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THE FAMILY LIFE CYCLE IN ADOPTIVE FAMILIES

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An approach to the study of adoption based on a family life cycle perspective is presented, emphasizing the special nature of the adoptive family. The changing tasks of such families and of adopted individuals are outlined in a developmental sequence, illustrated with vignettes, that is intended as a guide for clinical intervention.

The field of adoption studies has been dominated by a debate over the role of adoptive status as a pathogenic factor. Are adoptees more at risk for psychopathology and, if so, why? Numerous studies over the past three decades have emphasized the overrepresentation of adoptees in the population of child and adolescent inpatient units as well as in that of outpatient clinics *(Brinich & Brinich, 1982; Fullerton, Goodrich, & Berman, 1986; Kim, Davenport, Joseph, Zrull, & Woolford, 1988; Kotsopoulos et al., 1988; Piersma, 1987; Rogeness, Hoppe, Macedo, Fisher, & Harris, 1988; Weiss, 1984)*. Statistical studies comparing nonadopted and adopted clinic and hospital populations uniformly find that the referral of adopted children jumps at the age of 11, peaks around 15 years, and levels off in later years. Adult adoptees, for example, are not as overrepresented in clinic or hospital populations *(Brinich & Brinich, 1982; Simon & Senturia, 1966)*; they may, however, find their way to the offices of private therapists and to the support groups, which are becoming increasingly popular.

A number of factors or hypotheses have been advanced to explain this overrepresentation. The pathogenic factors considered by various investigators include:

1. Genetic, hereditary factors: for conduct disturbances, sociopathy, and substance abuse in particular *(Cadoret, 1990; Deutsch et al., 1982; Fullerton et al., 1986; Rogeness et al., 1988)*.

2. Deficiencies in prenatal and perinatal care related to socioeconomic status; neglect of pregnancy caused by shame, secrecy, ignorance *(Kernberg, 1985; Kim et al., 1988)*.

3. Adverse circumstances of adoption, including disruptions in early life (pre- and postadoption): e.g., multiple foster home placements, neglect, abuse, malnutrition, transnational migration *(Elonen & Schwartz, 1969; Hersov, 1985; McWhinnie, 1969; Offord, Aponte, & Cross, 1969)*.

4. Conditions in the adoptive home: e.g., pre-existing family problems related to inability to conceive or to other factors, including psychopathology in the adoptive

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home *(Cadoret, 1990; Simon & Senturia, 1966)*.

5. Temperamental differences between adoptee and adoptive parents or family; problems of mismatch in IQ, physical appearance, etc. *(Sants, 1964; Schwam & Tuskan, 1979; Sorosky, Baran, & Pannor, 1980; Wellisch, 1952)*.

6. Fantasy system and communication regarding adoption (family romance, splitting), including parental attitudes about adoption *(Austad & Simmons, 1978; Brodzinsky, Pappas, Singer, & Braff, 1981; Elonen & Schwartz, 1969; Kernberg, 1985; McWhinnie, 1969; Sants, 1964; Schechter, Carlson, Simmons, & Work, 1964; Simon & Senturia, 1966)*.

7. Difficulties establishing a firm sense of identity during adolescence, related to genealogical discontinuity, sexual conflicts *(Easson, 1973; McWhinnie, 1969; Sants, 1964; Sorosky, Baran, & Pannor, 1975; Sorosky et al., 1980; Stein & Hopper, 1985; Tooley, 1978; Wellisch, 1952)*.

8. Greater age difference than usual between parents and adoptee (wider "generation gap") *(Sorosky et al., 1980)*.

Finally, it might be argued that it is the help-seeking behavior of adoptive families, born of their experience with the process of adoption, that leads them to seek psychiatric consultation and treatment *(Brinich & Brinich, 1982)*. This may help account for the higher number of outpatient adoptees, but would not explain the overrepresentation among inpatients.

In this paper, we will focus specifically on life cycle developmental tasks and stresses that may contribute to individual and family destabilization. Not that these factors constitute the cause, or even a dominant etiology; rather, they constitute vulnerability or risk factors. When combined with other such factors, they may give rise to, or at least shape, individual and family clinical pictures.

It is widely recognized by now that adoption is a life-long process involving a number of individuals and several family systems. Some of these are visible, while others remain hidden. They all have continuously changing needs and purposes. Adoption out of one family and into another is a major developmental interference that has immediate and delayed-onset repercussions. The repercussions are triggered at each stage of the life cycle by new cognitive and dynamic configurations in the adoptee as well as in the family system. Therefore, it seems essential to approach the study of adoption and its impact through a family life cycle perspective.

This life cycle as it emerges in traditional closed adoptions is set forth in the process and phase descriptions below. The outline is based on the schema developed by Carter and McGoldrick *(1980)*. It is organized around more or less discrete phases in which families face specific tasks and elaborate specific patterns of organization until they come to a transition point; here new tasks emerge and new patterns are developed to meet them. Family therapists pay particular attention to the transition points between phases because it is in the shift from one stage to another, from one level of organization to another, that the risk for dysfunction and symptoms appears.

ADOPTION PROCESS

The Decision

This stage starts when a couple, faced with the inability to reproduce but wanting a child, considers the adoption of someone else's unwanted, relinquished child. The decision to adopt is based on two prerequisites: acceptance of the couple's inability to conceive viably; and willingness (or readiness) to rear as one's own a child of another bloodline.

The first prerequisite implies that the couple has faced, dealt with, and resolved (at least partially) their inability to beget offspring. It means that hope of conception has been relinquished, together with any attempts to achieve it that the couple may have been engaged in. There is now a variety of conception methods available as a

result of medical-technological and socio-legal advances, and the couple may have tried in vitro fertilization, use of sperm banks for artificial insemination, and surrogate motherhood (or fatherhood).

During this stage, the couple will face a number of developmental issues, including grief for loss of the often long-held dream of rearing biological offspring. It is important for the couple to differentiate among inability to conceive, sexuality, and competence to parent. Inability to bear a child is experienced by some as infertility, barrenness, and sexual or even psychological inadequacy. Confusion among these three will have repercussions on the self-regard and sense of self-competence of the individuals concerned, on the quality of the marital relationship, and most importantly on the couple's effectiveness and enjoyment on the parenting journey.

Finally, there is a need to deal with both extended families. Clearly, many more people than the couple are affected in any decision to adopt. Repercussions will affect grandparents and layers of relatives who will be involved in welcoming the child into the family. They will be expected to form an extended family environment good enough to give the growing child a sense of belonging, relatedness, and generational interdependence. Grandparents too, during this phase, have to work through their grief at the cessation of their bloodline, at least along this pathway. They have to come to terms first with the threat, then with the reality of genealogical discontinuity. Getting over grief and recapturing narcissistic balance are important steps to achieve before moving on to the next phase.

The Application

The decision to adopt initiates another period of activity which is then followed by a frustrating, sometimes agonizing, waiting period, a time of expectations raised and often dashed. This is a public time when the couple feels (and actually is) scrutinized, with their privacy invaded and their competence questioned, if not challenged. Throughout this period of uncertainty and insecurity, the prospective adoptive parents (and grandparents) continue the process of mourning the loss of their wish for a biological family.

Adoption

At the time of the adoption, the prerequisite attitude is one of acceptance of the new member into the family. This is akin to the period after the birth of a biological child, except that a number of elements are missing: the nine-month preparation during pregnancy (sometimes an adopted child is brought suddenly into the family), and the preparatory social rituals (baby showers, etc.), as well as a sense of permanency and irreversibility (the child could be taken away if the couple fails the trial period). The acceptance of parenthood and the integration of the new family member into the nuclear and extended family systems is complicated here by the fact that the child is perceived, at least initially, as foreign to the body of the family. As a result, the establishment of bonding ties between the baby and the adoptive parents takes center stage in an atmosphere of excitement mixed with apprehension and anxiety, the combination producing what has been called a state of labile primary identification.

In adopting a child a couple is, in effect, inviting the "ghosts" of the biological parents and, by extension, of their families (their bloodlines) into their own family. A basic developmental issue during this phase is the establishment of what we might call a "metafamily." This term was originally applied to stepfamilies *(Sager, Walker, Brown, Crohn, & Rodstein, 1981)*. We are extending it here to adoptive families. The metafamily will include, beyond the adoptive nuclear and extended families, those other families or family members that biologically constitute a super-extended family system. Even though the adoptee's biological mother, father, and other relatives are not a physical presence in the adoptive

family, their shadows hover over it and inevitably affect the newly established bonds and relationships in several ways.

Recognition of the reality and inevitability of the metafamily would go far toward establishing the reality of the adoption. It is often the case that adoptive families wish to make believe that they and the child were meant for each other; this is manifested in such ways as the myth of the chosen child, often used by adoptive parents to lessen the pain of the fact of adoption for the child, and as reassurance of the child's lovability and worth.

DEVELOPMENTAL PHASES

Preschool

As the child develops and more secure bonds between parents and child are established, the family must acknowledge the adoption as a fact of family life. In this phase, the wish to deny the adoption is at its most intense, perhaps in order to allow attachment to strengthen and the relationship to cement. The fact of adoption reasserts itself, however, as the child grows and becomes more verbal, and develops more distinct physical traits. The issue of disclosure of the adoption to the child becomes acute. Should the child be told at all? If so, what would be the best time for disclosure—at three years of age, later, much later? Experts disagree somewhat on this point. Some favor early disclosure, others argue in favor of waiting until the child is older and better equipped cognitively.

Parents sometimes agonize over these issues. They vacillate between a desire to do the best thing for the child, which might entail disclosure, and a wish to preserve the fantasy and magic of earliest childhood, when it was possible to pretend with impunity that "the baby is mine." How to tell the child, and what to say, are additional questions adoptive parents will agonize over. Should the announcement be a formal, ceremonial one that will then be forgotten unless or until the child asks for more information? Or should the child be told informally, in an unobtrusive way that might leave the parents wondering whether the information actually registered. Some parents make references to the adoption a fact of daily life. After disclosure, parents may continue to worry about the child's reactions to the news. Did it elicit fear, concern about the impermanency of human ties, a sense of being a disposable commodity? Will the child derive from the disclosure a sense of self as being a bad, rejected, abandoned child rather than a wanted, lovable, good child?

Scott

In the course of disclosure of his adoption, a three-year-old boy named Scott had been told that his biological mother had been unable to care for him and therefore he had been "put up" for adoption. His parents lovingly described how happy they had been when they were chosen to be his parents and he had been given to them by the social worker. There was no immediate response to his news. Some days later, Scott seemed troubled. He then asked his mother how the social worker had gotten him down off the shelf. With further discussion, his mother came to understand the question. In this household, out-of-bounds objects like candy and matches were "put up" on the shelf and taken down only at the parents' discretion. Scott's concrete thinking led him to envision himself on his biological mother's shelf, to be taken down later and properly distributed along with other such adopted children.

Susan

Susan, aged four, came home one day from a visit to her friend's new baby sister. She had been told that the baby had come from her mother's tummy. She asked if she, too, had come from her mommy's tummy. Susan's mother carefully and tenderly explained that her mother was unable to give her a home so she took her to the Family Service Agency where babies were adopted by families who wanted them very much and could give them a good home. Susan seemed satisfied with this explanation. On their next outing, the parents drove by the Family Service Agency and pointed out to Susan where they had gotten her. They warmly described what a happy day it was for them as they brought home their beautiful baby. Again, all seemed well with this explanation. Months later, the parents overheard Susan talking with the friend about where babies came from. She explained that, while her friend's baby sister came from her mommy's tummy,

she was born from the Family Building. These four-year-olds weren't quite sure if being born from a building was as good as being born from a mommy.

Another developmental issue faced by these families is the question of the permanency of the relationship. Around the disclosure, as well as around the inevitable tensions that occur in early childhood (during the "terrible-twos," and so forth), feelings can run high and lead both sides to fear the worst. The child may fear that the parents are so angry that they will not want him or her to stay with them. The parents may fear that the child is a bad, alien body in their midst, unwilling to be integrated into the family.

A closely linked developmental challenge for both parents and children during this stage is to maintain commitment to one another, and to continue the process of building identifications in bad as well as good times.

Latency

The child's increased involvement with the outside world (peers, school contacts and influences), as well as the child's own cognitive and affective development, force back into wider public view the matter of the adoptive status. During this stage, developmental issues for the child and family center around disclosure of the adoption outside the family. Doubts about the permanency of the relationship abound, as well as fears and wishes about its dissolution when the inevitable strains in parent-child interactions occur. The developmental task is to resist splitting and detachment, and to further the establishment of a firm object-constancy in order to maintain commitment and identification through good and bad times. These strains and threats are given more fuel when the latency-age child starts creating family romance fantasies that intensify wishes to extrude and expel, as well as fears of being left behind and abandoned anew. The only difference is that now the parents as well as the child are participants in the process, playing both active and passive roles.

Paul

A seemingly well-adjusted, eight-year-old boy, Paul began to show signs of great anxiety about being left alone. He started to cling to adults and to avoid moments of isolation, even in places like his bedroom which until now had been refuges. The adoptive parents did their best to understand, but knew that developmentally this was not typically a time of separation anxiety, and they observed no signs of trauma. They consulted a therapist. In the course of treatment, it became apparent that the boy had been dwelling on his biological mother a great deal, although she had not been mentioned since he had first been told of his adoption, at which time he had shown no particular reaction. He was now convinced that she was looking for him and would kidnap him if she found him without protection. This behavior represented both a wish and a fear: Paul wished that his original mother would want him and feared that she would take him away from those he loved.

Clark Family

An interracial couple, the Clarks, had adopted two girls of mixed race, now aged eight and ten, and one black boy, now four. The black boy had become the other children's scapegoat, much to the distress of the boy and the adoptive parents. In one family therapy session, a family history was elicited that included the known facts about the biological parents. Each of the girls responded directly and surely to questions about their original parents. They assured the therapist that their mothers had been black and their fathers white. Their adoptive parents were dismayed. They had always been very open with their children, given them accurate information, and discussed the data many times over the years. In both cases, the girls' mothers had been white and their fathers black, as was the case with the Clark couple themselves. It transpired that each girl felt "too mixed" and thus confused. They envied their brother, who was just plain black, and joined forces against him. In this case, being of two races plus having two sets of parents felt like an overload.

Adolescence

Adolescence is a special nodal point in the life of a family, with many pitfalls as well as opportunities for change and growth. The emergence of adolescence in the family life cycle can be a most taxing time, the one most likely to put the family system's adaptive capacities to the test. By inviting

realignment of relationships, by questioning attachments, values, loyalties, and allegiances, and by setting new expectations and demands on individuals and relationships alike, the adolescent phase directly challenges the stability of the family system.

The major developmental task of this stage is to increase flexibility of family boundaries. In adoptive families, tensions between the adolescent and the adoptive parents often give rise to threats of desertion or ejection. The adolescent's wish to achieve autonomy is at times read as rejection or abandonment by adoptive parents. A developmental goal for the family is for the adolescent to achieve autonomy or independence, not eviction.

Lacking a firm incest taboo, adoptive families face a major challenge in the maintainenance of sexual boundaries. At the same time they must allow for a smooth unfolding of the adoptee's sexuality without undue interference from prejudices and worrisome fantasies related to illegitimacy, teenage pregnancy, and fears of inherited immorality.

During adolescence it is common for adoptees to think about meeting their biological parents, and they may express a wish to do so. They often struggle with the conflict between this wish and loyalty to their adoptive parents. Adoptive parents may perceive the child's interest in the original family as disloyalty, detachment, and even rejection. As they deal with this re-emergence of the metafamily into the family consciousness, it is desirable that both child and parents come to accept the specific character of their family tie: that it is forged from psychological rather than genetic bonding, and that this is not an inferior type of bond, merely a different one. Blood may be thicker than water, but so are psychological bonds reinforced by years of living together and caring for each other. As Lifton *(1988)* aptly observed, the bonds that tie are those of the heart.

Such acceptance is also relevant for the adoptee in terms of identity formation. The adolescent may come to see him- or herself as a concatenation of traits combining a genetic base and adoptive upbringing. The adoptive parents may also come to recognize that the adolescent's interest in the family of origin is conducive to stronger identity formation, rather than a threat to their own family.

Toward the end of adolescence and into early adult years, this process can see a positive outcome in what might be called a "recontracting" around the adoption. The adoptee, now in full charge of himself or herself, is in a position to "adopt," either implicitly or explicitly, the adoptive parents.

Janet

An 11-year-old girl, Janet, who had enjoyed a loving and close relationship with her adoptive parents, became reclusive and irritable as her breast development began. She became very modest, and militant about her privacy. Her parents chalked this up to the start of adolescence and planned to simply ride it out, assuming that she would return eventually to her old self. Their optimism vanished when one day the mother accidentally entered Janet's room while Janet was changing her clothes and was bare chested. Janet flew into a rage, screaming, crying, and hurling objects destructively. Afterwards, sobbing in her mother's arms, she confessed her fears that her body was becoming like her birthmother's. She was afraid that, with her emerging sexuality, she was on her way to becoming a "slut like [her] mother had been." She was losing her sense of herself as the good, decent kid. This issue and these feelings recurred throughout her adolescence.

Young Adulthood

The major challenge for the young adult adoptee is to secure an ongoing relationship with his or her adoptive family. After the storms of adolescence and the threats of dissolution of the adoptive tie (often feared, sometimes wished), there is a reaffirmation of the bond between adoptee and parents. In this recontracting, the parents in effect adopt the child anew but, more importantly, the young adult "adopts" the parents. This is also a time when adoptees will

strengthen their resolve to search for their biological foundations and in so doing establish genealogical continuity and a firmer sense of identity.

As adoptees pursue their life course of establishing intimate, sexual, and reproductive lives for themselves they face a number of new challenges. These include the risk of getting involved in an incestuous relationship. This risk is greatest when they remain ignorant about their biological parents and is somewhat lessened by finding the birth family.

Reproduction means for some the thrill of biological relationship and a genetic link to a human being. However exciting the prospect, though, it is often mitigated by the unknowns in their own genetic history. Will they be passing on to their offspring hereditary characteristics or illnesses of which they know little or nothing?

The Family in Later Life

Establishing intimate relationships and begetting children of their own resurrect for adoptees the issue of adoption disclosure. Now, however, it is the adoptees who must struggle with whether, when, how, and what to tell their dates, their mates, their in-laws and their offspring, as well as friends, employers, colleagues, etc. How open or secretive to be about their adoptive status is now their own decision, and they must live with its consequences for their interpersonal and social adjustment, as well as for their psychological well-being.

The integration of the adoptee's biological progeny into the adoptive family can be a developmental challenge for the entire family. Adoptive parents may relive some of the old hurts and scars, this time mourning the loss of biological grandchildren and reliving the pain of genealogical discontinuity.

Adoptees who become parents now experience, through their own children, the loss of ancestry and the mystery of their biological familial roots. They may feel pain at not being able to provide their children with full information about their ancestral past and lineage. It can also be painful to answer their children's questions about the implications of the adoption—for the metafamily, for the adoptee, and for the children.

CONCLUSIONS

It is important to remember that in a large majority of cases adoption is a successful solution to three problems: that of the unwanted child, that of the childless couple, and that of biological parents. Yet, in spite of its necessity and effectiveness on both societal and personal levels, it involves loss at all three levels: the original parents lose a child, the child loses its biological parents and its extended biological families (its whole multigenerational past), and the adoptive parents relinquish (in most cases) the hope for a biological child. As a result, everyone involved may spend a lifetime grieving and trying to obtain or recapture what was given up, lost, or never existed. For some, sadly, the quest can lead to hopelessness, despair, and breakdown. For others, it can be a source of strength and integration, in spite of the pain and suffering entailed; even, perhaps, because of them.

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