

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/232541380>

Children's Understanding of Adoption: Developmental and Clinical Implications

Article in Professional Psychology Research and Practice · April 2011

DOI: 10.1037/a0022415

CITATIONS

208

READS

16,119

1 author:



David Brodzinsky

Rutgers, The State University of New Jersey

99 PUBLICATIONS 4,449 CITATIONS

SEE PROFILE

Children's Understanding of Adoption: Developmental and Clinical Implications

David M. Brodzinsky

Evan B. Donaldson Adoption Institute, New York, New York

Because adopted children are overrepresented in mental health settings, their parents often consult psychologists to help them understand and manage some of the unique developmental and childrearing challenges they commonly face. One of the most frequent issues raised by these parents is talking with their children about adoption. This article provides a developmental framework for helping psychologists understand the way children comprehend adoption and the implications of their adoption knowledge for psychological adjustment. It also provides psychologists with useful guidelines for supporting parents to meet the challenges of discussing adoption with their children.

Keywords: adoption, adopted children, adoptive parents, loss, disenfranchised grief

Adoption is associated with many rewards and challenges in the lives of children and parents. On the positive side, it offers the prospect of stability, loving care, security, and lifetime family connections for boys and girls whose biological parents are unable to raise them. For adults, it offers the opportunity to reap the joys of being a parent to children in need; to nurture and guide children's development; and in many cases, to achieve the satisfaction of ameliorating the effects of children's early adverse experiences. In fact, research is unequivocal in its support for the belief that adoption generally benefits children, especially when one considers the alternatives for too many of these youngsters—namely, remaining in neglectful or abusive homes, or in long-term foster care, orphanages, or with parents who are unwilling or unprepared to care for them (Brodzinsky & Pinderhughes, 2002; Palacios & Brodzinsky, 2010; van IJzendoorn & Juffer, 2006).

While adoption offers clear benefits, research and clinical experience also suggest that it is associated with many challenges and complications in the lives of adopted children and the adults who parent them. Adopted children are overrepresented in mental health settings and display higher levels of both externalizing and internalizing symptoms, as well as learning problems, than do their non-adopted peers (Juffer & van IJzendoorn, 2005; Keyes, Sharma, Elkins, Iacono, & McGue, 2008). In contrast, they do not show higher levels of self-esteem problems (Juffer & van IJzendoorn, 2007). Group differences in adjustment, when significant, are generally in the small-to-moderate range for effect size; the

exception is for mental health referrals, where the effect size is large. It is critical to stress, however, that it is not adoption status per se that typically leads to the more serious adjustment difficulties of these children, but rather the adverse circumstances that pre-dated their placements; for example, the legacy of genetically-based problems, negative prenatal experiences (exposure to drugs and alcohol), and pre-placement adversities such as malnutrition, neglect, abuse, parental psychopathology, and exposure to the deprivations commonly associated with orphanage life (Cadoret, Yates, Troughton, Woodworth, & Stewart, 1995; Crea, Barth, Guo, & Brooks, 2008; Gunnar, van Dulmen, & the International Adoption Project Team, 2007; Juffer & van IJzendoorn, 2005; 2009; Rutter et al., 2009).

At the same time, research and clinical experience also have shown that the individual and family dynamics related to adoption can have profound effects on the child's self-esteem and identity (Grotevant, 1997), as well as on parent-child relationships, often leading to adjustment difficulties. Adoption professionals have identified a number of unique challenges associated with adoptive family life that impact children and parents at each stage of the family life cycle (Brodzinsky, 1987; Brodzinsky & Pinderhughes, 2002). Two of the most important challenges parents confront are how to share adoption information with their children, and how to help them understand—in a normative and healthy way—the meaning and implications of being adopted.

This article will examine developmental changes in children's understanding of adoption, along with the implications of these changes for children's identity and psychological adjustment. Particular focus will be placed on children's experience of adoption-related loss. Given that adopted children are overrepresented in mental health settings, parents frequently consult psychologists to help them understand the unique developmental and childrearing issues they commonly face. Consequently, guidelines for helping parents discuss adoption-related issues with their children also will be offered. Throughout the article, case vignettes from the author's clinical practice, as well as the voices of adopted individuals and their parents, taken from clinical cases and the author's research, also will be used to highlight the points being made.

DAVID M. BRODZINSKY received his PhD in developmental psychology from the State University of New York at Buffalo. He is professor emeritus of clinical and developmental psychology at Rutgers University, as well as Research Director at the Evan B. Donaldson Adoption Institute in New York City. He also maintains an independent practice in Oakland, CA. His areas of research and practice include adoption and foster care, nontraditional family life, stress and coping, and forensic issues related to child custody, childhood trauma, and personal injury.

CORRESPONDENCE CONCERNING THIS ARTICLE should be addressed to David M. Brodzinsky, 129 Calvert Court, Oakland, CA 94611. E-mail: dbrodzinsk@comcast.net

Developmental Changes in Children's Understanding of Adoption

Although parents often make reference to their children's origins throughout the first few years of life, active attempts to impart meaningful information to children about adoption typically begin in the preschool years (Brodzinsky & Pinderhughes, 2002; Melina, 1998). Parents usually start with very basic information about children's backgrounds and gradually build on their adoption stories as they get older. Of critical importance is the way children interpret the information provided, the manner in which their understanding changes with age, and how their evolving knowledge and curiosity about adoption impacts on their adjustment, self-esteem, and identity. For more detailed information about children's knowledge and beliefs about adoption, including the cognitive-developmental, stress and coping, and family lifecycle models that have guided this research, see Brodzinsky (1990); Brodzinsky, Schechter, and Brodzinsky (1986); Brodzinsky, Schechter, and Henig (1992), and Brodzinsky, Singer, and Braff (1984).

Preschool Years

As parents begin to share adoption information, their 3- to 5-year-olds gradually learn parts of their adoption stories. They often are able to label themselves as being adopted, as well as to talk about having birthmothers and/or birthfathers. Sometimes they can identify that they were born to people other than the parents who are raising them, and may learn fragments of the stories about how they came into their new families. The capacity of preschool children for understanding the meaning and implications of being adopted is quite limited, however (Brodzinsky et al., 1984). For the most part, they learn the *language of adoption*; in other words, they learn to talk about being adopted, without really understanding what that means. Consider Ellie, a four-year-old girl, placed for adoption soon after birth¹:

"Mommy told me that when I was in her tummy she wanted me . . . so she told the doctor to make me adopted . . . so then I was adopted . . . (What do you mean you were adopted?) Well mommy told the doctor to take me out of her tummy and to make me adopted. (How did the doctor make you adopted?) I don't know."

Interestingly, the parents of preschool-age children often overestimate the extent to which their boys and girls comprehend the meaning of being adopted (Brodzinsky, 1983). Listening to their children talk about being adopted or about their birthmothers often leads parents to assume that their youngsters have a reasonably clear understanding of their adoption. This misunderstanding leads some parents—especially those who were quite anxious about sharing adoption information in the first place—to curtail discussions about adoption prematurely. Professionals need to caution parents about assuming that their preschool children have gained as much understanding about adoption as it may seem and encourage them to remain attuned to their children's needs for additional information. They also should support parents in creating a family atmosphere that makes it comfortable for children to ask relevant questions about their backgrounds and current family status.

Middle Childhood

Children between 6 and 12 years of age undergo many changes in cognitive and socio-emotional development that have significant implications for their understanding of and adjustment to adoption (Brodzinsky & Pinderhughes, 2002). For one thing, their capacity for problem solving becomes more sophisticated, leading them to realize that birthparents may have had options other than placing their babies for adoption. For example, a 9-year-old who previously was told that her birthmother was too poor to raise a child and had no one to help her, now can recognize the possibility of the birthmother getting a job and perhaps asking someone in her family for assistance. Although still somewhat limited in their reasoning, and certainly without any real-life understanding of the difficult circumstances facing most birthparents, school-age children's ability to conceptualize multiple solutions for a given problem may lead them to reject, or at least challenge, the simple explanations offered by their parents regarding the circumstances of their adoption. As a result, in attempting to understand the birthparent's decision regarding adoption, some children during this stage of development begin to question whether they were ever wanted by the birthparents in the first place, which can undermine their views of themselves and their origins.

"I can't really understand how she could give up her own baby . . . even if she was poor . . . I don't think most poor people do that . . . it makes me mad to think that she just wouldn't keep me" (9-year-old girl adopted from Guatemala at 8 months of age).

Another cognitive change impacting adoption awareness and adjustment is in the way children understand the nature of family. In the preschool years, most children define family in terms of geographical and emotional criteria. In other words, for young children, the people who live with them and love them (and who are loved in return) are considered family. Biological relatedness plays a limited role in the young child's conception of family. By 6 to 8 years of age, however, boys and girls are beginning to understand the significance of biological connections among family members (Newman, Roberts, & Syre, 1993). For many adopted children, this new knowledge raises questions about the nature and even authenticity of their family membership. As one 7-year-old boy, adopted as an infant, said,

"Do I have one family or two? My mom and dad didn't make me . . . I was born to another lady somewhere . . . so is she my mother too? . . . It gets kind of confusing sometimes."

Middle childhood also is a time when logical thought emerges, leading children to recognize that gaining a new family through adoption also means having been separated from a previous one. This insight sensitizes them to the reality of adoption-related loss, which is viewed by most adoption professionals as a core issue in the emotional adjustment of adopted individuals (Brodzinsky, 1990; Brodzinsky & Pinderhughes, 2002; Leon, 2002; Nickman, 1985)—one that helps explain the emergence of increased adjustment difficulties during this period (Brodzinsky, Smith, & Brodzinsky, 1998).

¹ Whenever quotes or case examples are used, all identifying information has been altered to protect the confidentiality of the individual.

The capacity for understanding another person's perspective, as well as feeling empathy for another's plight, also undergoes significant advancement during middle childhood. These social-cognitive achievements help adopted children conceptualize the problems faced by birthparents and their possible implications for these individuals. Often school-age children begin to wonder whether they are the object of their birthparents' thoughts and, if so, whether the birthparents are unhappy about, or even regret, the decision they made. It is normal for this possibility to give rise to confusion, anxiety, and sadness in the child at this time.

"Last night, when I put my daughter to bed, she asked me whether her birthmother ever thinks about her . . . She asked if her birthmother might be sad about not being with her . . . She started crying and said that she worried that her birthmother misses her and doesn't know where she is." (Mother of a 9-year-old girl, adopted domestically soon after birth).

As children develop a more realistic understanding of adoption, they naturally begin to examine what it means to them, as well as to others. Psychologists and other professionals need to emphasize the normality of children's curiosity about their origins, and their emotional reactions in response to better understanding their families, as well as help adoptive parents validate and support their children's efforts to find connections with and more knowledge about their pasts (see also Juffer & Tieman, 2009).

Adolescence

With the emergence of adolescence and the development of abstract thinking, the capacity for understanding the meaning and implications of adoption deepens. For one thing, teenagers begin to understand the legal permanence associated with adoption (Brodzinsky et al., 1984). This awareness can reduce the anxiety found in some younger children who occasionally worry about being returned to, or reclaimed by, their birth families.

The capacity for understanding other people's thoughts and feelings also matures during adolescence. This achievement allows teenagers to have more realistic and empathic views of the birthparents' states of mind and life situations. They also become better able to conceptualize adoption within a societal perspective, which has both positive and negative implications. On the positive side, adolescents begin to recognize the role of adoption as a social service system geared toward bettering the lives of many children. At the same time, they become increasingly aware that many people around them view adoption as a "second-best" route to parenthood. In other words, while adoption is widely accepted as an admirable way of forming a family, it frequently is viewed as less desirable than doing so through procreation. This awareness can lead teenagers to question their value to their families and the ways they are viewed by peers and others.

"My friends say it's cool that I'm adopted . . . you know, having two sets of parents . . . two moms and two dads . . . but I also know that they're glad that they're not adopted and that makes me feel a little uncomfortable . . . it feels like they're saying one thing, that adoption is cool, but really thinking that it's not . . . that they're glad it didn't happen to them . . . that makes me think that they feel sorry for me . . . I hate that" (16-year-old boy, adopted from Colombia at 18 months).

Like all teenagers, adopted adolescents are in the process of trying to define themselves and to find their place in the world.

This process is more complicated for adopted individuals, however, because of their connections to two families—the ones that gave them life and the ones that are raising them. In their search for self, adoptees must find ways of integrating aspects of both families into their emerging identities. Research and clinical experience suggest that in discussing these issues with adoptive parents, psychologists and other professionals should emphasize the following points (Brodzinsky et al., 1992; Grotevant, 1997):

- Interest in adoption and efforts to integrate this aspect of one's life into an emerging sense of self is a normal and healthy process.
- Adolescents are highly variable in the extent to which they are interested in their adoptions. Some show intense curiosity in their origins and are helped by contact with birth family members; others exhibit little interest in adoption or their birth heritage.
- The role of adoption in shaping identity is influenced by many different factors, including those within the individual (e.g., temperament, self-esteem, etc.), those within the family (e.g., parents' attitudes, quality of parent-child relationships, etc.), and those outside the family (e.g., experiences with birth family, peers, schoolmates, and the broader community).
- Parents who are more open, supportive, and empathic in their communication about adoption are more likely to have children who are able to integrate this aspect of their lives into a positive sense of self.
- Access to information about one's birth family and the circumstances surrounding the adoption, as well as contact with birth family, generally facilitates positive adoptive identity development.
- Adoption across racial lines adds another layer of complexity for adoptive identity development; with support and access to appropriate role models and life experiences, most transracially placed youngsters—including those placed from abroad—are able to negotiate this developmental task successfully.

Role of Loss in Adoption Adjustment

Of the many psychological issues associated with adoption, none has received as much attention by the professional community as the issue of loss (Brodzinsky, 1990; Leon, 2002; Nickman, 1985). The experience of loss is extremely common in adopted individuals, although the way it is experienced varies significantly from one person to another (Smith & Brodzinsky, 1994, 2002). At one extreme are individuals who experience infrequent and mild feelings of confusion, sadness, and/or other grief-related emotions associated with separation from birth family; at the other end of the spectrum are individuals for whom grief-related reactions are nearly constant and profoundly felt.

Multidimensional Nature of Adoption-Related Loss

Although most people—professionals and lay persons alike—probably recognize that adoption is inherently connected to loss, few realize the full extent of the losses experienced by those who are adopted. Some of these losses typically are experienced in middle childhood; others don't emerge until adolescence. Moreover, the variability in the ways in which adopted individuals experience loss are linked to a range of intrapersonal, interpersonal, experiential, and contextual factors, including age, cognitive

level, temperament, pre-placement history, relationship history, and current support systems (Brodzinsky et al., 1998).

The first and most obvious loss experienced by adopted children is the one associated with separation from birthparents. For those youngsters placed as babies, this sense of loss emerges slowly as they begin to understand the meaning and implications of being adopted—usually at around 6 to 7 years of age. It is seldom the case, however, that these children experience the loss of birthparents as traumatic, primarily because they have never formed attachments to them (Smith & Brodzinsky, 1994, 2002). The same holds true for loss associated with separation from biological siblings and extended birth relatives—grandparents, uncles, aunts, and cousins. For those placed at older ages, however, the loss of birthparents, siblings, and/or extended family is likely to be experienced more acutely because it involves the severing of known relationships, some of which may have afforded the child a reasonable degree of emotional security. For these youngsters, the sense of loss often can be quite profound, at least in the early stages following placement into substitute care (Bowlby, 1973, 1980).

"She cries almost every night . . . thrashes around . . . not sleeping well . . . isn't eating . . . she started soiling herself too . . . She just doesn't understand what happened and why she's no longer with her mother" (Foster mother of a 4-year-old girl, removed from her birth family 3 months earlier).

Children who enter foster care, as well as those who reside for periods of time in orphanages, often form very meaningful and supportive relationships with individuals who are not part of their birth families—for example, foster parents, foster siblings, orphanage staff, friends, teachers, therapists, etc. Removal from these temporary residences and supports, and placement into adoptive homes, may provide these youngsters with increased residential permanency, but it often does so at the expense of severing important relationships. Too little attention is given to finding ways of maintaining children's relationships with these non-biological caregivers and supports. Yet, these individuals often are sources of emotional security for the affected children, perhaps the first they ever experienced. In making and supporting adoption placements, professionals need to consider relationship histories and seek to preserve those previous emotional connections that have served the children well.

Adopted children also experience status loss when they recognize that their peers may have negative attitudes about adoption—or about them because they are adopted. This type of loss accentuates feelings of difference that can undermine children's self-esteem and identity. So, too, can the experience of being physically, temperamentally, or behaviorally dissimilar to other family members. Because of the lack of a genetic link to their adoptive parents, it is a common experience for adopted children to recognize that they do not look like others in the family or that their interests, personality traits, temperament, talents, skills, and/or behaviors are not particularly like those of their parents and siblings. The lack of similarity to family members, however, is experienced in quite varied ways by adopted children and adolescents. For some youngsters, it's just a matter of being different, with no inherent value attached to the difference. For others, the observed differences are unsettling, leading to a feeling of not fitting into the family. This is often true for those placed across

racial lines. For example, consider the words of Thomas, a 14-year-old African-American teenager, living with his White adoptive parents:

"Looking so different from my parents and brothers is something that's bothered me a lot for a long time . . . I don't want to be White like them . . . but I wish I just didn't stand out so much . . . it makes me feel different, like I don't really belong here."

That is not to suggest that all transracially placed adopted individuals feel cut-off from their racial and/or ethnic origins, or that they feel uncomfortable with being different from others in their families. For example, Sean, a 17-year-old African-American male, who was placed transracially at the age of 2 years, reported:

"I grew up in a very integrated community and went to very integrated schools . . . I've always had both African American and White friends . . . and some Asian friends too . . . being Black has never been an issue for me . . . I'm very comfortable with who I am . . . my parents are very open and supportive . . . I feel good about being adopted by them . . . the fact that they aren't African American hasn't prevented me from feeling proud that I'm Black . . . they've helped me with that."

Research and clinical experience suggest that, like Sean, when children are exposed to appropriate racial and ethnic role models, and when adoptive parents provide positive messages about their children's birth heritage, transracially placed adoptees generally are successful in integrating this aspect of themselves into a healthy and secure identity (McGinnes, Smith, Ryan, & Howard, 2009; Smith, McRoy, Freundlich, & Kroll, 2008). In the absence of these experiences, however, there may be ongoing confusion and bewilderment about their racial and ethnic heritage—and, therefore, about themselves.

Finally, adolescence is the time when most adopted individuals begin integrating adoption into their developing sense of self. This process is an extension of the more universal task of identity development (Grotevant, 1997). Exploring connections to birth family and one's origins, and understanding the meaning of adoption—in personal, familial, and societal contexts—are all part of this process. Adoptive identity development also may include plans for searching for more information about one's origins or for making contact with birth family members. In many cases, the search begins in an effort to find the "missing pieces" in their emerging sense of self.

"I feel like I've been cut off from something that is truly a part of me . . . I think of it as if I've experienced an amputation . . . just like an amputee experiences the pain from a phantom limb, I experience emotional pain because of what I've lost" [21-year-old male, adopted as an infant].

Uniqueness of Adoption-Related Loss

Grieving is a normal and universal response to loss, one that involves a complex array of emotions and behavior (Bowlby, 1980). Adopted children and teenagers are like all others who experience loss; namely, as they grieve, they can be expected to manifest an array of emotions and behaviors, including confusion, anxiety, sadness, crying, anger, and acting out. There is no right or wrong way to grieve, and there is no specific timetable that defines appropriate from inappropriate grieving. Some types of loss, however, are more complicated than others, making it more difficult

for the bereaved individuals to resolve their feelings of loss (Boss, 1999).

Adoption may fit this pattern for a variety of reasons (Brodzinsky, 1990, 2009; Brodzinsky et al., 1992). First, only about two percent of children in the United States are adopted by non-biological kin. Consequently, adopted children and teenagers who are struggling with adoption-related loss are at risk for feeling different—that is, feeling that there is no one else around who really understands what they are going through. In turn, this feeling of difference can undermine self-esteem and complicate the resolution of loss.

Adoption-related loss also is unusual in that it is not necessarily a permanent form of loss, such as death. As children mature, they quickly recognize that they may have living birthparents, birth siblings, and other birth relatives. Moreover, it is extremely common for adopted children to fantasize about meeting these individuals, and in fact, they often do. The potential for searching for birth relatives, and the possibility of reunion with them, makes it more difficult, at least for some adopted individuals, to find a comfortable resolution for their grief and feelings of loss. Moreover, open adoptions, which are becoming increasingly routine in the United States (Grotevant & McRoy, 1998) do not eliminate—although they may reduce—the sense of confusion, dismay, and loss experienced by the adopted individual.

The circumstances surrounding the separation from birthparents, and the nature of their relationships with these individuals, can also complicate the resolution of grief for some adoptees. Children who were placed as newborn infants have never had relationships with their birthparents, but this reality does not preclude them from experiencing loss. As children mature, both cognitively and emotionally, they begin to fantasize about their birthparents—wondering who they are, what they are like, and what they may be doing with their lives. Children who believe their birthparents made a voluntary choice not to raise them sometimes interpret this decision in terms of negative self-characteristics. Consider the thoughts of Annie, an 8-year-old Chinese girl, placed for adoption at 14 months of age:

"Maybe she didn't want a girl . . . maybe she didn't like something else about me . . . it makes me upset to think that maybe she wanted a baby, just not me."

For those children who were removed from their birth families by child protective services, the implications associated with their placements in care can negatively affect their views of their birthparents, as well as their self-image.

"They use to hit me and my brother . . . a lot . . . I remember when the police finally came . . . they arrested my parents and put us in foster care . . . I was glad to leave them . . . I hate them for what they did to us . . . I hate everything about them . . . but sometimes I think that maybe I deserved it . . . maybe I was partly to blame" [12-year-old boy, placed for adoption with his brother when he was 9 years old].

Finally, unlike death and many other causes of loss, adoption-related loss too often goes unrecognized by society. Emphasis is placed on what is gained by a child through adoption—for example, legal permanence and a safe, caring, and "forever" family—but not on what is lost. However, from the child's perspective, adoption also involves substantial loss, some parts of which

are obvious and readily observable, and others that are more subtle and slower to emerge over time. When loss is unrecognized by others, the risk is that the individual will feel ignored, misunderstood and unsupported, leading to what Doka (1989) referred to as *disenfranchised grief*. This type of grief is much more difficult to resolve than grief that is more openly acknowledged and socially supported through recognized rituals and public mourning. Unfortunately, adopted individuals too often do not feeling supported and validated in grieving their losses, which, in turn, can lead to more clinically significant symptoms such as depression.

"It seems to me that few understand what I have gone through . . . I haven't found others, except for one or two people, who can listen to me, understand my pain, and not just try to cheer me up or tell me that I'm being silly or overdramatic . . . that I should be grateful for being adopted and not dwell on the sad parts . . . it was so different when my [adoptive] mother died . . . then everyone seemed to understand what I was going through . . . I felt their support . . . but it's been so different regarding my adoption . . . few people really get it" [Sharon, 38-year-old adoptee, placed as an newborn infant].

Guidelines for Discussing Adoption With Children

As noted previously, some of the more important responsibilities for adoptive parents are sharing adoption information with their children, helping them understand the meaning and implications of being adopted, and supporting them in their efforts to cope with feelings related to their family status, including those connected to loss. In concluding this article, I would like to offer some guidelines that psychologists and other professionals can share with adoptive parents in helping them with this process. These guidelines are informed by the author's many years of working clinically with this population, as well as by the writings of others who counsel adoptive parents (see Eldridge, 1999; Keefer & Schooler, 2000; Melina, 1998). As a prelude to sharing these guidelines with parents, it is important that psychologists inquire about the amount and type of preparation and education already received from the adoption agency and others so as to avoid redundancy in the counseling process and the assumption that parents are naive about these issues.

- **Discussing adoption with children is a process, not an event.** Because of anxiety related to talking with their children about adoption, often linked to a history of infertility or previous child loss (Brodzinsky, 1997), some adoptive parents approach this task as if it were a one-time event, pouring out too much information and then attempting to avoid further discussions unless pressed by their children. Parents need to recognize that providing information should be an ongoing process that unfolds over time, one that is geared toward their children's readiness—cognitively and emotionally—to assimilate what they are learning and to make appropriate use of it.

- **Adoption revelation is a dialogue, not a process of talking to children.** Although the initial information about adoption is provided by parents, adoption revelation should be characterized as an active give-and-take process between parents and children. By asking children questions and normalizing their curiosity, parents can ensure that their understanding of the information presented is reasonably accurate; if it is not, they can then take steps to correct any misperception or misunderstanding. Developing a parent-child dialogue also ensures that parents are kept reasonably

apprised of how the child is coping emotionally with the information provided and whether there is a need for additional support for their son or daughter during this process—including professional help.

- **Early telling has advantages over late telling.** Although there is no right or wrong time to begin sharing adoption information, most professionals believe that beginning the process early in life has distinct advantages; indeed, most parents begin sharing adoption information when their children are between two and four years of age (Brodzinsky et al., 1992). Although early telling may not accomplish the goal of fostering a realistic understanding of adoption in children, it “normalizes” the word for them, while helping parents become desensitized to this sometimes anxiety-arousing process, prior to the time when most children begin to ask more direct and difficult questions about their origins.

- **Be emotionally available for the child and listen.** It's not enough for parents to be physically present during the adoption revelation process; they must be emotionally present as well. Parents are notoriously good advice givers, but not always the best listeners. This is especially true when their children are facing a challenge, manifesting distress, or having some type of difficulty coping. Parents need to remember that when they share information about adoption, it can result in unanticipated thoughts and feelings in their children, some of which can be unsettling. To help their children cope in healthy and normative ways with their adoptions, parents need to be attuned to what the children are thinking and feeling.

- **Begin the adoption story with birth and family diversity, not adoption.** One of the most frequent questions asked by adoptive parents is what information should be presented first and how the information should be shared. Although there are no right or wrong answers to these questions, it is generally helpful to begin the process by emphasizing that children—regardless of what kind of family they live in—are created through a biological process. Once the “simple” facts of reproduction and birth are explained, parents can go on to talk about how families are formed. To further reinforce the idea that adopted children are similar to many, if not most, of their peers, parents should then begin to talk about the different types of families that exist in ways that make clear that they all are equal (even if different). In short, before even identifying adoption as the means by which the child entered the family, adoptive parents should normalize, and even celebrate, family diversity, with adoption being just one of many different types that exist. Normalizing diversity reduces the risk that children will feel that only their family is different.

- **Keep in mind the child's developmental level and readiness to process specific information.** Children vary in their intellectual capacity and emotional maturity, even at young ages. Parents need to consider what their children are likely to understand and be able to cope with emotionally as they allow the adoption story to unfold. Professionals therefore should emphasize the use of age-appropriate language in discussing adoption issues. In addition, they should encourage the use of one or more of the many children's books on adoption that are readily available as a means of facilitating interest in the adoption story, as well as supporting children's understanding and coping in relation to the information being presented².

- **Validate and normalize children's curiosity, questions, and feelings about their adoptions, birthparents, and heritage.**

As children are exposed to their adoption stories, they often show significant curiosity about their birthparents and the circumstances surrounding their placements, as well as about adoption itself. Although questions about these issues are normal, they sometimes lead to anxiety in adoptive parents. This is especially true when children appear to be preoccupied with adoption-related issues, show ambivalence about being adopted, or begin to deal more openly with feelings of loss. Children very often become aware of their parents' anxiety, and, when they do, sometimes wonder whether their parents disapprove of their questions and interest in their backgrounds. This can leave children feeling caught in the middle between the family they love and the family they want to know more about. Adoptive parents can be especially helpful to their children by validating and normalizing their curiosity and questions about their origins—specifically, by encouraging such questions, by finding ways of bringing up the topic themselves, and by talking about their children's birth heritage in a positive and respectful manner.

- **Be aware of your own feelings and values related to birthparents and the children's history.** Before embarking on the specifics of children's adoption history, parents need to consider their own feelings related to the connections to the birth family, as well as the specific information known about the birthparents and the circumstances of the children's separation from them. Too often, information associated with the children's history can challenge the values and beliefs of adoptive parents—for example, mental illness and/or criminality in the birth family; incest or rape as the means of a child's conception; or neglect or abuse during the children's earlier years. Working through any conflicted feelings they have regarding these issues will help parents become better prepared emotionally to discuss their children's origins in a truly supportive way.

- **Avoid negative judgments about birthparents or the child's heritage.** To feel worthy as human beings, children need to believe they came from worthwhile beginnings. This principle suggests that when their children are young and the adoption story is just beginning to be told, parents should avoid negative descriptions or derogatory comments about birth families; otherwise, there is a risk of undermining the children's self-esteem and identity. Such comments can also undermine any contact the adoptive family may have with birth relatives, which in turn can further compromise the children's psychological adjustment. In short, adoptive parents must find ways of discussing their children's histories so as to be supportive of connections with their origins.

- **Discussing “difficult” background information.** Adoptive parents often feel confused and stymied about how to discuss certain information related to their children's history that could be interpreted in a negative way—for example, inappropriate parenting, substance abuse, parental psychopathology, etc. Psychologists can help parents by providing the following principles for managing difficult information: First, do not lie! It is better to acknowledge that one has historical information, some of which will be shared at the present time and, some, when the children are older,

² There are many excellent children's books on adoption; readers should consult the following websites for recommendations: www.perspectivespress.com; www.adoptivefamilies.com; www.comeunity.com

than to avoid discussing certain topics simply because the information is emotionally charged. Secrets are difficult to keep and can undermine family relationships; for example, parents too often deny knowing specific information about the birthparents or the children's history, only to reveal it later. When this happens, it undermines children's ability to trust their parents.

Adoptive parents also should be encouraged to differentiate between birthparents' intent and desire, and their actions. It is probably safe to assume that virtually all birthparents wanted the best for their children, and if they could have, to have been good parents to them. Nevertheless, intent and desire are not always translated into loving and competent behavior. When developmentally appropriate, adoptive parents should help their children recognize that despite the birthparents' desire to be nurturing and effective caregivers, they could not do so. In explaining the reasons, adoptive parents may need help translating their knowledge of the birthparents' circumstances into more neutral, less value-laden terms. One example is the use of an illness model. Birthparents who cannot meet their children's basic needs because of alcohol or drug abuse or some form of psychopathology can be described as suffering from an illness that could not be overcome quickly or easily. Similarly, neglectful or abusive behavior can be reframed in terms of judgment problems, impulse control problems, or other difficulties that are related to personality that are very difficult to correct. When parents suffer from these types of life problems, their children suffer too, even if that is not the adults' intent or desire. Consequently, a difficult, but necessary decision had to be made in the best interests of the children—namely, removing them from the care of the birthparents and placing them in a more stable and capable family. Empathy, affection, calmness, self-confidence, and openness to the children's needs and views are the key traits needed by adoptive parents during these discussions.

● **Be prepared to help children cope with adoption-related loss and grief.** In counseling adoptive parents, psychologists and other professionals need to provide education about adoption-related loss and to normalize children's reactions to it. Too often, when parents see the confusion, sadness, anxiety, and anger that sometimes is manifested by their children, they panic and interpret those reactions in a pathological way. This reaction probably accounts, at least in part, for the fact that adoptive parents are quicker to utilize mental health services for their children compared to non-adoptive parents, including when symptoms are relatively mild (Warren, 1992). Adoptive parents can be helped when professionals interpret the children's behavior—when appropriate—in terms of a grief model. By doing so, children's responses to adoption-related loss are normalized and put into a context that is likely to be familiar to most parents. Moreover, this type of reframing also is likely to help parents feel more empowered to manage their children's distress.

● **Foster open, honest, and respectful parent-child communication about adoption.** The ability to grieve adoption-related loss is tied to a family environment characterized by openness, honesty, and respect (Brodzinsky, 2005; Wrobel, Kohler, Grotevant, & McRoy, 2003). In counseling adoptive parents, psychologists need to emphasize the importance of working toward these goals. When children feel understood and accepted, even in the midst of their confusion, sadness, and anger related to adoption, they will eventually find ways to integrate this aspect of their lives

into a healthy and secure sense of self. The type of family emotional and communicative environment created by parents is a key for achieving this goal.

Conclusion

Adoption offers children the promise of nurturance, emotional stability, and lifetime family commitment. As children learn their adoption stories from their parents, including their connections to birth origins, their lives take on new meaning—as well as new challenges and complications. Finding ways of understanding and integrating this new information into a healthy sense of self is an important developmental task for adopted children, and supporting this process is a critical responsibility for adoptive parents. These parents often turn to psychologists and others in the helping professions for answers about childhood stress and parenting challenges. Being aware of normative developmental changes in children's understanding of adoption, as well as normative reactions to adoption-related loss, will allow these professionals to offer timely, useful guidance and support that, in the end, will most benefit adopted children.

References

- Boss, P. (1999). *Ambiguous loss: Learning to live with unresolved grief*. Cambridge, MA: Harvard University Press.
- Bowlby, J. (1973). *Attachment and loss: Separation* (Vol. 2). New York: Basic Books.
- Bowlby, J. (1980). *Attachment and loss: Loss, sadness and depression* (Vol. 3). New York: Basic Books.
- Brodzinsky, D. M. (1983). *Adjustment factors in adoption* (Rep. No. MN34549). Washington, D.C.: National Institute of Mental Health.
- Brodzinsky, D. M. (1987). Adjustment to adoption: A psychosocial perspective. *Clinical Psychology Review*, 7, 25–47.
- Brodzinsky, D. M. (1990). A stress and coping model of adoption adjustment. In D. Brodzinsky, & M. Schechter (Eds.), *The psychology of adoption* (pp. 3–24). New York: Oxford University Press.
- Brodzinsky, D. M. (1997). Infertility and adoption: Considerations and clinical issues. In S. Lieblum (Ed.), *Infertility: Psychological issues and counseling strategies* (pp. 246–262). New York: Wiley.
- Brodzinsky, D. M. (2005). Reconceptualizing openness in adoption: Implications for theory, research, and practice. In D. Brodzinsky, & J. Palacios (Eds.), *Psychological issues in adoption: Research and practice* (pp. 145–166). Westport, CT: Praeger.
- Brodzinsky, D. M. (2009). The experience of sibling loss in the adjustment of foster and adopted children. In D. Silverstein, & S. Smith (Eds.), *Siblings separated by adoption or foster care: Understanding effects and developing solutions* (pp. 43–56). Westport, CT: Praeger.
- Brodzinsky, D. M., & Pinderhughes, E. E. (2002). Parenting and child development in adoptive families. In M. Bornstein (Ed.), *Handbook of parenting: Children and parenting* (Vol. 1, pp. 279–311). Mahwah, NJ: Lawrence Erlbaum Associates.
- Brodzinsky, D. M., Schechter, D., & Brodzinsky, A. B. (1986). Children's knowledge of adoption: Developmental changes and implications for adjustment. In R. Ashmore, & D. Brodzinsky (Eds.), *Thinking about the family: View of parents and children* (pp. 205–232). Hillsdale, NJ: Lawrence Erlbaum.
- Brodzinsky, D. M., Schechter, M. D., & Henig, R. M. (1992). *Being adopted: The lifelong search for self*. New York: Doubleday.
- Brodzinsky, D. M., Singer, L. M., & Braff, A. M. (1984). Children's understanding of adoption. *Child Development*, 55, 869–878.
- Brodzinsky, D. M., Smith, D. W., & Brodzinsky, A. B. (1998). *Children's*

- adjustment to adoption: Developmental and clinical issues*. Thousand Oaks, CA: Sage Publications.
- Cadoret, R. J., Yates, W. R., Troughton, E., Woodworth, G., & Stewart, M. A. (1995). Adoption study demonstrating two genetic pathways to drug abuse. *Archives of General Psychiatry*, 52, 42–52.
- Crea, T. M., Barth, R. P., Guo, S., & Brooks, D. (2008). Behavioral outcomes for substance-exposed adopted children: Fourteen years post-adoption. *American Journal of Orthopsychiatry*, 78, 11–19.
- Doka, K. J. (1980). Disenfranchised grief. In K. J. Doka (Ed.), *Disenfranchised grief: Recognizing hidden sorrow* (pp. 3–23). Lexington, MA: Lexington Books.
- Eldridge, S. (1999). *Twenty things adopted kids wish their adoptive parents knew*. New York: Dell.
- Grotevant, H. D. (1997). Coming to terms with adoption: The construction of from adolescence into adulthood. *Adoption Quarterly*, 1, 3–27.
- Grotevant, H. D., & McRoy, R. G. (1998). *Openness in adoption: Exploring family connections*. New York: Sage.
- Gunnar, M. R., van Dulmen, M. H. M., & the International Adoption Project Team. (2007). Behavior problems in postinstitutionalized internationally adopted children. *Development and Psychopathology*, 13, 129–148.
- Juffer, F., & Tieman, W. (2009). Being adopted: Internationally adopted children's interests and feelings. *International Social Work*, 52, 635–647.
- Juffer, F., & van IJzendoorn, M. (2005). Behavior problems and mental health referrals of international adoptees: A meta-analysis. *Journal of the American Medical Association*, 293, 2501–2514.
- Juffer, F., & van IJzendoorn, M. (2007). Adoptees do not lack self-esteem: A meta-analysis of studies on self-esteem of transracial, international, and domestic adoptees. *Psychological Bulletin*, 133, 1067–1083.
- Juffer, F., & van IJzendoorn, M. (2009). International adoption comes of age: Development of international adoptees from a longitudinal and meta-analytical perspective. In G. M. Wrobel, & E. Neil (Eds.), *International advances in adoption research for practice* (pp. 169–192). New York: Wiley.
- Keefer, B., & Schooler, J. E. (2000). *Telling the truth to your adopted or foster child: Making sense of the past*. Westport, CT: Bergin & Garvey.
- Keyes, M. A., Sharma, A., Elkins, I. J., Iacono, W. G., & McGue, M. (2008). The mental health of U.S. adolescents adopted in infancy. *Archives of Pediatrics and Adolescent Medicine*, 162, 419–425.
- Leon, I. G. (2002). Adoption losses: Naturally occurring or socially constructed? *Child Development*, 73, 652–663.
- McGinnes, H., Smith, S. L., Ryan, S., & Howard, J. A. (2009). *Beyond cultural camp: Promoting healthy identity formation in adoption*. New York: Evan B. Donaldson Adoption Institute. Available online at www.adoptioninstitute.org
- Melina, L. (1998). *Raising adopted children* (2nd ed.). New York: Harper Perennial.
- Newman, J. L., Roberts, L. R., & Syre, C. R. (1993). Concepts of family among children and adolescents. effects of cognitive level, gender, and family structure. *Developmental Psychology*, 29, 951–962.
- Nickman, S. L. (1985). Losses in adoption: The need for dialogue. *Psychoanalytic Study of the Child*, 40, 365–398.
- Palacios, J., & Brodzinsky, D. (2010). Adoption research: Trends, topics, and outcomes. *International Journal of Behavioral Development*, 34, 270–284.
- Rutter, M., Beckett, C., Castle, J., Colvert, E., Kreppner, J., Mehta, M., . . . Sonuga-Burke, E. (2009). Effects of profound early institutional deprivation. An overview of findings from a UK longitudinal study of Romanian adoptees. In G. M. Wrobel & E. Neil (Eds.), *International advances in adoption research for practice* (pp. 147–167). New York: Wiley.
- Smith, D. W., & Brodzinsky, D. M. (1994). Stress and coping in adopted children. *Journal of Clinical Child Psychology*, 23, 91–99.
- Smith, D. W., & Brodzinsky, D. M. (2002). Coping with birthparent loss in adopted children. *Journal of Child Psychology and Psychiatry*, 43, 213–223.
- Smith, S., McRoy, R. G., Freundlich, M., & Kroll, J. (2008). *Finding families for African American children: The role of race and law in adoption from foster care*. New York: Evan B. Donaldson Adoption Institute. Available online at www.adoptioninstitute.org
- Van IJzendoorn, M. H., & Juffer, F. (2006). The Emanuel Miller Memorial Lecture 2006: Adoption as intervention. Meta-analytic evidence for massive catch-up and plasticity in physical, socio-emotional, and cognitive development. *Journal of Child Psychology and Psychiatry*, 47, 1228–1245.
- Warren, S. B. (1992). Lower threshold for referral for psychiatric treatment for adopted adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 31, 512–527.
- Wrobel, G. M., Kohler, J. K., Grotevant, H. D., & McRoy, R. G. (2003). The family adoption communication model (FAC): Identifying pathways of adoption-related communication. *Adoption Quarterly*, 7, 53–84.

Received August 5, 2010

Revision received November 1, 2010

Accepted November 15, 2010 ■