Adopted Children: Core Issues and Unique Challenges

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TOPIC. Psychological impact of adoption and resulting core issues for adopted children.

PURPOSE. To raise awareness of the psychological impact of adoption.

SOURCES. Published literature and personal observations.

CONCLUSIONS. Adoption raises unique issues and challenges for the child and adoptive parents. Resolving the issues of adoption is a lifelong process. Through an awareness of the issues inherent in adoption, nurses and parents can use strategies that will enhance children’s self-esteem and decrease their emotional vulnerability.

Search terms: Adoption, intervention, loss, self-esteem, strategies

Soo was born in Korea and joined our family when she was 11 months old. As she grew, we shared with her that she had been adopted, that her birth parents were from Korea, and that she was a permanent part of our family. As a psychiatric nurse and the biological mother of two sons, I felt I was an experienced, knowledgeable parent who would help her so that she would face few, if any, of the issues related to adoption. Besides, she was with us before she was even a year old.

Two incidents made clear to me how naive I was about the impact of adoption on children. The first happened when Soo was 4 years old. We were walking from our car to the library on an ice-covered sidewalk. I asked her to hold my hand and, never one to miss a teaching moment, I asked her why I was having her hold my hand. I expected her to say so that she would not fall on the ice. Her reply was, “So no one will take me away.” The second incident occurred when Soo was about 6 years old. A friend was visiting after having several weeks of difficulty with a colicky baby who was finally settling down. My friend said to me that, in spite of the sleepless nights and fatigue, she loved the baby. He was a “keeper.” My daughter was sitting at the table with us and she turned to me and said, “I wasn’t a keeper, was I?”

What had happened? At first glance, adoption seems to be such a win-win-win situation. Adoptive parents have a child to raise; the birthparents, who are unable to care for the child, know the child is cared for; and the adopted child has a family who wants him or her. Yet, even this situation presents unique challenges. As I listened to Soo’s doubts about being a “keeper,” I could no longer assume that having been adopted was really the same as growing up in the birth family.

My daughter was dealing with the normal issues that adopted children experience. She was responding to losses and related issues that most adopted children encounter, because growing up in an adoptive family is different from growing up in a biological family. The

Adopted children have the same developmental tasks as the nonadopted child. Expected developmental issues, however, such as self-esteem and identity, can take on intense and unique meanings for the adopted child. To determine who they are, adopted children have to work out what adoption means to them and other people (Howe, 1998).

Adoption-related issues mean the experience of adoption makes the adopted child deal with complex emotional issues at an early age.

The presence of adoption-related issues does not mean that adoption inevitably leads to psychopathology. What it does mean is that the experience of adoption makes the adopted child deal with more complex emotional issues, such as rejection and grief, at an early age. "To say an adoptee doesn't have adoption issues is like saying a girl hasn't been affected by being female, or that an African-American doesn't have races issues" (Melina, 2001, p. 15). Adopted children must determine how adoption has affected them and come to terms with their adoption. Adopted children can grow up joyfully but they grow up differently (Melina; Nyham, 1999). Through an awareness of adoption-related issues, nurses who work with adopted children and their parents can provide anticipatory guidance for the expected issues adoptive families encounter.

Adoption

More children are adopted in the United States than in the rest of the world combined (Deacon, 1997). Approximately 60,000 children, including 13,000 children born outside the United States, are adopted each year by nonrelatives. About 1.5 million children in the United States live with adoptive parents. Adopted children represent approximately 2% of all children under 18 years old in the United States, yet 4% to 5% of children referred to outpatient mental health clinics and 10% to 15% of children in residential care facilities are adopted. Many believe the increased incidence of referral for adjustment problems is the result of the psychological impact of adoption on children (Brodzinsky, 1993; Brodzinsky & Schechter, 1990; Brodzinsky, Schechter, & Henig, 1992; Kaye, 1990; Melina, 1986, 1989; Smit, 1996; Watkins & Fisher, 1993).

Core Issues

The psychological impact of adoption means adopted children and their families face unique challenges. Silverstein and Roszia (1999) have identified core issues related to adoption: loss, grief, rejection with accompanying feelings of guilt/shame, identity, and intimacy/relationships issues. As noted before, these core issues do not imply that the institution of adoption is pathological. Rather, these expected issues evolve logically out of the child's experience of adoption.

Loss

Frequently, the questions and comments of children provide us with cues to the issues they are addressing. Questions that may reflect the losses experienced in adoption include: "Why was I placed for adoption?" "Why can't I have parents that are like everyone else's parents?" "I wonder if my birth mother is looking for me?"

Loss is the primary adoption-related issue from which the other issues flow. Without loss there would be no adoption. Adoption involves many losses for the child. Adopted children have lost the chance to be "normal" like their friends who are growing up in their birth families. Losses may include loss of birth parents, birth history, medical history, family traditions, and stories about
family ancestors. The child also may have lost siblings, birth order, somebody with a physical resemblance, and other connections with the child’s biological family. The importance of these losses is discussed by Fred Rogers (1994) in You Are Special, as he describes the things he considers the most painful things a person can lose.

[They’re the things that represent people— a family heirloom, a grandparent’s diary, a piece of embroidery made by a parent. . . . When things like that get lost, we may feel as though a part of ourselves has gone because those people were a part of who we are.” (p. 101)

A unique feature of adoption is that the adopted child must cope with losses that are less obvious and, therefore, less likely to be acknowledged. In the case of death, society provides the rituals of funerals and the gathering of people to support the person who is mourning. Losses of adoption frequently are not recognized, nor are there established rituals or ceremonies to mourn these losses. For example, others probably are not aware of the less obvious loss children experience when they do not know if they were born in the morning or the evening, or cannot guess how tall they will be since they do not know anything about how tall their birthparents were.

An even more striking feature of the losses of adoption is that the adopted person is expected to be grateful for the loss. For example, the adopted child may hear about how “lucky” he/she is to have “found a good home.” It is during the middle childhood years, as they come to understand the birth process, that children become aware of the losses associated with adoption. The child realizes that not everyone is adopted and now can see being adopted as a problem. The child of 7 or 8 has a new capacity to compare him- or herself to other children. When the child makes this comparison, the child will realize that he or she has had a significant loss. The child may experience feelings of sadness and anger with the realization of what might have been. Any subsequent loss may be more difficult. For the adopted person, loss in adoption is not a single event but a series of ongoing losses. Birthdays, Father’s Day, and Mother’s Day can be viewed as a reminder of the original loss and the ongoing nature of that loss (Silverstein & Roszia, 1999).

American attitudes toward adoption contribute to the sense of loss experienced by adopted people. The Benchmark Adoption Survey, conducted in 1997 for the Adoption Institute, indicated that although virtually all Americans have favorable opinions about adoption, half felt that adopting a child was not quite as good as having one’s own (Benchmark Adoption Survey, 1997). Moreover, a quarter thought it was harder to love an adopted child because the child was “not your own flesh and blood.”

Interventions. Loss is a part of the adopted person’s life. Understanding and support of the child’s expression of these losses are important for resolution of the feelings related to the losses. Parents who are comfortable communicating about adoption are more able to help their child grieve in an adaptive manner. Through open communication, nurses who work with adopted children and their parents can limit the child’s vulnerability to adjustment difficulties by helping the child cope with issues inherent in adoption. In a study by Stein and Hoopes (1985), the authors found that adopted subjects who perceived an open communication style about adoption in their families obtained higher scores on ego identity and self-esteem factors. For some parents, an awareness and resolution of their own losses (infertility and parenting another person’s biological child, loss of their fantasy child) may increase their empathy for the losses felt by the child in middle childhood years (Keefe & Schooler, 2000; Nyham, 1999).

As the child’s emotional and cognitive understanding of adoption matures, new questions will be raised at each developmental level. Adoption discussions will not take place with scheduled frequency, nor should they depend on the child’s initiation. Just as discussions about sexuality should be ongoing as the child matures, so, too, should discussions about adoption be ongoing. If necessary, these discussions can be initiated by others. One technique suggested for the child who is reluctant to talk about negative/painful feelings related to adoption has
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been called the pebble technique (Van Gulden, 1994). The counselor or parent can make a small comment about a topic to see if the child responds. These “pebbles” can be dropped from time to time. For example, “When we adopted you, we lived in Michigan” or “I heard some adopted kids feel they caused their birth parents to place them for adoption.” Or, following an intrusive question from strangers, a parent could say, “I felt awkward and angry when that woman asked me about our family.” This type of casual commentary gives the child the signal that it’s all right to discuss adoption and that others are comfortable with the topic.

Adopted children have experienced significant losses, and grieving these losses is important for healthy adaptive development.

Strategies to help younger children express their feelings include nonverbal means such as art, music, and therapeutic play. Older children and adults can be encouraged to write down all the losses they have experienced. Having losses on paper makes them more concrete and seemingly manageable. The next step to resolution of the loss—identifying strategies to express and work through the loss—will be easier (Russell, 2000; Silverstein & Roszia, 1999).

Healthcare professionals and families can minimize the losses and change that the child will experience. For example, consistency in caregivers will limit the number of people the child must learn to trust. If possible, suggest that an anticipated move be delayed or canceled. So that children do not lose information about their past, encourage families to gather any information and items, such as pictures and clothing, related to the child’s life before placement in the adoptive family. Consistency is important for children to begin to trust that some things in their life will stay the same. Suggest that caregivers follow the same routine from the foster care setting to the adoptive home and/or to the clinical setting.

Grief

“There is grief in the heart of every adoptee” (Nyham, 1999, p. 31). Adopted children have experienced significant losses, and grieving these losses is important for healthy adaptive development. Grieving is a natural and necessary response to the adoptive experience (Howe, 1998; Nyham).

The losses of adoption may be less obvious and less likely to be acknowledged, thus the adopted child and others may deny the grief being experienced. Behavioral changes seen in elementary school-age adoptees that reflect grieving include anger, aggression, oppositional behavior, uncommunicativeness, depression, and self-image problems. Feelings of anger, resentment, and sadness may be projected onto the people available to the child, especially the adoptive parents (Keefer & Schooler, 2000).

The meaning of adoption is not fully understood until adolescence, when the individual can understand cognitively that to be adopted also means that one was first relinquished. The adolescent’s perception of adoption moves from gaining a family to losing a family. Adopted adolescents must come to terms with the fact that the people who were supposed to take care of them made a decision that they could not care for them (Melina, 2001). Adoptees have described the hurt of not knowing who they are and the hurt they feel at the loss of their biological parents. Grief in adolescence may be expressed with anger and defiance. This more mature understanding of the losses of adoption is part of the ongoing nature of adoption losses and grieving (Howe, 1998; Keefer & Schooler, 2000).

Interventions. When a child grieves, others want to rush in and make it all better, but they cannot. Nurses need to be aware of the grief process and, if necessary,
describe the grief process to parents. Suggest that the parents be tolerant of the child’s pain. Let them know that while they cannot spare the child from pain, they can help ease the pain by acknowledging it. Let the child know that his or her feelings are natural and normal. Reassure children that they will not always feel this intensity of emotion. By being physically present and listening with concern, nurses and parents can be emotionally available to children. Be alert for anniversary reactions on the child’s birthday or adoption placement date. Parents can help the child express his/her feelings through comments such as, “I always think about your birth mother on your birthday. Do you think about her, too?” (Kreefer, 1999, p. 49). Rituals and ceremonies can help adopted people work through the feelings related to adoption by acknowledging and accepting the validity of their feelings. Rituals as simple as lighting a candle for the birth family at a holiday or planning an elaborate ceremony to facilitate letting go of angry/sad feelings can help the child toward resolution of the painful feelings associated with adoption.

Rejection

Questions or comments from children that reflect feelings of rejection may include, “Why did she leave me?” “Why didn’t anybody keep me?” “Didn’t they like me?” “Nobody wanted me.” “People don’t give away valuables. I must not have been worth much.”

The child’s feelings of loss are heightened by feelings of rejection (Silverstein & Roszia, 1999). As the child matures, the child begins to wonder why his/her birthparents and/or someone from the extended family did not choose to care for him or her. Adopted children may view themselves as responsible for the birth family’s decision not to parent them. Because of egocentric thinking, they feel they were bad, defective, unlovable, and unworthy. A sense of deserving the loss and rejection may lead them to feel guilty and ashamed. This misplaced sense of responsibility was expressed by my 6-year-old daughter’s comment that she was not a “keeper.” Adopted people may be especially sensitive to any hint of rejection or disapproval. They may avoid situations in which they may be rejected. Alternatively, they may behave in a way that provokes rejection in order to validate their own negative self-perceptions.

Interventions. Counselors and parents should show acceptance of these feelings by allowing children to express feelings that they were “defective” and then to correct the misunderstanding. Offer proof, if possible. If there is no knowledge about the reasons for adoption, fill in with “probably.” For example, “Your birthparents were probably very young and felt they weren’t able to care for a baby”; or “In Korea it’s very embarrassing for a woman who isn’t married to have a child, and it’s very important not to embarrass your family, so she probably could not care for a baby”; or “Your birth mother made her adoption plan before you were born. She did not know you. It was that she could not care for any baby.”

The message for children is that their adoption was the result of their biological parents’ difficulties and not because the children were unlovable, flawed children who no one really wanted to parent.

Counselors and parents also need to share that the decision to place the child for adoption was not an easy one for the birthparent. People have an innate desire to keep their children with them, yet they also want what’s best for them. The birthparents did not toss them out or throw them away; they made a plan. When telling the child about his/her birth circumstances, some authors do not recommend telling the child that the child’s birthmother loved him/her so much that she wanted him/her to have a better life than she could provide. Sacrificial love is too sophisticated for the child to understand, and the child may equate love with abandonment. The child may feel the birthmother had other options and feel anger toward birthparents. If the child is blocked from feeling anger and resentment toward or sadness about the loss of the relinquishing birthparent because “she did it out of love,” the adoptee may direct the anger toward the adoptive parents (Donovan, 1990).

Conversely, it is not helpful for others to make negative comments about the birthparents, since the child will assume part of his or her identity from what is being
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implied about the birthparents (Seifert, 1986). Avoid negativity about the birthparents so that children do not feel negative about themselves. Parents can describe the child’s birth circumstances in a factual manner, not portraying the birthparents as saints or martyrs yet being positive about the birthparents (Diamond, 1995). Children need a full picture of their birth family. An adoption in which information about the adoption is fully shared and personal contact with the birth family is maintained can be very helpful.

Children may worry that they will be rejected once again, this time by their adoptive family. When telling children about adoption, it is important to help the child understand the permanence of adoption. When discussing possible reasons why birthparents could not parent him/her or any baby, emphasize that although those circumstances may change for the birthparents (e.g., they are now older, the child is now a permanent part of the adoptive family — the child’s membership in the adoptive family is permanent, and birthparents will not come back for them).

Children need to learn that even when parents are angry with them, they still love them and will not reject them. When disciplining the child, it is important to first reassure the child that he/she is loved and his/her feelings are legitimate, but the behavior is unacceptable. Point out how anger is a normal feeling that people living together experience and that the anger will go away but the love and permanency will always be there. Emphasize the importance of honesty in all interactions with children. Heightened concern for security and fears of abandonment make it even more important for the child to be able to trust what others say.

A sense of belonging can help diminish the child’s feelings of rejection. Focusing on the similarities between the adopted child and other members of the family can promote a feeling of belonging. For example, noticing that adopted children and siblings all do well in mathematics and love animals or that the child is a great softball player like his/her adoptive mother can help the child feel as though he/she “belongs.” At the same time, families can help children recognize and accept differences among all members of the family.

Rituals that celebrate the child’s place in the family will promote a sense of belonging and permanency. Homecoming Day, the day the child was placed in the family, can be celebrated as a family anniversary. The child gets to choose a family activity to celebrate. The emphasis is on the family celebrating the child’s arrival, rather than the child celebrating joining the family.

Support groups can be helpful for the child as well as the parents. Contact with other adopted children helps adoptees realize they are not alone, that others have joined their families through adoption (Keefe & Schooler, 2000). Transracial children can build cultural self-esteem through contact with others of their racial heritage. For example, through our adoption support group, our daughter met several other children adopted from Korea. Parents and children met every few months for lunch, and the children called it their Korean Club. They shared experiences, both positive and negative, such as their special interest in Korea and being called “Chinese eyes” in school. In our small group, a nursing student from Korea spoke with them about the Korean culture, while her mother cooked a Korean meal for them. Soo and the other children were delighted to hear about the Korean culture and were proud of their heritage. They felt they belonged.

Identity

Questions that may reflect the issue of identity include, “Who am I really?” “Who do I look like?” “Can I have a future if I don’t have a past?”

In the first years of awareness of their adoption, children may struggle with identity issues. It is especially during adolescence, however, that identity formation emerges as a significant issue. Making sense of one’s identity can become a difficult developmental task (Nyham, 1999). The adoption-related tasks of adolescence consist of further exploration of the implications and meanings of being adopted and connecting one’s adoption to one’s sense of identity. The adolescent also must cope with racial identity in cases of interracial
adoption. In an effort to resolve identity-related issues, adopted adolescents and young adults may consider searching for their biological family. Finally, the adolescent will continue to cope with adoption-related loss (Brodzinsky, Smith, & Brodzinsky, 1998; Keefer & Schooler, 2000; Nyham, 1999).

On a cognitive level, the adolescent is able to think abstractly and can come to a mature understanding of his or her adoption. If the adoption issues of middle years have been dealt with effectively, adolescent issues related to adoption are resolved more easily. Adoptees already have had to deal with being different, and they have experience figuring out who they are in relation to their parents and others. The usual identity crisis experienced by the adolescent is doubled for the adopted child, who must deal with the dual identity of both birth and adoptive parents. The adolescent has two sets of parents from whom to separate in order to attain an individual self. Lack of information about their genealogical history may interfere with the adopted adolescents’ attempts to establish a clear, autonomous identity (Howe, 1998). Today’s trend toward open adoptions, in which facts about the birth family are available, offers more information to adoptees. Still, missing pieces about one’s personal history makes the developmental task of defining who they are more difficult for adopted adolescents (Nyham, 2000).

Interventions. As the adolescent deals with identity issues, specific questions about birthparents and birth circumstances arise. Parents can help by understanding the adolescent’s need for all the factual information available about his/her birth and adoption. Without this information, the adolescent is more likely to fantasize about the birthparents as all good or all bad, especially if the adolescent is in conflict with the adoptive parents. Parents can be encouraged to share adoption papers. The adolescent is now mature enough to understand that good people can have difficulties in their lives and that the adolescent’s membership in the adoptive family is a positive thing (Keefer & Schooler, 2000; Nyham, 1999).

Support groups can continue to be helpful during the adolescent years. Support groups allow adolescent adoptees to share with others who have similar concerns and experiences. They can learn that others share many of their feelings/problems and that their feelings are not abnormal (Keefer & Schooler, 2000).

Intimacy and Relationships

The multiple ongoing losses in adoption, coupled with feelings of rejection, shame, and identity diffusion may affect the development and quality of interpersonal relationships and intimacy for adopted people. If the adopted person’s life begins with breaks in attachment, it is understandable that an adopted person may hesitate before becoming close to others (Nyham, 2000). Adopted children and adolescents may be fearful of intimacy or may fear they are unlovable. The adoption-related tasks of late adolescence and early adulthood include further consideration of searching for one’s biological family and further exploration of the implications of adoption as it relates to the development of intimacy (Brodzinsky et al., 1998).

Parents can help by understanding the adolescent’s need for all the factual information available about his/her birth and adoption.

Adoption and intimacy may become an issue for the adopted adolescent if the parents of peers feel it is all right for their children to be friends with the adoptee but not sexual partners. During adolescence, the fear of close personal relationships may be expressed either through avoidance or through overinvolvement in romantic relationships and sexuality before the individual is really mature enough to handle the consequences of
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that decision (Keefer & Schooler, 2000). Adopted people may become involved with someone they feel would never abandon them. Alternatively, they may form relationships that are guaranteed to end in rejection (Nyham, 2000). Resolving the losses associated with adoption will promote the development of new attachments.

**Interventions.** Nurses and parents should be alert for overreactions when relationships with peers fail, and they should be available for support and reassurance when needed. The empathetic responses and reflective listening of nurses and parents can create a safe environment for the adolescent to express how vulnerable he or she feels (Melina, 2001). Older adolescents and young adults may decide to search for their birthparents. Parents can be encouraged to help them and not to see the search as a rejection of them as parents but rather the adoptee’s continuing adaptive efforts to resolve adoption-related issues.

**Conclusion**

Adoption raises unique issues and challenges for the child and adoptive parents. Resolving the issues of adoption is a lifelong process. Parenting is demanding under the most ideal circumstances. When parents and children are faced with issues that differ from the norm, the potential increases for family disruption. Through an awareness of the issues inherent in adoption, nurses and parents can use strategies that will enhance children’s self-esteem and decrease their emotional vulnerability. As we work with adoptive families, we can assist children to incorporate their adoption into their lives. Moreover, through our own awareness of the challenges faced by the adoptive family, we can assist parents in attaining their goal of nurturing their children toward a healthy, productive adulthood.

**Acknowledgment.** The author thanks Dr. Mary Lynn Anderson, Professor, Department of Nursing, Northern Michigan University, for her expert review and valuable suggestions.

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