

SETTING THE STAGE

The Adoptive Parent in Context

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We begin our odyssey into the psychological life of adoptive parents by telling the tale of three couples.

Raina and Liam, parents of a 3-year-old daughter, had been trying for 2 years to conceive their second child. They had gone through some fertility testing and treatment. However, when further testing revealed that Raina's husband had physical issues that made additional fertility intervention unlikely to be successful, the couple began to contemplate adoption. From their meetings with a counselor at an adoption agency, they formed a plan to adopt internationally. After an 18-month wait, they adopted a daughter from Ecuador, Lily, who entered their home when she was 13 months old.

Soledad and Roger, who had 7-year-old twin sons, had been foster parents for 4 years. The children who previously had been placed with them were preteens and teens who had stayed in the home 1 to 2 years. However, when baby Rose was placed with the couple, they discovered an ever-increasing desire for her to join their family permanently. When it became clear that the child would be unable to return to the home of the birth mother, they began to discuss with one another the potential of adoption.

Doris and Basil had spent 5 years trying to conceive a child. They had been told that the likelihood of pregnancy occurring was low. They decided to attempt domestic adoption because they desired both a newborn and a relationship with the birth mother. Doris herself had been adopted and after months of a protracted search in her early adulthood, achieved contact with her birth mother. After 8 months of having spoken with different birth mothers, a match was made and Doris and Basil were present at the birth of their baby boy.

These stories capture only some of the variability among adoptive parents and the circumstances of adoption. In these three cases, we see variation in how the child was identified, the conditions preceding the adoption, the amount of contact with the child and birth mother before the adoption. These differences create varied psychological experiences among parents. The longer waiting period for Raina and Liam may have been associated with a higher anxiety level. Soledad and Roger's intimate knowledge of Rose may have reduced particular fears about their future child's psychological and physical health. Doris and Basil's waiting experience may have been laced with the fear that no birth mother would find them good enough for her child.

Yet, were these couples to convene as a group, many commonalities might they find. For example, despite the variation in their circumstances, they might identify some

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common ground in their motivations for adoption. They may share a worry that the child's initial experience of loss may affect self-esteem, identity, and capacity for attachment. They might discover that all of them experienced concern about how their children would negotiate the interpersonal dynamics at school when peers, teachers, or both assumed that all children come from a traditional family. All six may have curiosity about aspects of their child's background, although each type of parent may have access to a different fund of information. In the international adoption, the parents may have had no information about the child's birth parents or early life, except perhaps to know that the child came from a particular orphanage. The foster parents may know the birth parents and a great deal about the child's years prior to entering his or her home. In the domestic adoption, the adoptive parents may have been with the birth mother at the time of the birth and may have personal acquaintance with many of their child's blood relatives such as the birth grandparents.

Both the commonalities and the differences among adoptive parents are critical for the therapist or other human service professional working with the family to grasp. Through sensitivity to differences and the unique characteristics of any adoptive family's situation, the therapist can achieve a high level of empathy for what that family is experiencing. Without a conveyance of accurate empathy, nothing else that the therapist does is likely to hit the mark. The awareness of commonalities is also crucial because it enables the therapist to anticipate what the family is likely to need. For example, all of these couples will require a great deal of information about many aspects of the adoption prior to bringing the child into the family. This need is served by pre-adoption counseling. Once the child enters the family, and as the child moves through the developmental stages, myriad challenges will arise, some large and some small. To ensure that the challenges are met in a way that supports the psychological and physical health of all family members, postadoption counseling is also critical. Mental health professionals working with members of the adoption family, if not able to provide such postadoption counseling themselves, need to know how to help families access it. This book is intended to help the mental health professional work effectively with adoptive parents. We help therapists understand the adoptive parent, and from this understanding, advise and treat him or her. This book also may be of interest to adoptive parents themselves. Finally, we hope that students who may in the future work with adoptive parents read it.

The importance of knowing the adoptive parent well to provide competent service to him or her necessitates that we take a closer look at the characteristics of adoptive parents in relation to one another—the similarities and differences among them and the population at large.

CHARACTERISTICS OF ADOPTIVE PARENTS

To appreciate the diversity among adoptive parents and their circumstances, one must recognize the different types of adoptions that have informed their family's lives. According to the 2007 National Survey of Adoptive Parents, inter-country adoptions account for approximately 25% of all adoptions; domestic, private adoptions 38%; and foster care adoptions, 37% (Vandivere, Malm, & Radel, 2009). Among domestic private adoptions, about 40% are by stepfathers, stepmothers,¹ or other relatives. A domestic adoption by a biological relative is a kinship adoption and it can be formal or informal. The biological parent may even live in the home but not function in

a parental capacity (Pierce, 1999c). This type of adoption has been increasing as the number of non-relative adoptions decline. Foster children are most commonly adopted by foster parents (U.S. Department of Health and Human Services, 2009). A relatively new form of adoption is the adoption of an embryo, and the literature base (e.g., Finger et al., 2012; MacCallum, Golombok, & Brinsden, 2007) for these families is only recently emerging. As later chapters reveal, each type of adoption has its own benefits and difficulties. In this respect, adoptive parents are similar to other types of nontraditional families. Although adoptive families predominantly consist of a mother and father, single parent adoptions are becoming increasingly common (Haslanger & Witt, 2005), a trend reflective of the increasing societal separation of marriage and parenthood (Smock & Greenland, 2010).

Psychological Characteristics

Adoption is a lifelong process that can bring immeasurable joy to parents. Yet, the precursor to adoption is often loss. That is, adoptive parents frequently embark on adoption following a long and unsuccessful effort to have a biological child. The road to consummating an adoption can be perilous. Long waits, reversals of decisions by birth parents, and political upheavals in countries in which adoption applications are made are just a few examples of potential frustrations. Many adoptive children entering the adoptive family have a range of physical and psychological problems that become evident over time and affect the child's adjustment at different developmental stages. Even in the absence of such problems, adoptive parents face the challenge of helping their children build healthy self-esteem, a task that can be more difficult in a society that values biological ties, and an identity that is inclusive of all aspects of the child's background and denying of none. Those parents who embrace openness with birth parents, while reaping potential rewards for their child and themselves, take on an added layer of complexity. Some parents adopt children with special needs—children who have particular physical problems, autism, learning disabilities, or trauma—and their special needs require great parental sensitivity and responsiveness.

Despite this list of potential stressors, according to a recent survey, 86% of adopted parents reported that their relationship with their children exceeded or met their expectations (U.S. Department of Health and Human Services, 2011). Malm and Welti (2010) found that parents who adopted because of infertility reported finding happiness in adoption. Adoptive parents as a group have considerable resources for coping with whatever problems and challenges the adoption of their child might present. These resources are important for the mental health professional working with the parents to recognize so that he or she can mobilize them. Adoptive couples tend to show a high level of relational stability (Rijk, Hoksbergen, ter Laak, van Dijkum, & Robbroeckx, 2006). Although married couples tend to report a decrease in marital satisfaction on the entrance of a child into the family, the decrease is less for adoptive than biological parents (Ceballo, Lansford, Abbey, & Stewart, 2004). In general, adoptive parents show a high level of marital satisfaction (Leve, Scaramella, & Fagot, 2001). One study found that adoptive parents reported more positive expectations and experienced greater satisfaction on becoming parents than biological parents (Levy-Shiff, Goldschmidt, & Har-Even, 1991). Adoptive parents appear to have a lower level of psychopathology than the general population. They have lower scores on measures of anxiety and depression and higher on measures of positive affect than married women without

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children or biological mothers (Gjerdingen & Froberg, 1991). Adoptive mothers report significantly fewer physical problems than these same two comparison groups (Gjerdingen & Froberg, 1991). As parents, adoptive mothers report fewer parenting doubts than nonadoptive mothers (Cohen, Coyne, & Duvall, 1996).

Part of the reason may be that adoptive parents tend to be older than biological parents and thereby have more experience in coping with a range of stressors. They also tend to be better educated and more affluent. As one manifestation of the latter, relative to biological parents, adoptive parents are more likely to own their own homes (Teachman & Tedrow, 2008). A word of caution about these findings is in order. Studies to date are limited by small samples, lack of racial/cultural diversity among parents, and a focus on the mother only (McKay, Ross, & Goldberg, 2010). Also, the type of adoption has a bearing on parental characteristics. The subgroups outlined at the beginning of this chapter (foster, intercountry, private domestic) vary in terms of education and income. For example, those who adopt from foster care tend to have lower incomes than parents adopting privately, whether that adoption is domestic or international. Often, parents who adopted from foster care are more similar to birth parents than those who adopt privately (Gailey, 2010).

Motivation for Adopting

Parents' motivations to adopt a child are varied, but, particularly in private adoptions, compensation for the inability to have a biological child is primary (Goldberg, Downing, & Richardson, 2009). Within the public system, altruism is the primary motive for foster care and adoption from foster care, and the desire to expand the family is second (Cole, 2005; Office of the Assistant Secretary for Planning and Evaluation [ASPE], 2011). Coping with infertility among individuals who adopt their foster children is only a tertiary reason (ASPE, 2011). Yet, to acknowledge fully the different driving forces in a parent's decision to adopt, one must go back to the motives that any human being has in wanting to have a child (Langridge, Sheeran, & Connolly, 2005). These include, but are by no means limited to, wanting to be in the parental role, to create a family, to experience the pleasure of being with children, and to enjoy relational comforts in old age. Specific subpopulations of adoptive parents have these motives and others that reflect the values and emphases of that group. For example, first-time adoptive gay males identified their cardinal motive as being that of raising tolerant human beings (Goldberg, Downing, & Moyer, 2012). Parents in a kinship adoption are motivated often by the desire to keep a child within his or her broader biological family or out of the child welfare system (Child Welfare League of America, 2007). However, like other subgroups of adoptive parents, sometimes parents adopting their kin are motivated to do so because of infertility problems.

According to Malm and Welti (2010), adoptive parents generally select their particular type of adoption after investigating various options. Prospective parents select international adoption because they see domestic adoption as too difficult. Adoption within the foster care system is often chosen because it is a more affordable option. Zhang and Lee (2010) observed that parents adopting internationally see children adopted from other countries as presenting interesting challenges. Children available for adoption nationally are seen as merely having problems. Their study underscores the social construction element of adoption, that is, the shaping of behavior based on how a phenomenon is framed. By helping prospective parents to recognize the

diversity of narratives available, therapists can facilitate them to make the best possible decision for their particular circumstance in the type of adoption they pursue.

Use of Treatment

One noteworthy finding is that adoptive parents seek psychological interventions for their children much more often than their biological parent counterparts (Howard, Smith, & Ryan, 2004). They seem to do so both because adopted children are more likely to present psychological difficulties but also because adopted parents seem to have a greater receptivity to psychological interventions. That is, they tend to be more comfortable with the idea of therapy and other mental health services. The unfortunate reality is that often the therapists whom they see are not familiar with issues related to adoption and how parents and children in this group may have differences from those biologically intact families. As we noted in our introduction, frequently parents when trying to obtain services for themselves (or their child) see multiple mental health service providers before they find someone who has the necessary knowledge base and skills to be truly helpful. In fact, it is precisely for this reason that the current text was written—to raise the level of knowledge of the mental health practitioner who provides psychological services to adoptive parents. In the next section, we see some of the problems adoptive parents may encounter as they pursue services through therapists lacking a background in adoption.

SERVING THE NEEDS OF ADOPTIVE PARENTS

Best practices in all mental health services demand that practitioners have mastered the accumulated knowledge from research and clinical practice for whatever problem or issue the client is seeking services. When mental health professionals are not adoption-knowledgeable, and yet provide services to adoptive parents, problems arise such as the following:

A prospective mother went to a psychologist for personality testing in conjunction with her adoption application. The assessor proceeded through the evaluation, at the end of which she asked the prospective mother her reasons for wanting to adopt. The mother explained that although she had three biological children, she wanted to adopt a child from a particular country for humanitarian reasons. Also, she indicated that she would love to have a fourth child. The assessor expressed the view that the mother could be taking on a great deal of trouble and should seriously consider the toll on other family members. She ended her comments saying that from her knowledge of adopted children “things didn’t tend to turn out well.”

This vignette calls to mind the truism “a little bit of knowledge can be a dangerous thing.” This psychologist’s comments designed to discourage the woman from adopting, were half-true, but half-false. Yes, adopted children do exhibit more problems than nonadopted children and these differences are due to the early history of the adopted child. However, what the assessor did not appear to know is that with the proper supports, and sometimes even in their absence, if particular protective factors are present, then parents and children do very well. This psychologist may have been competent to do an assessment, but she was not competent to do pre-adoption counseling. She went beyond the parameters of her role.

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A second example concerns an issue of contact with the birth mother:

An adoptive mother, a single woman, had been seeing a therapist, a clinical social worker with a psychodynamic orientation, off and on for many years, even long before she contemplated adoption. The therapy covered a range of concerns including the mother's relationship with her own mother, and the dissolution of her marriage. This adoptive mother's daughter, Jill, was now 12 years old. The issue she was currently discussing in the therapy was the fact that the biological mother was lessening her contact with Jill, and it was painful to both adoptive mother and Jill. Jill had invited her to a number of school performances and the birth mother declined.

The therapist revealed that she had always been puzzled by the daughter's capacity to have relationships with both biological and adoptive mothers, and she felt it could well be confusing to Jill. She said she believed that this development was positive despite the misery it caused because it would create greater clarity for Jill on who the authority figure is in her life. The mother was somewhat perplexed by the therapist's comment because she did not believe that Jill was in any way confused about her adoptive mother's distinctive role. The mother felt that the therapist failed to grasp that the lessened attention was a loss for both her and her daughter.

In this situation, the therapist uses her theoretical orientation as a guide to intervention without a full understanding of the phenomena at hand. She fails to appreciate the value that knowledge of and contact with birth parents can have in the lives of many adoptive children such as Jill, although certainly for some, contact is not indicated. In the absence of specific information about adoption, therapists naturally fall back on what they already know, cultural values or what theory dictates. Inevitably, circumstances will arise—such as those in the vignette—that demand more particular, adoption-related knowledge for an appropriate response.

Often clients will have developed a therapeutic relationship prior to their adoption of a child. Given the great importance of the therapeutic alliance, it is most reasonable that once a client forges a successful relationship with a therapist, he or she would want to continue with that therapist. We are not recommending that adoptive parents in a knee-jerk fashion abandon therapeutic relationships they already have formed. Rather we are encouraging that those therapists whose clients experience that life-altering event of adoption take the necessary steps to educate themselves about adoption. In some situations, however, the problems that are tied to adoption may be so complex and severe that they may necessitate calling on someone who specializes in adoption.

A third example concerns a circumstance in couple therapy:

A couple, a pair of adoptive parents, saw a couple therapist about conflicts they were experiencing about raising their three adopted sons, a sibling group from Haiti. The wife felt that the sons had no playmates who were adopted or who looked anything like them. The mother felt that as the children advanced in age, it was imperative that they had access to children whom they could perceive as like themselves. She suggested moving, or sending the children to a school that would provide a more diverse social landscape. Her husband thought that such changes were excessive. He pointed out that overall, the boys had done quite well: They earned good grades in school and had many friends. The mother argued that having friends who looked like them was vital to their development of a healthy sense of identity. The therapist attempted to assist the husband and wife in

finding middle ground, for example, sending the boys to a camp that would accomplish the mother's goals. Yet, the mother felt that the therapist had not heard her at all and was minimizing the issue she was raising.

The issue of identity construction becomes more important as children move into the years of early adolescence. In interracial adoptions, the matter is especially tricky in that the task of the child is to recognize and integrate all parts of him- or herself. These parts include the child's own race, the parents' race(s), his or her own ethnic/cultural background, and that of the parents. The couple therapist was understandably conceptualizing the problem as a relationship issue and was working on the skill of compromise. However, from the perspective of the adopted children, the issue was developmental: What would be optimal to help these boys develop healthy self-esteem and an inclusive identity?

The therapists in our vignettes are proceeding in the way an ordinarily competent therapist might if he or she lacked a background in adoption. In all likelihood, none of these therapists had had the advantage of graduate training in adoption because the presence of adoption topics in graduate curriculums in mental health disciplines is exceedingly rare, almost nonexistent. Some might argue that graduate programs cannot cover everything. As true as this point is, it is worthwhile to consider Henderson's (2007) observation that most graduate programs provide coverage of the topic of schizophrenia, and clinicians are far more likely to come into contact with members of the adoptive triad than persons with a schizophrenic diagnosis. Although continuing education opportunities do exist, to take advantage of them therapists need a recognition that adoption is a life-transforming experience that continues to unfold over the lives of adoptive parents, birth parents, adopted children, and other members of the *adoptive kinship network* (that is, the constellation of biological and adoptive family members, and other important individuals in the family's life). Apart from the silence from graduate training programs in this area, another reason that therapists are inclined to disattune themselves to adoption issues is because they are reflecting the prevailing view of society about adoption. Adoption is broadly regarded as an event that occurs in a moment of time. Once a child is adopted, the family's situation is regarded as identical to that of other families. This view exists alongside a sense that adoptive parenting is something less than biological parenting. To a large extent, denial that adoption is not single event but a lifetime process exists as a camouflage of societal notions that biology trumps other types of connections. The consequence of this posture is significant: Although much has been done by governmental entities to help children find permanent families, little has been offered to assist families once a child enters his or her forever home (Smith, 2010). Support is especially lacking outside of the child welfare system. This circumstance leads families to seek private service from generalist practitioners.

General practitioners themselves attest to their lack of preparation for addressing the issues of adoptive families. A survey (Sass & Henderson, 1999) of 221 psychologists revealed that only 22% saw themselves as "well prepared" or "very well-prepared" to treat adoptive parents. Adoptive families also experience this lack of effectiveness on the part of many clinicians. Porch (2007) reported that members of the adoption triad report that they must travel from therapist to therapist before they find one who understands their special concerns.

For the generalist therapist who wishes to treat adoptive families, we recommend an immersion in the adoption literature, involving reading books such as this one and other books focused on other members of the triad and various online newsletters that provide a wealth of information on adoption. We also see as enormously helpful attending adoption conferences where participants have an opportunity to hear from all members of the triad, and other members of the kinship network. These training experiences should be used to enhance reflection on clinical work with members of the adoption triad. From pursuing these directions, the generalist mental health practitioner, although not being an adoption specialist, will achieve adoption competence and a level of knowledge uncommon for a generalist practitioner. As such, it can serve as a springboard for further work with this population. This background will also give the general mental health practitioner recognition of the circumstances in which a referral to an adoption specialist is essential.

HISTORY OF ADOPTION

Many fine sources provide a history of adoption, both within the United States (Esposito & Biafora, 2007) and beyond (Askeland, 2006); in fact, entire texts (Carp, 2002; Herman, 2008) are devoted to this topic. This chapter looks at the historical aspects of adoption from the vantage of the adoptive parent. We believe that those mental health professionals who treat adoptive parents should know something about the history of adoption. Among the many reasons for therapists treating adoptive parents to have some familiarity with the broad lines of this history, two are particularly salient. By seeing how adoption and adoptive parents have been regarded over time, the mental health professional can more easily recognize the distinctive aspects of the current adoption landscape. Some notions that can seem self-evident—such as the idea that the well-being of the adoptive child would be paramount in the eyes of the adoptive parent—have been inconstant over the history of adoption. Second, certain tensions within adoption practices—such as balancing the rights of different stakeholders—have been recurrent over the history of adoption. The identification of these tensions and recognition of their longevity enable researchers, ethicists, practitioners, and others in the adoption community to see where resources should be brought to bear to solve inherently difficult problems. This brief history will provide a context for examining the multidimensional characteristics of contemporary adoptive parents.

European History

From ancient cultures through the industrial revolution, many important developments in adoption took place in Europe, particularly Western Europe. These changes concerned the definition of adoption and the societal and personal needs it was envisioned to fulfill.

Ancient Cultures

When the Pharaoh's daughter found Moses (Exodus 2:10), his adoption was not characteristic of the times. In fact, it was not typical of ancient civilizations as a whole. Jochebed, Moses' mother, placed the baby Moses in a basket in the reeds on the bank of the Nile. She trusted that the kindness of strangers would protect her child from the Pharaoh's intent to kill all Jewish newborns. On encountering the helpless child,

the Pharaoh's daughter responded as Jochebed had intended—she took the baby Moses under her care. Although this story has facets for each member of the adoptive triad (for example, it was a first example of a birth parent actively placing a child), in this case it would seem that the adoptive mother, the Pharaoh's daughter, was motivated primarily by concern for the child's well-being. It would be many centuries later that the desire to respond to a child's need was the driving force behind an individual's seeking to adopt a child.

The Hammurabi Law Code, the first known code that regulated the practice of adoption, was written in Babylonia in 1780 BCE. Its laws ensured that if the parent provided sustained care for a child, the adoption would have permanency. It specified that under particular circumstances, the adoption could be terminated, but the adoptive parent was seen as having obligations to provide for the child once the adoption is established. This law also spoke to what might have been in Babylonia a motive for adoption—the failure of a couple to produce their own biological offspring. In the 21st century this same motive remains predominant as we saw in our third example at the beginning of the chapter (Doris and Basil).

In ancient Rome, either or both of two motives drove the common practice of adoption (Colón & Colón, 2001). First, men adopted sons for the purpose of having an heir, a motivation demonstrating the lesser emphasis placed within that culture on genetic ties, relative to that of the present day. Second, adoptions occurred to forge an alliance between typically aristocratic families. As this latter motive might require, once the adoption was established, an active relationship often existed between birth and adoptive families, and the adopted child was not impeded from maintaining ties with his biological mother and father. As in contemporary society, both formal and informal adoption existed. The *familia*, as distinct from the nuclear family, might include alumnae or permanent foster children whose needs and well-being may or may not be served by their circumstance (Rawson, 1986). In ancient Rome, only men adopted because it was the male's lineage whose continuation was sought. Yet, toward the end of the Roman Empire, Christian emperors allowed women to adopt (Lindsay, 2009; Shaw & Saller, 1984). One reason this expansion was important was that it signaled that society was broadening the range of human needs for which adoption was seen as a solution.

Middle Ages

The Roman Catholic Church was the dominant influence on adoption during this era. Adoption was firmly established within the writings of St. Paul who saw the relationship between God, the father, and Christians as an adoption. In the late Middle Ages, the renowned Italian philosopher St. Thomas Aquinas (1274) developed the parallel between God and God's children, and adoptive parents and their children. Early Catholic canon law was rooted in the conception of adoption within the Roman Empire (Pollack, Bleich, Reid, & Fadel, 2004). However, as the Middle Ages progressed, social disorganization occurred as tribes invading the Holy Roman Empire dismantled social structures, which gave greater importance to adoptions to remedy the plight of abandoned or dispossessed children (Pollack et al., 2004). Yet, adoption was not the only means of caring for such children. *Oblation* refers to the practice of giving a child to a convent or monastery for the purposes of religious life. The novel *Pillars of the Earth* by Ken Follett (1989), set in the middle of the 12th century, features a character, Jonathan, who is abandoned by his destitute father on the death of Jonathan's mother. Jonathan is taken in by an order of monks who planned for him

a religious profession. Even when the father rediscovers his son, he allows him to be raised by the monks who adopt the boy in an informal way. Such arrangements were not unusual.

The Renaissance and Adoption

During the Renaissance, the many children who lost parents found themselves facing deplorable conditions, as they remained largely unprotected by society. Yet, during this period we see the glimmerings of a slowly awakening social conscience that would ultimately offer some of these children the structures that would safeguard their well being. Because of the scourge of plagues, and poverty, many children found themselves alone. Terpstra (2005) draws a picture of the fate these children suffered. He notes that they either cared for themselves on the street or were cared for by others in diverse ways. Older siblings cared for some children. Others sought refuge in orphanages, where the administrators came to see themselves as paternal and maternal figures. Still other children would apprentice with artisans, and, as Terpstra notes, this relationship constituted a kind of informal adoption. In general, formal adoption was fairly unusual during the Renaissance.

The European Industrial Age

During the Industrial Age when societies turned to machines to make labor more efficient, children were seen as a resource given their ability to operate these machines as well as adults (Hackett, 1992). As in Medieval and Renaissance periods, many children without parents found themselves working as indentured servants but others were adopted to provide families with labor resources (Groza & Rosenberg, 2001). The abuse of children was captured in literary works of the time, perhaps most memorably Charles Dickens' *Oliver Twist* (1837). In Oliver's odyssey, we see many of the conditions that befell children of that era. Oliver begins as an orphan after his mother dies of illness and his father mysteriously disappears. At the age of 9, he is consigned to a workhouse, but when he asks for a second helping of food, a task assigned to him by less ingenuous boys, he is perceived by the management as a diminutive reprobate and reassigned to work as an apprentice. When intolerable conditions within his new environment compel Oliver to escape, he travels to the city where the Artful Dodger ensnares him, and, ultimately, Fagin, who becomes a kind of malevolent father figure, indoctrinates Oliver to the world of crime. Many further plot developments consummate in Oliver being extricated from Fagin and reunited with his family, in particular, his mother's sister. His ultimate destiny was a kind of kinship adoption. *Oliver Twist* and other novels and articles appearing in the popular press performed a service in nurturing public outrage and empathy for the plight of children.²

Adoption in America

The history of adoption in America was no less dynamic than that in Europe.

Adoption in America in the 20th Century

Many of the conditions of poverty, disease, and overcrowding documented in Europe also affected large Eastern cities in the United States, particularly New York and Boston. These cities were often the destination for the many immigrants who came to the United States from Europe. Child relinquishment was a common problem because many parents simply did not have the funds to provide for their children. Impoverished

parents would attempt to secure a safe harbor for their progeny with the hope and expectation that when circumstances were more favorable, they would be reunited.

Prominent among the efforts to create a safe harbor was the program established by Charles Loring Brace, founder of the New York Children's Aid Society (CAS). Beginning in 1854, children who were of an age to be able to work were sent by train³ to parts of the country where labor was needed. Based on Brace's notion that children are better served by abiding within families rather than institutions, groups of children were transported to other parts of the country in the hope that they would be chosen by a family who would care for that child (O'Connor, 2001). Esposito and Biafora (2007) note that the program, though involving a work element, was envisioned to abet these children in meeting their physical, emotional, and educational needs.⁴ In fact, work and the well-being of children were viewed as compatible elements in that, from the vantage of the Protestant work ethic, work improves character. Some receiving families were motivated by the opportunity to obtain subsidized labor (O'Connor, 2001). Others, driven by their concern for the suffering of children, their longing to build their families, or an admixture of both motives, reared these children as they would have their biological children. As time went on, the transported children were younger and younger in large part in response to the interest in adopting these children rather than treating them as indentured servants.

In placing children, CAS did not strive to make a match between the receiving family and the family of origin. For example, Irish Catholic children were placed in Protestant homes and were indoctrinated in the Protestant faith. In response to this development, representatives of the Catholic and Jewish faiths founded their own organizations to enable children to be in a context consonant with their religious backgrounds (Esposito & Biafora, 2007). Both the CAS program and the response to its breadth of application raised the issue that has been a perennial one in the adoption field—the extent to which the placement of a child in a family should be predicated on the degree of similarity between the two parties along certain dimensions.

In 1851, the first state law, “An act to provide for the adoption of children,” was passed in Massachusetts; it required that for an adoption to proceed, the consent of the biological parents must be obtained (Mabry & Kelly, 2006). This statute was groundbreaking in that it required a judicial review for individuals to be granted the status of adoptive parents; a judge had to be convinced that this legal action was in the best interest of the child. Initially, this statute received very little attention in the other states (Adamec & Miller, 2007), but by 1925 all 48 states had enacted some type of adoption legislation (Wegar, 1997).

In the beginning of the 20th century, a very gradual shift in the notion of childhood occurred (Briggs & Marre, 2009). Less commonly was the child perceived as a diminutive adult, capable of being deployed for adult purposes, and more commonly was he or she regarded as a human being in a distinct period of life. The societal recognition burgeoned that the responsiveness of adults shaped the child's capacity to develop.

In the 1930s, major developments occurred in the application of the “best interests of the child” principle (Freundlich, 2007). First, states increasingly required that the agencies involved in the placement of children be licensed. Second, standards for adoptive parenting were raised as the statutory requirement of home visits of prospective adoptive parents was established. Third, permanent record keeping of adoptions became a mandated component of the process (Freundlich, 2007).

The flourishing and formalization of adoption were part of the progressive aspect of U.S. culture and the growth of the middle class (Melosh, 2002). Middle-class

individuals perceived themselves as actively choosing the families they wanted. Individuals chose their spouses based not on the need to satisfy family obligations or preserve wealth, but to establish romantic love as the foundation of marriage. The role of choice in creating families was underscored by the availability and burgeoning use of contraceptives. Melosh writes that consistent with the zeitgeist of the times, the perception was that “those denied parenthood by nature might in turn defy the sentence of infertility through adoption” (p. 16).

During World War II, European countries provided for imperiled, abandoned children by engaging in intra- and intercountry adoption. Within the United States, this practice was not broadly embraced until after the Korean War when children, often racially mixed, immigrated from South Korea and were adopted by American families (Briggs & Marre, 2009; Selman, 2009).⁵

Postwar Developments

Amidst many developments during the years from 1945 to 1970, a particularly significant movement for all members of the adoptive triad was the sealing of adoption records. Although some states had sealed adoption records much earlier, many more took this step in the 1940s and 1950s. The sensibility driving policy about adoption was a protraditional family, pronatalist view that saw the purpose of marriage as giving birth to and raising children (Samuels, 2001). Hence, the childlessness of a married couple is a situation in need of remedy, and if that couple cannot have its own biological children, then adoption becomes a viable alternative. Reciprocally, children—so the view held—are best served by being raised by a married mother and father. Another situation in need of remedy is the unmarried pregnant woman; again, adoption is a solution. Just as sealed records were a reflection of an attitude about family, so, too, was this mandated secrecy a causal force in its own right, shaping adoptive attitudes toward the other members of the triad. As Lifton (1994) noted, it created a kind of oppositional dynamic between birth and adoptive parents. It also conveyed implicitly that were greater openness to occur, some negative, possibly catastrophic, consequences would ensue. For example, adoptive parents may have felt a sense that the adoption would be undone by the child’s reconnection with the birth parents. Psychoanalytic theory may have inadvertently supported this notion as well. Healthy development was seen as predicated on children resolving their oedipal struggles, which used as a template one mother and one father. Evidence exists that these kinds of worries continue today (Zhang & Lee, 2011), particularly when families do not obtain adequate support before and after the adoption.

1970s Through the 1990s

The past three decades of the 20th century saw a more considered response to issues pertaining to adoption. Key issues in relation to adoption have crystallized over the past several decades. Different constituencies achieved a clearer and stronger voice by recognizing that uniting with one another increases their power. Hence, the conversation about adoption is not merely among individuals, but groups of individuals. The consequence of these conversations is the forming of complex adoption policies that take into account the needs of multiple stakeholders, especially but not exclusively the child, the adoptive parent, and the birth parent. These policies have been informed not only by the voices of the triad members and other groups but also by the accretion of information about adoption phenomena. For example, Biafora and Esposito (2007) write about the importance of local, state, and national population surveys in

recognizing adoption patterns. The systematic collection of data and maintenance of national databases—especially for international adoptions—and the tracking of cases have enabled a clearer identification of problems necessitating solution.

Recognizing the Adoption Triad

One example of such a problem was the large variability that existed among statutory requirements for all aspects of adoption. This variability invited confusion and abuses. As Freundlich (2007) points out, one type of abuse was states' attempts to relieve themselves of caring for needy children by placing them in foster homes in other states. The *Interstate Compact on the Placement of Children*, developed in 1974, was enacted to protect children by establishing a uniform set of procedures for the movement of foster and adoptive children across jurisdictions in the 50 states, the District of Columbia, and the Virgin Islands. Among the protections it offers is the requirement for both sending and receiving parents to provide written consent before a child is moved. It also mandates that children who have been placed receive monitoring to ensure that their well-being is being served. The Compact is continually being examined for potential revisions to bring the ways in which states implement the code in greater conformity with one another.

The members of the adoption triad were finding their voices in diverse ways. Birth parents became increasingly active in challenging the abrogation of their rights. A number of key federal court decisions (for example *Stanley v. Illinois* [405 U.S. at 645] in which Stanley successfully appealed that he had never been shown to be an unfit father despite being unwed) occurred that gave birth fathers the power to give or withhold consent in whether their offspring would be adopted. The practice of sealing adoption records was challenged by search activists (e.g., Lifton, 1976), many of whom were adopted children, who saw access to information about biological parents as a basic human right. Feminists argued that the sealing of adoption records was a punitive practice in relation to birth mothers, many of whom do not freely relinquish parental rights (DeSimone, 1996). As is discussed in the next section, this issue is very present today.

Permanent Homes for Foster Children

For many years, a situation existed in which foster children would languish in a foster home for many years or be moved from one foster home to another. These children were deprived of the right to permanent and predictable attachments.⁶ African American and Hispanic children were shown to have longer tenures in foster homes than Caucasian children. In part, this trend was a response to advocacy efforts by the National Association of Black Social Workers and others in the 1970s: they held that to develop a strong sense of racial identity, African American children needed to be adopted by parents of their own race (Brooks, Simmel, Wind, & Barth, 2005). Research (for example, McRoy, Zurcher, Lauderdale, & Anderson, 1984; Silverman & Fiegelman, 1981) demonstrated that in many respects, those children who grew up in a transracial family demonstrated outcomes comparable to those whose family members shared their race.

An effort to address this problem occurred in 1997 when President Clinton signed into law the Adoption and Safe Families Act (ASFA, Pub.L. 105–189), which established timetables for a child's foster care status and offered financial incentives to states for completed adoptions. The number of adoptions from foster care did increase although some argue that this trend was underway prior to the legislation. A diminution in the number of children in foster care waiting to be adopted has also

occurred. For example, in 2002, almost 134,000 foster children were waiting to be adopted, whereas in 2009, this number had dropped to 114,500 (U.S. Department of Health and Human Services, 2010). This act has been quite controversial; those who perceive it as encroaching upon the rights of biological parents or who see it as insufficiently effective in promoting permanency have attacked it (see Gendell's discussion, 2001). Related to this change is another trend: Whereas prior to 1985, foster parents were encouraged to embrace exclusively this role, subsequently they were invited to be open to the possibility of adopting those children they foster.

Whatever benefit is derived from the implementation of this law, by no means is it sufficient to address the problem of the many children in foster care. One need is for individuals other than foster parents to adopt. In a recent survey of attitudes toward adoption conducted by the Dave Thomas Foundation for Adoption in cooperation with the Evan B. Donaldson Institute (Evan B. Donaldson Adoption Institute, 2002), it was found that out of 10 Americans, four had considered adopting a child at some time. This statistic may speak to an untapped pool of adoptive parents. Yet, the study also shows that Americans harbor worries and concerns about foster children and adoptive children. For example, 82% of all Americans believe that a significant risk exists that the birth parent would attempt to reclaim the child following adoption although such events are rare. Educational programs to address those misconceptions that discourage individuals from adopting a child, despite an interest in doing so, may be part of the solution to helping the 114,500 children currently in foster care to find permanent homes.

Beyond legal and attitudinal changes, we need good scientific information about the foster-to-adoption transition. Goldberg, Moyer, Kinkler, and Richardson (2012) identified a variety of special challenges faced by foster parents as they move toward adoption. These include legal difficulties, issues related birth parents, and problems in interactions with social service agencies. The creation of mechanisms to alleviate these sources of stress for foster/prospective adoptive parents is likely to enhance their ability to respond optimally to their child.

The 21st Century

Adoption practices are integrally connected with developments in the sociocultural landscape, and these changes—particularly over the past 50 years—have been significant. As many (e.g., Grotevant & McRoy, 1998) have pointed out, the sexual revolution of the 1960s lessened the stigma associated with being a single mother, a stigma that had motivated many women to develop for their birth children an adoption plan. Particularly within the United States but also within Western European countries, women who are pregnant and unmarried are far more likely to parent their children than they once were. The consequence of this shift is the radically decreased availability of domestic children. The one exception is the availability of older foster children. However, many couples desire an infant. To satisfy the wish for a child, many couples now look to international adoption. This circumstance not only exists within United States but also within many developed countries. According to a United Nations (2009) report, out of 27 receiving countries, international adoptions account for over 50% of all adoptions in 20 of them. In the United States, it currently accounts for approximately 15% of all adoptions.

Intercountry Adoptions

International adoptions enabled many vulnerable children to receive loving and permanent homes. Yet, documented occurrences of fraud and abuse such as child

trafficking across a number of countries made abundantly clear the fact that the necessary safeguards had not been established to provide for the safety of children, their biological families, and prospective adoptive parents. For example, according to Fonseca (2009), articles appeared in Brazilian newspapers in the 1980s describing stories of children mysteriously disappearing from maternity wards and lawyers seeking to make extraordinary profits from prospective parents.

In response to these extremely serious problems, in 1993, 66 countries came together and signed *The Hague Convention on the Protection of Children and Cooperation in Respect of Inter-Country Adoption*. Although the United States signed the convention in 1994, the agreement did not enter into full force until April 2008. The treaty established the “best interests of the child” as the paramount concern in adoption decisions. It also established principles and processes by which adoptions would be conducted. According to this treaty, adoptions could be approved only after the biological mother had freely given her consent and in the absence of financial remuneration. To ensure compliance with the terms of the agreement, participating countries agreed to establish a central authority for the regulation and supervision of adoptions. The Hague Convention was designed to protect all members of the adoption triad. It offered the adoptive parent much more transparency in the adoption process. For example, it required that adoption agencies provide prospective parents with a contract that specified crucial elements such as an itemized fee structure and a specification of the relationship between the agency and the provider. The Hague Convention requires that adoptive parents obtain 10 hours of education on international adoption.

Although the Hague Convention undoubtedly helped to protect members of the triad, it has by no means eliminated all abuses. For example, the Schuster Institute for Investigative Journalism, headed by E. J. Graff, released a report (Graff, 2010) reflecting the analysis of evidence of why the United States needed to close adoptions from Vietnam. According to one investigation, women had been told that their children would be adopted domestically and would be returned to them when they were 11 years old. The evidence also suggested that the motive for these abuses was monetary and that essentially, children were being sold. Vietnam, like other countries such as Ethiopia and Liberia, is not a Hague convention country (U.S. Department of State, 2011).

Research Efforts in Adoption

In the past several decades, large-scale investigations have been carried out such as the National Survey of Adoptive Parents (NSAP, see Bramlett & Radcliff, 2010, for an introduction), a collaborative effort of multiple agencies of the U.S. Department of Health and Human Services based on data collected between April 2007 and July 2008, and the reader will see these projects described throughout the text. Such broad-based efforts provide a treasure trove of information capable of answering innumerable questions about the characteristics and outcomes of adoptive families.

Smaller-scale studies have addressed specific questions such as the effects of institutionalization and caregiver behavior on children in orphanages, some of whom would be adopted. For example, Groark, McCall, and Fish (2011) investigated three institutions for young children in Central America. The researchers found that the structure of care was not conducive to the children’s forming a secure attachment with their caretakers. The caregivers would work extremely long shifts and then be off for several days. As children entered a new age group, as defined by that institution, they would receive a new set of caretakers. The focus of the caretakers was on physical ministrations to the children; although some affection and verbal interactions

occurred, the demand of custodial activities limited them sharply. In their interactions with the children, the “caretakers displayed substantial detachment, lack of availability and receptivity to children, failure to respond to children’s overtures, little support or empathy for children, and little animated or expressive interactions, all in a climate of low affect (both negative and positive)” (pp. 245–256). The children tended to demonstrate indiscriminant friendliness, noncompliance, and provocative behavior. They also manifested a low level of cognitive performance. Therapists working with adoptive parents benefit from knowing about such studies because it helps the therapist avoid making an assumption that was once commonplace: If the child is experiencing difficulties, something must be wrong with the family, or more specifically, the adoptive mother and father (Smith, 2010). The therapist who can realize that at times adoptive parents face extraordinary challenges based on a child’s background is far more likely to show the adoptive parent empathy and respect for the complexity of his or her parenting challenges.

Heterogeneity in Adoptive Parents

Another trend in contemporary adoption is the broadening of who can adopt. Increasingly, adoptions are no longer the exclusive province of the married male and female who generally have considerable financial resources. Rather, adoptions are opening up to a greater range of prospective parents. A tax credit for adoptive parents, established in 1997 and renewed in 2010 in conjunction with health-care reform, has broadened the socioeconomic inclusiveness of adoption. Also, as of 2010, it is both a credit and a refund, and families adopting special needs children from foster care are not required to itemize expenses (North American Council on Adoptable Children [NACAC], n.d.). More is said about heterogeneity among adoptive parents in the next section.

CONTEMPORARY CONTROVERSIES

For those therapists and human service professionals working with adoptive parents, having a cognizance of the outline of the history of adoption helps in developing an appreciation for the current era in which adoptive parents perform their caregiving functions. The here and now of adoptive parenting is characterized by a number of controversies that represent different and sometimes colliding conceptual frameworks in understanding what adoption is and how the life of the adoptive family should unfold. Many of the issues that adoptive parents bring into treatment will have a connection to these controversies. For example, an adoptive mother and father may come into treatment because they disagree on what level of openness to have in their relationship to the birth parents. A gay man may enter treatment because of discrimination he has endured in his effort to adopt a child. In recent years, adoption stories have received a great deal of media attention (Pavao, 2005), and this occurrence has led the public to register reactions to adoption controversies. This attention has in some instances been useful in raising awareness of adoptive phenomena and has been instrumental in bringing about necessary reforms. At times, though, it has led to the escalation of tensions, making the development of constructive resolutions more difficult. Controversies are important to recognize because their resolution frequently leads to change in public policies in the short term, and societal attitudinal change in the long term.

The Openness Dilemma

One of the most controversial issues pertaining to adoption is what level of openness in the relationship between birth parents and adoptive parents is in the best interests of the adopted child, the relationship between the adoptive parent and the adopted child, the well-being of the adopted parent, the relationship between the birth parent and adopted child, and the well-being of the birth parent. Early in this chapter, we presented a vignette pertaining to openness. In this vignette, the birth mother had been making less contact with the adoptive family than either the adoptive mother or adopted child liked. As this example implies and as Grotevant and McRoy (1998) note, openness is not a binary concept (opened/closed) but rather a continuum from high to low with different families locating themselves at different points along this continuum. Over the centuries, societies could be characterized as residing at different positions along this continuum. For example, in the middle of the 20th century, society-at-large embraced a closed position in relation to adoption. A closed system was seen as protective of the birth parent in that it spared her the stigma associated with an out-of-wedlock pregnancy. It was designed to protect adoptive parents in that it hid fertility problems, and adoptive children in facilitating their seeing themselves as the same as other children. Psychological health would be promoted in all parties—so this position held—if the stakeholders proceeded as if the adoption had never occurred, a position Kirk (1964a & b) described as the rejection of difference (RD) attitude.

A Trend Toward Openness

More recently, movement has occurred within U.S. society toward a much more open position on the continuum of openness. Like all societal shifts, this transition has been spurred on by multiple factors. Increasingly, birth parents, particularly in U.S. domestic adoptions, have rejected the position that establishing an adoption plan for their children must entail a total break in their relationship with them. Adoption agencies supported the trend toward greater openness: Birth mothers who were uncertain about their capacity to raise a child but wished to ensure his or her well-being by selecting the adoptive parents would be better able to accommodate the demand for children to adopt. Some adopted children have railed against a system that denied them the information and contact opportunities to consolidate their identities and have relationships with their birth kin (Grotevant, Perry, & McRoy, 2007). Yet, others bear their lack of information about their origins in silence and, at least in some cases, suffer severe psychological consequences. As Betty Jean Lifton (1994) writes, “Having abandoned their need to know their origins for the sake of their adoptive parents, they are left with a hole in the center of their being. They feel they don’t exist” (p. 7). Among adoptive parents are those who wish to maintain some level of openness because of a view that openness benefits their adoptive child, adds richness to their family’s life, enhances their ability to obtain much needed information (e.g., medical), and satisfies their own curiosity about their child’s origins.

Relevant Research Findings

One difference between past and present policy and practices related to openness is that whereas earlier in history, decision making vis-à-vis openness was necessarily rooted in supposition, today policy makers, families, and other stakeholders can inform their stances about openness, at least in part, by an accumulating base of empirical research on the effects of different levels of openness. Grotevant, McRoy,

and colleagues (2007) interviewed 720 members of birth and adoptive families involved in adoption, drawn from 35 agencies across 15 states. Adoptions were classified into one of three types: confidential adoptions in which no information is shared between birth and adoptive parents; mediated or semi-open relationships in which some information is exchanged typically through the adoption agency, which serves as liaison; and fully disclosed adoptions in which information is exchanged directly by the triad members.

The investigators looked at outcomes for children, birth parents, and adoptive parents. They found that for children, the type of openness was not connected to curiosity, self-esteem, identity, understanding of adoption, satisfaction with their families' levels of openness, or socioemotional adjustment (Wrobel, Ayers-Lopez, Kohler, & Friedrich, 1998). For birth mothers, each situation was associated with a distinctive pattern of anxieties. In the mediated and closed situations, the birth mothers had greater unresolved grief. In the open adoptions, birth mothers struggled with their worries about how the children they had parented would be affected by knowledge of their sibling who had been adopted by another family, and by knowledge of the child's economic situation, one that might differ from that of the birth family. Across situations, adoptive parents felt satisfied with the level of openness, secure in their relationship to the child, comfortable with their sense of parental entitlement (the right to fully assume the role of parent; Reitz & Watson, 1992), but fearful that the birth mother would attempt to reclaim the child. On the other hand, individuals in the most fully open situation had greater empathy for the birth parent, and greater understanding of the child's interest in the birth family. They also had less fear that the birth parent would try to reclaim the child.

In a study of foster care adoptions over an 8-year period, Frasch, Brooks, and Barth (2000) found across different patterns of contact between the birth parent and adopted child, adoptive parents felt a high level of closeness to their adopted children.

Taken together, these results fail to show a clear overall benefit of one configuration over another although specific conditions carry particular benefits and drawbacks for adoptive parents and birth mothers. These findings are preliminary and bear replication. The research teams acknowledged methodological limitations of the studies—an aspect these studies share with others. With these caveats in mind, we might suggest that these findings point to the importance of an individualized approach to decision making in relation to degree of openness. The two facts—that no one configuration had a commanding superiority over others and that neither closed or open adoptions bring the harm forecasted by their opponents—give leeway to the individual family to make decisions in terms of their own values, personalities, and other circumstances. An example of such a circumstance would be a family structure in which two adopted children had different birth parents. The adoptive parents may wish to have a roughly comparable level of openness so that neither child feels deprived.

Openness as an Attitude

Brodzinsky (2005), one of the foremost contributors to the adoption literature, provides a reinterpretation of the concept of openness. He notes that where as historically openness was viewed as a structural arrangement, a potentially more heuristic perspective is openness as an attitude. This notion of openness may be more predictive of mental health variables than its conceptualization as absence or presence of communication in that it may better account for variation in adoption outcomes. An openness attitude incorporates an acknowledgment that the structure of involvement

among members of the adoptive triad may be largely due to a variety of accidental factors. For example, in the adoptions in Haiti, some birth parents died. As Brodzinsky notes, in other cases the birth parent may not be found. Yet, in these circumstances the adoptive parent could demonstrate a willingness to acknowledge and celebrate a child's history with that child and others, and to enter into a relationship with the child's kinship, birth and adoptive. Openness also means a willingness to engage the child with difficult topics associated with the adoption. Many older children who are adopted have been subjected to trauma of different sorts (Gray, 2002), and parents are sometimes hesitant to approach this material lest the child be retraumatized. Although this concern is understandable, a commitment to openness entails securing the necessary professional help so that a revisiting of painful life events will be constructive and reparative. Levy-Shiff (2001), looking at openness in a way consistent with Brodzinsky's, contrasted the adult children of adoptive parents who show a high openness to discussion of adoption-related topics with the children of parents who are more closed. She found that the former had a higher level of adjustment than the latter.

The Status of Records: Open Versus Closed

A related issue is the closed versus open legal status of records. In consistency with the view that closed adoptions are preferable, society developed the structures to promote closed adoptions, and permanently sealed records were a core feature of this structure. As Pavao (2005) notes, when records are closed it denies adoptive parents the information they need to make plans for the child. Closed records deprive the adult adoptees information to solidify their identity, and the birth parents the chance to reassure themselves on the well-being of the child and satisfy their own longing for contact (Cornell, 2005). The closed record policy treats all adoptive families the same, not recognizing that each has its own pattern of informational needs. Today, all parties of the triad are seeking greater openness and yet, the closed sealed policy is still in force in many states. The effort to change the sealed record statutory policy is a major area of adoption advocacy (Pertman, 2011).

Transracial Adoption

Contemporary adoption practice has also been characterized by debate as to effects of diversity in the adoptive family, particularly between adoptive parent and child. As noted, any view that African American children would be severely harmed by being adopted by Caucasian parents was challenged by the research showing that these children were as well-adjusted as their peers in black families. In a meta-analytic study, Juffer and van IJzendoorn (2007) examined 18 studies and found that no difference was obtained between the self-esteem levels of transracially adopted children and children who shared their parents' race. Yet, as Roorda (2007) reminds us, level of adjustment does not capture all that characterizes a human being. For example, to what extent does the individual have an identity that comprehends all that they are—including those elements that distinguish them from the adoptive family?

Although major support for limiting adoptions based on race no longer exists, we need to know how transracial families can best promote the child's identity development. Adoption texts now address the important topic of how transracial families can best meet the adoptive child's need to maintain strong connections with his or her culture of origin. For example, adoptive parents are encouraged to live and school their children in communities in which the children will encounter individuals who are similar to them in

all important respects. However, the consensus in the field seems to be that much more work on this challenge should be pursued. At present, it should be noted that therapists who work with adoptive parents need an appreciation of the potential significance of the parents' approach to racial differences to parents and children's well-being and be encouraging of parents' attention to this dimension.

Gay Adoptive Parenting

Currently, society places formidable obstacles to those gay and lesbian couples who wish to adopt. Government entities, adoption agencies, and members of society who promote the notion that parenthood is the exclusive province of heterosexual individuals pose these obstacles. If a member of a gay or lesbian couple becomes a parent via adoption, surrogacy, artificial insemination, or other means, that individual receives full legal rights vis-à-vis the child (Pawelski et al., 2006). Yet, given current state laws, that individual's partner achieves formal legal parental rights with difficulty or not at all. Some states allow for same-sex couples adoption, some second-parent adoption, and others, neither possibility (Appell, 2012). When both parents are unable to adopt, role ambiguity ensues. In the instance of divorce, the non-adoptive partner has no legal access to the child regardless of the number of years he or she may have been involved in the child's life.

Multiple investigations (e.g., Farr, Forssell, & Patterson, 2010; Patterson, 1994, 1997) have documented that the children of gay and lesbian parents are as well-adjusted and healthy as children from heterosexual relationships. Gartrell and Bos (2010), based on a longitudinal study U.S. National Longitudinal Lesbian Family Study following children born to lesbian couples in the late 1980s and early 1990s, have found generally that these children are successful socially and academically. Some of these children reported experiencing peer teasing. Averett, Nalavany, and Ryan (2009) found that gay/lesbian and heterosexual adoptive parents encounter many of the same risk factors (for example, sibling adoption) for their children's psychological difficulties and protective factors (for example, financial resources enabling the purchase of therapy and medical treatment).

The obstacles to gay and lesbian individuals' adopting affect not only themselves but also children and communities. Kaye and Kuvalanka (2006) found that in jurisdictions in which gay and lesbian parental adoptions are permitted, the number of children in foster care is lower than where they are not. Consequently, a societal challenge is how to develop the protections and rights for these families as those enjoyed by all others. A challenge for the therapist is how to support the gay or lesbian prospective parent through what are often extraordinary obstacles in building a family through adoption.⁷ However, as Brooks, Kim, and Wind (2012) note, this population of prospective parents is distinguished by resilience and persistence. Hence, the task of the therapist is to mobilize the strengths of these individuals.

PRACTICAL POINTS

- Therapists who provide treatment to adoptive parents should educate themselves on adoption theory and research and be aware of societal notions that may influence their views of their clients who are adoptive parents.
- Therapists should be aware of the historical context in which adoption occurs, and have a cognizance of the current controversies that may lead to changes in adoption practices.

- Therapists who work with adoptive parents should recognize the considerable strengths adoptive parents bring to the task of raising an adoptive child and be prepared to mobilize these strengths.
- Therapists should avoid the assumption that when adoptive children have difficulties, it is necessarily because the parents are doing something wrong. In other words, therapists should not blame adoptive parents for difficulties that arise.

CONCLUSIONS

Adopting a child can be a process fraught with many difficulties, and perhaps because of these difficulties, a natural screening occurs. That is, those who surmount all of the hurdles often have considerable resources to offer their child—physical, psychological, educational, and financial. These resources are often much needed in raising an adopted child who may bring to the family challenges that will reveal themselves over time. Therapists aware of these resources will be in a position to help clients to summon them. Therapists also must be aware of the stressors and difficulties adoptive parents face because the alleviation of these are likely to be goals of therapy.

In the next two chapters, we offer two therapist tools in working with the adoptive parent—theory and research. Theories allow conceptualization of the developmental processes by which adoptive parents and children forge relationships over time and research enables the testing and enrichment of those conceptualizations.

NOTES

1. Although this text addresses kinship adoption, it does not take up adoptions by stepparents for two reasons. First, to do justice to this topic, it's necessary to talk about the dynamics of stepparenting, which would take us too far afield in this text. Second, the literature is simply insufficient to ascertain whether these families are best understood as subgroups of step-families, adoptive families, or a third broad classification. The small amount of empirical work (e.g., Bramlett, 2010; Stewart, 2010) that has been done in this area suggests that adoptive families launched by stepparenting have characteristics of both. Although this area has major methodological challenges, we would hope future investigators could surmount them to shed light on this population of adoptive families.
2. Novy (2004) observes that literature has often focused on the topic of adoption because adoption raises fundamental questions such as “What is a family?” through the lens of a particular society. Along these lines, another important Dickens (1852–1853) novel, *Bleak House*, entailed a characteristic type of caregiving relationship in England, the guardianship. John Jarndyce became the guardian of Esther Summerson, an orphan, when she became a young adult. Esther was installed at Bleak House where she served as a kind of domestic manager. Although Mr. Jarndyce was portrayed sympathetically, the potential confusion of this type of caregiving role is seen in the fact that eventually Mr. Jarndyce proposes marriage to the much younger Ms. Summerson. Esther accepts his proposal—largely due to her gratitude for his munificence and her admiration of his character. When Esther's relationship with a more age-appropriate, less parental candidate blossoms, Mr. Jarndyce relieves her of her obligation to marry him.
3. Briggs and Marre (2009) note that this practice was not unique to the United States. For example, beginning in 1618, the United Kingdom sent children to its settler countries (for example, Australia, the United States, and New Zealand), a practice that could be seen as a forerunner of transnational adoption.

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4. The reader can obtain a picture of the experience of a child adopted via the orphan trains by reading Moriarty's *The Chaperone*. The novel also provides the reader with an empathic grasp of an adopted child's intense longing to learn about his or her birth parents to achieve a sense of wholeness.
5. It is estimated that more than 98,000 Koreans were adopted by U.S. families between 1955 and 1998 (Freundlich & Lieberthal, 2007; Holt Korea, 1999; S. Korean Ministry of Health and Welfare, 1999; U.S. Department of State, 1999).
6. According to a research review by Triseliotis (2002) on long-term outcomes associated with adoption versus long-term foster care, adopted children experience a stronger sense of security, belonging, and sense of well-being. Yet, Triseliotis is careful to note that the individual needs of a given child and family may be best accommodated by long-term foster care.
7. Brodzinsky and Pertman (2012) edited a volume, *Adoption by Lesbians and Gay Men: A New Dimension in Family Diversity* that provides an in-depth treatment of this topic. Also adding to this literature is Goldberg's (2012) *Gay Dads: Transitions to Adoptive Fatherhood*, which reports on the experience of 35 gay couples prior to the adoption and 3 to 4 months post-placement.