

University of Nevada, Reno

**Who am I and why does it matter:  
A phenomenological study of adoption, attachment, and identity formation**

A dissertation submitted in partial fulfillment of the  
requirements for the degree of Doctor of Philosophy in Counseling and Educational  
Psychology

by

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## ABSTRACT

The purpose of this qualitative study was to examine how eight adoptees viewed the impact of adoption on attachment and identity formation, which in turn would emphasize the need for competency standards for mental health professionals. The majority of adoption studies have focused on either comparisons of adoptees and non-adoptees or on post-adoption needs of adoptive parents. Prior research shows a higher representation of adoptees seeking mental health services for various reasons, but also that mental health professionals are not adequately trained to work with specific issues related to adoption. Eight individuals who were adopted at (or near) birth were interviewed for their lived experiences, and seven themes emerged: *loyalty, feelings of 'otherness', identity, being a people-pleaser, relational/attachment issues, secrecy and lies, and experience with mental health professionals*. The relevance of research findings and implications for mental health professional competency are discussed, and suggestions for future research are included.

DEDICATION

To my mother, Kathleen

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## CHAPTER I: INTRODUCTION

*Now a man of the tribe of Levi married a Levite woman, and she became pregnant and gave birth to a son. When she saw that he was a fine child, she hid him for three months. But when she could hide him no longer, she got a papyrus basket and coated it with tar and pitch. She placed the child in the basket and put it among the reeds along the bank of the Nile. His sister stood at a distance to see what would happen to him. Pharaoh's daughter went down to the Nile to bathe. She saw the basket among the reeds, opened it and saw the baby. He was crying, and she felt sorry for him. "This is one of the Hebrew babies," she said. Then his sister asked Pharaoh's daughter, "Shall I go and get one of the Hebrew women to nurse the baby for you?" "Yes, go," she answered. So the girl went and got the baby's mother. Pharaoh's daughter said to her, "Take this baby and nurse him for me, and I will pay you." So the woman took the baby and nursed him. When the child grew older, she took him to Pharaoh's daughter and he became her son. – Exodus 2:1-10*

Moses was adopted, and throughout his life he struggled with elements of his identity and the incongruence between who he was expected to be and who he thought he was. Born Jewish, adopted by the Pharaoh's daughter, and raised as an Egyptian, Moses was in line to become Pharaoh of Egypt. Yet, he could not abide the abuse that the Egyptians meted out against the Jewish slaves. Moses dealt with the identity issues his adoption caused by ultimately renouncing the throne, and went on to lead the Jewish people out of Egypt and oppression (Cohen, 2003).

Biology, as it relates to heritage and genetics, is important to identity and identity development (Strauss, 1994; Wegar, 1997). Though there are a myriad of reasons that biology is important, for an adoptee the psychological need to know about heritage is a necessary part of identity formation. Yet, information about heritage has most often not been attainable for adoptees (Sachdev, 1989). Grotevant, Dunbar, Kohler, and Esau (2000) state, "Adoptive identity cannot be understood without placing it in the context of societal attitudes toward kinship" (p. 381). "Kinship" is defined in American cultural

terms as directly related to blood and biological ties to our family, and the kinship that is provided by an adoptive family (regardless of how close the adoptee is to the adoptive family) is fictional (Modell, 1997, p. 45).

Currently, there is a good deal of societal emphasis on genealogy and genetics, but there is little access for an adoptee to be a part of this trend (Carangelo, 2011). In situations where there is a limitation of information in the adoption process, adoption is referred to as being "closed" (Muller & Perry, 2001; Samuels, 2001; Sorosky, Baran, & Pannor, 2008). Closed birth records and secrecy erect a barrier for adoptees that can make genealogy and genetics another obstacle in identity development. Advances in medicine have allowed the general public to be made aware of possible genetic risks they may carry, while adoptees do not have the luxury of this information (Muller & Perry, 2001). Yet, there have always been barriers for adoptees who seek information about their biological origin (Strauss, 1994). Secrecy has surrounded adoption by limiting information that might identify either the adoptee or the birth parents. Lifton (1994) defines closed adoption as one in which all identifying information is withheld from an individual by an agency and/or the state in which the adoption was completed. Conversely, open adoption follows a spectrum that includes the sharing of information ranging from names and the exchange of occasional photos to full disclosure and ongoing contact with the individual (Grotevant & McRoy, 1998; Modell, 2002). Such secrecy and lack of information in closed adoptions result in researchers' inability to estimate a ratio of "closed" to "open adoptions" (those in which varying degrees of identifying information are made available to all parties, depending upon the wishes of both the birth parents and the adoptive parents) (Grotevant & McRoy, 1998).

For those who have been openly adopted, the recent popularity of social media sources can facilitate relationships and reunions by providing access to information once largely unattainable (Haralambie, 2013). Social media allows *most* people to essentially choose with whom they want to be in contact. Non-adopted persons can find out where they came from and see how their identities have been influenced over time (Modell, 2002). At the same time that social media enhances relationships for non-adoptees and those involved in open adoption, the access provided through the use of social media is limited for those involved in closed adoptions.

The conflict over open versus closed adoption is intensified by reality television that sensationalizes and exploits members of the “adoption triad” (i.e., adoptee, the adoptive family, and all members of the birth family) through staged reunions that often end disastrously (Sorosky, Baran, & Pannor, 2008). While in some ways bringing the issue of adoption and identity development to the attention of the public, the trend by social media and television clearly contradicts the traditional stance of the American adoption system, which has prized confidentiality (Sorosky et al., 2008).

The importance of identity has been a focus in the social sciences for decades (Grotevant et al., 2000). Erikson’s theory of development emphasizes the importance of attachment, as well as psychosocial crises, in identity formation (Erikson, 1968). Because there are often struggles for the adoptee in forming healthy attachments, there are also struggles in forming a healthy identity. Feeney, Passamore, and Peterson (2007) identified that adoptees are underrepresented with respect to secure (healthy) attachments. A study by Borders, Penny, and Portnoy (2000) identifies that adoptees are more fearful and feel less support from family or friends. Feeney et al. (2007) report that

even though the relationship with adoptive parents is important, birth relatives also play a part in healthy identity development and secure attachment. Further, adoption may be a risk factor for relational difficulties through insecure attachment.

Attachment theory emphasizes relationship formation, maintenance, and growth (Gray, 2002). Attachment theory suggests that a key purpose of a family is to assist the development of its members and also the functioning of the family in its entirety (Hughes, 2007). Bowlby (1969, as cited in Erdman & Caffery, 2015) viewed attachment behavior as a part of a coherent system of behaviors that culminate in a close relationship between a child and caregiver.

The quality of parent/child attachment becomes a guide for all future relationships. Nurturing and responsive parents raise children who form secure, trusting relationships as adults, while children who do not have access to nurturing caregivers are less able to form healthy adult relationships (Gray, 2002). Bowlby (1969) believed that attachment patterns correspond with an infant's experience with the attachment figure (parent or caregiver). The quality of attachment is directly related to the consistency of the infant/caregiver relationship, and anything that disrupts this bond leads to a higher probability of developing an insecure attachment (Bowlby, 1988). Though no one can say for certain when attachment to the biological mother begins, most mental health professionals would agree that it begins at birth (Brodzinsky, Schechter, & Henig, 1992; Gray, 2002). Bowlby (1969) described a four-stage model of attachment that begins at birth. Still, others believe that the bond between mother and child begins before birth and that the relationship is well defined by birth (Lifton, 1994; Verrier, 1993).

Identity formation is an ongoing process that Erikson (1980) says begins very early in childhood but continues throughout the lifespan. Adolescence is a time in which parental values and input are examined and the notion of "Who am I" becomes important to self-discovery (Erikson, 1980). For an adoptee in a closed adoption, identity formation takes on a chameleon-like quality because there is no congruence in information available to an adoptee about who he or she is (Brodzinsky et al., 1992). Adding to the incongruence, there is the amended birth certificate (yet the adoptee knows he or she was born to different parents), and the idea that the adoptive parents really wanted the child (yet the biological parents did not). Conflicting information coupled with the paucity of biological information available in most adoptions, present huge roadblocks in the formation of identity for an adoptee (Brodzinsky et al., 1992; Wegar, 1997). Difficulty in identity formation can result in an "identity crisis," which may lead to a higher instance of psychological and interpersonal difficulty (Erikson, 1968, p. 17). Some adoptees are able to accept the inconsistencies as an intrinsic part of the adoption process while others struggle with the disparity. These individuals are further motivated to try and put the biological pieces together that will help build a more comprehensive identity (Brodzinsky et al., 1992; Feeney et al., 2007).

When unable to navigate the identity crisis without help, adoptees may seek the services of a mental health care professional. Therapy can be very helpful, provided the adoptee is able to find a mental health care provider who has been adequately trained to deal with the scope of issues facing an adoptee (Wegar, 1997). Many families report seeking help from multiple therapists before finding one who understands adoption issues. That is, if they can find one at all (Riley, 2009). Few college textbooks contain

much information about the issues of adoption (Janus, 1997; Sass & Henderson, 2000; Stolley & Hall, 1994; Weir, Fife, Whiting, & Blazewick, 2008). Textbooks are important sources of what is actually taught in college courses and are second only to the professor in terms of information dispersal to students (Geersten, 1977). In fact, if the topic of adoption is mentioned at all in a textbook, it is likely pathology-oriented (Brodzinsky, Smith, & Brodzinsky, 1998; Javier, Baden, Biafora, & Camacho-Gingerich, 2007), which means that the topic of adoption is often addressed as it relates to problem behaviors (Kirschner, 2006).

College level counseling instructors, the other relevant source of information in higher education, have not been trained to work with concerns of adoptees and are not teaching students about the issues of adoption and family (Glenn, 1997; Penny, Borders, & Portnoy, 2007). The dearth of information may send the message to students that this topic is not germane to the study of families (Fisher, 2003), though an estimated 100 million Americans are impacted in some way by adoption (Siegel, 2013).

According to the 2010 United States Census Bureau (2012), 2-4% of the American population is adopted. The actual number is likely much higher because the census questionnaire counted children within the home who were adopted but did not include adopted adults or stepchildren. Nor did it include informal adoptions, such as those that have no legal basis but are treated as adoption. Informal adoption generally includes grandparents or other relatives who become primary caregivers for children and act as parents for the child. Conversely, it is estimated that as many as 15% of individuals in residential treatment centers or inpatient psychiatric facilities are adopted (Brodzinsky, 2008; Kirschner, 2006). There is conflicting information about the disproportionate

representation of adoptees in inpatient and residential treatment facilities across the United States; however, estimations all indicate that adoptees are many times over the norm for the general population to be in a treatment facility (Feeney et al., 2007; Grotevant, 2008; Ingersoll, 1997; Janus, 1997; Lifton, 1994; Moyer & Juang, 2011). Current research indicates that adoptive families are two to five times more likely to seek mental health services and that there are higher instances of post-adoption mental health diagnoses than among non-adoptive families (Howard, Smith, & Ryan, 2004; Hussey, Falletta, & Eng, 2012).

Though adoption did not begin with the biblical story of Moses, it is impossible to know where it actually began. It has existed in some form across history and cultures. In the seventeenth and eighteenth centuries, adoption took the form of apprenticeship and slavery. The British introduced a type of adoption to the United States at this time; orphaned children were rounded up and sent by ship to the United States in order to provide slave labor for the colonies (Sorosky, Baran, & Pannor, 2008). In the nineteenth century, adoption gained tremendous popularity in the United States because it provided adopters with heirs (Terrell & Modell, 1994). The more modern version of adoption began with the Minnesota Act of 1917, when state laws were enacted to seal birth records. In theory, sealing records was done to protect the adoptee from any stigma related to his or her biological parents, rather than to protect the identities of the biological parents (Barth & Miller, 2000; Muller & Perry, 2007; Strauss, 1994). Additionally, legal documentation began to be required at about this time. In many states, loose records were kept, and the adoptee's natal identity was not sealed, rather; this was a

more gradual practice that spread throughout the nation (Grotevant & McRoy, 1998; Howe & Feast, 2003; Samuels, 2001).

In the 1940s, laws that concealed the identity of the adoptee became commonplace, and this practice remained virtually unchanged until the 1980s (Carp, 1998). After the Second World War, the number of families adopting children increased dramatically as middle-class Americans began starting families. The United States entered a period of prosperity after the war. Orphanages that had been overcrowded and disease-ridden emptied as families opened their homes and hearts to adoption. It seemed like a perfect solution at the time, and no one was really thinking about potential problems that might arise. Along with the increase in American families adopting children, there was also a gradual shift in attitudes toward adoption (Fessler, 2006). Adoption had not been a common way to build a family, and now middle-class Americans were utilizing the services of adoption agencies to secure physically healthy babies of normal intelligence (Fessler, 2006). Hollywood stars were adopting children and were talking about it in the news, and healthy, White babies became a commodity (Herman, 2002).

The availability of birth control in the mid-twentieth century had lowered the number of desirable, healthy babies (babies free of physical or mental defect) in this country and opened the door to global adoption as an alternative (Carp, 1998; Fessler, 2006). The availability of babies for adoption was also impacted by the passage of Roe versus Wade in 1973, which made abortion legal. In recent years, it is more commonplace for older children to be adopted, and family diversity has become more widely accepted (Grotevant & McRoy, 1998; Samuels 2001; Verrier, 1993).

The concept of open adoption was beginning to gather steam during the last decades of the twentieth century, but a trend toward full disclosure of family information is becoming more widely acceptable at this time (Grotevant & McRoy, 1998; Samuels, 2001). Birthparents now often retain active roles in the lives of the children they relinquish for adoption. However, for the millions of post-Second World War adoptees to whom familial and ancestral information is not available, the current trends toward openness make no difference. It is still difficult for those born between 1946-1964, a group commonly called “The Baby Boomers,” to access information about who they are and who/where they come from. For this group, adoption records often remain sealed, and the process of searching for information can be arduous (Auth & Zaret, 1986; Penny, Borders, & Portnoy, 2007).

In the early 1960s, the search for ethnic roots became somewhat popular, particularly among immigrants to the United States (Lifton, 1994; Powell & Afifi, 2005; Strauss, 1994). At the same time, adoptees were beginning to push back against a system that had necessitated a barrier between the adoptee and any biological information (Wegar, 1997). During the 1970s, several events began to change how society viewed identity. In 1974, Alex Haley published his Pulitzer Prize-winning masterpiece, *Roots, The Saga of an American Family*. *Roots* went on to become an Emmy Award-winning television miniseries in 1977, and viewership surpassed popularity of any television program ever at the time it aired (Haley, 1974). While *Roots* seemed to generate public interest in the biological component of identity formation, the first wave of adoption activists began efforts to reform the laws that required birth records to be sealed. Magazines began publishing adoption stories for public interest. The “search narrative,”

which is the personal story of an adoptee's quest for information about her or his origins (Strauss, 1994) and birthparents' experiences with adoption led to the formation of groups like The Adoptees' Liberation Movement Association (ALMA), which formed in 1971. ALMA's purpose is to tell the stories of adoption, assist individuals in their searches for biological identity, and provide support for all members of the adoption triad (Carp, 2002; Lifton, 1994; Modell, 2002).

In the 1980s and 1990s, television talk shows began to gain popularity for addressing real and often controversial topics. Adoption reunions, sometimes in the form of surprise reunions, were met with mixed feelings by a public who had not previously glimpsed the complex relationships formed through adoption (Fessler, 2006; Sorosky, Baran, & Pannor, 1984; Triseliotis, Feast, & Kyle, 2005). Though the intention was to entertain television audiences, much harm was done to both adoptees and birth parents because no real thought went into negotiating reunions. No one was prepared for the myriad of emotional debris these voyeuristic reunions created, and often the viewing public bore witness to disastrous reunions (Modell, 2002; Muller & Perry, 2001; Wegar, 1997). The fallout from poorly planned television reunions further fueled the argument for keeping identifying records sealed. In spite of and because of this, the 1990s brought more national attention to adoption and related issues than ever before in the United States (Fessler, 2006; Grotevant & McRoy, 1998).

The years between 1990 and 2013 have brought many changes and challenges to the realm of adoption. Same-sex couples and single people are now easily able to adopt children; this was unheard of in years past (Brodzinsky & Perman, 2014; Modell, 2002; Moyer & Juang, 2011). Facebook and other social networking sites have made

information more readily available, but have also presented new problems. The classified advertisement has become a conduit to facilitating adoption as both prospective parents and birth parents advertise in publications and on the Internet (Modell, 2002). The popularity of websites like Ancestry.com and genealogical forums have sparked anew the global interest in biological identity. Ancestry.com boasts five billion records and is among the top five paid subscription sites online (<http://ancestry.com/press/pressrelease>).

Genealogy has become a popular hobby among all age groups, largely due to the amount of information that is easily accessible via the Internet. Understanding one's biological history is universally important, and this is true for adoptees, too. Yet, adoptees are often only able to form a partial identity – generally that of their adoptive family. How does this correspond to the high number of adoptees who end up in residential treatment facilities? Although the purpose of this study is not aimed at exploring this phenomenon, the incongruence does suggest that while identity formation is crucial to healthy emotional development, adoption adds layers of complexity to the process (Fall, Roaten, & Eberts, 2012; Grotevant, Dunbar, Kohler, & Esau, 2000; Muller & Perry, 2001).

Moses spent his entire life solidifying his identity. He returned to his people, the Jews, which is where he believed he belonged (*Exodus 2:1-10*, NIV Holy Bible, 2012). Identity is as critical for adoptees as it is for non-adoptees, and the ability to form healthy relationships is largely dependent upon identity formation (Brodzinsky et al., 1992; Gray, 2002). In order to better understand the complexities of identity formation for adoptees, the following questions are raised: (1) What are the lived experiences of adoptees in

forming their identity and healthy attachments? (2) How do adoptees think mental health professionals can help with issues of attachment and identity formation?

The purpose of this study was to explore the experiences, thoughts, and feelings of adoptees in forming identity and attachments, the importance of biological history in identity formation and lastly, to explore how adoptees think mental health professionals can more effectively work with the adoption triad.

### **Definition of Terms**

“*Adoption* is the legal proceeding whereby an adult person takes another adult or minor person into the relation of child and thereby acquires the rights and incurs the responsibilities of parent with respect to said adult or minor” (Modell, 2002, p. 5). More specifically, it is to take another person into your own family and raise that person as your own child, with all the legal rights and responsibilities given to all members of the family (Carp, 2002).

*Birthparents* are the biological parents of a child given up for adoption. At one time, birthparents were known as “natural” parents. This terminology changed in the 1970s, as it was thought to be offensive to the adoptive parents (Sorosky, Baran, & Pannor, 2008).

The *adoption triad* is defined as the adoptee, the birth parents, and the adoptive parent. It is also known as the “adoption triangle” (Lifton, 1994). The concept of a three-part relationship became a focus in the mid-1970s at about the time that the sealed-records debate intensified (Carp, 1998).

*Identifying information* consists of data that could enable adopted persons to contact their family of origin. This information usually consists of names and addresses of the biological parents at the time parental rights were terminated (Carp, 1998).

*Non-identifying information* is data that would not allow the adoptee to locate any biological family members. It usually includes a vague medical history of the biological parents, ethnicity, occupation, religious background, and a variety of other facts (this varies by state) that do not identify the biological parents, but do provide information (Carp, 1998).

An *open adoption* is an adoption in which varying levels of biological information are made available to the adoptee. Open adoption gained popularity in the 1980s and has greatly changed the adoption process by allowing access to adoptees, but it has not been an entirely good change. For instance, questions regarding the birthparents' motivation can lead to confusion if the birthparents are present in the adoptee's life (Brodzinsky et al., 1992).

A *closed adoption* is essentially the American traditional model of adoption in which all identifying information about the adoptee's biological origin is legally sealed. An amended birth certificate is issued, showing the names of the adoptive parents and omitting anything pertaining to the birthparents (Brodzinsky et al., 1992). The adoptee's identity is supposed to begin with the amended birth certificate (Lifton, 1994). Original birth records can often only be accessed by court order (Carp, 1998).

*Identity* has many definitions, but it can be loosely thought of as everything that makes up the self. It is "something so large and so seemingly self-evident that to demand a definition would almost seem petty" (Erikson, 1968, p. 15).

*Attachment* is a deep and enduring bond that connects one person to another across time and space (Ainsworth, 1973; Bowlby, 1969). Attachment is important in forming and maintaining healthy emotional relationships. It both impacts and is impacted by identity formation (Brodzinsky et al., 1992).

*Mental health professionals* can be described as anyone who offers services for the purpose of improving an individual's mental health (Reitz & Watson, 1992). This includes social workers, psychologists, family therapists, or psychiatrists.

A *search narrative* is the story of how an adoptee finds information leading to the identification of birthparents. It can also be how the birthparent locates a biological child (Lifton, 1994).

## CHAPTER II: LITERATURE REVIEW

*In all of us there is a hunger, marrow deep, to know our heritage. Without this enriching knowledge, there is a hollow yearning no matter what our attainments in life. -- Alex Haley*

Ideally, research surrounding issues of adoption should continue to move toward a more comprehensive understanding of the impact the adoption process has on the adoptee in relationship to attachment and identity formation (Brodzinsky, 2013). A considerable amount of research on adoption has focused on troubleshooting potential issues faced by birth parents, adoptive parents, and the adoptee (Brodzinsky, Schechter, & Henig, 1992; Carp, 1998; Dennis, 2014; Grotevant & McElroy, 1998; Gray, 2002). Such studies are often focused on the existence of certain issues common in adoption, but few studies address avenues for adoptive parents and adoptees to find professional guidance and/or support when problems related to attachment and identity formation arise (Javier, Baden, Biafora, & Camacho-Gingerich, 2007; Kirschner, 2006). In addition, most mental health professionals are ill equipped to treat issues in adoption that may masquerade as other mental health problems (Javier et al., 2007; Kirschner, 2006).

Further, most studies dealing with adoption issues do not suggest or support the idea that we cannot say for certain whether attachment begins at birth for an infant or if it is already well in place by the time a baby is born (Bretherton, 1992; Verrier, 1993; 2003). Brandon, Pitts, Denton, Stringer, and Evans (2009) state that continued research into maternal-fetal attachment is warranted as there are many studies in human relationships that point toward the relevance of this theory.

## **Introduction to Adoption**

Loosely defined, adoption is the act of taking a child of other parents legally as your own child (Merriam-Webster, 2014). The central tenet of the American adoption process is “as if begotten,” which means that an adopted child has all the same standings as a biological child (Modell, 2002, p. 5). Therefore, by law, all identity and kinship information about the adoptee is transformed to that of the adoptive parents, and birth certificates are altered to reflect this transformation.

“Adoption tells uncommon stories about how children, adults, and families navigate the common experiences of love and loss, identity and belonging” (Herman, 2008, p. 1). The landscape of adoption is as complex as life in general and its daily impact on the lives of American families is much more relevant than statistical figures used to represent adoption would suggest (Herman, 2008; Pertman, 2001). Many social factors have affected the practice of adoption since the first American laws regarding adoption were passed in Massachusetts in 1851, including Americans’ view on what constitutes family.

“Adoption is a crucial long-term institution in virtually all societies but, unlike some others, in Western societies it has also come to be closely associated with secrecy” (Triseliotis, Feast, & Kyle, 2005, p. 1). As the 20<sup>th</sup> century wound down, secrecy in adoption became more and more challenged – first by adoptees, and then by birthparents who were interested in the lives of the children they had relinquished (Modell, 2005). Certainly, the advent of the Internet brought change to the concept of secrecy as records about virtually everything became accessible to anyone with a computer (Modell, 2002). Though the concept of adoption is generally viewed as a positive thing, adoption creates

"invisible" relationships between individuals who are not biologically related (Carp, 1998). This relationship has generally required biological information to be withheld, leaving many adoptees feeling uncertain about whom they really are.

Adoption in some form has been referenced in historical literature since the beginning of civilization (Brodzinsky & Palacios, 2005). Recent statistics estimate that about 2.3% of the population of the United States is adopted (U.S. Census, 2010), and this includes adoption by stepparents. It is practically impossible to determine how many families are impacted by adoption in some way, and the statistics vary widely. In general, adoption is viewed as a positive experience for all involved, but there are factors that can impact successful outcomes in adoption. Minimizing secrecy is the healthiest approach for all members of the adoption triad, and this includes access to biological information for the adoptee (Triseliotis et al., 2005).

### **History of Adoption in the United States**

Adoption is an institution that has been evolving rapidly in the United States over the last several decades (Brooks, Simmel, Wind, & Barth, 2005). Early in the 20<sup>th</sup> century, there was a serious problem in urban areas due to large numbers of homeless children (Palacios & Brodzinsky, 2010). Simultaneously, there was a bias against adoption in the early 20<sup>th</sup> century that possibly contributed to a resistance toward adoption legislation (Triseliotis et al., 2005). Public sentiment toward giving birth out of wedlock, as well as being born out of wedlock, was seen as a terrible stigma, and secrecy was the only way many could cope with perceived illegitimacy. There were many programs developed to help relocate the scores of "illegitimate" urban, homeless children, including orphanages and the transportation of children via train to the Midwest

and western United States. These programs were not found to be in the best interest of the children, as no screening of families took place, and children were often adopted to become indentured servants. Orphanages or other institutional settings were hotbeds of disease, malnutrition, and mortality, which also made them less than ideal for homeless children (Carp, 2002). As time passed, adoption began to evolve into a child welfare practice and social science began doing research on adoption (Herman, 2008). What began as interest in psychological or sociological studies related to the birth mother soon expanded to include research on characteristics of adoptive parents and ultimately, the benefit to the adoptee (Palacios & Brodzinsky, 2010). This early research was spotty and did little to establish a foundation from which future research could be based, but it did start the wheels turning, and by the 1960s, scholarly analysis of adoption began to emerge (Herman, 2008).

The 1990s brought more complex questions surrounding issues of adoption, and the ensuing research took a hard look at the psychological difficulties many adoptees experience with less focus on the gratitude that should be felt at having been given a home. This is a shift that has endured in adoption research, as more and more studies have shown that adoptees are over-represented in clinical settings (Palacios & Brodzinsky, 2008). Schechter (1960) began looking at the prevalence of adopted children in treatment settings because he noticed that a high percentage of his own clients were adopted. This thread runs loosely through research done throughout the last several decades, and has resulted in numerous statistics and conclusions (Grotevant, Dunbar, Kohler, & Esau, 2000; Kirschner, 2007; Moyer & Juang, 2011; Triseliotis et al., 2005). Though the research has suggested that there is a great need for knowledge about

adoption in the mental health care disciplines, there is still disparity in how practitioners are equipped to work with members of the adoption triad (Carp, 1998; Christoffersen, 2012; Feeney, Passmore, & Peterson, 2007; Fessler, 2006; Gray, 2002; Henderson, 2007; Herman, 2008; Modell, 2002; Nydam, 2007; Triseliotis et al., 2005; Verrier, 1993; Von Korff, Grotevant, & McRoy, 2006; Zuckerman & Buschbaum, 2007). "Not only is there little-to-no training for most counselors, social workers, and psychologists, but many have only anecdotal experience with adoption" (Dennis, 2014, p. 28). There is also little available to mental health professionals in the way of continuing education, and more damage may occur rather than the help being sought. In a quantitative study conducted by Sass and Henderson (2002), it was found that while adoptees are overrepresented in therapy, mental health professionals are not being adequately trained to work with adoption issues (Sass & Henderson, 2002). Figure 2.1 shows the findings of the study, which was in the form of self-report by 210 psychologists.

**Figure 2.1 Percentage of Courses With Adoption Content**

Level	Number of Courses					Number of Responses
	0	1	2	3	4	
Undergraduate	86%	11%	2%	0.5%	0.5%	202
Graduate	65%	22%	8%	4%	1%	206

This study clearly supports the stance that more training is needed in order to provide effective mental health care services to all members of the adoption triad (Fisher, 2003; Kirschner, 2006).

### **Introduction to Attachment**

Attachment between a parent and child forms the foundation for all future relationships, and whether those relationships will be healthy or troubled (Gray, 2002).

Bowlby (1979) dedicated his life to studying the importance of the relationship between mothers and infants, starting from his observation of the distress infants exhibit when separated from their mothers. While most research about attachment focuses on the hours, days, and months after the birth of a child, there are theorists who believe that attachment begins before birth and that adoptees struggle with a loss that may not be easily understood or accepted. In her book, *The Primal Wound*, Nancy Verrier (1993) focused on the prenatal bond that develops between the mother and child. Her research has fueled her theory that the loss to the child because of adoption is directly tied to attachment difficulties throughout the lifespan. While attachment has been studied extensively in adoption, it is primarily geared toward the concept that losses occur after birth rather than before. This can make therapeutic intervention difficult because only a small piece of the puzzle is being looked at and addressed (Dennis, 2014; Herman, 2008). It also suggests that more research into prenatal attachment and adoption would be helpful.

In addition to being integral to forming healthy relationships, attachment is a necessary component to identity development (McGinn, 2007). Secure attachment in the first years of life provides a solid foundation during adolescence and adulthood in which healthy identity formation can occur.

### **History of Attachment Theory**

While there have been many theorists who have researched the role of attachment in human development (Herman, 2008), attachment theory has largely been attributed to John Bowlby (1979). Much of Bowlby's work was influenced by Freud's research about ambivalence, which for individuals connotes a conflict of ideas or attitudes (Bowlby,

2005), but Bowlby's work encompassed ideas from many other existing theories (Ainsworth & Bowlby, 1991). Attachment theory is rooted in object relations theory, which is a psychoanalytic theory that emphasizes the interpersonal relationships – particularly the relationship between mother and child (Ainsworth, 1969; Bowlby, 1980). The “object” in object relations theory is generally thought of as the person who meets the needs of an infant during the first year of life; this is a survival mechanism during the early phase of life when an infant is totally dependent upon others to live (Bowlby, 1980). Bowlby also hypothesized that there is a biological bond between a child and the child's caregiver that will ensure protection and survival of the child (Ainsworth & Bowlby, 1991; Bowlby, 2005; Mackey, 2013). This biological bond is pertinent to the development of a healthy self-image if the bond with the primary caregiver is a positive experience for the child. The converse is true for a child whose physical and/or emotional needs are not met (Bowlby, 2005). Bowlby observed that early, close bonds formed between children and caregivers are likely to endure (Bowlby, 1979). "The infant and young child seek closeness to his mother when he experiences physical pain, or feels overwhelmed by his fantasies, as in nightmares" (Brisch, 2004, p. 15).

Much of Bowlby's early research was driven by his own childhood, having been raised by distant parents who entrusted his care to a governess (Brisch, 2004). His early experiences influenced his interest in attachment, separation, and loss. Though other theorists studied attachment, Bowlby is generally credited for the focus on maternal/child bonds (Pistole, 2011).

Ainsworth expanded on Bowlby's theory of attachment by describing how children deal with issues of attachment depending on how they interact with their parents,

but she also emphasized the function of attachment styles in adult relationships (Karen, 1998; Hughes, 2009). In fact, attachment theory was interchangeably called the Bowlby-Ainsworth model (Ainsworth et al., 1978; Bowlby, 1973). The theory sees attachment as an adaptive system of behaviors and cognitions, thought by many to be innate, but malleable as the infant learns that certain behaviors, such as crying or smiling, communicate the infant's needs to a primary caregiver (Hughes, 2009). As an infant develops, responsiveness of caregivers provides a sense of safety in the world and the ability of an infant to explore new things (Hughes, 2009)

Ainsworth is best known in her field for developing the "Strange Situation," in which she used interactions with strangers to investigate attachment of a child to his or her mother (Karen, 1998; Mackey, 2013). In a laboratory-playroom setting, Ainsworth observed 12- to 18-month old infants at play with their mothers. She followed the play with a brief separation from the mother and then a reunion. The infants in the study were categorized as being securely attached (70% were thought to be securely attached). The remaining 30% of infants had some difficulty and appeared to be harder to soothe than securely attached infants. In the laboratory setting, researchers noted two separate patterns in the children; one group displayed anxiety and became distressed at the brief separations from their mothers. When the mothers of this group of infants returned, they were unable to calm their children by holding them and were described as "insecurely attached; ambivalent" (p. 80). The second group of insecurely attached infants did not display anxiety over the laboratory setting and would readily explore and play with toys. Most of these children were not distressed when their mothers left the room and tended to

ignore the mother when she returned to the room after the separation. This group was described as “insecurely attached; avoidant” (p. 80).

Later studies showed that avoidant infants had a physical response in the form of heart-rate increase, which would suggest that these infants did respond to their mothers’ departure in a similar way as did securely attached infants. The difference between securely attached infants and avoidant infants is that the latter learns to internalize their desire for mother’s attention because they anticipate rejection. So, while avoidant infants outwardly seem calm, their increased heart rates indicate high anxiety at the expectation of rejection (Brisch, 2002). Avoidant infants display anger sporadically and are often irritable (Mackey, 2013).

Mothers of securely attached infants tend to be sensitive and responsive to their infant. Her behavior is consistent and she is emotionally “available” to her child (p. 80). The infant knows his or her needs will be met and is free to explore the world using his or her mother as a safe (or secure) base. Mothers of ambivalent infants are sometimes unresponsive and may not always attend to the needs of the child, which produces anxiety and uncertainty. Mothers of avoidant infants appear to reject emotional exchanges with their child. Additional research on attachment theory subsequently led to other categories of insecure attachment, but Ainsworth (1978) provides a good overview of the importance of the mother-child bond by describing the difference between secure and insecure attachment. There has been some criticism of Ainsworth’s conclusions by other researchers who suggest that temperament is responsible for how an infant reacts (Brodzinsky, Schechter, & Marantz, 1993). There were also psychologists who dismissed

Ainsworth's work as flawed because there was no replication and there was no way to ensure reliability of the observation methods she used (Karen, 1998).

Subsequent to the Bowlby/Ainsworth model, a fourth form of attachment has been identified (Main & Solomon, 1990). The infants in this category show behavior that is less predictable when faced with the separation-reunion experience. These children were labeled as disorganized when in a strange situation. Disorganized attachment arises from fear that may be experienced by the infant because both separation from the mother and seeking comfort from the mother can be stressful. In the situations where the child's needs have not consistently been met (i.e., neglect or abuse), disorganized attachment is more common (Main & Hesse, 1990). The concept of disorganized attachment came about through intensive research into behaviors of infants who did not seem to fit into the categories established by Ainsworth and other known attachment theorists (Main & Hesse, 1990). The "disorganized" infants would often turn their heads away while approaching the parent or simply freeze in place. These behaviors were thought to be indicative of fear and a form of approach-flight, in which the infant wants the parent but also fears the parent (Hesse & Main, 2000; 2006). There is much evidence that disorganized attachment (rather than avoidant or ambivalent insecure attachment) indicates a greater likelihood of psychopathology in the form of dissociative disorder or borderline personality disorder later in life (Carlson, Egeland, & Sroufe, 2009).

### **Attachment and Issues of Adoption**

Infants may form attachments with other caregivers, but the bond with mother is usually the most powerful, particularly in the early years of life (Brodzinsky et al., 1993; Verrier, 2011). Much of the research on attachment suggests that the bond between

mother and child begins at birth, but there are also theories that propose the idea of attachment being an integral part of the prenatal experience (Chamberlain, 1988; 2013; Verrier, 1993; 2003). Verrier (1993) addresses the relationship between mother and child as being more significant to a child during the first years of life, a concept that is supported by attachment theory. Additionally, Verrier does not discount the importance of the father during the early years of life, but points out that the role of mother is integral to the survival of the infant. Verrier (2003) is part of a group of researchers who believe that attachment begins prior to birth, and that the 40 weeks of pregnancy form a lifetime bond between mother and child. Chamberlain (2013) views prenatal life as a responsive time – that the human fetus is a virtual “learning system” (p. 82). The idea that a fetus learns and reacts to external stimulation while in the womb has been widely documented and is generally accepted as a fact within the scientific community (Brazelton & Cramer, 1990; Dirix, Nijhuis, Jongma, & Hornstra, 2009; Martens, 2013). However, the concept that attachment might actually begin before birth is fairly abstract because there can only be speculation as to what a fetus experiences prenatally (Brandon, Pitts, Denton, Stringer, & Evans, 2009). Conversely, it is widely accepted that pregnant women begin to exhibit attachment toward their fetuses early in pregnancy and see their unborn child as both a part of self and as “other” (Cannella, 2005).

The theory of prenatal attachment seems counterintuitive to Bowlby and Ainsworth’s stance that attachment begins at birth, but may be vital in future research that focuses on interventions for the fetus that may begin before birth (Brandon et al., 2009). Since the introduction of ultrasound, it has been possible to study the behavior of fetuses in utero. In fact, Dutch perinatologist Birgit Arabin conducted a study in 1996 in

which she examined 25 sets of twins during various stages of gestation and was able to follow their complex interactions (Chamberlain, 2013). Arabin was able to track interactive behavior that included kissing and handholding between the twins and speculated that behavior between twins can easily be categorized as personality traits that parents report continued after birth. Arabin's study of twins supports that babies are able to relate intimately prior to birth, and are thus very likely able to bond with their mother prior to birth (p. 184). Chamberlain believes that bonding between fetus and parent should begin as early in the pregnancy as possible as an important component toward healthy attachment (p.183). Such a hypothesis can easily be applied to loss experienced through adoption when an infant may be permanently separated from the familiarity of his or her mother. Though an infant can attach to another caregiver, it is wrong to assume that birth mother and adoptive mother can be interchanged without impact on the infant (Verrier, 2003).

In circumstances where an infant is adopted, the results of the strange situation are similar to those of biologically related mothers and children (Gray, 2002). The differences that have been noted are in infants who were adopted over the age of six months (p. 68). These infants have likely had disruptions in care during the early months of life and must adjust to new caregivers, often more than once during infancy. This is not to say that all adoptees will have difficulty because of events that led to disruption of care, but it is probable that attachment difficulties will be a factor in future relationships (Feeney et al., 2007; McGinn, 2007). Also, in many cases, the finalization of adoption may take six months or more. During this time, the adoptive parents of an infant may withhold affection because they fear the biological mother may change her mind and

decide to keep her baby. This could impact an infant's ability to securely attach to a primary caregiver (Gray, 2002), and exacerbate an existing sense of loss of the birth mother.

When an infant has already formed an attachment to the (birth) mother, he or she might enter the adoptive relationship grieving the primary bond (Brodzinsky, 1993). Because the infant cannot verbally communicate his or her needs, he or she often exhibits behavior that can be alarming to the adoptive parents. There may be issues with sleeping and eating, and failure to thrive. The inability to form attachments is one of the primary reasons that adoption fails, and even when attachment does not appear outwardly to be problematic, adoptees are inarguably at greater risk for behavioral and psychological problems than are non-adoptees.

Attachment issues that begin in infancy continue to cause difficulty as a child grows (Ainsworth, 1969, 1978, 1989; Bowlby, 1973, 1980, 1988, 2005; Brisch, 2002). Some social psychologists have expanded upon the idea of the Bowlby-Ainsworth model and applied the secure base concept to include behaviors in adolescent and young adult populations (Brisch, 2002). Bowlby (1969, 1973, 1979, 1980) believed that the attachment style of an individual produces "internal working models" of the self and others. Bowlby maintained that these were mental representations that were formed in the context of the relationship between a child and the primary caregiver (McGinn, 2007; Pietromonaco & Barrett, 2000). He thought that the attachment relationship with a child's primary caregiver(s) would directly impact the way the child would develop and relate with the rest of the world. Bowlby suggested that the internal working models are constructed during infancy and early childhood and are preverbal. Because internal

working models are formed so early and involve assimilation of information, they are thought to be unconscious and are likely very difficult (though not impossible) to alter (Pietromonaco & Barrett, 2000). This also means that what is learned through attachment in infancy is likely enduring, and this includes the quality of social relationships and self-understanding (Bowlby, 1969; Brisch, 2002; Hazan & Shaver, 1987).

As insecurely attached infants grow into adulthood, they may have difficulty in forming close relationships. In general, these individuals may find relationships to be unsafe and people to be untrustworthy (Karen, 1994; McGinn, 2007). Bowlby believed that children who have not had their basic needs met and are not securely attached will respond to others by either retreating from contact or doing battle (McGinn, 2007). Further, most developmental tasks are linked to a secure attachment, and these tasks are more difficult for children who are insecurely attached (p. 65). McGinn maintains that adoption and the consistency and quality of caregiving impacts secure attachment, and that the loss for a child of the birth mother may contribute to difficulties with development. There are some researchers who believe that adoptees follow a similar path in attaching as do non-adoptees, and still others who assert that it is only the relationship of a caregiver to an infant that establishes secure attachment – that blood ties have no bearing on attachment (Bayless, 1989). Overwhelmingly, researchers who study adoption and attachment find that adoptees have much more difficulty with attachment-related issues than do non-adoptees (Brodzinsky, 1993; Feeney et al., 2007; Gray, 2002; Grotevant & McRoy, 1998; Herman, 2008; McGinn, 2007; Modell, 1994; Verrier, 1993).

### **Introduction to Identity**

While Bowlby (1969, 1973, 1980, 1982) primarily examined biological adaptation as a result of attachment style, Erik Erikson (1969, 1975, 1980) focused his work on developmental adaptation as related to culture and social norms. Erikson offered a stage model of development that was influenced by Freud’s model of psychosexual development and emphasizes individual growth and change (Pittman et al., 2011). Whereas Freud’s work was limited, both by the focus on body zones (Crain, 2011), and in how social experience impacts development across the lifespan (p. 36), Erikson’s work was a lifelong developmental model based on the gathering of developmentally appropriate, relevant information acquired in the context of important relationships (Erikson, 1968). Erikson believed that cognitive and biological development were the building blocks of psychosocial development. His stages of development were based on what he saw as “crises” (p. 19), which were dialectical pairs of opposites that represented psychological development during each stage. Erikson thought the order and developmental timing of each crisis was predetermined, but that the consequences were not and that individual’s experiences would impact the resolution at each stage. Figure 2.2 outlines the eight stages as proposed by Erikson (1959).

**Figure 2.2 Erickson’s Stages of Psychosocial Development**

APPROXIMATE AGE	PSYCHOSOCIAL CRISIS
Infant – 18 months	Trust vs. Mistrust
18 months – 3 years	Autonomy vs. Shame and Doubt
3 – 5 years	Initiative vs. Guilt

5 – 13 years	Industry vs. Inferiority
13 – 21 years	Identity vs. Role Confusion
21 – 39 years	Intimacy vs. Isolation
40 – 65 years	Generativity vs. Stagnation
65 years and older	Ego Integrity vs. Despair

Erikson theorized that across the lifespan of each person, there were eight dialectical stages that each individual would experience at the same approximate time in his or her life, and that each of these stages consists of a positive and a negative focus. Individuals work toward the positive while dealing with the influence of the negative, and the goal at each stage is to resolve the dialectic tension. In infancy, which is a crucial time for attachment, the dialectical struggle is between basic trust versus basic mistrust. This stage is commonly viewed as the most crucial for attachment, and the inability of an individual to learn to trust the primary caregiver leads to struggles in each subsequent stage (Brodzinsky, Schechter, & Henig, 1992; Erikson, 1968; Hoopes, 1990; Pittman et al., 2011). Erikson saw identity development as a task that could begin in adolescence because that is the time when social, cognitive, and physical maturity have also begun to develop (Pittman et al., 2011). It is at this point that the body and mind are at a crossroads between childhood and maturity (p. 37), and social roles begin to factor into development. Erikson (1968) perceived identity development as the outcome of multiple life experiences and stressed the importance of self-exploration combined with a secure sense of stability within the family (p. 161). The term used by Erikson (1959; 1968) to

describe the inability of an individual to successfully form an identity is “identity crisis” (p. 16).

### **The Role of Attachment in Identity Formation**

Research shows there is a direct connection between attachment and identity that often intensifies during adolescence, which is when insecure attachment begins to interfere with autonomy (Dunbar & Grotevant, 2004; McGinn, 2007). During adolescence, patterns of behavior become more static, and even though change can happen at any point in life, it is much easier to intervene with insecurely attached children as early as possible (Karen, 1998). The adolescent period is when “the child normally challenges and questions many of the assumptions that have guided his or her belief system and values” (Javier, Baden, Biafora, Camacho-Gingerich, & Henderson, 2007, p. 4). There is some question about what happens to the adopted adolescent during this period of identity development when there are attachment issues that are either pre- or postnatal, because there is a discrepancy between the biological information available to the adoptee and information related to the adoptive family. Separation-individuation is a process that is thought to begin at about age 3 and continues throughout the life cycle in various forms (McGinn, 2007). Mahler et al. (1975) proposed separation-individuation as phases in life in which an infant learns to distinguish itself from his or her mother, and as the infant grows, identity and will are discovered. Fahlberg (2013) described adolescent separation-individuation in this way:

The primary psychological tasks of adolescents echo the tasks of years one to five. The young person must once again psychologically separate, this time from

the family, finding his place in society as a whole, rather than solely as a member of the family (p. 107).

During adolescence, a combination of individuation and parental connectedness help facilitate transition into adulthood (Kenny, 1994). For an adoptee, separation from two sets of parents must occur, and there is a greater chance of confusion as the question "Who am I?" is not an easy one to answer (McGinn, 2007).

Research has also shown that major life transitions, such as leaving for college, are impacted by attachment, and that there is often a sense of abandonment rather than independence that can occur for the adoptee during these transitional periods (McGinn, 2007). There is also difficulty for the adoptive parents during the adolescent separation-individuation phase if they fear abandonment by their adopted child or fear that the adoptee will seek out the birth parents (p. 69). Individuals who have developed a secure attachment to parents tend to be more comfortable exploring a wide variety of experiences because they have a safe base to support self-discovery and growth (Reich & Siegel, 2002). Separation is much more difficult for the adoptee who deals with insecure attachment because of the loss inherent in adoption and the fear of further abandonment through separation from the adoptive family (McGinn, 2007).

Patterns of attachment are subject to change for various reasons throughout the lifespan (Weinfield, Whaley, & Egeland, 2004), but it is common to find stability in secure attachments over time (Waters, Merrick, Treboux, Crowell, & Albersheim, 2000). This stability in attachment suggests that when an infant has a secure base relationship with a primary caregiver or caregivers, he or she is more likely to form positive relationships with others throughout life (Pittman, Kiley, Kerpelman, & Vaughn, 2011).

According to Kenny and Sirin (2006), social adaptivity and psychological functioning are characteristics of secure attachment. In adolescents, secure attachment helps the individual navigate the developmental transitions and serves as a buffer for stress. Secure attachment also helps young adults move forward in healthy relationships and career choice. It is during this period of development that identity is established, and difficulty in this process can lead to multiple issues involving a person's ability to work and love.

### **Identity Formation and Adoption**

There are different ways an adolescent can cope with the identity crisis, though research indicates that unless an adoptee has a family that openly discusses adoption and encourages curiosity, the identity crisis will be harder to navigate (Brodzinsky, 1992). For adoptees who have no exposure to or information about their birth family, a fantasy may be constructed to fill in the gaps where information is lacking. Brodzinsky sees identity formation in adopted adolescents as similar to nonadopted adolescents, but they may struggle with the meaning of adoption and have a more difficult time moving through this stage of development. Identity development for adoptees has the added component of having to figure out oneself in the context of adoption in addition to stage-appropriate tasks faced by nonadopted persons. Brodzinsky, Schechter, and Henig (1992) developed a psychosocial model (see Figure 2.3) in response to Erikson's eight stages of development that describes challenges faced by adoptees at some of the stages outlined by Erikson. Issues that are not resolved during a particular stage may reemerge during subsequent developmental stages, causing difficulty personally and relationally (p. 15).

**Figure 2.3 A Psychosocial Model of Adoption Adjustment**

<b>AGE</b>	<b>PSYCHOSOCIAL TASKS</b>	<b>ADOPTION-RELATED TASKS</b>
Infancy Birth to Age 1	Trust vs. Mistrust Learn that the world is a safe place - Hope.	Adjusting to transition to a new home. Developing secure attachments, especially in cases of delayed placement.
Toddlerhood and Preschool Ages 2-3	Autonomy vs. Shame/Doubt Develop free will and self-Confidence.	Learning about birth and reproduction. Adjusting to initial information about adoption. Recognizing differences in physical appearance, especially in interracial and Intercountry adoption.
Middle Childhood	Industry vs. Inferiority Develops sense of purpose with guidance. Competency	Understanding the meaning and implications of being adopted. Searching for answers and implications of adoption. Coping with physical differences from family. Coping with stigma associated with adoption. Coping with peer reactions to adoption, and that adoption means loss. Grieve loss even when happy with adoptive family. Begin to understand legal process; may fear being taken or relinquished again. Can express anger, hurt, and sadness about feelings of abandonment and/or rejection.
Adolescence	Ego Identity vs. Identity Confusion Learn about strengths, weaknesses, goals, sexuality, gender roles, occupations.	Further exploration of the meaning and implications of being adopted. Connecting adoption to one's sense of identity; tend to guard thoughts. Coping with racial identity in interracial adoption. Coping with physical differences from family members. Resolving family romance fantasy; want more information about birthparents. Coping with adoption-related loss, especially as it relates to the sense of self. Considering the possibility of searching for birthparents.
Young Adulthood	Intimacy vs. Isolation Love and the ability to be close to others	Further exploration of adoption as it relates to growth of self and development of intimacy. Further considerations of searching. Adjusting to parenthood in light of history of one's relinquishment. Facing one's unknown genetics in context of children. Coping with adoption-related loss.
Middle Adulthood	Generativity vs. Stagnation Care about others Selflessness	Exploration of adoption as it relates to the aging self. Reconciling the creation of a legacy with unknown past. Further considerations of searching. Coping with adoption-related loss.
Late Adulthood	Ego Integrity vs. Despair Wisdom and acceptance of	Final resolution of the implications of adoption in the context of a life review.

	successes and failures Facing the end of life	Final considerations regarding searching for surviving biological family.
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This model demonstrates that many of the issues surrounding adoption continue to be a challenge throughout the lifespan. This is in addition to the developmental conflicts that an individual must deal with between infancy and old age as outlined by Erikson. For example, while a teen is struggling with typical tasks that contribute to identity formation during the Identity vs. Role Confusion stage (Figure 2.2), adoption adds another layer that complicates this process and can lead to issues preventing an integrated sense of identity (Brodzinsky, Schechter, & Henig, 1992; Dunbar & Grotevant, 2004).

While Erikson's belief was that history intersects with life (1959; 1980; 1994), research on adoption clearly suggests that an individual who is denied access to biological history because of the constraints of adoption has a more difficult time successfully moving through the identity formation process (Brodzinsky & Schechter, 1990; Colaner, 2014; Grotevant, Dunbar, Kohler, & Esau, 2007; Kohler, Grotevant, & McRoy, 2002; Palacios & Grotevant, 2010; Pertman, 2011). The most basic element of identity is self-definition; the set of characteristics by which each of us identifies self and by which we are recognized by others within a particular social or historical context (Grotevant, 1997; Palacios & Grotevant, 2010). While the adoptive family tree may be sufficient in helping form identity on a superficial level (which may be enough for many adopted people), far more adoptees go through life with the distinct feeling that something is missing (Brodzinsky et al., 1992; Grotevant, Dunbar, Kohler, & Esau, 2007; Palacios & Brodzinsky, 2010).

As Erikson and his wife, Joan, approached their 90s, they began writing about a

ninth developmental stage. Erikson died in 1994, and Joan completed research on the ninth stage. Components of the previous stages are revisited with more emphasis on the negative, as the struggle to cope with daily difficulties increase with age (Erikson, 1998). Erikson believed that all eight dialectical pairs could be resolved, but that a negative resolution might impact later stages. After Erikson's death, Joan Erikson began to conceptualize the ninth stage as a time of transcendence from the material and superfluous to the spiritual, in which a fear of death is decreased (Erikson & Erikson, 1998).

### **Research on Adoption and Adoption Issues**

There have been many studies that have focused on comparisons between adopted and non-adopted persons, and it is clear through an examination of research (see Table 2.4) that there are challenges faced by adoptees that include attachment difficulties, identity formation difficulties, and loss (Palacios & Brodzinsky, 2010). It seems a better focus to study how mental health professionals and other post-adoption service providers can begin to more effectively work with the needs of those affected by adoption. This would include incorporating adoption issues and clinical competence into graduate training programs in the mental health field, but studies show that little or no training is received in most programs (Palacios & Brodzinsky, 2010; Sass & Henderson, 2000; Weir, Fife, Whiting, & Blazewick, 2008).

**Figure 2.4 Table of Representative Studies reflecting Adoption, Attachment, Identity Formation, and Need for Counselor Competence**

<b>Subject</b>	<b>Author(s)/ Date</b>	<b>Sample</b>	<b>Method</b>	<b>Results</b>	<b>Implications</b>
Adoption & Identity	Moyer & Juang, (2011)	Adult adoptees (18-25)	Interview and Follow-up interview		Identity is impacted by adoption; calls

		(N=10)			for more research
Attachment and adoptee self-esteem	Passmore, Fogarty, Bourke, & Baker-Evans (2005)	Adult adoptees & non-adoptees (N=200)	Questionnaire on identity styles & self-esteem; MANOVA with family style (IV)	$F(16, 374)=1.78, p<.05$	Results indicate relationship between attachment, family style, and self-esteem; need for more research
Adoptee adjustment	Korff, Grotevant & McRoy, (2006)	Adoptive family members (N=92)	Interviewed adoptees 8 years apart		Contact with biological family has impact on healthy adjustment; need more longitudinal studies
Psychological functioning and adoption experience	Müller, Gibbs & Ariely, (2002)	Adult adoptees (N=345)	Questionnaire on adoption experience and psychological functioning	Return rate (34.5%)	Results indicate that adoption and psychological functioning are important considerations; need for more studies
Adoptees' mental health	Passmore, Feeney, Peterson & Shimmaki, (2006)	Adult adoptees (N=144) and non-adoptees (N=131)	Survey Hierarchical regression; MANCOVA with parental as (IV)	Full model was significant: With Mothers as variables, $R=.39; F(6, 260)=6.20$ ; With Fathers as variables, $R=.39; F(6, 258)=7.63, p<.001$ ; MANCOVA significant $F(8, 123)=$	Results indicated adoption had impact on mental health; need for counselor awareness of adoption-specific issues

				2.36, $p < .05$	
Post-adoption services for adoptees		Child adoptees (age 12-14)	Interviews ( $N=8$ ) about difficulties with services		Adoptees need more educated, skilled post-adoption service providers
Counselor knowledge, skill in adoption issues	Atkinson, Gonet, Freundlich & Riley (2013)	Mental health clinicians ( $N=185$ )	Study 1: Questionnaire on mental health counselor change in practice; Study 2: Questionnaire asking adoptees importance of adoption competence for mental health counselors ( $N=485$ )	Adoptees reported 25% of mental health practitioners were competent; 26% said "not competent"; remaining "not sure"	Adoption competency training is important to allow adoptees access to competent mental health practitioners.
Adoptees' therapeutic experience	Sass & Henderson (2013)	Adult adoptees ( $N=218$ ) & Birth parents ( $N=63$ )	Questionnaire measuring perceived level of mental health counselor skill and knowledge; Linear regression; MANOVA with Inquiring and Awareness as IV	Linear Regression significant for counselor improvement 1965 to 1999, $\chi^2 (1, N=132)=19.786$ , $p < .0001$	Importance of adoption on development and counselor awareness and skill improvement
Adoption and adult attachment	Feeney, J. A., Passmore, N. L., &	Adult adoptees ( $N=140$ ) & nonadoptees	Questionnaire measuring attachment, relationship	MANOVA showed significance; $F (5, 262) =$	Adoptees over-represented in insecure attachment

	Peterson, C. C. (2007)	(N=128)	quality and relationship with birth family (for adoptees)	4.10, p<.001	category
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The purpose of this study was to gain an in-depth look at the lived experiences of eight adoptees who discussed their personal adoption experiences in relationship to attachment, identity formation, and experiences with support services or mental health professionals. The methodological framework for this study was a phenomenological qualitative analysis used to understand the rich, lived experience of the participants (Creswell, 2014). Current literature touches upon facets of attachment and identity formation in adoption, but it neglects to thoroughly explore the importance of how the mental healthcare community can be most helpful to adoptees, adoptive parents, and birth parents in understanding issues related to attachment and identity formation that are often overlooked or minimized because of a lack of specialized training.

### CHAPTER III: METHODOLOGY

*To be ignorant of what happened before you were born  
is to be ever a child ~ Cicero*

#### **Design**

This research study sought to understand participants' experiences surrounding adoption, identity formation, and attachment, as well as the perceived importance of biological history in the process of defining individual identity. In choosing to explore this research subject matter, a transcendental phenomenological framework was used (Husserl, 1931; Moustakas, 1994; Patton, 2015). Phenomenology is described by Patton (p. 98) as asking "What is the meaning, structure, and essence of the lived experience for this person or group of people?" Husserl (1965) explains that "phenomenology is the 'science of science' since it alone investigates that which all other sciences simply take for granted" (p. 23). Phenomenologists focus on how people use their experience to make sense of the world and thus, developing a worldview; how people "experience what they experience" (p. 117). Phenomenology also examines the structure of experiences and addresses the meaning of things as they relate to experience, such as the significance of self and others, events, and objects pertinent to an individual's lived experience (Smith, 2013). There is a component of phenomenology which suggests that finding meaning in the lived experiences of an individual can contribute to shared experiences of many (Patton, 2015).

Transcendental phenomenology is generally credited to Edmund Husserl, and was organized into a qualitative research method by Moustakas (1994). Simply stated, transcendental phenomenology is based on the intentionality in thinking, feeling, and action, and how each of us interprets or makes meaning of experiences (Smith, 2013).

How each of us perceives an experience is individually specific and thus, a subjective experience for everyone. Phenomenology allows the objective study of occurrences generally regarded as subjective in a manner that transcends objectivity (Moustakas, 1994). Intentionality is an important consideration in transcendental phenomenology and requires the researcher to be self-aware. Moustakas (1994) states that "Intentionality refers to consciousness, to the internal experience of being conscious of something; thus the act of consciousness and the object of consciousness are intentionally related" (p. 28). Each intentionality consists of a noema and noesis, which can respectively be considered the "what" or "perceived as such" and the "how" or "perfect self-evidence" of an experience (p. 30). Noema and noesis are present together and the two comprise the intentionality of consciousness (p. 31). Transcendental phenomenology is a unique way to research human experience because it requires the researcher's engagement while engaging participants as "co-researchers" (p. 34).

Methodology in transcendental phenomenological research begins with epoché, which is a Greek word that means to refrain from judgment and to avoid the everyday way we view the world because making judgments is a natural process we use to filter what we see or experience (Moustakas, 1994; Patton, 2014). This means the researcher must be able understand and be aware of personal biases and have clarity about preconceptions (Patton, 2014). Epoché is an ongoing, analytical process rather than a fixed event, and it is a critical component to phenomenology (p. 575).

The next step is a process known as transcendental-phenomenological reduction. "Transcendental" refers to the return to pure ego, in which we are able to perceive phenomena in pure form without contamination. "Phenomenological" refers to

transforming the world into mere phenomena, and "reduction" because "it leads us back to the source of the meaning and existence of the experienced world" (Schmitt, 1967, p. 61). Transcendental-phenomenological reduction considers each experience singularly, in and for itself (Moustakas, 1994). "The phenomenon is perceived and described in its totality, in a fresh and open way" (p. 34). The goal is to build a textual description of the phenomenon that includes the components of perceptions, thoughts, feelings, sounds, colors, and shapes.

Husserl (1931) described a process known as bracketing, which requires the researcher to bracket information so that it is separated out from the world, taken apart and examined rather than interpreted by standard meanings suggested by existing literature (Patton, 2014). Bracketing requires the researcher to suspend judgment about the natural world and helps prevent assumptions from being made (Moustakas, 1994). It is a means of demonstrating the validity of data collection and analysis (Gearing, 2004). There is no prescribed method for ensuring the prevention of bias in phenomenological research, but self-awareness is an important ingredient (Ahern, 1999).

Once data has been bracketed, it is then examined in a manner as to give the same weight to all elements. It is then organized into meaningful clusters and irrelevant or repetitive data are eliminated. Themes within the data are identified and an "imaginative variation" is developed, which gives a comprehensive view of data that then allows the researcher to develop enhanced or expanded versions of the invariant themes in the data (Patton, 2014). The researcher then constructs textual portrayals of themes; this is not a description of the essence of an experience, but content and illustration (p. 576). The final step in methodology, synthesis of texture and structure, requires "an integration of the

composite textual and composite structural descriptions, providing a synthesis of the meanings and essences of the experience" (Moustakas, 1994, p. 144).

This study explored the thoughts, perceptions, and experiences of adoptees in forming identity and secure attachments. The role of biological history as a part of forming identity and secure attachments was also examined. Constructing a clear relationship between attachment and identity formation by scrutinizing the experiences from "many sides, angles, and perspectives until a unified vision of the essences of a phenomenon or experience is achieved" (Moustakas, 1994, p. 58) is important to the wholeness of research. This is one of the core principles of phenomenology (p. 58). Information gleaned through the lived experiences of the participants can serve as a tool for understanding how mental health services can be improved for adoptees and other members of the adoption triad.

### **Researcher Background**

The researcher for this study is a master's-level, licensed marriage and family therapist in private practice. She has been counseling members of the adoption triad for six years and has taught graduate students at a Western grant university about mental health issues among adoptees. The researcher is aware of the high incidence of questionable mental health diagnoses attributed to adoptees, the over-representation of adoptees in treatment facilities, and the lack of informed mental health professionals to work effectively with adoption (Dennis, 2014; Janus, 2011, Kirschner, 2006; Palacios & Brodzinsky, 2010; Ryan & Nalavany, 2008). The researcher is an adoptee who both grew up with an adopted sibling and has a biological sibling who is an adoptee.

As a mental health professional, the researcher is cognizant of the role of countertransference as a potential barrier to unbiased interpretation of participants' experiences. In the mental health-counseling field, the concept of countertransference is described as the counselor's "projected emotional reaction to or behavior toward the client" (Gladding, 2009, p. 170). Though there are many ways that countertransference can be impactful in the mental health counseling setting, it is natural to filter information through experiences and feelings the professional may have had. Learning to separate one's own feelings and thoughts from the client's and remain self-aware is invaluable as a tool for mental health professionals (Corey, 2009). In transcendental phenomenology, this is known as the Epoché process, which describes the necessity for the researcher to set aside prejudgment in order to assure that the study is free of the influence of prior experience of the researcher (Moustakas, 1994). The researcher should be open, receptive, and naive in listening to research participants describe their own experiences (p. 22). An awareness of the importance of the epoché process, the researcher in this study remained mindful of her own thoughts and feelings as she listened to and interpreted experiences of the research participants.

### **Participants and Site Selection**

Phenomenology examines the lived experiences from the viewpoint of the participants who have personal familiarity of the topic being researched. In the case of this study, the participants were selected based upon having been adopted domestically and being between the ages of 45-60. Though most adoptions in the mid-1970s were closed adoptions, this was not a factor in selection of participants. A nonprobability sampling strategy known as snowball sampling, chain-referral sampling, or respondent-

driven sampling (Berg, 2011) was utilized to locate participants who have lived experience with adoption. The basic premise of snowball sampling is to locate participants who can be considered "information-rich key informants or critical cases" (Patton, 2014, p. 298). These participants are then asked for referrals of others who have similar experiences (i.e., have been adopted). An additional recruitment source may be through an online forum, the DNA Adoption Community. The researcher emailed requests to potential participants asking the individual to contact the researcher by telephone or email in order to participate in the study (see Appendix A).

Patton (2014) stated that there is no suggested sample size in qualitative research, but that a researcher use judgment and remain flexible. "The validity, meaningfulness, and insights generated from qualitative inquiry have more to do with the information richness of the cases selected (p. 313), so sample size is less a focus than breadth and depth of the inquiry. A study should specify a minimum number of participants, though. For this study, the researcher intended to interview eight adoptees; ideally, four women and four men. As it turned out, the sample consisted of six women and two men. All names and identifying information were changed in order to protect the privacy of the participants, and pseudonyms were assigned by the researcher. Each participant expressed an interest in the nature and meaning of the research by virtue of having been adopted at birth or shortly thereafter. In addition, the participants engaged in an interview that lasted one to two hours and then took part in brief follow-up interviews. The initial interview consisted of a series of semi-structured questions (see Appendix B). All interviews were conducted in person, and the location for the interviews was the private office of the researcher, as this was convenient for both the participants and the

researcher. There were no interviews or follow-up interviews conducted by telephone, but there were two follow-up interviews that were completed by email because the participants were not available to meet in person. Participants were asked to give consent for the researcher to record the interview and for the resulting data to be transcribed, then published in a dissertation (See Appendix C).

### **Introduction to the participants**

Each participant provided a unique glimpse into his or her thoughts, feelings, and experiences with being adopted. Some were surprised by the depth of emotion evoked by the topic, but all were candid and voiced appreciation of doing something to help the plight of adoptees and their families. The following is a brief description of each participant:

#### *Ella*

Ella is a 47 year-old mother of three and grandmother to one baby boy. She describes herself as an artist and singer, and she has also published a book of poetry. She does not maintain a relationship with either her biological or adoptive family, but is glad to have all the pieces of information about her birth parents and the circumstances surrounding her adoption. She is the only participant who has a full biological sibling who was raised by her birth parents. Ella is a mental health professional in private practice.

#### *Claire*

Claire is a 55 year-old woman who has never been married and has no children. She is living in the same city where she grew up, and still takes care of her elderly mother. She is an educator at a large museum, and she considers herself to be relatively

close to her two sisters, who are the biological children of her adoptive parents. Claire is the middle sister; she did not find out she was adopted until she was about twelve years old. Claire searched for and found her birth mother when she turned 50, but does not maintain much of a relationship with her. She still has no idea who her birth father is, but still has some curiosity.

### *Beth*

Beth is a 56 year-old woman who has three grown children and one grandchild. Beth is an analyst at a small college, and has recently married for the third time to a man she considers her soul mate. Beth's adoption story is a little different from the other participants in that she was abandoned at birth on the steps of a Catholic church. Beth has had contact with her birth parents; she was able to find them through DNA testing. She reports a good relationship with her adoptive family, though she says it has sometimes been a little rocky. She sees her birth father and his other children fairly regularly, but does not stay in contact with her birth mother.

### *Gina*

Gina is a 47 year-old woman who is married and has an eleven year-old daughter. She is an office manager at a small business and, like Claire, takes care of her elderly mother who lives nearby. Gina describes her adoptive family as being very close, but has one brother who is diagnosed as schizophrenic. He is the only biological child of her adoptive parents. Gina has had no contact with her birth family, but indicates some curiosity. She tentatively plans to search at some point, but probably not while her adoptive mother is alive.

*Frank*

Frank is a 51 year-old man who is married and has one grown son. He is an electrical engineer who designs software for a large manufacturer. Frank's adoptive parents had lost an infant two years before Frank was born. Frank believes he was adopted as a "replacement" for the son his parents lost. They had two more biological children, and Frank maintains a relationship with his siblings. Frank searched for and found his birth mother and two half-sisters. They get together often and Frank feels very close to them. His birth father refuses to acknowledge Frank, but through DNA, Frank has made contact with a paternal half-brother.

*Abby*

Abby is a 47 year-old woman who has been married once and divorced. She has no children, but loves her dogs! She is an accountant, but also makes costumes as a hobby. She describes her childhood as having been chaotic at times, with adoptive parents who fought a lot. She maintains a relationship with her siblings, who were also adopted. Abby left home at seventeen and never looked back. She has not searched for her birth parents, but if she did, it would be to let them know she was okay.

*David*

David is a 48 year-old man who was adopted at birth. His parents had a biological son two years after they adopted David. David is a software engineer; he has been married once and is now divorced. He has no children and has been in a relationship with his girlfriend for twelve years. David has taken multiple DNA tests and prides himself in being somewhat of an expert in building family trees. He has found his birth mother and maintains a relationship with her, but has been rejected by his birth father.

*Helen*

Helen is a 60 year-old woman who has been married for 35 years and is the mother of three grown children. She describes her family as close and loving, but she describes herself as virtually unable to form bonds because her family moved a lot while she was growing up. She has one brother, who was also adopted; the two did not maintain contact. Helen was discouraged from talking about her adoption while growing up, but did search for her birth mother when she in her 30s and had already had her own children. She wasn't successful in her search, but did locate her maternal uncle who gave her information about her heritage before cutting off contact with Helen. She is curious, but not sure how to proceed.

The stance in phenomenological research is that each participant is essentially a co-researcher in the study (Fraelich, 1989; Moustakas, 1994). Given this framework, all participants were provided with a transcribed copy of their interview in order to ensure that thoughts, feelings, and experiences were properly captured. This is an important feature of phenomenological research. In addition, each participant had the opportunity to both expand upon or amend the transcribed interview during the semi-structured follow-up interview (see Appendix E) that took place shortly after participants were given the transcribed copy of their initial interview.

**Data Collection**

Data was collected once the participants were selected and the initial interview had been conducted. Prior to beginning the study, the researcher conducted a pilot interview with a mental health professional using the semi-structured interview questions (see Appendix B). This process was designed to help ensure that the questions were clear

to the participants and that the questions were relevant and sufficiently explored the lived experience of the participant. The semi-structured interview questions covered information about each participant's adoption; thoughts, feelings, and experiences pertaining to adoption; identity; and attachment. Semi-structured, long interviews are standard in phenomenological research studies, though the researcher must be aware that although questions are developed prior to the interview, "these are varied, altered, or not used at all when the co-researcher shares the full story of his or her experience" (Moustakas, 1994, p.115). In this study, the participants routinely spoke about their adoption without the questions really being necessary to guide them.

Participants were asked to fill out a demographics questionnaire (see Appendix D). All interviews were audio recorded and transcribed by the researcher. The transcripts varied in length from 62 minutes to 70 minutes. The researcher took notes during the interview when appropriate for the purpose of formulating new questions and pinpointing where in each interview, specific information was imparted (Patton, 2014). The researcher took note of her immediate impressions following the interview.

Each participant was interviewed and then contacted for a follow-up interview. The follow-up interview was a shorter, less comprehensive interview to check-in with the participant and to explore additional information that may have surfaced after the initial interview. The follow-up also allowed the participant to expand on or revise information given in the initial interview. Questions that had arisen during the initial interview were addressed in the follow-up interview.

## **Limitations**

This study demonstrated that further research in the area of attachment and identity formation in adoption is warranted. This finding includes information that also demonstrates the need for mental health professionals to be competent in providing services to members of the adoption triad. Further phenomenological studies could examine a broader range of issues experienced by adoptees, adoptive parents, and birth parents in order to augment information found in this study. Because this study focused on the lived experiences of adoptees, the findings exclude the thoughts, feelings, and experiences of other members of the adoption triad that might enhance the current knowledge base.

This study did not encompass all areas of difficulty in adoption. It did not touch upon the attachment and identity formation issues experienced by international adoptees. Hopefully, future studies will explore this in greater depth so that mental health professionals can understand international adoptees' experiences.

Open adoption, adoption by stepparent, interracial adoption, and adoption after foster care present more areas in which future studies might glean information about the mental health needs that are possibly not being met. Qualitative studies on the experiences of mental health professionals working with adoption would be helpful in assessing competency standards and diagnosis when working with adoption. Adoption, in some configuration, has always been a part of our society. How the mental health community deals with the portion of the population impacted by adoption will be largely influenced by more research.

## Data Analysis

The objective of phenomenological data analysis is for the researcher to be able to reconstruct the lived experiences of the participants as it relates to the phenomenon. Phenomenology attempts to describe those ingredients that make something what it is (Husserl, 1931). There is a challenge for researchers to be able to enter the mind of each participant and understand *their* experience from *their* point of view. In this study, the researcher not only explored the experience of being adopted for the participants, but also their experiences on how adoption may have impacted identity formation and difficulties with attachment. Participants discussed their experience with mental healthcare professionals and whether (or how) the experience of adoption was addressed.

Data was analyzed using a method that Moustakas (1994) modified from the Stevick-Colaizzi-Keen method of organizing and analyzing phenomenological data (p. 121). This process is detailed as follows:

### *Epoché*

According to Moustakas (1994) epoché is achieved by "setting aside predilections, prejudices, predispositions, and allowing things, events, and people to enter anew into consciousness, and to look and see them again, as if for the first time" (p. 85). Moustakas suggested that epoché involves bracketing, which involves keeping the data free from researcher biases. This helped the focus remain on participant experiences without the researcher's personal thoughts, feelings, assumptions, or experiences of adoption, identity formation, and attachment. To help achieve epoché in this study, the researcher had a colleague administer the semi-structured interview (see Appendix B) to the researcher in order to be able to address biases and prejudgments. The colleague was

master's level, licensed marriage and family therapist with ten years experience in the counseling field. The colleague helped the researcher explore personal reasons for conducting this study; along with what information she may have expected to glean from it and whether she anticipated certain results. Because qualitative researchers seek to understand meaning, it is important to be continually aware of both self and the relationship to participants. Because the content of the interviews was personally meaningful to the researcher, an ongoing self-examination was required throughout the research process in order to ensure more completely that objectivity was maintained. This level of reflexivity helped the researcher keep assumptions in check. As a practicing therapist, this process is very similar to the experience of countertransference in which a therapist needs to be aware of biases and preconceptions that might impact the therapeutic relationship. This interview was audio-recorded and transcribed and helped the researcher understand her own experiences, thoughts, and feelings about the phenomena so she was better able to reflect with an open mind on the experiences of the participants in this study.

In addition, the researcher had a dedicated workspace in which to eliminate distraction from everyday life and provide a consistent environment in which to analyze data.

#### *Obtaining an understanding of the data*

Each of the interviews conducted was recorded and transcribed by the researcher. To ensure accuracy of the transcriptions, the researcher listened to the recordings more than once. She made notes and questions from each participant interview so that these could be addressed in the follow-up interview.

### *Horizontalization*

Horizontalization is the process described by Moustakas (1994) as the responsibility of the researcher to consider each statement about the participant's experience as equally valuable. After each interview, the researcher "developed a list of significant statements" (Creswell, 2014, p. 159). This involved perusing each statement in order to identify statements that captured the essence of the experience. Significant statements were identified, and the researcher took notes about anything in question to ask the participant during the follow-up interview. This was useful for ferreting out more specific information on the experience, thoughts, or feelings (Creswell, 2013). Initially, each statement was given equal value and all statements were considered as pertinent. As part of this step, the researcher looked over each sentence to identify statements that might have captured the essence of the experience, as well as discriminating between statements that did not seem significant and those statements that illustrated the phenomenon. Moustakas (1994) describes this process as determining invariant horizons, which "point to the unique qualities of an experience" (p. 128).

### *Identifying invariant constituents/themes*

In order to identify the invariant constituents, which are the units of meaning that will ultimately be clustered into themes, each interview was examined through a method described by Moustakas (1994) in his modified version of Van-Kaam's method of analysis of phenomenological data:

- (a) Does the statement contain a component of the experience that is a vital constituent for understanding it?
- (b) Can the statement be abstracted and labeled?

If a statement did not meet the above requirements, the researcher did not consider it relevant to the study. From the invariant constituents, the researcher developed a list of significant statements and grouped them into "larger units of information, called meaning units or themes" (Creswell, 2014, p. 159).

#### *Textural descriptions*

The themes were used to construct a textural description of the adoption experience of each participant. These descriptions chronicled each participant's experience and depicted clear images as expressed in the description. Moustakas (1994) explained textural description as:

"an interweaving of person, conscious experience, and phenomenon. In this process of explicating the phenomenon, qualities are recognized and described; every perception is granted equal value, nonrepetitive constituents of the experience are linked thematically, and a full description is described" (p. 96).

The textural descriptions produced a conscious portrayal of each participant's personal knowledge of the experience of adoption in his or her own words (Creswell, 2014).

#### *Structural description*

This step involved "a vivid account of the underlying dynamics of the experience" (Moustakas, p. 135). The researcher used textural descriptions as the foundation to help describe the underlying essence of the adoption experience. The use of imaginative variation helped the researcher account for the "how" in the thoughts and feelings of each participant's experience with adoption. This concept relies on the researcher being able to step back from herself and assume a reflective stance in which all viewpoints are possible. "The aim is to arrive at structural descriptions of an experience, the underlying

and precipitating factors that account for what is being experienced; in other words the "how" that speaks to conditions that illuminate the "what" of experience" (p. 98). Patton (2014) expresses this as the "bones" of the experience for the group of participants (p. 486). The researcher used information to seek possible meanings and divergent perspectives.

*Composite textural-structural description*

The final step in the data analysis process was to form one composite description of the phenomenon that incorporated descriptions of each participant's experience with adoption from the textural and structural descriptions of the experience of adoption (Creswell, 2014). The composite left out specific details of the experience reported by participants, but focused on the aspects of the experience that are descriptive of the overall experience. The researcher addressed the two questions (from step four) that both described what the participants experienced with the phenomenon and how they experienced it (p. 159). This ultimately provided the answers to the original research questions.

## CHAPTER IV: FINDINGS

*Sons of your sons, sons passing by  
Children were lost in lullaby  
Sons of true love, sons of regret  
All of your sons you can never forget  
--Jacques Brel*

The purpose of this study was to gain an in-depth look at the lived experiences of eight adoptees who were interviewed and discussed their personal adoption experiences in relationship to attachment, identity formation, and experiences with support services or mental health professionals. A transcendental phenomenological qualitative framework was used to analyze the gathered data. Participants were chosen based on their experience as an adoptee with a rich experience, and who was domestically adopted at or near birth between 1955 and 1971.

In recorded interviews, each of the eight participants shared his or her experience of being an adoptee and the impact of this throughout his or her life. Thoughts and experiences about mental health care professionals were also discussed in relationship to adoption. While each participant described his or her own experiences, common core beliefs and experiences emerged. Through the use of phenomenological qualitative analysis, seven themes emerged from the lived experiences of the adoptees. These themes were: *Feelings of 'otherness' or difference from non-adoptees; loyalty; identity; secrecy and lies; relational issues; people-pleasing; and experiences with mental health professionals*. There were additional themes that emerged from the abundant amount of information gleaned from the interviews that are not presented because, though they contribute to the accurate representation of experiences as described by participants, they were somewhat less distinct than the seven chosen themes.

The data consists of semi-structured interview transcriptions for each participant. In addition, participants were contacted by the researcher for follow-up interviews in order to process feelings that may have arisen for the participant, as well as to explore any pertinent information that may have surfaced after the initial interview. The interviews were conducted in a semi-structured interview format, allowing open and authentic expression. The secondary contact with participants allowed the researcher to clarify any information that was unclear in order to ensure accurate representation of the thoughts, feelings, and experiences of the adoptees. Each participant provided a descriptive account of their experience of being adopted, as well as their understanding of circumstances surrounding their adoption. Though each story is somewhat different in content, the themes appear repeatedly throughout each interview and often evoked deep emotion during the telling. From the participants' experiences, the themes are shared. The first section presents the individual textual descriptions of each participant's experience of adoption, attachment, and identity formation by summarizing their experiences. This presentation is followed by the seven themes that emerged from the data collected and a summary of the data.

### **Textual Descriptions of Participants**

#### *Ella*

Ella approached the interview with excitement; having the opportunity to talk about her unique life experience was seemingly exciting, and she was quite animated throughout the interview process. Ella has a larger-than-life personality and expresses herself through dress and appearance. She presents as confident initially, but admits that

she often struggles with self-doubt. Ella was adopted by a couple who had no biological children and who divorced when she was young. Ella says:

My mom worked for the district attorney at the time they adopted me. They didn't have to go through normal channels, I don't think. It wasn't hard for them and there was no background check. My dad was a sleazy guy; they were sleazy people.

Ella believed her parents had circumvented traditional adoption routes, through the State or through social services, because they had politically influential friends who facilitated the adoption of both Ella and her younger sister. She describes instances of sexual and emotional abuse that permeated her childhood and remembers feeling "devastated" upon learning she was adopted as a very small child. Her sister, Kim, was 17 months younger than Ella, and the two never had a close relationship. Kim is now 45 years old and still lives with their adoptive mother. Ella thought that Kim fared better in life because Kim was more able to conform to their parents' wishes. Kim didn't outwardly struggle with the sexual abuse and did not make waves in the family the way Ella did. Kim has never shown an interest in knowing her biological family, as far as Ella knows, and Ella is not in contact with Kim at this time. She hadn't had contact with her adoptive parents for about a year at the time of the initial interview and says "I have never felt better."

Adoption impacted Ella's life in many ways. She has struggled with depression at times and was hospitalized at a psychiatric facility as a teen. She had attempted suicide at the time, and though her adoption wasn't discussed during this period, she received validation from a woman at the psychiatric hospital who told her, "Look, they're crazy;

you're not crazy. Just get through the rest of your teenage years and get out." So she did, but she did not walk away. She continued to have contact with her adoptive family that continually confused her; others told Ella she was beautiful, intelligent, and creative, while her mother always treated her as if she were worthless. Ella believes that this led her to have relationships with abusive men because she never thought she deserved better and she reports many unhappy relational experiences throughout her life. She is currently in what she considers to be a healthy relationship, but she sees things in her life daily that she attributes to her adoption experience and having been raised in an abusive home in which she felt she didn't belong.

Ella has searched for and found her birth parents. When she was 18 years old, she asked her father if he knew the name of her birth parents, in spite of the fact that hers had been a closed adoption, which meant that her parents should have no information. He gave her some names, and even though she didn't initially believe he was being truthful, it turned out that he was.

I was nothing like my parents! Nothing! So, when I turned 18, I asked my father who my real parents were and he told me their names. Because he said, 'John and Mary Hunter', I laughed out loud because I just knew he was lying to me; come on, you can do better than that! Turns out he was telling the truth, but how could he know this if it was a closed adoption? It made no sense to me.

Ella ultimately registered with an agency that connects birth parents and adoptees and found that her biological parents were also registered. She discovered that her parents had gone on to marry each other and that they already had a son who is Ella's full brother.

Her birth father wasn't ready to have a second child and had threatened to leave her birth mother if she kept Ella, so they put her up for adoption.

*Claire*

Claire was somewhat emotional at the onset of the interview. She tearfully recounted the story of her father blurting out the fact that she was adopted while the two were in the garage stacking firewood when Claire was 12 years old. She thought he might have been joking around with her because he liked to “kid around.”

My father was a big kidder and a big, loveable, affable man. He was always saying silly things, but I realized pretty quickly that he was serious. The way he told me and where we were; I just wasn't prepared for big news like that. I just took it in and went, 'Huh'. I didn't know what to do with that information.

She wasn't emotionally prepared for the news and had no idea prior that she was not her parents' natural child. Claire is the middle of three daughters; Jane is seven years older, and Sally is two years younger. Jane and Sally are both the biological children of Claire's parents. All three girls have blond hair and blue eyes, and Claire's experience had been that people always commented on how much alike the three girls looked, even though she was considerably taller. She chalked this up to the fact that her father was tall and her mother was short and that there would naturally be variation. Though Claire was thoroughly caught off guard, she later managed to ask her father a few questions about her adoption and birth parents. He willingly answered the questions as well as he could, but Claire took notice that her mother wasn't a part of this revelation or the ensuing discussion. She found out a few years later from her older sister (who had also known and kept the secret) that Claire's parents had disagreed about telling Claire. There was an

unspoken message that Claire's mother was not willing to discuss the adoption. In addition to the news of the adoption suddenly changing what she believed about herself, Claire spoke through tears about how her younger sister would often use the adoption as a way to hurt Claire.

This is hard for me. Everyone in my family except my little sister treated me like it was no big deal. When Sally found out, on occasion, she would use it to hurt me. That part was hard, even though my parents would come down on her like a nuclear bomb. She was a fun kid, but could just be kind of tough on people; on me. And it really hurt me; having to deal with the news and then feeling like it somehow changed the playing field between me and Sally.

Her parents would punish Sally for this and though the sisters all have a good relationship as adults, there is still some stress that lingers between Claire and Sally. Claire never felt her parents treated her differently, and they told her she was a gift. Sally ultimately adopted a baby girl of her own and at times, Claire wonders if the way Sally treated her as a child had something to do with her decision to adopt.

Claire struggled quietly with the news of her adoption. She was just starting middle school, and this added another layer of uncertainty to her life. She believes she blocked the adoption out of her mind during high school and just didn't think about it. She says she still does this, though she did search for and find her birth mother as an adult. Her father passed away when Claire was in her 20s, and Claire felt she had been cheated out of time with him. She chose to move back to her hometown after graduate school to be near her mother. Both of her sisters live in other states and at the time of the

interview, Claire had taken the role of caregiver to her mother. Her sisters come to visit periodically, but are not really helpful with their mother's care.

When Claire turned 50 in 2011, she decided to investigate the details of her adoption. She reluctantly asked her mother for information and was told to check the safety deposit box at the bank.

I have a friend who's adopted and she and I met when we were in our 20s. We talk about our adoptions a lot. She had kind of a bad time when she found her birth parents; in fact, her mother didn't want to have anything to do with her and rejected her. I thought, 'Hmm, well there's a reason not to look'. But then I did anyway, with the support of my friend.

Claire found documentation with her birth mother's name on it, along with a narrative about why she was giving her baby up for adoption. She had apparently been a college student from the Midwest who was shipped to California to give birth and then returned to school. There was no information about who her birth father might have been. Claire immediately searched the Internet for her birth mother by name and came up with a match right away. She and her friend composed an email, and Claire says she really struggled with what to say. She wrote, "Hello, I'm here," along with her contact information. Her birth mother called her two days later. Claire was excited, but also had much ambivalence about sharing this information with her mother, who had tremendous fear that Claire would abandon her. After reassuring her mother, Claire decided it was too difficult to keep sharing information with her mother and neither has ever brought it up again.

Claire describes her birth mother as very nice and willing to answer any questions other than to divulge who Claire's birth father was. This is troubling for Claire because it leaves a question unanswered that is important to her identity, plus it leads her to fear that there may have been a rape that resulted in pregnancy.

When I first spoke with my birth mother, she was very welcoming and warm. She told me then that she always thought about me and that she would welcome any questions I had. I did send her some practical and medical questions, but I also asked her about herself. Had she remarried, does she have children and what could she tell me about my birth father? She has yet to answer those questions and I don't bring it up if we talk, which is sporadic.

Claire has not pushed the issue with her birth mother and has not had her DNA tested, and she is still curious about who her father might be. She reports that she and her birth mother are alike in many ways, but that she still feels a little unsettled about how learning she was adopted changed the course of her life in that she always felt a little unsure about who she was. She feels the strength of the biological pull, but also the strength of the knowledge that her family is *her* family.

### *Beth*

Beth has an adoption story that is both similar to the other participants, but different in one fundamental way: Though all the participants in this study have some sense of having been abandoned, Beth was actually abandoned on the steps of a Catholic Church in her small community. Beth says that she grew up knowing she was adopted and doesn't really remember having been told. She has one brother who is five years older and is also adopted, as well as one sister who was the biological child of Beth's

parents. Beth and her sister are nine months apart; her parents had been told they couldn't have children early in their marriage, but her mom gave birth at age 41, which was a shock to everyone.

Beth was 19 years old when her parents told her the circumstances of how they came to adopt her. She was in a college class and was asked to do some genealogy on her family. This is often a trigger for an adoptee because there is no real way to feel genuine about where one fits into the family tree. Beth had never really asked many questions, so she decided the school project was the perfect time to find out about her origins. Beth's parents had chosen not to tell her that she'd been abandoned at birth until they felt she was old enough to process the information.

I was abandoned on the steps of the Rectory of St. Joseph's Catholic Church on the night of September 14, 1960. I was not discovered until the next morning when the priest was on his way to give mass. I was in a cardboard box and covered with a dishtowel. Nothing else and I was blue. They took me to the hospital immediately; I was five pounds, two ounces. I bounced back, though!

According to Beth, the priest who found her actually made the decision who should adopt Beth, and her parents were part of the parish. There is some question about the legality of the adoption because there were never legal documents and they didn't go through the normal channels for adoption. Beth's date of birth could only be speculated because no one could be certain what day she was actually born. This information stunned Beth, and she felt determined to solve her personal "mystery." Because there was no real way to figure out who abandoned her, Beth would spend a lot of time trying to find information about her identity. Her father had assured her that he would do anything

he could to help her locate information about her biological parents. By the time Beth was ready to search, her parents had passed away.

Beth describes her childhood as having been very good. She does make mention of some issues within the family during the interview; she describes her mother as having been an emotionally distant woman who didn't want children. Her parents were both educators and expected achievement from their children. Beth excelled in school and had planned to go to medical school. Things took a different turn for her after she was molested as a young child by a neighbor, and then molested again when she was a little older. Beth believes that she was good at "putting on a show;" that she was a high-achieving student who was class vice-president and active at her high school. She was also breaking curfew, smoking marijuana, and drinking – all of which were a frustration to her parents. Once Beth started college, she began to experiment with drugs and saw herself as becoming promiscuous. She says she had almost an uncanny ability to connect with unsavory people, and she attributes this to her adoption and her sense that she had no value because even her own mother threw her away. Her relationships and two marriages were failures and defined by abuse and alcoholism. She had three children who she describes as being "amazing." Beth felt a powerful bond with her children, especially since they were the first biological relatives she had experienced. When her youngest turned 18, she left her second husband and began a path of trying to heal herself. She began therapy, and though her therapist didn't know much about issues of adoption, he was able to help Beth deal with the impact of the molestations and helped her feel good enough about herself that she was able to begin the journey to find out where she came from.

Beth started her search in the local library where she lived (in the town where she had been abandoned). There seemed no way to get information until 2014, when she decided to take a DNA test. The DNA helped by giving Beth her first glimpse of ethnic identity; the first real information about her biology she'd ever had. She also enlisted the services of a "Search Angel," a woman who has been profiled frequently on television for her ability to track genealogical information through DNA. Beth ultimately found an aunt through DNA matching, which was a huge breakthrough. She was able to contact the woman and they began a sort of cat-and-mouse game about which of the aunt's siblings it could be. By process of elimination, Beth was able to figure out who had been in the area where she was born at the right time. She made contact with her birth mother, but was immediately rejected. In fact, her birth mother's husband threatened Beth if she contacted them again.

In dealing with the rejection, I made the decision to send my mother a letter and pictures of her grandchildren and great-grandchildren. I just told her a little bit about myself, and I told her I understood if she didn't want contact with me. I did want to know who my father was, and I would also like to know why you did what you did with me, and what day was I actually born. I never got any response.

Her half-sister has been somewhat forthcoming with some information, but Beth doesn't think she can pursue this on her maternal side until something changes. She has also been able to locate her birth father through DNA matches. He was very receptive and very excited to find he has a daughter. Beth struggles with the pain of rejection by her birth mother, but is hopeful that she will come around, perhaps if her mother's current husband were to die.

*Gina*

Gina seemed well prepared for her interview, because she launched into her story without prompt. Though she said she doesn't really talk about her adoption much, she had a very structured narrative that sounded almost like she was reading it. The researcher pointed this out to Gina and she laughed, saying "I don't really think about it much, but I love the story my parents told us about how special our family was." In Gina's family, there were four children; three are adopted and one is the biological child of parents who wanted a large family. Gina's parents were considered "older" at the time they had their first child. After the delivery, Gina's mother was bedridden for many months and unable to have another child. They registered with the Children's Home Society, a State-run organization and were told it could take quite some time before they received a child. Two years passed, and they were asked if they would be interested in a baby who was very sick and likely to die. They accepted the child and nursed him back to health. Two years later, in an almost identical conversation, they were offered Gina, who had a calcium deficiency and would likely never walk. They adopted Gina, who walks and is clearly healthy. Two more years passed and they were offered another baby girl who was deaf, and they adopted her. She hears and is normal. Gina says:

It's such an incredible story! Just really miracles, one after another. I remember being in Sunday school when I was older and we were studying miracles. I asked my dad if he had ever seen a miracle, and he said he'd have to think about it. I thought he'd probably forget it, but a couple of days go by and he presents me with this typed-up letter. This was back in the day before computers! He wrote

about all the things he thought were miracles, but it was mostly about us - that we were miracles. My dad was amazing; incredible.

Gina was animated as she told her story and frequently referred to her life in terms of “miracles”; that her family is blessed with one after another and that her parents always told them they were miracles and should feel special. Gina says that she always felt wanted and loved by her parents and that only occasionally would she allow herself to wonder about her birth family. She did not consider herself to be curious, but says she figured that someday she would find out. As a child, she recalls knowing that she couldn’t have information until she was eighteen, so she just put it out of her mind.

At eighteen, Gina had left home for college and was taking a speech class in which she had to present information on a topic of her choice. She thought it would be the perfect time to research what takes place when adoptees search for their birth families. A few of the stories she read made it sound like she would be setting herself up for heartache, so she thought she probably shouldn’t search. She did not want the responsibility of potentially ruining anyone’s happy life because she was curious. When she became pregnant with her only child, Gina was worried that she didn’t have any medical information to give her doctor. It made her uncomfortable that they knew her husband’s background but nothing about hers. She knew hers was a private adoption and that her parents were unmarried. She talked wistfully about her sister’s search for her birth parents and the wonderful reunion they all had. Gina’s father had already passed away, but she says her mother was very upset about Karen’s search.

My parents thought that somehow Karen’s birth parents had access to information about who we were, because when Karen started college, she was living in a

house that was owned by my parents, and they found her. Her birth family found her, so she never really had to look. She happened to be going to college close to where they lived and they knew her last name; my parents' last name. It was fascinating for Karen, but my mom was freaked out about it. On one hand, they were open with us about our adoptions, but then they got really nervous about the contact. I think it must be hard to worry that your child, the child you have raised, will possibly reject you.

When Gina had her daughter, her mother sold her home and moved into the same neighborhood as Gina. Gina is a caregiver for her mother now and says that her daughter and mother are very close. Gina's oldest brother, her parents' biological son, is a diagnosed schizophrenic, and her other brother helps care for him. Though Gina is close to her mother, she is not terribly close with her siblings. Gina has had some difficulty with relationships, including a long-term boyfriend who was quite abusive. She has had some struggles in her marriage, but thinks they have been able to work through things. As long as her mother is living, she doesn't think she will consider searching or even having her DNA tested because it just wouldn't feel loyal. When directly asked how often she thinks about being adopted, she replied, "all the time."

### *Frank*

Frank says that he didn't know how old he was when he found out he was adopted; he says he "just always knew." He thinks that his parents had rehearsed a story and then stuck to it throughout Frank's life. It would embarrass Frank that his mother would always introduce him as their adopted son, which made him feel so different. They

had lost a biological son two years before adopting Frank, and he always felt as though he were a replacement for their lost son, Michael.

My parents had a biological son two years before they adopted me. His name was Michael and, um, he was sort of the crown prince of the world. Of my world, anyway. He died when he was three months old of SIDS, but I think they called it ‘crib death’ back then and no one understood it much. I know my mom felt tremendous guilt because she thought people would think she wasn’t a good mother to Michael. She felt responsible and she was the one who found him dead in his crib, which then became my crib and that’s really messed up.

Frank’s mother took Michael’s death very hard and was depressed for a long time. She tried to get pregnant but didn’t, so when Frank’s father told her there was a woman at his office who was helping a friend find a home for a baby, they decided to adopt. Frank was given Michael’s room, crib, and clothes. His brother Jimmy was born a year later, and Frank believes Jimmy’s birth made him feel even more out of place. Though he was close to Jimmy, they were quite different and this was accentuated by always being labeled as the “adopted” son. When Frank was six, his sister was born. He remembers that his parents weren’t really getting along by the time he was about ten, and his father began working twelve-hour days.

Frank fantasized about his birth parents all the time. He never felt as though he fit anywhere, and he tried his best not to make waves or be particularly noticed. Meanwhile, Jimmy barely made it out of high school and was dabbling in drugs throughout. Frank talks about a “shrine” that his mother constructed in their home for Michael and Frank

remembers staring at a photograph of Michael and wishing to be Michael so he would be loved.

My dad and mom fought a lot and once, my dad told me that she was a lot different after Michael died. She had been happy and smiled all the time. There was always a little shrine – this is what we kids called it – in our living room to commemorate Michael. We all hated it, but especially my dad who saw it as a constant reminder of the life he didn't have. Because my mom was different.

There was an imprint of his hands and feet. Can you imagine seeing that every day of your life to remind you of your dead child? It was terrible, and I never had friends over because I hated having to explain the shrine. We all hated it, but we humored my mother.

The family even had cake on Michael's birthday, and Frank can't abide birthday cake now because it reminds him of Michael. Reflecting upon his childhood, Frank was very candid about how there were times he was confused about who he was because the presence of his dead "brother" was so much a part of his own identity.

Frank has struggled with relationships and commitment. He married because he thought it was what he was supposed to do rather than what he wanted. He admits to never having wanted children and being upset when his wife became pregnant. He is proud of his son, though he regrets succumbing to pressure from his mother to name his son Michael. This just fed into his inability to define his life; he also chose to take the same career path as his father and wonders if this was what he wanted for himself or just another form of trying to find acceptance. This portion of the interview was especially hard for Frank because he had never talked so openly about his adoption or experiences.

He had seen a therapist right before his son was born, but did not find it helpful. He didn't believe adoption was even mentioned and wasn't aware that it might have impacted his feelings about becoming a father. In spite of Frank's fears, he felt quite bonded to his son and spent hours gazing at Michael because it was the first time he'd felt a biological connection or looked like another person.

Frank had located his birth mother shortly after his son was born. He registered with a service that connected birth parents and children. His birth mother was thrilled to have met him and he found he had two biological half-sisters. They all get together on occasion and it has been a positive experience for Frank. He never told his mother that he had searched for and found his birth mother because he believed it would have been a betrayal. He truly loved her and secretly wished he had been her "real" son. Frank felt guilt and remorse that he could not replace Michael.

Frank's birth mother told him the truth about having to give him up for adoption. She had desperately wanted to keep him, but had no way to care for a child. His birth father refused to acknowledge that Frank was his son even though Frank has proven through DNA testing that the two are related. One of Frank's paternal half-brothers is in contact with him and has accepted Frank as a member of the family even though his birth father won't. He feels kinship with members of his biological family, but also shame that he is betraying his family. Frank is hoping to start therapy and try to make more sense of his experiences.

### *Abby*

Abby grew up in a very small town in the Midwest and is the youngest of three adopted children in her family. Her parents were unable to have children, and Abby says

this was a particularly painful subject for her mother. It didn't seem especially important to Abby that she had been adopted, and she thought adoption was as natural as babies coming from the stork! She says:

We were all adopted, so in our family it was just normal. I was probably five or six when I was told I was adopted and it didn't matter much to me at that point. I didn't know what it meant so it was something I grew into. It never bothered me; it was just another way of being. I think it probably bothered my mother more, but we all talk about our parents like they're regular parents. That's mutual between my brothers and me.

Abby recalls lashing out at her mother as a teenager by saying "I'm glad you're not my real mother," but always regretted it later. Abby has no information about the nature of her adoption and has never seen any documents. She alternately talks about not being curious about her biological family and wondering about what they are like. She disclosed that she sometimes sees people or pictures of people and wonders if they might be related to her, and sometimes she worries about having no medical history for herself. She has made a conscious choice to not have children. She said that kids are "too expensive," but also says that being adopted did play a role in her choice. Rather than expand on this, she mentioned the fact that there are too many children who are unwanted and need homes.

Abby also seemed conflicted in talking about ethnic origins. When asked about her ethnicity, Abby would simply laugh and say she was "just white," and that it was never important to her to know more. However, she also discussed toying with DNA testing and actually going so far as having hers tested. When she received her results, she

ignored them and has never looked at them since. She has considered testing through some of the more well-known sites, but doesn't want to spend the money. She also talked about how it might be nice for her birth parents to know she was okay, but that her consideration would only be for them. There were many times during the interview that Abby contradicted her own statements, not in an apparent attempt to deceive in any way, but because she seemingly has ambivalence about her feelings and experiences.

Abby depicts a childhood that was stable in some ways, but also marked by her father's abusive behavior toward her mother. She says that he isolated her mother from her family and would taunt her for being a drug addict because she needed insulin to control her diabetes.

My dad was not always the nicest person and they divorced when I was sixteen. This didn't bother me at all, but I was really mad at my mom for remarrying him later on. She was a diabetic and he would call her a drug-abuser because she was using insulin. He was very controlling. He didn't like her smoking, so once he caught her, got mad, and tried to light her clothes on fire. We kids were all there and we were fighting with him and pushing him away. He wasn't as abusive to us as he was to her.

Abby graduated from high school a year early and immediately left home, heading west with a friend. Her parents expected her to return from the road trip and were upset when she told them she would visit, but that she would never move back. She is the only high school graduate among her siblings and the only college graduate in her family. One of her brothers has been in prison for molesting a child, but she is unsure of the details. In discussing this, Abby makes the statement that her family must not have been

very close, and this realization seemed to distress her a bit. She recognizes that she and her brothers are very different and that she always felt different from the kids she went to school with in her small town. She sees herself as adventurous and creative, while the friends she grew up with are still living in the same community and living lives that are very similar to their own parents' lives. She tried to conform to try and fit in with the other children she grew up with, but has long since given up the idea that she has to be anyone other than who she is.

*David*

Of all the participants interviewed for this study, David seemed to know the most about DNA and searching for family. He was adopted at birth, and his parents have one biological child who is two years younger than David. He believes that his mother didn't want to have her own children for reasons David doesn't understand, but she ended up getting pregnant anyway. David says that his mother told him that he was adopted, and he remembers this conversation happening at about the same time the family moved to Southern California (for one year). He thinks he was about eight, and that he didn't take the news well; he couldn't understand how his parents could love somebody who wasn't their own child. His parents took him to see a therapist who talked to him and gave him a book about adoption. He doesn't remember much about the experience with his therapist, but says:

I remember most of it pretty clearly. We had been living in Reno, but then we moved to San Diego because my dad was on sabbatical at UCSD. My mom told me and I reacted with the idea that they no longer loved me. It didn't make sense that you could love somebody that wasn't yours, you know; not really your kid.

The counselor was nice and all, but I don't think adoption was really the focus; it was a long time ago.

David thinks that finding out he was adopted changed his relationship with his family, particularly his brother. He says, "it's not that they treated me differently from that point, it's that I suddenly was different." He recalls always having questions about his origins. He says that if he asked about his "real parents," his mother would always say that *they* were his real parents, so he learned to carefully choose what he said to his parents about his curiosity. David has taken several DNA tests in order to maximize his odds of locating biological relatives. He has located and met his birth mother, and the story she told him is compelling. His birth mother had been hired as a teacher, but when she found out she was pregnant, she had to leave to have the baby. Because she left suddenly, she was unable to find another teaching job after she had David. His birth father was a pilot in the Navy, and he was being sent to Vietnam. He had been recently divorced and already had two children, so he wasn't interested in taking on a new family.

David's birth mother married later and had another son, whom she also named David. The half-brothers have met and were amazed at how similar they look, and David has a nephew who looks just like him. David has also been able to figure out who his birth father is through DNA testing, but has been rejected by his birth father. He believes he has a half-sister who is two months younger than him—which if true would invalidate his birth mother's account of what happened. David has done extensive research using DNA. He says:

Even though my birth mother wouldn't give me my birth father's name, I was able to figure it out using Y-DNA. I had what appeared to be a second cousin show up

on Ancestry.com. So, I had a direction from there and I just started building (family) trees. I must have put in thousands of hours trying to figure things out and trying to match people. It's just amazing now what you can find out on Ancestry.com. It changes peoples' stories.

Relationships have often been difficult for David. He was married for twelve years, but he and his wife had many issues; she really wanted children and David says he didn't. He has a girlfriend now, and they have been together for a few years. She is adamant that she doesn't want to get married because she's had failed marriages. He hopes she changes her mind eventually.

David believes that adoption made his life hard in ways that non-adopted people wouldn't understand. He struggled with depression after finding out he was adopted, and he found it hard to trust people because he wasn't who he thought he was for the first eight years of his life. He thinks that secrecy is horrible, and that, maybe if people were more open and honest about adoptees, some of the issues wouldn't be so pronounced. David now spends a lot of time helping other adoptees find information about their birth families.

### *Helen*

Helen had ambivalence about discussing her adoption experience and expressed this to the researcher. "It's not really something I have ever talked about outside of my family." She describes herself as an introvert who is generally uncomfortable talking about herself, and she sees her family as close and her parents as very loving. She doesn't remember being told she was adopted, but doesn't think her parents kept secrets from her even though there was disdain if adoption was brought up. Her one brother is three years

older than Helen and was also adopted. Helen had no information about her birth parents while growing up and didn't begin to search until she was in her 30s. When she was in her 20s, she had asked her brother if he wondered where he came from and was chastised by her mother for "breaking her father's heart." Helen says:

I think I was always interested in knowing about my birth parents, but because I am never politically correct with anything, I just blurted it out at the dinner table and made everyone uncomfortable. I never wanted to be in a position of responsibility for someone else's pain, so when my mother told me that I'd broken my father's heart by asking my brother if he was curious, I just stopped. I didn't bring it up again, and I didn't really search until I was in my 30s. I had a friend who could find out anything about anybody and she actually got me started.

Actually, I wrote to the adoption agency that handled my adoption and they sent me a letter with vague information and my birth parents' first names. This letter also contained the standard 'you'd be better off' statement. I sort of let it go for a while after that.

Helen began searching on her own; she had three children by the time she was in her mid-30s and thought she should know something about her heritage. She was actually able to find some birth records that included the name of her birth mother. Though not able to find her birth mother, she was able to locate her uncle who gave her a lot of information before he found out who she was and stopped communicating. Helen had never considered having her DNA tested, but thinks she might want to do this eventually. She thinks she has done well with her life in spite of the adoption, but her brother has some serious mental health issues and the two don't talk. Her family moved frequently

while Helen was growing up, so she isn't sure if the moves caused issues for her or if it was the adoption. She always had to reinvent herself and never had a clear idea who she even was.

It bothered Helen at times that she didn't look like anyone, so when she had her first child she found herself a little angry with her birth mother; "If I were to ever meet her, I would just want to forgive her." Helen thought that since her birth mother had the financial means to take care of a child, not keeping her was almost a form of birth control. Helen is close with her own children and her husband. They have been married for 35 years. She doesn't have many friends because she learned early on that people come and go; she thinks that if she doesn't do what is expected of her then she will be rejected. She isn't sure if this is her "adopted self" perspective or the result of not staying anywhere long enough as a child to make lasting friends.

Helen does not maintain a relationship with her brother, and says that they were never very close. This was not a hard relationship for her to let go of because she never felt a real bond with him, and he never seemed particularly interested in her either. She says:

He's very odd; he definitely has issues but I couldn't tell you what they are or what his actual diagnosis is. He never had any interest in finding out about his biological family, but I'm not sure if this is because he didn't want to hurt our parents. They were very good to us. Though we were a happy family I suppose, we weren't really all that close. Moving so often kept us busy trying to establish and re-establish our lives all the time.

Helen feels a kinship with other adoptees and tries to find levity in all things that she can to counter her fear of rejection. Helen hasn't sought counseling for herself because there are things she probably doesn't want to know about herself. Her daughter is a therapist and keeps after Helen to go see a therapist to work out some things related to childhood; Helen is considering this request. "Maybe talking about it is a good thing. There may be more to it all than I ever considered."

Table 4.1 (below) is a summary of certain demographic and contextual variables for each participant.

**Table 4.1 Summary of Participant Demographic and Contextual Variables**

	Age	Age of Knowledge of Adoption	Adoption Status (open/closed)	Contact with Birth Family?	Mental Health Issues?
<b>Abby</b>	46	6	Closed	No	No
<b>Beth</b>	55	Always knew	Unknown	Yes	Yes
<b>Claire</b>	55	12	Closed	Yes	No
<b>David</b>	48	8	Closed	Yes	No
<b>Ella</b>	47	4	Closed	Yes	Yes
<b>Frank</b>	51	Always knew	Closed	Yes	No
<b>Gina</b>	48	Always knew	Closed	No	Yes
<b>Helen</b>	59	5	Closed	Yes	No

### Themes

This section explores the themes that were present in each participant interview. In some cases, the researcher sought clarification from participants during a second interview about selected themes in order to ascertain meaning. For example, in describing the experience of 'otherness', a couple of participants used language like "alien" or

"dissimilar," to describe feeling different from non-adoptees. This was important to ensure that the researcher properly interpreted language used by participants. The themes provide highlights of the thoughts, feelings, and experiences of each of the participants.

*Theme 1: Feeling of 'otherness' or difference from non-adoptees*

The elements that comprise the theme of *Feeling of 'otherness' or difference from non-adoptees* are alienation; anxiety about how he or she looks; and an inability to fit in with friends and relatives. *Feeling of 'otherness' or difference from non-adoptees* encompasses an awareness that there is a difference in the family structure (real or perceived) between biological family members and adopted family members. In many cases, this can also be projected onto an adoptee from people outside of the family. 'Otherness' is depicted in different contexts for the participants and is explained through textural and composite descriptions as follows:

*Ella*

Ella talked profusely about having always felt different; this was her experience from nearly her earliest memories. Ella says she was told she was adopted by her adoptive mother when she was four years old and remembers feeling devastated by the information. She also describes being told stories about her origins throughout her childhood that sounded untrue and mysterious, which contributed to her sense of 'otherness'.

Everything about me felt alien. I literally felt like I didn't belong on the planet; not only didn't belong in my adoptive family, I didn't belong on the planet! I was left-handed and off-the-charts smart, but my adoptive family didn't value intelligence. Looks were important. My mother was really gorgeous and I was a really fat kid;

big and awkward, and I think I looked autistic or something. My mom was super fashion-conscious, super people conscious, and I couldn't care less.

Ella believes that her sister (also adopted) fared better than she did. She appeared to be able to conform within the family better than Ella was able to.

She integrated completely. She bought into the abuse and knew the only way to compete with me was through my dad. I was the smart one and she wasn't very smart. I was the smart one and she was the pretty one, and my dad would tell me that if I were as pretty as my sister he would love me more. He would say this in front of her and then she would use this to taunt me. She was just more able to play the game than I was, and this hasn't really changed throughout our lives. She still lives with our mother. She's 45 and still can't seem to take care of herself, but she doesn't really have to.

Her adoptive parents did little to help Ella feel she belonged. She remembers comments they would make about how she looked and acted that made her feel different and undesirable. On reflection, Ella reports being glad to not be biologically related to her adoptive parents or her sister even though at times she struggled to feel connected to her family. "I guess that for me, it's good that I'm adopted. I would hate to be a natural-born Hopkins! Yuck! Gross! You know, I wish I'd learned one good thing from my family in general. I learned nothing."

### *Claire*

Claire has ambivalence about feeling different from her adoptive family. At age 12, she was older than the other participants when she was told about her adoption. This part of the interview was clearly painful for Claire (as it was for many of the participants)

and evoked tears. Claire was the middle of three daughters in her adoptive family. She is the only adoptee of the three and always believed she and her sisters looked alike.

My father and I were in the garage stacking firewood. I always enjoyed being his helper. He just blurted it out that I was adopted. Funny, I don't remember the conversation we were having before he said it. I sort of brushed it under the rug for a while before I started asking questions. It was total shock. I didn't believe it and thought he was teasing. It was hard to process the information. It's hard to describe how I felt, but I think it's pretty normal to feel a little separate. Especially at the age of 12. My older sister knew and kept the secret, too. She was seven when they got me, so she remembers them bringing me home. Maybe it's not that I feel different, but that I feel kind of unfinished or unresolved. There's something missing; something not whole.

Claire believes that her relationship with her younger, non-adopted sister changed upon learning of Claire's adoption. When her younger sister would get angry with Claire, she would use the adoption to hurt Claire. This would cause her parents to defend Claire vehemently, which just made Claire feel more on the outside of things.

My parents would always come to my rescue when Sally was being cruel. I could tell that to my parents it didn't matter that I was adopted because I was theirs; I was a gift. I was a member of the family that kept the family together. This is what they told me, so it was very hard for me to figure out why my little sister was so cruel to me. I mean, I know she was a little kid, but it was very tough and made it so that I didn't actually feel like a true member of the family. It was all a little confusing to me; what they said and what she said to me. My older sister

wasn't a part of this, but she was so much older that she didn't seem as much a part of things once the truth came out about my adoption. And this was all during my middle school years, which is the worst possible time.

*Beth*

Beth's adoption was slightly different from the other participants in that she was abandoned on the steps of a church when she was a newborn. Though she grew up knowing she was adopted, she didn't know the entire story until she was 19. This additional layer of difference made Beth feel even more removed and more curious about her origins:

I was doing a paper for my Women's Studies class in my sophomore year. We had to do our genealogy or our family tree. I remember it was Thanksgiving, and I asked my parents what they knew about my birth parents. That's when they told me that I had been abandoned. On the surface, I think I turned out really well, but looking back, I see that my adoption impacted choices I made and how I felt about myself; my place in the world. I absolutely felt different from everyone else.

Beth was close to her adoptive parents, though she describes her mother as being distant. Beth doesn't believe she really wanted children even though she became pregnant almost immediately upon adopting Beth. Beth's sense of self-worth was very negative; "On the outside I looked like I had it all, but on the inside I was the most insecure and needy person." She saw herself as dichotomous, which always made her feel different from others.

*Gina*

Gina accepted adoption as a normal part of her life. She had three siblings, two of whom were also adopted. She also has cousins who were adopted, so she grew up believing that was just how families were. She never felt a sense of "otherness" until she was a young adult and a friend told her she was breaking off an engagement to her boyfriend because he was adopted.

She told me they split up because he was adopted and she was adamant that she didn't want to have a kid with somebody whose history they didn't know. I'm like 'Whoa', because I never really thought of adoption as being anything but normal until she said that to me. Maybe she didn't mean it; that it was just an excuse, but that she chose to say this to me was such a negative thing.

Gina also remembers being 18 and in college, taking Speech 101, and choosing adoption as a topic for a research project. She found the literature to lean toward not searching for biological parents, but still had some desire to know her medical history. She did nothing, and the idea came up again when she became pregnant in her mid-30s. She experienced some anxiety about not having medical history to give her obstetrician, and this also made her feel a little different from other women.

We sat down with the doctor, and though I never really asked if I should look for my birth parents or family medical history. I explained things to him about being adopted, and if he had told me to search, I would have. Instead, he told me not to worry about it. We would just assume that everything was good and go from there. He said it was not a big deal, so I just went with it. I know it was an

uncomfortable feeling that I didn't have all the information that other people have in order to ensure a safe pregnancy. It just felt different, but I didn't push forward.

*Frank*

Of all the participants, Frank spoke the most about his sense of difference. He is the oldest of three siblings and the only adoptee in his family. His parents had a son who died at three months of age. They had tried to have another child, but were unable to conceive. Someone in his father's office started talking about a friend who was looking for an adoptive family for her baby, and this appeared to be the answer to the infertility woes. Frank describes this with humor, but there were tears in his eyes several times during the interview and he is clearly impacted by his narrative:

I always felt like a commodity! My parents paid my birth mother's expenses and she pretty much just handed me over. My brother was born one year and one day after me. My brother and I were close as children and liked the same things. I would feel terribly guilty when people would comment on how much we looked alike; my mother dressed us alike, too. Even though I desperately wanted to belong, I felt like a fraud all the time when people would say things. It was worse yet when my mother would announce that I was adopted and my brother was their natural child. Isn't that a clear message that an adopted child is somehow unnatural?

Frank remembers his mother's subsequent pregnancy with his sister, who was born when he was six. He describes watching her belly grow and feeling even less a part of his family because he was not carried by his adoptive mother. Frank, like many of the

participants in this study also mentioned feeling different when he was required to do school projects related to genealogy or family. He says:

My parents just thought I should be okay using their information for my family tree projects. It just made me feel even more profoundly like a fraud. I remember pretending I was sick so I wouldn't have to stand in front of my class and talk about my family's origins. The truth was, I didn't feel their history fit and I had no idea who I was or where I came from. On one hand, you are taught that lying is bad and on the other you are told that it's okay to lie about who you are. I mean, can a legal document really make a lie inconsequential?

*Abby*

Like Frank, Abby also uses humor when she discusses her adoption. She is one of three adopted children who are each two years apart. She was raised in a small town in the Midwest and grew up with a fairly static group of children. She doesn't recall anyone really talking about her adoption or thinking that anyone even cared. She discusses her experience:

We were all adopted at birth and I don't remember a specific conversation that we had or that we ever talked about it in any depth. I just think our parents are just our *regular* parents! You know, you come from a stork and I came this way. It never really bothered me as a child; there wasn't a lot of talking about things. Now, I sort of wonder about medical stuff because of my age. Doctors treat you different when you have been adopted. I think they assume the worst and test for everything.

Abby sees her personal differences as being more related to her desire to not be living in the Midwest. She left home at 17, having graduated early from high school. Her mother had married at 16, so Abby was determined to not make similar choices. She sees herself as a "free-spirited sort of person," and likes to believe this is what makes her unique. "I knew who I wasn't. I wasn't the person that the people I went to school with were. I wanted more."

*David*

David is a soft-spoken man who has a lot of information about his biological family. He has one brother who is the biological child of his adoptive parents. They are two years apart, and he did feel he was treated differently from his brother at times. David reports not taking the information well when he was told he was adopted; he was about eight. He recounts:

I remember being unhappy and wondering how my parents could possibly love me because I wasn't really theirs. My mom tried to comfort me, but I ended up seeing a counselor then. The counselor was good enough, but I don't think she knew much about adoption. It was a long time ago, but I know she gave me a book about adoption. A book with a whale that talked about being chosen. The tough thing is that adopted kids feel like orphans even though they may not be. I don't want to over-generalize, but even if alienation isn't real – if it's only perceived to be real – the feeling is still there.

Though David feels fairly close to his parents, he began searching for his birth parents when he was 18 years old. He would ask his parents questions about his birth parents, but they would become offended by his questions and insist that they were his

*real* parents. He has not discussed finding his birth parents with his adoptive parents because he believes they would be offended. He doesn't think they would understand his sense of having felt alienated.

*Helen*

Helen hasn't talked much about her adoption and acknowledged that it was difficult to discuss. She learned this early, because if the topic came up she was made aware that it was hurtful to her mother and this became generalized to not talking about it at all. She has one older brother who was also adopted. Her family moved every three years during her childhood, so Helen was forced to reinvent herself each time. Being an adoptee wasn't a part of her narrative, but it wasn't far from the surface. Helen says:

I just grew up knowing I was adopted and there wasn't really a great deal of conversation about it in our home. If I felt different for any reason, there was no discussion. I remember being at the dinner table one night when I was about 20, and asking my brother if he ever wondered where he came from. The next day my mother said that she hoped I knew I had broken my father's heart with my comment. That's where I stopped and decided my feeling out of place wasn't worth hurting my parents. Then in my 30s, I began searching for real. It's hard to explain what it feels like to be adopted or to understand how it feels if you aren't adopted. It's like trying to describe love.

During the interview, Helen vacillated between her feelings of independence and her somewhat shaky sense of self. She talked about how fiercely connected she felt to her firstborn child, which sparked strong feelings about how a mother could give up her child.

It is clear through the statements of the participants that a feeling of otherness or not belonging is a common thread among them. The need to seek information appears to be related to the need to connect, and that this is something experienced by adoptees who believe he or she grew up in a good home and those who believe they did not. It is also difficult for an adoptee to understand how to navigate the feelings of otherness within the context of his or her adoptive family. In addition to learning how to deal with their own thoughts and feelings, they must also continually be aware of the feelings of their parents and siblings.

### *Theme 2: Identity*

As a concept, the theme of *Identity* is different from *Feeling of 'otherness' or difference from non-adoptees* in that it encompasses developmental narratives and how an individual sees him- or herself in relationship to others. It is an outcome of life experiences and is a definition rather than a feeling. The invariant constituents that comprise the theme of *Identity* in the context of adoption are not having information about oneself and/or not being able to make adoptive family information fit for identity formation. Though components of identity are fluid, there are some basic details that lay the foundation of identity, such as heritage and physical characteristics (who one resembles is part of this). When babies are born, it is common for friends and family members to try and determine who the child resembles. For an adoptee, this serves to further alienate and make identity harder to construct.

### *Ella*

Identity is something that eluded Ella for most of her life. She describes feeling awkward while growing up; her mother was a beauty queen, though Ella says she was

"very superficial." By the time she was 18, she was already living away from her family. She had been shuttled around between relatives and boarding school. She also spent some time in a psychiatric hospital where she says she was told she was okay, but that her family was toxic.

So then, I've never told anyone this whole story! After bouncing around, living with my grandparents and with one of my mom's boyfriends for a while, I was sent to boarding school. This is after her boyfriend's brother had tried to molest me and I was having none of it. I tried to commit suicide and they put me in a mental institution. The lady I worked with told me to just get through it. That I wasn't crazy; they were crazy. I had a couple years left and then I needed to just get out. I was just thrown away, thrown away, thrown away. I had no sense of who I was or where I belonged.

While Ella says she struggled to figure out who she was and where she fit in, she did not find much success upon meeting her birth parents. They were still together when she found them through an Internet search. Ella and her biological parents attempted to forge a relationship, but Ella didn't feel like she fit in with them, either. They had chosen to keep Ella's older brother, but her birth father didn't want to keep her. Ella says she respects his decision for knowing what he wanted. It was nice to look a little like someone, but there were too many factors that Ella didn't like for her to be able to maintain a relationship with them.

I don't have an identity that has ever been complete, but after a certain point, I'm not sure it's even necessary. I have a kind of Buddhist view where I can believe that I am all things; I am one with everything. After years of seeking identity, it's

less important now. I really thought finding my birth parents would fill in all the holes, but it didn't. Maybe they just can't be filled that way, I don't know. I didn't relate to my adoptive family and couldn't seem to relate to my biology, either. I guess I'm just okay to be who I want to be, without having limitations of either family.

*Claire*

Claire was much older than the other seven participants when she found out she was adopted. She recalls feeling like she was as much a part of her family as her sisters prior to finding out. When her father decided it was time for Claire to know she was adopted, he gave her the news in a very matter-of-fact way. Claire was stunned.

It just never would have occurred to me that I wasn't a part of the family. We all look alike; we have blond hair and blue eyes so we do look physically similar.

People would always comment on just how much alike we looked. I'm taller and bigger than my sisters, but my father was tall, so nothing was ever triggered. It was this total shock; I didn't believe it at first and thought my father must have been teasing. It was really hard to process because it changed everything I knew about myself and I didn't know what to make of it all. Who was I now?

Although Claire didn't ever think her parents treated her differently either before or after telling her she was adopted, Claire felt suddenly different and wonders if her relationships with her sisters would be different if they hadn't known about her adoption.

*Beth*

Beth considers her adoption to have been a blessing; she generally felt happy and secure in her family. She is her parents' only adopted child; she has one brother who is

five years older and one sister who is nine months younger. Beth never felt as though she was treated differently and she remains close to her sister. She hadn't really considered searching for her birth family until she found out that she had been abandoned as an infant on the steps of a church.

Finding out that I had been abandoned - that my mother had just thrown me away seemed to be one of the factors that led me to make some bad choices in my life. I knew that the adoption and my having been molested as a child affected me, but abandonment meant I really was worthless. DNA testing made it possible for me to try and figure out who I was and where I came from. It was compelling, but each piece of information I found just made me want to know more and helped me see myself more wholly.

At the time of her interview, Beth had all the information available about her birth parents. With the help of what Beth describes as a "good" therapist, she has been able to navigate difficulties that stem from not having a complete identity. She did not have a therapist who knew about issues of adoption, and also wishes that someone had told her parents that she might need help with her feelings, especially with the abandonment. Beth says "the attitude was you need to forget it and move on with your life. You've formed a perfect little family and don't need anything else."

### *Gina*

Gina was in a foster home for a couple of months before her parents adopted her. They were told that she had a calcium deficiency and might never walk, but talks about how her parents loved and nurtured her back to health. This is their narrative, and there is no way for Gina to question it, given that they saved her life. Her interviews were full of

gratitude, but there were also threads of uncertainty about who she is. When Gina would talk about questioning her origins or being curious, her voice would get much softer until it was almost a whisper, as though even talking about it were disrespectful.

I guess I never thought about it much. We had our family story about how we all arrived in our family and this sort of just became the only defining story for me. None of us thought about who we looked like, except my sister Karen, but she's Mexican and looks different from the rest of us. Maybe that's why she felt she had to find her birth parents. I didn't question who I was or where I came from unless it came up. Well, maybe I thought about it, but I didn't want to hurt anyone by asking questions. I guess I never thought it was important, but maybe it is. Maybe I don't know who I am and that's why I've made some of the choices I've made; maybe I don't have an identity of my own in the end.

Gina says that her husband is always encouraging her to see a therapist, but she hasn't done it. The researcher asked Gina if she thought she could know about her birth family and still tell her adoption story and she said she had never considered this, but thinks she probably could.

### *Frank*

When the researcher initially contacted Frank, he was happy to be a participant but thought he wouldn't have a lot to say. This turned out to be wrong, and Frank says he surprised himself by having strong feelings and being able to talk about his adoption readily. He struggled with identity from an early age as he felt unable to replace the child his parents had lost before they adopted him. Frank doesn't think they would have

adopted him if they believed they could have another biological child, but his mother wasn't conceiving so they adopted him.

Once, when someone asked me how many brothers and sisters I had, I answered that I had one brother, one sister, and one ghost. They adopted me to replace Michael and I never could. I mean, I wore his baby clothes when I was a baby. How crazy is that? I would look at pictures and wish I were Michael. Everyone knew they had adopted me after Michael died and I didn't know who I was; even as a kid, I thought through stuff and tried to do what I thought Michael would do. I mean, he was a tiny baby when he died - who knew what he would have been or done. Talk about identity issues! I hated my own name and sometimes would tell people that my name was Michael when they asked because it felt good for a minute.

Frank agrees that not having a sense of identity led to problems with relationships. He also thinks that his choice to become a civil engineer like his father was due to not having a sense of what he might want for himself.

Not that I am unhappy with my career choice or anything, but I think I became an engineer as a way to maybe connect with my dad. He was very proud of this, but it caused a lot of problems with Jimmy, who barely graduated from high school. I think he went back and forth with me - sometimes he likes me and other times he resents me. I think he sort of felt a little weird about the Michael situation. Maybe he felt like a replacement, too. Identity is also a reason I didn't want children. You know, how can you raise a healthy kid if you don't even know who you are?

Frank thinks it might have been helpful if his parents had taken him to a therapist. When he did seek counseling as an adult, adoption never came up. He hadn't thought about it being a factor in his marriage, but clearly sees it now. "How can you know how to be happy with another person when you haven't learned to be happy with who you are."

*Abby*

Instead of simply assuming the identity provided by her adoptive family, Abby has adopted the identity of what she describes as "small-town, Midwest." She says:

I don't have any information about myself; I never asked my parents and they never talked about it. I see myself as pretty white, not necessarily American, but white! I'm pretty sure I'm Irish and German or something along those lines. It might be a Midwest thing, but no one asks. That's how I guess I identify, but not entirely. I am not like the kids I grew up with. They all still live in the same place they grew up. I couldn't wait to leave the Midwest and I knew I'd never go back.

Abby doesn't identify intellectually with her parents or siblings. Her mother's choices frustrated Abby, who describes her father as abusive. Throughout the interview, Abby described herself as different in every way from her family. When the researcher asked her if she recognized this, Abby replied that she hadn't realized she was doing this, and said:

Maybe I was doing the opposite of what I thought and I needed to find out who I was so badly that I left...I don't know. I just knew I wasn't that person; I wasn't like the people I went to school with. I moved to Tahoe, which is as far from my Midwestern town as anything could be. Maybe I am like my biological family; I

don't know where I get this and maybe I should have really taken the time to find out.

*David*

David has done more work on his identity than the other participants. He struggled when he found out he was adopted as a young child. His parents took him to see a therapist, and this helped him believe he was loved by his family. However, therapy did not address the issues of his adoption that were problematic for David. His parents were not amenable to his questions about his birth family, so he learned to work around them for answers.

I had a lot of questions, so when I located my birth mother I thought I knew what to ask. Like, I wanted to know if my birthday was really my birthday, or if I had siblings. It turns out my birth mother had another son, and when we met for the first time I was surprised that one of his kids looks a lot like me. It's kind of funny; no one had really looked like me before.

DNA really helped David find out information about his biological family. His birth mother had already had her DNA tested, and she told David she regretted it at first because she thought it might lead him to find her, which it did. She was accepting of David and told him the story of his beginnings, but would not give him the details about his birth father. He was also able to locate paternal relatives through DNA testing. He hasn't met his birth father yet, but knows he has a half-sister who is only two months younger than he is. Even with information about his birth family, David has struggled with identity.

Even though the pieces are there, I don't fit any better with them than my adoptive family. It's nice to know the medical stuff, like that my birth father has Alzheimer's, so now it's a concern for me. But I'm a little outside of both realms, but it's nice to have information anyway.

*Helen*

Helen spoke about identity in relationship to adoption as well as to the fact that her father's job forced her family to move every few years. Helen learned to "reinvent" herself. She had never really discussed her adoption in length, not even with her brother, who is also adopted.

I probably have identity issues, but I think it's been hard to separate out what is because of the adoption and what is because we moved all the time. It got harder and harder for me as I got older. I had a loving family, but I was aware I wasn't a lot like them. I didn't look like anyone, but I remember reading about something called the 'Looking-Glass Self.' I am not who I think I am; I am not who you think I am; I am who I think you think I am. That fits for me, but it's hard.

Helen described her strong feelings when her children were born. "It's like, "I have a branch. I have a branch." She is very close to her children and embraces her identity as their mother, in part because they are hers to keep.

With everyone else in my life, I always knew I'd have to let them go. I could never let someone 'in' too much because I have to let go, so it's just easier not to. I don't know if this is the adoption, but it kept me from being able to define myself except in fantasy. I would wonder where things came from, who I was;

maybe that my mother was Marilyn Monroe! That was my secret fantasy; I just knew my mother had to be Marilyn Monroe!

Identity seems important to each participant, and each describes his or her struggles with identity formation. There is difficulty finding information about heritage and not quite being able to differentiate between what fits and what others think should fit; that knowing biology is an important part of identity development, but not always available. This theme ran through each interview over and over; each participant recognized the difficulty that adoption presents in being able to define who he or she is.

### *Theme 3: Loyalty*

The invariant constituents that comprise the theme of loyalty were the expectation by others of gratitude for being wanted; being chosen versus being born into a family; and, not asking questions that might make another person uncomfortable. The concept of loyalty can mean a variety of things depending upon the context in which it is judged. Loyalty as a theme permeated each interview as an almost non-negotiable fact; that to be adopted means you must be loyal and feel tremendous gratitude for having been “chosen” by a family to raise and care for you. There was little hesitation among participants to describe this experience and four of the eight participants were tearful while describing loyalty.

### *Ella*

Though Ella would describe herself as very independent, she also always sought connection with others. At times, Ella thought that fierce loyalty would lead to connection and acceptance, but it actually led to disappointment and detachment. Ella describes a life-long struggle between independence and loyalty:

I am so, so loyal. I would say that I am loyal to a fault, and when I meet someone for the first time, I maybe push too hard for them to like me. I am loyal to people even when they don't deserve it. Even when they haven't been loyal to me.

Growing up, I sacrificed my own perceptions and needs to maintain my mother's happiness. I also stayed in relationships many times because I made a promise – regardless of whether partners kept their promises.

Ella has worked hard as an adult to shed some of the habits that caused her to believe she had to be loyal in order to be loved. This has helped with her current boyfriend with whom she thinks she has a healthy relationship, which is a first for her.

### *Claire*

For Claire, loyalty is a major factor in her relationship with her aging mother. Her two sisters, biological children of her adoptive parents, both live in other states while Claire chose to move back to the community where she was raised after she graduated from college. This has led to a commitment to be a caregiver for her adoptive mother, though this was never her intention. Her adoptive father passed away when she was 23 and she felt she didn't have enough time with him. Still, Claire expresses that she would like her sisters to be more involved with their mother's care, but they both seem somewhat cavalier about making time to help.

Claire's feelings related to having curiosity about her adoption are tainted to some degree because her mother is uncomfortable discussing Claire's adoption, and Claire is sensitive to her mother's feelings. Though Claire had felt more able to discuss the adoption with her father, she was aware that her parents didn't agree on telling Claire

anything. Claire describes turning 50 and deciding to approach her mother for information:

I was at a friend's house right before my birthday and she thought it would be a unique idea to reach out to my birth mother. I agreed and we strategized how we would do this. I went to my mother and asked for my adoption papers. She was hesitant and I remember feeling terribly disloyal for even asking. In the end, when I located my birth mother, it came out that my mother was afraid that she would lose me. She cried and I reassured her that she wasn't losing me, but I never spoke with her about it again. I felt so much guilt.

*Beth*

Beth struggles with loyalty and sees this as an issue that she continues to struggle with. This puzzles her at times because she says her adoptive parents never made her feel disloyal for asking questions about her adoption. She recounts:

My parents were never the type to make me feel disloyal for asking about anything. It was more from people outside the family who often told me how I should be grateful because I had such wonderful parents – which I was. Bar none. But my parents never made me feel that way. However, I did feel a sense of loyalty and was conscious of never wanting to hurt my parents.

The distinction between being made to feel disloyal and feeling loyal was important to Beth. She wanted to be clear that her personal feelings of loyalty were not the result of her parents' words or actions, but because she wanted to be sure and not disrupt the relationship she had with her parents. Though Beth's parents have both passed away, she is still mindful of loyalty to them and has always made this a consideration in

her contact with biological relatives. She didn't ask questions about her adoption until she was 19 years old, which is when she was told about having been abandoned at birth. Beth says she always had a fantasy in her head about who her birth parents were and she wasn't really interested in giving it up; this felt a little disloyal at times for Beth, but she held onto it while growing up.

*Gina*

The notion of loyalty runs through Gina's adoption narrative like thread: It is present in her words directly and is an undercurrent that speaks to the importance of her family. She was always very attached to her parents and her decision to ignore her curiosity about her birth family is based on her commitment to loyalty. She describes this is a very upbeat voice that gets quiet (almost a whisper) when she talks about curiosity:

I think there were times that I felt curious, but probably only when I was having a bad day or in a fight with my mom, or whatever. I would never have wanted to say that to her, though. I really felt that I'd gotten the better deal, and when I thought about looking, I would remember how fortunate I have been. So, yeah, I am loyal; my husband would say that I am loyal to a fault!

When Gina talks about curiosity in her interview, she always moved her feelings to loyalty and gratitude. In a follow-up conversation, I mentioned this to her and she acknowledged that it feels disloyal to her mother (her father has passed away) to think about her birth family much, so maybe this is the reason she tries to focus on her good fortune of having a loving family to grow up in.

*Frank*

Loyalty came up a lot during Frank's interview and has been a major theme in his life, impacting all of his relationships. Frank struggled between never feeling like he belonged anywhere and feeling deep love for his mother, who had lost a baby before Frank was born. She battled depression off and on during Frank's childhood, and at those times he felt he had to try his best to be a good son so she would be happy. No one talked about feelings much in Frank's family, so he really never understood why there were times his mother couldn't get out of bed or would cry for seemingly no reason. Frank describes his experience:

I remember often not being able to figure out what I was supposed to be – or what I was supposed to be doing. It seems like my dad would work more and not be home when my mom was not feeling well. I just remember feeling a lot of anxiety. Sometimes I would think about my real parents during these times, and I would imagine that we'd all be together and having fun. Then I would feel terrible and mad at myself for having those thoughts, you know? That my real parents were probably derelicts or drug addicts. They didn't want me and my mom and dad did and I needed to be loyal and good. My brother and sister didn't seem as affected as I was, and this was confusing to me. How were they not more loyal? They were wanted; they were natural children and I was sort of unnatural then, by definition in my own head. I was perpetually confused, and when I see photos of me as a kid, I think I looked perpetually confused. Eyes and mouth open wide!

Loyalty was an important force in Frank's childhood, but in describing how he grappled with his conflicted feelings, he recognized that he became a "less-than-loyal"

adult who cheated on various girlfriends as a young man and then cheated on his wife when she became pregnant and wanted to keep the baby; Frank's beloved son, Michael. He was unhappy about the pregnancy initially because they had decided not to have children. Reflecting on this part of his experience, Frank says:

I'm not sure what happened to me or the why or when. It seemed it was just a lot easier to have one-night stands than serious relationships. As soon as a girl started to want to get serious or define our relationship, I would cheat. Then I'd get dumped and tell myself it was for the best – that it wasn't a meaningful relationship anyway. It worked for me until I met my wife and really did fall in love with her. I worked at being loyal to her, but I think I got a little bit scared when she got pregnant. We had decided 'no kids'. But she wouldn't get an abortion and we fought a lot. I had a fling during that time and she found out. I really expected her to leave me then, but she didn't. And then we had Michael and he looked like me so much; it was weird to look into eyes that were so much like my own. And I would kill for him. Yes, I'm loyal, in the end, I'm very loyal. To my parents; to my wife; to my son. Even to my dog!

*Abby*

In some parts of the interview, Abby briefly touched on loyalty and then would quickly back away. For example, she describes growing up in a close family in which adoption was the norm, but then describes how different she is from family members. She both respects and admires her mother for choosing to go to nursing school after the children were grown, but then describes disdain for her mother's choice to stay in an abusive marriage. Abby also chose to leave home at the age of 17, purportedly on a

simple road trip with a friend but ultimately, she never returned home except to visit. When Abby had curiosity about her birth family she learned to keep it to herself because she believed her questions were hurtful to her mother. She says:

It seemed to upset my mom if we asked questions about our adoptions, so I didn't really ask any. I think it bothered my mom that maybe she was less of a mother because she couldn't have children. I don't know why she thought this; we were all there in the end and everything is about our parents and never about the others.

So even when I thought about it, I didn't ask because it might have been hurtful.

As with the other themes in Abby's interview, loyalty was discussed but was surrounded with feelings of ambivalence. Loyalty seems to have won out over curiosity so far for Abby, but she still considers looking for her birth parents. This would be something to give them peace, though, and not to provide answers for Abby. She laughed when the researcher asked if this was a loyalty issue and replied, "Probably so."

*David*

David has been curious and asked questions from the time he found out he was adopted. His parents took him to see a counselor after they told him because he had such a strong, negative reaction to the news. He learned to be careful with what he asked and the language he used when asking; it was never his intention to hurt his family, but he thought about his birth parents all the time. He says:

After they told me and things settled down a little, I had questions. I mean, it didn't come up much while I was growing up, but I was careful how I worded things. You wouldn't want to ask about your real parents, but you could ask about your birth parents and cause less trouble. They knew I did searching, but didn't

know what I'd found because I pretty much determined that my mother would be very put out. I didn't want to do that to her. I guess that's loyalty, so yeah, I am a loyal person. But I also like my birth mother and feel it there, too.

From the point in the interview with David where he began talking about his search and the finding of his birth mother, David spoke less about the feelings of his adoptive family and more about his own experience. He threw a lot of energy into helping other adoptees search for their birth parents. Subsequently, David acknowledged that he still feels adamant about not discussing adoption with his family to avoid hurting feelings, but has noticed that he now has "his" family and separates his adoptive family out as "their family." "It's become a little difficult to keep it all straight."

*Helen*

Helen spoke about loyalty in terms of trying to protect her parents' feelings and having the appropriate amount of gratitude to have been adopted. She combines her experience as an adoptee with her childhood experience of having to move frequently because of her father's job. She says:

You know, you come into this world with one branch, one story about who you are and then get to reinvent yourself every time you move. It was sort of fun when I was little, but got harder as I got older. Adoption is the same thing; you can reinvent yourself, but you have your family that stays the same, and loyalty to that is important. When I was in my 30s, I started searching for my birth family, and it turned out to be easier than I thought it would be. I didn't talk about it with my family, and I had no friends who were adopted, only my brother, and he

never, ever wanted to know. He said, "No, no, no, no." He has a lot of issues. I wasn't interested in hurting my family, but I did want to know.

Helen still views herself as an intensely loyal person, though this is now directed at her husband and children. In talking about being "chosen," Helen says:

The only one you choose is your mate. I didn't choose this. They didn't want me so I have to be grateful that somebody took me in, and thinking that way led me to fear rejection all my life. So loyalty is right in there. I became loyal and dependable to a fault.

The concept of loyalty was emotional for many of the participants and it seems to be almost a given in each narrative. For the participants, being loyal often means not asking questions about their adoption or biological heritage; it means accepting fully that you are a member of your adoptive family and that should be enough. To be more or ask for more information is akin to turning your back on the very family who raised you, and this is something each participant was aware of. Feelings of guilt and disloyalty were present for all the participants and pervasive for four of them. Even the adoptive parents who outwardly welcomed questions from their child had some difficulty feeling secure in their position with their child. Loyalty was a highly emotional topic for each participant in this study.

#### *Theme 4: Relational Issues/Attachment*

There are many factors that contribute to relational issues, with attachment being only one aspect. Attachment is important to an individual's success in forming healthy relationships and is also an important component in identity formation. Secure attachment is the result of an infant having physical and emotional needs met by the primary

caregiver, thus allowing the child to learn to trust and have healthy relationships. Secure attachment in early life provides a solid foundation for identity development, and this is often an issue for adoptees even when they identify as having had what they consider to be successful placements with their family. Relationships can be difficult for adoptees, and this came up for each of the participants in the study; for some, it's a major problem.

*Ella*

Ella was most comfortable talking about her personal struggles as an adoptee. She has worked through many of the difficulties in her early life and is a therapist who engages in daily self-reflection. She said:

I always wondered how I could be so different; how I didn't have one thing in common with my family. So I started out recognizing that I didn't seem to fit anywhere and as I grew, I realized I was happy to not be one of them. But I felt very alone in the world and was a shy, awkward, fat kid. I didn't fit anywhere, and I stayed away from home as much as I could when I got older.

As a teenager, Ella began experimenting with sex and says that she "went a little crazy." Her parents were divorced by this time, and Ella was being shipped around between friends and relatives.

I felt I was thrown away, that I had no value to anyone. I have had relationships with people who are abusive and I saw sex as a substitute for the love I desperately wanted; I have been on my own for a very long time and that caused me to choose very bad people. Very bad. I have worked through this relationship stuff in therapy, but I have mostly done a lot of the work on my own. And I

haven't talked to my mother in eight months; I've never felt better. I am in a good relationship now and I have wonderful relationships with my children.

Ella says she has spent the past 24 years “undoing” the assumptions she had about herself and relearning how to “be” in the world. For Ella, there has been a major focus on relationships and she continues work on this now. She strives to learn about herself so that she can more effectively help others to become authentic, happy individuals.

*Claire*

For Claire, the relationships she had with her parents and older sister were not difficult. She was somewhat derailed when her father told her (at age 12) that she was adopted. As she struggled to come to terms with having her identity completely changed, her relationship with her younger sister became difficult for her to navigate. The two girls were very close in age and there had always been a competitive edge to their relationship, but the playing field had always seemed level to Claire. Finding out she was adopted changed their relationship and Claire often felt hurt by her sister's words, and tearfully describes this as her first relational issue:

This is hard because everyone was adjusting to the news. My older sister knew all along and remembers my adoption, but my younger sister was as surprised as I was. She would, on occasion, use it to hurt me. My parents and older sister would try to mediate that and protect me, and I knew that it didn't matter that I was adopted because I was theirs. It was just hard to figure out why my little sister was sometimes so cruel at a time that was already very difficult for me. We have resolved things and she is now the mother of an adopted daughter, so sometimes

she asks me for advice. Still, I guess there's some lingering pain for me, and I think there is lingering guilt for my sister at times.

Claire says she hasn't had a lot of relationships, but that she has struggled at times because she has a volatile temper. She has never married and chose not to have children. She says:

I can feel some underlying anger and I am not sure where it comes from, but I have just attributed it to the issues with my sister or the adoption situation. I just feel kind of unfinished or unresolved. There's something missing; something not whole. This seems to be a factor in all my relationships.

*Beth*

Beth described her relationship with her parents as having been good and that she worked hard in school and did very well. There was a defiant side to her as well, and she was a "rebel" who broke curfew and got drunk at a school dance. She has generally seen herself as dichotomous; really smart and really clueless:

I had a habit of never choosing the right people. My first close relationship was with a druggie. He introduced me to drugs, and my first year of college became a disaster, followed by mono in the beginning of my second year that caused me to drop out of school. After that first abusive relationship, I had two marriages to alcoholics; I was the perfect enabler. I had three amazing children who probably kept me alive during that part of my life. When my youngest child left for college, I decided I was tired of being unhappy. I left my second husband. Now, I have been together with my best friend for seven years. About two years into our rocky relationship, he told me I needed to get therapy or we would not last.

Beth depicts her therapist as helpful in dealing with many issues, even though he wasn't familiar with adoption issues. She has connected with online adoption groups and has found support there, as well as recognition that other adoptees feel the same about many things, especially relationships.

*Gina*

Gina had some ambivalence with many of the topics broached during her interview, but she was clear that she had some difficulties with relationships. She made friends with girls easily while growing up, but that seemed to change when she began dating.

I never had a lot of boyfriends; I think I was not as social as many girls. There were so many things that went wrong with boyfriends, though. Nothing real extreme though until I was about 27 years old. I had moved in with my boyfriend only to find he had a super bad temper. I was sure I must have brought that on and that I somehow deserved to be treated poorly. Things are not perfect with my husband either, but he doesn't yell when he gets upset. This was refreshing to me because he's kind when he gets mad at me. It's not perfect, but I can handle it.

Gina doesn't really know if she and her husband are a good match, but she thinks they have both "talked themselves" into being good together, and most of the time it's okay.

Sometimes he talks to me or Grace (their daughter; age 10) a little strongly and I wish that would be different. He just likes things to be a certain way and I am much more laid back than he is. But after a really abusive boyfriend, it doesn't seem too big a deal.

*Frank*

Frank has had struggles with relationships and recognizes the pattern he had when he began dating. He says he sees clear patterns in how he has treated people, something he isn't proud of. He says:

I haven't been the subject of an abusive relationship and I don't think my behaviors could be defined as abusive, but I was not always a nice guy. I looked like I would be; girls always took me home to meet their parents and I looked good on the outside. I really thought I wanted steady girlfriends, but my pattern was always the same. I could never tell a girl 'I love you'. Even if I felt it, I couldn't say it. Not even to my family. I think it hurt my mom. I actually married the first girl I told that to! I meant it at the time, but am not sure I really even understood what it meant until my son was born. I know I mean it with him.

Frank recalls being afraid as a child that if he misbehaved, he would be sent away. His mom would always make it a point to tell people he was adopted, and Frank saw this as an implied threat:

I think I had nightmares that I would get sent away; that I would come home from school and the family would be gone. I used to go over in my head what I would do if that happened. If I could live in my house alone and how I could get food. I don't think other kids have that particular worry if they aren't adopted or have been in foster care. It's terrifying.

Frank saw a therapist for a short time before his son was born because he knew he had trouble connecting with others, but it wasn't particularly helpful. He describes the therapist he saw as seeming confused. They didn't discuss adoption, as Frank recalls, but

he does remember being told he had attachment issues. He is open to the idea of seeing a therapist again, but now he understands that adoption would need to be discussed.

*Abby*

Abby sees herself as fairly self-contained and independent. It is a little hard for her to understand the difficulties she has had with relationships, but there have been some choices she isn't thrilled about. She says:

I didn't really date much as a teenager because I was the nerd. When I left home - remember I was only 17; I had a different boyfriend every-other month. Not a good thing in most cases, but when I got married and it only lasted a few years, I wondered about my ability to make a good choice. I know he cheated on me because he never came home and wouldn't tell me who he was hanging out with. After that, I decided marriage involves too much compromise. I have been with my current boyfriend for several years now and I think we really do okay. We don't live together; I've got so much stuff and I don't want his stuff at my house. Neither of us wants children, so it works the way it is.

Abby was also impacted by her parents' poor marriage. She grew up hearing her dad berate her mother and says she didn't really have a good idea what a healthy marriage should even look like. In general, she looked at her extended family and knew she didn't want to live the way they seemed to. She couldn't wait to leave home and she rejected every aspect of the Midwestern lifestyle she grew up with.

*David*

David admits to having struggled some with depression, so he isn't sure whether some of the difficulties he's had with relationships were impacted by the depression. He

does believe that adoption and issues of attachment impact his life, and he has done considerable reading about attachment. He says:

I knew a lot of kids who were adopted when I was growing up, so I had the benefit of having friends who understood adoption. I think the confusion about where you belong is hard because you really don't know where you stand with anything. I mean, I have two family trees going on Ancestry.com. How do you successfully negotiate relationships?

David has a close relationship with his brother, but he doesn't talk about his extensive research into his birth family with anyone in his family. He didn't date a lot, but did have one marriage that ended in divorce.

I got married in 1991 and we were married, like, twelve years. We had a major falling out; she really wanted kids and I didn't. So, maybe relationships have been difficult; I've never really thought about it much. I've been with my current relationship for a while, but she's had many husbands and doesn't want to get married and I'm okay with that. It may be a problem later – when we get older. Decision-making stuff.

*Helen*

Helen doesn't see herself as having issues with relationships overall, but also factors in the fact that her family moved frequently and she was forced to "reinvent" herself each time. She saw this as both a hard thing to do and a good thing, because if something didn't work at one school, she could do it differently. She has been happily married for over 40 years, so that isn't a factor in Helen's life. She discusses not having a lot of friends and isolating herself to some extent.

I don't have a relationship with my brother anymore because he's quite odd. We also don't have a relationship with my husband's family because there was an issue with his mother's will. So it's basically just us. Our daughter is here, but that's it. Just us, and that's good. I don't know if we will stay in Reno; Reno's just a stop. If I'm not moving, then I'm moving furniture around in my house. And friends, well, I'm going to have to leave eventually and go somewhere else, then start again with someone else. Is that how relationships are supposed to be? I don't think so, but I don't really know.

Helen says she has never talked about adoption with friends and that she had a lot of anxiety talking to the researcher. She seemed to downplay her feelings at times, and there was an overall feeling of sadness when Helen talked about relationships and her wariness of letting people get close to her.

For some of the participants, relationships have been very difficult. The following table (Table 4.2) illustrates some of the shared issues with relationships among the participants:

**Table 4.2 Types and Presence of Participant Relational Issues**

	<b>Divorce</b>	<b>Abuse</b>	<b>Infidelity</b>	<b>Trust</b>	<b>Family Cut-Offs</b>
<b>Abby</b>	Y	Y			Y
<b>Beth</b>	Y	Y	Y	Y	Y
<b>Claire</b>				Y	Y
<b>David</b>	Y			Y	
<b>Ella</b>	Y	Y	Y	Y	Y
<b>Frank</b>			Y	Y	

<b>Gina</b>					Y
<b>Helen</b>				Y	Y

Table 4.2 shows that each of the participants has had difficulties in relationships with family, friends, or partners. Though it is impossible to “blame” adoption for the relational issues described, each participant acknowledged a belief that adoption plays a role in every significant relationship he or she has had, and that this has made nearly all relationships difficult.

*Theme 5: Being a "People-Pleaser"*

People-pleasers are generally the nicest, most helpful people anyone knows. They seldom say "no," and spend a good deal of time doing things for others, often at their own expense. The needs of others almost always come before their own, which is not an emotionally healthy practice. Typically, the need to please others is rooted in a fear of rejection, which is something that each of the eight participants in this study spoke about. In attachment theory, fear of rejection can develop from early relationships in which an individual was rejected or abandoned by an important caregiver. It can also stem from emotionally unavailable or inconsistent parents. People-pleasers often have high levels of anxiety that is only helped by doing everything possible to make sure everyone is happy and has what they need. The downside is that there is never an end to what needs to be done, while the anxiety doesn't go away; it's an unsustainable dynamic that leaves the people-pleaser overwhelmingly unhappy. The adoptees in this study each spoke in length about being a people-pleaser.

*Ella*

Initially, Ella tried desperately to be the child her mother expected her to be; she wanted her adopted daughters to be replicas of her and to behave the way she thought they should. Ella could never conform; she saw herself as an “outlier” in every way. When she was a teenager, Ella struggled with depression that was all but ignored by her parents.

I was always so focused on other people’s happiness, especially my mom’s. What other people thought or wanted was always more important to my mom than anything that could ever happen to me. I could have just suffered the worst thing that’s ever happened to me and then I’d still be cleaning my room or something because she was having people over. It was all about appearances and not about what I thought or needed.

Ella believed her sister was much more able to conform and was a better people-pleaser than she was (one of the only things the sisters have in common according to Ella). As they grew up, Ella recognized how her sister manipulated her parents through people pleasing, and she could not compete. She stopped having an interest in pleasing her parents early on, but sees that she continued to approach relationships by trying to meet others’ needs while neglecting her own. She is aware that she still feels it necessary to be a people-pleaser:

I have a tendency to jump into relationships right away and maybe get over-involved too fast. I want people to like me; I think there is a piece of me looking for my tribe and hoping that this is the person. But then I realize what I am doing and know I am really okay. That’s my resilience. I don’t need to be liked by

everyone, but there are times, every day maybe, that I feel not good enough, and I love myself and have thought it all through, but it is still there when I meet a person for the first time.

### *Claire*

Claire was the middle child in her family, and the only child who was adopted. Because she was 12 when she found out she was adopted, everything she believed about herself suddenly felt wrong. Her relationship with her older sister, Jane, remained about the same after the revelation, but Claire's relationship with her younger sister took a painful turn that still causes pain when Claire talks about it. She is the adult child who moved back to her hometown to care for their mother, while her sisters come and go periodically and seldom help with their mother's care.

Claire describes herself as always being very sensitive to other peoples' feelings, particularly her mother. This was particularly evident to Claire when she would talk about her birth parents.

I always felt ungrateful if I asked questions, and I never wanted to hurt my mother's feelings. It was literally a Pandora's Box and I knew it could be that for my birth mother, too. I might end up hurting a lot of people just to satisfy my curiosity. It just didn't feel right to put my own needs in front of other peoples' needs. I have a hard time with that even now, though it was always important to me that my mother was happy and I never wanted to feel responsible if she wasn't. I hold back things because she's super sensitive and I don't want to offend her or hurt her feelings.

Claire spoke less about her adult relationships than the other seven participants. She spoke about taking care of other peoples' feelings and some of the pain it has caused her in her life, particularly with her younger sister. Claire sees herself as having been the "good" girl and that she never wanted to rock the boat in her family. She feels some resentment toward her sisters because she alone cares for their elderly mother. Claire loves her mother very much but has been unable to advance in her career at all because she can't move from the community where she grew up; her mother doesn't want to leave. Claire's sisters have been able to explore their interests more while Claire stays near their mother.

### *Beth*

Beth believes that on the outside she has always appeared to be confident and secure. She has always been a high achiever who seemed to makes friends easily. On the inside, Beth describes herself as being "insecure and needy." She sees her abandonment at birth as a pivotal piece of information and that she became a "total" people-pleaser.

I didn't have any worth from the beginning; I mean, my mother threw me away. The only way I found value is through what I could do to please others. This included sex and drugs. People-pleasing through sex, but I couldn't see it at the time and I had no clue how much it affected me. I didn't have the ability to choose good people to be in my life, and I think this corresponded to having no sense of self-worth. But if I do what you want, then you have to love me. Only it didn't work like that.

Beth describes two marriages, both to alcoholics, in which she knew she was unhappy but was unable to leave. She says she still struggles to put her own

needs before anyone else's, but that she has improved and is now in a healthy relationship.

*Gina*

Some of the researcher's questions were hard for Gina because they seemed to lead away from the narrative she tells about her adoption. In answering some questions, Gina would respond from the viewpoint of her husband rather than herself. For example, when asked if she sees herself as a people-pleaser, Gina responded, "My husband would say that about me to a fault." However, Gina identified as a people-pleaser when asked about curiosity and searching for her biological family.

I had a weird guilt that pretty much kept me from searching. I had read stories about failed reunions and maybe it's a people-pleaser thing, but I had the feeling that my search might ruin someone else's life. I don't want to step in because I don't need anything from them and I don't want to do anything to upset someone.

Still, Gina asked questions periodically throughout her life about the practicality of knowing, and it seems as if she would search if there were a reason to do so that would benefit someone else. This came up when she was pregnant with her daughter; if information was needed, then Gina had a valid reason to find out other than to do it for herself.

*Frank*

When asked whether he saw himself as a people-pleaser, Frank's response was, "Oh, absolutely." He believes that most people who know him would agree that he tries to be aware of others' feelings:

I've always been told this and in my high school yearbook, I was voted 'easiest to get along with' for my class. My mother always said that she knew if she asked me to do something, it would get done. This was not true with my brother or sister; they were never reliable growing up and are not reliable adults. This drives me crazy, but I also see that I always want to be the 'go-to' guy. I need to prove myself, I guess, that I'm good enough. Maybe my birth mother threw me away, but I'm good enough. Sort of sounds crazy to say it.

Frank is also the 'go-to' person at work, which translates into his own projects taking longer than they should because he is busy helping others. This frustrates him, but he has never felt able to change the pattern and now he thinks it's expected of him. He suggested that his need to please others also might have fueled his reluctance to commit fully to others.

I think commitment is hard for me, and that I gave my wife a hard time for years. I said I'd never get married and that I never wanted children. I wouldn't commit to her even though I knew I really loved her. On one hand, I was trying to make everyone else happy, but on the other hand, I was sabotaging my own life. She stayed in it with me though, and I think I'm better with commitment now.

*Abby*

Abby also describes herself as a people-pleaser, but also sees herself as fiercely independent. She left home at age 17 on what was supposed to be a short trip West. She had graduated early from high school and wanted to explore something different from the Midwestern town in which she'd lived her entire life.

What it was is that I graduated and I was going to come out West for a visit, but I never mentioned to my parents that I might not be returning because they wouldn't have let me go. I wasn't 18, so they were resistant anyway. I was aware that I didn't want to upset them, and I didn't want to hurt their feelings because I didn't want to live the Midwestern lifestyle. My parents wouldn't get that, but I couldn't tell them something that might make them feel bad. I think that identifies me as a people-pleaser. I can make up my own mind, but I usually keep things to myself if I think it will hurt someone.

### *Helen*

Helen described her people-pleasing tendencies as coming from a place of fear; fear of rejection and fear of failure:

I am absolutely a people-pleaser. I'm going to do what you want, when you want, because otherwise you're going to reject me. My daughter wrote a poem during her undergraduate years and there was a line in it that has always stuck out for me; 'I am my father's this, I am my brother's this, and I am my mother's need to please'. So, I guess I've raised my daughter to be a people-pleaser, too. The thought of disappointing anyone has always been something I worry about.

It is hard for Helen to understand whether her people-pleasing comes from having been adopted or from having had to move so much while growing up. She says, "Part of reinventing yourself all the time means being able to anticipate what people think you should be, and I got pretty good at that after a while."

Each participant described him or herself as a people-pleaser, and each described feelings of anxiety and frustration over a behavioral pattern that feels unhealthy. People-

pleasers spend a lot of time doing things for others, and this often gets in the way of their own needs.

### *Theme 6: Secrecy and Lies*

Secrecy builds barriers to healthy identity formation. In adoption, there are many forms of secrecy that both fuel dysfunction and are fueled by it. The need to keep secrets often leads to lies (conversely, lies lead to more secrecy) and stories that were designed to somehow protect an adoptee from pain but unfortunately end up causing pain and mistrust. The participants had a variety of experiences and feelings related to secrecy and how it has impacted their lives.

#### *Ella*

Though Ella's adoption wasn't a secret, there were many events in her life that led Ella to not trust either her adoptive parents or her birth parents. She believes that whichever family had raised her, she would have struggled.

My parents never lied to me and I am grateful for this. I mean, it was crazy-making enough just to be in that family, but I always knew I was adopted. The secrecy in my situation comes from how my parents were able to adopt a child at all. There's a mystery to the whole thing and my parents were involved with a lot of sleazy-but-powerful people. I sort of think they bought me, and because we were sexually abused from an early age, I sometimes wonder if we were adopted for that purpose. Maybe my mom didn't know that, but that may have been my dad's motive. My parents were twisted and so were their friends. So much of their world is all about secrets and lies.

Ella's abusive childhood fueled her desire to connect with her birth parents. She knew her adoption was closed, which meant she would have difficulty finding information. She asked her father for the names of her birth parents and he told her.

So, when I turned 18, I asked my father who my real parents were and he told me their names. Because he said, 'John and Mary Hunter', I laughed out loud because I just knew he was lying to me; come on, you can do better than that! Turns out he was telling the truth, but how could he know this if it was really a closed adoption? It made no sense to me. It was all very fishy, if it's a closed adoption, then how could he actually have their names? John and Mary! And it turned out they had been looking for me. I thought it was just going to fill in all these holes, and it did at first. I didn't want to be part of the family that had adopted me, but I didn't want to be part of their family necessarily. There's just a disconnect all around and the truth was hard to discern no matter what. I think they really thought I was going to make everything work out for them. When the whole thing unraveled with my birth mother, I ended up having to kick her out of my house. It was terrible!

*Claire*

In general, Claire believed she had a great family and was a part of everything. It never occurred to her that she might have been adopted before being told at age twelve by her father that she was. She was stunned to find out that the secret of her adoption had been kept from her by her parents and her older sister.

I think the way I found out I was adopted was very awkward because my parents disagreed on how to tell me; at least that's the story my older sister tells me. I was

shocked and didn't really know what to do with the information. It was hard to imagine that they'd kept this from me, and that my sister didn't tell me, either. It was a big secret in the family; the three of them knew but my little sister and I didn't know and they were so casual about it. It just never occurred to me that I wasn't really a part of the family.

The pain for Claire in finding out her parents had kept such a tremendous secret from her was intense, and there was no way for her to really process the information comfortably:

My dad told me this lovely story about the adoption happening through the Episcopal Church, and he told me what little he knew about my birth parents. It was this total shock; I didn't believe it at first or thought he was teasing. Then it pretty much went away and I didn't have a way to process the information at all. Everything was changed and my feeling of belonging was changed.

Claire's relationship with her father had always been solid, but after she found out that her life was essentially a lie, she had a harder time trusting that what he told her was true. "I was never sure whether the information he gave me about my birth parents was true. I wasn't sure he had it right or that I'd heard it right." Upon finding and corresponding with her birth mother, Claire encountered more secrecy.

In my birth mother's first response to me, she said things like 'I have always wondered' and 'I always think about you'. She was very welcoming and warm, and she told me that I could ask questions. So, I sent her some questions about medical stuff; practical stuff, but I also asked questions about her – like if she was married. I also asked if I had any siblings, but she hasn't answered any of

those questions. Nothing about her and she told me she wouldn't talk to me about my birth father. It's a terrible feeling to be left in the dark about things and I worry there's bad information there. I don't know if it could be worse than my own imagination.

### *Beth*

Though Beth grew up knowing she was adopted, she was unaware of the fact that she had been abandoned on the steps of a church at birth.

I had never questioned the circumstances of my adoption and I think I was relatively satisfied with the information I had been given. I never felt like I wasn't part of the family and I was never treated any differently. I didn't feel as though they lied or hid anything from me for any reason other than to protect me. Still, the only information I had was that I had been given to my parents when I was two weeks old. It's clear that I have had struggles related to my adoption, but I am not sure if the secret about my abandonment made things worse.

Like Claire, Beth encountered secrecy and lies in trying to contact her birth parents. It was much more difficult for Beth to locate information since she had been abandoned, but through DNA testing, she was able to find close relatives of her birth mother and figure out the identity of her mother.

I had been going round and round with my biological aunt and cousin. My cousin actually wanted to help because we had initially thought we might be sisters. The DNA showed that we were cousins, but that meant her aunt was my mother. Also through my cousin, I had the contact information for my sister and decided 'screw it', I'm sending her a message. I told her that it looked like we were closely

related. She contacted me immediately and decided she would help me. She said she always wanted a sister and had three brothers. Our mother was very, very loving with the boys, but not with my sister. Anyway, after she had talked to our mother, she told me this convoluted story about how our mother had gone to the church and was talking to the priest about her situation. She says that the priest told her to leave her baby there! This just isn't true; it's not the same story that the priest tells at all.

Beth has not given up the hope of having a relationship with her birth mother at some point. She has also been able to locate her birth father through DNA, and has met him. They are planning to meet in the near future and he seems thrilled to have a daughter. He claims to have never known that her mother was pregnant because she got married soon after they stopped seeing each other.

### *Frank*

When asked about secrecy, Frank had a different experience. He doesn't believe there was a great deal of secrecy, and the inaccuracies in his adoption story as told by his parents and the story told by his birth mother have not seemed to be intentional to Frank. Still, secrecy and lying are behaviors that Frank has engaged in:

I don't think there were many secrets about my adoption or otherwise. None that come to me now. But here's the thing: I lied a lot when I was a kid and I still sometimes lie if I feel backed into a corner. It's weird to say that to someone, but it's where I went in my head when you asked about lies. And secrecy; well, I was always cautious to not reveal too much about my feelings around my mother. She always seemed so fragile; on the verge of breaking apart. I think my dad did this

too, and maybe this is where I learned to keep my feelings to myself. I felt like I had to be cheerful even though you have to know that things in my family could be so weird. I mean, no one else I've ever known grew up with a shrine to a dead baby. I lied to my friends about that, so this might be where my lying started. I lied about being part of a really important family who just couldn't keep me; it sounded better to me than that my mother just didn't want me.

Frank also believes that the ease with which he can lie contributed to the problems in his marriage. His mother-in-law was also adopted, so he thinks that his wife has been a little more patient with him because she has some understanding about adoptees.

Sometimes I am amazed at the amount of patience Jane has with me. I think I am difficult and I am glad she understood a little bit about being adopted because she says that some of the things she experiences with me are similar to things her mother said and did. She's just very patient and understanding and I'm not always deserving of this. I think secrecy is a terrible thing because it sometimes involves hiding feelings and this is not a good thing. Secrets lead to even more secrets and people will get hurt. Same with lies. Lies lead to more and more lies. I know this; I've seen it and done it.

During the interview with Frank he focused on secrecy and lies, as well as how this is depicted in adoption by the media. He specifically talked about television dramas that he believes perpetuate the myth of adoptees as being mentally ill.

Just last night, I saw yet another program on TV that portrayed an adopted person as a psycho killer. This usually infuriates me because it makes adoptees look like crazy people, but I actually saw this as more a statement about secrecy and lying

to others - the damage that can be done when you lie to someone about who they are. Is it possible that each of us knows who we really are somewhere at our core and that lies and secrets sort of rub up against this deeper truth? This could create a psycho, perhaps. (Laughs) Maybe we are all a little crazy!

*David*

David felt betrayed when he found out at age eight that he was adopted. He says, "I didn't take it very well when I found out." He believes his life changed after his mother revealed his status as an adoptee:

At times, I felt like things were held against me. Between me and my brother, and I don't know why they waited so long to tell me the truth. They acted like nothing was really different, but I was different, and I felt like everything in my life was a lie and I no longer knew what to trust. They wouldn't talk about it then with me and they still act put-out if I bring it up now, so I don't tell them anything. They didn't want to answer my questions then and I don't want to share information about my search now. I'm forced to keep it a secret because I know how they'd react.

David helps other adoptees find out information about their biological background by using DNA information to construct a family tree that might lead to a name. He finds this rewarding, "It's a lot of fun to help some of them out because it negates the secrecy in a way."

#### *Theme 7: Experiences with Mental Health Professionals*

While not all the participants had prior experience with mental healthcare, it was of interest to the researcher to know about the thoughts, feelings, and experiences of

those who had sought help on their own or had been required to seek help by their adoptive parents or other family members. Three of the eight participants had not received mental health services, but the other five had. It is important to note that the three who had not sought out or received mental health services still believed it was a good idea for mental health professionals to have training specific to the needs of adoptees.

*Ella*

Despite having been required by her mother to enter counseling several times while growing up, Ella is now a mental health professional. She struggled with identity issues throughout her life, and was hospitalized at age fifteen after attempting suicide:

So then, I've never told anyone this whole story! After bouncing around, living with my grandparents and with one of my mom's boyfriends for a while, I was sent to boarding school. This is after her boyfriend's brother had tried to molest me and I was having none of it. I tried to commit suicide and they put me in a mental institution. The lady I worked with told me to just get through it. That I wasn't crazy; they were crazy. I had a couple years left and then I needed to just get out.

The researcher asked Ella if she believed counseling had ever been helpful to her, she replied:

No! I was totally forced into multiple counseling situations, usually with the old, white men sitting behind desks. None of them ever did me any good. My mom didn't seek counseling; either the school or someone else told her to do it, but she never did. She never believed a word of what I said about how I felt.

*Beth*

Beth had many struggles while growing up, but she doesn't directly attribute her struggles to having been adopted. She was molested twice as a child; by a neighbor boy when she was six and by a cousin when she was ten. She didn't tell anyone about the molestations, but says that her behavior changed and she began rebelling against her parents. She had always excelled in school, but was having a hard time relationally and with her family.

I was about six and the next-door neighbor boy was about thirteen. Very inappropriate things happened. I've often wondered, now that I've been in therapy, whether there was something subliminal as an adoptee that made me an easy target. At the age of ten, I was molested again. I was doing well in school, but underneath the surface, I was insecure and needy. This spilled over into my relationships; I was married twice and both were alcoholic. I just had no sense of self-worth.

Beth says that her three children were the positive force in her life. As soon as her youngest child turned eighteen and left home to go to college, she began to want to put her life in order.

I decided that I was tired of being unhappy. I had kind of connected on a friendly level with a guy who had been my best friend in high school. He told me that I deserved to be happy and that it was time to live my life. Now my best friend and I have been together for seven years. I am happier than I ever imagined being. He told me up front that I needed therapy in order for our relationship to work. I found a great therapist who didn't know anything about adoption, which I know

most therapists don't, but he was able to help me work through the molestations. I couldn't find anyone who worked with adoption.

Beth states that she wishes her parents had been told that they should seek counseling for their adopted daughter. "If someone had just said 'your daughter is going to need to talk to someone about her experiences', then I might have had an easier time."

*Gina*

Gina spoke in positive terms about her family and doesn't necessarily feel that having been adopted had any negative impact on her. "I never thought of adoption being anything but normal; no big deal. Not a problem." Still, Gina has had struggles with relationships and she sought marriage counseling for a short time when she and her husband were having some difficulty.

Sometimes I worry that Tom is just too strong with his words. He is a little high-strung and I am relaxed. With our relationship, we try to talk ourselves into the idea that we are a good match and this generally works. I sometimes wish things were a little different, but I love him and can ignore the way he talks most of the time. Tom is always encouraging me to see a therapist, and I know I probably have things to work on. He saw a therapist one time! One time, and he's fixed. No problem there. But I probably could benefit from therapy.

Gina's family didn't really talk about problems much. There were some difficulties with her brother Mark that seemed to begin in high school. Gina and Mark didn't get along well, but she admired him and says she often felt a little jealous of him because he wasn't adopted. Mark was diagnosed with schizophrenia in his early 40s, and

refuses treatment. “Karen and I joke that we used to want to be Mark, but now we are glad we aren’t.” As far as Gina knows, no one in her family received counseling.

*Frank*

Frank did not receive counseling while growing up, but he believes things would have been easier for him to understand if he had. He experienced his mother’s periodic depressions as being very frightening for him.

She was definitely depressed at times. I can remember her sometimes not getting out of bed and my dad having to make excuses for this. He’d tell us she wasn’t feeling well and we’d be worried. When I was about 16, I realized these “spells” were not normal like a cold or the flu, or something. That she was sad. I wanted to work harder to make her happy. I remember feeling so responsible and no one ever talked to us about this. It would have been good to know it wasn’t my fault, you know?

Frank also believes that he has had some lasting problems that may have been helped by counseling. He says that he has always struggled to keep commitments and was very angry when his wife became pregnant.

Oh, I said I would never get married and that I never wanted children. I wouldn’t commit to Jane even though I knew I really loved her. I think we tested each other all the time. Her parents divorced when she was 11; at the time people weren’t divorcing like they do now, so she felt weird and judged by her friends. I felt weird and judged for being adopted. I always felt outside of things. So, counseling would have certainly helped and many times during my life. I tried therapy once, but it wasn’t helpful. I have thought about it from time to time, but I don’t really

know how much it would help now. I'm pretty well set in my ways and it seems to work.

Frank says that when he did see the therapist, he wrote on the therapy-intake form that he had been adopted, but it never came up in the sessions. Frank says the therapist he saw "always seemed confused." His wife had encouraged him to bring adoption up as an issue, but it just didn't seem important.

*David*

David was really shocked to learn he was adopted at age eight. He'd constructed a solid narrative about his beginnings that started from the hospital where he was born and ended at the place his family lived when his mother told him the truth. He recalls being very upset about the revelation and then depressed.

I remember being unhappy and wondering how my parents could possibly love me because I wasn't really theirs. My mom tried to comfort me, but I ended up seeing a counselor then. The counselor was good enough, but I don't think she knew much about adoption. It was a long time ago, but I know she gave me a book about adoption.

David believes he has dealt with his feelings by allowing himself to discover information about his biological parents. He doesn't discuss what he has found with his parents because he knows they see this as a threat. He doesn't talk about adoption at all with his family, but has a few friends who are also adopted and can talk with them. He would like to see therapists be able to work with adoptees because he thinks the need now is greater than ever.

The tough thing I think is that adopted kids feel like orphans even though they aren't; a lot of them do. I don't want to overgeneralize, but the number of kids growing up in foster care and things like that is really high. They're going to be facing issues because they were taken away forcefully or traumatized. Who will help them?

Table 4.3 (below) reflects a summary of the themes that emerged from the participants' narratives.

**Table 4.3 Summary of and Involvement in Participant Themes**

	Feelings of "Otherness"	Loyalty	Issues of Identity	Relational Issues	Issues with Secrecy & Lies	People-Pleasing Behaviors	History of Therapy
<b>Abby</b>	YES	YES	YES	YES		YES	
<b>Beth</b>	YES	YES	YES	YES	YES	YES	YES
<b>Claire</b>	YES	YES	YES	YES	YES	YES	
<b>David</b>	YES	YES	YES	YES	YES		YES
<b>Ella</b>	YES	YES	YES	YES	YES	YES	YES
<b>Frank</b>	YES	YES	YES	YES	YES	YES	YES
<b>Gina</b>	YES	YES	YES	YES		YES	YES
<b>Helen</b>	YES	YES	YES	YES		YES	

Table 4.3 delineates how pervasive the seven themes are woven throughout the participant interviews. The researcher didn't direct the course of the interviews, rather; these themes surfaced independently during each conversation. Though there were a few additional themes that came up several times, the seven themes illustrated in Table 4.3 were profound because they evoked emotion in each person when they were discussed.

### **Summary**

This chapter outlined themes that emerged from a phenomenological analysis of interviews with eight adoptees. Themes were identified and discussed using the experiences, thoughts, and feelings of the participants. The seven themes were largely universal among the individuals, detailing some of the sensitive issues that are experienced by adoptees. Though each participant agreed that adoption is a predominantly positive and necessary institution, there are difficulties that should be addressed in order to help adoptees live an emotionally healthier life. The lived experiences of the adoptees were detailed using textural examples and structural composite descriptions to highlight the particular needs as described by the participants.

## CHAPTER V: DISCUSSION

*How simple a thing it seems to me that to know ourselves as we are, we must know our mothers' names. – Alice Walker*

This study identified the thoughts, feelings, and experiences of eight adoptees who shared their personal stories of being adopted and how adoption has impacted his or her identity and relationship formation. Prior research on adoption has been varied, but much of the focus has been on reunification of the adoptee and birth family, issues of attachment as it relates to adoption in older children, and familial issues related to adoption (Borders, Penny, & Portnoy, 2000; Brodzinsky, 1987, 1992, 2013). There has been some research on identity formation in adoption (Brodzinsky & Palacios, 2005; Dunbar & Grotevant, 2004), but there has been little written about the specific needs of adopted individuals in terms of adequate mental health care (Brodzinsky, 2013; Feeney, Passamore, & Peterson, 2007; Henderson, 2007), utilizing the services of qualified professionals who are competent to recognize the support needs of adoptees. This study looked at the experiences of the adoptees in order to synthesize a core understanding of attachment and identity formation through a phenomenological qualitative analysis. Unlike previous studies that may have determined attachment and identity formation as being potentially difficult for adoptees, this study examined the eight different perspectives to demonstrate the ways in which adoption has impacted the life of each participant in terms of attachment and identity formation.

### **Contextualization of the Findings**

Prior research (Borders et al., 2000; Palacios & Brodzinsky, 2010; Porch, 2007; Smith, 2010) has been largely focused on troubleshooting potential issues faced by birth parents, adoptive parents, and the adoptee, and research points to the need for further

research and greater understanding of the needs of members of the adoption triad, which includes understanding specific therapeutic needs and the availability of a competent mental health community who are trained (or at least minimally familiar) to work with the complexities of adoption. There has been a subtle movement away from research that compares adjustment difficulties in adoptees versus non-adopted individuals to research that is focused more on the reasons for issues that are more common among adopted individuals (Brodzinsky, 2013; Palacios & Brodzinsky, 2010). Because research suggests that adoptees are at greater risk for behavioral, psychological, and academic problems, as well as running a higher risk of substance abuse, it is important to note that the majority of adoptees are well-adjusted (Borders, Penny, & Portnoy, 2000; Porch, 2007; Sass & Henderson, 2000). Rather than studies that compare non-adoptees to adoptees, it seems that more research into the specific issues of adoption would provide more useful information about the needs of members of the adoption triad.

There are few questions among researchers that adoptees have a higher degree of difficulty with attachment and identity formation (Barth & Miller, 2000; Brodzinsky, Schechter, & Henig, 1992; Pittman, Kiley, Kerpelman, & Vaughn, 2011), but there is still very little movement in helping these individuals and their families understand where the issues comes from. Prior studies that examined attachment and identity formation in adoption have concluded that there is a correlation between the two, but that further research is needed to be carried out (Moyer & Juang, 2011; Muller, Gibbs, & Ariely, 2002; Passmore, Fogarty, Bourke, & Baker-Evans, 2005). This study used thoughts, feelings, and experiences as detailed by the eight participants to determine more specific information that might help guide mental health professionals in working with members

of the adoption triad. Because prior research shows that, regardless of the reasons, adopted adults seek counseling in greater numbers than non-adoptees (Atkinson, Gonet, Freundlich, & Riley, 2013; Borders et al., 2000; Passmore, Feeney, Peterson, & Shimmaki, 2006), it's important for the mental health community to know how to effectively work with this population. Researchers have identified that postadoption counseling is desperately needed, but that there are not enough trained practitioners to provide services (Avery, 2004; Casey, 2003; Sass & Henderson, 2013). The participants in this study each indicated that qualified adoption-sensitive mental health professionals would be beneficial to members of the adoption triad, which corresponds to findings in prior research.

Among the participants in this study, even the individuals who considered his or her adoption to be an overall positive experience, there was an acknowledgement of some difficulty with identity and an underlying feeling of being different. This is similar to findings in prior studies with adoptees (Atkinson, Gonet, Freundlich, & Riley, 2013; Barth & Miller, 2000; Sass & Henderson, 2013), in spite of the assumption that only poorly-adjusted adoptees have attachment and/or identity issues.

The participants each told a unique story detailing his or her experience as an adoptee and provided the researcher with a glimpse into how identity was impacted by adoption and whether attachment issues exist in adoptees who were adopted at or near birth. Because traditional attachment models portray attachment as something that begins after birth (Ainsworth & Bowlby, 1991; Bowlby, 1969, 1979, 1980, 1988; Mackey, 2013), it was important to the researcher to note whether any of the participants had relational issues that could be attributed to insecure attachment. According to previous

studies (McGinn, 2007; Moyer & Juang, 2011), there is a direct connection between attachment and identity; insecure attachment has been shown to interfere with autonomy (Dunbar & Grotevant, 2004), which is a necessary element in identity formation. Arabin (1996) conducted a study that looked at the gestational experience of 25 sets of twins using ultrasound. The twins were very interactive with one another; hugging and kissing, and the study included confirmation by parents after birth that indicated a close and loving relationship between the twins (Chamberlin, 2013). There have also been studies that prove newborns recognize their parents' voices immediately after birth, so it is not much of a stretch to believe that a newborn understands the absence of the one constant in his or her life since conception: mother.

The previous chapter described seven common themes experienced by the eight participants; they are: loyalty, feelings of "otherness," issues of identity, relational issues, issues with secrecy and lies, people-pleasing behaviors, and experience with therapy. These themes are congruent with themes that have been noted in some form in previous studies. For example, in a study conducted by Henderson, Sass, and Carlson (2006), difficulties with loss and grief were noted in both adoptees and birth mothers. The respondents in the study experienced difficulty with identity formation, often beginning in earnest during adolescence. Respondents also detailed how they believed that society frowns upon their desire to know about their biological parents because they should be "grateful" for having been given a home. The results of the study indicate that respondents would appreciate having access to a therapist who was knowledgeable about issues in adoption. This finding attests to the need for mental health professionals to

receive, at minimum, some formal training in dealing with issues of adoption so that this segment of the population can be appropriately served.

### **Social Meaning and Relevance**

This study provides essential information to enhance the current body of knowledge on the importance of attachment and identity formation in adoption. Because attachment and identity are two key elements in both emotional and relational development, it is essential for mental health professionals to understand and recognize that adopted individuals often have difficulties even though they may have been raised in a healthy, nurturing adoptive homes. The ability to look beyond the standard intake information that is collected at the beginning of the therapeutic relationship and including the basic step of asking about adoption is a simple one, yet not a customary question included on therapy intake forms.

The relevance of this study for school counselors and teachers is tremendous, as many of the attachment and identity formation issues may play out in the school setting. Children who have attachment or separation problems can become combative or aggressive (Fishman & Harrington, 2007). Implementing competency standards for mental health professionals would likely go a long way in promoting competency for school counselors who might better cope with issues that arise with adoptees. In many cases, school counselors may not actually know which students are adopted, which could severely limit ability to provide adequate services. It is also difficult to form meaningful relationships with others, which further isolates an adopted individual. In a school setting, this may be devastating for a child who wants to fit in. Children who have no biological information may be confused about assignments that require knowledge about

heritage. Treating adopted children as though they are not different from non-adopted children is confusing for them. The participants in this study describe feeling different, and with this difference there may be confusion and discomfort in addressing feelings with adoptive parents because of a fear (either real or imagined) of hurting them.

The advent of the Internet and social media as a major presence in our lives has virtually brought a myriad of information into our homes at the click of a mouse. In addition, DNA test kits are widely available and can supply information that provides access to biological history for an adopted individual and the availability of original records pertaining to biological family. The concept of secrecy in adoption and the need to keep birth records sealed is no longer the same controversial topic it has been in the past. This change further supports the need for mental health professionals to be competent to work with issues of adoption and to understand the complexities of each member of the adoption triad.

Though this study focused on the thoughts, feelings, and experiences of domestically adopted individuals, it is important to note that there is a difference in the needs of those adoptees who are adopted internationally. Some studies have shown that international adoptees have a higher risk for psychiatric disorders, but the studies can't separate out the stressors of relocation or other factors related to the individual's experience prior to adoption. Also, the participants in this study were adopted at or near birth. There is evidence that age of adoption is associated with a higher probability of difficulty (Juffer & van Ijzendoorn, 2005). Because there is no way to separate out other risk factors for problems that may be presented by an adoptee, it is difficult to know if

there are risk factors not related to adoption issues that might create difficulty with attachment or identity formation.

### **Implications for Future Research**

The experiences shared by the participants certainly clarify a glaring need for understanding the complexities of adoption in mental health professionals. In fact, literature shows that more effective pre-adoption preparation is highly effective in helping both the adoptee and the adoptive family (Brodzinsky, 2011; Sass & Henderson, 2000; Smith, 2010). Such preparation would include full disclosure of background information (when available) along with early intervention with issues that may have surfaced (Brodzinsky, 1987, 1993, 2007, 2011; Wegar, 2000). These findings support the concept that competency standards for mental health professionals are imperative in providing services to a population that is over-represented in mental health treatment facilities, jails and prisons, substance abuse treatment facilities, and homeless shelters.

As with many things, the impact of the Internet has changed availability of information for adoptees and birth parents interested in searching for information. The widespread availability of DNA testing has also changed the playing field for people who are seeking information about their biology. As secrecy becomes less feasible for adoptees, particularly those whose adoptions were closed, the need for mental health support services will increase. Research should be focused on determining what specific needs members of the adoption triad believe would be most helpful for a therapist to have had training in. In addition, it would be important for adoptees to understand the value a therapist (or other mental health professional) places on the importance of knowing a

client is adopted, or if adoption experience is even thought to be relevant in treatment effectiveness or in determining mode of treatment.

In this study as in previous studies, Erikson's research (1950, 1968, 1980, 1998) on identity formation has been pivotal in grasping both the importance of identity for adoptees, as well as the hurdles faced by adoptees. Further theoretical work would be beneficial to clarify best practices for mental health professionals to help adoptees make sense of the "assigned" identity that accompanies adoption and development of a meaningful identity with all necessary information being utilized. Additional research would also benefit identity development in the case of other "assigned" identities, such as gender, ethnicity, and sexual orientation (Grotevant, Dunbar, Kohler, & Esau, 2007).

The researcher in this study believes that more extensive exploration of attachment and whether it can be determined more precisely when attachment begins would be helpful in understanding the loss many adoptees feel, despite having close and loving relationships with their adoptive parents. Information gleaned by having a deeper understanding of when attachment begins would also help therapists determine direction in therapy. More importantly, this information could help adoptees validate unexplained feelings. Even if adoption is not thought to be a focal point for therapy, it may be a related component and deserves to be explored. It has been estimated that only sixteen percent of family therapists focus on adoption-related issues (Brodzinsky, 2013), and that other studies in related fields of health care and education show similar trends.

There would be great value in future studies that measure the value of adoption-competent professionals and outcomes for their clients. The literature has pointed to much dissatisfaction among members of the adoption triad in the quality of mental health

care received and knowledge of professionals in issues of adoption. Competency standards would eliminate much of the dissatisfaction by providing practitioners who are attuned to the issues of adoption and who know how to intervene in more effective ways. In turn, this would perhaps lead to more individuals seeking services and a reduction in the numbers of adoptees in mental health treatment facilities, substance abuse treatment facilities, jails, prisons, and homeless shelters.

Finally, it makes sense that research should follow current trends in adoption and what is important to members of the adoption triad. Social media and television have made many post-adoption issues relatively mainstream, including search and reunion or DNA testing. In spite of this trend, mental health professionals are not keeping in step and are seemingly not addressing issues of adoption. Perhaps research into why this discrepancy exists would be valuable and would help to change this tendency.

This study provided direction for future studies on issues related to attachment, identity formation, and adoption. The results have further informed the current body of knowledge on how mental health professionals can most effectively work with adoption issues and the implications provide the framework for future research on this topic.

### **Implications for Mental Health Professionals**

The literature on adoption clearly demonstrates the need for competence in mental health care. Adopted individuals and their families are more likely than the general population to seek mental health services (Avery, 2004; Barth & Miller, 2000; Borders et al., 2000; Brodzinsky, 1987, 1992, 2007, 2011; Casey, 2003; Dennis, 2014; Grotevant, 2003; Henderson, 2007). There are numerous reasons for this fact, and mental health professionals should have knowledge and training about issues of adoption in order to

understand and help members of the adoption triad. Though all graduate programs likely include attachment and identity issues in their curriculum, they fail to include the struggles and loss that are felt by many adoptees who themselves do not understand that adoption may be at the core of these feelings.

There are currently several programs scattered throughout the United States that are either developing or operating certificate programs in adoption competence. This is a start, but the limited access to these programs means there is still a glaring hole in services available. In addition to access, these programs are costly for the mental health professional and would be more affordable and accessible if competency standards were incorporated into existing graduate programs. There is also the continuing education market that could be a source of training, and all clinical supervisors should be required to have some formal training or certification in adoption competence. There is currently only one program that requires a supervision component; participants attend a course and are required to complete a six-month supervision (Brodzinsky, 2013). There is no research at this time that supports the effectiveness of any current curricula or programs.

There are many other ways to facilitate competence in mental health care settings, including peer support groups and regional professional organizations that are easily accessible to the community. Working toward educating professionals will also impact diagnoses and professional certification might help with managed care and insurance companies' level of understanding about the needs of the adoption triad.

## **Closing**

The perception that adoptees are predisposed to mental disorders, substance abuse, criminal behavior, or homelessness is not accurate. That adoptees are over-

represented in these settings demonstrates that as a society, there has not been a good enough job done in understanding the importance of biology for adoptees who struggle with identity. The mental health community as a whole has not stretched to understand that attachment likely begins before birth and that even marvelous placements for an adoptee do not take away the underlying feelings of loss or sadness that are often described by adoptees. Adoptive parents are not adequately equipped with enough information about potential struggles they may have with attachment and identity issues. Adoptive parents are offered counseling if they adopt through an agency, but if they have problems with their infant, they may be afraid to admit to a social worker or agency worker that they need help. Once their child is older, they no longer qualify for help through the agency in most cases.

In moving forward, it is important that the mental health community, universities, and federal/state agencies make necessary changes in order to appropriately serve the segment of our communities that are involved in the adoption triad. Careful examination of all aspects of adoption competency should be regularly addressed in order to ensure effective interventions in mental health, education, and general health issues of adoption.

There have been many changes in how adoption is viewed; particularly as mental health professionals have come to recognize the importance of healthy attachment and identity formation. Still, adoption as an area of inquiry remains under-researched. There is a growing movement among mental health professionals to research and educate themselves to more adequately serve this population. Adoption therapy competence is starting to be taken seriously by the mental health care community and as secrecy in adoption becomes more a thing of the past, mental health professionals are starting to

shift from a psychopathological view of adoption to one that normalizes the experiences and perhaps can focus on resilience in each member of the adoption triad. Adoption has likely always been a part of the fabric of civilization and those whose lives are impacted by adoption should have access to informed mental health care and understanding that their feelings are valid.

There is no way to predict which adoptee will have attachment or identity issues; these are but two of the many possible issues addressed in this study. There is also no way to determine how the loss in adoption can result in a feeling of having "found" oneself. It is important to recognize that the journey is a healthy one, and that "lost" and "found" can exist together. Adoption can benefit everyone involved; access to competent mental health care is the way to assure the best possible outcome for all members of the adoption triad.

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## APPENDIX A

**Letter to Participants**

Date:

Dear: \_\_\_\_\_

Thank you for your interest in my research study of adoption, attachment, and identity formation. As a marriage and family therapist in private practice (who is also an adoptee), I value your unique contribution to my study and look forward to your participation. in it as my co-researcher. The purpose of this letter to you is to reiterate some of the information we have already discussed in relationship to the study, and to secure your signature on the participant release form accompanying this letter.

I will be utilizing a qualitative research model in which I am seeking the voice and insight of adoptees to discuss their experiences of what it means to be adopted and how attachment and identity formation are impacted by the adoption process. Through your participation in my study, along with input from other participants (co-researchers), I hope to capture the essence and meaning of what it is to be adopted and how attachment and identity formation are affected by adoption.

I will be asking you to talk about your adoption experience throughout your life, and your personal feelings about it; what are your thoughts and feelings and how has this impacted your life. I will ask about relationships and will discuss with you some of the key elements of the importance of attachment in healthy identity development.

I very much value your willingness to make this research journey with me and appreciate your commitment of time, energy, and effort. I hope to be able to help other people who are impacted by adoption, as well as to be able to educate other mental health

professionals to be able to more effectively work with adoption issues. If you should have any questions before signing this release or have scheduling concerns related to our meeting times, I can be reached at:

terianneharrison@gmail.com

Terianne Harrison (775) 544-5222

Best Regards,

Terianne Harrison, MA, MFT

## APPENDIX B

**Semi-structured Interview Questions**

Note: Questions are in **bold** text while possible prompts are *italicized*.

**1. Tell me the story of your adoption, as you know or understand it.**

(This will be a narrative).

- a. What were you told about your birth parents?*
- b. How old were you when you understood adoption?*
- c. How have you been able to make sense of information you have been given?*
- d. Did you have a sense of “otherness” while growing up?*
- e. Did you know other adoptees while growing up?*

**2. Do you recall being curious about your biological family?**

- a. Were there fantasies?*
- b. Did you feel ‘different’ from friends while growing up?*
- c. Were you encouraged/discouraged in asking questions of your adoptive parents?*
- d. Who in your life do you feel connected to?*

**3. How has secrecy impacted your life as it relates to your adoption?**

- a. Feelings of difference.*
- b. Feelings of acceptance.*

**4. Have you searched for your biological family?**

- a. Have you had help with search?*
- b. Was there a reunion? What were the barriers, if any?*

- c. Were your adoptive parents receptive to the idea of a reunion? Who was and who was not?*
  - d. What were you thinking, feeling, and experiencing during this time?*
  - e. Were there negative feelings, thoughts, or experiences related to searching?*
  - f. Were you satisfied with information gleaned from a search? Why or why not.*
- 5. Have you sought mental health care either related to adoption or for other reasons?**
- a. Was adoption addressed?*
  - b. Did you feel your therapist/counselor understood adoption issues?*
  - c. What was taking place in your life at the time you sought therapy/counseling (if you did).*
  - d. Did you feel supported in a meaningful way?*
  - e. Have you been told or believed you have attachment issues?*
  - f. Was your experience good/bad?*
- 6. Have relationships with others been easy or difficult for you?**
- 7. Do you believe your biology is an important component to your identity?**
- a. Do you accept your adoptive family heritage as yours?*
  - b. Have you always felt as though you "belong"?*
- 8. What insights about family has being adopted given you, if any?**
- 9. How would you change your personal narrative about adoption, if you could?**
- a. What would you want others to consider about adoption?*
  - b. Is adoption part of your daily experience?*
- 10. Do you believe identity is important to you?**

*a. Do you believe adoption factors into identity formation?*

*b. Do you struggle with shame/control/self-worth?*

**11. How can mental health professionals work with adoptees in a meaningful way?**

## APPENDIX C

**Participant Consent**

You are being asked to take part in a research study that will examine thoughts, feelings, and experiences related to adoption, attachment, and identity formation. You have identified as an adoptee and have agreed to take part in this study. All interviews will be tape-recorded and transcribed.

**Risks/Benefits of this study:** There is a risk in that some of the questions presented may be sensitive. The researcher does not anticipate additional risk to participants in being a part of this study. Benefits will include a possible greater understanding of the role of attachment in healthy development, and in helping mental health professionals glean a greater understanding of the lived experience of adoptees. There will be no compensation for your time in participating in this research study.

**Participant Role:** You are being asked to participate in a semi-structured interview that will last 1-2 hours. This will be followed by a shorter, additional interview in which the participant will have the opportunity to elaborate on answers or ask the researcher for clarification of anything that may come up after the first interview. You will be provided with a copy of the transcript of your interview.

**Confidentiality:** Your responses will be confidential and pseudonyms will be used in transcription. The records of this study will be kept private and no identifying information will be used. Research records will be kept in a locked file; only the researcher shall have access. Tape recordings will be transcribed and recordings will be erased upon completion of researcher's dissertation.

**Voluntary Participation:** Your participation in this research study is completely voluntary. You may skip any questions that you do not wish to answer and you are free to withdraw consent at any time during the research process.

The researcher conducting this study is Terianne Harrison, MA, MFT. Any questions you may have should be directed to her at [terianneharrison@gmail.com](mailto:terianneharrison@gmail.com) or at (775) 544-5222.

You will be given a copy of this consent form for your records.

**Statement of Consent:** I have read the above information and have received answers to any questions I have asked. I consent to take part in this study.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Printed Name: \_\_\_\_\_

In addition to agreeing to participate in this research study, I also consent to having the interview and follow-up tape-recorded.

## APPENDIX D

**Participant Demographics**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Email contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Family Composition: \_\_\_\_\_

Age at adoption: \_\_\_\_\_ Where adoption took place: \_\_\_\_\_

Was yours an open or closed adoption: \_\_\_\_\_

Age you knew you were adopted: \_\_\_\_\_

Have you been in counseling before: \_\_\_\_\_

Do you have health problems: \_\_\_\_\_

Are you taking medications: \_\_\_\_\_

## **APPENDIX E**

### Follow-up Interview

1. Was there anything that came up for you after our first meeting that you would like to discuss or add?
2. Did you have any negative feelings that came up for you after the first interview that you would like to discuss?

In addition to addressing anything that may have surfaced for the participant, the researcher will ask for any clarification of statements at the follow-up interview.