UNIVERSITY OF ALBERTA

COUNSELLING ADOPTEES: RESEARCH AND PRACTICE

By

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A PROJECT REPORT

SUBMITTED TO THE DEPARTMENT OF EDUCATIONAL PSYCHOLOGY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS OF THE DEGREE OF

MASTER OF EDUCATION

IN

COUNSELLING PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

SPRING 2017

UNIVERSITY OF ALBERTA
RELEASE FORM

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TITLE OF PROJECT: Counselling Adoptees: Research and Practice

DEGREE: Master of Education

YEAR THIS DEGREE GRANTED: 2017

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, a Project Report entitled "Therapeutic Work with Adoptees: Research and Practice" submitted by Larissa Brosinsky in partial fulfillment of the requirements for the degree of MASTER OF EDUCATION in Counselling Psychology.

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Date: March 27/2017

Abstract

The purpose of this Master's project was to conduct a thorough literature review on adoption, with a specific focus on research conducted on adoptees. This review highlights adoptee experiences, including both psychological concerns and resiliency, and provides evidence that this group has been overly pathologized in existing research and practice. Topics that were found to be common concerns for all adoptees as well as for those with minority status are addressed, and potential counselling approaches are outlined for working therapeutically with adoptees. The project aimed to provide foundational knowledge on counselling adoptees that could be used to educate new and current mental health workers with limited experience in serving this unique group.

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Counselling Adoptees: Research and Practice

Adoption is a phenomenon with a very long history, with the first occurrence being traced to the family of the religious figure Moses (Krueger & Hanna, 1997). Statistics suggest that 58% to 64% of all Americans have personal experience with adoption (Fisher, 2003; Henderson, 2002; Post, 2000). More recent information suggests that one in five Canadians are touched by adoption in their lives, encompassing over 162,000 people in the city of Edmonton alone, and over 7 million people in Canada (Adoption Council of Canada, n.d., *Frequently asked questions about adoption*). It is important to recognize that every adoption affects approximately 33 other people (Sass & Henderson, 2000), which includes but is not limited to the adoptee, the biological parents, or *birth family*, and the parent(s) who adopted the child and any other children their family already includes, as well as their own parents and relatives, which are collectively referred to as the *adoptive family*. Taken together, the adoptee, birth family, and adoptive family are known as the *adoption triad* (Baden & Wiley, 2007). Since twice as many adoptees access counselling and mental health services than non-adoptees (Borders, Penny, & Portnoy, 2000; Miller, Fan, Christensen, Grotevant, & von Dulmen, 2000) it is critical for mental health professionals to develop a solid understanding of the experiences and needs of this group along with appropriate counselling strategies for facilitating their well-being.

Despite the prevalence of adoption and the growing number of people that are impacted by it, there is a lack of education for mental health workers on this topic. One study reported that misinformed psychologists have told birthparents to "just forget about the experience" and "move on with their lives" (Sass & Henderson, 2000, p. 352). Telling birthparents these sorts of things can be extremely damaging to their ability to work through their experience and get help dealing with the emotions they are going through. Considering the overrepresentation of

adoption triad members in healthcare and mental health settings (Jones, 1997; Sass & Henderson, 2000), this lack of mental health worker education is alarming. One study surveyed 210 registered psychologists and found that 90% of them believed that psychologists needed more training in treating adoption-related concerns (Sass & Henderson, 2000). The majority of psychologists (81%) indicated interest in taking continuing education on adoption-related concerns in the future. Only 22% of them indicated that they were either "well prepared" or "very well prepared" to deal with adoption concerns. However, the majority of these psychologists also identified as being part of an adoption triad themselves or having specialized in adoption (Sass & Henderson, 2000).

Of the 210 psychologists, the majority had no undergraduate (86%) or graduate (65%) courses that mentioned adoption-related issues, illustrating a serious deficit in covering this topic in post-secondary mental health and counselling training programs. Some proposed reasons that adoption-related concerns are not taught in these programs include: viewing adoption as a specialty area within child welfare, the lack of graduate program uniformity which makes curricula changes difficult, and the lack of available textbooks on adoption and the limited literature available for educators to incorporate this topic in their courses (Post, 2000). A survey of 81 doctoral professors in clinical psychology programs indicated that they only spend on average 7.95 minutes per semester teaching about adoption, despite their ranking of adoption as a "moderately important" issue (Post, 2000). This time allotted to adoption in teaching stands in stark contrast to the number of minutes per semester they spend teaching about issues such as Dissociative Identity Disorder (22.17 minutes), death of a parent (26.36 minutes), and Schizophrenia (76.82 minutes) (Post, 2000). The lack of balance between these topics is

concerning because more people are likely to be affected by adoption than by either of the disorders mentioned (Henderson, 2002).

Henderson (2002) argued that the lack of education and awareness about adoption-related concerns is due to a lack of dedication and focus on these areas in both academic research and applied practice. He provides a number of reasons why researchers and practitioners have not addressed these issues, the most prevalent of which is the *Feelgood Model*, reflecting the belief that everyone in the adoption triad wins – the adoptee gets a loving family, the adoptive family gets a child, and the birthparents get to remove an unwanted child. Unfortunately, the *Feelgood Model* is very idealistic, and it has not been supported in existing research (Henderson, 2002). Henderson (2002) suggested several other reasons that adoption has not been addressed, such as the risk to social workers' professional pride by suggesting that there is a flaw in their adoption system, a reluctance to pathologize the adoption triad and process, discomfort with addressing the topic of race within adoption, concern about the privacy of the families, and discomfort with some adoption agencies now identifying as for-profit. Due to the lack of information available to mental health professionals about adoption in their training process, this paper begins with a review of the history of adoption, followed by a discussion of research on characteristics of the adoption triad. It subsequently focuses on the development, mental health status and needs of adoptees, and concludes with a review of the most appropriate counselling theories and strategies for working with this population.

History of Adoption

Prior to the 1950's, adoptions were to be kept a secret to protect the adoptees from the discrimination they would face as a result of being an "illegitimate child", as these children were viewed as second-class citizens (Henderson, 2002; Wolfgram, 2008). *Closed adoptions*, which

include zero contact with the birth family, were mandated to shelter adoptees from stigma and promote attachment to their adoptive families (Grotevant, Dunbar, Kohler, & Esau, 2000). Adoptive parents were instructed not to tell the adopted child about their adoption status (Krueger & Hanna, 1997). This was even reflected in the Babylonian Code of Hammurabi, which stated that adoptees who claimed not to be the biological children of their adoptive family would have their tongue cut out, and that adoptees who searched for their biological family would be blinded (Krueger & Hanna, 1997). A slight shift occurred in the 1950's in which it was suggested that if parents did want to tell their child they were adopted, it was prudent to tell them the "Chosen Baby" story. (Krueger & Hanna, 1997). This story explains that the reason the child was given up is because the birthmother knew that the child would have a better, happier life with a different family. Therefore the birthmother's extreme love for the child and desire for the child to have the best life possible is the reason they were given up for adoption.

The 1960's encompassed the Human Rights Movement, which empowered birth mothers and adoptees to actively search for each other (Grotevant et al., 2000). The late 1960's also saw an adoptee movement to combat sealed records, as this was violating their constitutional right to access their biological information (Curtis & Pearson, 2010; Krueger & Hanna, 1997). In the 1970's birth mothers challenged the stigma and secrecy surrounding adoption, and in the 1980's adoptions were no longer mandated to be closed (Wolfgram, 2008). The Adult Information Act of 1985 allowed adoptees over the age of 18 to have access to their adoption records (Curtis & Pearson, 2010). These important changes reflected the shift in adoption from serving the needs of the adoptive parents to serving the needs of the adoptees (Brodzinsky, 1987).

Modern birth families are opting for *open adoptions* (Curtis & Pearson, 2010; Wolfgram, 2008), which refers to adoptions where there is contact between all members of the adoption

triad, and the overall levels of international and same-sex couple adoptions are increasing (Porch, 2007). Adoption, as a whole, is becoming more accepted (Porch, 2007), however some studies have reported that the numbers of adoptions each year have actually been decreasing (Fisher, 2003). Fisher (2003) reports that there is a gap between people's attitudes and behaviours in that people report more favourable attitudes towards adoption in recent times, but refuse to personally engage in it. Contributing factors for not wanting to personally become involved with the adoption process include concerns and fears about adoption due to misinformation, as well as the media sensationalizing dramatic and negative cases of adoption (Fisher, 2003; Kline, Karel, & Chatterjee, 2006). Indeed, a recent study found that nearly a quarter of news stories depict adoptees in solely negative ways, with 14% of them containing overtly stigmatizing claims about adoption, and 52% specifically depicting adoptees with emotional and identity issues (Kline et al., 2006).

In addition, due to modern birth control reducing the number of teen pregnancies, the child adoptee population has changed from primarily healthy newborn babies to older children who are already in the foster care system, or children with special needs (Grotevant et al., 2000). As a result, many potential adoptive families are engaging in international adoptions with the intention of receiving a healthy baby, as opposed to a child from foster care (Grotevant et al., 2000). Regardless of the type of adoption, overall, adoptions have been found to be extremely successful for all members of the adoption triad when appropriate supports are put in place for them (Brodzinsky, 1987).

The Adoptive Family

The adoptive family tends to differ depending on whether or not the child is related, for example, a stepchild, or unrelated to, the adoptive family (Fisher, 2003). Adoptive parents who

adopt children related to them tend to be Black, of low socio-economic status, and poorly educated, while those adopting unrelated adoptees tend to be Caucasian, of higher socio-economic status, and well-educated (Fisher, 2003). Adoptive parents were also found to be more involved in human services than nonadoptive parents (Barth & Miller, 2000). In addition, more single women are now adopting children, and this group has been found to be more likely to adopt children with special needs (Fisher, 2003). Same-sex couples appear to be adopting children more often than before; their adoption rates are hard to estimate, however, as many such couples have to hide their sexuality and adopt as a single parent to avoid discrimination (Fisher, 2003).

Adoptive families may choose to adopt for a variety of reasons, including but not limited to infertility issues, inability to conceive due to same-sex relationships, altruistic reasons, or personal experiences with orphaned children (Fisher, 2003). One study found that 69% of adoptive parents stated that they adopted due to their infertility (Fisher, 2003). The same study found that 27% of adoptive parents adopted for altruistic reasons, either religious or humanitarian-based, and this particular finding was highly correlated with special needs adoptions (Fisher, 2003).

The Birth Family

Considering that 30%-65% of adoptees desire to, or actually search for, their birthparents (Curtis & Pearson, 2010), it is important to examine what is known about this aspect of the adoption triad. Research on birth families shows that birthparents tend to be Caucasian, have better school performance and higher aspirations for the future, and be from advantaged backgrounds with intact families supportive of the adoption (Fisher, 2003). Very little research has been done on birth fathers, but birth mothers were found to be more likely to be employed,

less likely to be on public welfare or have another child, and to have completed more schooling than pregnant mothers who considered adoption but decided against it (Fisher, 2003). In stark contrast, birth mothers from developing nations who put their children up for adoption stated they did so because they were experiencing extreme poverty, feared the stigma of illegitimacy, and feared that they did not have the means to care for the child (Fisher, 2003). Birth mothers in general have been found to experience short-term trauma and long-term anguish after the adoption, especially in closed adoptions (Fisher, 2003). Not a lot of research has been conducted on birth families in general, likely due to the historical secrecy surrounding this group.

Process of Adoption

One of the least understood aspects of adoption is what the actual adoption process looks like, with many people forming their views based on exposure to movies or media (Kline et al., 2006). In Canada, the process of adoption can vary, as adoption qualifications and the specific steps in the process are provincially regulated (Adoption Council of Canada, n.d., *Frequently asked questions about adoption*). Regardless of province, a homestudy is usually performed, which involves a social worker conducting interviews, home visits, and reference checks to assess the suitability and stability of the individual or couple/family for caring for an adopted child before the adoption can go through (Adoption Council of Canada, n.d., *Myths and realities*). The factors being assessed in a homestudy include the prospective parent's character, religion, and income, as well as their relationship as a couple, and the nature of their home environment (Henderson, 2002). Concerning findings in any of these areas will result in them being seen as less than ideal adoptive parents, and greatly damage their chances of being approved for the adoption. The entire adoption process can take anywhere from nine months to nine years, and the adoption itself can cost from $0-$30,000 or more, with a tax credit being

available for adoptive parents in the year the adoption is finalized (Adoption Council of Canada, n.d., *Myths and realities*).

There are many different categories of adoption, which can impact both the length of the adoption process and the cost. *Public adoptions* refer to when an infant, child, or youth is adopted from the Canadian welfare system, whereas *private adoptions* refer to those that do not involve the welfare system (Adoption Council of Canada, n.d., *Myths and realities*). *International adoptions* refer to adopting children from another country. *Kinship adoption* refers to adopting a birth relative, like a grandparent adopting their grandchild, and a *stepchild adoption* involves legally adopting one's stepchild (Adoption Council of Canada, n.d., *Myths and realities*).

Each year, about 78,000 children are adopted in America – 20,000 from public agencies, 44,000 from private agencies, and 14,000 overseas adoptions (Sass & Henderson, 2000). Unfortunately, some agencies and countries will not allow same-sex couples to adopt children (Adoption Council of Canada, n.d., *Myths and realities*), and many adoptive parents are given scant information about the birth family at the time of the adoption and do not get any more follow-up information at a later date (Sorosky, Baran, & Pannor, 1974). This leaves the adoptive family with very little information to work with as the adoptee grows older and begins to ask questions about their upbringing and past. These concerns are often mitigated in an open adoption, where there is contact with the birth family and the adoptee has a chance to get answers to their questions.

Adoptions become increasingly complex as all the variables are taken into account, such as adoption type, cost, and whether it is open or closed. Additional complications arise when children are adopted from foster care, are separated from their siblings, are adopted at an older

age, or have a history of trauma or abuse, to name a few (Wood, 2012). The level of complexity adoptions entail makes it clear that no two adoptions are experienced in exactly the same way. Therefore, it becomes critical to consider the various factors impacting adoptees in order to better understand their mental health and general psychological and social needs.

Factors Impacting Adoptees

Many different aspects of adoptive families can impact adoptees, including single versus couple parenting, whether there were previous children, having same-sex parents, having other adopted children, socioeconomic status, and willingness to discuss the adoption (Barth & Miller, 2000). Adoption disruptions occur when the adoption process ends after the child has been placed in a home but before the adoption is legalized, as the first few weeks of the child's placement in a home are treated as a trial to see how they will fit with their new family (Barth & Miller, 2000). Disruptions can occur either when parents decide to give the child back to the adoption organization, or when social workers decide to remove the child because they do not feel that there is a good fit between the adoptive parents and child. Disruptions are more likely to occur when adoptive families have no previous adoption or foster care experience and when parents, specifically mothers, have higher education, as these parents are suggested to be more likely to give the child back because they are not what the parents ideally wanted (Barth & Miller, 2000).

Adoptees who are adopted by stepparents have been found to have fewer identity-related struggles then adoptees who are not with any biological parents (Grotevant et al., 2000). Family factors that are related to more positive adoptee outcomes are lower levels of family stress, positive family functioning, open and honest communication about adoption, and a more equal ratio of parents to children (Wood, 2012). There are mixed findings in the research regarding the

impact of parental age at the time of adoption, or whether younger or older parents have more well-adjusted adopted children (Barth & Miller, 2000). Similarly, there are mixed findings about the impact of the level of openness of the adoption and the amount of contact between adoptees and their birth families on the adoptees' adjustment and well-being in their adoptive families (Wood, 2012), suggesting that either open or closed adoptions could yield well-adjusted children in a supportive environment.

Disruption rates in adoption are lower than the disruption rates of guardianship and long-term foster care placements, reflecting the relative stability of many adoption placements (Barth & Miller, 2000). However, some factors, such as special needs, can alter this level of stability, with 10%-16% of special needs adopted children having a disrupted adoption (Barth & Miller, 2000). Other factors that complicate the adoption and increase the likelihood of disruption are when two or three siblings are adopted together and adoptive families need to become accustomed to numerous new children at once, when adoptees had experienced previous physical or emotional abuse that may result in higher levels of misbehaviours and negative attachment, and when adoptees are older - as with each year an adoptee ages, the likelihood of disruption increases by 6% (Child Welfare Information Gateway, 2012). Despite the fact that only 66% of adoptive parents of children who experienced prenatal drug exposure felt satisfied with the adoption, over 90% of them said that if they were given the chance, they would go through with the adoption all over again (Barth & Miller, 2000). This suggests that despite the struggles the adoptive families had to go through to complete the adoption and bond with the child, these experiences were worth it to create the family they have today.

Adoptee Development

It is important to acknowledge that being an adoptee is an assigned identity, much like sexual orientation and ethnicity (Grotevant et al., 2000), where that aspect of the individual's identity was not their choice. This is in contrast with aspects such as gender presentation or pursued hobbies, which are actively chosen aspects of identity. Identity can be seen as an ongoing negotiation between one's core sense of self and their contexts (Grotevant et al., 2000), as context often dictates which aspects of one's identity are safe to share and explore at any given time.

Grotevant et al. (2000) posited that there are three contexts in which adoptees develop their sense of identity: intrapsychic, relational contexts within families, and contexts beyond the family. *Intrapsychic* contexts refer to the individual's cognitions and emotions related to being adopted. *Relational contexts within families* refer to the interpersonal interactions within the adoptive family, such as their openness to discuss the birth family and adoption, willingness to acknowledge differences, and ability to have a respectful healthy relationship with the birth family, etc. *Contexts beyond the family* refer to interpersonal or social interactions in the family's neighborhood, wider community, or institutions with which they engage that can influence the adoptee's identity development, such as experiencing discrimination against adoptive families by community or church members. This last aspect of adoptee identity development becomes increasingly important in transracial adoptions, as cultural differences and others questioning the identity of the family become central concerns (Fisher, 2003). Within all three of these contexts, adoptees are continually striving to create and understand their own identity.

When discussing adoptee development, it is imperative to acknowledge the importance of the adoptee's increasing level of awareness and understanding about their adoption as they age.

Adoptees begin in a state of pre-awareness, where they are not yet aware of their adoptee status, and move into a dim awareness of their special state, where they begin to talk about feeling different or expressing confusion about their past and present homes (LeVine & Salle, 1990). Adoptees then begin to cognitively explore their biological and social differences, which can be seen in activities such as increased questioning about one's birth family, or feelings of wanting to search for birthparents (LeVine & Salle, 1990). Throughout adolescence, this desire may turn into active searching for one's birth family, and adoptees at this stage often struggle with their sense of identity. Ideally, adoptees will be able to develop a sense of peace and acceptance of their adoptive and birth family situations and develop into healthy and happy adults. Unfortunately, some adoptees are unable to reconcile their feelings, and these lingering concerns may manifest as personal, social, and relationship challenges in adulthood (LeVine & Salle, 1990).

Psychological Concerns

There is a large body of research on the possible negative psychological impact of adoption on adoptees, and "adopted child pathology" and "adopted syndrome" were commonly cited terms in the 1970's (Hoksbergen et al., 2003). John Bowlby, known for his work in attachment theory, was the first to suggest that disruption of a child or baby's relationship with their initial caregivers would cause significant distress, leading to maladjustment (Brodzinsky, 1897), and this proposition was widely supported (Sass & Henderson, 2000). Many statistics showed disproportionately high numbers of adoptees at or near the clinical range for behavioural disorders (Barth & Miller, 2000), psychiatric problems (Fisher, 2003; Jones, 1997), and in inpatient clinical populations (Jones, 1997; Sass & Henderson, 2000), as compared with their non-adopted peers, giving rise to extensive research on the "adopted child pathology".

Research has shown that adoptees seem to struggle disproportionately with a variety of externalizing disorders, such as Attention-Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, conduct disorders, and antisocial behaviours (Barth & Miller, 2000). Also, one study found that internationally adopted children meet criteria for post-traumatic stress disorder, related to traumatic separation from their birth mothers and the subsequent culture shock of migration to a foreign country and facing experiences of racism and discrimination (Hoksbergen et al., 2003). Adoptees have also been found to struggle with the following psychological issues: feelings of grief and loss (Baden & Wiley, 2007; Curtis & Pearson, 2010; Jones, 1997; Sass & Henderson, 2000), separation/abandonment fears (Baden & Wiley, 2007; Jones, 1997; Sass & Henderson, 2000), difficulties with trust and associated fear of betrayal (Jones, 1997; Sass & Henderson, 2000), rejection sensitivity (Baden & Wiley, 2007; Jones, 1997; Jordan & Dempsey, 2013; Sass & Henderson, 2000), identity confusion (Baden & Wiley, 2007; Jones, 1997; Sass & Henderson, 2000), interpersonal relationship challenges (Baden & Wiley, 2007; Sass & Henderson, 2000), suicidality (Curtis & Pearson, 2010; Jordan & Dempsey, 2013), and body image concerns (Baden & Wiley, 2007).

After identifying the psychological issues being reported in this population, researchers began to focus their attention on the possible factors that could be contributing to these issues. Commonly cited contributing factors are inheritance of genetic traits like bipolar disorder (Fisher, 2003; LeVine & Salle, 1990), long-term or negative foster care experience, such as abuse (Fisher, 2003; Hoksbergen et al., 2003), poor pre-natal care (Fisher, 2003; LeVine & Salle, 1990), and alcohol exposure (Fisher, 2003; LeVine & Salle, 1990), with mixed findings on whether open adoptions are better or worse for adoptee development (Curtis & Pearson, 2010; Feeney & Passmore, 2007; Wolfgram, 2008). Adoptive family dynamics can also have a large

impact on an adoptee's level of negative adjustment, with adjustment difficulties occurring more often when adoptive parents are older, the adoptee is an only child, extended family does not support the adoption, or there is general strife within the family (LeVine & Salle, 1990). It has even been proposed that some adoptive parents may be struggling to reconcile emotions about their infertility, which can translate into intimacy and attachment issues with their adopted child (Sass & Henderson, 2000). Therefore, it appears that any personal problems or challenges adoptees face may be directly related to a combination of their pre-adoption contexts in terms of their birth family characteristics, the characteristics of their adoptive families, and their own unique characteristics and positioning in the adoptive families.

One of the most important research findings in relation to characteristics of adoptees is that the age of the adoptee is significantly related to their post-adoption adjustment and identity formation process (Barth & Miller, 2000; Feigelman, 1997; Fisher, 2003). In particular, all of the above stated adoption-related issues and concerns have been found to be most prominent during the identity formation stages of development in adolescence, and then tend to dissipate during adulthood (Fisher, 2003; Jordan & Dempsey, 2013). This is echoed in LeVine and Salle's (1990) phases of adoption adjustment, which acknowledges that if adolescents do not come to a state of acceptance regarding their adoptive and birth families, their unreconciled feelings will manifest as personal, social, and relationship issues in adulthood. This becomes extremely important when addressing research supporting the "adopted syndrome", as much of this research may be over-generalizing their findings from adolescents to adoptees of all ages. Furthermore, the age related findings just discussed suggest that many of the psychological, social, and personal challenges adoptees may experience may be transient, and if counsellors can provide the right supports and interventions, adoptees can grow into happy, healthy, and well-adjusted adults.

Resiliency

Many of the studies conducted on adoptees have been done from the lens of psychopathology, failing to attend to signs of resilience among this group. Much of the research that pathologizes adoptees is misleading, as it tends to focus on a select population of adoptees with clinical issues and then generalizes findings to all adoptees (Wegar, 1995). A number of methodological concerns with the studies pathologizing adoptees have also been identified, such as small or selective sample sizes, failing to differentiate between related and non-related adoptees, and failure to control for important factors like age of placement, pre-placement history, socio-economic status, and family composition (Brodzinsky, 1987; Miller et al., 2000). These concerns call into question both the validity and generalizability of many of the research studies cited in the previous section.

Adoptee over-representation in therapy was noted as early as 1943 (Post, 2000), but recent research indicates that most adoptees are actually very well-adjusted (Feeney & Passmore, 2007). There is a greater amount of variability on psychosocial well-being measures within adopted as compared with non-adopted groups, so adoptees as a whole may be consequently categorized as experiencing disproportionate levels of poor well-being (Feeney & Passmore, 2007). Interestingly, adoptees at the tail end of distributions are more likely to receive therapy than those who have less extreme symptoms, which further skews the statistics in over-pathologizing the adoptee population (Miller et al., 2000).

Another important factor in why adoptees are being over-represented as experiencing psychopathology relates to their adoptive parents. Adoptive parents tend to have higher education, have higher than average income, and be more involved in human services and the care of their adopted children (Barth & Miller, 2000; Feigelman, 1997; Miller et al., 2000).

These characteristics may lead to an informant bias, where parents rate their children more negatively as a result of either their knowledge about the likelihood of behavioural issues or their extreme diligence about monitoring their child's adjustment on all domains (Barth & Miller, 2000). Indeed, adoptive parents have been found to rate their adopted children higher on Attention-Deficit Hyperactivity Disorder symptoms, Oppositional Defiant Disorder symptoms, and the Behaviour Problem Index than parents of non-adopted children, illustrating the effects of possible informant bias (Barth & Miller, 2000). This is an important factor to consider when examining studies where parents are rating their children's behaviours or symptoms, such as in Hoksbergen et al.'s (2003) study claiming that international adoptees experience symptoms of Post-Traumatic Stress Disorder. Not only are adoptive parents more willing and able to access social services than other parents, but they also tend to rate their children more extremely than parents of non-adopted children (Miller et al., 2000).

Three quarters of adopted children do not need clinical intervention for social, emotional, behavioural, or identity problems, as only a minority of them actually manifest clinically significant symptoms (Brodzinsky, 1987; Fisher, 2003). Most adoptees fall within normal ranges for socioemotional and behavioural adjustment, with those who do not showing extreme symptoms (Fisher, 2003). It has been suggested that adopted children may be more prone to developing externalizing disorders, but that other genetic, pre-natal, psychosocial, and societal factors contribute to whether or not adoptees actually develop these disorders (Brodzinsky, 1987; Miller et al., 2000; Wegar, 1995). Historically, adoptee pathology has been partially attributed to adoptive mothers treating their adopted children differently and thus impacting their development and behaviours. However, this narrow focus does not address how these issues may stem from societal pressures (Wegar, 1995). Societal factors such as stigma, disparaging

attitudes, and discrimination are more important than biological factors in the development of adoptee psychopathology (Brodzinsky, 1987).

Recent research suggests that adoptee problems in childhood do not persist into adulthood, so it is important to examine studies that have looked at adult adoptees, and such studies are relatively scarce in current academic literature (Borders et al., 2000). In one such study that compared young adult adoptees with young adults from step-families and biological families, Feigelman (1997) found that adoptees have overall lower levels of life problems. He also found that when compared with young adults who grew up in step-families or with single parents, adoptees had lower levels of recent drug use and depression, and higher levels of educational attainment, employment, earnings, and assets. Interestingly, another study has also reported that adoptees who grew up in two-parent homes showed no significant differences when compared with their non-adopted peers on levels of emotional distress, physical well-being, and engagement in negative behaviours like smoking and drinking (Miller et al., 2000). In a comparison of twins where one was adopted and the other remained with the biological parents, the adopted twin was found to achieve a higher level of education and to have lower frequencies of consuming alcohol or engaging in addictive behaviours, further supporting the assertion that adoptees do not always fare worse than non-adopted children (Borders et al., 2000).

Indeed, adoptees have been found to be more resilient than people who grew up in step-families and single-parent families, as they were better able to bounce back and become well-adjusted adults after engaging in misbehaviours in their adolescence (Feigelman, 1997). Indeed, adolescent adoptees were found to have higher levels of delinquent behaviours and drug use than adolescents from intact nuclear families, however adult adoptees were found to have similar levels of adjustment as adults from intact nuclear families (Feigelman, 1997). Reasons for this

resiliency can only be speculated upon as current research has not examined this phenomenon in detail. It has been suggested that adoptees are more resilient as a result of their parent's overall higher levels of education and access to social services (Feigelman, 1997; Fisher, 2003).

While it is extremely important to acknowledge the resiliency of adoptees, it is a mistake to conclude that adoptees do not have disproportionate struggles with certain issues. Examining studies that take into account the validity concerns of previous research, such as exclusively studying adolescent adoptees, is the key to unearthing the truths buried within previous over-generalizing research. This will allow for the clarification of what is actually occurring within this population, such as in Feeney and Passmore's (2007) finding that adoptees do not disproportionately struggle in romantic relationships, but instead struggle generally with successfully connecting with others, and lack confidence that others will not be hurtful. Another study showed that when comparing adult adoptees with their similarly aged friends, they had similar views of their lives, sensitivity to rejection, marriage satisfaction, and risk-taking behaviours (Borders et al., 2000). They differed in that adoptees had higher levels of depression, lower levels of self-esteem, and were less likely to have secure attachments, pointing to a few specific areas of interest (Borders et al., 2000). Feeney and Passmore (2007) reported a similar finding in that adoptees are less likely than their peers to have secure attachments, instead having higher rates of avoidance/anxiety and fearful attachments. By removing the pathologizing lens and being willing to acknowledge the validity concerns of previous research, it becomes possible for future research to more effectively identify and address the psychological struggles adoptees may be facing.

Universal Adoptee Concerns

Bertocci and Schechter (1991) identified universal adoptee concerns that may arise at different points in time for different adoptees, and that can occur without any associated behavioural problems or adjustment problems in the adopted family. The most salient concerns for adoptees include loss and grief, identity struggles, and searching for birthparents. The remainder of this section will further describe research on each of these concerns, as it is very important for mental health professionals to understand them and be able to openly discuss them with adoptees who indicate they are struggling in these areas. As will become clear from the sections below, embedded among these concerns is a struggle to gain control over one's life, as well as repeated attempts to regulate one's emotions related to being adopted (Bertocci & Schechter, 1991).

Loss and Grief

Most adoptees will experience feelings of loss and grief associated with their adoption if they are made aware of their adoptee status (Bertocci & Schechter, 1991; Curtis & Pearson, 2010; Porch, 2007). The feelings of loss are related to the birth family they may never know, the different life they may have had if they had remained with them, and the loss of their personal identity as a member of their family of origin. These feelings of loss give way to grief as the adoptee tries to reconcile these losses and work through them. The inability to reconcile these feelings is what some researchers point to as a potential source of maladjustment, which may be manifested in attachment challenges (Bertocci & Schechter, 1991) and difficulty coping in adolescence and adulthood (Curtis & Pearson, 2010). When considering the issues of loss and grief from a resilience-oriented perspective, it can be argued that if adoptees are provided with support to engage in exploration and expression of emotions related to their adoption status and

are taught healthy coping strategies, they may be better able to deal with the loss and grief they face.

Identity Struggles

One of the most widely cited findings in the academic literature on adoption is that adoptees often experience difficulties in their identity development process, including identity confusion or identity crises (Porch, 2007). Continuity in one's life has been found to be extremely important for the development of identity, and adoptees are confronted with discontinuities in their existence without any factor remaining constant from their pre-adoption status to their post-adoption status, with the exception of an open adoption with consistent contact with one's birth parents (Krueger & Hanna, 1997). Adoptees who find out that they are adopted later in life experience a disruption in the foundation of the identity they currently hold for themselves, and adoptees that know they are adopted from a young age experience difficulty in constructing an identity for themselves due to knowing that an important part of who they are is missing. This difficulty of forming a personal identity among the latter group due to missing information is commonly referred to as "genealogical bewilderment" (Bertocci & Schechter, 1991). Some adoptees may construct a false sense of familial identity, for example, by rejecting the notion that they are adopted, simply to feel like they truly belong (Krueger & Hanna, 1997).

From a resiliency perspective, the unique actions and behaviours any adoptee engages in to increase their sense of belonging in the adoptive family or to promote their own survival and coping within that setting can be perceived to be in the interest of completing their sense of identity (Kraus, 1982). The same can be said of behaviours such as searching for birthparents or misbehaving to test the love and strength of their adoptive family (Kraus, 1982). For example, if adoptive parents react with care and concern to an adoptee's test of their love, this can lead to

positive outcomes, such as increasing the adoptee's sense of trust in their adoptive parents and stronger attachment bonds. In sum, viewing such behaviours as meaning-making activities for the purpose of developing an identity within the adoptive family may be much more useful than framing them as problem behaviours or adjustment challenges.

There are many factors that could potentially impact adoptee identity development, such as race, nationality, gender, and life transitions, among others (Dunbar, 2003). Normative life transitions, such as becoming independent from one's parents and starting one's own family, are important life events that may give rise to identity issues among adoptees. These events are pivotal moments that revolve around one's constructed sense of self, which is often under-developed or questioned among adoptees. Particularly, closed adoptions pose clear barriers to adoptees' identity formation, as adoptees have little to no information about their birthparents in these arrangements (Dunbar, 2003). In contrast, open adoptions provide adoptees with contact and information on their birthparents, which could assist them in becoming knowledgeable about their origins and will likely become more important to them as they go through key life transitions.

As aforementioned, adoptees often work through three different contexts of development – intrapsychic, relational contexts within families, and contexts beyond the family (Grotevant et al., 2000). Considering that identity is a negotiation between one's core self and their context, the identity development process is often at work in each of these contexts (Grotevant et al., 2000). In the intrapsychic context, adoptees are attempting to process all the various cognitions and emotions associated with their adoption while trying to construct their identity (Grotevant et al., 2000), and a lack of understanding of why one's birth parents could not care for them or gave them away can contribute to the development of low self-esteem (Curtis & Pearson, 2010). In the

relational contexts within the family, adoptees are trying to make sense of their role as an adopted child in their current family, while simultaneously struggling with the unknown aspects of their identity that come from their birth family. Within the contexts beyond the family, adoptees are trying to construct their identity in terms of social expectations, stigma surrounding adoption and adoptees, and cultural differences (Grotevant et al., 2000; Porch, 2007). The impact of these social contexts are especially salient when it comes to transracial adoptees, who experience additional discrimination and questioning of their place in their adoptive family of differing ethnicity (Fisher, 2003).

It is important to remember that adoption is considered to be an assigned identity, meaning that the adoptee did not choose this aspect of themselves (Grotevant et al., 2000). Adoptees are often expected to accept without question these decisions that were made on their behalf before they were capable of understanding what was occurring, and they are often expected to simply accept the stories and/or truths they are told about both the adoptive and birth families (Krueger & Hanna, 1997). These expectations put them in an understandably difficult position to develop their own sense of personal identity. Developing an identity is a complex process for anyone, as it involves integrating many aspects together, such as self-definition, coherence of personality, and sense of continuity over time (Grotevant et al., 2000). With an unsure sense of self-definition and a lack of sense of continuity, most, if not all, adoptees encounter unique struggles with the identity development process.

For cases involving transracial or international adoptions, the identity development process of adoptees may be even more complicated. Social identity has been found to predict psychological well-being, and to have a strong positive social identity, it is important for transracial adoptees to have a strong ethnic or cultural identity in addition to a strong personal

identity (Basow, Lilley, Bookwala, & McGillicuddy-DeLisi, 2008). It is important to explore all aspects of one's identity, including the level of cultural socialization experiences transracial or international adoptees have had with their heritage and home cultures. Exposure to the customs, events, and food of their home culture helps to develop their cultural identity, and has been found to be related to fewer behavioural and adjustment problems for these adoptees in their adolescent years (Basow et al., 2008). Having a strong cultural identity helps minorities develop positive self-esteem and protects against negative stereotypes, which transracial adoptees have reported struggling with (Basow et al., 2008).

Transracial or international adoptees have been found to struggle more than other adoptees with their identity and discrimination experiences (Fisher, 2003), and were noted to experience higher levels of insecure attachment to their adoptive parents than their non-adopted peers (Brodzinsky, 1987). A common reason for these struggles is that these adoptees are more visibly dissimilar to their adoptive families, often due to their ethnicity and skin colour (Hollingsworth, 1998). Indeed, transracial adoptees have been found to feel more satisfied with their adoptions when they physically look more similar to their adoptive families (Hollingsworth, 1998). Over half of transracial adoptees who expressed discomfort surrounding their appearance had moderate to serious adjustment problems when compared with transracial adoptees who did not have discomfort, illustrating the importance of the adoptee's attitudes towards their own appearance and dissimilarity from their adoptive family (Hollingsworth, 1998). To address this dissimilarity, transracial adoptees often search for their birth families, motivated to know what their parents physically look like so they may compare their image to someone else and be able to pick out similarities, and also to engage in a meaning-making process about their physical

appearance and its relation to their formation of a cultural and ethnic identity (Hollingsworth, 1998).

Search for Birth Families

At some point in their lives, many adoptees either desire to or actively search for their birth families (Porch, 2007). It has been suggested that adoptees move from unconscious associations or fantasies about their birth family to conscious-level ideation about searching before beginning an active search aimed at reunion (Bertocci & Schechter, 1991). Interestingly, adoptees have been found to search primarily for their birth mothers, then their birth siblings, and then their birth fathers (Curtis & Pearson, 2010; Kraus, 1982; Sorosky et al., 1974). The interest in primarily finding birth mothers may be due to the fact that this is the person who carried and gave birth to the adoptee, which could be a source of a major sense of connection with her above other members of the birth family. Alternatively, adoptees may assume that their mothers had some power over their reproductive rights and decision-making, and may therefore hold their mothers accountable in explaining why they were given up for adoption.

A common misconception about adoptees who search for their birth families is that they are engaging in this search solely because they are experiencing difficulties with their adoptive family (Bertocci & Schechter, 1991). Existing research has uncovered many other reasons an adoptee may choose to search for their birth family, an important one being medical necessity or practical concerns (Curtis & Pearson, 2010; Sorosky et al., 1974). For example, an adoptee may need to know their medical history to determine whether they are at high risk for certain medical conditions. Another common reason is genealogical curiosity, or curiosity about one's biological origins, and satisfying this curiosity can facilitate the identity development process for adoptees (Curtis & Pearson, 2010; Kraus, 1982; Sorosky et al., 1974). Some adoptees engage in this

search simply because they desire a positive relationship with their birth family (Curtis & Pearson, 2010; Sorosky et al., 1974). Further reasons for searching may include a late revelation of the adoption, causing bewilderment and confusion, an attempt to counter loneliness or depression, a desire to replace someone lost through illness or death, or just to feel more socially accepted (Curtis & Pearson, 2010; Sorosky et al., 1974). There are clearly numerous reasons an adoptee may search. It is important for mental health professionals to understand that at the core of these reasons, it can be argued that adoptees are attempting to gain control over their own lives (Curtis & Pearson, 2010), promote their overall psychological adjustment (Kraus, 1982), or resolve existential crises (Krueger & Hanna, 1997). Therefore, from a resilience-oriented view, the search for one's birth parents can be viewed as a critical form of self-help, and should be supported.

Knowing that there are such varying reasons for engaging in searching behaviour, it is interesting that research can still point to specific characteristics of adoptees who are more likely to search for their birth families. In particular, white, middle-class, female adoptees between the ages of 24 and 35 tend to search more often than males and racial minority adoptees – the age bracket of searchers which coincides with key life events and transitions like marriage, pregnancy, and childbirth (Bertocci & Schechter, 1991; Curtis & Pearson, 2010; Kraus, 1982; Krueger & Hanna, 1997), where one's own identity and family history would naturally become salient. Male searchers were found to search at a later age, de-emphasize the importance of physical similarities between themselves and their family members, and see little connection between their adoptive status and their present emotional state (Bertocci & Schechter, 1991). One recent study found that searchers tend to have higher levels of education, as well as more stable relationships with their adoptive family than individuals who do not engage in the search

for their birth parents (Curtis & Pearson, 2010). This is in contrast to earlier literature that argued that searchers are less satisfied with their adoption experience and do not have good relations with their adoptive families (Bertocci & Schechter, 1991; Kraus, 1982; Sorosky et al., 1974). However, searchers have been found to report lower self self-esteem, a weaker sense of identity, and higher levels of anger and chronic stress than non-searchers, suggesting that finding one's birth parents could be an important emotion regulation and identity development mechanism in helping them deal with residual impacts of the adoption in their daily lives (Curtis & Pearson, 2010; Kraus, 1982).

It appears that adoptees who are struggling with reconciling their adoptive status tend to search for their birthparents, and although most adoptees do not continue to have a relationship with their birth families after finding them, the reunion itself has been found to be overwhelmingly successful for all members of the adoptive triad (Bertocci & Schechter, 1991; Kraus, 1982; Sorosky et al., 1974). Interestingly, adoptees who do continue to have a relationship with their birth families tend to develop this relationship with their birth siblings as opposed to the birthparents, likely due to their closer proximity in age (Curtis & Pearson, 2010). Reunions have been considered to be psychologically helpful events, because even when they do not result in positive outcomes or any ongoing contact with the birth family, adoptees report feeling more satisfied with themselves and their present lives. They also report that they do not regret their decision to meet, with 82% of adoptees feeling they had benefitted regardless of the reunion outcome (Curtis & Pearson, 2010; Sorosky et al., 1974). The benefits of meeting typically include adoptees getting some of their burning questions answered, experiencing closure in regards to their adoptions, and achieving better understanding their identity as adoptees (Siegel & Smith, 2012). Curtis and Pearson (2010) found that adoptees who searched

for and met their birth families reported improved self-esteem, emotional well-being, and ability to relate to others than those who had not searched for or found their birth families. They also found that the adoptees who searched for and found their birthparents did not report any adverse impacts of their meetings with them on their marriage, sexuality, relationship with their children, or educational and career goals. In contrast, there may be some concerns or consequences that arise for the birth family after meeting with the adoptee, including differing desires among family members about the frequency and nature of contact they should have with the adoptee, boundary issues, and difficulty accepting the reality of the adoption (Siegel & Smith, 2012).

It is important to understand that not all adoptees need to search for their birthparents to successfully develop their identity, so this decision should always be left up to the adoptee themselves. The research cited above describes the characteristics of those who do engage in this search, and the potential outcomes of the search for the adoptees and the birth families. Those who search report the experience of anger and chronic stress in their lives, as well as low self-esteem paired with the experience of identity development challenges. As searching tends to occur most often among females around the time of key life transitions like marriage and childbearing, it may serve an important function for the development of these adoptees in resolving issues they are facing in their current lives and in moving forward in creating families of their own.

Theories and Strategies for Counselling Adoptees

Adoptive families have been found to rely more heavily on mental health services than non-adoptive families (Feigelman, 1997), making it critically important for counsellors and mental health professionals to be informed about how to effectively support adoptees in dealing with their unique challenges. Key theories utilized in working with adoptees include attachment

theory, narrative family systems theory, and existential theory (Barth & Miller, 2000; Feeney & Passmore, 2007; Krueger & Hanna, 1997; Stokes & Poulsen, 2014), and the use of any of these theories with appropriate adoptee concerns could have positive benefits, including a reduction in adolescent difficulties, increased coping with adoption-related stressors, and a reduction in the likelihood of encountering problems in later life when encountering major transitions (Feigelman, 1997). It also appears useful to consider racial/cultural identity developmental models to address the universal concerns facing this population in the areas of grief and loss, identity development, and searching for birth families. In the sections below, the various theories mentioned are applied to counselling adoptees across all the contexts of their development described in Grotevant et al.'s (2000) theory – intrapsychic, relational contexts within families, and contexts beyond the family.

Intrapsychic – Attachment Theory

Adoptees struggling with grief, loss, anger or other emotional experiences, or with cognitions about not feeling loved or belonging with their adoptive families, would be experiencing challenges in the intrapsychic context of identity development. One of the most commonly suggested therapeutic approaches for working in this context is Attachment Theory. The basis of this theory is that the nature of a child's original attachment to the child's birth mother will predict and serve as a template for how the child relates to and attaches with other caregivers and individuals in subsequent family and non-family relationships or interactions (Research in Practice, 2014). This theory assumes that negative attachment experiences early in an adoptee's life, such as being separated from their birth mother, will become internalized as a working model that impacts later relational adjustment (Feeney & Passmore, 2007). Attachment theory can be useful in helping adoptees to explore some of their internal adoption-related

concerns and how they may be impacting their present relationships with their adoptive parents (Research in Practice, 2014). For example, in closed adoptions where adoptees have no contact or knowledge of their birth parents or the reasons they were placed for adoption, adoptees (whether they are children recently informed of their adoptions, adolescents, or young adults) may interpret or experience the fact that they have been separated from their birth mother as a trauma or rejection. This may then shape their behaviours towards their adoptive parents, and can result in adoptees testing them with misbehaviour to see if they really love them and care for them or to gauge any future risk of being abandoned or rejected again, as described earlier in this paper.

Viewing these issues from an attachment theory lens would help to make sense of adoptee's behaviours as self-protective and functional in light of their experiences of being separated from their birth parents, prompting an analysis collaboratively with the adoptee and the adopted parents in counselling about how these relational strategies or reactions are working in enhancing or weakening their attachment bond. Adoptee behaviours could be reconceptualised as strengths or attempts to try to form a secure bond with their new caregivers. Strategies that the adoptee is using that are weakening the attachment bond could be targeted for intervention with new strategies that draw the family closer together. The counsellor can also assist adoptive parents to find ways to better meet the adoptee's emotional and cognitive attachment needs and to facilitate the adoptee's sense of belonging in the family through psychoeducation about attachment facilitative behaviours and monitoring of how such behaviours and interactions work in the adoptive family context in alleviating the child's intrapsychic tension (Feeney & Passmore, 2007; Research in Action, 2014).

Another, less commonly cited theory related to attachment theory for work with adoptees, is object-relations theory, which similarly posits that the relationship the adoptee has with their birth mother in the earliest months of life becomes unconsciously represented as a working model for further relationships (Truscott, 2010). Using this approach therapeutically would involve examining any transference and countertransference occurring in the relationship between the adoptee and their adoptive parents from the initial birthparent relationship and using it to facilitate insight into other relational patterns in their lives (Truscott, 2010). In particular, this approach has been suggested when helping clients work through separation and abandonment issues, as well as rejection and concerns with personal worth (Jones, 1997). Working through transference and countertransference issues with the adoptee may only be feasible when there is an open adoption or in cases of closed adoption where an adoptee has been made aware of the circumstances surrounding his/her adoption.

Relational Contexts within Families – Narrative Family Systems Theory

Family-focused, longer-lasting assistance has been found to be the most helpful post-adoption service for the adoption triad members (Barth & Miller, 2000). Family systems theory posits that all parts of the family system are connected to one another and that all parts of the system need to be considered together to reach a true understanding (Karakurt & Silver, 2014). This approach focuses on the interactions between family members and analyzes the family as a whole in order to help the adoptee and adoptive family to adjust. Narrative approaches involve helping clients to deconstruct current maladaptive beliefs or experiences and rebuild them so that they are more adaptive and meaningful. Within this approach, therapists help the adoption triad members to externalize their problems and recognize that their problem is separate from them and does not have to impact everything they do (Stokes & Poulsen, 2014). One beneficial

technique involves having the adoptee and family members create a *map of relative influence*, which outlines both how their specific concern impacts their relationships, and how they themselves influence the concern (Stokes & Poulsen, 2014). The therapist can then use this information to help families find a way to re-story their experiences in a more adaptive and meaningful way, which creates a sense of the possibility for change. One of the benefits of using a narrative family systems theory over some others, such as attachment theory, is that this theory is able to change along with the development of both the family and the adoptee (Barth & Miller, 2000).

Developmental stages. When working with families and adoptive parents, it may be important to take into consideration the adoptee's developmental stage based on Erikson's stages of psychosocial development (Brodzinsky, 1987). As adoptees are experiencing different struggles in each different stage of development, therapists can focus on specific parental tasks that are designed to help mitigate potential factors that could negatively impact the adoptee's psychosocial adjustment.

Infant adoptees are often working through feelings of trust and mistrust, specifically with regards to their adoptive parents. As adoptive parenting can be a complex experience, it is important for therapists to focus parents of adopted infants on resolving any misgivings about their infertility, coping with their anxiety about the placement process and social stigma, and focusing their energies on developing secure attachments with the child (Brodzinsky, 1987).

Toddler or pre-school aged adoptees are often struggling to develop a sense of autonomy and initiative, meaning that they are trying to separate themselves from their parents and striving to do things by themselves (Brodzinsky, 1987). It is at this age that adoptive parents often tell

their child that they are adopted, and therapists should encourage parents who do this to create an open atmosphere to discuss the adoption with the child (Brodzinsky, 1987).

In middle childhood, adoptees are often focused on mastering activities and achieving understanding through perseverance, and it is at this stage that adoptees are actively trying to master or understand their adoptive status (Brodzinsky, 1987). Therapists should work with adoptive parents on helping the adopted child to understand the meaning of their adoption, and help the family to process the adoptee's initial stages of grieving their loss (Brodzinsky, 1987).

During adolescence, all young people take up the task of forming their identity, and for adoptees this task is understandably more complicated, as they may not have access to information about their biological family (Brodzinsky, 1987). In this stage, adoptees will need support in coping with their genealogical bewilderment and grieving the loss of their self, origins, and birthparents. Therapists can assist in supporting these struggles by helping the child to explore these reactions and concerns while encouraging parents to maintain a continued supportive stance towards their child and their struggles (Brodzinsky, 1987). It is at this stage that adoptees start to voice interest in searching for their birth families, and it is important for therapists to not only provide support for the adoptee's considerations, but also to address any concerns this search may bring up for the adoptive family.

Searching for birth families. A common concern that comes up in adoptive families is when adoptees decide to search for their birthparents. Many adoptive parents fear losing their child's affection if they meet their birth family. However, these reunions have actually been found to strengthen the adoptee's positive feelings towards their adoptive family (Kraus, 1982). It is important for adoptive parents to understand that not only are their fears of losing their child's affection unfounded, but that adoptee searches are actually adaptive behaviours that most

often result in more stable emotional adjustment and personality integration (Kraus, 1982). Mental health professionals can provide psychoeducation to adoptive families and parents about the search process and individual and family outcomes based on the research reviewed in this paper. Adoptees have been found to struggle with the idea of searching or even put off searching because they feel guilty and anxious about their adoptive family's feelings surrounding the search (Curtis & Pearson, 2010), so when working with multiple members of the adoption triad at the same time, it will be helpful for counsellors to encourage an open discussion about loyalty and boundary concerns. This will help everyone come to a better understanding of themselves and other members within the triad so that they may feel more comfortable with the reunion (Curtis & Pearson, 2010).

Half of adoptees who searched received some form of counselling prior to the search, either through a peer support group, adoption agency, or mental health worker (Curtis & Pearson, 2010). When working with an adoptee who is considering searching, it is important to carefully examine the motives behind the search, as obsessive preoccupation with searching can be an attempt to repress feelings of loneliness and depression (Sorosky et al., 1974). It is vital to clarify their expectations and feelings about how the reunion will play out and then discuss the possibility of this reunion fantasy being disproven (Curtis & Pearson, 2010). When working with adoptees who search, the focus should be on treating the underlying psychological concerns that are both triggering and resulting from the search (Curtis & Pearson, 2010).

Contexts beyond the Family – Existential Theory

Existential concerns are often categorized into four main themes – death, isolation, freedom, and meaninglessness – and Krueger and Hanna (1997) have categorized common adoption-related concerns into these themes. Existential theory does not have specific or

commonly used counselling activities and tends to borrow from other modalities as needed. Each of the four existential domains will be explored in relation to adoptee experiences and potential therapeutic interventions that may be beneficial within each domain.

Death. Adoptees often struggle with their origin and the fact that people have come before and will come after them, so they are just a part of the temporality and continuity of the human race as a whole, which has been categorized into the existential domain of death (Krueger & Hanna, 1997). It may be beneficial for these adoptees to discuss these concerns and explore their impact on the adoptee's life. Acceptance and Commitment Therapy may be a helpful approach to take in these circumstances, as it takes a non-pathologizing view of human suffering and distress and emphasizes acceptance of this suffering. *Mindfulness meditation exercises* aim to help clients acknowledge and accept their experiences and engage themselves in the present moment (Harris, 2009). To accomplish this, therapists can engage their clients in a guided deep-breathing meditation focused on experiencing oneself in the present moment as opposed to worrying about things in the past or the future. Therapists may also encourage clients to simply accept, and not judge, all thoughts they are experiencing. After the exercise, therapists can explore the thoughts and concerns that came up for the client using a non-pathologizing lens. Helping clients to ground themselves in the present moment may help to alleviate their existential concerns regarding the temporality and continuity of life.

Isolation. Adoptees' early experience with loss and grief that often turns into a striving to connect with others can be seen as falling within the isolation domain of existential theory (Kruger & Hanna, 1997). *Meaning reconstruction* techniques can be useful in this domain, taken from Narrative Therapy, as they focus on helping clients to look at their loss experiences in a new way that helps them to gain something meaningful from them (Neimeyer, 2006). Therapists

can encourage clients to engage with their loss experience using a more meaningful lens through verbal re-telling, writing or journaling exercises, or drawing. Learning to reconstruct their loss experiences as meaningful as opposed to upsetting helps clients to work through some of their existential isolation-related concerns.

Freedom. Adoptees begin their lives by having the choice of their family taken away from them, which leads to a struggle to embrace their freedom, and any choices they make, such as whether to search, are often consequently guilt-ridden (Kruger & Hanna, 1997). These concerns and resulting emotions fall within the freedom domain of existential theory. It is important for clients to recognize how these emotions may be impacting other areas of their lives, so it may be beneficial to use a Cognitive-Behavioural Therapy approach, which is specifically designed to help clients recognize the connections between their thoughts, emotions, and behaviours and address any maladaptive coping (Kottler & Shepard, 2011). Therapists can help their clients to break down their experiences into the experienced emotions, thoughts, and resulting behaviours to help increase their awareness of any maladaptive coping experiences they are having. Therapists can then work with the client to help them decide how to break any negative cycles, either at the thought or behavioural levels. By providing the client with more awareness and control over these aspects of their lives, some of their existential freedom-related concerns will be addressed.

Meaninglessness. Adoptees are inherently struggling to create a life of meaning for themselves when their lives are built upon a foundation of uncertainty and the unknown, which lends itself to the meaninglessness domain of existentialism (Kruger & Hanna, 1997). Positive psychotherapy focuses on optimal human functioning and strives to help individuals discover and embrace their strengths, which may be beneficial for clients struggling with feelings of

meaninglessness (Magyar-Moe, Owens, & Conoley, 2015). Some specific positive psychotherapy foci are on engaging in acts of kindness and focusing on nurturing positive relationships, and encouraging clients in this manner will help them to uncover areas of meaning in their lives. In addition, clients can be asked to do *gratitude journaling*, which involves having clients write down things they are grateful for every day and then reflect on them in therapy (Magyar-Moe et al., 2015). Having clients engage in techniques like these that either involve reflecting on or engaging in meaningful activities helps to build their sense of personal meaning, making it an ideal fit for concerns in this existential domain.

Racial Cultural Identity Development Theory

Relatively little research has been conducted on using therapeutic approaches with transracial or minority adoptees, however it may be beneficial for therapists to apply aspects of current multicultural counselling models to their work with this population. The Racial Cultural Identity Development Theory posits that clients of minority status move through five stages of relation to their heritage and the dominant culture, and that therapists should be aware of how to approach clients who are in different stages (Sue & Sue, 2008).

The first stage, *conformity*, refers to when clients believe in the superiority of the dominant culture and reject their own heritage culture (Sue & Sue, 2008). Therapist attempts to explore their cultural identity at this stage can feel very threatening, so it is more beneficial for therapists to take a task-oriented and problem-solving approach (Sue & Sue, 2008). At this point in the client's cultural identity development, the focus of therapy should be to explore the client's attempts to over-identify with the dominant culture.

Dissonance, the second stage, occurs when clients are struggling with inconsistencies between the majority and their heritage cultural group, which often leads to concerns regarding

their self, identity, and self-esteem (Sue & Sue, 2008). At this stage, therapists should strive to become knowledgeable about the client's heritage culture and focus on helping them work through these cultural struggles.

The third stage, *resistance and immersion*, refers to when clients reject the dominant group and blame society's racism and oppression as the cause of their psychological problems (Sue & Sue, 2008). Therapists working with clients in this stage may benefit from taking a non-defensive posture, especially if they are of the dominant culture themselves. Clients in this stage tend to respond more positively to action-oriented approaches that are focused on achieving external change, like challenging racism (Sue & Sue, 2008). The therapist's focus at this point should be to help the client explore new ways of relating to both their heritage and the majority cultures.

In the fourth stage, *introspection*, the client's focus turns inward as they struggle between their need to identify with their heritage culture and their need to express their personal freedom (Sue & Sue, 2008). It is at this stage that the therapist can use primarily self-exploration approaches to help the client explore and integrate these differing aspects of identity with the goal of incorporating this new sense of self into a more cohesive overall identity.

In the final stage of cultural identity development, clients will have reached a point of *integrative awareness*, where they have a sense of security and positive identity as well as a balance between pride in their heritage culture and personal freedom (Sue & Sue, 2008). At this point, client's concerns may become less focused on their cultural identity, as this aspect of their life has been largely resolved. However some clients in this stage are still passionate about topics of culture and may aspire to make community or social changes, in which case therapists can take an action or systems-oriented approach to work with the client on these foci.

As aforementioned, international adoptees struggle disproportionately with their sense of identity as a result of discrimination and cultural barriers that they are faced with (Basow et al., 2008). Using the Racial Cultural Identity Development Theory stages and proposed therapist approaches described above can help these clients to develop a sense of positive cultural identity. Having developed a more positive and cohesive cultural identity has been linked with more positive personal growth, self-acceptance, self-esteem, and relations in transracial adoptees (Basow et al., 2008), making it an important topic to address when working therapeutically with this population.

Other Considerations

In addition to examining specific theoretical approaches, some practical recommendations were uncovered in the research literature for people working with adoptees in a mental health setting. The first recommendation is to acknowledge the adoptee's unique experiences, which can be very empowering for them (Jones, 1997). This includes aspects such as whether the adoption was open or closed, the adoptive family's level of openness about the adoption, differing levels of access to background information, experience with discrimination and stigma, and whether they had a traditional, transracial, or special needs adoption, among others (Feeney & Passmore, 2007; Grotevant et al., 2000). It is important for mental health workers to be educated about adoption-related issues, use proper terminology, and provide adoptive parents and birthparents with direct information (Grotevant et al., 2000; LeVine & Salle, 1990).

In a therapeutic setting, some adoptees have been noted to have similar reactions to rape survivors in terms of their powerlessness and self-blame, children of alcoholics with regards to their need to please and sensitivity to rejection, and incest survivors in terms of their feelings of

betrayal and guilt (Bertocci & Schechter, 1991). Due to the nature of these concerns, therapists may want to be more vigilant about possible transference and countertransference, and to also help adoptive families work through how these issues may manifest in the attachment relationship (Jones, 1997). While each of the previous recommendations have merit, the most important one is this: do not assume that the client's struggles are because of their adoption (Feeney & Passmore, 2007). The adoption will hold differing degrees of salience for each individual adoptee, so it is up to the client to decide, with the guidance of the mental health worker, whether or not the adoption is the focus of their work together (Grotevant et al., 2000; Krueger & Hanna, 1997; LeVine & Salle, 1990).

Conclusion

Adoptees are a growing and misunderstood population due to historical secrecy and over-pathologization creating a negative stigma around them (Henderson, 2002). The research reviewed in this paper shows that this group of individuals actively attempts to cope with their life circumstances and in some ways, is even better adjusted than individuals who have not been adopted. Unfortunately, psychologists and others in mental health professions are ill-equipped to assist adoptees in developing a strong sense of personal and cultural identity, promoting their successful adjustment and well-being, and recognizing their functional coping attempts and behaviours (Sass & Henderson, 2000). The lack of training about adoption in mental health training programs is problematic because almost twice as many adoptees access mental health services as non-adoptees (Borders et al., 2000; Miller et al., 2000). Additionally, 74% of birthparents have been found to access adoption support groups (Sass & Henderson, 2000), and adoptive parents have been noted to often request counselling services (Barth & Miller, 2000).

Indeed, family support groups have been found to be the most helpful post-adoption service for birth and adoptive parents (Barth & Miller, 2000).

The staggering rates at which members of the adoption triad access mental health services highlights the need to address this issue in the professional education of counsellors, psychologists, psychiatrists, and social workers. The most common need for all members of the adoption triad is to have access to qualified adoption-sensitive therapists and mental health professionals (Porch, 20007). This project aimed to familiarize mental health professionals with existing research on adoption and the unique counselling needs of adoptees. It also aimed to provide mental health workers with some initial theoretical considerations and strategies for working therapeutically with and supporting this population in order to promote their resilience.

References

Adoption Council of Canada. (n.d.). *Frequently asked questions about adoption*. Retrieved from www.adoption.ca/faqs

Adoption Council of Canada. (n.d.). *Myths and realities.* Retrieved from http://www.adoption.ca/myths-and-realities

Baden, A.L., & Wiley, M.O. (2007). Counseling adopted persons in adulthood: Integrating practice and research. *The Counseling Psychologist, 35*(6), 868-901. doi: 10.1177/0011000006291409

Barth, R.P., & Miller, J.M. (2000). Building effective post-adoption services: What is the empirical foundation? *Family Relations, 49*(4), 447-455.

Basow, S.A., Lilley, E., Bookwala, J., & McGillicuddy-DeLisi, A. (2008). Identity development and psychological well-being in Korean-born adoptees in the US. *American Journal of Orthopsychiatry, 78*(4), 473-480. doi: 10.1037/a0014450

Bertocci, D., & Schechter, M.D. (1991). Adopted adults' perception of their need to search: Implications for clinical practice. *Smith College Studies in Social Work, 61*(2), 179-196. doi: 10.1080/00377319109516693

Borders, L.D., Penny, J.M., & Portnoy, F. (2000). Adult adoptees and their friends: Current functioning and psychosocial well-being. *Family Relations, 49*, 407-418.

Brodzinsky, D.M. (1987). Adjustment to adoption: A psychosocial perspective. *Clinical Psychology Review, 7*, 25-47.

Child Welfare Information Gateway. (2012). *Adoption Disruption and Dissolution.* Retrieved from https://www.childwelfare.gov/pubPDFs/s_disrup.pdf

Curtis, R., & Pearson, F. (2010). Contact with birth parents: Differential psychological adjustment for adults adopted as infants. *Journal of Social Work, 10*(4), 347-367. doi: 10.1177/1468017310369273

Dunbar, N.D. (2003). *Typologies of adolescent adoptive identity: The influence of family context and relationships.* (Doctoral dissertation). Retrieved from UMI Microform. (3092738)

Feeney, J.A., & Passmore, N.L. (2007). Adoption, attachment, and relationship concerns: A study of adult adoptees. *Personal Relationships, 14*, 129-147.

Feigelman, W. (1997). Adopted adults: Comparisons with persons raised in conventional families. *Marriage & Family Review, 25*(3-4), 199-223. doi: 10.1300/J002v25n03_05

Fisher, A.P. (2003). Still "not quite as good as having your own"? Toward a sociology of adoption. *Annual Review of Sociology, 29*, 335-361. doi: 10.1146/annurev.soc.29.010202.100209

Grotevant, H.D., Dunbar, N., Kohler, J.K., & Esau, A.M.L. (2000). How contexts within and beyond the family shape developmental pathways. *Family Relations, 49*(4), 379-387.

Harris, R. (2009). *ACT made simple: An easy-to-read primer on Acceptance and Commitment Therapy*. Oakland, CA: New Harbinger Publications, Inc.

Henderson, D.B. (2002). Challenging the silence of the mental health community on adoption issues. *Journal of Social Distress and the Homeless, 11*(2), 131-141.

Hoksbergen, R.A.C., ter Laak, J., van Dijkum, C., Rijk, S., Rijk, K., & Stoutjesdijk, F. (2003). Posttraumatic stress disorder in adopted children from Romania. *Journal of Orthopsychiatry, 73*(3), 255-265. doi: 10.1037/0002-9432.73.3.255

Hollingsworth, L.D. (1998). Adoptee dissimilarity from the adoptive family: Clinical practice and research implications. *Child and Adolescent Social Work Journal, 15*(4), 303-319.

Jones, A. (1997). Issues relevant to therapy with adoptees. *Psychotherapy, 34*(1), 64-68.

Jordan, C., & Dempsey, M. (2013). Exploring experiences of adoption: Emerging implications for therapeutic practice. *Counselling Psychology Review, 28*(1), 37-46.

Karakurt, G., & Silver, K.E. (2014). Therapy for childhood sexual abuse survivors using attachment and family systems theory orientations. *The American Journal of Family Therapy, 42*, 79-91. doi: 10.1080/01926187.2013.772872

Kline, S.L., Karel, A.I., & Chatterjee, K. (2006). Covering adoption: General depictions in broadcast news. *Family Relations, 55*, 487-498.

Kottler, J.A., & Shepard, D.S. (2011). Action-oriented approaches. In *Introduction to counseling: Voices from the field* (pp. 157-186). Belmont, CA: Brooks/Cole.

Kraus, J. (1982). Adopted persons in search of their origin: Review of research. *Australian Social Work, 35*(2), 3-6. doi: 10.1080/03124078208549758

Krueger, M.J.J., & Hanna, F.J. (1997). Why adoptees search: An existential treatment perspective. *Journal of Counseling and Development, 75*(3), 195-202.

LeVine, E.S., & Salle, A.L. (1990). Critical phases among adoptees and their families: Implications for therapy. *Child and Adolescent Social Work, 7*(3), 217-232.

Magyar-Moe, J.L., Owens, R.L., & Conoley, C.W. (2015). Positive psychological interventions in counseling: What every counseling psychologist should know. *The Counseling Psychologist, 43*(4), 508-557. doi: 10.1177/0011000015573776

Miller, B.C., Fan, X., Christensen, M., Grotevant, H.D., & von Dulmen, M. (2000). Comparisons of adopted and nonadopted adolescents in a large, nationally representative sample. *Child Development, 71*(5), 1458-1473.

Neimeyer, R.A. (2006). Bereavement and the quest for meaning: Rewriting stories of loss and grief. *Hellinic Journal of Psychology, 3*, 181-188.

Porch, T.K. (2007). *Counseling adoption triad members: Making a case for adoption training for counselors and clinical psychologists.* Washington, DC: Sage Publications.

Post, D.E. (2000). Adoption in clinical psychology: A review of the absence, ramifications, and recommendations for change. *Journal of Social Distress and the Homeless, 9*(4), 361-372.

Research in Practice (2014). Attachment theory and research: Key messages. Retrieved from http://fosteringandadoption.rip.org.uk/wp-content/uploads/2014/04/Attachment-Theory-Final-PDF-14.04.14.pdf

Sass, D.A., & Henderson, D.B. (2000). Adoption issues: Preparation of psychologists and an evaluation of the need for continuing education. *Journal of Social Distress and the Homeless, 9*(4), 349-359.

Siegel, D. H., & Smith, S. L. (2012). *Openness in adoption: From secrecy and stigma to knowledge and connections*. New York: Evan B. Donaldson Adoption Institute.

Sorosky, A.D., Baran, A., & Pannor, R. (1974). The reunion of adoptees and birth relatives. *Journal of Youth and Adolescence, 3*(3), 195-206.

Stokes, L.D., & Poulsen, S.S. (2014). Narrative therapy for adoption issues in families, couples, and individuals: Rationale and approach. *Journal of Family Psychotherapy, 25*, 330-347. doi: 10.1080/08975353.2014.977681

Sue, D.W., & Sue, D. (2008). Racial/cultural identity development in people of color: Therapeutic implications. In D.W. Sue & D. Sue, *Counseling and the culturally diverse: Theory and practice* (5th ed., pp. 233-258). Hoboken, NJ: John Wiley & Sons.

Truscott, D. (2010). Psychodynamic. In *Becoming an effective psychotherapist: Adopting a theory that's right for you and your client* (pp. 21-36). Washington, DC: American Psychological Association.

Wegar, K. (1995). Adoption and mental health: A theoretical critique of the psychopathological model. *American Journal of Orthopsychiatry*, *65*(4), 540-548.

Wolfgram, S.M. (2008). Openness in adoption: What we know so far – A critical review of the literature. *Social Work, 53*(2), 133-142.

Wood, Z.B. (2012). *Public child welfare adoption: The adoptive parent and adolescent adoptee perception of adoption outcomes.* (Doctoral dissertation). Retrieved from UMI Microform. (3530112)