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Amanda L. Baden and Mary O'Leary Wiley
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Counseling Adopted Persons in Adulthood:

Integrating Practice and Research

Amanda L. Baden

Montclair State University

Mary O'Leary Wiley

Independent Practice

For the past 50 years, adults who were adopted during infancy have been research participants for empirical studies with goals ranging from twin studies for heritability, to adjustment following adoption, to attachment. While the research body is broad, it has given little attention to counseling practices with adopted adults. Because empirical research and clinical practice can inform each other, this article integrates literatures in both areas so that counseling practice with adopted adults can guide research, just as research guides practice. The authors grouped the clinically relevant literature into three main areas: identity (including genealogical and transracial adoption issues), search and reunion, and long-term outcomes. Within each section, the authors critiqued the literature as it informs counseling practice, used case studies to depict clinical implications, and suggested treatment strategies for use with adult adoptees. Epidemiological research found adequate adjustment for adopted adults. However, clinicians and researchers must address the consistent finding that a subset of adoptees struggles and copes with issues different than their nonadopted counterparts. The authors identify best clinical practices and a future research agenda related to adult adoptees and propose an adoption-sensitive paradigm for research and practice.

Probably the most difficult time for me regarding adoption was when I got married and had my own children. When my first child was born I looked at her and realized there was no way in the world that I could ever be apart from her. I think this was the worst time for me. It brought up a lot of feelings about having been “given away.” Intellectually, I knew there was little choice for my mother—the stigma and all about illegitimacy during those times. But emotionally, it was difficult to take. . . . When I got older and my children were grown, they sometimes asked about my adoption. They seemed to be more interested than I was about my background—of course, it was their biological background too.

—Brodzinsky, Schechter, and Henig (1992, p. 192)

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Adoption is a unique and complex way to build a family that can present lifelong developmental and psychological challenges to adopted persons, birth families, and adoptive families—collectively known as the adoption triad or the adoption kinship network (Brodzinsky, Smith, & Brodzinsky, 1998; Grotevant, Ross, Marchel, & McRoy, 1999; Zamostny, O'Brien, Baden, & Wiley, 2003). Counselors who are competent and sensitive to the issues that individuals from the adoption triad present are vital for work with this population (National Adoption Information Clearinghouse, n.d.). The 2000 U.S. Census included questions regarding adoption status for the first time in its history of data compilation (Kreider, 2003) and reported that 2.5% of all American children are adopted. Thus, we can extrapolate that approximately 2.5% of American adults are adopted (Brodzinsky, 1990; Pavao, Groza, & Rosenberg, 1998), a substantial subset of the American population. Whereas many adoptees never seek or require counseling, empirical research has found a higher proportion of adopted persons in therapy (17.71%) than of nonadopted persons (8.67%; Miller, Fan, Christensen, Grotevant, & van Dulmen, 2000). Thus, although most adopted persons may not seek therapy, those who do should be sure that they will be treated by counselors trained to work competently and sensitively with adoption issues.

Unfortunately, psychologists and other mental health practitioners reported lack of training in adoption-related issues. Sass and Henderson (2000) reported that of 210 psychologists surveyed, 90% believed they needed more training in treating issues related to adoption, 65% reported no formal adoption-related coursework, and 81% indicated interest in continuing education on adoption. However, given the wide recognition that adoption impacts the lives of adopted people in various psychological and personal ways (Brodzinsky et al., 1992; Lifton, 1994; Pavao et al., 1998), clinical practice with adopted people is best undertaken with knowledge and competence about the adoption-related issues in their lives.

Thoroughly understanding adopted adults is particularly relevant to counseling psychologists because of their long-standing history of interest in individuals' needs throughout adulthood and the lifelong processes associated with adoption (Friedlander, 2003). In a major contribution to *The Counseling Psychologist*, Zamostny, Wiley, O'Brien, Lee, and Baden (2003) addressed adoption in counseling psychology with their articles on adoptive families, adoption practice, and transracial adoption (Lee, 2003; O'Brien & Zamostny, 2003; Zamostny, O'Brien, et al., 2003), and Wiley and Baden (2005) later added counseling concerns for birth parents to their corpus of work. This article will further extend *The Counseling Psychologist's* coverage by specifically examining the literature and clinical issues related to adopted adults. One of the primary goals of the Practice Science Integration Section

of *TCP* is integrating the empirical literature and the clinical–practice literature. While we have long been familiar with using research to inform counseling practice, we must also use practice to inform scientists. In this article, we attend to both the research and the practice literatures and incorporate case studies, clinical-treatment issues, adoption-sensitive strategies (Wiley & Baden, 2005), and best practices to increase the competence and sensitivity of psychologists who treat adopted persons.

OVERVIEW OF THE FINDINGS

We begin this article by reviewing the empirical literature on adult adoptees, which falls into three major categories: (a) adoptee identity development (e.g., Dunbar & Grotevant, 2004), (b) birth parent searches and reunions (e.g., Campbell, Silverman, & Patti, 1991), and (c) overall psychological and adjustment outcomes for adoptees compared with nonadoptees (e.g., Levy-Shiff, 2001). Many of the counseling issues with which adoptees present for treatment are related to one or more of these three major themes, but many other adoption issues have yet to receive empirical attention. Throughout the article, we apply clinical concepts from our practice and the clinical literature that have not been empirically validated. We include these constructs because we believe that researchers and clinicians would benefit from familiarity with these terms and because the adoption community widely recognizes these issues. To avoid overpathologizing or minimizing the adoptive experience, Kirk (1964) recommended that research and practice with adoptees maintain the sensitive balance between “denial of differences” and “insistence on differences.” We discuss the integration of both practice and research issues for adult adoptees based on these themes and use case studies of clients we have seen to illustrate each of the three categories. The case studies are representative of adopted adult clients whom we encountered in our combined 35 years of clinical experience. We conclude with suggestions for clinically driven research on, and adoption-sensitive practice with, adopted adults.

IDENTITY DEVELOPMENT IN ADOPTEES

To gain a sense of their origins, adopted persons often have questions such as, “Where did I come from? Who were my parents? Why was I placed for adoption? Do my birth parents think about me now? Do I have siblings? What does adoption mean in my life?” (Dunbar & Grotevant, 2004, pp. 135-136). These questions reflect the sought-after sense of heritage and origin that are

part of an adoptee's identity. Although early conceptualizations considered identity development an adolescent task, it is now recognized as a lifelong process (Grotevant, 1997). Brodzinsky (1987) and Kelly, Towner-Thyrum, Rigby, and Martin (1998) noted that developing a separate, autonomous, and mature sense of self is widely recognized as a particularly complex task for adoptees. Similarly, Lifton (1994) and Hoopes (1990) posited that the layers of unknown personal, genetic, and social history often complicated adoptees' identity development. A more comprehensive adoptee identity framework built on Grotevant's (1987) developmental and multilevel process model of identity formation for all adolescents and applied it specifically to adoptees (Grotevant, 1997). Grotevant described the three most salient aspects of identity for adoptees: (a) self-definition (the characteristics by which one is recognized as he or she self-defines within his or her historical context), (b) coherence of personality (the subjective experience of the ways various facets of one's personality fit together), and (c) sense of continuity over time (the connections between past, present, and future that traverse place and connect relationships and contexts). These identity aspects were labeled the "self-in-context" (Grotevant, Dunbar, Kohler, & Esau, 2000) and consist of three levels: intrapsychic, family relationships, and social world beyond the family. Grotevant et al. (2000) described the primary task of identity for an adoptee as "'coming to terms' with oneself in the context of the family and culture into which one has been adopted" (p. 4).

Dunbar and Grotevant (2004) used a narrative approach to empirically explore Grotevant's (1997) identity statuses. In conjunction with the Minnesota/Texas Adoption Research Project (a national longitudinal study of openness in adoption), they interviewed 75 female and 70 male adopted adolescents (mean age 15.6) and coded the interviews based on ratings of exploration, salience, and positive and negative affect (ranging from *minimal* to *great*) for adoptees whose living arrangements included fully disclosed adoptions (open communication with birth family to varying degrees), mediated adoptions (communication with birth family via third party), and confidential adoptions (no identifying information shared between adoptive family and birth family). The researchers used cluster analysis to obtain the following four adoptive identity types among the 145 adolescent adoptees: (a) *Unexamined Identity* ($n = 24$, 16.5% of sample), where the adoptees (mostly male, 66.7%; in confidential adoptions, 41.7%) had not thought about adoption issues (83.3%), responded with low emotion (70.8%-75%), and reflected no salience of the adoptive identity (83.3%); (b) *Limited Identity* ($n = 46$, 31.7% of sample), where the adoptees (almost equally male and female) were willing to think about and discuss adoption but did

not view it as a prominent concern in their lives as reflected by their low depth of exploration (76.1%), low salience of adoptive identity (69.6%), moderate positive affect (60.9%), and minimal negative affect (65.2%); (c) *Unsettled Identity* ($n = 30$, 20.7% of sample), where the adoptees (mostly female, 60%; in fully disclosed adoptions, 66.7%) reported moderate salience of their adoptive identity (66.7%), were moderately (56.7%) involved in thinking about their adoptive identities, and yet described low to moderate positive affect (73.3%) and moderate to moderate-strong negative affect (80%); and (d) *Integrated Identity* ($n = 45$, 31% of sample), where most of the adoptees (mostly female, 57.8%; older and in fully disclosed adoptions, 55.6%) were moderately or greatly exploring their adoptive identities (97.6%), saw their adoptive identities as significant (moderate and moderate-high, 80%), and reported substantial moderate to strong positive affect (97.8%) and low to minimal negative affect (88.9%).

This empirically based adoptee identity model (Dunbar & Grotevant, 2004; Grotevant, 1997) complements the psychodynamic theoretical work on adoptee identity (Cohen, 1996; Deeg, 1991; Hertz, 1998; Hoopes, 1990; Lord & Cox, 1991). This work recognizes the complexity of adoptee identity more fully than did previous research. For example, a widely cited empirical study on identity by the Search Institute used self-report items from adopted adolescents ($n = 881$) and compared them with their non-adopted siblings ($n = 78$; Benson, Sharma, & Roehlkepartain, 1994). They interpreted the data to reflect a secure identity using a study-designed survey that operationalized identity as three item responses. Specifically, participants responded with *always* or *often* to the following items: (a) "I have a good sense of who I am" (79% adopted, 77% nonadopted siblings); (b) "I have a good idea about where I'm going in life" (72% adopted, 66% non-adopted siblings); and (c) "I feel confused about who I am" (11% adopted, 14% nonadopted siblings; Benson et al., 1994, p. 17). Although Benson et al. (1994) interpreted their findings to suggest that adoption does not have a negative impact on identity formation, we contend that translating this study's results to indicate a secure identity for adoptees reflects a denial of difference as Kirk (1964) cautioned against. Wilson (2004) noted that both conceptual (e.g., global examination of identity) and methodological limitations (e.g., no control for socioeconomic status, comparison group limitations) of the Benson et al. (1994) study make interpreting positive findings incomplete.

Thus, the adoption literature has not reached a consensus on adoption's impact on identity. To answer this question, researchers must more clearly define and operationalize the constructs of adoptee identity. Although most of the adoption literature assumes identity to be more complex for adoptees

(Grotevant, 1997; Grotevant et al., 2000; Hoopes, 1990; Stein & Hoopes, 1985), the empirical literature has been slow to systematically address these assumptions. The literature has noted such concerns as the "Adopted Child Syndrome" (Kirschner, 1990) and even included attention to the externalizing behaviors of adopted persons (e.g., Brodzinsky et al., 1998; Miller et al., 2000; Wierzbicki, 1993), but the empirical literature has not yet adequately explored identity development. In fact, Wilson (2004) suggested that methodological constraints such as the heterogeneity of the adopted population, lack of suitable comparison groups, and within-group differences might also explain the mixed findings.

Smith, Howard, and Monroe (2000) summarized the theoretical literature and noted the following categories of psychological issues for adoptees: (a) difficulty with abandonment and rejection, (b) cultural and racial identity for transracial adoptees, (c) birth family romance-fantasy concerns, (d) "genealogical bewilderment," (e) incomplete sense of self, (f) body-image issues, (g) sexual and romantic relationships, and (h) dichotomous identity issues. Other identity facets that deserve empirical exploration are birth family identity, adoptive-family identity, adoptee identity, individual identity, and cultural identity. Although these issues may arise among adopted adolescents and adults, research has primarily focused on both genealogical issues and transracial adoption as they impact identity formation.

Heritability and Genealogical-Bewilderment Issues for Adoptees

Ironically, adopted people often do not know their genetic histories because of sealed adoption records yet have a long history of participating in heritability research. The empirical literature on heritability is vast and varied, but it was designed to address genetic rather than adoption issues resulting in what are essentially separate bodies of literature. Using twins (adopted and reared apart) and adoptees whose birth parents had various disorders, researchers addressed nature-versus-nurture questions by establishing genetic factors in several disorders and personality characteristics. A detailed examination of empirical literature that does not investigate the impact of adoption is beyond the scope of this article, but a brief overview of the findings in some key areas related to heritability may inform treatment for adopted adults. Researchers have reported relationships between genetic factors and the following disorders, and these represent just a sampling of this body of literature: (a) alcoholism (e.g., Cadoret, Troughton, & O'Gorman, 1987; Yates, Cadoret, Troughton, & Stewart, 1996), (b) drug dependence (e.g., Yates et al., 1996), (c) antisocial personality disorder (e.g., Cadoret et al., 1987), (d) mood disorders and suicide (e.g., Farmer,

1996; Kendler & Gardner, 2001), and (e) schizophrenia (e.g., Kendler, Gruenberg, & Strauss, 1982). In addition, heritability studies have found possible genetic links for the following constructs: (a) personality (e.g., Loehlin, Willerman, & Horn, 1987), (b) parental child-rearing styles and attitudes toward parenting (e.g., Losoya, Callor, Rowe, & Goldsmith, 1997), (c) obesity (e.g., Sorensen, Holst, Stunkard, & Skovgaard, 1992), (d) intelligence and educational achievement (e.g., Scarr & Weinberg, 1978), and (e) perceptions of one's childhood family environment (e.g., Plomin, McClearn, Pedersen, Nesselroade, & Bergeman, 1988).

Heritability issues are intimately tied to identity development and to questions that often arise around identity. As a result, heritage is likely important in clinical treatment. Sants (1964) coined the term *genealogical bewilderment* to refer to the lack of information adoptees have regarding their birth families (e.g., medical history), about which they can only speculate (Hoopes, 1990). Relatedly, Partridge (1991) called the desire to see another person who physically resembles oneself "mirror hunger." Adoptees have only their own physical features and personal appearances to draw on for genetic information. While clinicians and theorists have embraced these concepts (Berry, 1991; Brodzinsky et al., 1992; Hoopes, 1990; Humphrey & Humphrey, 1986; Lifton, 1988; Sants, 1964), researchers have not yet tested them. To illustrate concerns that adoptees reported, we used case studies and treatment strategies from our clinical experience. In the case study below, we depict the concept of genealogical bewilderment and its relationship to identity to demonstrate how a clinical practitioner could present, assess, and diagnose this construct with an adopted person.

Case Study 1: Genealogical Bewilderment

Presenting issues. James, a 38-year-old Caucasian college professor and adoptee, presented with symptoms of depression and anxiety. James was highly successful in his medical profession and was planning to get married. He came to treatment for these symptoms as well as a deep sense of isolation that he did not understand.

Preadoptive background. Neither James nor his adoptive parents had any information about his life before being adopted. He was adopted at 9 months of age, though he did not know this at the beginning of treatment.

Adoptive background. James was the second child of two in a divorced bioadoptive family (i.e., a family with both biological and adoptive children). He and his brother were raised primarily by his mother, and he saw his

father on weekends while growing up. James described having many friends and feeling close with his adopted parents, brother, and niece. James learned he was adopted when he was 5 years old but felt it was not very important at the time. James's work as a physician, his own aging process, his upcoming marriage, and his dark coloring in a family of fair-haired people led him to wonder about his birth family's medical history. He was considering a search for his birth family.

Assessment concerns. James was highly intelligent and accomplished. Ongoing assessments with James reflected that his judgment and his insight were good and that he had not examined his adoptive identity. James spoke rarely with his adoptive family about his birth family and, as a result, struggled with competing feelings: interest and fascination with his fantasy birth family and guilt because of fears of being perceived as unappreciative toward his adoptive family.

Treatment issues. Over the course of his 8-month treatment, James realized that his sense of isolation was connected to some of the biological differences between his adoptive family and himself. He noted that academic work was much easier for him than for his brother and adoptive parents. James was gradually able to accept this strength while decreasing his sense of guilt and disloyalty for being different from his family. His interest in theater and the arts was something his adoptive father and brother (recreational hunters and fishermen) did not understand. James's fantasies about his ethnic background stimulated a curiosity about French culture whereby he sought a sense of heredity. Although he decided against searching directly for his medical background, he acknowledged that he might seek it in the future.

Effective treatment strategies. James explored his own biological makeup and worked to decrease negative self-attributions while recognizing the similarities between himself and his adoptive family. His therapist encouraged him to share more about his interests with his family and to broaden his support network with those sharing his interests without decreasing his healthy attachment to his adoptive family. James's depressive symptoms decreased, as did his sense of isolation and difference. James's therapist used bibliotherapy (Pardeck, 1994) to teach James about the normalcy of his issues for adoptees and used mirroring (Partridge, 1991) and supportive therapy to assist him in developing a clearer identity. Finally, James's therapist used cognitive restructuring to allow James to learn less self-critical thinking.

As the above case illustrates, James's interest in his birth family and genetic background became progressively more salient throughout his development. As Brodzinsky et al. (1992) predicted, James's questions

regarding heritage increased after developmental milestones such as marriage, births, and deaths. Adulthood produced self-observations and other observations about differences in physical characteristics between him and his adoptive family. Moreover, the contrasts between himself and his non-adopted brother became even greater as he reached independence. James recognized his talents and interests as different and sought to attribute those differences to genealogical (i.e., inherited from his birth family) factors (Jones, 1997). Counseling allowed him to explore these questions. Unfortunately, research has not addressed heritability issues within adoption or genealogical bewilderment, but clinicians continue to cite the importance of such issues (Brodzinsky et al., 1992; Humphrey & Humphrey, 1986; Sants, 1964; Smith et al., 2000).

Identity in Transracial Adoption

Transracial adoption refers to the adoption of children of one race or ethnicity by parents of a different race or ethnicity (Evan B. Donaldson Adoption Institute, 2005). An examination of the literature revealed that many studies that purport to address adoptee identity development actually assess some form of racial or cultural self-identification (e.g., Andujo, 1988; Westhues & Cohen, 1998). Lee (2003) thoroughly summarized the findings of many of the studies of transracial adoption, adjustment, and identity from 1990 to 2003. A recent meta-analytic study of international adoptees reported that most were well adjusted despite a higher referral rate for mental health services (Juffer & van Ijzendoorn, 2005), but specific findings from each study clarify the picture. Generally, the empirical studies of adolescent to young-adult adoptees have found that transracial adoptees struggle with various identity aspects including ethnic-group self-descriptors (Freundlich & Lieberthal, 2000; Westhues & Cohen, 1998), discrimination (Benson et al., 1994; Brooks & Barth, 1999; Cederblad, Höök, Irhammar, & Mercke, 1999; Feigelman, 2000; Freundlich & Lieberthal, 2000; Westhues & Cohen, 1998), discomfort with appearance (Benson et al., 1994; Brooks & Barth, 1999; Feigelman, 2000), psychiatric and other behavioral problems (Benson et al., 1994; Bimmel, Juffer, van Ijzendoorn, & Bakermans-Kranenburg, 2003; Cederblad et al., 1999; Hjern, Lindblad, & Vinnerljung, 2002; Lindblad, Hjern, & Vinnerljung, 2003), and racial and cultural identity (Baden, 2002; Hollingsworth, 1997; Westhues & Cohen, 1998). Briefly, transracially adopted adolescents and adults reported that as many as 51% experienced discomfort with their racial appearances (Brooks & Barth, 1999; Feigelman, 2000) and that up to 85% reported experiencing discrimination (Westhues & Cohen, 1998). However, as Lee (2003) noted, researchers need to conduct more methodologically rigorous research that

distinctly measures racial and cultural identity. To date, only Westhues and Cohen (1998) and Baden (2002) have made such efforts. Both studies found that transracial adoptees were struggling with identification to their Caucasian parents' groups and with their birth cultural and racial groups.

Transracial adoptees' identities may actually be composed of a complex mix of several identity aspects that depict their experiences. Lee (2003) described this as relating to cultural socialization strategies by which adoptive families approach the "transracial adoption paradox." The strategies include cultural assimilation, enculturation, racial inculcation, and child choice models. In a model developed to better understand the impact of transracial adoption on identities and to help qualify the transracial adoption paradox to which Lee refers, Baden and Steward (2000) theorized that the best way to understand transracial adoptees' identity is to look at the degree to which they identify with their birth cultures (e.g., Korean, Chinese, Colombian, or African American) and people from their own racial groups as well as the degree to which they identify with their adoptive parents' culture (e.g., White, middle-class, American culture) and with people from their adoptive parents' racial group (e.g., White Americans). These alternative viewpoints suggest that racial and cultural identification is not a dichotomous process. Adoptees may, in fact, identify with multiple cultural and racial perspectives, which are influenced by various factors such as exposure to multiple racial and cultural groups as well as the psychological valence (i.e., societal and personal judgments that impact the degree of positive or negative attitudes) attributed to each racial group and cultural group with which the adoptees identify.

The complexity of identity formation in transracial adoption necessitates that counselors be aware of the impact of adoption in multiracial families. Clinicians should be particularly aware of the stereotypes, discrimination, identity confusion, and myths or assumptions (e.g., language skills and knowledge of birth culture) that transracial adoptees report in the literature (Freundlich & Lieberthal, 2000; Meier, 1999). In the following case, identity and genealogical bewilderment relate to appearance, abilities, and unknown history. Lifton (1994) has referred to this complex combination of adoption-related issues as "cumulative adoption trauma."

Case Study 2: Transracial Identity

Presenting issues. Nicole, a 21-year-old college student, came to the university counseling center seeking help. She presented with identity issues including body dissatisfaction, inability to choose an academic major, and dating concerns (self-described as sexual promiscuity).

Preadoptive background. Nicole was born in Korea to Korean parents, relinquished at birth and cared for in an orphanage until she was adopted by Caucasian parents at 6 months of age. Neither Nicole nor her adoptive parents had any information about her birth family.

Adoptive background. Nicole grew up as the only child of Italian American parents in an upper-middle-class suburb. Nicole's early attachments included her parents as well as her live-in caregiver. Her family lived close to a network of extended family members. The family had virtually no ties to the small Asian American community in the neighboring urban area.

Assessment concerns. Nicole was a motivated client who had not explored her presenting concerns. The counselor explored her family background, her self-image, and her symptoms and found a relationship among her presenting issues, attachment concerns, and ethnic identity. Nicole was of above-average intelligence and was interpersonally effective when it came to peers and friends, who were exclusively Caucasian. Nicole reported feeling no connection with Asian Americans in general and Korean Americans in particular. Nicole dated White men exclusively and judged herself harshly for her perceived promiscuity. She felt unattractive unless men gave her attention but had not yet had a steady dating relationship.

Treatment issues. When Nicole entered therapy, she expressed intense dissatisfaction with her appearance and particularly disliked her "small eyes," her "round face," and her short stature. Nicole compared herself to her peers and felt that she was less attractive and, therefore, not likely to have a successful dating relationship. Nicole's parents had blue eyes and blonde hair and were of above-average height. Nicole viewed them both as "very attractive." When encountering Asian Americans in daily life, Nicole had difficulty relating her appearance to theirs. She liked to think of herself as "ethnic looking" rather than as Korean. Nicole was unaware of her own internalized racism; she viewed her negative attitude toward Asian people as "normal." She always wondered if she looked like her birth parents but was not interested in searching for them. At the sixth session, Nicole stated that she did not know who she was. Nicole observed the dichotomy between growing up in Italian American culture and appearing Asian and "forever foreign" to others. Nicole tried to meet other Asians when the sorority of her choice did not select her. She attended a Korean American student club but felt alienated when the students in the club spoke primarily in Korean. In discussing this experience with her therapist, she expressed frustration with not belonging to any group. She was able to recognize that

her dissatisfaction with her looks and body were tied to a split between her adoptive cultural identity and her birth and racial identity as well as internalized racism. It was complicated by her family's insistence that her Korean birth identity "wasn't important to them . . . they loved her for being her." Nicole had shared neither instances of racism that she experienced nor her dating concerns with her parents. She described incidents of depression when rejected by men.

Effective treatment strategies. Nicole's therapist used a multicultural framework to help her understand her family system more completely, sought to move her from an unexamined identity to an integrated identity (Dunbar & Grotevant, 2004), and tied this work to issues of genealogical bewilderment (Jones, 1997; Sants, 1964). Nicole's therapist was also cognizant of Kirk's (1964) emphasis on the importance of balancing "denial of differences vs. insistence on differences" and encouraged Nicole to address adoption issues. She helped Nicole to identify as Korean without having to feel separate from her family by learning to value Korean American culture and her Korean heritage through positive experiences with Korean American role models and both adults and peers and through a thorough examination of her internalized racism. Nicole did this while frequently communicating with her parents regarding her experiences and including them when appropriate. With this insight and cognitive restructuring, Nicole was able to better accept her appearance, body image, and ethnicity. The therapist also validated her "marginal-person" experience and was open to discussing experiences when Nicole felt discriminated against. Nicole then recounted racist and discriminatory incidents from childhood and adolescence. Nicole revealed that she never shared any of these stories with her parents because (a) she was ashamed, (b) she feared they would not believe her, (c) she felt they would not be able to help her, and (d) she did not want to upset them. She also feared her parents might embarrass her at school by overreacting if they learned of the incidents. Nicole worked on increasing her self-esteem and self-acceptance by using positive role models (Baden & Steward, 2000), integrating her identities (Dunbar & Grotevant, 2004), and using a life book (Backhaus, 1984; Helwig & Ruthven, 1990), artistic self-expression, and a critical sociopolitical analysis. With her more integrated identity and self-comfort, Nicole felt ready to date again.

Nicole's case illustrates the complexity of identity for transracial adoptees. As an Asian American woman, Nicole experienced multiple instances of dissonance between her appearance and her cultural knowledge. Previously, her family used a denial-of-difference (Kirk, 1964) model for parenting, but therapy encouraged a shift to acknowledging (without insisting on) these differences. When faced with stereotypes of Korean people

(i.e., Koreans should all speak Korean and should behave in culturally proscribed ways), Nicole experienced identity confusion. Nicole's experience of marginalization is not uncommon for transracial adoptees (Friedlander, 1999). As she reached late adolescence and young adulthood, she sought information through therapy that would resolve her dissonance (e.g., information about Korean Americans and Korean culture). Reduction of cognitive dissonance was further aided by addressing the critical incidents of racism and discrimination that Nicole experienced without support. She recognized that she had internalized these experiences about her ethnic group. Competence in working with transracial adoptees requires awareness and knowledge of their potential cultural and racial identity concerns as well as awareness and knowledge of how these identity concerns can interact with issues of interpersonal relationships and self-image.

BIRTH PARENT SEARCHES AND REUNIONS

No one has compiled the number of adult adoptees actively searching for their birth parents, but Benson et al. (1994) surveyed 881 adopted adolescents and found that 57% of the males and 70% of the females reported a desire to meet their birth parents. Although adoptees differ in the degrees of search contemplation, counseling psychologists consider the very act of contemplation a strategy by which adoptees synthesize their dual identities and gain continuity in their lives (Kohler, Grotevant, & McRoy, 2002; Stein & Hoopes, 1985). Thus, although Friedlander (2003) noted that all adoptees need not search, the literature qualifies this concern and emphasizes the importance of the process of considering the search.

Existing research has focused on the motivations for searching, the differences between searchers and nonsearchers, and the outcomes of adoptee–birth parent reunions. We identified 13 quantitative studies published in professional journals within the past 25 years for this review.

Motivation for Searching

Howe and Feast (2000) conceptualized two models related to searching. The normative model views searching as a normal developmental outcome of adoption, and the pathological model views searching as originating from dissatisfaction with adoption. Early research pathologized search motivation and indicated that adoptees searched for birth parents because of dissatisfaction with their adoptive parents (Sorosky, Baran, & Pannor, 1974; Triseliotis, 1973). More recent studies found that search motivation was normative and that most adoptees who searched reported positive relationships

with their adoptive parents (Pacheco & Eme, 1993) or comparable levels of satisfaction and dissatisfaction with adoption (Kowal & Schilling, 1985). Moreover, March (1995) suggested that searches were also motivated by a desire to address the social stigma associated with adoption by neutralizing and normalizing adoption.

The literature revealed that the most common reasons given for searching are (a) wishing for background information, (b) experiencing life cycle transitions (e.g., marriage, pregnancy, birth, adoption, death), (c) wishing for a cohesive identity, (d) hoping for a relationship with birth parents, (e) desiring a biological connection based on physical appearance, (f) having medical problems, (g) experiencing the social stigma of adoption, (h) wanting to assure birth parents that the adoptee is well, and (i) being curious (Campbell et al., 1991; Kowal & Schilling, 1985; March, 1995; Pacheco & Eme, 1993; Sachdev, 1992). Research has associated the decision not to search, although less frequently examined, with various concerns: (a) concern about upsetting birth parents' lives, (b) fears of failing in the search, (c) fears of being rejected, (d) concern about unpleasant information and the time and money needed to search, (e) fears of upsetting adoptive parents and being disloyal, and (f) not wanting to complicate life (Howe & Feast, 2000; Sobol & Cardiff, 1983).

Characteristics of Searchers and Nonsearchers

Of the 13 studies, 6 compared adoptees who searched for birth parents with those who did not. Using various measures including interviews, adoption-specific questionnaires, and standardized instruments, we present differences between the groups in Table 1, which compares adoptees who searched for their birth parents (searchers) with those who did not (non-searchers). The studies generally reported no differences in the basic demographics of the adoptees. However, the main areas that differentiated the two groups were in ratings of dissatisfaction with their adoption, lower levels of self-esteem and higher levels of depression, older ages at adoption, and higher ratings of feeling different or not belonging in their adoptive families by searchers compared with nonsearchers. Sobol and Cardiff (1983) found that women searched more than men. Müller and Perry (2001) supported this finding and estimated that searchers are also typically between 25 and 35 years of age. However, Sobol and Cardiff cautioned against the overreliance on retrospective reporting and suggested that many of the differences found may indicate adoptees' current discomfort with the adoptees' past, which could be intensified during the search.

Aumend and Barrett (1984) cautioned that their findings showed differences between the groups but that adult adoptees as a group did not have

Table 1 Characteristics of Searchers and Nonsearchers

<i>Study</i>	<i>Adoptees Who Choose to Search Reported . . .</i>	<i>Adoptees Who Choose Not to Search Reported . . .</i>
Aumend & Barrett (1984)	<i>n</i> = 71 (<i>n</i> = 11, undecided) Strong memories of first being told of their adoptions Negative feelings about being adopted as children More information about their adoptions Older when adopted Health problems with a genetic basis Less comfortable with being adopted Poor relationships with their adoptive parents	<i>n</i> = 49 More positive self-concepts More positive attitudes toward adoptive parents Adoptive parents were more positively emotionally involved More positive attitudes about effect of adoption on feelings about self Less concern about own background
Borders, Penny, & Portnoy (2000)	<i>n</i> = 53 Lower self-esteem Depression twice as much as nonadoptees Adoption had a more negative effect on them	<i>n</i> = 47 Higher self-esteem Less depression than searchers but more depressed than nonadoptees
Cubito & Obremski Brandon (2000)	Searchers (<i>n</i> = 304) and reunited (<i>n</i> = 262) Searching adoptees had the most maladjustment Reunited adoptees were between searchers and nonsearchers in maladjustment	<i>n</i> = 150 Nonsearchers had the least maladjustment Less anger
Howe & Feast (2000)	<i>n</i> = 394 More searchers felt they did not belong in their adoptive families Higher rates of feeling different in adoptive family, extended family, and outside world	<i>n</i> = 78 More likely to feel happy about adoption and to love and feel loved by adoptive parents More likely to view adoption experience positively
Sobol & Cardiff (1983)	<i>n</i> = 66 Lower self-esteem and more stressful events in lives Dissatisfaction with adoptive family relationships Older at adoption More information about adoption Traumatic adoption revelation	<i>n</i> = 54 Fear search would be hurtful to adoptive parents Satisfaction with adoptive families More openness about adoption in families

poor self-concepts (most scored above the clinical cutoffs on the Tennessee Self-Concept Scale) and that most did not have poor relationships with their parents or feel unhappy while growing up. Given the potential to view searching for birth parents as an indicator of pathology, anger, and dissatisfaction with adoption, therapists who do not recognize searching as a common developmental pathway for adoptees may fail to competently serve adult adoptees. Furthermore, recent research suggests a different picture. A majority of 72 searchers in a study by Pacheco and Eme (1993) loved (93%) and felt loved by (89%) their adoptive parents, and 61% felt like they belonged with their adoptive parents. In fact, a recent study by Wrobel, Grotevant, and McRoy (2004) found that search behavior was not related to family functioning or problematic behavior and that "searching is a normative developmental task associated with being adopted" (p. 147). Thus, comparisons of searchers and nonsearchers are more complicated than the early data suggest.

Outcomes of Adoptee–Birth Parent Reunions

Of 13 studies in this review, 5 examined reunion outcomes using both quantitative and qualitative designs. Literature assessing reunions between adoptees and birth parents found that adoptees were very pleased with having conducted their searches. Campbell et al. (1991) reported that 100% of the 114 searchers in their study would search again even if they had the same results (e.g., unwelcoming birth parents), 95% of 432 searchers and those who were searched for would do it again, and 92% of them were glad they went through the process (Sullivan & Lathrop, 2004). Similarly, Sachdev (1992) reported that 93.9% of the 124 searchers in his sample had no regrets about the reunion. Research has also reported positive views of the reunion: (a) 86% of 72 searchers (Pacheco & Eme, 1993), (b) 86.9% of 124 searchers (Sachdev, 1992), and (c) 88% of 48 searchers (Howe & Feast, 2001). Campbell et al. reported that 55% of the searching adoptees in their study reported positive effects of the reunion on their marriages. Regarding the effects on their adoptive families, 42% reported a positive effect, 30% reported no effect, and 28% reported negative effects, though what these specific effects were is unclear.

Other research assessed the types of relationships that form between adoptees and birth families following reunions. Based on interviews with 67 adult adoptees, Gladstone and Westhues (1998) identified seven categories of postreunion relationships and the percentages of reunions in each: close (35%), close but not too close (10%), distant (22%), tense (6%), ambivalent (14%), searching (8%), and no contact (6%). Factors found to impact the relationship were structural (geographic distance and time), interactive

(adoptive family's support, boundaries of the relationships, and birth family's perceived level of responsiveness), motivational (sense of involvement or pleasure from contact), and birth relatives' outlook (close matching on lifestyle, values, and desire regarding intensity of relationship). Howe and Feast (2001) found that reunions for 48 searchers were characterized by (a) continued contact and positive evaluation (30%), (b) ceased contact and positive evaluation (30%), (c) continued contact and mixed or negative evaluation (30%), and (d) ceased contact and mixed or negative evaluation (10%).

The motivation to search for birth parents, the characteristics of searchers and nonsearchers, and the outcomes of searches and reunions are often foundational topics in therapy with adoptees. Numerous researchers have recommended counseling and psychotherapy for adoptees, their adoptive families, and their birth families (Aumend & Barrett, 1984; Gladstone & Westhues, 1998; Triseliotis, 1973), but we located only one qualitative study (Valley, Bass, & Speirs, 1999) that addressed the impact of a professionally led adoption-triad support group for search and reunion. Group members reported that the group was helpful and useful.

Unfortunately, we found no studies that specifically addressed the benefits of therapy for adoptees contemplating or engaging in searches. Moreover, the advent of Internet-based searches may decrease the already small likelihood that any adoption or mental health professional would be in direct contact with searchers. Interestingly, the majority of search and reunion support has come from support groups led by laypeople (Valley et al., 1999). In the following case, the therapy addresses the motivation and decision to search along with attachment issues.

Case Study 3: Birth Parent Reunion

Presenting issues. David was a 33-year-old Caucasian man who had struggled with depression and negative feelings about his adoption most of his life and had been in treatment for nearly 1 year. He loved and felt loved by his parents and siblings but always was aware that he was "given away" by his birth mother.

Preadoptive background. David spent his first 2 years of life in an orphanage near his hometown. He loved hearing the story of being "picked up" by his adoptive family. David always felt defective because he had no information about his birth family and assumed that he had been rejected for adoption by many prospective parents. He was curious about and angry with his birth mother and wondered "what kind of a woman" could give up her child.

Adoptive background. A Caucasian family, which had already adopted three other children, adopted David at age 2. He reported having difficulty attaching to others because of his fear of becoming dependent on them. He was aware that his siblings were better students than he, and no one in the family shared his interest in and skill at various sports. David wondered for years whom he looked like, and at his sister's urging, he began therapy.

Assessment concerns. David's attachment issues were paramount in conducting his assessment. He had difficulties trusting his therapist and had few close attachments beyond his siblings. David was of above-average intelligence yet had not achieved the professional success he desired. David had the support of his siblings in his search, but he was uncomfortable discussing his adoption or search with his parents.

Treatment issues. Therapy included individual work and broad-based support (e.g., support groups, case workers) with monitoring of his depressive symptomatology. David worked in therapy on his trust issues, self-esteem, depression, and fear of intimacy. He realized that one of his fears was unknowingly going out on a date with a relative, and this insight triggered a desire to search. He contacted his placement adoption agency and was given nonidentifying information that he found reassuring. He then located his birth mother through an intermediary and learned that his birth parents married after he was relinquished and had two more children. Although David's birth father was glad to answer his medical questions, David's birth mother found the thought of contact with him to be too painful. David continues to communicate by e-mail through an intermediary and hopes that some day he will meet them.

Effective treatment strategies. David's therapist used supportive and psychoeducational strategies to help him deal with both his relinquishment and this second rejection. He reported that he was glad that he knows "who they are and that they are good people." David's therapist respected David's unwillingness to tell his adoptive parents about his search and helped David to conceptualize his fear of intimacy and depression as related to his initial relinquishment and having spent 2 years in an orphanage. He viewed the opportunity to examine his multiple separations as integral to his recovery.

As the case above illustrates, adoptees' decisions to search can stem from multiple issues. David's restriction of his dating and fear of intimacy was linked to his attachment issues and his unknown birth family. As Gladstone and Westhues (1992) reported, adoptees in David's situation feel "helped" by the ability to discuss outcomes and fantasies regarding birth families and searching. Processing David's "search ideation" (Bertocci &

Schechter, 1991) allowed him to begin to understand his birth mother's decision. Although his search did not lead to a reunion, it answered many of his questions (e.g., medical history, ethnicity, story of relinquishment). Bertocci and Schechter (1991) noted that completed searches often resulted in positive psychological changes and improved relationships between adoptees and their adoptive parents. David's connection with his birth father via an intermediary was also beneficial to David's identity.

As birth parent searches become more recognized as developmentally appropriate for adopted adults, Friedlander (2003) cautions clinicians to educate themselves about adoption issues to ensure they do not perpetuate myths and stereotypes. For example, the decision to search should clearly be the client's choice.

PSYCHOLOGICAL ADJUSTMENT OUTCOMES FOR ADOPTED ADULTS

The empirical literature presents a complex picture of long-term outcomes for adopted adults. Data suggest that the mental health of adopted adults is generally on par with that of their nonadopted peers, and the differences that do exist may be because of variability within groups of adopted persons (Grotevant, 2003). We identified and reviewed nine empirical studies on outcomes for adult adoptees published within the past 15 years in psychology, psychiatry, social work, mental health, and child welfare journals. Some of these studies included adolescents in their samples (e.g., Cederblad et al., 1999; Feigelman, 1997; Miller et al., 2000), and some studied adults after their middle adulthood years (Cubito & Obremski Brandon, 2000; Kowal & Schilling, 1985; Smyer, Gatz, Simi, & Pedersen, 1998).

Table 2 summarizes the mixed results found in the outcome studies for adopted adults. Careful examination of the findings revealed that all nine studies reported statistically significant differences between the samples of adopted and nonadopted adults. However, the authors' interpretations of the findings reflected the prevailing divide in the literature. Some researchers concluded that there were few differences in psychological well-being (Borders, Penny, & Portnoy, 2000; Cederblad et al., 1999; Collishaw, Maughan, & Pickles, 1998; Feigelman, 1997; Kelly et al., 1998), whereas others concluded that there were substantial differences in self-concept (Levy-Shiff, 2001) and psychological distress (Cubito & Obremski Brandon, 2000; Miller et al., 2000; Smyer et al., 1998). Grotevant (2003) suggested that these mixed results may be because of the persistent focus on main effects rather than on mediating processes and moderating variables. Overall, it is important to recognize that regardless of the interpretations of the data,

Table 2: Long-Term Outcome Studies With Adult Adoptees

<i>Study (Country)</i>	<i>Sample Adoptees</i>	<i>Control</i>	<i>Age at Adoption</i>	<i>Age (Range)</i>	<i>Select List of Measures</i>	<i>Findings for Adoptees</i>
Borders, Penny, & Portnoy (2000) (United States)	100 adults	100 adults	During infancy	42.7 (35 to 55)	Adult Attachment Scale CES-D Rosenberg Self-Esteem	Higher depression, lower self-esteem, less secure attachment; search status affected differences ^a
Cederblad, Höök, Irhammar, & Mercke (1999) ^b (Sweden)	145 adolescents, 66 adults, non-Swedish	529 adolescents, 118 adults	< 7 months, 54% < 12 months, 26% > 1 year, 30%	Not reported (13 to 27)	Interviews CBCL SCL-90 Family Relations Scale	Higher on obsessive-compulsive traits, same or higher than control on self-esteem and psychological well-being ^a
Collishaw, Maughan, & Pickles (1998) (Great Britain)	84 adults in birth cohort	137 illegitimately born, 1,489 legitimately born	< 6 weeks, 49% < 3 months, 77% < 1 year, 8%	33 (33 to 33)	Interviews Author created measure	Male adoptees reported lower levels of job stability and restriction of social supports ^a
Cubito & Obremski Brandon (2000) (United States)	716 adults (91.1% White)		< 1 year, 95% < 2 years, 100%	35.1 (21 to 61)	Brief Symptom Inventory Zung Self-Rating Depression Scale	Higher levels of psychological distress, depression, and anger
Feigelman (1997) ^b (United States)	101 adults		Not reported	Unclear—21-34?	Interviews CES-D	Lower educational attainments, job statuses, and marital stability ^a

(continued)

Table 2: (continued)

<i>Study (Country)</i>	<i>Sample Adoptees</i>	<i>Control</i>	<i>Age at Adoption</i>	<i>Age (Range)</i>	<i>Select List of Measures</i>	<i>Findings for Adoptees</i>
Miller, Fan, Christensen, Grotevant, & van Dulmen (2000) ^b (United States)	258 adopted	15,908 nonadopted	Not reported	(17 to 19)	Nonstandardized self-administered questionnaire	Low future hope, higher phys. problems, and lying to parents; differ at extremes on outcomes
Kelly, Townner-Thyrum, Rigby, & Martin (1998) (United States)	49 adults (35 White, 8 Black)	49 adults (41 White, 7 Black, 2 Asian)	Not reported	20.2 adopted, 18.8 nonadopted (None)	Moos's FES Multidimensional Self-Esteem Inventory	Adoptees from expressive families reported more positive self-control and moral self-approval ^a
Levy-Shiff (2001) (Israel)	91 adults	91 adults	< 6 months, 61%, < 12 years, 100%	18, Time 1; 28, Time 2	Tennessee Self-Concept SCL-90-R Moos's FES	Lower self-concept scores and higher levels of pathological symptomatology
Smyer, Gatz, Simi, & Pedersen (1998) (Sweden)	60 adopted twins	60 nonadopted twins	<i>M</i> = 2.8 years < 1 year, 50%, < 10 years, 100%	56 (28 to 84)	SES Moos FES CES-D & OARS	Higher psychological distress and neuroticism and lower interpersonal alienation; SES mediated stress

NOTE: CES-D = Center for Epidemiological Sciences–Depression; CBCL = Child Behavior Checklist; SCL-90 = Symptom Check List–90; FES = Family Environment Scale; SES = socioeconomic status; OARS = Older Americans Resources and Services Questionnaire.

a. Authors' conclusions indicate few differences between adoptees and nonadoptees.

b. These studies included adolescents but reported information on only adults in this instance.

researchers have found that there is a “subset of adoptees for whom adjustment may be more problematic” (Wilson, 2004, p. 687). This subset most warrants clinical attention.

To clearly evaluate the empirical research in Table 2, we must note five issues. First, although the adopted persons in two studies (Borders et al., 2000; Cubito & Obremski Brandon, 2000) had higher levels of depression and psychological distress, in both cases, their scores were below the clinical cutoffs for outpatient norms. Second, although four of the studies did not control for preplacement history and age at placement (Borders et al., 2000; Feigelman, 1997; Kelly et al., 1998; Miller et al., 2000), both Cederblad et al. (1999) and Levy-Shiff (2001) noted that preadoptive situations (e.g., orphanage, foster care, abusive families) and age at placement could explain some of the differences in adjustment. Third, only two studies (Kelly et al., 1998; Levy-Shiff, 2001) examined openness (via open and honest family communication about adoption), and it was associated with positive adult adjustment. Fourth, Miller et al. (2000) compared adoptees and nonadoptees (17-19 years old) and found that adoptees in the middle ranges of the outcome variables had similar levels of adjustment as did nonadoptees, but at the tail of the distributions, adoptees reported more distress (lower future hope, more physical problems, and lying to parents). Fifth, one study suggested that childhood socioeconomic status of the adoptive family may mediate adoption stress (Smyer et al., 1998). Clearly, the literature is rich with areas that researchers should further delineate and explore.

Winkler, Brown, van Keppel, and Blanchard (1988) proposed that adoption-related psychological issues found in clinical practice are (a) the primacy of loss and abandonment in the emotional life of the adoptees and (b) the degree to which the adoptees and their families may engage in denial about the effects of adoption on their issues and development. Silverstein and Kaplan (1988) proposed the “seven core issues of adoption”: loss, rejection, guilt and shame, grief, identity, intimacy, and mastery or control. Borders et al. (2000) found that adopted persons (64%) were more likely to seek counseling than were their nonadopted peers (17%), so clinicians must be prepared to treat adopted persons’ psychological issues while recognizing and treating the attendant adoption issues that can add insight into these concerns. The case below illustrates how the outcomes of adoption can present clinically during adulthood.

Case Study 4: Psychological Adjustment

Presenting issues. Alicia was an 18-year-old, biracial adoptee, who was a junior in college and was having difficulties at school. She recently had several heated arguments with her parents. Alicia entered therapy upon her parents’ urgings.

Preadoptive background. Alicia explained her background as “biracial” and stated that she was “half Black and half White.” Caucasian parents adopted her at age 3, and she grew up with her parents and their two older biological children. She had no memories of it, but Alicia knew she was in multiple foster homes and that her birth mother was a drug addict.

Adoptive background. Alicia was adopted by parents experiencing secondary infertility. She felt very different from her family at an early age, which was exacerbated by strangers and others often asking about her Black features and by several racist incidents. She believed that her parents had tried to help her understand her biracial heritage, though she did not know many African Americans throughout her childhood. Alicia grew up in a predominantly White area but was now seeking Black friends because she perceived that she might fit in with them better. However, Alicia also shared that throughout her life, she never had many close friends. Her parents complained that she did not let anyone get close to her and was often “cold” and “distant.” Alicia’s response to their criticisms was annoyance with their constant expressions of love. She thought they “just were trying to get [her] to tell them that [she] loved them,” but she had no recollection of ever saying “I love you” to her parents or to anyone else.

Assessment concerns. Alicia’s struggle with intimacy and her social isolation suggested ongoing attachment concerns and potential challenges in developing a strong therapeutic relationship. Alicia’s therapist needed to demonstrate high levels of credibility and understanding of issues for biracial, transracially adopted adults (e.g., racial and cultural identity, adoption sensitivity) as well as tolerance and effective treatment strategies for her distant approach to relationships. Alicia’s high level of social support (from her parents), high level of intelligence, good judgment, and good insight into her issues were helpful for her treatment and allowed her to build a more intimate relationship with her therapist.

Treatment issues. Through the course of therapy, Alicia began to talk more about her relationships with others and recognized that she had never spent much time talking about her adoption. She also needed to begin to discuss issues related to her racial–ethnic background and how she came to develop her identity. As therapy progressed, Alicia came to spend substantial time discussing her identity and how she coped with the conflicts inherent in being “Black in a White family.” Alicia also moved from an unexamined adoptive identity toward a more integrated identity as she explored the connection between her adoptive identity and her isolation and fear of intimacy. She worked on developing more satisfactory attachments to others.

Effective treatment strategies. Alicia's therapist referred her to some local organizations for transracially adopted adults, and Alicia eventually joined. Alicia's relationships with other adoptees and the ongoing discussions during counseling about her adoption, birth family, and adoptive family enabled Alicia to make the connection between the abandonment she felt after each foster care placement, her need to protect herself from intimacy, and her fears of rejection and isolation. Alicia gradually began to make a few friends with other transracially adopted persons, but she continued to struggle with her ability to feel personal and intimate connections with other people. Her therapist continued to work with her individually but also referred her and her family to an adoption-competent family therapist.

This case illustrates how attachment concerns (Bertocci & Schechter, 1991) can be manifested during adulthood. Alicia's struggles with intimacy and with vulnerability had become ingrained, but therapy, insight, and support were integral to her willingness to seek change. The "fit" between Alicia and her adoptive family may have also contributed to Alicia's insecure attachment (Grotevant, McRoy, & Jenkins, 1988). Although she had not fully resolved the attachment concerns, she was working toward integrating her behavior, personality, and emotions with her desires for closer relationships. Furthermore, the later age at placement and the nature of relinquishment and adoption can be framed as "cumulative adoption trauma" (Lifton, 1994) that can create additional hurdles to adjustment. The changes in caregivers, the rejection and abandonment that accompany adoption, and Alicia's own temperament all contributed to this trauma. Incorporating this concept in Alicia's therapy helped her tie her attachment and adoption issues together and normalized her experience. The clinician's sensitivity to Alicia's attachment issues allowed her to begin the journey toward resolution.

Clinically Driven Research

The clinical-adoption literature is rich with examples of how adoption changes and affects individuals in ways that can differ greatly from the non-adopted (Brodzinsky et al., 1992; Jones, 1997; Lifton, 1994), but its greatest deficit is the failure to empirically explore these theoretical conceptualizations and treatment models.

Research has been more extensive on adopted persons than on other members of the kinship network, including adoptive families and birth parents (Freundlich, 2002; Zamostny, O'Brien, et al., 2003). However, methodological limitations, conceptual issues, and narrow research agendas limit much of this research. Research has yet to empirically examine many areas of the adopted-adult experience (Freundlich, 2002). Counseling psychologists' life span perspective places them in an excellent position to

expand the research on adopted persons in a way that has important implications for practice. Current empirical research on adopted persons would benefit from attention to several areas to make it both methodologically sound and clinically informed.

Research Limitations

Methodological limitations in several studies include the overuse of retrospective reporting, biased sampling procedures (convenience samples, no random sampling), lack of appropriate and matched control groups (e.g., Benson et al., 1994), and limited geographical regions (e.g., Borders et al., 2000). Measurement limitations also varied widely in psychometric reliability and validity (e.g., Miller et al., 2000). Poor and occasionally incomplete methodological reporting in several studies across disciplines complicated comparisons on a variety of issues. Several studies provided insufficient methodological detail to determine the samples' racial and/or ethnic backgrounds (e.g., Borders et al., 2000; Collishaw et al., 1998; Feigelman, 1997) and ages at adoption (e.g., Borders et al., 2000; Feigelman, 1997; Kelly et al., 1998). Current research does not systematically include attention to attachment issues by methodologically including preadoptive conditions (e.g., preadoptive placements in orphanages or foster homes, abuse, neglect, or deprivation) and age at relinquishment. Furthermore, empirical investigations of counseling practice with adopted persons have been largely atheoretical and have been developed out of existing programs (e.g., Gladstone & Westhues, 1992).

Interpreting studies on adoptee outcomes conducted in countries outside the United States may be different given the homogenous nature of the population in some countries, as well as the interpersonal, social, and political atmospheres in other cultures—for example, the United Kingdom (Collishaw et al., 1998), Israel (Levy-Shiff, 2001), and Sweden (Cederblad et al., 1999; Smyer et al., 1998). The control groups differed in ways that may have substantially impacted their findings. For example, using the “friends” of adoptee participants as a control group, as Borders et al. (2000) did, had benefits such as matching some demographic characteristics but had the disadvantage of reducing the likelihood of finding differences when making comparisons because of the similarity of other psychosocial and psychological variables. This research used for comparison other non-adopted control groups such as the birth cohort (Collishaw et al., 1998), twins reared by biological parents (Smyer et al., 1998), control groups (Feigelman, 1997; Kelly et al., 1998; Levy-Shiff, 2001), normative samples from that country (Cederblad et al., 1999), or norms associated with a standardized measure (Cubito & Obremski Brandon, 2000). Depending on the

comparison, the results may be skewed by demographic differences between the groups.

Future Research Agenda

The majority of literature on adoptee life span development addressed birth through adolescence; fewer studies have focused on adopted adults. Few studies on international and transracially adopted persons have moved beyond basic adjustment issues. Future research is needed in the areas of identity, attachment, effective treatment and interventions for adopted persons, cumulative adoption trauma, and postreunion relationships. Research is ready to move from the simple question of “does adoption work?” to more complex questions regarding “how does adoption work best with these types of children and these types of families over a lifetime?”

Moving from atheoretically designed research studies on adjustment to studies drawing on counseling theory can serve as the foundation for future work with adopted persons. Empirical literature has relied on examining the risks adopted persons face through the virtual exclusive assessment of internal variables such as levels of depression, self-esteem, and attitudes toward adoptive parents. Unfortunately, this leads to failure to consider external variables (e.g., actual vs. perceived social support, adoptive parenting style, community attitudes toward adoption) that may explain many of the differences found between adopted and nonadopted persons. Future research should incorporate heritability and genealogical issues as well as the external variables into more complex research designs to better understand the impact of adoption.

Future research should improve on the methodology used to ensure more accurate and generalizable results. Attention to the limitations and use of appropriate samples and measures will help improve the research’s utility. Researchers can propose more effective treatment and counseling interventions, therapeutic techniques, counseling process concerns, and treatment models based on greater knowledge of the complexity of being an adopted person. Research can also lead to empirically validated treatments, which can be incorporated into counseling and psychology preparation programs. Researchers could build on this by comparing treatment effectiveness using therapists trained in adoption issues with those who are not. Using case studies as foundations for additional research on clinical practice would also inform ongoing research and allow identification of more effective treatment methods.

Areas that are especially fruitful for future research include qualitative designs with adopted adults at different life stages; outcome and epidemiological research on adopted adults having experienced varying degrees of openness or various ages at placement; research on international searches

including outcomes, patterns, and difficulties; and research on identity development. Counseling psychologists can gain a greater understanding of transracially adopted adults by applying multicultural counseling's concepts of oppression, privilege, identity, and awareness of difference to adoptees' experiences (Baden, 2004). Counseling psychology also needs programmatic research that addresses questions related to the lifelong effects of relinquishment and adoption on adults.

ADOPTION-SENSITIVE PRACTICE WITH ADOPTED PERSONS

Counselors who work with adopted adults must acknowledge the diversity and complexity of each adopted person's story, avoid overgeneralizing to this heterogeneous population, and respect adoptees' individuality. As Wegar (2000) and Hayes (1993) advocate, adoptive-sensitive clinicians are aware of the stigma that surrounds adoption (e.g., within families, society, and the media) and that may impact the adopted person's life. Contextualizing adoptees' experiences within societal attitudes toward adoption requires that clinicians cope with their potential vulnerabilities, resilience, and adaptive abilities (O'Brien & Zamostny, 2003).

Practice that focuses on adopted persons can also be better informed by recognizing the position of adopted persons within the adoption kinship network and how that position impacts them. Adoptive parents and birth parents are metaphorically linked by the existence of adoptees with two sets of parents throughout their lives. As a result of their positions as the relinquished and then adopted *children*, adopted people can mistakenly be referred to as "adopted children" throughout their lives, regardless of their ages. Research should address infantilization of adopted persons within families, in our legal system, and in internalized self-images so that adopted people can effectively mature to adulthood. Similarly, the movement toward greater levels of openness in adoption requires that clinical practice allow for multiple outcomes among adopted persons. Search and reunion issues should be normalized as part of development yet not required, and therapeutic support should be demonstrated when adopted people choose to either search or not search (Gladstone & Westhues, 1992).

Therapists who presented suggestions for clinical interventions have offered the only literature to address therapy with adopted adults. This literature includes case studies with adopted children (Jones, 1997), program descriptions of postadoption services (Barth & Miller, 2000), theoretically derived issues commonly found among adopted persons (Jones, 1997; Kirschner, 1990; Pavao et al., 1998), and suggestions for therapeutic

interventions with adopted persons (Helwig & Ruthven, 1990; Janus, 1997; Rickard Liow, 1994). To date, there have been no studies of empirically supported treatment for adopted adults.

Wiley and Baden (2005) introduced adoption-sensitive counseling suggestions that built on recommendations in the literature (e.g., Grotevant, 2003; Janus, 1997; Lee, 2003; Post, 2000) and the authors' own set of best clinical practices developed from work with members of the adoption kinship network. The authors suggested that adoption-sensitive psychologists are aware of (a) their own attitudes and biases about adopted persons (e.g., relinquishment, openness in adoption, search, and reunion), being vigilant about professional and adoption-related ethics in their practice; (b) the social and cultural factors affecting adoption-triad members (e.g., race, culture, family dynamics, socioeconomic status) using the APA Multicultural Guidelines (<http://www.apa.org>) in their practice; (c) the political (e.g., adoption reform) and economic aspects (e.g., commercialization) and media portrayals of adoption and the effects on adopted persons throughout their life spans; (d) resources for adopted persons including community support groups, organizations, online resources, reading material, search assistance, and groups that will advocate for adopted persons (Grotevant, 2003); and (e) the seven core issues of adoption—loss, rejection, guilt and shame, grief, identity, intimacy, and mastery or control (Silverstein & Kaplan, 1988). It is essential that psychologists allow adopted persons to experience their own resiliency and strength, increase their self-esteem, and plan for their futures.

Therapists must balance denial of differences and insistence on differences (Kirk, 1964), be aware of the developmental nature of adoption in adoptees' lives, and recognize common developmental milestones (Brodzinsky et al., 1992) for adopted persons (e.g., interest in or avoidance of adoption issues, desire for search or reunion). Clinicians must be aware of the importance of identity for adoptees including racial and ethnic identity models for transracial adoptees (e.g., Baden & Steward, 2000; Lee, 2003), as well as the multiple identities that adopted persons often develop and negotiate throughout their lives (birth identity, adoptive identity, adoptee identity, and individual identity). Counselors should also be aware that for some adopted persons, significant concerns such as attachment disorders, trauma, or unknown heritability issues make treatment more complex. They should be aware that for some adopted persons, life experience has resulted in cumulative adoption trauma (Lifton, 1994), a clinical concept positing that difficulties are not simply because of relinquishment, adoption, stigma, identity, or growing up adopted but rather their cumulative effect. Psychologists who treat adults should have training opportunities to work

with adoption-kinship-network members. Including issues related to adoption can occur in coursework, practicum training, and research seminars.

The literature on adoptees has generally found that the majority of adopted adults adjust well, but the complexity of the literature makes global conclusions difficult to discern. The emphasis on outcomes should shift to reflect greater focus on variability in adoption adjustment and on factors that lead to positive adjustment.

REFERENCES

- Andujo, E. (1988). Ethnic identity of transethnically adopted Hispanic adolescents. *Social Work, 33*, 531-535.
- Aumend, S. A., & Barrett, M. C. (1984). Self-concept and attitudes toward adoption: A comparison of searching and nonsearching adult adoptees. *Child Welfare, 63*, 251-259.
- Backhaus, K. A. (1984). Life books: Tool for working with children in placement. *Social Work, 29*, 551-554.
- Baden, A. L. (2002). The psychological adjustment of transracial adoptees: An application of the Cultural-Racial Identity Model. *Journal of Social Distress & the Homeless, 11*, 167-191.
- Baden, A. L. (2004, July). *Transracial adoptees: Identity, oppression, power, and privilege*. Paper presented at the 112th Annual Convention American Psychological Association, Honolulu, Hawaii.
- Baden, A. L., & Steward, R. J. (2000). A framework for use with racially and culturally integrated families: The Cultural-Racial Identity Model as applied to transracial adoption. *Journal of Social Distress & the Homeless, 9*, 309-337.
- Barth, R. P., & Miller, J. M. (2000). Building effective post-adoption services: What is the empirical foundation? *Family Relations: Interdisciplinary Journal of Applied Family Studies, 49*, 447-455.
- Benson, P. L., Sharma, A. R., & Roehlkepartain, E. C. (1994). *Growing up adopted*. Minneapolis, MN: Search Institute.
- Berry, M. (1991). The effects of open adoption on biological and adoptive parents and the children: The arguments and the evidence. *Child Welfare, 70*, 637-651.
- Bertocci, D., & Schechter, M. D. (1991). Adopted adults' perception of their need to search: Implications for clinical practice. *Smith College Studies in Social Work, 61*, 179-196.
- Bimmel, N., Juffer, F., van Ijzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2003). Problem behavior of internationally adopted adolescents: A review and meta-analysis. *Harvard Review of Psychiatry, 11*, 64-77.
- Borders, L. D., Penny, J. M., & Portnoy, F. (2000). Adult adoptees and their friends: Current functioning and psychosocial well-being. *Family Relations: Interdisciplinary Journal of Applied Family Studies, 49*, 407-418.
- 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. M. Brodzinsky & M. D. Schechter (Eds.), *Psychology of adoption* (pp. 3-24). London: Oxford University Press.
- Brodzinsky, D. M., Schechter, M. D., & Henig, R. M. (1992). *Being adopted: The lifelong search for self*. New York: Doubleday.

- Brodzinsky, D. M., Smith, D. W., & Brodzinsky, A. B. (1998). *Children's adjustment to adoption: Developmental and clinical issues*. Thousand Oaks, CA: Sage.
- Brooks, D., & Barth, R. P. (1999). Adult transracial and inracial adoptees: Effects of race, gender, adoptive family structure, and placement history on adjustment outcomes. *American Journal of Orthopsychiatry*, *69*, 87-99.
- Cadoret, R. J., Troughton, E., & O'Gorman, T. W. (1987). Genetic and environmental factors in alcohol abuse and antisocial personality. *Journal of Studies on Alcohol*, *48*, 1-8.
- Campbell, L. H., Silverman, P. R., & Patti, P. B. (1991). Reunions between adoptees and birth parents: The adoptees' experience. *Social Work*, *36*, 329-335.
- Cederblad, M., Höök, B., Irhammar, M., & Mercke, A.-M. (1999). Mental health in international adoptees as teenagers and young adults: An epidemiological study. *Journal of Child Psychology & Psychiatry*, *40*, 1239-1248.
- Cohen, S. (1996). Trauma and the developmental process: Excerpts from an analysis of an adopted child. *Psychoanalytic Study of the Child*, *51*, 287-302.
- Collishaw, S., Maughan, B., & Pickles, A. (1998). Infant adoption: Psychosocial outcomes in adulthood. *Social Psychiatry & Psychiatric Epidemiology*, *33*, 57-65.
- Cubito, D. S., & Obremski Brandon, K. (2000). Psychological adjustment in adult adoptees: Assessment of distress, depression, and anger. *American Journal of Orthopsychiatry*, *70*, 408-413.
- Deeg, C. F. (1991). On the adoptee's search for identity. *Psychoanalysis & Psychotherapy*, *9*, 128-133.
- Dunbar, N., & Grotevant, H. D. (2004). Adoption narratives: The construction of adoptive identity during adolescence. In M. W. Pratt & B. H. Fiese (Eds.), *Family stories and the life course: Across time and generations* (pp. 135-161). Mahwah, NJ: Lawrence Erlbaum.
- Evan B. Donaldson Adoption Institute. (2005). *Overview of adoption in the United States*. Retrieved August 18, 2005, from <http://www.adoptioninstitute.org/FactOverview.html#head>
- Farmer, A. E. (1996). The genetics of depressive disorders. *International Review of Psychiatry*, *8*, 369-372.
- Feigelman, W. (1997). Adopted adults: Comparisons with persons raised in conventional families. *Marriage & Family Review*, *25*, 199-223.
- Feigelman, W. (2000). Adjustments of transracially and intracially adopted young adults. *Child & Adolescent Social Work Journal*, *17*, 165-183.
- Freundlich, M. (2002). Adoption research: An assessment of empirical contributions to the advancement of adoption practice. *Journal of Social Distress & the Homeless*, *11*, 143-166.
- Freundlich, M., & Lieberthal, J. K. (2000). *The gathering of the first generation of adult Korean adoptees: Adoptees' perceptions of international adoption*. Retrieved April 15, 2005, from <http://www.adoptioninstitute.org/>
- Friedlander, M. L. (1999). Ethnic identity development of internationally adopted children and adolescents: Implications for family therapists. *Journal of Marital & Family Therapy*, *25*, 43-60.
- Friedlander, M. L. (2003). Adoption: Misunderstood, mythologized, marginalized. *The Counseling Psychologist*, *31*, 745-752.
- Gladstone, J., & Westhues, A. (1992). Adoption disclosure counseling as perceived by adult adoptees and biological relatives. *Child Welfare*, *71*, 343-355.
- Gladstone, J., & Westhues, A. (1998). Adoption reunions: A new side to intergenerational family relationships. *Family Relations: Interdisciplinary Journal of Applied Family Studies*, *47*, 177-184.
- Grotevant, H. D. (1987). Toward a process model of identity formation. *Journal of Adolescent Research*, *2*, 203-222.

- Grotevant, H. D. (1997). Coming to terms with adoption: The construction of identity from adolescence into adulthood. *Adoption Quarterly, 1*, 3-27.
- Grotevant, H. D. (2003). Counseling psychology meets the complex world of adoption. *The Counseling Psychologist, 31*, 753-762.
- Grotevant, H. D., Dunbar, N., Kohler, J. K., & Esau, A. M. L. (2000). Adoptive identity: How contexts within and beyond the family shape developmental pathways. *Family Relations: Interdisciplinary Journal of Applied Family Studies, 49*, 379-387.
- Grotevant, H. D., McRoy, R. G., & Jenkins, V. Y. (1988). Emotionally disturbed, adopted adolescents: Early patterns of family adaptation. *Family Process, 27*, 439-457.
- Grotevant, H. D., Ross, N. M., Marchel, M. A., & McRoy, R. G. (1999). Adaptive behavior in adopted children: Predictors from early risk, collaboration in relationships within the adoptive kinship network, and openness arrangements. *Journal of Adolescent Research, 14*, 231-247.
- Hayes, P. (1993). Transracial adoption: Politics and ideology. *Child Welfare, 72*, 301-310.
- Helwig, A. A., & Ruthven, D. H. (1990). Psychological ramifications of adoption and implications for counseling. *Journal of Mental Health Counseling, 12*, 24-37.
- Hertz, J. E. (1998). In pursuit of authenticity: An adoptee's quest. *Modern Psychoanalysis, 23*, 103-112.
- Hjern, A., Lindblad, F., & Vinnerljung, B. (2002). Suicide, psychiatric illness, and social maladjustment in intercountry adoptees in Sweden: A cohort study. *Lancet, 360*, 443-448.
- Hollingsworth, L. D. (1997). Effect of transracial/transethnic adoption on children's racial and ethnic identity and self-esteem: A meta-analytic review. *Marriage & Family Review, 25*, 99-130.
- Hoopes, J. L. (1990). Adoption and identity formation. In D. M. Brodzinsky & M. D. Schechter (Eds.), *Psychology of adoption* (pp. 144-166). London: Oxford University Press.
- Howe, D., & Feast, J. (2000). *Adoption, search & reunion: The long term experience of adopted adults*. London: The Children's Society.
- Howe, D., & Feast, J. (2001). The long-term outcome of reunions between adult adopted people and their birth mothers. *British Journal of Social Work, 31*, 351-368.
- Humphrey, M., & Humphrey, H. (1986). A fresh look at genealogical bewilderment. *British Journal of Medical Psychology, 59*, 133-140.
- Janus, N. G. (1997). Adoption counseling as a professional specialty area for counselors. *Journal of Counseling & Development, 75*, 266-274.
- Jones, A. (1997). Issues relevant to therapy with adoptees. *Psychotherapy: Theory, Research, Practice, Training, 34*, 64-68.
- Juffer, F., & van Ijzendoorn, M. H. (2005). Behavior problems and mental health referrals of international adoptees: A meta-analysis. *JAMA: Journal of the American Medical Association, 293*, 2501-2515.
- Kelly, M. M., Towner-Thyrum, E., Rigby, A., & Martin, B. (1998). Adjustment and identity formation in adopted and nonadopted young adults: Contributions of family environment. *American Journal of Orthopsychiatry, 68*, 497-500.
- Kendler, K. S., & Gardner, C. O. (2001). Monozygotic twins discordant for major depression: A preliminary exploration of the role of environmental experiences in the aetiology and course of illness. *Psychological Medicine, 31*, 411-423.
- Kendler, K. S., Gruenberg, A. M., & Strauss, J. S. (1982). An independent analysis of the Copenhagen sample of the Danish adoption study of schizophrenia: V. The relationship between childhood social withdrawal and adult schizophrenia. *Archives of General Psychiatry, 39*, 1257-1261.
- Kirk, H. D. (1964). *Shared fate: A theory of adoption and mental health*. New York: Free Press.
- Kirschner, D. (1990). The adopted child syndrome: Considerations for psychotherapy. *Psychotherapy in Private Practice, 8*, 93-100.

- Kohler, J. K., Grotevant, H. D., & McRoy, R. G. (2002). Adopted adolescents' preoccupation with adoption: The impact on adoptive family relationships. *Journal of Marriage & Family, 64*, 93-104.
- Kowal, K. A., & Schilling, K. M. (1985). Adoption through the eyes of adult adoptees. *American Journal of Orthopsychiatry, 55*, 354-362.
- Kreider, R. M. (2003). *Adopted children and stepchildren: 2000*. Retrieved April 1, 2005, from <http://www.census.gov/prod/2003pubs/censr-6.pdf>
- Lee, R. M. (2003). The transracial adoption paradox: History, research, and counseling implications of cultural socialization. *The Counseling Psychologist, 31*, 711-744.
- Levy-Shiff, R. (2001). Psychological adjustment of adoptees in adulthood: Family environment and adoption-related correlates. *International Journal of Behavioral Development, 25*, 97-104.
- Lifton, B. J. (1988). *Lost and found: The adoption experience*. New York: HarperCollins.
- Lifton, B. J. (1994). *Journey of the adopted self: A quest for wholeness*. New York: Basic Books.
- Lindblad, F., Hjern, A., & Vinnerljung, B. (2003). Inter-country adopted children as young adults—A Swedish cohort study. *American Journal of Orthopsychiatry, 73*, 190-202.
- Loehlin, J. C., Willerman, L., & Horn, J. M. (1987). Personality resemblance in adoptive families: A 10-year follow-up. *Journal of Personality & Social Psychology, 53*, 961-969.
- Lord, R., & Cox, C. E. (1991). Adoption and identity: A case study. *Psychoanalytic Study of the Child, 46*, 355-367.
- Losoya, S. H., Callor, S., Rowe, D. C., & Goldsmith, H. H. (1997). Origins of familial similarity in parenting: A study of twins and adoptive siblings. *Developmental Psychology, 33*, 1012-1023.
- March, K. (1995). Perception of adoption as social stigma: Motivation for search and reunion. *Journal of Marriage & Family, 57*, 653-660.
- Meier, D. I. (1999). Cultural identity and place in adult Korean-American intercountry adoptees. *Adoption Quarterly, 3*, 15-48.
- Miller, B. C., Fan, X., Christensen, M., Grotevant, H. D., & van Dulmen, M. (2000). Comparisons of adopted and nonadopted adolescents in a large, nationally representative sample. *Child Development, 71*, 1458-1473.
- Müller, U., & Perry, B. (2001). Adopted persons' search for and contact with their birth parents II: Adoptee-parent contact. *Adoption Quarterly, 4*, 39-62.
- National Adoption Information Clearinghouse. (n.d.). *After adoption: The need for services*. Retrieved October 23, 2003, from http://naic.acf.hhs.gov/pubs/f_after.cfm
- O'Brien, K. M., & Zamostny, K. P. (2003). Understanding adoptive families: An integrative review of empirical research and future directions for counseling psychology. *The Counseling Psychologist, 31*, 679-710.
- Pacheco, F., & Eme, R. (1993). An outcome study of the reunion between adoptees and biological parents. *Child Welfare, 72*, 53-64.
- Pardeck, J. T. (1994). Using literature to help adolescents cope with problems. *Adolescence, 29*, 421-427.
- Partridge, P. C. (1991). The particular challenges of being adopted. *Smith College Studies in Social Work, 61*, 197-208.
- Pavao, J. M., Groza, V., & Rosenberg, K. F. (1998). Treatment issues in adoption practice from a triad and system perspective. In V. G. K. F. Rosenberg (Ed.), *Clinical and practice issues in adoption*. New York: Praeger.
- Plomin, R., McClearn, G. E., Pedersen, N. L., Nesselroade, J. R., & Bergeman, C. S. (1988). Genetic influence on childhood family environment perceived retrospectively from the last half of the life span. *Developmental Psychology, 24*, 738-745.

- Post, D. E. (2000). Adoption in clinical psychology: A review of the absence, ramifications, and recommendations for change. *Journal of Social Distress & the Homeless*, 9, 361-372.
- Rickard Liow, S. J. (1994). Transracial adoption: Questions on heritage for parents, children and counsellors. *Counselling Psychology Quarterly*, 7, 375-384.
- Sachdev, P. (1992). Adoption reunion and after: A study of the search process and experience of adoptees. *Child Welfare*, 71, 53-68.
- Sants, H. J. (1964). Genealogical bewilderment in children with substitute parents. *British Journal of Medical Psychology*, 37, 133-141.
- Sass, D. A., & Henderson, D. B. (2000). Adoption issues: Preparation of psychologists and an evaluation of the need for continuing education. *Journal of Social Distress & the Homeless*, 9, 349-359.
- Scarr, S., & Weinberg, R. A. (1978). The influence of "family background" on intellectual attainment. *American Sociological Review*, 43, 674-692.
- Silverstein, D. N., & Kaplan, S. (1988). Lifelong issues in adoption. In K. T. L. Coleman, H. Hornby, & C. Boggis (Eds.), *Working with older adoptees: A source book of innovative models* (pp. 45-53). Portland: University of Southern Maine.
- Smith, S. L., Howard, J. A., & Monroe, A. D. (2000). Issues underlying behavior problems in at-risk adopted children. *Children & Youth Services Review*, 22, 539-562.
- Smyer, M. A., Gatz, M., Simi, N. L., & Pedersen, N. L. (1998). Childhood adoption: Long-term effects in adulthood. *Psychiatry: Interpersonal & Biological Processes*, 61, 191-205.
- Sobol, M. P., & Cardiff, J. (1983). A sociopsychological investigation of adult adoptees' search for birth parents. *Family Relations: Journal of Applied Family & Child Studies*, 32, 477-483.
- Sorensen, T. I. A., Holst, C., Stunkard, A. J., & Skovgaard, L. T. (1992). Correlations of body mass index of adult adoptees and their biological and adoptive relatives. *International Journal of Obesity & Related Metabolic Disorders*, 16, 227-236.
- Sorosky, A. D., Baran, A., & Pannor, R. (1974). The reunion of adoptees and birth relatives. *Journal of Youth and Adolescence*, 3, 195-206.
- Stein, L. M., & Hoopes, J. L. (1985). *Identity formation in the adopted adolescent*. New York: Child Welfare League of America.
- Sullivan, R., & Lathrop, E. (2004). Openness in adoption: retrospective lessons and prospective choices. *Children & Youth Services Review*, 26, 393-411.
- Triseliotis, J. (1973). *In search of origins: The experiences of adopted people*. London: Routledge Kegan Paul.
- Valley, S., Bass, B., & Speirs, C. C. (1999). A professionally led adoption triad group: An evolving approach to search and reunion. *Child Welfare*, 78, 363-379.
- Wegar, K. (2000). Adoption, family ideology, and social stigma: Bias in community attitudes, adoption research, and practice. *Family Relations: Interdisciplinary Journal of Applied Family Studies*, 49, 363-370.
- Westhues, A., & Cohen, J. S. (1998). Ethnic and racial identity of internationally adopted adolescents and young adults: Some issues in relation to children's rights. *Adoption Quarterly*, 1, 33-55.
- Wierzbicki, M. (1993). Psychological adjustment of adoptees: A meta-analysis. *Journal of Clinical Child Psychology*, 22, 447-454.
- Wiley, M. O., & Baden, A. L. (2005). Birth parents in adoption: Research, practice, and counseling psychology. *The Counseling Psychologist*, 33, 13-50.
- Wilson, S. L. (2004). A current review of adoption research: Exploring individual differences in adjustment. *Children & Youth Services Review*, 26, 687-696.
- Winkler, R. C., Brown, D. W., van Keppel, M., & Blanchard, A. (1988). *Clinical practice in adoption*. Elmsford, NY: Pergamon.

- Wrobel, G. M., Grotevant, H. D., & McRoy, R. G. (2004). Adolescent search for birthparents: Who moves forward? *Journal of Adolescent Research, 19*, 132-151.
- Yates, W. R., Cadoret, R. J., Troughton, E., & Stewart, M. A. (1996). An adoption study of *DSM-III-R* alcohol and drug dependence severity. *Drug & Alcohol Dependence, 41*, 9-15.
- Zamosny, K. P., O'Brien, K. M., Baden, A. L., & Wiley, M. O. (2003). The practice of adoption history, trends, and social context. *The Counseling Psychologist, 31*, 651-678.
- Zamosny, K. P., Wiley, M. O., O'Brien, K. M., Lee, R. M., & Baden, A. L. (2003). Breaking the silence: Advancing knowledge about adoption for counseling psychologists. *The Counseling Psychologist, 31*, 647-650.