there would be with a closed adoption” (p. 35).

Involvement in an open adoption can be a complex process, but Grotevant and McRoy state that these complexities are not necessarily avoided in a confidential adoption. Their study suggests that openness does not produce negative outcomes for adoptive families (Grotevant & McRoy, p. 181).

Preparation

Baumann (1999), Berry, Barth, and Needell (1996), and Gritter (2000) all believe that preparing the adoptive family for the adoption experience is an important task of adoption professionals. The adoption professional must also help the adoptive couple and birth parents to negotiate the type of adoption that best suits their needs. It is important for the social worker or counselor to remember that “the adoption is shaped by the two sets of parents, not by the professional” (Siegel, p. 21). This may be a power shift for some adoption professionals and will take an adjustment to let go of the control.

A priority for the adoption professional is to help the adoptive couple cope with their infertility issues, build relationship skills, and prepare for the differences of an adoptive family (Gritter, 2000; Siegel, 1993). Preparatory services in adoptions can include talking with birth relatives or meeting the birth parents, talking with other adopters, reading informational materials, and counseling (Berry, Barth, & Needell,
Baumann (1999) has concerns about independent adoptions in which there is often no preparation for the adoption experience. Adoptive couples “are frequently not given the opportunity to learn of the consequences to all participants of closing off avenues of communication to the birthfamily. They are often encouraged to focus on the goal of getting a baby and moving on” (p. 386). This concern is supported by Berry, Barth, and Needell’s 1996 findings that very few preparatory services were offered or available through independent adoptions, and at least 24% of independent adopters “report receiving no preparatory services” (p. 174).

A solution proposed by Baumann is for adoption professionals to make the effort to initiate and maintain relationships with attorneys and physicians who may be involved in arranging independent adoptions. Social workers and counselors working in adoption can educate those arranging independent adoption and “help them view adoption as a lifetime event, rather than a legal proceeding” (1999, p. 386).

Another consideration in preparatory services is that adoptive parents need to be prepared and selected appropriately for open adoptions with challenging or difficult birthparents (Gritter, p. 66). “As professionals get to know the prospective adoptive parents they are working with, it is important for them to understand not only the range of children the family can accept, but also the kinds of birthfamilies they can work with” (Gritter, p. 67).

Baumann (1999) states that in order for adoption professionals to adequately prepare adoptive parents and birth parents for the lifetime process of adoption, the adoption professional must be adequately trained about adoption options and
implications. They need to use current research to inform their policies and practices, and remain educated on current research in the field of adoption. The National Open Adoption Federation is an organization that offers a national annual conference to train adoption professionals on openness. They offer workshops to certify counselors as open adoption practitioners. However, adoption counselors at the Children’s Home Society of Minnesota state that currently there is not a lot of training or resources for adoption professionals to learn about open adoption, so much of the education and research about open adoption must be pursued on an individual basis.

Maintaining Contact and Setting Boundaries

Sometimes the adoptive parents may withdraw from the birth parents in the first months after placement. The reasons for this vary. Some adoptive parents want to bond with their newly adopted child without the interference of the birth parents. Some may have difficulty accepting they are not the biological birth parents. Sometimes adoptive parents may feel envious of birth parents for not having the burden of caring for children (Melina & Roszia, p. 162).

As new adoptive parents, they may feel fatigued and disillusioned with parenting, and “may not want to have contact with the birth parents for fear that their disillusionment with parenting will show through and their level of commitment will be questioned” (Melina & Roszia, p. 162). They may be worried about their own parenting abilities and not want to display any problems or inabilities in front of the birth parents, or they may believe that the birth parents won’t agree with how they are taking care of the child (Melina & Roszia, p. 162).
Another situation which may interfere with contact is when the adoptive parents need to deal with birth parents who may have inappropriate behavior, be irresponsible, or make bad choices. Counselors are important when it comes to setting appropriate boundaries in situations where there are problems between the birth and adoptive parents. Adoptive parents should be able to rely on a good adoption counselor or social worker to help them decide if a dysfunctional birthparent has the appropriate character and skills to participate in an open adoption, or in what ways this birthparent could participate (Gritter, 2000).

Dysfunctional birth parent behavior may provide a clear cut answer for the child as to why he or she was placed for adoption (Gritter, 2000). If appropriate, “adoptive parents should consider that sometimes allowing the child to observe her or his birth parents’ behavior directly can be an effective way to help the child understand why the birth parents could not raise a child” (Melina & Roszia, p. 237).

It is important to let the child know that it is not his or her fault if the birth parents act inappropriately or break promises. The child’s feelings and perceptions should be validated and discussed, and adoptive parents should not excuse the birth parents’ actions if unacceptable. In these cases it is very important for the adoptive parents to model how to set boundaries, and in extreme cases, the adoptive parents may need to make contact conditional or limit it to letters or phone calls (Melina & Roszia, pp. 236-239).

Comfort with and Acceptance of Openness

Berry (1993) found there were large variations in adoptive parents' comfort with openness. Families adopting through private agencies had the highest percent of ongoing
contact and continued sharing of information, but mainly through letters and pictures. These families also had the highest comfort with contact (Berry, pp. 242-243). Those parents choosing independent adoptions had high comfort levels as well, and were more likely to have high levels of in-person contact.

In contrast, those adopting through public agencies had very low comfort levels with contact even though they also had in-person contact (Berry, 1993, p. 247). Berry thinks the reason for this is that public agency children often have a background of abuse or family problems, therefore the adoptive parents have negative feelings about their children’s upbringing and aren’t comfortable having contact with the birth families (Berry, 1993, p. 247).

Berry’s study indicated that comfort with openness correlates more to child and birth family characteristics rather than the type of adoption agency or agent that is chosen (1993, p. 247). Predictors of adoptive parents’ comfort with openness included: “(1) the adoptive parents had planned for contact, (2) the child’s absence of a history of mistreatment, (3) the biological mother’s level of education, (4) the directness of contact, (5) the adoptive mother’s older age, and (6) the adoptive parents had talked to the biological parents prior to placement” (Berry, 1993, p. 249).

Berry, Dylla, et al. (1998) reported two additional factors that contributed to high levels of comfort in openness for adoptive parents in the fourth year of adoption. These factors were (a) the adopted children had contact with the birth parent(s), and (b) the adoptive parents felt they had control over these contacts (p. 162).

Gross (1997) found that those involved in open adoptions had different levels of acceptance characterized by the intensity, frequency, and emotional significance of the
developing relationship (p. 25). She distinguished three types of post-placement patterns in adoptive parents that she categorizes as “Rejecters”, “Acceptors”, and “Embracers” (p. 25). Rejectors were involved with the minimal openness required to participate in Gross’ study. Acceptors were involved in fully disclosed, on-going relationships. Embracers were also involved in fully disclosed, on-going relationships, but in addition had “a strong emotional bond” with the birth family members (Gross, p. 25).

What distinguishes Acceptors from Embracers is that knowledge about the birth parents rather than a relationship with the birth parents is most important for Acceptors. The value of openness for Acceptors is in its utilitarianism (Gross, pp. 26-28). The value of openness for Embracers is that the birth parents and birth family are “emotionally significant” to the adoptive family as well as the adopted child, and add a “distinct family heritage to their own” (p. 29).

Gross identified three factors that positively influenced adoptive couples toward developing an “Embracers” viewpoint of open adoption. The first factor was that adoptive parents choosing an agency adoption were more likely to have experienced counseling and group meetings that explored the benefits and implications of openness than parents choosing independent adoption. The second factor was an agency’s bias towards and endorsement of openness. The third influencing factor was the initial receptivity of “at least one member of the pre-adoptive couple” (Gross, p. 35).

Support After Placement

Berry, Barth, and Needell (1996) found that the two most used post-placement support services for adoptive parents in all types of adoptions were: 1) meeting with the
social worker, and 2) participating in support groups. Those adopting through public agencies were more likely to use a variety of support services and use services more often than those adopting through private agencies or independent agents. This may be attributed to the fact that public agencies more often place older foster children for adoption who may have behavioral and emotional problems.

Sorosky et al. (1984) also mention adoptive parent discussion groups as a support option for adoptive families. Additionally, they refer to agency open houses, which provide support for the adoptive parents and offer the adoptive children a chance to socialize and meet other adopted children.

Education and support for adoptive parents is important to prepare them to handle communications and situations specific to raising an adopted child. Adoptive parents need to understand the feelings of rejection or different-ness that their child may have. The parents must also be educated about how their adopted child develops an understanding of adoption throughout different cognitive stages in the child's life (McRoy and Grotevant, p. 12).

Satisfaction with Openness

Several studies reported that adoptive parents were very satisfied with open adoption (Berry, 1991; Berry, Barth, & Needell, 1996; Grotevant, McRoy, Elde, & Fravel, 1994; Johnson, 1996). Berry, Barth, and Needell found that four years after placement, the majority of adoptive parents in both independent and agency adoptions would definitely adopt that child again, would recommend the agency or agent, and felt the actual adoption met or exceeded their expectations (p. 178). Grotevant, McRoy, et al.
report that the 190 adoptive families in their study are "so satisfied ... that any
dissatisfaction tends to focus around their desire for more, not less, contact with the
birthparents" (p. 142).

Johnson (1996) and Grotevant and McRoy (1997) found most adoptive parents
felt satisfied with their control over the birth mothers' involvement, and this control was
an important factor in the adoptive parents' satisfaction with open adoption (Johnson, p.
33). In contrast, Berry (1991) found that adoptive parents choosing open adoption felt
less in control of the situation. However, the feelings of less control did not lessen their
high satisfaction with the openness (p. 393). Because Berry's study was earlier in the
decade than Johnson's or Grotevant and McRoy's studies, perhaps adoptive parents
didn't have as much support, education, or guidance in the open adoption relationship,
and therefore felt less in control.

Grotevant and McRoy's study indicates that satisfaction with adoption does not
depend on the level of openness; both confidential adoptions and open adoptions had high
levels of satisfaction for adoptive parents (p. 176). Similarly, Berry, Dylla, et al. report
that there were no significant differences in the high satisfaction levels of adoptive
parents between those in open adoptions and those in confidential adoptions. However,
slightly more adoptive parents in open adoptions had higher satisfaction levels (95%)
compared to the number of satisfied adoptive parents in confidential adoptions (89%) (p.
166).

Siegel notes that even though a few adoptive parents had some difficult
experiences related to openness, or had early concerns, none of the 21 adoptive couples
regretted their decision or thought that choosing open adoption was a mistake (Siegel, pp. 18-20).

**Conditions for Success**

Adoptive parents choosing openness must understand that on-going contact requires mutual cooperation, flexibility, warmth, honesty, preparation and planning for contact, setting appropriate boundaries, choice, and agreement on basic issues (Baumann, 1999; Etter, 1993; Gritter, 2000; Silber & Dorner, 1990; Sorosky, Baran, and Pannor, 1984).

Additionally, Siegel asserts that “successful open adoption requires empathy and trust from both sets of parents, the ability to identify one’s feelings and needs, and a commitment to place the needs of the child first” (p. 21). She reminds triad members that the success of an open adoption is based on their abilities to be creative, mature, and responsible in problem solving (Siegel, 1993).

"There is no question that open adoption requires more of an adoptive parent. It requires a firm sense of self, resolution of the infertility crisis, an ability to risk and a strong belief that every child has the right to know his or her origins and stay connected to the biological family" (Baumann, 1997, p. 324).
Birth Parents

Choosing Adoption and Openness

Birth parents choose adoption only when circumstances are not optimal for parenting (Gritter, p. 93). A number of factors have been identified that contribute to birth parents deciding to place their child for adoption. Gritter (2000) feels that birth parents who willingly choose adoption do so because they value a stable, consistent family environment, and believe that fathers are an important part of this stable environment. Sorosky, et al. (1984) state the reason given most often by birth parents for choosing adoption was that they were unmarried and wanted the child to have a family.

Other reported reasons for choosing adoption include being too young, unprepared for parenthood, emotionally or financially not ready, wanting to finish school, the birth father not wanting marriage, and other moral, religious, and political reasons (DeSimone, 1996; Gritter, 2000; Sorosky, Baran, & Pannor, 1984).

According to Gritter, birth parents who choose open adoption believe the reasons for placing their child should not be kept a secret from the child, and they want their child to know how much they love them (pp. 19-22). Of the eight birth mothers interviewed by Guinee, five said “they would not have done an adoption unless it was an open adoption” (p. 28).

Unfortunately, in some cases, adoption was not a choice, but a decision forced upon the birth mother by family, social, and financial pressures (DeSimone, 1996; Jones, 1993; Logan, 1996; Sorosky et al., 1984). Logan’s interviews with 28 birth mothers revealed a “situation characterized by lack of choice, lack of alternatives, and coercion suggesting that in reality relinquishment did not necessarily reflect personal choice” (p.
615). Several researchers stressed that it is important for adoption counselors and social workers to not influence the birth parents’ decision (Gritter, 2000; Guinee, 1998; Lindsay, 1997).

Because of the emotional and psychological impact of adoption on birth parents, several studies emphasize the need for support and counseling services in making a decision to adopt. To prevent long-term adverse effects of relinquishment, counselors and educators must fully and fairly discuss adoption and adoption alternatives with pregnant women and adolescents to help them thoroughly examine and understand all options for an unplanned pregnancy (Jones, 1993; Namerow, Kalmuss, & Cushman, 1997; Weinreb & Konstam, 1996).

Namerow et al. (1997), who focused their research on young birth mothers, stated counselors should make it clear to an adolescent birth mother that choosing to relinquish may benefit her in many ways and provide a better future for her and her child, but she may be more prone to experience regret than her counterpart who chooses to parent. Namerow et al. caution that “in order to minimize the amount of regret and dissatisfaction…only young women who are very clear about their desire to place their child for adoption should be encouraged to carry through with their plan” (p. 195). If ambivalence during the decision making stage is not mostly relieved, regret can be a very likely outcome of the decision (Gritter, 2000).

The organization Concerned United Birthparents (CUB) advocates that before adoption is chosen, families at risk should be informed in writing of all services and alternatives to adoption to keep them together. Families should first be provided with resources and assistance to educate them on good parenting and help them overcome any
financial problems or other temporary difficulties they might be experiencing (Concerned United Birthparents, p. 74).

If it becomes necessary to separate the child from the birth family, then CUB advocates that the birth parents should be provided with the opportunity to choose the adoptive parents and meet them before signing any legal adoption agreements. The parties should be assisted in determining the terms of the adoption and understanding “what adoption will and will not do for each of the people and families involved” (Concerned United Birthparents, p. 75).

Counseling with a trained adoption professional needs to be available both before and after the decision to place for adoption (Jones, 1993; Weinreb & Konstam, 1996), and it is highly recommended that the pregnant woman discuss the decision and situation with other birth mothers or adoption organizations (Jones, 1993).

Berry (1998) mentions that family-group conference is a newer service provided to birth families to help in decision making. This is a cooperative decision-making process in which "members of the birth family, extended family, supportive networks to the family, and professionals meet together to identify and discuss options and help determine the best plan for the children, including adoption" (Berry, 1998, p. 9). This may be a helpful process for all birth parents, but especially for adolescent birth parents whose emotional, cognitive, and coping capabilities may not be developed enough to make the best long term decision (Byrd, p. 241).

Adoption professionals must be able to identify with the birth parents, recognize their strengths, and encourage them, as well as challenge them to make the best decision possible. Birth parents should never feel pressured by an adoption professional to make a
decision towards parenting or adoption. Adoption professionals have to be respectful and supportive of the birth parents’ decision, and treat both birth and adoptive parents respectfully in their services and attitude (Gritter, pp. 212-219).

Birth parents must realize there are no guarantees in the outcome of adoption. Confusion and anxiety are normal feelings about the decision, but they must make the best choice they can, and understand that whatever choice they make will change their lives forever (Melina and Roszia, p. 42).

**Impact of Adoption on Birth Mothers**

Evidence about the impact of adoption on birth mothers is mixed. While several studies reported that relinquishing a child for adoption had a negative impact on birth mothers (Hughes, 1996; Jones, 1993; Concerned United Birthparents, n.d.; Logan, 1996; Weinreb and Konstam, 1996), there were mitigating factors.

Weinreb and Konstam (1996) found that the 32 birthmothers in their study “reported current depression symptomatology within the mild to moderate range” (p. 65). They also found that birth mothers who later parented children after the placement of their first child “tended to report lower self-esteem in the domain of parental competence” (Weinreb and Konstam, p. 65). However, in areas outside of parental competence, these birthmothers did not have lower self-esteem than the general population, and on average reported moderate to high self-esteem.

Logan found in her review of previous research that general practioners refer relatively few women suffering from depression for treatment. However, one third of the birth mothers participating in Logan’s research were referred to specialists for help. These
findings indicate that the “referral rate of relinquishing women is ... considerably higher than that of women in the general population who suffer depression” (p. 622).

Logan’s own study of 28 birth mothers referred to After Adoption Services revealed several common factors that might negatively influence their mental health. These factors included lack of support by family and agencies, suppression of feelings, significant life events happening prior to or after the adoption, guilt, the need to search, and the impact of reunion with their child (Logan, 1996).

Based on questionnaire responses from a non-random sample of approximately 70 birthmothers, Jones identified recurring problems common to birth mothers that she categorized as the “birth mother syndrome.” Characteristics of the “birth mother syndrome” may include: unresolved grief, denial, anger, depression, symptoms of posttraumatic stress disorder, low self-esteem, feelings of powerlessness and victimization, arrested emotional development, and unexplained secondary infertility (Jones, p. 272).

Although openness in adoption helped to relieve some of these negative effects of adoption, most birthmothers in Jones’ study believed that openness could not completely relieve them of the effects (p. 285). For these birth mothers, “open adoption is merely the most tolerable of several intolerable options” (Jones, p. 61).

Many of the birth mothers Jones interviewed had “not found peace after relinquishing” (p. 8), and were profoundly adversely impacted by adoption. Jones reported that:

more than one in ten had been so devastated by relinquishing that, at some point, they tried to end their lives. About one in five completely
abandoned the goals they'd previously been striving to attain. More than
one in five became involved in abusive relationships after relinquishing,
and many married their abusers and remained with them for decades. (p.
104)

Many of these studies stated there was no contact between the birth parents and
adoptive parents or were based on adoptions which took place before the 1980s. In these
cases, the studies were primarily based on confidential adoptions. Perhaps some of these
negative outcomes could have been lessened or prevented if the birth mothers knew that
their children were growing up in loving families, had had more control over the adoption
process and choices available, or had been more supported in their grieving process.
Because this author had control over her choices and was able to stand up for what she
believed was best for her child and reasonable for her own mental health, the adverse
affects outlined above were minimized.

Another mitigating factor of these negative research outcomes is that some
research is based on women in psychotherapy (e.g., Jones, 1993; Logan, 1996), women
who joined birth mother support groups (e.g., Concerned United Birthparents, n.d.;
DeSimone, 1996), or both. Because these women are more likely to have had a difficult
time adjusting to the adoption, it is understandable that the research would find long-term
negative effects of relinquishment on the mental health of the birth mothers in these
samples (Namerow et al., p. 177).

Long-term negative effects may also be due to how unmarried pregnant women
were treated in previous decades. Pregnancy for an unmarried woman during the 1950s,
1960s, and 1970s often meant isolation from society, living with out-of-town relatives,
working as nannies, or being sequestered in maternity homes (Jones, 1993).

Often these maternity homes took the view that unmarried pregnant women were sinners and needed to be punished through hard work and demeaning tasks. One of the women interviewed by Jones recalled that while she was pregnant at the maternity home “they made us scrub the toilets and wash the bathroom floors on our hands and knees, even on the hottest days of summer . . . . I felt faint from the smell of the disinfectant and from the heat, but I had no choice. They constantly reminded us that we had to atone for what we’d done” (Jones, p. 48).

There are many questions still unanswered by these studies. Are birth mothers more seriously ill than other women who suffer depression? Is the high referral rate of birth mothers to specialists due to the effects of relinquishment or due to medical professionals’ perception that relinquishing women are more mentally ill than their peers suffering depression? Are mental health problems due to relinquishment, or were they already present and simply compounded because of relinquishing a child? (Logan, 1996). These are areas in need of further research.

Grief

“When losses are socially acceptable, occurring within the basic guidelines of social structure, they evoke emotional support that assists the process of grief” (Jones, p. 75). However, in previous decades, the grief experienced by birth mothers was outside social norms and therefore was not acceptable, not recognized, and not supported (Jones, p. 79). No rituals to grieve the loss of their relinquished child were available to women in earlier decades. Birth mothers felt they were making a selfless choice and suffering for
the good of their baby, but upon return to society and normal life, they found no support or understanding for their sacrifice (Jones, p. 77). Currently, adoption professionals are more supportive of the grief process that birth mothers go through, and society is beginning to be more understanding of their losses.

Birth parents experience many losses through adoption; some are temporary, some are permanent. They lose daily interaction with their child, the status of mother or father, family structure, acknowledgement as a life-giver after labor and birth, control over their child's future, and possibly, self-worth (Gritter, pp. 110-113). “They may also lose their role as grandparents to [the birth child’s] children” (Melina and Roszia, p. 41).

Grieving these losses is important. It is necessary for birth parents to move through the process of grief and incorporate the experience of pregnancy, birth, and relinquishment into their lives in order to move on. Birth parents need to understand that the relinquished child cannot be replaced by having other children, and the experience of having their first child cannot be experienced again.

Birth mothers may begin to grieve the loss of their child while still pregnant in preparation for the impending separation after birth (Lamperelli and Smith as cited by Cave, 1999). Counselors can assist birth parents in the process of both pre-placement grieving and post-placement grieving (Lindsay, 1997).

Sometimes birth parents may not want to let go of their grief “because they think it appears that they don’t care. They feel that they are betraying their child if they laugh, have fun, or don’t think about him for an entire day” (Melina & Roszia, p.161). Moving through this phase of grief can also be assisted through counseling.

Kraft, Palombo, Mitchell, Woods, and Schmidt (as cited by Silverstein & Demick,
1994) propose that for the birth mother to complete her grieving process, she must disconnect from her child and accept complete separation. Openness in the adoption interferes with this process because the birth mother can never really separate from her child and experience the loss.

Other researchers found that what interfered with the grieving process was not openness, but secrecy, coercion to place for adoption, and lack of support and understanding. The support of others through understanding and validation of birth parents’ grief can facilitate grief resolution. Even though others may not know how to help, they can learn as they go (Gitter, 2000).

DeSimone found that not being allowed to express feelings regarding the relinquishment correlated significantly to unresolved grief (p. 71). He also found there was a significant correlation between high levels of unresolved grief and the perception that the birth parent had been coerced into an adoption decision (p. 69). This was supported by the findings of Jones (1993), Logan (1996), and Weinreb and Konstam (1996).

The resolution of grief issues can be facilitated by “accepting a loss as final and unretrievable” (DeSimone, p. 71). Additionally, positive life experiences, satisfaction with current marital status, personal accomplishments, the opportunity to express grief, and gaining information about the birth child after placement were factors in lower levels of grief (DeSimone, p. 73).

The findings of DeSimone’s study have implications for treating unresolved grief. He claims that birth mothers must be encouraged to discuss their thoughts and feelings in regards to the adoption and relinquishment decision. Each birth mother will need “a clear
understanding of her own involvement in the decision making process” (DeSimone, p. 74). Once she understands her feelings about her role in the relinquishment, she must have the opportunity “to discuss any guilt or shame she may feel for allowing the relinquishment to take place” (DeSimone, p. 74). Finally the birth mother “may need to stop blaming herself and recognize the untenable position that she may have found herself in at the time of her pregnancy” (DeSimone, p. 74).

To move through the grieving process, birth parents can create their own rituals to express grief, “use the strengths of open adoption”, and “learn to fully trust grieving as a natural path to healing” (Gritter, pp. 118-120). Jones found that those who were able to cope with the grief, “were usually those who improvised their own techniques for expressing and examining their grief” (p. 105).

Grotevant and McRoy’s research found that the degree to which birth mothers resolved their grief was related to the level of openness in which they were involved. Those birth mothers involved in fully disclosed adoptions had “significantly better grief resolution” (p. 181) than those in confidential adoptions. The study also found that birth mothers in confidential adoptions who had resolved their grief tended to have had support from outside sources, fulfilling careers, counseling, or a combination of these (Grotevant & McRoy, 1997).

Grotevant and McRoy also suggested that the current relationship between the birth mother and birth father had an effect on grief resolution for the birth mother. In cases where there still existed a romantic relationship between the couple, birth mothers may experience prolonged grieving (p. 181).
Grieving was definitely a part of the post-placement process for this author, but she was able to successfully work through the grief due to pre-placement preparation, education, counseling, support from others, participation in a post-placement support group, and working with a birth parent mentor. Understanding the phases of grief, and how they specifically applied to post-placement grief was helpful, as was the opportunity to express her experiences and feelings to others.

Fears

Birth parents may fear the adoptive parents will halt openness once the adoption is legal. In order for birth parents to avoid this, they should get to know the adoptive parents before the birth of the child to assess the likelihood of this happening (Melina & Roszia, p. 23).

Adoptive parents may not be ready for open adoption or even confidential adoption if they are: still pursuing infertility treatments; very private, secretive people; angry or depressed about infertility issues or have moved quickly from infertility treatments to adoption; not engaged in counseling or adoption preparation; suffering from several recent significant losses; intolerant of differences; or not willing to invest time, money, and energy in the relationship (Melina & Roszia, p. 62).

Birth parents may also fear not being able to separate from the child if they continue visits or contact. Melina and Roszia believe this is not the case for those birth parents who can let go of the parenting role. Avoiding the child or adoptive family doesn’t mean the pain is gone. Confronting the pain and working through the loss of the parenting role can help the birth parent and make contact comfortable (pp. 13-23).
It takes much courage to continue with an adoption plan in the face of these fears. Courage is one of the cornerstones of Adlerian theory and is important for healthy emotional adjustment. Women who are discouraged because of lack of support or choices tend to have difficulties adjusting to adoption.

Benefits of Open Adoption

The main benefit of open adoption for birth parents is that it helps them to go through the grieving process and become comfortable with their decision (Cushman, Kalmuss, & Namerow, 1997; Guinee, 1998; Jones, 1993; Silber & Dorner, 1990). They may feel more at peace if they know their child has a good home and loving parents.

In Guinee’s study, all the birth mothers felt that the adoption would have been more difficult to deal with if they didn’t have contact with the adoptive family, and over three-fourths of the birth mothers believed that contact in the open adoption helped their grieving process (Guinee, p. 28).

Cushman et al., in their study of 171 birth mothers, found that the most open practices of adoption, visits and phone calls, were “strongly associated with lower levels of grief, regret and worry, and greater feelings of relief and peace regarding the adoption” (p. 15) four years after placement. This author’s experience supports these findings.

The moderately open practices of receiving letters, pictures, or both were also associated with positive outcomes for the birth mother. Even in adoptions where continued contact was not planned, the option of including the birth mother in choosing the adoptive couple was strongly associated with “positive social psychological outcomes for the birth mothers four years later” (Cushman et al., p. 14). This option is easily
implemented and low cost.

Open adoption offers birth parents control in choosing the adoptive family and having a say in the type and frequency of ongoing contact. These options can be self-empowering (Silber & Dorner, 1990). Baumann believes that if the birth parents choose the adoptive parents, there is a better chance of making a good match than if professionals try to match families by physical appearance or social class. In her experience, “the choices are most often made based on how well the birthparents connect with the adoptive parents” (Baumann, 1999, p. 387).

Namerow, Kalmuss, and Cushman (1997) interviewed 406 unmarried, pregnant teenagers four years after placement. They found that sociodemographic and social psychological outcomes were significantly better for the 175 teenagers who had placed a child for adoption compared to the 231 teenagers who had chosen to parent (p. 175).

Outcomes for teenagers who had chosen adoption indicated higher education levels attained, less unemployment, less likely to be receiving welfare, better relationships with partners, lower depression rates, more satisfaction with life, and more optimism about the future (Namerow et al., p. 193).

Perceptions of Birth Parents

Both Gritter (2000) and Jones (1993) feel it is important to lessen the social stigma of birth parents in order to support them. Unfavorable stereotypes can have a negative impact on the birth parents’ status in the adoption triad. Because the birth parents are under suspicion of making poor choices, seen as guilty of being immoral, and feared, they may not be treated as equal participants in the adoption experience. “If
birthparents were held in higher regard, they would be involved because of their conspicuous importance to their children and out of recognition of their intrinsic value as [individuals], not because of the compassion of others” (Gritter, p. 18).

Discounting birth parents also has negative repercussions for adoptive parents and the adopted children. Adoptive parents may have a more difficult time forming a mutual relationship with the birth parents in open adoption if they feel superior or feel they must pity or help the birth parents (Gritter, p. 18). If adopted children believe their birth parents are inferior, they may believe they inherited this inferiority, and may gain a negative self-image (Gritter, 2000; Ryburn, 1996).

Sorosky, Baran, and Pannor state that “a negative attitude has long persisted among adoption agencies about involving birth fathers” (p. 79). CUB acknowledges that birth fathers’ “love for their children can be as real, as deep and as permanent as any other parent’s” (Concerned United Birthparents, p. 71), yet often they are not acknowledged or are perceived in society as uncaring and abandoning the mother and child.

Baumann feels that negative attitudes towards birth fathers are influenced by the media, and by birth mothers providing the only information about the birth father (1999, p. 382). However, Guinee states that “birth fathers are only involved in the adoption process about forty percent of the time . . . and their involvement is often quite limited” (p. 22). This large percentage of absentee birth fathers also contributes to negative attitudes towards them.

Contrary to Guinee’s report, Sachdev found in his review of research that “a large majority of adolescent unwed fathers do care about the child and remain committed psychologically or physically to both the mother and the baby during pregnancy and after
childbirth” (p. 77).

If information came directly from the birth father, the adoptive parents tended to have more positive attitudes toward him (Baumann, 1999, p. 383). Adoption professionals can play an important role in improving attitudes towards birth fathers by involving them in the adoption process and encouraging contact with the adoptive family. Even if the birth father only signs relinquishment papers, this small gesture was found to promote a more positive attitude towards the birth father (Baumann, 1999).

This author’s experience was that the birth father was supportive of her decision and involved in choosing the adoptive parents and in ongoing contact. The birth father felt he often did not receive support for placing his child with an adoptive family, and he was unable to locate birth father mentors or support groups for birth fathers. He also encountered negative perceptions of birth fathers as not caring and not being involved in the adoption. The birth father continues to be involved with his birth son’s life.

Role of the Birth Parents

Many people struggle to define the role of the birth parent in open adoptions. If appropriate participation and behavior are clearly defined for the birth parents, they may feel more secure about the role they must assume. This is important for positive birth parent identity and healthy interactions in the open adoption relationship (Melina & Roszia, 1993; Gritter, 2000).

Gritter does caution that something may be lost if the role of birth parents in open adoption emphasizes their function and usefulness over their worth and humanity. Concrete definition and rigid boundaries may serve to divide the adoption triad rather
than connect them. To be an effective birth parent, that individual must feel an emotional interpersonal connection, not just fill a role (Gritter, pp. 165-167).

Jones says that many birthmothers in her study want to be identified as “respected triad members” (p. 285) and “have an acknowledged place in their relinquished children’s lives” (Jones, p. 282). She is adamant that “the double standard that simultaneously encourages adoption and frowns on women who relinquish children must be abandoned” (Jones, p. 287).

In order to replace some of the old stereotypes of the uncaring or irresponsible birth parents, Gritter proposes that it is time for new perspectives on how birth parents fit into the scheme of open adoption. Birth parents play many roles in open adoption including: choosing capable and effective caregivers, explaining to the adopted child their reason for making the adoption decision, providing genetic information and family heritage, validating the child’s positive and negative feelings about adoption, assuring the child of their ongoing love, normalizing adoption by eliminating the mystery and secrecy, and finally, understanding and adapting to the child’s expressed needs and preferences as the child grows older (Gritter, pp. 158-160).

A role birth parents must give up is the role of parenting. They have permanently terminated their parental rights, and their birth child legally belongs to another family. Some birth parents are not able to fully let go of this parenting role until they have been through several of the child’s “milestones of infancy . . . first birthday, first tooth, and first step” (Melina & Roszia, p. 160).

Gritter believes that four changes are required for birth parents to be supported in their new roles. First, birthparents must be courageous and come forward to share their
adoption experiences so that others can have a better understanding and appreciation of who birthparents are. Second, those involved with adoption must support birthparents and put an end to the stereotypes. Third, society in general must not be so quick to judge, and must move towards empathy and identifying with birthparents. Finally, a new attitude about transferring parental rights must be established (pp. 22-24).

Commitment to Continued Contact

Although birth parents have terminated their parenting rights, they still have responsibilities to their birth child. Continued commitment to the birth child and the open adoption relationship is an important responsibility. Birth parents’ inconsistent contact with their birth child is “one of the most significant problems reported with open adoption” (Silber and Dorner, p. 119). Berry, Dylla, Barth, and Needell (1998) noted that contact often decreased or ceased over time in 44% of the 1,059 adoptive families in their study.

There are many reasons that birth parents may not continue their involvement in an open adoption: uncertainty about their decision, emotional stress, fear of judgement from the child, low self-esteem, shame, insecurity, being unaware of the importance of their involvement, believing they are not welcome by the adoptive family, fear of confusing the child, grief, painful memories, inability to trust, the need to move on and start fresh, being at peace with the arrangement, and, in a few cases, disinterest (Gritter, pp. 179-183). Additionally, many adolescent birth parents may not have the cognitive abilities to understand long-term consequences of planning for openness and not following through with contact (Berry, Dylla et al. 1998; Byrd, 1988).
These findings indicate that adoption professionals need to "emphasize to birth parents who are interested in continued access, the importance of a life-long commitment to that plan" (Berry, Dylla et al., p. 170). In adoptions where contact is planned and then drops off or stops, the adopted child can interpret this as a second rejection or abandonment (Berry, Dylla et al., 1998; Gritter, 2000). If a child is used to receiving gifts or letters on his or her birthday or on other special occasions, the child will feel hurt and perhaps rejected again if the birth parent forgets (Silber & Dorner, 1990).

Gritter feels so strongly about birth parents' continued involvement in an open adoption that he says contact is an obligation birth parents have to their child. They are responsible for providing their child with ongoing affirmations of their love, explanations for their decision, and information about the child's history and genetic inheritance (Gritter, pp. 186-188).

Support After Placement

Support after placement is crucial to the emotional and psychological health and welfare of birth parents. Jones (1993) states that in earlier decades birth mothers didn't receive any post-placement help. As soon as the decision to place a child for adoption was made, the counseling services ended. "Without neutral, in-depth counseling, many were unable to explore their feelings and, consequently, unprepared for the emotional reactions that followed their decision to relinquish" (Jones, pp. 39-40).

Many of the women receiving treatment in Logan's study were not satisfied and felt that the real reason for their problems was not being taken seriously. "Of the 19 who were self-defined as having mental health problems, 11 (58 per cent) felt the
relinquishing experience was the cause” (p. 617). Their feelings about the adoption were not dealt with in treatment, and “the usual advice was to ‘forget it’, ‘look forward, not back’” (Logan, p. 617).

Logan feels that social workers and health care professionals must be trained to understand the long-term consequences of adoption, and recognize the specific needs of and difficulties faced by birth mothers (p. 623). Professionals who work with birth parents should not view them as socially deviant or pathologize their reactions to relinquishment, but should support, encourage, and help them in the grieving process (Logan, 1996; Weinreb and Konstam, 1996).

It is important for birth mothers to overcome the shame and secrecy of relinquishing a child. A birth mother in Jones’ study states, “fear of being judged is worse than judgment itself. Secrecy encourages the perpetuation of stigma. As long as we submit to secrecy and act ashamed, we will encourage others to condemn us and continue to live with shame” (pp. 275–276).

Gritter asserts that adoption professionals, extended family, and society at large must be understanding of birth parents and support them in their responsibilities through problem solving, education, and encouragement. Respect and a positive attitude can help them to overcome fears and hesitancy about being involved in an adoption. Others can be supportive by being aware of any pain the birth parents are suffering, not judging them, and not criticizing a birth parent’s reluctance to continue participation in an open adoption (Gritter, pp. 190-191). Birthmothers’ partners can be supportive by encouraging them to seek support, and explore and openly discuss their issues around adoption (Jones, p. 140).
Helpful services offered by agencies are birth parent mentoring and birth parent support groups (Lindsay, 1997). Mentors can share their own pre- and post-placement experiences, and let the birth parents discuss their feelings and experiences. Birth parent support groups are another way for birth parents to share feelings and experiences with others who understand and are supportive. This author found both of these services helpful in overcoming her grief.

In addition to assisting birth parents in overcoming emotional and psychological problems associated with relinquishment, an effective adoption program will help birth parents learn how to build good open adoption relationships with the adoptive family and the adopted child, and the program will continue to facilitate the relationship between the families and troubleshoot when needed (Gritter, pp. 212-219).

Was Adoption a Good Decision?

Several studies did not specifically indicate if the participants were involved in closed or open adoptions. However, due to the time in which the adoptions took place, and comments made by the researchers about birth parents not having information or knowing about their children, it is reasonable to assume these studies were based on closed adoptions (e.g., DeSimone, 1996; Jones, 1993; Logan, 1996; Sorosky et al., 1984; Weinreb & Konstam, 1996).

Of the studies based on closed adoption, the birth mothers were often not happy with their decision. In the study by Sorosky et al. (1984), birth parents said their feelings about the decision varied. About half said they still felt loss, pain, and grief over relinquishing their child, and only one third of the birth parents were comfortable with
their adoption decision. In Jones' study, two thirds of the women interviewed said that if they had the choice to make again, they would not relinquish their child for adoption (1993). DeSimone reported that almost half (46.1%) of the birthmothers in his study said the adoption was "‘not at all as I wanted’" (p. 68).

Conversely, for those birth mothers participating in open adoptions, they were more comfortable with their decision. In the study by Guinee, all eight responding birth mothers “agreed that making an adoption plan for their child was a good decision” (Guinee, p. 25). Cushman et al. reported that over half of the birth mothers said they currently experienced no grief, regret, or sadness regarding the adoption, and another 25 to 29 percent said they felt only a little grief, worry, or sadness. In addition, over three fourths of birth mothers reported feeling some or a lot of relief and peace about their decision (p. 13).

Although Jones reported mainly on women adversely affected by the adoption decision, there were a few women who were at peace with their relinquishment. Of these women, Jones found it significant that almost every one “knew where and how her child was. With few exceptions, these women had either participated in open adoptions or searched for and found the children they’d given up” (p. 105).

**Conditions for Success**

One important aspect of success in an open adoption is that the birth mother is not coerced into an adoption (DeSimone, 1996; Gritter, 2000; Jones, 1993; Logan, 1996). It is important that the birth mother make her own decision about whether or not to place for adoption, and not give in to the pressure of others or do what other people think is
Cooperation is an important ingredient in healthy open adoptions. If a woman chooses to place her child for adoption, and if that adoption "is to be mutually beneficial, it must be seen not as a final solution to a problem but as an ongoing, cooperative effort" (Jones, p. 286).

Commitment to the open adoption and the relationship is necessary. "The success of any adoption depends entirely on the quality of the people living it out and the depth of their commitment to making it work to everyone’s advantage" (Gritter, p. 88).

It is also important to identify birth parents who clearly should not be involved with the adoptive family and child (Gritter, 2000; Melina & Roszia, 1993). In cases where the birth parent is "impulsive, unable, or unwilling to respect reasonable boundaries, combative or violent, they undermine the safety and security of their children" (Gritter, p. 63). These birth parents should not be involved in an open adoption.

Finally, family and societal support and professional counseling is important to help birth parents work through the issues of regret, grief, and dissatisfaction which may interfere with a healthy open adoption relationship. With the help and support of others, birth parents can better understand and define their new roles, responsibilities, and involvement in the open adoption relationship.
Open Adoption Relationships

The Pre-placement Agreement

It is usual practice for agencies supporting open adoption to offer birth and adoptive parents the opportunity to meet and discuss the terms of open adoption prior to birth and placement. The pre-placement discussion and negotiation may include a written agreement of the terms of the open adoption. The written agreement usually includes type and frequency of post-placement contacts, who will be involved in contact, and possibly any pre-placement financial assistance from the adoptive parents. This written agreement is negotiated with an adoption professional or lawyer present. In Minnesota this is not a legally binding document unless the participants request it.

Many agencies offer post-placement counseling for the birth parents which has already been paid for by the adoptive parents. Because independent adoptions don’t usually offer post-placement counseling, the written agreement might include post-placement counseling for the birth parents to be paid for by the adoptive parents.

In Etter’s 1993 study, the adoptive parents and birth parents chose the level and type of contact they wanted before the birth parents chose the adoptive parents. The participants knew what they wanted prior to meeting each other, so there was no need to negotiate the level of openness when the cooperative agreement was written. No one had to compromise his or her values or needs.

Guinee (1998) also believes it is important for both parties to determine and agree upon the amount and type of contact prior to placement, so disagreements do not arise after placement. Prior to the placement, a well thought out written cooperative agreement is helpful to the triad to be clear about their expectations. The triad should also agree on a
mechanism for re-negotiation if their needs or wishes change over time (Siegel, 1993).

Etter (1993), Connelly (1996), and Guinee (1998) all reported high levels of compliance with the adoption agreement from the members of the adoption triad. Of the 56 open adoptions Etter studied, 98.2% of adoptive parents followed the agreement’s plan for contact, and 100% of the birth parents kept their agreed upon contact schedule or visited less. It is considered that visiting more than agreed upon or visiting unannounced would break the agreement, and no birth parents broke the agreement in this way (Etter, p. 261).

In Guinee’s study, 88% of birth mothers honored the adoption agreement regarding the amount of contact. Guinee believes the high level of compliance is due to the fact the birth mothers were able to choose the amount of contact they wanted when completing the cooperative agreement. Secondly, she feels that birth mothers are reluctant to ask for more contact than they agreed to because they don’t want to intrude on the adoptive family.

Etter warns against written or verbal agreements that the adoptive parents don’t intend to keep. She mentions reports from birth parents and agencies that adoptive parents promise openness so that they can adopt a child, and then they discontinue contact once the adoption is legal. Etter states it is important that the agreement is something both parties can live with, and that careful preparation, mediation, and a well designed agreement can help to alleviate problems that may arise afterwards (Etter, 1993).
The Adoptive Parent and Birth Parent Relationship

Melina and Roszia (1993) explain that open adoption can feel risky at the beginning because the participants are choosing to have an intimate relationship with each other without having time for the relationship to develop.

Birth parents simultaneously select an intimate relationship for their child and adoptive parents simultaneously agree to raise a child with an intimate connection to someone else. [Open adoption participants] often make this commitment without having the luxury of allowing the relationships to grow to their natural level of intimacy and stand the test of time. (Melina & Roszia, p. 19)

Grotevant and McRoy's research indicates that open adoptions can work well for adoptive families and birth parents who want openness, can cooperate in the relationship, and can agree on the type and frequency of contact. Open adoption relationships must be allowed to develop and grow over time which requires "communication, negotiation skill, and an attitude of openness and flexibility on the part of all participants" (pp. 184-185).

This author has developed a cooperative and enjoyable relationship with her birth son's parents, as well as a close relationship with her birth son and his sister. This took time to develop, requiring all members to be respectful of each other and to communicate openly about concerns and desires.

Meeting before the adoption takes place is a good time to begin building the relationship. Also, meeting in a more intimate setting may help to create a closer relationship. Connelly's study (1996) found that both birth mothers and adoptive mothers who had met the other participating members in the adoption outside of the agency felt
closer as a result.

This author met the perspective adoptive parents for the first time at the agency to interview them before choosing them as the adoptive parents. After a second meeting outside the agency, it was decided to enter into an adoption agreement with the couple. A third meeting outside the agency was planned before the birth to introduce the adoptive parents to the author's parents who wished to be part of the ongoing contact. Meeting outside the agency had a more relaxed feeling and gave the participants additional time to become acquainted and discuss expectations. Continued contact after birth has all been outside the agency.

Understanding the role each member has in an open adoption is important to the development of the relationship. Gritter defines parenting as having “three fundamental dimensions: giving life, sustaining life, and affirming life” (p. 152). In open adoption, life-giving is exclusively the role of the birth parents, and daily care-taking is exclusively the domain of the adoptive parents. However, both sets of parents can share in affirming the life of the adopted child through continuous interest, acceptance, and involvement in the child’s life.

Because life-giving and daily care-taking cannot be done only by one set of parents in an adoption, each set of parents must come to terms with the area they are missing. Gritter states they have three choices: they can envy the other's situation, they can “ignore or minimize the significance of the other” (p. 160), or they can accept and enjoy what the other has to offer.

The closed system seems to support the idea that adoptive parents and birth parents are adversaries. Gritter proposes the idea that in open adoption, birth parents and
adoptive parents are a team. As life-givers and care-givers they “do not share or compete for the same roles; they have separate and distinct responsibilities to meet” (p. 161), yet as a team, they share the responsibility of affirming the adopted child’s life.

Melina and Roszia also refer to the different roles adoptive parents and birth parents must adjust to once the child is placed with the new adoptive family. This adjustment may include rebuilding their trust because they are now interacting with each other under different circumstances. Prior to placement, the birth parents had the power in the relationship, but after placement, the power or control has shifted from the birth parents to the adoptive parents. Adjustments to these new roles may be paced differently for each person involved and “different time frames for adjusting to new circumstances can also lead to awkward moments or conflict” (Melina & Roszia, p. 151) in the relationship.

The experience of this author is similar to that described by Melina and Roszia. Prior to placement, choices for the child’s upbringing were in the author’s and the birth father’s control, and they influenced how the relationship was conducted. After the adoption, the adoptive parents had control over making parenting choices for the child, and because of this, their decisions were a primary influence on the open adoption relationship.

Another aspect of the relationship between birth and adoptive parents is the importance of each birth parent developing his or her separate relationship with the adoptive parents (Melina & Roszia, p. 159). Because birth parents may not stay together, they should each be comfortable having contact on their own with the adoptive family. Although this author and the birth father have maintained a friendship and continue to
meet with the adoptive family together, they also visit the adoptive family separately and have individual relationships with their birth son.

The Birth Parent and Adoptive Child Relationship

In order for birth parents to have a good relationship with their birth child, it is necessary for them to understand the child’s developmental stages. “They should know what kind of activities will interest the children, how to talk to them, and what kind of behavior to expect” (Melina & Roszia, p. 229). Education and the adoptive parents can assist the birth parents in learning this information.

One of the key ingredients in a strong relationship between the birth child and his or her birth parents is trust. This is built by being “consistent, honest, respectful, and making the child feel safe” (Melina & Roszia, p. 229). Birth parents must follow through with their promises and be consistent in their behavior and contact. It also helps to build trust if the birth parents learn the rules and boundaries of the adoptive family and use them with the child even though they may not agree with them (Melina & Roszia, p. 229).

Direct contact between the child and birth parent is an option in openness. In Guinee’s study, types of direct contact between the birth mothers and the adoptive families and children included entrustment ceremonies, birthdays, baptisms, and holidays (p. 26).

This author planned an entrustment ceremony with the birth father and adoptive parents as a ritual to mark the trust between the two sets of parents, and as a way for family and friends of the birth parents to lend their support and meet the new parents.
Contact for the author has also included birthdays, holidays, baby sitting, rodeos, barbecues, and outings with her birth son and his sister.

Silber and Dorner believe that vital information for birth parents to share with their birth child is their feelings of love for the child and how often the child is remembered. This affirmation and sharing must be ongoing. The “ongoing message paves the way for adoptees to have trust in the permanence of this love” (p. 81). It is also important for birth parents to let the adopted child know that all feelings about the adoption are acceptable, whether positive or negative (Melina & Roszia, p. 226).

Birth parents must be aware of their birth child’s siblings in the adoptive family. Other adopted siblings may not be in an open adoption and therefore do not receive letters or gifts from their birth parents. Those who are in open adoptions may receive differing amounts of presents. Silber and Dorner said that birth parents should be sensitive to this situation and may wish to include all siblings in correspondence and gifts (pp. 102-109).

Although not written into the cooperative agreement, sensitivity to this situation has been part of a verbal adoption agreement for this author. The daughter in the adoptive family has a birth mother who discontinued contact within the first few years after placement, and the birth father has not yet become involved. The adoptive parents asked that the author’s birth son and his sister both be included in contact, and that the birth parents be available to the daughter as “surrogate birth parents” if she had questions about her own birth parents. The birth parents believe this is important in their relationship with the adoptive family. They enjoy celebrating birthdays and holidays with their birth son and his sister. The author has planned special outings with her birth son
and his sister, and separate outings with each. The birth grandparents have done the same.

The Adopted Child and Adoptive Parent Relationship

All five adoptive families in Johnson’s study believed openness had enhanced the relationship with their children, and it was often stated by the adoptive parent that honesty and lack of secrets were important to a healthy parent/child relationship (Johnson, 1996).

Grotevant and McRoy’s study indicated that active communication about adoption with the adopted child was significantly higher in fully disclosed adoptions as compared to confidential adoptions. Adoptive parents in fully disclosed adoptions were also rated higher in acknowledging their child’s interest in his or her family of origin, and the importance of a connection to the birth family (p. 179). Openly communicating and disclosing information about adoption and birth parents to the adopted child is important. The timing is also important, and both positive and negative information should be shared as age appropriate (Silber & Dorner, 1990).

Adoptive parents must realize that adoption can be a loss for the child, and the child should be allowed to express their feelings about being adopted. The child does not need to feel grateful for being adopted, and does not need to meet the adoptive parents’ expectations (Melina & Roszia, 1993).

Brodzinsky, Smith, and Brodzinsky (1998) use the idea of the family life cycle to describe how “adoption-related tasks emerge over time and interact with the more universal tasks of family life” (p. 21). They believe that both adoptive parents and adopted children have specific tasks they must undertake regarding adoption. How each
person approaches his or her tasks impacts the adoptive family as a whole and how every member relates to each other.

Adoptive parents’ tasks include: coming to terms with infertility, adjusting to adoptive parenting, discussing adoption with their child, supporting their child in exploring adoption issues and dealing with loss of the birth parents, assisting their child in integrating adoption into his or her positive self-identity, answering questions about the birth parents, and supporting and facilitating appropriate contact between their child and the birth parents (Brodzinsky et al., p. 21). This author believes an additional task in some open adoptions is for adoptive parents to develop their own relationship with the birth parents and possibly other members of the birth family.

Children begin their adoption-related tasks when they are old enough to know they are adopted. As adopted children develop, their tasks include: exploring adoption issues and their relationship with the two families, dealing with loss of the birth parents, integrating adoption into their developing identity, seeking further information about their birth family, and adjusting to current or possibly future contact with members of the birth family parents (Brodzinsky et al., p. 22).

Conflicts

Three fourths of the participants in Etter’s study reported no conflicts with each other, and of the 25% that had experienced conflict, almost three fourths of those reported that the conflict was resolved (p. 262). Etter believes the high rate of cooperation was due to the mediated agreements the adoption triad members had agreed upon.

Similarly, Connelly found a high percentage of the 28 birth mothers (84%) and
the 35 adoptive mothers (69%) had experienced no conflicts in the open adoption relationship (p. 31). Additionally, birth mothers had a high level of optimism (4.43 on a Likert scale of 1 to 5; 5 = very optimistic) regarding their ability to resolve problems with the adoptive parents. Adoptive mothers also reported a high level of optimism (4.05) regarding their ability to resolve problems with the birth parents.

For those reporting conflicts, both birth mothers and adoptive mothers felt that the conflict had been somewhat resolved, but not completely (Connelly, 1996). Additionally, both birth and adoptive mothers felt that the support from Children’s Home Society of Minnesota staff was very helpful.

Connelly feels that perhaps the ability to resolve problems and the low rate of problems may be due in part to the educational levels of those involved. Most birth mothers had completed high school and most adoptive mothers had completed at least some college. “The educational levels achieved might have influenced communication skills that enabled birth mothers and adoptive mothers to prevent or resolve problems or conflicts in their relationship” (Connelly, p. 44).

Another reason that Connelly hypothesizes for low rates of problems in the relationships were the young ages of the children at the time of the survey. Most children were between 1 and 2 years old when the survey was taken. The children’s opinions and desires were not a prominent part of the adoption relationship at the time of the study. However, the children’s changing demands and needs as they grow older will add another dimension to the adoption relationship. Connelly suggests that there is the possibility of change in contact as the children get older (p. 44).

Guinee found that conflict in the relationship was diminished if the adoptive
parents and birth parents enjoyed each other’s company. “The more the adoptive parents enjoy their relationship, the less disagreements they have with their child’s birth parents” (p. 39).

Variations in Openness

As presented in the definition section, there is a wide variety of what is included in the open adoption relationship. In fully disclosed adoptions, Grotevant and McRoy found that contact ranged from infrequent letters to frequent face to face visits each year. The study also reported that 86% of children in fully disclosed adoptions “were included in meetings with birth parents and were aware of the arrangements” (Grotevant & McRoy, 1997, p. 174). However, the other 14% of children in fully disclosed adoptions were excluded from contact with the birth parents, and at least half of the children in ongoing mediated adoptions did not have any type of contact with the birth parents.

Adoption agencies have vastly differing policies on open adoption, ranging from prohibiting direct contact between the adoptive family and birth parents, to requiring direct contact between the parties (Grotevant & McRoy, 1997, p. 175). Because the adoption agency or agent may be influential in shaping the adoptive and birth parents’ perception and understanding of adoption choices, the agency or agent must be aware of biases and be careful not to push the parents in a certain direction.

Changes in the Relationship

The relationship may change from a closed or semi-closed adoption to a more open adoption. Grotevant and McRoy found that of 57 fully disclosed adoptions, two-
thirds started out as either confidential or mediated adoptions (p. 176). This author believes that when adoptive and birth parents become more acquainted with each other, their comfort levels increase and they find it preferable to maintain contact and learn more about each other. Additionally, a child’s questions and curiosity about adoption may motivate the adoptive parents to seek contact.

Other changes can also be expected to occur in the adoption. Realizations, expectations, and circumstances may change in the adoption relationship as all triad members grow older. The birth mother or father may marry and have his or her own children to parent. The adoptive parents may divorce, or one may die. The child may choose more or less contact with the birth parents. “It is essential to realize that although certain circumstances led to the adoption, the adoption plan was not a contract dependent on the preservation of those conditions” (Melina & Roszia, p. 203).

Sometimes a birth mother’s need for contact may decrease over time due to her getting married, having children of her own, moving, comfort with the arrangement, or a combination of these things. Sometimes adoptive parents may want more contact due to questions from their children, or having an open adoption with another sibling (Grotevant, McRoy, Elde & Fravel, p. 144).

Guinee reports that 44% of adoptive parents in her study increased contact with the birth parents since the adoption, and 76% “said they were satisfied with the amount of contact they had” (Guinee, p. 32). Only 16% of adoptive parents had decreased their contact with the birth mother.

In another study (Berry, Dylla et al., 1998), half of infant adoptions had no change in contact since the placement. However, in the other half of infant adoptions in which
contact frequency changed, the change was almost always (46%) a shift towards less frequency or no contact. In cases where contact frequency decreased, at least half the time it was the birth parents' decision, and another 40% of the time it was a mutual decision between the adoptive and birth parents (p. 164).

One explanation for the decrease in openness in Berry, Dylla, Barth, and Needell's study is related to the reasons that adoptive parents choose open adoption. Of those who feared they could not adopt unless they choose openness, 71% had either reduced or stopped contact. Of those couples who choose openness because it was recommended by the agency, 58% had reduced or stopped contact (p. 164).

As change occurs, it may be necessary to renegotiate the cooperative agreement. This is the time when honesty, direct communication, tolerance, trust, and adaptability are important to maintain a relationship and resolve misunderstandings and conflicts. This can be a vulnerable time for those involved and people may feel the need to gain more control (Melina & Roszia, p. 165). This can be an important time to make use of an objective fourth party's negotiating skills.

Support

The birth and adoptive mothers in Connelly's study felt that the three most helpful services offered by the Children's Home Society of Minnesota were: 1) contact between the adoptive and birth parents, 2) contact with the open adoption counselor or pregnancy counselor, and 3) education about adoption. High to very high levels of compliance with the adoption agreement "suggest that the preparation and mediation provided by
Children’s Home Society staff supplied important substance that met the fundamental needs of the parents” (Connelly, p. 40).

Thorough preparation offered by an agency was also a key factor in the high satisfaction levels for 56 open adoptions in Etter’s 1993 research. She found that seminars and classes helped adoptive parents to understand and discuss open adoption, their choices, and their comfort level. Birth parents had counseling and support groups to help them with the process.

Watson recommends that adoption preparation should include educating the birth parents and adoptive parents about the differences in bonding and attachment, and the fact that the adoptive and birth parents are not in competition with each other (1997, p. 169).

In addition to pre-placement support, post-placement support and counseling is necessary due to possible changes during the child’s growth and development. Connelly says, “it will be essential for social service agencies providing post-placement services to be open to the changing needs of birth parents and adoptive parents” (p. 44).

It is helpful for the adoption professional to share with triad members coping skills for the developmental phases of the relationship. It is also important to teach triad members problem-solving skills. Ongoing education, support, and counseling should be available through the agency for the lifecycle of all members of the adoption triad (Siegel, p. 21).

Satisfaction with Open Adoption

Etter found that 94% of birth parents and 100% of adoptive parents in her study
were satisfied with openness in the adoption. Additionally, 77% of the participants were satisfied with their contact with the other members of the adoption. This supports her hypothesis that participants would have a positive response to contact with the other parties in the adoption (1993).

Birth parents honoring the cooperative agreement was a factor related to adoptive parents’ high levels of satisfaction in open adoption in both Connelly’s (1996) and Guinee’s (1998) research. Connelly and Guinee also found that satisfaction with the open adoption experience was strongly linked to the amount of contact and relationship between the adoptive parents and birth parents.

Conditions for Success

Etter (1993) believes that the high levels of satisfaction and cooperation “suggest that the mediation process provides some critical elements that meet clients’ basic needs” (p. 264). She states that the important pieces in mediation are: choice, thorough preparation, and a written agreement (pp. 264-265). Although her study may not be generalized to all adoption participants, Etter's findings suggest that adoptive parents and birth parents can plan successful open adoptions and continue to cooperate after placement.

“Most ethical professionals in the field of adoption believe that counseling is critical for any woman or couple facing a problem pregnancy in order to make an informed decision” (Style, p. 106). The National Council for Adoption (NCFA) recommends that those considering placing their child for adoption be required to attend counseling. The NCFA also supports “a certification process for ‘Adoption Specialists’”
(Style, p. 106) so that adoption professionals are both ethical in their services, and are appropriately educated and prepared to assist all triad members involved in the adoption process.

Respecting and understanding boundaries are important in a successful relationship. The majority of the 38 adoptive parents in Guinee’s study (1998) felt that the birth parents had not been intrusive and were respectful of their family. Silber and Dorner also agree that “the success of open adoption depends on the respectful interaction of the individuals involved” (p. 17).

Gritter (2000) states the work of the triad members in open adoption is to build meaningful relationships. Factors which enhance these relationships are goodwill, honesty, humor, clear boundaries, a sense of interdependence, and openness. Other factors important in a good relationship between the adoptive and birth parents are “maturity, motivation, and trust” (Connelly, p. 8).

The first several months after an infant has been placed with the adoptive family can be a difficult adjustment for those in an open adoption (Melina & Roszia, p. 165). The adoptive parents must remember that their main reason for pursuing an open adoption is to maintain a relationship with the birth parents “for the sake of their child” (Melina & Roszia, p. 165). Likewise, the birth parents must remember that continued contact is their obligation to their birth child. “The most important factor in the success of an open adoption . . . is everyone’s commitment to doing what is best for the child” (Melina & Roszia, p. 165).
Conclusions

Gaps in Research

A weakness of many of the studies on open adoption is the small sample size, lack of longitudinal studies, lack of control groups, or variables in open adoption research that have not been identified or analyzed. Some studies were also retrospective in nature.

There are several areas that need further research. The effects of open adoption on the extended adoptive and birth family members is an important area for additional research. Research on birth parents who don't follow through with an adoption plan would inform adoption workers and help them to better prepare and support birth parents in their choice (Guinee, 1998). Adoptive families that have two or more adopted children with differing levels of openness need to be studied to understand the effect this has on the children and the family (Guinee, 1998). Social workers and adoption counselors need to better understand how to assist with conflict resolution in open adoptions (Connelly, 1996; Guinee, 1998).

Brodzinsky et al. (1998) feel interdisciplinary research and communication is necessary. This will contribute to better policy development and more effective adoption professionals. “Building strong bridges between the various professional groups that affect policy and practice should be of the highest priority as we approach a new century and a new era for the field of adoption” (Brodzinsky et al., p. 116).

There is much theoretical and empirical research to indicate that open adoptions have a positive impact on birth and adoptive parents (e.g. Baumann, 1999; Cushman et al., 1997; DeSimone, 1996; Etter, 1993; Gritter, 2000; Gross, 1997; Grotevant, McRoy et al., 1994; Melina & Roszia, 1993; Ryburn, 1996; Siegel, 1993; Silber & Dorner, 1990;
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Silverstein & Demick, 1994; Sorosky, Baran & Pannor, 1984). However, the impact of open adoption on children is still uncertain. Some researchers (Berry, Dylla et al., 1998; Grotevant & McRoy, 1997) are continuing longitudinal studies on adoptive children, and more information will be available in the next few years.

Whose Rights are Considered?

Do individual rights include being able to access information or key relationships? Are individual rights for confidentiality or anonymity more important than others’ rights to gain information or contact? The conflict over unsealing records and openness in adoption seems to be about “making clear distinctions between conflicting rights and responsibilities of individuals within their families, and declaring whose rights are paramount” (Berry, 1998, p. 1).

Style emphasizes the importance of considering children’s rights, and states that the American child welfare system “too often treats children as property” (p. 106). Melina and Roszla also support the rights of children. They state adoption can be more successful if the adoptive and birth parents involved feel that the adopted children’s rights and needs must be respected. Adopted children have the right to know about both families and their history. They should be allowed to ask questions, explore their histories, and maintain contact with the birth family (p. 40).

While Hughes believes that adoption must be child-centered and focused on the best interests of the child, she takes the opposite view of Melina and Roszla, maintaining that direct contact between the birth parent and child is not necessarily in the best interests of the child. Although adopted children should know about and accept that they
have a birth family, they don’t need to “live with the reality of two sets of parents” (p. 742). Hughes partially bases her opinion on a 1988 study she cited by Rushton, Treseder, and Quinton, which suggested that contact with birth families causes stress for children.

**Theoretical Framework**

Proponents of both open and closed adoptions agree that adoption has unique issues to address, such as bonding, grief, and the best interests of the child. However, both open and closed adoption supporters may use the same arguments to defend their viewpoints. Silverstein and Demick (1994) explain how psychoanalytic theory and self-in-relation theory can influence clinical and theoretical research on open and confidential adoptions and produce differing conclusions.

Closed adoption grew out of the need to conceal the identity of unwed mothers, protect the “bastard” children from social stigma, and shield infertile couples from the humiliation of their failure to procreate. However, if these were the only reasons for confidentiality, there would no longer be debate about the need for confidentiality, as western societal attitudes no longer support the original reasons for confidentiality (Silverstein & Demick, 1994).

Silverstein and Demick suggest that confidentiality eventually took on a deeper psychological meaning and is still being defended today because clinicians and theorists are approaching the debate from a psychoanalytic perspective (p. 114). Psychoanalytic theory was derived during the period in America in which fierce individualism and independence were keenly promoted. This theory purports that healthy psychological
development can only be attained through separation of self from others and becoming independent of other's experiences.

According to the psychoanalytic view of adoption, each member of the adoption triad must separate themselves from the adoption experience in order to live healthy emotional lives. Birthmothers are expected to separate from their birth child, and grieve the loss by disconnecting themselves from this traumatic experience. Adoptive parents are expected to separate themselves from their feelings and experience of infertility, and act "as if significant differences between adoptive and biological family relationships do not exist" (Silverstein & Demick, p. 114). Adopted children are expected to separate themselves from their birth family, heritage, and genetics, and grow up having no need to find this part of their identity that has been denied to them. Confidential adoptions support this separation of self from the experience of adoption.

The self-in-relation model, articulated by Jean Miller in 1976 (cited by Silverstein & Demick, 1994), theorizes that humans, women especially, develop their identities and sense of self not through separation and autonomy, but through the creation and maintenance of relationships with others. Healthy development is a "sophisticated task of maintaining a sense of oneself in the midst of being aware of and responsible to the needs and realities of others" (Silverstein & Demick, p. 114). This task is inherent in the process of creating healthy open adoption relationships.

Silverstein and Demick (1994) believe that adoption should be viewed from the perspective of relatedness. How adoptive parents and birth parents relate to each other and the world around them may help to determine what level of openness in adoption would best fit them and their children's needs and capabilities. Silverstein and Demick
suggest that open adoption can benefit adoptive families "with an intellectual-cultural orientation" (p. 122), who may have a more empathetic understanding towards the birth parents. They also maintain that closed adoption may be better suited to families who identify more with a moral-religious community.

Similarly, Brodzinsky et al. feel that the question is not whether open or closed adoption is best, but under what conditions are greater or lesser amounts of openness in adoption conducive to the health of the adoptive family. It is simplistic to believe that one type of adoption can meet everyone's needs all the time (pp. 87-88).

Just as no single adoption plan is best for everyone, so no single treatment approach can solve everyone's problems. Brodzinsky et al. (1998) suggest a multi-dimensional approach to helping adoptive families. A clinician's theoretical perspective or the choice of treatment modality is not as important as understanding the issues related to adoption and which intervention strategies can assist adoptive families.

Adlerian theories tend to have a multi-dimensional approach to understanding and treating individuals by incorporating rational-emotive, cognitive, existential, humanistic, family systems, and psychoanalytic theories. One aspect of psychoanalytic theory that Adler kept and incorporated is the idea of phenomenology, the belief that individuals must be understood in terms of their subjective perspective of reality. Open adoption helps each member of the triad to better understand and empathize with other members' perspectives through contact and sharing.

Adler decided to reject the psychoanalytic school and focus on his social interest theory, which is more closely aligned with Miller's self-in-relation model. Adler believed individuals are social beings and can't be considered apart from their social situation;
likewise, those involved in adoption cannot simply separate themselves from the experience of adoption. Open adoption allows participants to incorporate the ongoing process of adoption because they have access to information about other members, and have the opportunity to openly communicate about their experiences and emotions.

Adler also finds that balance is important so that the feelings of inferiority and superiority do not interfere with healthy development and social interest. Adoption should not make any triad member feel either superior or inferior. Open adoption perhaps should not be viewed as either superior or inferior to confidential adoptions, but rather as another option better fitted to the needs and desires of certain individuals.

The Adoption Triad

Many birth and adoptive parents choose open adoption because they want the information and feel that secrecy negatively effects the triad members. However, this author’s hypothesis that this was the only reason for choosing open adoption was proven incorrect. Some adoptive parents aren’t interested in the benefits of open adoption, rather they choose this option to be able to adopt a child or to adopt sooner. Berry, Dylla et al. (1998) found that openness often didn’t last in these cases.

Individuals who may be better served by openness in adoption have been identified by researchers as having certain attitudes or beliefs. This supports the author’s hypothesis that there are identifiable characteristics in people that make an open adoption successful. Characteristics that have been identified as important to developing a successful open adoption relationship are empathy, honesty, trust, responsibility, maturity, respect, flexibility, and commitment.
The ability to work through grief, solve problems creatively, set clear boundaries, and take risks is necessary for adoption triad members to build meaningful relationships. Each individual involved must have a firm sense of self and a sense of humor in order to work cooperatively within an open adoption.

Melina and Roszia name attitudes and beliefs they think are important in facilitating successful open adoptions. These attitudes and beliefs are Adlerian in nature and include: people are inherently good, relationships involve risk, secrets are often unhealthy and attached to shame, differences in people should be valued, parents do not own their children, asking for help is sometimes necessary, people are capable of growth and change, it is unhealthy to try to control every part of our lives, growth may come from difficulties, humor is important in relationships, honest and direct communication is important in healthy relationships, and love is not limited (Melina & Roszia, pp. 39-40). Adoption participants who hold these attitudes and beliefs may be good candidates for open adoption.

This author concludes that her open adoption has been successful so far because the open relationship continues to grow, she is at peace with her decision and committed to on-going contact, boundaries have been established and reinforced, conflicts have been resolved, the birth and adoptive parents respect each other and enjoy each other’s company, and the adoptive parents value the birth parents and birth grandparents as important people in their son’s and daughter’s lives.

The relationship between the author and her birth son is playful and loving. He calls her by name and recognizes her and the birth father as special friends of the family. Kisses and hugs with both the birth son and his sister are a ritual of saying hello and
good-bye during any visit or outing. At 4 ½ years of age the son is too young to understand adoption, but he is currently happy and well adjusted, and exhibits no signs of emotional disturbances, attachment disorders, or confusion about who his parents are. It has not been determined whether openness will be a positive experience for the son as he grows older, or how his sister will cope with her birth parents not being involved. Because the adoptive parents believe that openness will be beneficial for their daughter, they continue to send letters to the daughter's birth mother and father in hopes that one day they will be ready for more openness.

The Adoption Professional

The hypothesis that counselors and social workers want what is best for those involved, but mainly for the adopted children, was not completely supported by the authors findings. In some of the research presented, counselors and social workers who were previously influenced by psychoanalytic theories pathologized birth mothers rather than assisted them. In several studies, birth mothers reported feeling coerced by others, including counselors, to relinquish their children for adoption. A few researchers suggested that social workers favored confidential adoptions because it furthered their own growing profession by giving them the power to protect other people’s secrets.

This author's findings do support her hypothesis that education, preparation, and counseling can assist in successful open adoptions. If counselors understand and empathize with the needs of each member of the adoption triad and do not try to sway the decisions of adoptive and birth parents, they can be invaluable to the adoption triad. They are important in supporting members of the adoption triad before and after placement.
They help the adoption participants understand their options, choose the level of openness appropriate, prepare for placement, design a written agreement, negotiate through conflicts, deal with grief, adjust to new roles, and learn about adopted children’s adjustment and unique needs. Watson (1992) adds that adoption professionals also can help to educate schools and community resources about adoption issues and the type of support needed by the adoption triad.

According to Baumann’s experience as a facilitator of adoption, “open adoption requires far more time, effort and emotional energy” (1997, p. 330) from the facilitator. In order to assist participants in open adoption, adoption professionals need specific skills to bring the families together, deal with intense emotions, help triad members clarify their needs and decisions, and remain honest and ethical in the process (Buamann, 1997, p. 330). Hollingsworth (1998) concludes her research by stating that adoption professionals need to understand when and how open adoptions should be facilitated, and “to do so in a way which addresses the needs of adoptees, birth parents and adoptive parents” (p. 317).

The adoption triad is comprised of the most intimate members of the adoption: adopted children, adoptive parents, and birth parents. This author would like to propose the addition of a fourth party to the adoption triad, making it the adoption quadripartite. A quadripartite involves four participants. Because of the importance of support, education, facilitation, negotiation, and counseling in the success and health of an open adoption, this author believes that an important fourth party is the adoption counselor. Without the adoption counselor, the adoption triad may have difficulties with understanding, building, and maintaining a healthy open adoption relationship.
Finding Middle Ground

Although this research began with the hypothesis that open adoption is a healthier option for triad members than closed adoption, the findings support Grotevant, McRoy, Elde, and Fravel's (1994) conclusions that what is best in some circumstances or for certain members of the adoption triad, may not be best for everyone or for all situations.

The best interests of the child must be a priority for both the adoptive and birth parents. What is in the best interests of the child is for those involved with the adoption to respect the bonds the child has, while choosing the situation that can best help the child to develop attachment skills (Watson, 1997, p. 172).

Many researchers view adjustment to adoption as a lifelong process for all the adoptive family members (e.g. Baumann, 1999; Brodzinsky et al., 1998; Grotevant & McRoy, 1997; Silber & Dorner, 1990; Sorosky, Baran, & Pannor, 1984). Adoption arrangements may change over time, while new tasks and challenges continue to emerge in the family life cycle of the adoptive family. Doing what is best for the child, while respecting the rights and needs of all individuals involved in an adoption is a complex and ongoing challenge requiring courage and social interest from each of the four parties in the adoption quadripartite.
References


